




ANNUAL GENERAL MEETING 2020

24 September 2020, 10:00 to 11:00
Woodland House

Agenda

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|----|---|--------------------|
| 1. | Welcome and Introduction & Minutes of AGM 2019 | Charles Janczewski |
| |  1. Draft AGM Minutes July 2019.NF.pdf (4 pages) | |
| 2. | Annual Report 2019/20 | Len Richards |
| |  2. CAV ANNUAL AND ACCOUNTABILITY REPORT 2019-2020.pdf (152 pages) | |
| 3. | Financial Accounts 2019/20 | Christopher Lewis |
| 4. | Annual Quality Statement 2019/20 | Ruth Walker |
| |  4. AQS FINAL 2019-20.pdf (62 pages) | |
| 5. | Our Year in Review
Video of UHB achievements | |
| 6. | 6. Closing remarks and thanks | Charles Janczewski |

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**Unconfirmed Minutes of the Annual General Meeting
Held on Thursday, 25th July 2019 at 12 noon in
Nant Fawr, Rooms 1, 2 & 3, Woodlands House, Cardiff.**

Present:		
Maria Battle	MB	UHB Chair
Charles Janczewski	CJ	UHB Vice Chair
Len Richards	LR	Chief Executive Officer
John Antoniazzi	JA	Independent Member – Capital and Estates
Professor Gary Baxter	GB	Independent Member - University
Eileen Brandreth	EB	Independent Member - ICT
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Susan Elsmore	SE	Independent Member – Local Authority
Akmal Hanuk	AH	Independent Member - Community
Abigail Harris	AH	Executive Director of Strategic Planning
Sharon Hopkins	SH	Director of Transformation
Michael Imperato	MI	Independent Member - Legal
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member – Third Sector
John Union	JU	Independent Member - Finance
Ruth Walker	RW	Executive Nurse Director
Dawn Ward	DW	Independent Member – Trade Union
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Observers:		
Stephen Allen	SA	Chief Executive Officer - South Glamorgan Community Health Council
Joanne Brandon	JB	Director of Communications
Malcolm Latham	ML	Chair - South Glamorgan Community Health Council
Apologies:		

AGM 19/07/001 <i>Khan Raj 09/23/2020 13:51:33</i>	Welcome and Introductions The Chair of the Board welcomed everyone to Cardiff and Vale University Health Board's AGM and also introduced those who would be speaking during the meeting which included Len Richards, Chief Executive Officer, Robert Chadwick, Executive Director of Finance and Ruth Walker Executive	
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	<p>Nurse Director.</p> <p>The Chair also stated that at the end of the AGM a video of achievements which had taken place during 2018/19 would be played.</p> <p>The Chair went on to state that the purpose of the AGM was to provide an overview to the public on the achievements of the Health Board but also to be held to account for those achievements. She stated that during AGM the Board would also be adopting the Annual Report and Accounts for 2018/19 and adopting the Annual Quality Statement 2018/19.</p>	
AGM 19/07/002	<p>Apologies for Absence</p> <p>There were no apologies for absence noted.</p>	
AGM 19/07/003	<p>Declarations of Interest</p> <p>There were no declarations of interest noted.</p>	
AGM 19/07/004	<p>Annual Report 2018/19</p> <p>The Chief Executive Officer thanked Maria Battle for her time leading the organisation as Chair of the Board and advised the AGM that this was Maria's last day with the Health Board.</p> <p>The CEO then went on to introduce the Annual Report for 2018/19 and advised the AGM that it had been a good year and one of improvement. He stated that the Health Board had an approved Plan from Welsh Government which had been an important matter for the Board and that the Board was earning itself a reputation with Welsh Government for doing what it said it would do.</p> <p>The CEO then went on to describe how staff had gone above and beyond during the last 12 months and gave examples such as:</p> <ul style="list-style-type: none"> - The Beast from the East where staff and the public responded very positively in Cardiff and the Vale. - The Critical Care Department had organised a wedding on ITU of a dying man and his long term girlfriend - Rebecca Alywood had led a campaign on end the pyjama paralysis - Victoria Collins who was a Physio Therapist in the Breast Service had organised a gym for patients who had received breast surgery - There had been a walk up Pen Y Fan to raise money for 	

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	<p>the Health Charity</p> <ul style="list-style-type: none"> - There had been the roll out of Mental Health Practitioners in Primary Care - There had been the development of social prescribing by Karen Pardy - There was a Learning Alliance with Canterbury District Health Board and Cardiff and Vale UHB in place. <p>The CEO ended his presentation again thanking the Chair, Maria Battle and for her part she had played in taking the organisation forward and also for the support she had provided to himself and the wider Executive Team.</p>	
AGM 19/07/005	<p>Financial Accounts 2018/19</p> <p>The Executive Director of Finance introduced the Financial Accounts for 2018/19 and also stated that it had been a good year with an approved plan from Welsh Government. He stated that the Health Board had an income of £1.4b a year which was one of the biggest in Wales.</p> <p>He confirmed that the Health Board was required to not exceed its funding over a three year period and advised the AGM that the Health Board had achieved its target deficit that year.</p> <p>The EDF also explained that the Health Board had a large capital programme of £48m and a further £20m was spent on compliance, maintenance and the backlog.</p> <p>He described that the financial outlook was good with an approved plan but there were also challenges ahead and a need to further reduce costs by £30m. There was also a savings target of 2% on budget holders</p>	
AGM 19/07/006	<p>Annual Quality Statement 2018/19</p> <p>The Executive Director of Nursing introduced the Annual Quality Statement for 2018/19 and encouraged attendees of the AGM to review the document on line as it was a useful and easy read. She also explained that it provided an overview for the year including the good and the not so good things which had happened in relation to Quality.</p> <p>Within the AQS there were 7 themes which underlined the standards of care.</p> <p>During the period there had been 15k incidents reported by staff and of those 336 had been reported to the Board and to Welsh Government. There had also been 3 Ombudsmen</p>	

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	<p>Public Reports.</p> <p>The END went on to highlight some areas of positive work which included some positive reports in relation to internal and external inspections.</p> <p>The END ended her presentation by stating there was always work to do in Quality and Safety to ensure an ever improving positing for the quality of care provided to patients of Cardiff and the Vale University Health Board</p>	
AGM 19/07/007	<p>Closing Remarks and adoption of Annual Report and Financial Accounts and Annual Quality Statement 2018/19</p> <p>The Chair stated that you could not underestimate the challenges for those staff who work in the NHS but you could look back over the last year and see improvements had taken place despite those challenges.</p> <p>She stated that she was stepping down as Chair of the Board but Charles Janczewski, Vice Chair would be Acting Chair until a substantive Chair was appointed.</p> <p>The Chair finally thanked everyone who had contributed to the success of Cardiff and Vale Health Board including all parties such as the Third Sector and Local Authorities</p> <p>Resolved that:</p> <p>The Board adopted :</p> <ul style="list-style-type: none"> (a) The Annual Report and Accounts 2018/19. (b) The Annual Quality Statement 2018/19. 	

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Credit: Nathan Wyburn

Cardiff and Vale UHB Annual Report

2019 - 2020



GIG
CYMRU
NHS
WALES

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

About

At Cardiff and Vale University Health Board (UHB) our aim is to care for people and keep people well. The Annual Report will outline the work of Cardiff and Vale UHB, highlight some of our key achievements and demonstrate how we are listening to the views and needs of our population, implementing many of these as part of our ambitious 10 year strategy: “Shaping our Future Wellbeing Strategy”. Our priorities, key objectives and plans are set out in our Integrated Medium Term Plan (IMTP), and the Annual Quality Statement provides us with an overview of what we are doing well and how we are listening to our public, patients and staff in order to achieve the strategy.

The Annual Report includes the following documents:

Part 1 - A Performance Report

Part 2 – An Accountability Report which includes: A Corporate Governance Report, A Remuneration and Staff Report and a National Assembly for Wales Accountability and Audit Report

Part 3 – Financial Statements which include the Audited Annual Accounts 2019-20.

Other key documents you might be interested in:

[Shaping our Future Wellbeing Strategy](#)

[Integrated Medium Term Plan](#)

Accessibility

If you require any of the publications referred to above in printed or alternative formats, please contact us using the details below:

Corporate Governance Department

Cardiff and Vale University Health Board,
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Cardiff
CF14 4HH

Email: governanceadvice.cav@wales.nhs.uk

Website: www.cardiffandvaleuhb.wales.nhs.uk/

A full PDF version is available on our website.

Contact us

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Website: <http://www.cavuhb.nhs.wales/>

Twitter: [@CAV_UHB](https://twitter.com/CAV_UHB)

Facebook: www.facebook.com/cardiffandvaleuhb

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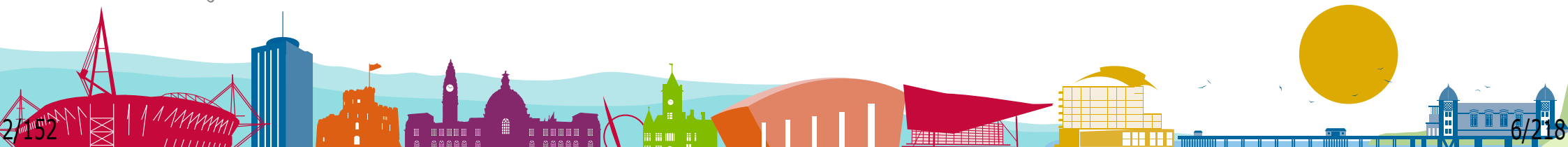
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Joint Chair and CEO foreword

We are delighted to bring you our Annual Report for 2019-20.

This year the NHS has experienced one of its biggest challenges in its 72 year history. The pandemic of COVID-19 has changed the way we live within Cardiff and the Vale of Glamorgan and has changed how we deliver services to our patient population.

Despite the impact of COVID-19 there was also a lot to celebrate over the year as 2020 recognised 100 years of nursing. With nursing making up the largest part of our workforce it was welcome to celebrate a truly diverse career which makes a huge difference to the needs of our patients, in caring for them and keeping them well.

As part of the celebration Nathan Wyburn, patron of our Health Charity, produced an image of Florence Nightingale using 100 pictures of our own nurses. Nathan also produced one of the most iconic images of 2020, with the thank you NHS image he produced using images of staff from across NHS Wales.

The past year has really captured the imagination and hearts of the public with their appreciation of the work the NHS does and our staff have really appreciated the outpourings of 'thank yous' and rainbows that people have displayed at their homes which has helped to lift spirits during a difficult time.

A key part of the work we do at Cardiff and Vale University Health Board is delivering innovation to

improve outcomes to patients.

The past year we have developed the use of the Da Vinci robot which was successfully used in prostate cancer surgery and its use was further expanded to include kidney and head and neck cancers.

The Da Vinci robot equips surgeons with 3D visualisation and high magnification of the area being operated upon, and enhances surgical dexterity through reducing physiological tremors, increasing range of motion, and translating large hand movements into micro-movement.

When operating on a kidney, the new procedure meant that lumps are removed using the Da Vinci robot so that it would remove suspected cancers while preserving the function of that kidney. The surgical team can only interrupt the blood supply to the kidney upon which they are operating for 20 short minutes. This means that they have to remove any lumps and sew the kidney back up in that very tight time limit.

The outcomes for the patients mean that they experience less pain, their recovery times are much quicker and their length of stay in hospital after the procedure is just 2 days on average, as opposed to the 6 days required for the traditional open procedure.

The Da Vinci robot was also used for the first Transoral Robotic Surgery (TORS) for head and neck cancer at the University Hospital of Wales (UHW) which was a first in Wales. Patients previously had

to travel to London or Newcastle for the robotic surgery but the development of the service and expertise in Cardiff has meant that patients can receive the treatment closer to home.

Treatment of head and neck cancers can have a severe impact on patients' overall quality of life, affecting how patients look, talk, eat or breathe, but the new procedure can greatly improve functional and cosmetic outcomes for patients.

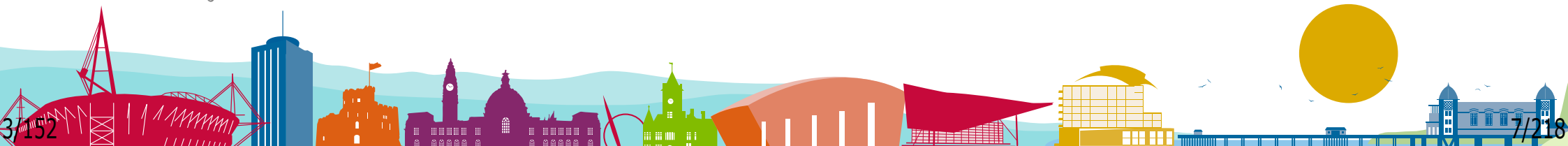
In a first for the United Kingdom, the transplant team at the UHW successfully transplanted kidneys from donors infected with Hepatitis C. The procedure was the first of its kind in the United Kingdom and represents a medical breakthrough in both organ transplantation and the treatment of Hepatitis C.

Hepatitis C is treated using direct acting antiviral (DAA) tablets. DAA tablets are the safest and most effective medicines for treating Hepatitis C.

In Wales, DAA tablets have been available on the NHS to treat and cure all cases of Hepatitis C since 2014.

With an estimated 12,000 people affected by Hepatitis C in Wales, it is this availability of treatment which is allowing them to now become organ donors whereas they would not have been previously considered.

Advances in the medicine used for the treatment of Hepatitis C means that those with the virus can now be cured entirely over the course of just 12 weeks. There is a less than a 1-in-2500 chance that the



disease would not be cured.

The Health Board is also committed to sustainability and promoting active travel. We joined thirteen other public sector organisations in Cardiff to sign the Healthy Travel Charter and offered our staff free membership to nextbike to promote active travel and reduce emissions.

We also launched nextbike on prescription which meant that some GP practices in Cardiff were able to prescribe their use to patients to get them active and moving. This has now been introduced in other parts of the UK.

To increase the use of active travel for staff and our patients the park and ride service at UHW was expanded until 11pm and a new park and ride service was provided at University Hospital Llandough (UHL). This helps with parking on sites, on site traffic and pollution which makes our sites more accessible and safer. The new service was enabled through the support and hard work of our Capital, Estates and Facilities team and our Health Charity.

COVID-19 provided a number of challenges to how we can deliver services to our patients while keeping them and our staff safe which has also posed thoughts on how we can deliver services in the future. We have embraced the use of technology using virtual consultations for appointments at GP surgeries and with some of our clinics. This has enabled us to provide services closer to home and within the local community and we will be continuing to develop this so that services are accessible and will

work effectively as we coexist with COVID-19.

We are incredibly proud of the commitment, passion and drive of our staff and volunteers across the Health Board in how they have risen to the challenge of COVID-19. They have adapted to make changes to services, physical locations to enable social distancing and even developed a field hospital – Dragon's Heart Hospital in a matter of weeks to respond to the expected demand for care of patients affected by COVID-19.

The Dragon's Heart Hospital was the second largest field hospital in the UK which was built to cope with a surge in capacity. It saw the home of Welsh rugby changed into a functional hospital space which was used to care for people who were recovering from COVID-19 before they were discharged home. The name of the hospital was chosen by the public and really fired up emotions of what the hospital was there to do.

It is clear we are not out of the woods yet and there is still a way to go in how we deliver services in the future and we are already scoping out capacity and services for rehabilitation and mental health which will form a big part of the recovery from COVID-19.

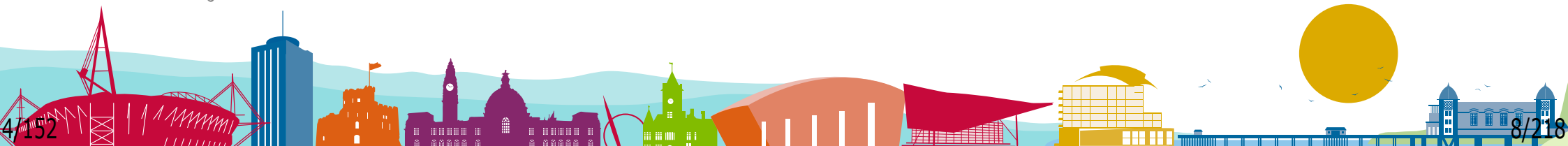
It is fair to say the past 18 months has really enabled a period of reflection and appreciation of the NHS and what it does for our local communities and population and we would like to thank each and every member of staff, the public and volunteers who have made a difference so we can continue to care for people and keep them well.



Len Richards
Len Richards
Chief Executive



Charles Janczewski
Charles Janczewski
UHB Chair



About Us

Cardiff and Vale UHB is one of the largest NHS organisations in Europe. Founded in 2009, it provides a range of health and wellbeing services to its population. We spend around £1.4 billion every year on providing our communities with the full range of health and wellbeing services including:

- **Primary and community based services:** GP practices, Dentists, Pharmacy and Optometry and a host of community led therapy services via community health teams.
- **Acute services through our two main University Hospitals and Children's Hospital:** providing a broad range of medical and surgical treatments and interventions.
- **Public Health:** we support the communities of Cardiff and Vale with a range of public health and preventative health advice and guidance.
- **Tertiary centre:** we also serve a wider population across Wales and often the UK with specialist treatment and complex services such as neuro-surgery and cardiac services.

Public Health

Improving the health of our population and reducing inequalities. Providing preventative health care information and advice including access to health and well-being services.

Primary, Community and Intermediate Care

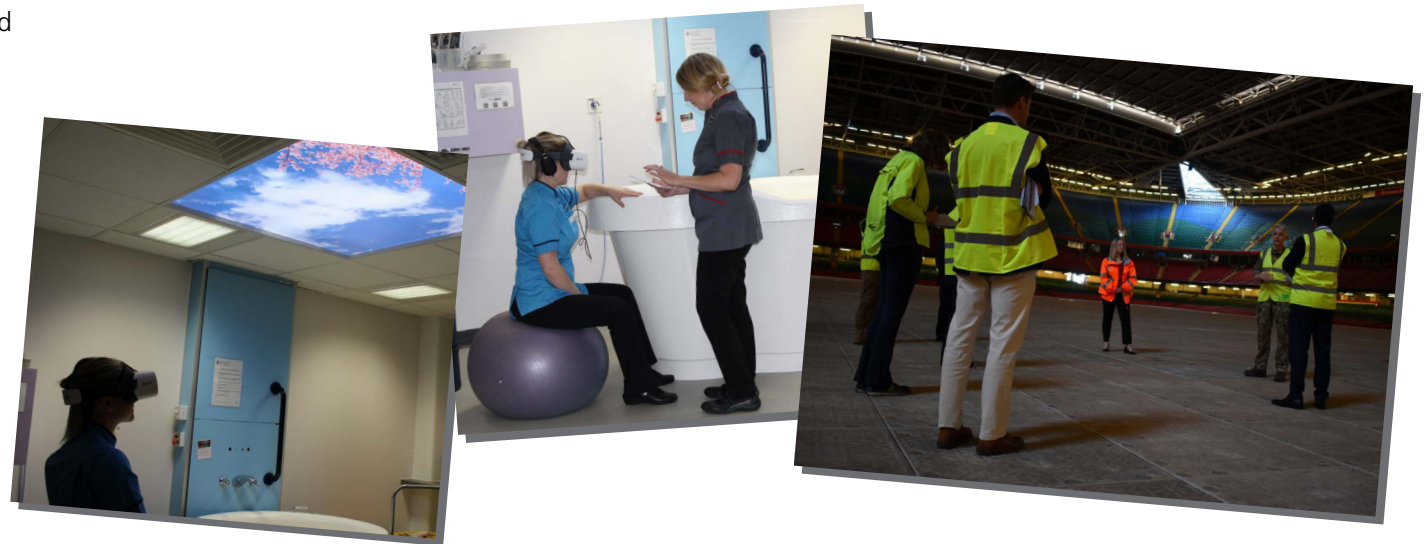
Offering first line health services at GP surgeries, dentists, optometrists, pharmacists and a range of therapy and community based services accessible as close to home as possible.

Acute and Tertiary Care

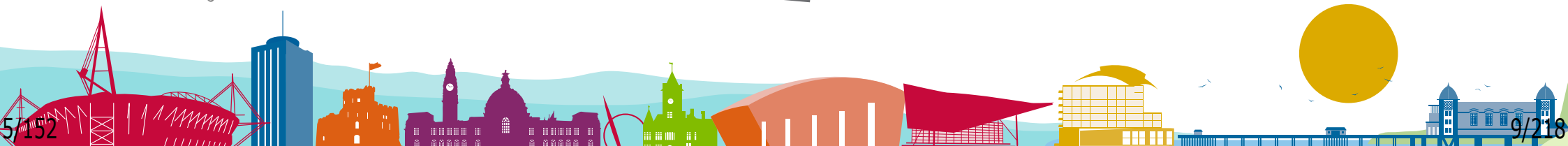
Providing unscheduled or emergency care. Elective care and specialist services to a wider population across Wales, including diagnostics and therapeutic services.

Corporate Services

Providing the support services required to run an integrated health system across Cardiff and Wales ensuring patient safety, governance, quality assurance, performance and excellent delivery of all services.



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Our Board

The UHB Board consists of 24 members including Chair, Vice Chair and Chief Executive. The UHB has 11 Independent Members, all of whom are appointed by the Minister for Health and Social Services and four Associate Members.

The Board provides leadership and direction to the organisation and is responsible for governance, scrutiny and public accountability, ensuring that its work is open and transparent by holding its meetings in public.

In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of Champion roles where they act as ambassadors for these matters.

The Board is supported by a number of Committees, each chaired by an Independent Member. All Committees are constituted to comply with The Welsh Government Good Practice Guide – Effective Board Committees. The Committees, which meet in public, provide their minutes to each Board meeting that contribute to its assessment of assurance and provide scrutiny against the delivery of objectives.

Copies of the papers and minutes are available from the Director of Corporate Governance and are also on the Health Board's website. The website also contains a summary of each Committee's responsibilities and Terms of Reference. All action required by the Board and Committees are included on an Action Log and at each meeting progress is monitored, these Action Logs are also published on the Health Board's website.

All Committees annually review their Terms of Reference and Work Plans to support the Board's business.

Committees also work together on behalf of the Board to ensure that work is planned cohesively and focusses on matters of greatest risk that would prevent us from meeting our mission and objectives. To ensure consistency and links between Committees, the Health Board has a Governance Co-ordinating Group, chaired by the Chair of the UHB.



Charles Janczewski
Chair



Len Richards
Chief Executive



Eileen Brandreth
Independent Member Information
Computer Technology



Steve Curry
Chief Operating Officer



Robert Chadwick
Executive Director of Finance



Dawn Ward
Independent Member Trade Union



Nicola Foreman
Director of Corporate Governance



Martin Driscoll
Executive Director of Workforce and
Organisational Development



Abigail Harris
Executive Director of Strategic Planning



Sara Moseley
Independent Member Third Sector



Dr Fiona Jenkins
Executive Director of Therapies
and Health Sciences



Councillor Susan Elsmore
Independent Member Local Authority



Akmal Hanuk
Independent Member Community



Jonathon Gray
Director of Transformation
and Informatics



Stuart Walker
Executive Medical Director



Ruth Walker
Chief Nurse/Executive Nurse Director



Fiona Kinghorn
Executive Director of Public Health



Michael Imperato
Independent Member Legal



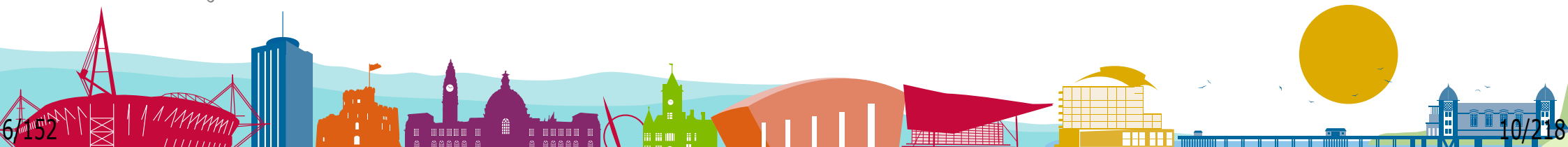
John Union
Independent Member Finance



Professor Gary Baxter
Independent Member - University



Dr Rhian Thomas
Independent Member - Capital and Estates

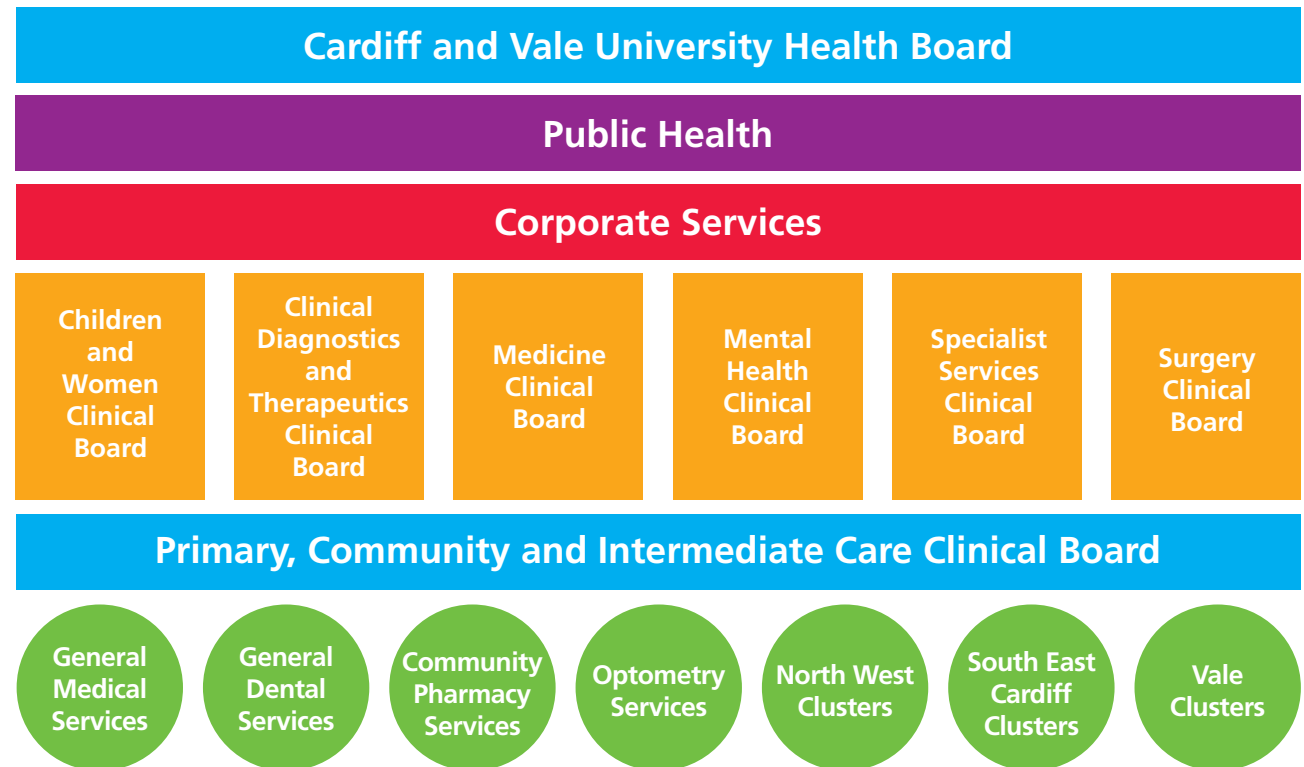


Our Structure

We have a workforce of around 14,500 staff who consistently deliver high quality services to all of our patients. Our organisation is structured and designed into seven Clinical Boards who were created in June 2013 and have been successful in providing strong leadership in clinical areas and have resulted in the acceleration of operational decision-making, greatly enhancing the outcomes for patients in their care.

The Boards are held to account via the Executive Directors and a process of scrutiny is ensured through monthly performance boards and a robust authorisation process.

More detail can be found on the Clinical Boards via the diagram to the right.



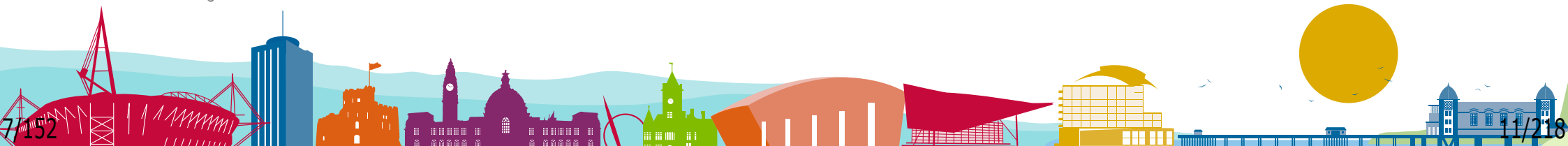
Our corporate and planning services are an integral part of the overall structure and smooth running of the UHB and include:

- Strategy and Planning
- Finance and Performance
- Human Resources
- Estates and Facilities
- Information and Technical Services

- Communications, Arts, Health Charity and Engagement
- Corporate Governance

The progress and scrutiny of the Corporate Services directorates are through a combination of governance, executive director and senior management accountability and progress mapped against key projects within their areas of expertise.

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The Population we Serve

Understanding the needs of our population is essential for robust and effective planning. Our Population Needs Assessment developed with our regional partners provides a collective view of the population challenges on which we must build our plans. It is important we look beyond simply understanding the health needs of our citizens, but look at the wellbeing of our population which encompasses environmental, social, economic, and cultural wellbeing.

Population growth

The population of Cardiff is growing rapidly at nearly 1% per year, or around 36,000 people over the next 10 years. While overall numbers in the Vale are relatively static, the total population of Cardiff and Vale is expected to exceed 500,000 for the first time in 2020.

Ageing population

The average age of people in both Cardiff and the Vale is increasing steadily, with a projected increase in people aged 85 and over in the Vale of 15% over the next 5 years and nearly 40% over 10 years.

Health inequalities

There is considerable variation in healthy behaviours and health outcomes in our area – for example smoking rates vary between 12% and 31% in Cardiff, with similar patterns seen in physical activity, diet and rates of overweight and obesity. Uptake of childhood vaccinations is also lower in more disadvantaged areas. Life expectancy is around ten years lower in our most deprived areas compared with our least deprived, and for healthy life expectancy the gap is more than double this. Deprivation is higher in neighbourhoods in South Cardiff, and in Central Vale.

Changing patterns of disease

There are an increasing number of people in our area with diabetes, as well as more people with dementia in our area as the population ages. The number of people with more than one long-term illness is increasing.

Tobacco

One in six adults (15%) in our area smoke. While this number continues to fall, which is encouraging, tobacco use remains a significant risk factor for many diseases, including cardiovascular disease and lung cancer, and early death.

Food

Over two thirds of people in our area don't eat sufficient fruit and vegetables, and over half of adults are overweight or obese. In some

disadvantaged areas access to healthy, affordable food is more difficult and food insecurity is becoming more prevalent due to increasing living costs and low wages.

Physical activity

Over 40% of adults in our area don't undertake regular physical activity, including a quarter (27%) who are considered inactive.

Social isolation and loneliness

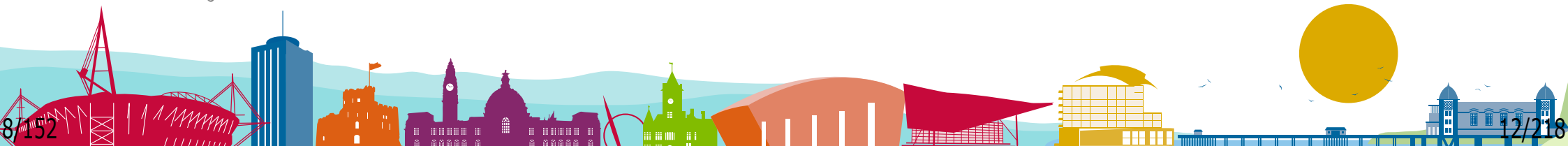
Around a quarter of vulnerable people in our area report being lonely some or all of the time. Social isolation is associated with reduced mental wellbeing and life expectancy.

Welsh language

The proportion of Cardiff and Vale residents of all ages who have one or more language skills in the Vale (10.8%) identifying themselves as fluent. However, over one in four young people aged 15 and under speak Welsh in our area (26.7% in Cardiff and 29.6% in the Vale of Glamorgan).

Cardiff has one of the most ethnically diverse populations in Wales, with one in five people from a black, Asian or minority ethnic (BAME) background. 'White other' and Indian ethnicities are the second and third most common ethnic groups after White British.

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Human Rights

The Health Board has an Equality, Diversity and Human Rights Policy which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment. It also ensures staff recruitment is conducted in an equal manner.

South Glamorgan Community Health Council

We work closely with South Glamorgan Community Health Council (CHC), an independent statutory organisation that acts as a voice for patients and the public. It is also an NHS watchdog for all aspects of health care.

We work together to discuss the delivery and development of the services we provide. We welcome reports from the CHC and are grateful for their on-going advice, challenge and support.

For more information, please contact:

Unit 3, Pro-Copy Business Centre
Parc Tŷ Glas
Llanishen
Cardiff
CF14 5DU

Telephone: 02920 750112

Email: Cavog.chiefofficer@waleschc.org.uk

Principles of Remedy

The Health Board has fully embraced the regulations which guide the handling and response to concerns (complaints and incidents) launched by Welsh Government in April 2011. In addition, the UHB's approach to dealing with concerns very much reflects the 'Principles of Remedy' published by the Public Services Ombudsman for Wales.

1. Getting it right

- We acknowledge when we identify things that could have been improved.
- We consider all relevant factors when deciding the appropriate remedy, ensuring fairness for the complainant and, where appropriate, for others who have suffered injustice or hardship as a result of the same maladministration or poor service.
- We apologise and explaining the maladministration or poor service.
- We try to understand and manage people's expectations and needs.
- We always try to deal with people professionally and sensitively.

2. Being customer focused

3. Being open and accountable

- We try to be open and transparent
- We strive to treating people without bias, unlawful discrimination or prejudice.

4. Acting fairly and proportionately

- We consider all forms of remedy (such as an apology, an explanation, remedial action, or financial compensation).

5. Putting things right

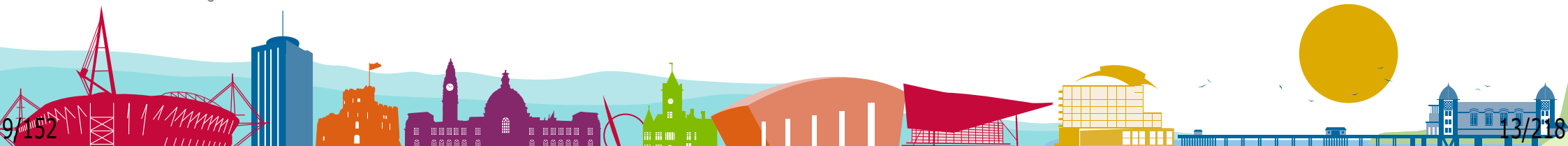
- We are focussed upon using information on the outcome and themes from concerns to improve services.

6. Seeking continuous improvement

- We seek to offer a proportionate, reasonable investigation and response that aims to identify the opportunities for service improvement.

Welsh Language

The Welsh Language (Wales) Measure 2011 sets out a legal framework which imposes a duty on the organisation, among other public institutions, to comply with the standards relating to the Welsh language. The organisation has responded positively to the Welsh Language Standards as it provides an opportunity to reinforce the requirements and to improve the quality and availability of services



through the medium of Welsh.

During 2019/20 the organisation continued with its efforts to implement the requirements of the Welsh Language Standards, working closely with services to ensure they all conform. We have been working hard to raise awareness of the requirements of the Standards through corporate induction of all new staff, mandatory training for current staff as well as other events taking place across the organisation. CAV UHB has also been promoting its commitment towards the Welsh Language by attending the National Urdd Eisteddfod at Cardiff Bay in May 2019.

The organisation has also:

- Collaborated with the National Centre for Welsh Language Learning to offer a range of fully-funded Welsh Language courses for staff.
- Provided guidance to assist staff on complying with the standards which is now widely available on the intranet and internet sites.
- Promoted NHS careers and the need for Welsh Language skills at careers fairs in local schools and colleges.
- Established a service level agreement with Cardiff City Council to use their Welsh Language unit.

It is essential to note the impact of COVID-19 on progressing of the Welsh Language Standards. Frontline areas had to focus on dealing with the

direct and indirect impact of this significant public health issue. However, for the coming year it will re-engage with the process of complying with the standards. It will seek to establish a strategic group, chaired by the Deputy Chief Executive, to oversee and seek assurances that the organisation is complying with the standards. The organisation is proactively recruiting two new full time Welsh Language translators. The translators will be ensuring that CAV UHB is fully compliant with the bilingual aspect of the Welsh Language standards, prioritising communication which includes the website and social media. The organisation continues to promote the fully funded Welsh Language course available for all staff and is always looking for a diverse workforce which includes staff with Welsh Language skills.

Our population's health – Public Health Team

Cardiff and the Vale of Glamorgan has one of the fastest growing and ageing populations in Wales and the UK. In the next 20 years it is projected the population of Cardiff will have grown by around a quarter. In addition the population across Cardiff and Vale is living longer with increasingly complex needs, and this is placing a significant challenge on health services in our area.

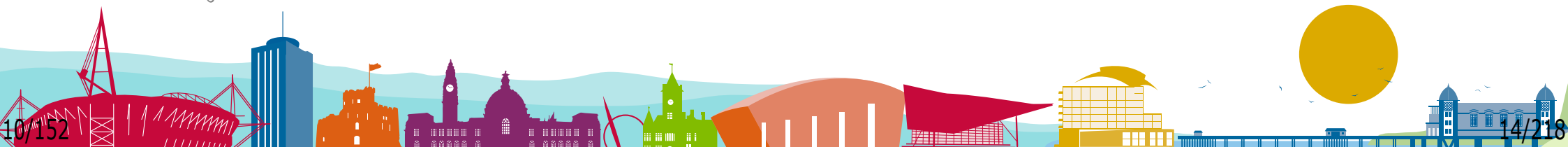
It is projected that in the next two decades there will be more people aged over 65, more school age children and more working age people between

the ages of 30-50. The city region in particular has a long history of being open and inclusive, and is the most ethnically diverse local authority in Wales with just over 15% of its population originating from black and minority ethnic groups.

A combination of economic factors and health behaviours means that Cardiff and Vale has some of the highest health inequalities in Wales, and the difference in healthy life expectancy between some of our most and least deprived areas is 24 years within Cardiff.

This gap is caused by a range of factors, including unhealthy behaviours which increases the risk of disease, particularly in terms of obesity, alcohol consumption, smoking and low levels of healthy eating and physical activity. The 'wider determinants' of health such as housing, household income and levels of education and access to health and healthcare services also contribute significantly to inequality in health.

As a UHB we are committed to reducing these gaps in health inequalities through a range of health improvement activity and work with partner organisations. Within the public health team the 'first order' priorities are tobacco, immunisations and healthy weight, along with a 'cross cutting' theme of tackling inequalities; other priority areas include alcohol, falls prevention, sexual health, and health at work.



Our Strategy

Shaping our Future Wellbeing is the 10 year strategy for transformation and improvement at Cardiff and Vale University Health Board. We believe that everyone should have the opportunity to lead longer, healthier and happier lives. But with an ageing population and changing lifestyle habits, our health and care systems are experiencing increasing demand.

We need to rapidly evolve to best serve the needs of the public and ensure that we're able to offer sustainable health services for everyone, no matter their circumstance.

To make this happen, we need to improve our current health system to ensure that it is sustainable for the future. Our strategy for achieving this is Shaping Our Future Wellbeing, a 10 year, system-wide plan that is set to transform our services for the better.

We want to achieve joined-up care based upon a 'home first' approach, empowering Cardiff and Vale citizens to feel responsible for their own health. We want to avoid harm, waste and variation in our services to make them more efficient and sustainable for the future. We want to deliver outcomes that really matter to patients and the public, ensuring that we all work together to create a health system that we're proud of.

There will be challenges along the way; we need to take a balanced approach to achieving change for our population based upon service priorities, sustainability and cultural values. But we're committed to 'Caring for People, Keeping People Well', ensuring that Cardiff

and Vale University Health Board and its many citizens thrive not just today, but for the many years to come.

IMTP

In March 2020 the Health Board received confirmation from the Minister for Health and Social Services, Vaughan Gething that our three year Integrated Medium Term Plan (IMTP) was approved by Welsh Government. The IMTP is a statutory document and marks a significant step forward. This is the first time on three years this has been approved by Welsh Government and alongside improving our position from targeted intervention to enhanced monitoring this is a double achievement.

Well-being of Future Generations (Wales) Act 2015

Background

The Well-being of Future Generations (WFG) Act requires named statutory bodies, including Cardiff and Vale UHB, to ensure the needs of the current population are met without compromising the ability of future generations to meet their own needs. This 'sustainable development principle' requires the organisation to routinely follow the five ways of working from the Act (prevention, long-term, collaboration, integration, involvement), and contribute to the seven national well-being goals.

The Act introduced a number of specific statutory

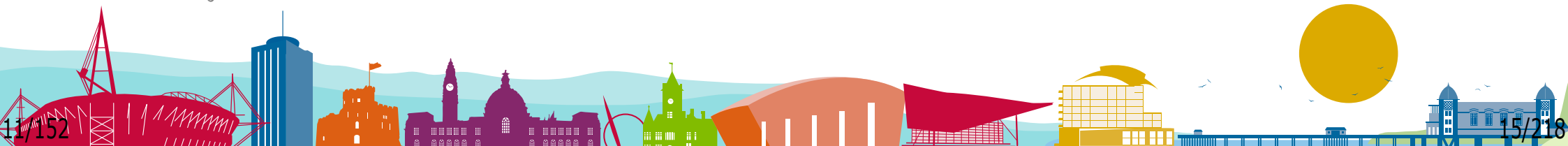
duties for Cardiff and Vale UHB, with responsibilities both as an individual organisation, and in partnership as a member of the two Public Services Boards (PSBs) in Cardiff and the Vale of Glamorgan.

Governance arrangements in Cardiff and Vale UHB

A Cardiff and Vale UHB WFG Steering Group, chaired by the Executive Director of Public Health, meets regularly to determine and implement the actions required to embed the requirements into Cardiff and Vale UHB, and support the culture change required for the Cardiff and Vale UHB to implement routinely the sustainable development principle.

The Steering Group maintains and assesses progress against an action plan, and reports to the Strategy and Delivery Committee of the Board. The Chair of the Board acts as the Wellbeing of Future Generations Champion for the Board. We maintain a regular dialogue with the Office of the Future Generations Commissioner.

In the partnership arena, we contribute to the statutory Well-being Plans (one for Cardiff; one for the Vale) through our participation in the PSBs and delivery of key actions in the Plans, individually and together with partner organisations.



Our well-being objectives

Within Cardiff and Vale UHB, our ten year strategy (Shaping our Future Well-being) objectives are the organisation's statutory well-being objectives under the WFG Act, as listed below. The Strategy is implemented through the annually updated three year plan, our Integrated Medium Term Plan (IMTP).

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

Welsh Government confirmed in March 2020 that CAV UHB's IMTP was approvable for 2020-23. This plan integrates and demonstrates the five ways of working and action against the well-being goals throughout the plan. Prevention is embedded throughout our work, with additional specialist public health interventions described in the Cardiff and Vale local public health plan.

We reviewed our well-being objectives in late 2019 while developing our updated IMTP, and confirmed that they remained appropriate and consistent with the sustainable development principle.

Progress against our well-being objectives

Because our corporate objectives are our well-being objectives, progress against our well-being objectives is demonstrated through our routine performance reporting against our IMTP and ten year strategy. You can find out more about our performance, and where it is reported, in the Summary of our performance and key achievements section, above.

We participated in self-reflection audits suggested by the Office of the Future Generations Commissioner during the year, and used learning from the audits to inform our IMTP development and WFG Steering Group action plan.

You can read more about specific projects we have completed which demonstrate our commitment to the Act on the Well-being of Future Generations pages on our website.

Other developments

During 2019/20 we continued to revise and update our WFG communications plan, to regularly showcase work internally and externally which Cardiff and Vale UHB is doing which demonstrates the Act in practice.

In January 2020 at the Cardiff and Vale UHB Board meeting the organisation declared a climate emergency, in line with some other statutory bodies in Wales, including Welsh Government itself. The declaration recognised that words needed to be accompanied by action, so we committed to developing detailed additional actions in a number of key areas:

- Reducing our energy and water use through further phases of the Refit programme
- Continuing to enhance our sustainable procurement approach
- Catering and food retail
- Healthy and sustainable travel
- Maintaining and enhancing biodiversity on our estate

This will accelerate our programme of decarbonisation and reduce our environmental impact. We already have some significant initiatives in place to reduce our environmental impact. These include a large scheme of works (the Refit programme) to dramatically increase energy efficiency in Cardiff and Vale UHB; a number of interventions being taken to support and encourage staff and visitors to use sustainable transport when



accessing our sites, contributing to our Healthy Travel Charter commitments (see below); the development of Our Orchard at UHL; a sustainable procurement programme; and work to increase the sustainability of our surgical theatres. We regularly report our carbon emissions to the regulator for our carbon management programmes and currently have a 3% annual reduction target.

At the same Board meeting we published our first biodiversity action plan under the Environment (Wales) Act, again recognising that this is an area on which we need to do more.

The Medical Director's Annual Conference in March 2020 was on the subject of sustainable healthcare, with some fascinating presentations of work already happening in Cardiff and Vale UHB to reduce the impact of providing healthcare on the environment.

During 2019/20 work began to develop a vision for a successor to the current University Hospital of Wales. This so-called 'UHW2' presents us with an opportunity to really consider what a health facility should look like in the 21st century, and how it should contribute to health and wellbeing not only directly, but indirectly through sustainable building principles and land use. The plans remain in an early stage but will be developed using the sustainable development principle from the outset.

In April 2019 Cardiff and Vale UHB formally signed the Cardiff Healthy Travel Charter, which commits the organisation along with a number of other public sector organisations in the City to support and increase

the number of staff and visitors reaching our sites by walking, cycling and public transport, and also support a shift from fossil fuel vehicles to electric vehicles.

In October 2019 a similar Charter in the Vale was launched, and in January 2020 leading businesses in Cardiff signed up to the Business Healthy Travel Charter, developed in conjunction with Cardiff's Business Improvement District, FOR Cardiff.

During summer 2019 we worked with Audit Wales to review our implementation of the Act in respect of our Shaping Our Future Wellbeing in the Community programme. The Audit Wales report was supportive of the approach taken, recognising the influence of the Act and how we now need to build on the success to date:

The five ways of working have been central to planning the health and well-being centres and well-being hubs but there is scope for the Health Board and its partners to build upon successes for the next phases of the programme

The emergence of the coronavirus pandemic in Q4 2019/20 led to the prioritisation of the immediate response to the virus, with other workstreams temporarily suspended. This included regular meetings of Cardiff and Vale UHB WFG Steering Group.

Partnerships established and strengthened through the Public Services Boards in Cardiff and the Vale enabled strong collaboration between partners in the response to the pandemic, from the outset.

Research, Development, Innovation and Partnerships

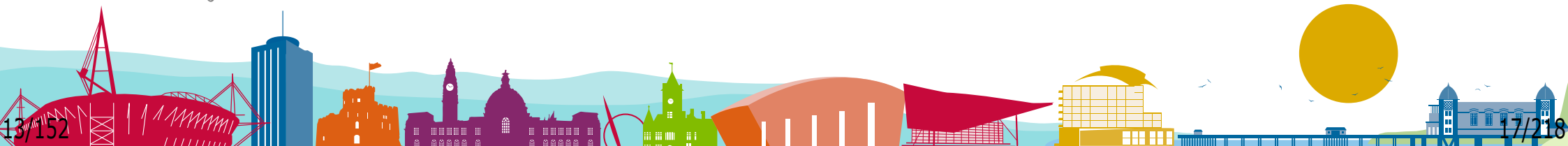
One of the core principles of the NHS and the UHB strategy is to bring benefits to patients through Research and Development (R&D) and innovation. Effective R&D performance is essential if the UHB is to meet its values and objectives as it brings many benefits:

Benefits to patients:

- Access to latest therapies
- Access to latest diagnostic and prognostic tests
- Patients who are invited to participate in clinical trials show overall increased satisfaction and better outcomes when compared to patients not given this opportunity
- Hospitals with a strong R&D portfolio have better outcomes even for patients not in trials.

Benefits to staff:

- A research-literate workforce is primed to participate in the process of continual change and service improvement required for meeting the challenges of modern healthcare delivery
- Staff development, which leads to increased enthusiasm, motivation, and high quality recruitment into the organisation



Benefits to the UHB:

- Fulfils the UHB’s statutory responsibilities
- Enables links with similar institutions in the rest of the world, sharing best practice and increasing the status of the UHB
- Exemplar as the leading Health Care provider in Wales
- Attract and retain staff
- Financial offset of staff costs (through provision from R&D income), drug/device savings through study participation, access to commercial income through research and trial participation
- Direct R&D income – Welsh Government.

Cardiff and Vale UHB has a strong R&D ethos and historical track record. Ongoing changes to how R&D is funded and approved in Wales and the United Kingdom present major challenges but also major opportunities for the UHB. The UHB is developing a structure which encourages generation of funding and resources for R&D.

Performance

The UHB’s performance management framework is underpinned by the NHS Wales Outcomes Framework 2017/18. This is made up of seven domains as follows:

Staying healthy

People in Wales are well informed and supported to manage their own health.

Safe care

People in Wales are protected from harm and protect themselves from known harm.

Effective care

People in Wales receive the right care and support as locally as possible and contribute to making their care a success.

Timely care

People in Wales have access to services based on clinical need and are actively involved in decisions about their care.

Dignified care

People in Wales are treated with dignity and respect and treat others the same.

Individual care

People in Wales are treated as individuals with their own needs and responsibilities.

Our staff and resources

People in Wales can find information about how their NHS is resourced and make careful use of it.

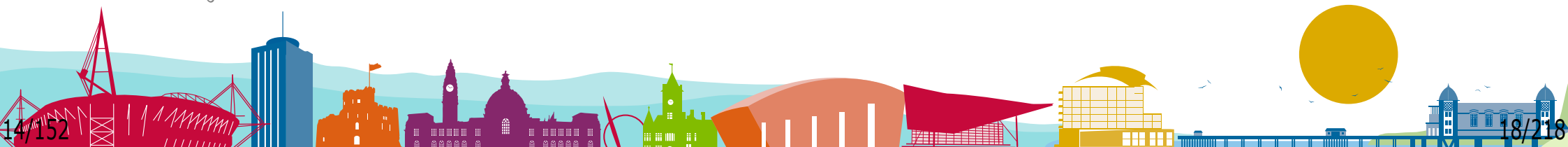
Our performance

The need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to risks. The need to respond and recover from the pandemic will continue both for the organisation and wider society throughout 2020/21 and beyond.

The COVID-19 pandemic presented a number of challenges to the organisation which are represented in the following disclosures within the performance reporting and scorecard.

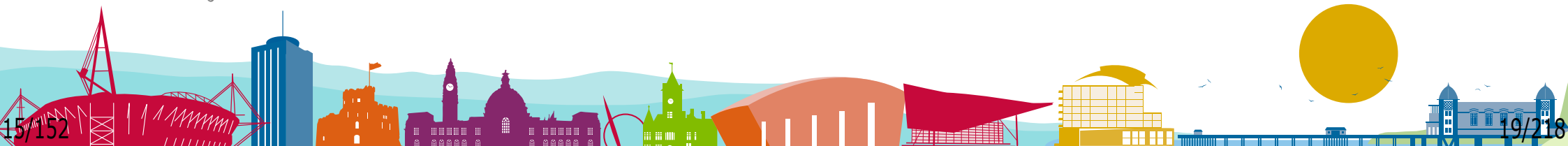
Complete performance data for the organisation has been presented for the first three quarters of 2019/20 only. The remaining quarter (January 2020 to March 2020) was impacted by the pandemic and the suspension of performance monitoring mid-March. Performance trends have been assessed using the April 2019 to December 2019 period. Only those measures which have an absolute monthly / quarterly target for December 2019 or quarter 3 2019/20 have been included in the ‘Targets achieved’ column on the scorecard.

Local management information on the delivery of key service priorities throughout the final quarter of 2019/20 is provided in the absence of official performance data.



Cardiff and Vale UHB	Improved Performance	Sustained Performance	Decline in Performance	Performance Summary	Targets Achieved*
STAYING HEALTHY: People in Wales are well informed and supported to manage their own physical and mental health	2 measures	0 measures	3 measures	↓	
SAFE CARE: People in Wales are protected from harm and supported to protect themselves from known harm	7 measures	0 measures	8 measures	↓	3 measures
INDIVIDUAL CARE: People in Wales are treated as individuals with their own needs and responsibilities	2 measures	0 measures	3 measures	↓	
OUR STAFF AND RESOURCES: People in Wales can find information about how their NHS is resourced and make careful use of them	2 measures	0 measures	3 measures	↓	
TIMELY CARE: People in Wales have access to services based on clinical need and are actively involved in decisions about their care	11 measures	1 measure	14 measures	↓	5 measures
EFFECTIVE CARE: People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	4 measures	0 measures	4 measures	→	1 measure
DIGNIFIED CARE: People in Wales are treated with dignity and respect and treat others the same	0 measures	0 measures	2 measures	↓	1 measure
<div>Note: This scorecard relates to the April to December 2019 period.</div> <div>SUMMARY</div>	28 measures	1 measure	37 measures	↓	10 measures

* Relates to those measures with an absolute monthly / quarterly target for December 2019 / quarter 3 2019/20



C&V - Staying Healthy				
	3 Quarter Trends			
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend
% of children who received 2 doses of the MMR vaccine by age 5	92.7%	92.6%	92.4%	↓
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	94.0%	92.2%	93.9%	↓
% children 10 days old who accessed 10-14 days health visitor component of Healthy Child Wales Programme	96.6%	94.0%	94.1%	↓
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales**	431.3	415.7	402.0	↑
	Annual Trends			
	2018	2019	Trend	
% of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)*	16.0%	16.2%	↑	

*Taken from Jan-20 merged data set

**Taken from April APC refresh

Achieved in Target Compliance

Not achieved in Target Compliance



C&V - Safe Care

	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
Of the Serious Incidents due for assurance within the month, % which assured in agreed timescales***	29.4%	46.2%	14.3%	55.6%	75.0%	55.0%	17.4%	52.6%	30.0%	↕
Number of new Never Events***	0	0	0	0	1	1	0	0	1	↕
% of in-patients who have received 'Sepsis Six' first hour care bundle within 1 hour of positive screening	68.0%	75.0%	100.0%	72.7%	71.4%	75.0%	58.3%	66.7%	76.9%	↕
% ED patients who have received 'Sepsis Six' first hour care bundle within 1 hour of positive screening	51.1%	50.0%	50.0%	47.0%	40.0%	45.3%	45.0%	41.2%	47.4%	↕
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
Opioid average daily quantities per 1,000 patients	3,233.95	3,250.69	3,161.74	↕						
Number of patients aged 65+ prescribed an antipsychotic	1,195	1,222	1,192	↕						
Total antibacterial items per 1,000 STAR-PUs	243.16	238.83	287.05	↕						
Fluoroquinolones, Cephalosporins, Clindamycin & Co-amoxiclav per 1,000 patients	8.81	8.83	8.98	↕						
Number of Patient Safety Solutions Wales Alerts & Notices not assured within the agreed timescales	1	1	0	↕						
	Annual Trends									
	2018	2019	Trend							
Number of hospital admissions with any mention of self harm for children/young people per 1,000 pop*	3.27	2.73	↕							
	Dec-18 (9mths ending)	Dec-19 (9mths ending)	Trend							
Cumulative rate of C.Difficile cases per 100,000 of the population**	23.03	21.45	↕							
Cumulative rate of S.Aureus Bacteraemia cases per 100,000 of the population**	33.05	21.18	↕							
Cumulative rate of E.coli cases per 100,000 of the population**	71.79	75.87	↕							
Cumulative number of Klebsiella sp cases**	61	62	↕							
Cumulative number of Aeruginosa cases**	26	28	↕							

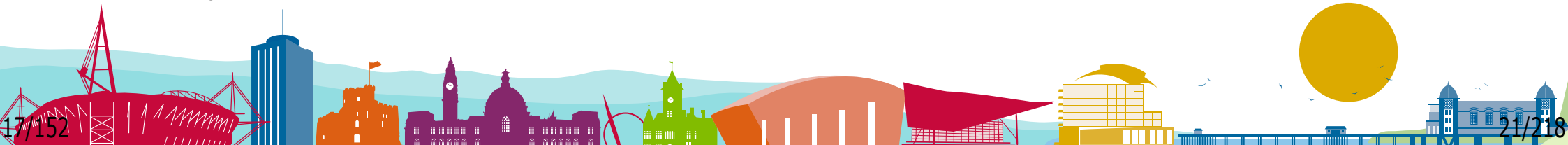
*Taken from March APC refresh

**Data is provisional

***Data as at 29/04/20

↕ Achieved in Target Compliance
↕ Not achieved in Target Compliance

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C&V - Individual Care

	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
% of HB residents in receipt of secondary MH services (all ages) who have a valid CTP	83.6%	82.9%	80.2%	79.2%	78.8%	76.3%	75.6%	74.5%	74.0%	↓
% of HB residents sent their outcome assessment report within 10 working days after assessment	75.0%	50.0%	76.9%	76.9%	90.0%	83.3%	93.8%	93.8%	87.5%	↑
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
Number of calls to the MH helpline CALL by Welsh residents per 100,000 of population	132.8	134.0	145.8	↑						
Number of calls to the Wales dementia helpline by Welsh residents per 100,000 of population (age 40+)	5.4	6.7	3.6	↓						
Number of calls to the DAN 24/7 helpline by Welsh residents per 100,000 of population	43.9	33.4	27.4	↓						

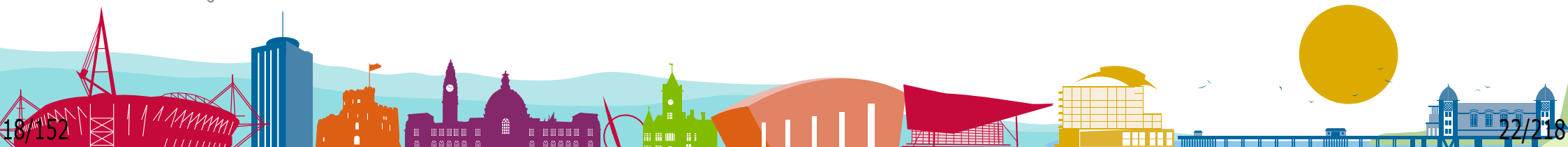
 Achieved in Target Compliance
 Not achieved in Target Compliance

C&V - Our Staff & Resources

	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
% of headcount who have had a PADR/medical appraisal in previous 12 months	57.8%	56.4%	58.4%	56.4%	58.0%	58.3%	56.7%	55.8%	55.5%	↓
% compliance for all completed Level 1 competencies within Core Skills & Training Framework	76.5%	76.9%	76.9%	77.3%	79.2%	76.4%	76.6%	76.7%	77.1%	↑
% staff sickness absence (rolling 12 months)	5.15%	5.16%	5.18%	5.22%	5.21%	5.16%	5.29%	5.32%	5.37%	↓
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
% adult dental patients in the HB pop re-attending NHS primary dental care between 6 & 9 mths	34.0%	34.4%	33.3%	↑						
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	12.8%	9.4%	15.1%	↓						

 Achieved in Target Compliance
 Not achieved in Target Compliance

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C&V - Timely Care

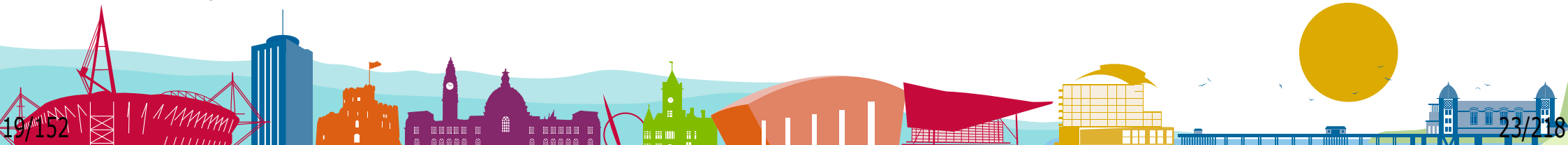
	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
% survival within 30 days of an emergency admission for a hip fracture***	70.8%	82.5%	65.1%	78.2%	67.4%	73.9%	71.4%	80.4%	68.8%	↓
% of OOH/111 patients prioritised as P1CH that started assessment <1hr of call being answered	88.0%	93.4%	96.4%	96.2%	98.8%	96.9%	98.7%	93.7%	83.3%	↓
% of OOH/111 patients prioritised as P1F2F seen <1hr following assessment	54.5%	81.8%	80.0%	60.0%	80.0%	58.8%	71.4%	70.0%	50.0%	↓
% of patients waiting less than 26 weeks for treatment	87.2%	86.2%	86.6%	87.0%	85.4%	85.2%	85.3%	85.4%	84.2%	↓
Number of patients waiting more than 36 weeks for treatment	690	657	684	638	995	682	922	1,222	1,747	↓
Number of patients waiting more than 8 weeks for a specified diagnostic	158	110	21	30	56	51	88	106	33	↑
Number of patients waiting more than 14 weeks for a specified therapy	1	5	0	0	5	38	40	13	21	↓
Number of patients waiting for a follow-up outpatient appointment	247,987	232,153	233,642	235,331	236,351	236,502	234,439	233,853	217,382	↑
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	86,377	72,921	78,195	78,931	79,599	79,112	76,652	79,641	77,016	↑
% compliance with stroke QIM Direct admission to an acute stroke unit (<4 hrs)*	40.9%	43.3%	51.0%	51.1%	56.3%	43.9%	37.3%	23.3%	48.1%	↓
Assessed by a stroke consultant (<24 hours)**	74.5%	76.6%	78.8%	68.0%	80.8%	92.9%	78.7%	71.7%	86.0%	↑
Patients receiving the required minutes for SALT	70.0%	61.5%	49.1%	60.0%	53.6%	61.6%	64.9%	63.9%	65.8%	↑
% of emergency responses to red calls arriving within 8 mins	78.2%	76.7%	79.0%	74.6%	75.1%	72.2%	71.7%	66.7%	72.0%	↓
Number ambulance handovers over one hour	163	200	330	244	265	357	472	529	489	↓
% of patients spend < 4 hours in emergency care from arrival until admit, transfer or discharge	85.0%	85.2%	82.6%	83.8%	83.7%	82.1%	81.8%	77.2%	81.3%	↓
Number of patients spent >=12 hrs in emergency care from arrival until admit, transfer or discharge	51	65	84	56	61	139	173	194	162	↓
% newly diagnosed with cancer, not via urgent route, started def treat within 31 days of diagnosis	95.1%	98.6%	97.2%	98.5%	98.6%	99.0%	97.8%	94.6%	98.8%	↑
% newly diagnosed with cancer, via urgent suspect route, started def treat within 62 days of referral	85.2%	80.6%	74.2%	80.0%	88.0%	96.5%	91.0%	90.4%	87.5%	↑
% of patients starting first definitive cancer treatment within 62 days from point of suspicion	76.1%	72.0%	75.2%	72.3%	85.1%	81.4%	81.4%	82.7%	83.4%	↑
% of MH assessments undertaken within 28 days from the date of receipt of referral	56.4%	49.8%	48.6%	41.6%	57.9%	80.3%	78.7%	74.3%	77.6%	↑
% of therapeutic interventions started within 28 days following an assessment by LPMHSS	69.6%	55.9%	55.4%	62.3%	81.1%	79.9%	80.4%	84.0%	88.1%	↑
% of patients waiting less than 26wks to start a psychological therapy	83.5%	85.2%	86.3%	85.8%	77.4%	80.8%	78.0%	75.3%	73.7%	↓
% of children/young people waiting less than 26 wks to start ADHD or ASD neurodevelopment assessment	79.9%	74.6%	68.6%	66.3%	59.1%	54.1%	53.5%	54.0%	48.5%	↓
% R1 ophthalmology patients waiting within target date or within 25% beyond target date for an OP appointment	51.4%	57.6%	58.0%	57.0%	58.6%	59.4%	59.3%	57.1%	64.9%	↑
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
% of qualifying patients who first had contact with an IMHA within 5 working days of their request	100.0%	100.0%	100.0%	↔						
	Annual Trends									
	2018	2019	Trend							
% GP practices offering appointments between 17:00 and 18:30 on 5 days a week	93.5%	88.7%	↓							

*Target used is the SSNAP Oct-19 to Dec-19 UK average of 53.3%

**Target used is the SSNAP Oct-19 to Dec-19 UK average of 84.1%

***Taken from April CHKS refresh

↑ Achieved in Target Compliance
↓ Not achieved in Target Compliance



C&V - Effective Care

	9 Month Trends									
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
Crude hospital mortality (<= 74 years of age) rolling 12 months ending*	0.59%	0.58%	0.59%	0.58%	0.57%	0.57%	0.57%	0.59%	0.58%	↑
% of episodes clinically coded within one reporting month post episode discharge end date	96.1%	95.7%	95.5%	95.5%	95.3%	95.6%	95.8%	96.0%	95.4%	↓
% comp of completed level 1 IG (Wales) training element of Core Skills & Training Framework	73.2%	73.0%	73.3%	73.1%	74.5%	72.2%	72.3%	71.3%	71.7%	↓
Number of health board non mental health DToC	39	42	40	40	34	42	59	52	48	↓
Number of health board mental health DToC	3	7	6	5	4	4	6	9	11	↓
% universal mortality reviews undertaken within 28 days of a death	74.3%	83.3%	76.5%	74.0%	77.2%	79.2%	79.7%	79.6%	76.0%	↑
	3 Quarter Trends									
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Trend						
All new medicines must be made available no later than 2 months after NICE and AWMSC appraisals	96.7%	96.6%	96.7%	↑						
	Annual Trends									
	2018/19	2019/20	Trend							
% clinical coding accuracy attained in the NWS national clinical coding accuracy audit programme	90.3%	94.6%	↑							

*Taken from April CHKS refresh

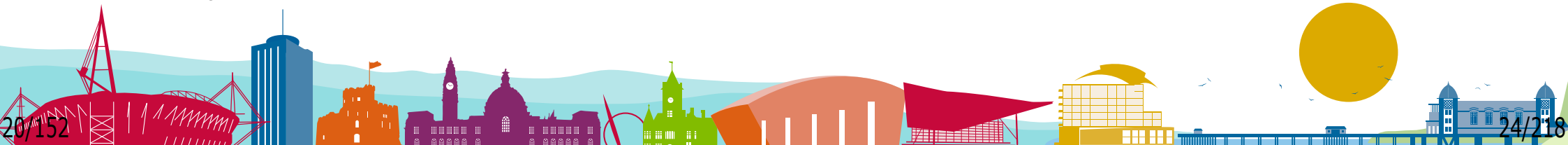
Achieved in Target Compliance
 Not achieved in Target Compliance

C&V - Dignified Care

	3 Quarter Trends				Trend
	Q1 2019/20	Q2 2019/20	Q3 2019/20		
% complaints that had final reply (Reg 24)/interim reply (Reg 26) <30 working days of concern received	79.9%	83.6%	78.4%		↓
Annual Trends					
	Dec-18 (9mths ending)	Dec-19 (9mths ending)	Trend		
Number procedures postponed either on the day or day before for specified non-clinical reasons*	1,495	1,763	↓		

*Taken from April refresh

Achieved in Target Compliance
 Not achieved in Target Compliance



Unscheduled Care

Whilst attendances at our Emergency Units in the first two months of the quarter were higher than last year, we saw a significant decrease in patients presenting for emergency care during March as a result of the pandemic. 80% of patients in January and February 2020 and 85% of patients in March 2020 were admitted, discharged or treated within 4 hours of arrival in EU. 137 and 130 patients waited more than 12 hours in the first two months. This improved in March with 34 patients waiting more than 12 hours to be admitted, discharged or treated.

The Ambulance Service responded to 75%, 73% and 67% of patients with a potentially immediate or life threatening condition within Cardiff and the Vale within 8 minutes in January, February and March respectively. There were 585, 434 and 255 ambulance handovers greater than one hour for the same period.

Primary Care Out of Hours

The Health Board continued to monitor the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards, with an emphasis placed on the urgent response times for home visits and primary care centre appointments. The proportion of home visits for patients prioritised as "emergency" and seen within one hour continued to fluctuate at 38% in January, 78% in February and 60% in March 2020. The proportion of primary care centre

appointments provided within 1 hour for those prioritised as "emergency" again varied throughout the quarter at 78% in January, 50% in February and 67% in March 2020.

Cancer

We have maintained cancer activity throughout the COVID-19 pandemic. 83%, 77% and 81% of patients on an urgent suspected cancer pathway were seen and treated within 62 days and 95%, 97% and 97% of patients on a non-urgent suspected cancer pathway were seen and treated within 31 days of the date of decision to treat for January, February and March 2020 respectively. The Health Board also continued to shadow report on the Single Cancer Pathway, with 77%, 75% and 79% of patients being seen and treated within 62 days of the point of suspicion.

Elective Access

COVID-19 has had an unprecedented impact on elective access waiting times. Whilst the overall Referral to Treatment Times waiting list volume has stayed fairly static over the period, waiting times deteriorated over the quarter with resources reprioritised to manage COVID-19 and maintain essential services. As at the end of March 2020, 82% of patients were waiting under 26 weeks and 3,515 patients were waiting in excess of 36 weeks. There was a similar picture for patients waiting for a diagnostic test with 782 patients waiting

greater than 8 weeks at the end of March 2020 in comparison to 33 patients at the end of December 2019. The impact on therapies came after the end of quarter 4 and, at the end of March 2020, there were 106 patients waiting greater than 14 weeks.

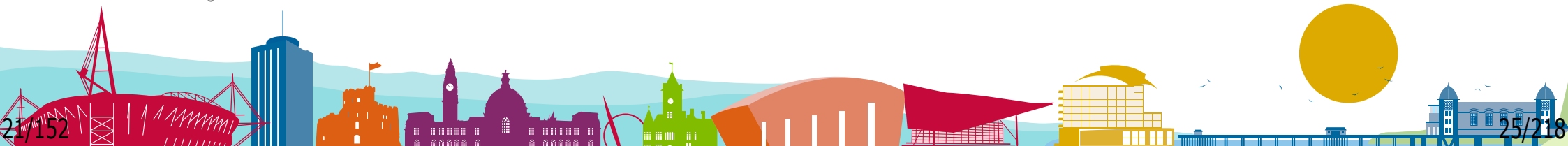
The overall position for outpatient follow-ups improved over the last quarter with reductions in both the volume of patients waiting for a follow-up appointment and those 100% delayed past their clinically agreed target date. As at the end of March 2020, there were 183,412 patients waiting for a follow-up appointment in comparison to 217,382 at the end of December 2019 and 44,519 patients 100% delayed compared to 77,016 at the end of December 2019.

Local management Information for quarter 4 (January 2020 to March 2020) for key indicators.

Mental Health

Part 1: Service users should receive an assessment within 28 days and receive therapeutic intervention following the assessment within a further 28 days. For January to March respectively, 64%, 77% and 63% of service users of primary mental health services received an assessment within 28 days from the receipt of referral and 74%, 84% and 84% of users received a therapeutic intervention following assessment within 28 days.

Part 2: 84%, 83% and 81% of Health Board residents in receipt of secondary Mental Health services had a valid care and treatment plan in January, February



and March respectively.

Part 3: 100%, 83% and 84% of Health Board residents were sent their outcome assessment report within 10 days of their assessment.

Sustainability

1.0 Introduction

The Government Financial Reporting Manual (FReM) requires that entities falling within the scope of reporting under the Greening Government commitments and which are not exempted by de minimis limit or other exemption under Greening Government (or other successor policy), shall produce a sustainability report to be included within the Management Commentary in accordance with HM Treasury issued Sustainability Reporting in the Public Sector guidance.

Public bodies in Wales that report under the FReM and meet the FReM de-minimis are required to produce a FReM sustainability report. This report has been prepared by Cardiff and Vale University Health Board to meet this requirement and summarises the performances, projects, challenges and achievements of the UHB during 2019/20.

Cardiff and Vale UHB was established in 2009 and is one of the largest health boards in Wales, which has close links to Cardiff University's Wales School of Medicine, Life and Sciences.

The aim of this report is to give an insight into Cardiff and Vale UHB and the activities that they

undertake to demonstrate and ensure that as an organisation every care is taken to have a positive sustainable, well-being effect to everyone and everything that may be directly or indirectly affected.

The Cardiff and Vale UHB assets value is £687.6M and has an estate that covers 94.3 hectares, with an annual budget of £1.483billion.

Across the UHB's large estate, Cardiff and Vale UHB has a bed range of 1,286 across varied sites, 13,432 full time working equivalent staff base, which is made up of full and part time staff members, all of whom support Cardiff and Vale UHB's services that pertain to the Health and Wellbeing for the people of Cardiff and the Vale of Glamorgan and some from further afield who use its services. Cardiff and Vale UHB have encapsulated in its stated purpose of 'Caring for People; Keeping People Well' the promoting of healthy living/ self-care in order to improving lifestyle, well-being and to prevent re-admission.

Patient services are provided across 7 hospitals:

- University Hospital of Wales (UHW) (teaching hospital)
 - Childrens Hospital for Wales
- University Hospital of Llandough (UHL) (teaching hospital)
- Rookwood Hospital
- Barry Hospital

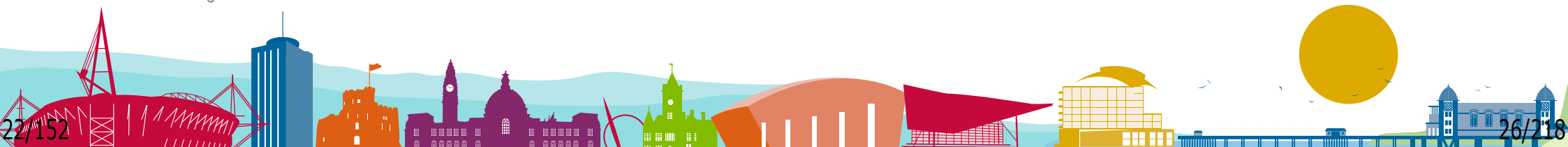
- St David's Hospital
- Cardiff Royal Infirmary

Additional services are also provided through another 48 facilities throughout the community. There are a number of services that exist within the community, which come as a direct result of collaborations/partnerships between GPs and other healthcare professionals.

Cardiff and Vale UHB provides local day-to-day health services locally for an estimated 496,413* people, primarily throughout Cardiff and the Vale of Glamorgan and additionally patients slightly further afield. (*figures calculated using published census figures 2019).

The Cardiff and Vale UHB services extends to a population of up to 2.5M people (please see population under references) which covers South and Mid Wales with a range of specialist but not unique services, such as paediatric intensive care, renal services, cardiac services, neurology, bone marrow transplantation, medical genetics and the Welsh Spinal Regional Unit.

Cardiff and Vale UHB continually deliver all of its services through the UHB's ever changing footprint, which may be a result of the UHB's continual, building rationalisation programme, which will see old obsolete sites being sold/decommissioned, the footprint also changes with new additions on existing sites.



2.0 Governance

The Sustainable Development Governance structure at Cardiff and Vale UHB includes:

- The Director of Capital, Estates & Facilities who is the Lead Director for Environmental Management/Sustainable Development matters
- The Capital Estates and Facilities Service Board, Health and Safety Meetings which report to the Health and Safety Operational Group, chaired by Director of Human Resources.
- The Environmental Management Steering Group (EMSG) is chaired by the Director of Capital, Estates & Facilities, and includes representatives from health & safety, energy, waste, transport, Cardiff University and a representative from each Clinical Board. This steering group reports to the Capital Estates and Facilities Service Board monthly Health and Safety Meetings
- The Energy Management Group has been incorporated into the Capital, Estates & Facilities, 'Team Briefing' calendar. It is the same local forum made up of Capital Estates and Facilities Service Board and Operational Services department personnel, with the group continually meeting weekly. The focus is maintained on specific operational and energy and environmental management issues still includes both the 'Cost Reduction Programme' (CRP) and the 'Re:fit Programme'. The group is chaired by the Director of Capital, Estates & Facilities.

3.0 Environmental Management Systems

Cardiff and Vale UHB has since 2003 held the accredited ISO14001, Environmental Management System (EMS), the accreditation is certified by the British Standards Institute (BSI). The standard is managed by the EMSG but governed by the Health & Safety Committee. All sites that fall under the remit of Cardiff and Vale UHB are affected by the EMS. The UHB are subjected to 8 BSI audits annually, with the auditor having the ability to visit any site or any department of their choosing.

The EMSG is designed to ensure that anyone and anything that comes onto/leaves any Cardiff and Vale UHB site, does so in a controlled manner. To ensure that Cardiff and Vale UHB and the activities they undertake are done so with zero or as minimal a negative impact as is possible, within its boundaries as well as the closer communities beyond its perimeters.

The EMS carries with it multiple benefits, as it satisfies and serves multiple expectations, whether those expectations be developed internally or be assigned from external sources.

The system has established practices for unexpected events and has established good practice in other areas.

The EMS has allowed Cardiff and Vale UHB to develop strategies/practices for multiple situations that may occur within the UHB to ensure the safety and well-being of everyone who comes in to contact with the organisation. Through the continual

management of the system brings the following benefits to ISO14001 and CVUHB:

- That a solid Environmental Management System is observed
- The development and promotion towards the benefits of the EMS
- The creation and continuation of a collective environmental mind-set
- Demonstration that Cardiff and Vale UHB have an sound and effective EMS
- Cardiff and Vale UHB's commitment to environmental/sustainable agendas legislative or otherwise
- The reduction and or elimination of negative environmental events
- Support of the 'Future Generations' Bill

Following our January 2020 audit the UHB retained its accreditation along with the following, encouraging statement was given:

'The management system has been established in line with the strategic direction of the organisation and as a result continued certification is confirmed.'

Very good progress has been made with the Re-Fit project, with the contractor now formally appointed and the start of the first phase now imminent. Progress will be followed up again during the next assessment. Extensive measurement has been carried out to identify



the scope of environmental and financial improvements.

Commitment and enthusiasm was demonstrated within the waste area as new resource has had to be appointed at very short notice, and significant improvements could be seen in the CRI waste compound during the audit period. The waste areas will be of focus during the next visit’.

4.0 Summary of Performance

4.1 Green House Gas Emissions

There are many reasons that large public bodies such as Cardiff and Vale UHB seek to reduce its energy and water consumption/wastage, whilst improving the efficiency of consumption for all, be it due to increasing commodity and non-commodity costs, reducing its carbon footprint, legislation or its own internal social responsibility.

The UHB continually looks to new technologies and strategies that enables the organisation to reduce its carbon footprint but overall its green performance levels, all whilst managing to encourage colleagues, visitors and working partners towards adopting or enhancing their own green agenda.

For many years the UHB has installed a number of energy initiatives throughout its estate as a means to achieving its internal goals, most notably:

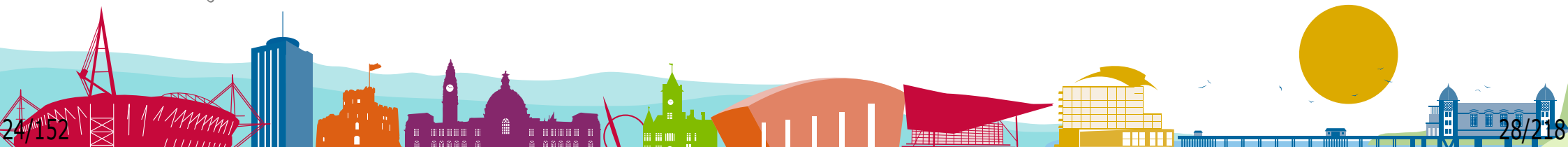
- Combined Heat & Power (CHP) has generated 22,016,500 kWh saving the UHB £2,281,240 based on unit cost alone and not having

consumed energy direct from the grid

- Solar PV, 5 installations covering UHW, UHL, and Barry have saved in the region of £15K during 19/20
- Towards the end of 18/19 the health board engaged in a series of LED schemes in areas that had a large lighting demand. LED lighting can see a reduction in consumption in excess of 40%

The Solar PV and LED schemes were halted during 18/19 in order to allow the UHB to adopt the Re:Fit programme. The introduction of the programme allowed prospective contractors to undertake a series of surveys to assess and review the UHB’s current energy assets and strategies in order to identify and submit potential initiatives for the UHB.

Greenhouse Gas Emissions		2017-18	2018-19	2019-20
Non-Financial Indicators (1000tCo ² e)	Total Gross Emissions	28.15	29.81	29.80
	Total Net Emissions	0	0	0
	Gross Emissions Scope 1 (direct)	27.98	29.64	29.62
	Gross Emissions Scope 2 & 3 (indirect)	0.17	0.17	0.18
Related Energy Consumption (million KWh)	Electricity Non-Renewable	29.82	23.91	28.32
	Electricity Renewable	24.00	21.53	22.23
	Gas	136.00	130.94	127.84
	LPG	0.14	0.27	0.25
	Other	0	0	0
Financial Indicators (£millions)	Expenditure on Energy	7.29	8.05	8.43
	CRC License Expenditure (2010 Onwards)	0.28	0.28	Scheme Ended
	Expenditure on accredited offsets (e.g. GCOF)	n/a	n/a	n/a
	Expenditure on official business travel	1.40	1.49	1.19



4.1.2 Re:Fit

The Re:fit programme is a UK procurement initiative which allows public bodies identify and adopt energy saving and energy generating technologies on a wide scale, whilst achieving speedy installation for those technologies identified.

The programme affords public bodies in Wales the opportunity to taking a step closer to reducing their carbon footprint and towards the 2030 decarbonisation goals set for the public sector. This programme will be the largest programme that will have been undertaken by Cardiff and Vale UHB for a number of years.

Through a Mini Tendering exercise service provider Vital Energi were appointed in September 2019 as the main contractor for Cardiff and Vale UHB.

The Refit program has been split into 3 project phases to achieve carbon and costs savings as early as possible in 2020/21.

Phase 1a: Non-complex Measures

These include projects with low design requirements, short lead times and high savings e.g. LED lighting and insulation schemes.

The areas that have been targeted to date are as you would expect areas that have a large burn time, such as the multi-storey car parks at UHW as well as large administration areas.

Phase 1b: Non-complex/medium complex measures
– Including schemes which may have increased

complexity and an element of design, but still can be implemented within a medium timescale to realise benefits in the shortest practical timescale. These projects will include further Phase 1a schemes, solar PV projects and enhanced control solutions for plant and equipment.

Phase 2: Complex Measures

These will include significant strategic solutions for larger sites which will provide significant energy and carbon benefits. Phase 2 is expected to include large scale mechanical, and electrical infrastructure works targeting intensive consuming plant that exist within the organisation i.e. boilers, chillers etc.

It may also include a review and upgrade of the organisations' Building Management Systems, technology which allows the health board to control the function of a large number of equipment located throughout its large sites. Phase 2 activities will naturally be expecting larger savings. It is during this part of the programme that there may be consideration of established renewable technologies that are feasible and risk adverse.

Phase 1a progress and Savings

The Phase 1a project commenced on site in early March 2020 with proposed completion in September/October 2020. These timescales will be reviewed and updated as necessary as the project progresses.

The annual costs and forecasted savings for Phase

1a are as follows:

Implementation costs with Service Provider	£1,368k
Annual projected cost savings	£250k
Annual CO2 reduction	667 Tonnes
Estimated project payback	5.5 years

Phase 1b progress

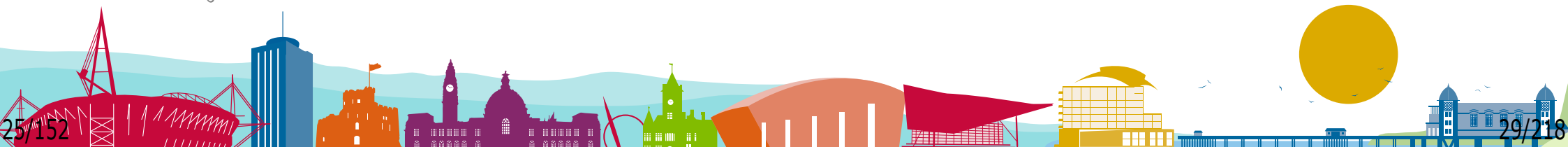
The Phase 1b Investment Grade Proposal (IGP) is progressing with the Service provider.

The IGP should be completed during July/August 2020 and once the IGP approval and funding applications have been completed, it is anticipated that the works will commence in late 2020.

Covid 19

The Covid 19 crisis has impacted significantly on the Refit program predominantly due to the following factors:

- As Manufacturing has now reduced for both UK and international companies the lead time for equipment is now longer.



- Difficulties in the delivery of materials and equipment once it is manufactured.
- Certain elements of the project have been delayed during the crisis due to the precautions and implications of Covid-19. Certain proposed projects will need to be modified to reduce Covid 19 risks. All of the above dates, costs and savings may be subject to change in light of the crisis.

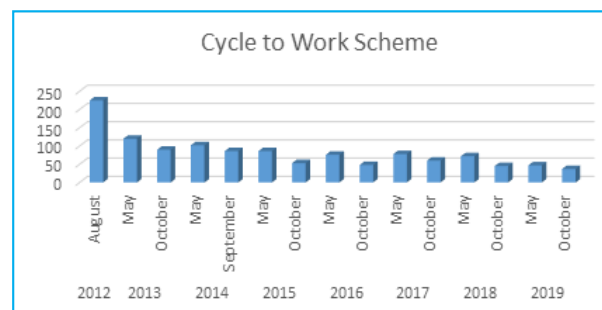
4.3 Sustainable Travel

Cardiff and Vale UHB has a Sustainable Travel Action Plan in place for each of its hospital sites as required by Welsh Government. This is currently under review with the intention of producing a UHB-wide Travel Plan (and action plan) during 2020. The action plans manage the following key areas and activities:

- **Travel planning** – Travel surveys have taken place since 2008 (except 2017 & 2018). The 2019 survey has been extended into 2020 in order to encourage a more robust response rate. The surveys monitor current travel behaviour of employees and patient/visitors to identify whether Cardiff and Vale UHB can improve those sustainable travel options that are available.
- **Car sharing** – The UHB has an on-line car share facility hosted by Liftshare. This is open to all staff. Car sharing is promoted regularly over the Intranet and by on-site promotional events. There are currently 195 members recorded on

Liftshare, and whilst not recorded it is known that there are staff members who car-share informally.

- **Cycle Scheme** – August 2012 saw the creation of the scheme, enabling cyclists to obtain bikes through a salary sacrifice approach, further encouraging staff members into “active travel”. Since the scheme began there have been 1225 purchased to date, generating savings of almost £224K. November 18 – October 19 saw 84 new cycles obtained via the scheme.



As means of further promoting cycling to work and offering support to existing cyclists Cardiff and Vale UHB organised two site visits from ‘Doctor Bike’, a service run through ‘Cycle Training Wales’. The first at UHW on 17/03/20, with the second the following day at Woodlands House. Doctor Bike is a mobile service which sees a mechanic attend site and then puts attendees’ bikes through a health check. The

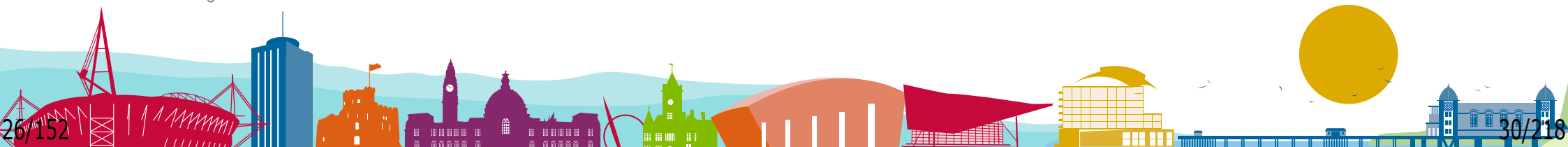
mechanic would make repairs where possible and would also highlight any serious issues found that would require the user to take their bike into a cycling shop to address those areas that needed greater/immediate attention.

Doctor Bike also delivers the same service into further education institutions, communities and youth services, they also offer maintenance training to children and adults alike.

- **nextbike**
As a means to further increase sustainable travel, a three-way collaboration between nextbike, Cardiff and Vale UHB and Cardiff Council has seen the introduction of, to date, 3 next bike stations within the UHB. There are 2 stations at University Hospital of Wales (UHW), 1 sited by the UHB and the other sited by Cardiff University. The remaining station is sited at Woodland House. There are currently 73 stations in Cardiff, with the intention to improve on these, the stations already sited have facilitated in excess of 10,000 journeys each week.

From the network of stations that exist visitors to Cardiff can travel through the city with relative ease. The Scheme has recently been introduced in the Vale of Glamorgan and, working with Vale of Glamorgan Council (VoGC), a station for electric nextbikes has been located at University Hospital Llandough (UHL).

Most recently a pilot was launched, aimed at



helping people to cycle their way to better health. The scheme which commenced in May 2019 saw GPs in Cardiff prescribing patients with a free, 6-month nextbike membership. Further, in partnership with UNISON, the UHB has taken out 1,000 corporate memberships enabling staff to apply to join the nextbike scheme for free as a means of making the use of the nextbike further attractive.

- **Public Transport** – The UHB liaises regularly with Councils (Cardiff and Vale of Glamorgan) and transport operators to review and improve services in terms of frequency, timings and access. The services are available to provide access to all main UHB sites. The UHW Park & Ride service commenced on 2nd May 2017 servicing UHW. The service became a free to use service on 5th June 2018 and from 3rd June 2019, the original service frequency of 20 minutes was increased to every 10 minutes between 06:30 and 19:00. The service was also extended, running now between 19:00 until 23:00, with a 20 minute frequency.

Up to the end of March 2020, 213,507 passengers had used the service over 736 working days. This equates to an average of almost 290 passengers per day. Staff represented an encouraging 80.13% of the usage.

The UHL Park & Ride service (H95) commenced

on 22nd July 2019 to serve UHL. The high usage during August of that year coincided with the temporary closure of the decked car park for essential maintenance. Over the 179 days of operation to date there have been 9,209 users equating to 51 users per day. Staff represented a little over 4211 users (45.73%).

The extended service at UHW and the UHL service is funded by Cardiff & Vale Health Charity.

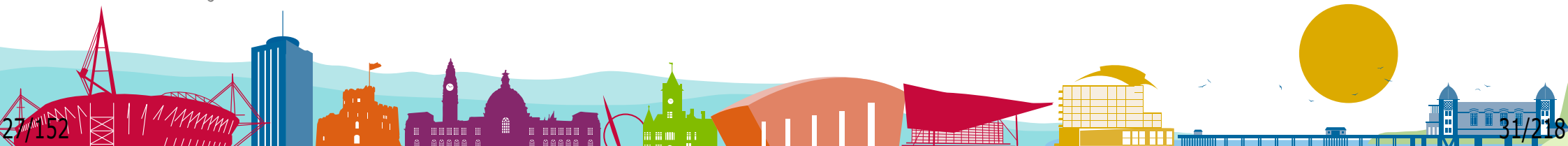
The use of public transport plays a large part in the UHB's sustainable travel plans, providing locations of bus stops and rail stations in close proximity to UHB sites. To further stimulate the use of public transport Cardiff and Vale UHB has a salary reduction arrangement with Cardiff Bus to enable staff members to benefit from a discount and spread the cost of purchasing season tickets.

- **Walking** – The UHB has developed a series of walking routes at several of its sites, giving individuals the ability to engage in some activity during their lunch break or after work hours should they so choose. The routes are based around, UHW, St David's hospital, Rookwood hospital and Riverside health centre. The UHB provides valuable links through its intranet pages (currently under construction) to several external web sites to assist those interested parties looking to take up walking and those individuals who are already so inclined. The

links provide the details of areas and events for the population that are available to them within the local and surrounding areas.

- **Parking** – June 2018 saw free parking across all UHB sites, a change of this nature brought with it a greater impact on the parking/traffic pressures that were previously associated with UHW. The UHB naturally increased its continual promotion and encouragement toward sustainable travel, whilst seeking additional solutions to further remove the number of unnecessary vehicles coming to site. An additional strategy to increase parking availability for medical staff onsite, has seen many non-medical staff members relocating off site to 'Woodlands House'.

The desire that surrounds the UHB's continual improvement toward Sustainable Travel has led to the review and design of a 'Sustainable Travel Hub' at UHW. The vision for travel hubs came via Cardiff City Council, with their desire aimed at creating an effective series of travel hubs in north, south east and west in the City, giving the ability for people to move in and around Cardiff with greater effectiveness. With both organisations harbouring a mutual intent, this has led to a collaboration towards the realising of the hub. The design concept is aimed at making the transition for a passenger, more pleasurable when arriving on site, no requirement of having to navigate traffic or having to face the worst of the weather when accessing the site.



At some point some of those journeys may well be taken on the newly proposed 36 electric buses destined for Cardiff.

All of the aforementioned activities continually being observed by Cardiff and Vale UHB, tie in well and supports the ideals of the recently launched ‘Healthy Travel Charter’, designed to encourage sustainable travelling for the 33,000+ public sector employees in and around Cardiff. Cardiff and Vale UHB are one of 16 public bodies that have pledged their commitment to the Charter.

Collectively the charter aims to achieve the following:

- Reduce the proportion of journeys commuting to and from work made by car from 62% to 52%
- Increase the proportion of staff cycling weekly to and from work, or at work from 14% to 23%
- Increase the proportion of vehicles used during the day which are plug-in hybrid or pure electric from 1% to 3%

Cardiff and Vale UHB will be supporting the charter further once it achieves the first of its electric charging point installations at Woodland House.

4.4 Waste

Waste Management within the UHB is complex, especially when you consider the number of waste streams, the range of sites, staffing complement, patients, contractor activity and those visitors that are all involved in the cycle. Naturally Cardiff and Vale UHB have a focus on its waste management

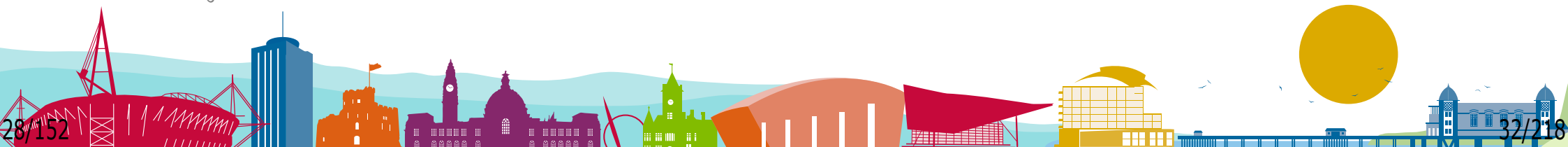
responsibilities, especially when you consider it generated in excess of 3726 tonnes for 19/20. As well as other responsibilities the UHB strives for compliance to the Duty of Care Legislation and The Hazardous Waste (Miscellaneous Amendments) (Wales) Regulations 2015, not to mention working toward the Welsh Assembly Governments ‘Towards Zero Waste’ where the waste generated is at ‘One Planet’ level.

Cardiff and Vale UHB have again achieved zero waste being diverted to landfill, still continuing to

divert waste to the Viridor, Energy from Waste plant in Cardiff. On average a tonne of waste generates around 0.697MWh of electricity, which lead to Cardiff and Vale UHB’s waste generating in the region of 885MWh, again supporting National Grid in its supplying of the wider community helping towards powering in excess of 68000 homes.

Cardiff and Vale UHB have increased its efforts in creating more effective waste bins and increasing waste streams.

Waste		2017-18	2018-19	2019-20
Non-Financial Indicators (tonnes)	Total Waste	4619.00	4347.37	3726.30
	Landfill	0	0	0
	Reused/Recycled	1043.47	839.60	599.97
	Composted	119.00	97.56	47.47
	Non-Infectious Offensive Waste	685.1	664.68	600.8
	Incinerated With Energy Recovery	1441.00	1466.00	1271.06
	Alternative Heat Treatment	967.00	889.00	855.24
	Incinerated Without Energy Recovery	363.00	390.53	399.24
Financial Indicators (£million)	Total Disposal Cost	0.97	0.71	0.89
	Landfill	0	0	0
	Reused/Recycled	0.16	0.06	0.14
	Composted	0.01	0.01	0.01
	Non-Infectious Offensive Waste	0.14	0.1	0.12
	Incinerated With Energy Recovery	0.16	0.11	0.15
	Alternative Heat Treatment	0.33	0.27	0.29
	Incinerated Without Energy Recovery 0.18	0.18	0.16	0.19



4.5 Finite Resource Consumption

Finite Resource Consumption			2017-18	2018-19	2019-20
Non-Financial Indicators (000m ³)	Water Consumption (Office Estate)	Supplied	248.00	232.1	251.59
		Abstracted			
		Per FTE	16.70	17.95	18.73
	Water Consumption (Non- Office Estate)	Supplied	372.26	348.15	377.39
		Abstracted			
Financial indicators (£million)	Water Supply Costs (Office Estate)		0.92	0.60	0.25
	Water Supply Costs (Non- Office Estate)		0.92	0..90	0.38

(Please note that historical Office/Estate (40%) and Non-Office Estate (60%), which is based on occupied floor area, the data has been adjusted to be populated under the correct headings)

Water management is no less important to that of gas and electricity and it carries with it the largest unit cost of our commonly used utilities. Just like other utilities water is susceptible to wastage, which can be difficult to detect especially where leak occurs.

Clean water is another resource that is rapidly diminishing and under threat of UK demand exceeding supply.

The main levels of consumption can be attributed to cleaning, catering, and toilet usage, washing and drinking. Outside of the expected consumption factors, there is also a controlled wastage activity that the UHB are forced to take due to its 'Water

Safety Management Programme'. This programme requires a large amount of intentional, systematic flushing and is designed to help combat the legionella risk along with any other bacterium that carries with it a negative impact for the UHB's water supply.

5.0 Service Improvement Programmes

Over the last 2 years Cardiff and Vale UHB has engaged with its staff member to identify ways in which aspects of their day to day can become more efficient. This approach carries with it financial improvements as well as environmental and the schemes are delivered through our Service Improvement Programmes (SIPs).

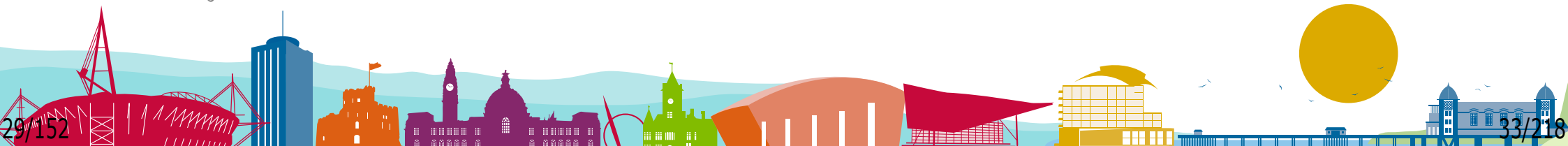
Waterless Urinals

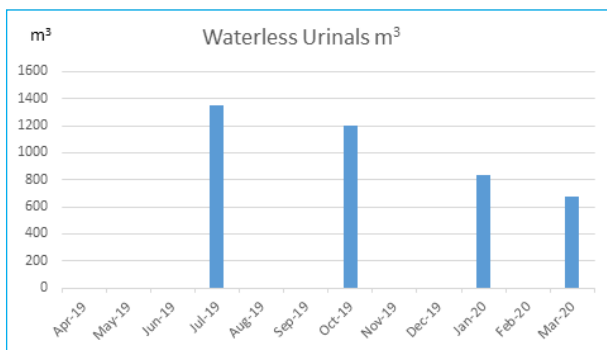
2018 saw the trial of waterless urinals in the male public toilets within the Concourse of UHW. This was swiftly followed by installations in the public toilets within the Plaza at UHL.

Following the success within these areas, the scheme was extended to Woodland House in September 2019, the new HQ for the UHB. Whilst the savings difficult to be seen in both of the previous installations, the data related to the Woodland House installation shows the large savings being made from the removal of 24 hour cistern flushing activity.

Period	04/04 - 09/07/19	09/07 - 11/10/19	11/10/19 - 14/01/20	14/01/20 - 31/03/20
Days	96	94	95	77
Start Read	610	1961	3160	3999
End Read	1961	3160	3999	4679
m ³	1351	1199	839	680
£	4143.78	3697.77	2652.61	2149.99
Savings (m ³)		152	360	159
Savings (£)		446.01	1045.16	502.62
Savings (m ³)%		11.25	37.90	43.29
Savings (£)%		10.76	35.99	41.86

(The above figures are based on Dwr Cymru Welsh Water invoices)





From the above there has been a significant fall in water consumption since the insertion of the urinals.

Coffee Grounds Recycling

July 2019, the Aroma Cafes within the UHL (Plaza) and UHW (Y-Gegin), the used coffee grounds generated within these outlets, 2kg bags are available for both staff and visitors to take away to use on their gardens or allotments. Since its implementation there has been in excess of ½ ton of waste diverted from the food waste stream that would normally be collected by Cardiff City Council.

Catering I.T Systems

Cardiff and Vale UHB moved to an electronic ordering system, Synbiotix Menu Ordering System, for patient meals, with the initial implementation taking place at UHL in the Adult Mental Health unit of Hafan-Y-Coed, during the period October 2019 -

February 2020.

As a result of the positive results here the strategy will be further introduced through areas of UHW during 2020.

- I.T system provides extensive data on stock control, food wastage and costings
- Clear diet and allergen information available to patients
- Ability to capture live nutrition and updates for each individual bed, giving caterers real-time information on patient needs.
- Reduction in paper based processes
- Accurate and consistent approach to recipe and menu planning
- Improved meal ordering, for patients with portion and specific dietary requirements

Regeneration Trolleys for Patient Meals

Approximately 1.5 million patient meals are produced through the UHW's Central Food Production Unit, which is distributed to other UHB sites (excluding St Davids Hospital).

Regeneration trolleys are now used for patient catering replacing old convection ovens, the introduction of trolleys has taken place at UHL, Barry and Rookwood during 19/20. The modernisation of patient catering services, by replacing the centralised and ward based kitchen ovens at these sites with regeneration trolleys have

resulted in:

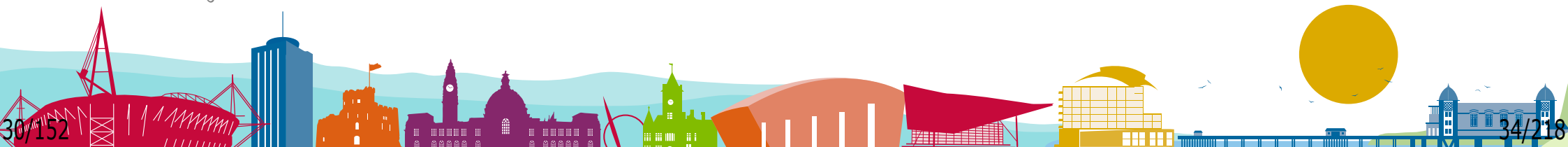
- Energy Savings
- Reduced maintenance
- More flexibility for using trolleys between wards
- Less handling of food during cooking process (H&S)
- Allows for consistent approach to food production throughout the UHB
- Enhanced patient experience with improved quality and presentation of food

Cardboard Recycling

Cardboard collected at UHW and UHL is diverted to the UHW waste yard, where it is baled ready for collection by a contracted recycling company. From this there is a revenue stream through selling the bales. The market cost for bales has reduced recently, naturally affecting the revenue generated, nonetheless, large amounts of cardboard is being recycled.

Single use bottle crushers

The installation of plastic bottle crushing units at UHW and UHL have resulted in the reduction of black bag waste and housekeeping resources. The savings are estimated at £3635 per annum.



Paperless Initiative

There is an ongoing move towards the UHB becoming a paperless organisation. With repetitive messages constantly being delivered throughout the organisation. The same message is delivered during corporate induction, capturing new staff members as they come into the organisation.

In order to achieve paperless, staff members are encouraged to review the way they operate through their daily activities and where possible find alternative, practicable solutions to doing so.

Breeding this mentality/behaviour will make the overall strategy more achievable and has already shown a greatly reduced amount of waste in the UHB's recycling.

In addition all staff members are encouraged towards also reducing the amount of external and internal mail that is being processed, replacing the activity with electronic mail.

Replacement of plastic cups

In recent years we have seen the disturbing affects that plastic pollution has, globally and nationally, in community areas and within small and large watercourses and of course our oceans.

March 2018 saw the introduction of washable glass cups within ward based catering and UHB restaurants, which is aimed at reducing plastic waste as well as improving patient experience.

This enhances the already existing campaign of

encouraging restaurant users to adopting reusable cups.

In recent years there has been a large campaign promoting the positives for individuals achieving their daily intake of water, which when we look around we will see that the message has been taken on board whether we look at the number of bottles of water that sold or the number of people using refillable/reusable water bottles.

A recent initiative instigated by the Cardiff & Vale Health Charity has seen the UHB sign up to the UK Refill Scheme, which saw the insertion of a free water fill station at Barry Hospital, available to all. This approach not only satisfies the need for individuals to achieve their daily water intake, (which to date has shown 175 uses) but it also helps make a difference by reducing plastic generation by its very presence. The 'Refill UK' initiative, which boasts in excess of 28,500 stations. Participants are able to download the Refill app to pinpoint their nearest water station, or can find a fill station where they see a refill station sticker, posted by the provider.

Segregation Waste Recycling Stations

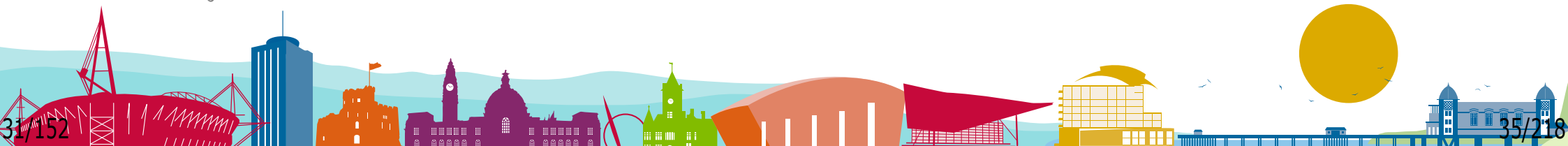
Waste segregation is constantly being reviewed throughout the UHB. During the past year the UHB has sited a number of recycling stations in their most active areas, those being the Aroma cafes (UHW, UHL and Woodland House), Y-Gegin restaurant (UHW) and the main concourse area of UHW.

The stations allow for users to separate liquid, cup, plastic and general waste items. The affects here are that there is a reduction in landfill classed related waste (which goes to Waste to Heat plant), the increase of recycled waste and less time required to manage recycled waste. There is an estimated £6-7K worth of savings through the implementation if these stations.



Crisp Packet Recycling

Throughout the UHB there also a number of specific crisp recycling bins, a scheme that was initially funded by the Capital, Estates and Facilities department. Due to the complexity for the recycling of crisp packets, the direct targeting of this waste enabled Cardiff and Vale UHB to divert the waste to a recycling specialist. The packet waste is collected free of charge which is then converted into pellets, moving on then to make a number of different products. Whilst the waste here is collected free of



charge there is a financial incentive which is based on weight, this goes back to Cardiff & Vale Health Charity who are now responsible for the funding of this initiative.

These recycling bins can be located in the following areas:

- Y Gegin at University Hospital of Wales
- Dental Hospital Reception at University Hospital of Wales
- The Porters Lodge at University Hospital Llandough
- Barry Hospital Reception
- Aroma at Woodland House

It is also possible for individual areas/departments to source these waste bins directly through the Cardiff & Vale Health Charity.

It is a big task to address all of those environmentally, positive solutions at once, whilst that may be the case the UHB's SIP/CRP team continually move forward, always looking to address and implement those projects that have the greatest impact. Not just an impact that solely carries with it an environmental or a cost benefit but also from a patient perspective and any visitor to a Cardiff and Vale UHB site.

6.0 Biodiversity

As of 1970 there have been increased levels of species extinction throughout the world, with urbanisation, deforestation, pollution having a large impact on wildlife decline. Welsh wildlife has suffered in the same manner. The Environment (Wales) Act 2016 (section 6) introduced the Biodiversity Duty which was aimed at public bodies to being aware of the activities they undertake and the impact that they carry in regards to how those activities affect the surrounding eco systems. The duty is designed to maintain and increase biodiversity, guiding organisations towards taking appropriate actions against their daily activities.

Cardiff and Vale UHB focuses on its exercises for both existing and planned activities and the impact they carry within the following areas:

- Buildings management
- Procurement
- Sustainability
- Awareness raising, education and training
- Grounds and land management to maintain and enhance biodiversity, and promote the resilience of ecosystems.

All of these key areas are to an extent accounted for under the organisation's ISO14001 Environmental Management System (EMS). As it is designed to ensure that Cardiff and Vale UHB by its presence and any and all related actions/duties carried out,



are all done with as minimal a negative impact as is possible, for anything and anyone who is within close proximity to a site/service being provided, static or otherwise.

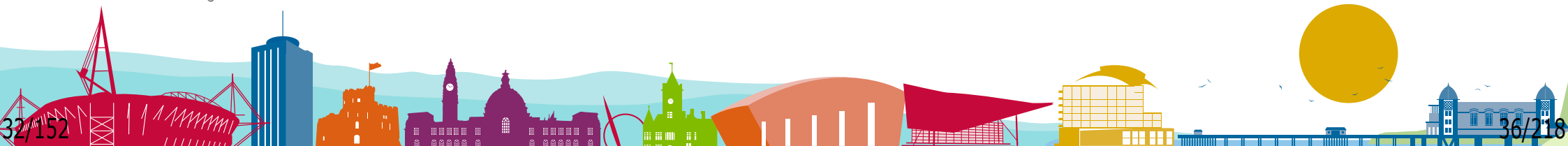
To be fully compliant to the act Cardiff and Vale UHB are advised to undertake the following activities with the results being blended into the EMS.

- Commission a specialist biodiversity assessment and audit
- Enhance our Biodiversity Strategic Action Plan
- Governance and reporting arrangements

The modified system will further lend itself to satisfying a number of strategies, Nature Recovery Action Plan (NRAP), The Well-being of Future Generations (Wales) Act 2015 and the Environment Act (Wales) 2016.

The EMS, as a tool has helped the organisation

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achieve not just its own sustainable goals but also those external targets assigned to it, the biodiversity strategy blended with the EMS will be a seamless addition.

One of the UHB's proactive actions which compliments the Environment and Future Generation Acts is the Wellbeing project. This project aims to establish a bee garden at Our Orchard located at UHL. The wider objective is to introduce a number of bee hives at different UHB sites throughout Cardiff and the Vale of Glamorgan.

Currently hives exist atop the Cochrane building at UHW seeing this part of the initiative being managed through several partnerships between Cardiff University staff, individuals from the UHB's Estates team, the School of Medicine and the library service. The next batch of hives are located at Llanfair Unit at UHL, which are managed by staff members from Hafan y Coed Adult Mental Health Unit, Therapy Technical Instructors, Health Care Workers and Nursing assistants.

All custodians of these hives have received beekeeping training and the hives have also been registered on the National Bee Units website, BeeBase.

The project is also aimed at helping people understand their immediate environment. The initiative will also look to generate antibacterial strength honey, which will be used for research around infections and towards the healing of patients.

7.0 Health & Safety

Cardiff and Vale UHB have a huge task maintaining both its vast infrastructures as well as the building fabrics of those sites under its remit. In order to allow these sites/buildings to function daily, there are multiple teams internally managing tasks that are generated daily.

There are also external teams of contractors to support the UHB in its maintenance and development for both existing and newly created areas. During 2019-20 Cardiff and Vale UHB managed 1399 contractors through all sites delivering multiple services. Each contractor dependant on the nature of their service has to comply with our strict H&S guidelines and must complete our health and safety induction to ensure that they are fully compliant with both the HBs and their own safe methods of working.

Many of the works/schemes will have an element of environmental risk, the induction allows the HB to impress upon each individual the need to be environmentally vigilant from the moment they arrive on site until they leave, ensuring that work areas and any generated waste are managed to remove any and all negative impact that may exist. One of the many challenges that we face as a health board is the management of Asbestos Containing Materials (ACMs).

Throughout the UHB there are large number of ageing buildings, all of which will contain ACMs. The UHB's Health and Safety Team managed 68

ACM removals via planned and emergency works, at a cost in excess of £230K. Through the works of the Health and Safety team, the UHB has a very comprehensive asbestos database, one which is constantly being updated.

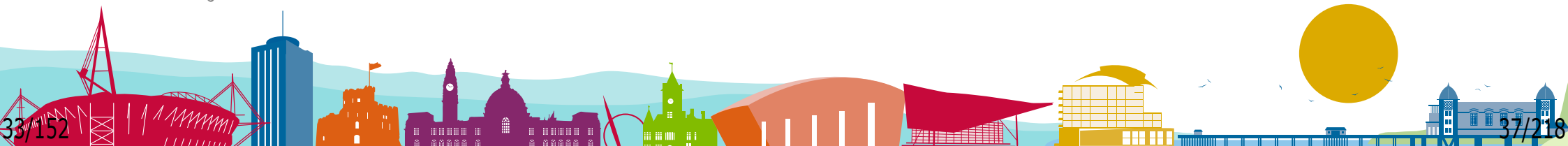
The database has forearmed the UHB with a detailed overview of where ACMs exist throughout the health board and are able to co-ordinate with our Estates Team and contractors and their daily activities by minimising/removing all and any negative potential outcomes.

The UHB's Health and Safety obligation caters for more than just the 14000+ members of staff, 1399 contractors that attended site, it also caters for those bed ridden and day patients as well as their respective visitors.

8.0 Summary

Almost every aspect of UHB's activities potentially carries with it a negative environmental impact. In order to ensure that Cardiff and Vale UHB has a non-detrimental output it employs as many resources as is possible to help achieve legislative and internal expectations.

One of those resources available to the UHB is the EMS, the system simply lends itself to all of those environmental responsibilities assigned against the organisation. The EMS allows the UHB to establish good and sound practices. It seeks to encourage those that work beneath its umbrella. It looks to align itself with like-minded environmentally aware organisations.

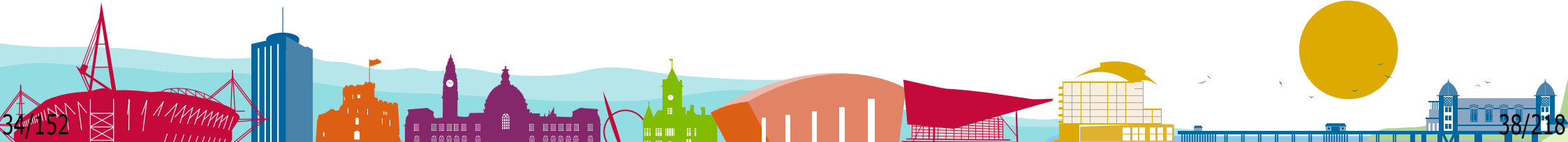


Capturing and encouraging new staff members towards adopting or improving upon an environmentally biased mentality. From the procurement of goods to removal of waste, energy generation, developing the foundations for improving the condition of world that we will be leaving behind. The system is designed also to care for those people and areas that are on any UHB premises and or who are in close proximity to a UHB boundary.

For all of its ambitions and challenges the UHB faces, the EMS is an underlying supportive mechanism that serves everyone, whether associated to the health board or not. The system will help the organisation realise its vision and help towards overcoming any challenges. The EMS will allow outsiders looking in, not just those normally unseen efforts made by the UHB but also the positives those efforts bring with them.



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References

Population information

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<https://www.wales-cottages.info/towns-a-z/letter/P>

Re:Fit Information

<https://gov.wales/docs/desh/publications/160926-refit-cymru-overview-en.pdf>

Sustainable Travel

<https://www.healthytravel.wales/cardiff.html>
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Waste

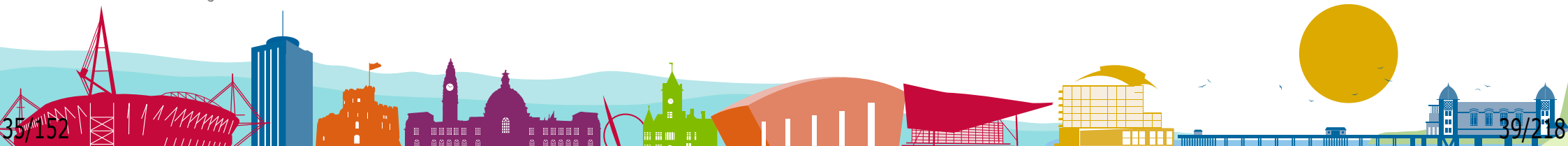
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<https://www.viridor.co.uk/energy/energy-recovery-facilities/cardiff-erf/>

Finite Resource

https://www.savewatercleanclever.co.uk/?gclid=EAIaIQobChMIgPnmxcXy6glVke7tCh3dnA4kEAAAYASAAEgJXjvD_BwE

Biodiversity

<https://www.biodiversitywales.org.uk/Nature-Recovery-Action-Plan>
<https://www.wwf.org.uk/updates/living-planet-report-2018>
<http://www.legislation.gov.uk/anaw/2016/3/part/1/crossheading/general-duties-of-public-authorities/enacted>



Long Term Expenditure Plans 2015-2020

Performance against the Revenue Resource Limit

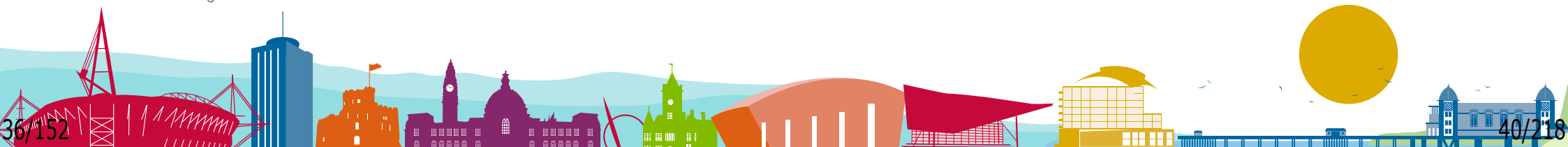
	2015/16 £ ^ 000	2016/17 £ ^ 000	2017/18 £ ^ 000	2018/19 £ ^ 000	2019/20 £ ^ 000
Net operating costs for the year	853,594	936,816	919,484	964,633	1,043,916
Less general ophthalmic services expenditure and other non-cash limited expenditure	(24,547)	(21,567)	(19,396)	(18,186)	(17,276)
Less revenue consequences of brining PFI schemes onto SoFP	(1,028)	(1,028)	(1,028)	(1,028)	(1,028)
Total operating expenses	828,019	914,221	899,060	945,419	1,025,612
Revenue Resource Allocation	828,087	884,978	872,207	935,547	1,025,670
Under / (over) spend against Allocation	68	(29,243)	(26,853)	(9,872)	58

The LHB has not met its financial duty to break even against its Revenue Resource Limit over the 3 years 2017-18 to 2019-20.

The Health Board did not receive any repayable cash only support in 2019-20. The accumulated cash only support provided to the Health Board by the Welsh Government is £54.849m as at 31 March 2020.

The cash only support is provided to assist the Health Board with ensuring payments to staff and suppliers, there is no interest payable on cash only support. Repayment of this cash assistance will be in accordance with the Health Boards future Integrated Medium Term Plan submissions.

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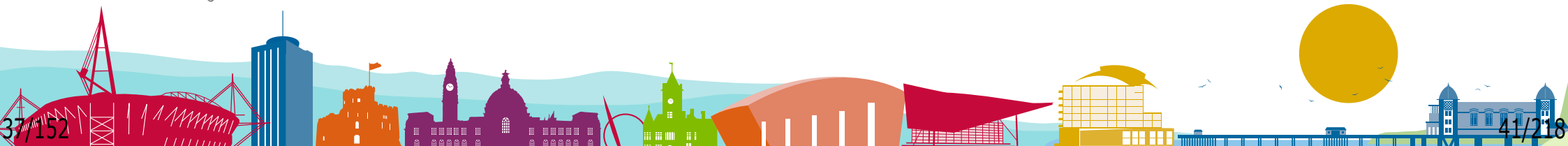


Performance against the Capital Resource Limit

	2015/16 £ ^ 000	2016/17 £ ^ 000	2017/18 £ ^ 000	2018/19 £ ^ 000	2019/20 £ ^ 000
Gross capital expenditure	41,935	44,061	55,936	49,349	61,333
Add: Losses on disposal of donated assets	3	9	0	4	13
Less NBV of property, plant and equipment and intangible assets disposed	(33)	(621)	(2,297)	(310)	(2,167)
Less capital grants received	0	0	0	0	0
Less donations received	(938)	(1,423)	(6,606)	(630)	(1,109)
Charge against Capital Resource Allocation	40,967	42,026	47,033	48,413	58,070
Capital Resource Allocation	41,027	42,104	47,121	48,487	58,159
(Over) / Underspend against Capital Resource Allocation	60	78	88	74	89

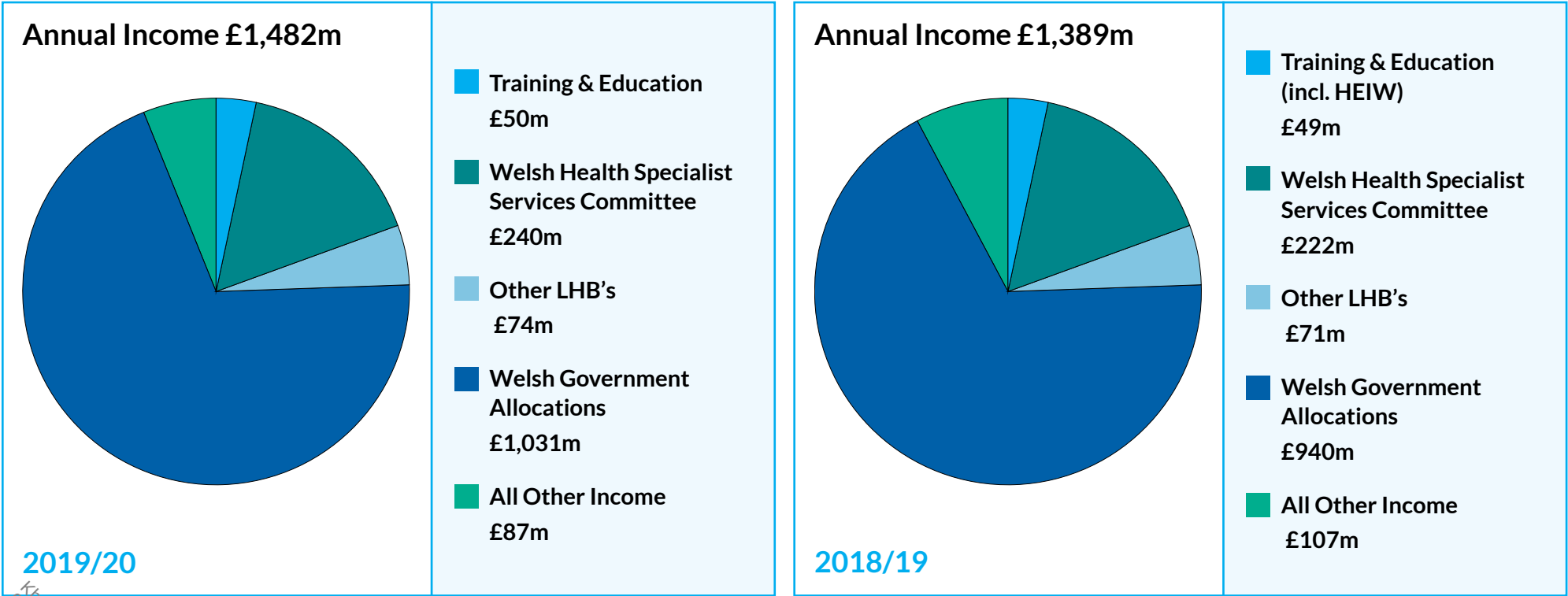
The LHB has met its financial duty to break even against its Capital Resource Limit over the 3 years 2017-18 to 2019-20.

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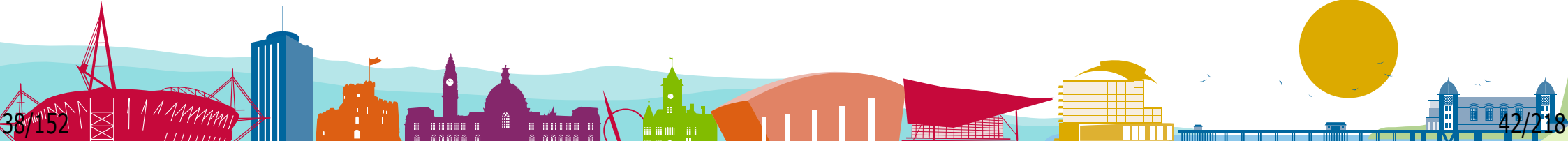


How the UHB has received its Revenue Funding

INCOME GRAPHS:
2015/16 to 2019/20

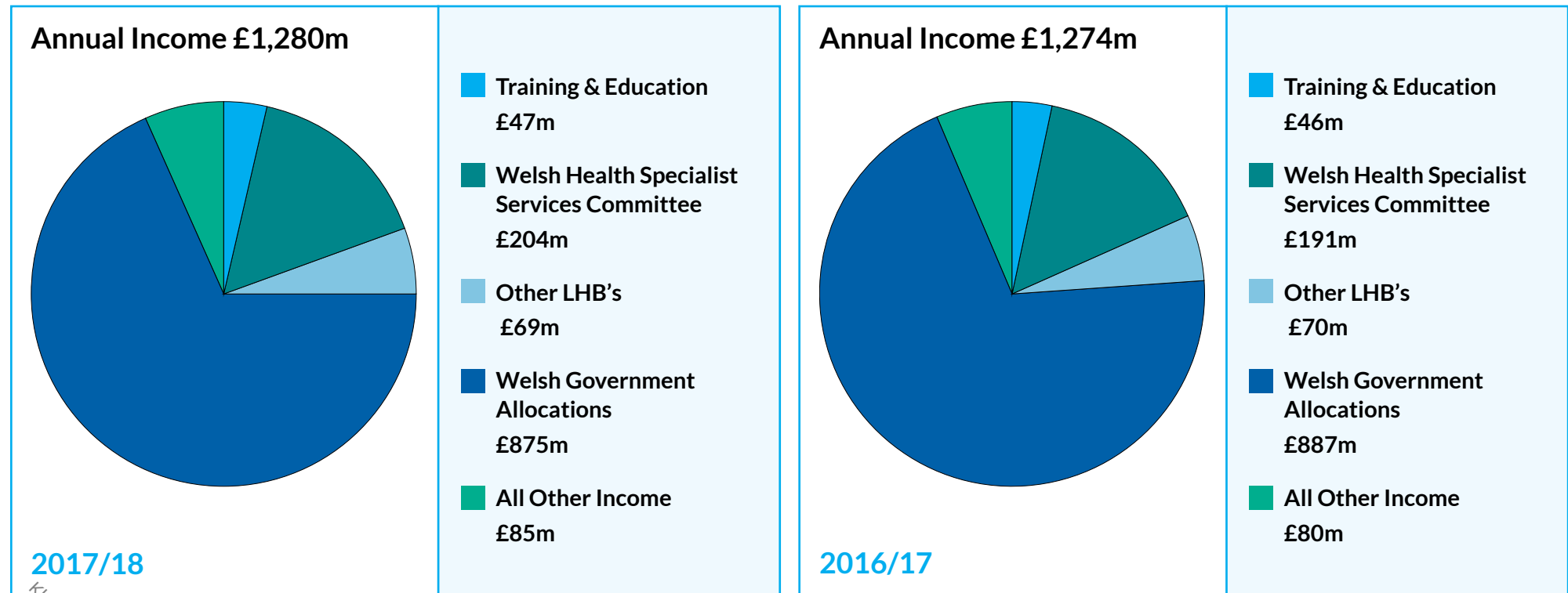


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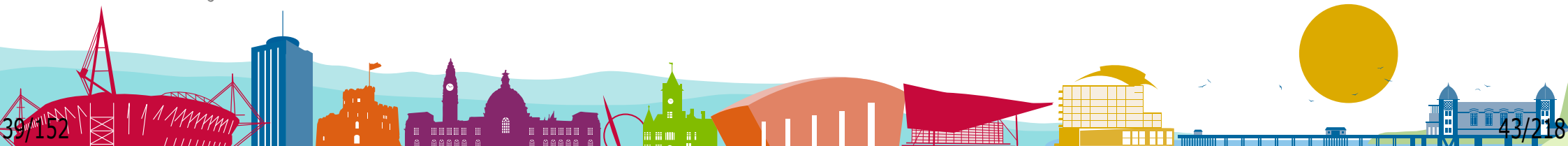
How the UHB has received its Revenue Funding

INCOME GRAPHS:
2015/16 to 2019/20



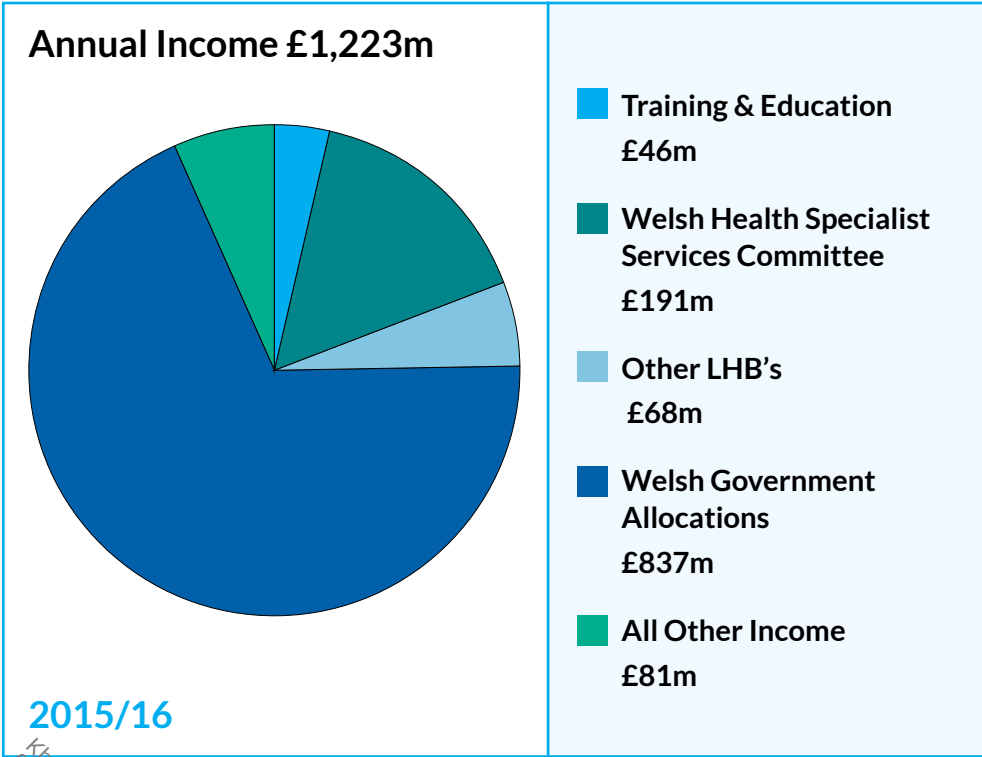
2017/18

2016/17



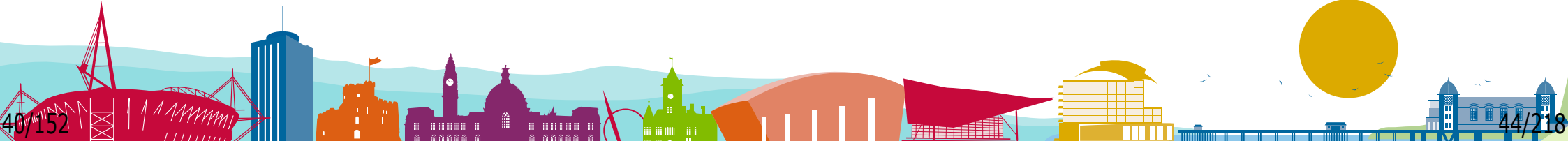
How the UHB has received its Revenue Funding

INCOME GRAPHS: 2015/16 to 2019/20



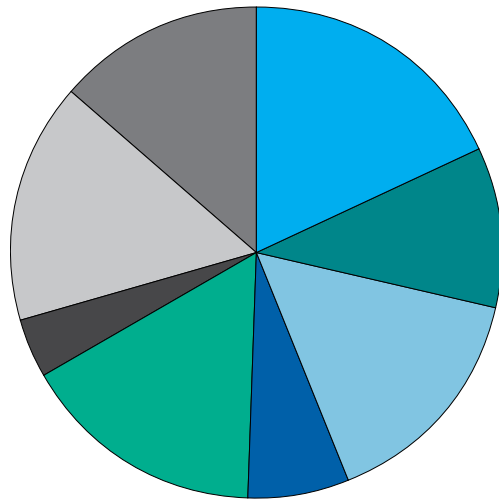
As disclosed in the performance against break even duty table above, the UHB is permitted to remove certain elements of expenditure (which it incurs but over which it doesn't have managerial control) when comparing its expenditure to its annual revenue resource limit. For the purposes of a meaningful comparison of income & cost, this has been treated as notional income in the above. Hence the expenditure figures shown below are shown gross (with no expenditure removed).

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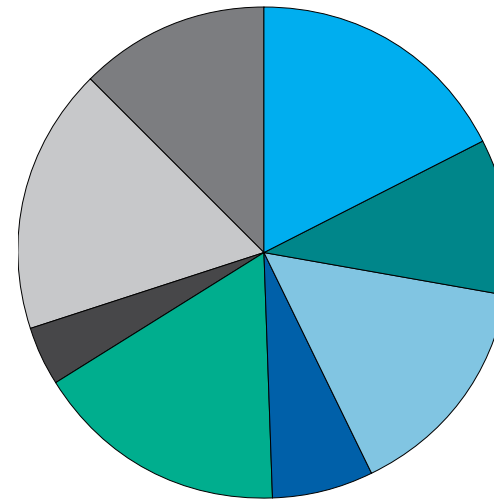
How the UHB has utilised its Revenue Funding

Annual Expenditure £1,482m



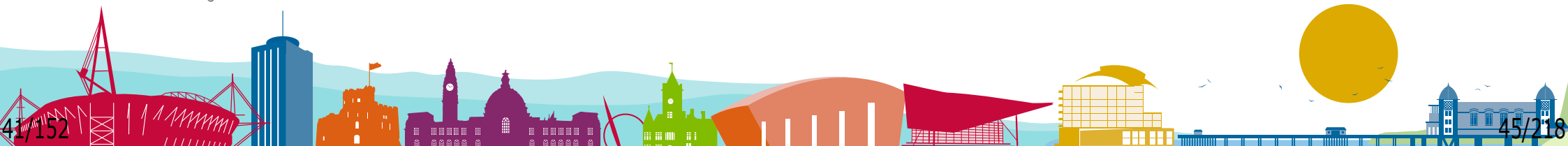
2019/20

Annual Expenditure £1,399m

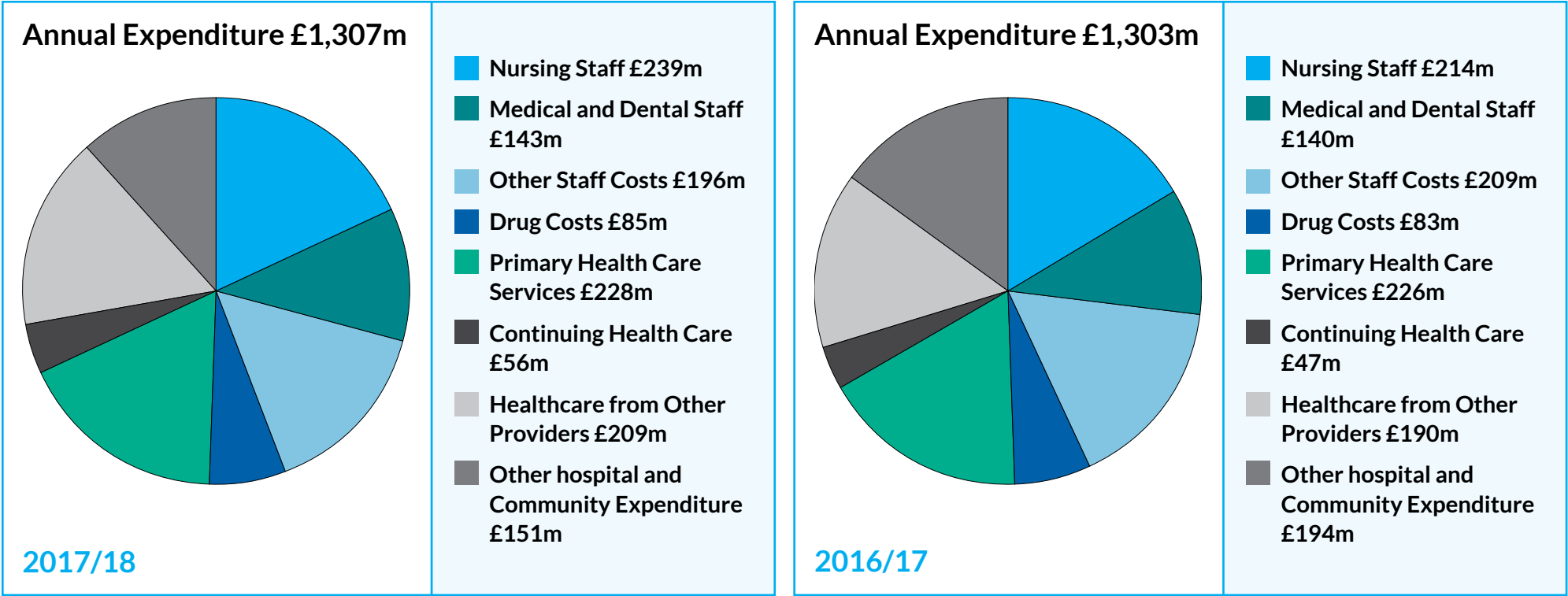


2018/19

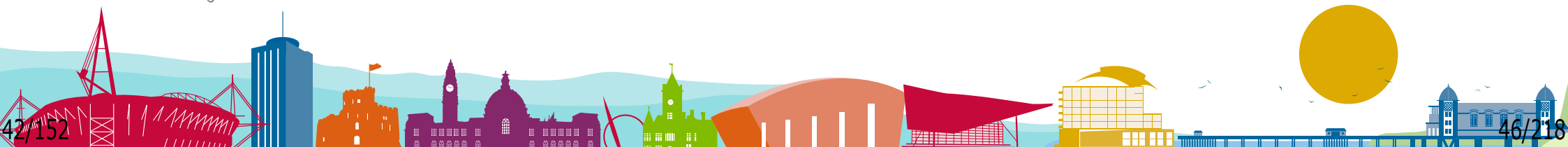
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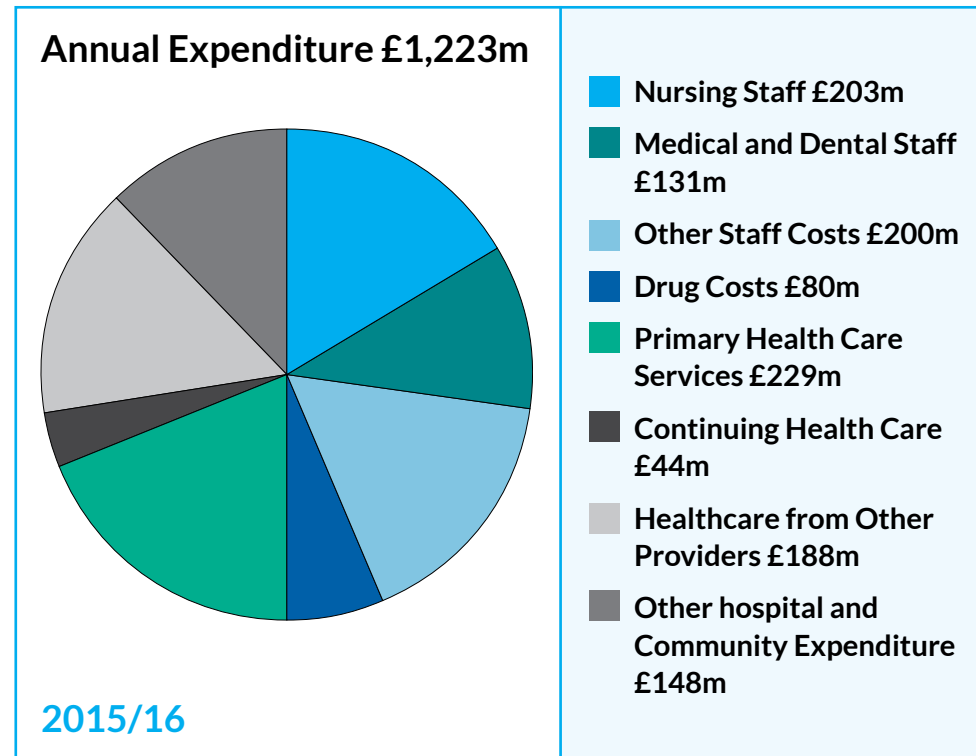
How the UHB has utilised its Revenue Funding



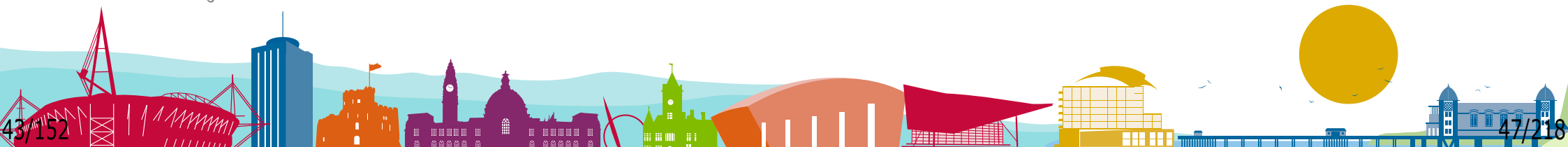
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How the UHB has utilised its Revenue Funding



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Accountability Report

2019-20

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Financial Statements



Part 1

Directors' Report

1.1 Composition of the University Health Board

The Cardiff and Vale University Health Board (UHB) is made up of Executive Directors, who are its employees, and Independent Board Members, who are appointed to the UHB by the Minister for Health and Social Services via an open and competitive public appointment process.

Pages 60-66 set out details of the Chair, Chief Executive, Executive Directors, Independent Members, advisory and non Executive members and confirms Board and Committee membership for 2019-20, meetings attended during the tenure of the individual and any Champion roles performed.

The Annual Governance Statement also contains further information in respect of the UHB's Governance/Assurance Framework (page 50), Board and Committee Activity (pages 50 -59) and system of internal control (page 67).

The Remuneration Report contains changes to Board Membership in 2019-20 at page 81.

1.2 Statement for Public Sector Information Holders

This is contained at 7.3 (page 98) of the National Assembly for Wales Accountability and Audit Report.

1.3 Register of Interests

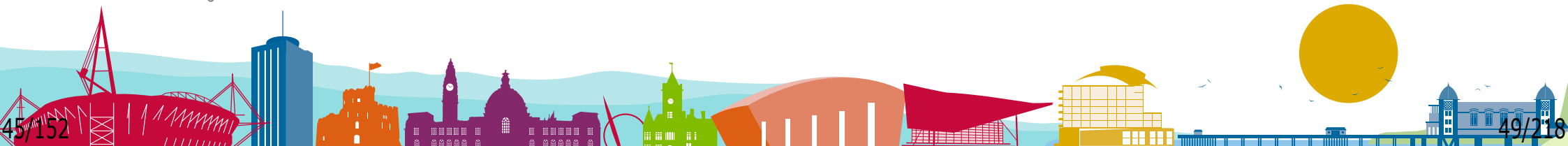
The UHB has a Register of Interests which provides details of company directorships and other significant interests held by members of the management board which may conflict with their management responsibilities. The Register of Interests for 2019-20 is accessible via this link: <http://www.cardiffandvaleuhb.wales.nhs.uk/register-of-interests/>

1.4 Personal Data Related Incidents

Information on personal data related incidents where formal reports have been made to the Information Commissioner's Office (ICO) is contained in the Annual Governance Statement at page 70.

1.5 Environmental, Social and Community issues

These are included on page 69 of the Annual Governance Statement.



Part 2

Statement of the Chief Executive's Responsibilities as Accountable Officer

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the Health Board.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by Welsh Government.

I confirm that, as far as I am aware, there is no relevant audit information of which the UHB's auditors are unaware, and I, as Accountable Officer, have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the UHB's auditors are aware of that information.

I confirm that the Accountability Report and accounts as a whole are fair, balanced and understandable and I take personal responsibility for the Accountability Report and accounts and the judgements required for determining that they are fair, balanced and understandable.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed by:

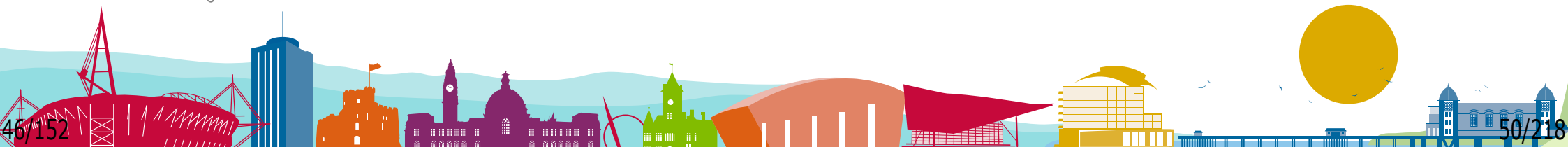


Len Richards

Chief Executive

Date: 29th June 2020

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Part 3

Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Health Board and of the income and expenditure of the Health Board for that period.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury;
- make judgements and estimates which are responsible and prudent;
- state whether accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with the requirements outlined in the above mentioned direction by Welsh Ministers.

By Order of the Board

Signed:

Chair:

Dated: 29th June 2020

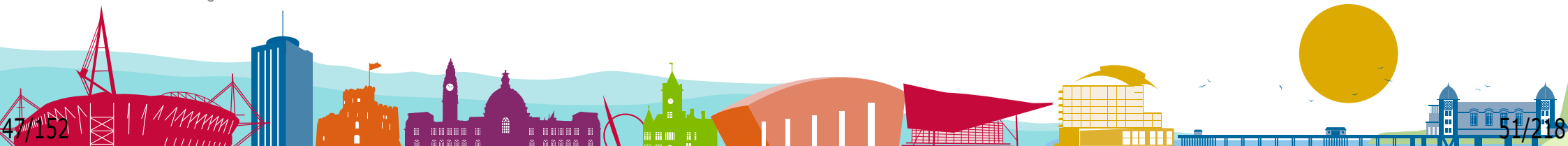
Chief Executive:

Dated: 29th June 2020

Executive Director of Finance:

Dated: 29th June 2020

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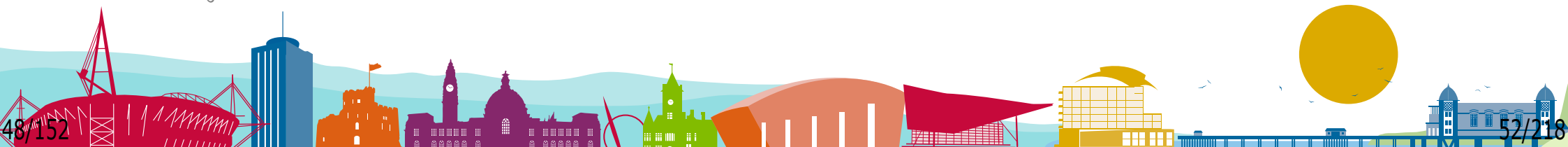
Part 4

Annual Governance Statement

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4.1 Scope of Responsibility

The Board is accountable for Governance, Risk Management and Internal Control. As Chief Executive of the Board, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

At the time of preparing this Annual Governance Statement, the UHB and the NHS in Wales is facing unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by COVID-19, whilst also planning to resume other activity where this has been impacted.

The required response has meant the whole organisation has had to work very differently both internally and with our staff, partners and stakeholders and it has been necessary to revise the way the governance and operational framework is discharged. In recognition of this, Dr Andrew Goodall, Director General Health and Social Services/NHS Wales Chief Executive wrote to all NHS Chief Executives in Wales, with regard to "COVID-19 – Decision Making and Financial

Guidance". The letter recognised that organisations would be likely to make potentially difficult decisions at pace and without a firm evidence base or the support of key individuals which under normal operating circumstances would be available. Nevertheless, the organisation is still required to demonstrate that decision-making has been efficient and will stand the test of scrutiny with respect to compliance with Managing Welsh Public Money and demonstrating Value for Money after the COVID-19 crisis has abated and the organisation returns to more normal operating conditions.

To demonstrate this the organisation is recording how the effects of COVID-19 have impacted on any changes to normal decision making processes, for example through the use of a register recording any deviations from normal operating procedures.

Where relevant these, and other actions taken have been explained within this Annual Governance Statement.

The Annual Governance Statement details the arrangements in place for discharging the Chief Executive's responsibilities to manage and control the UHB's resources during the financial year 2019-20; however due to the situation with COVID-19, this year's Statement is extended to cover the period up to the date of its approval on 29 June 2020 especially around the UHB's response to the ongoing pandemic. It also sets out the governance

arrangements to ensure probity, that strategic and delivery plans are in place, risks mitigated and that we have appropriate controls to govern corporate and clinical situations.

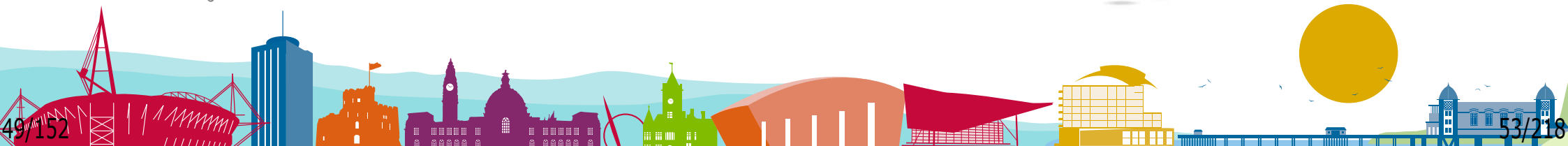
The UHB is one of the largest NHS organisations in the UK. It employs approximately 14,500 staff and spends around £1.4 billion every year on providing health and wellbeing services to a population of around 490,000 in Cardiff and the Vale of Glamorgan. It also serves a wider population across South and Mid Wales for a range of specialities. The UHB is a teaching Health Board with close links to the university sector, and together we are training the next generation of healthcare professionals.

The UHB has a clear purpose from which its strategic aims and objectives have been developed.

Our vision is:

"Caring for people, keeping people well"

The personal values of the UHB are illustrated below.



4.2 Our Governance/ Assurance Framework

At a local level, Health Boards in Wales must agree [Standing Orders](#) for the regulation of proceedings and business. They are designed to translate the statutory requirements set out in the LHB (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice, and, together with the adoption of a scheme of matters reserved to the Board; a [Scheme of Delegation](#) to officers and others; and [Standing Financial Instructions](#), they provide the regulatory framework for the business conduct of the UHB and define - its 'ways of working'. These documents, together with the range of corporate policies set by the Board make up the Governance Framework. The Board approved the All Wales Model Standing Orders, Reservation and Delegation of Power for Standing Orders at its November 2019 Board meeting.

The Board functions as a corporate decision-making body with Executive Directors and Independent Members being equal members, sharing corporate responsibility for all decisions and playing a key role in monitoring performance against strategic objectives and plans.

The principal role of the Board is to exercise effective leadership, direction and control, including:

- Setting the overall strategic direction of the UHB;
- Establishing and maintaining high levels of corporate governance and accountability including risk management and internal control;
- Ensuring delivery of the UHB's aims and objectives through effective challenge and scrutiny of performance across all areas of responsibility;
- Ensuring delivery of high quality and safe patient care;
- Building capacity and capability within the workforce to build on the values of the UHB and creating a strong culture of learning and development;
- Enacting effective financial stewardship by ensuring the UHB is administered prudently and economically with resources applied appropriately and efficiently;
- Instigating effective communication between the UHB and its community to ensure its services are planned and responsive to identified needs;

4.3 The Board and its Committees

The UHB Board has been constituted to comply with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009. In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of Champion roles where they act as ambassadors for these matters.

Our Board consists of 22 members (9 Executive Directors 10 Independent Members and 3 Associate Members). The Board is supported and advised by the Director of Corporate Governance and the Director of Transformation and Informatics who also attend its meetings. Whilst Associate Members take part in public Board meetings, they do not hold any voting rights. Biographies of all our Board members can be found here: [Board Members](#).

The Board provides leadership and direction to the organisation and is responsible for governance, scrutiny and public accountability. It ensures that its work is open and transparent by holding its meetings in public and where private meetings are held the meeting agendas are also published.

The Board is supported by a number of Committees, each chaired by an Independent Member. All Committees are constituted to comply with The Welsh Government Good Practice Guide – Effective Board Committees. The Committees, which meet

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in public (except the Remuneration and Terms of Service Committee), provide their minutes and a written report by the Committee Chair to each Board meeting. This enables all Board Members to be sighted on the major issues and contribute to assessment of assurance and provide scrutiny against the delivery of strategic objectives.

Board papers are published on the UHB's website 10 days prior to each meeting and Committee papers a week prior to each meeting. A breach log is maintained as of 2019-20 to capture any departures from these timescales and reports delayed or not

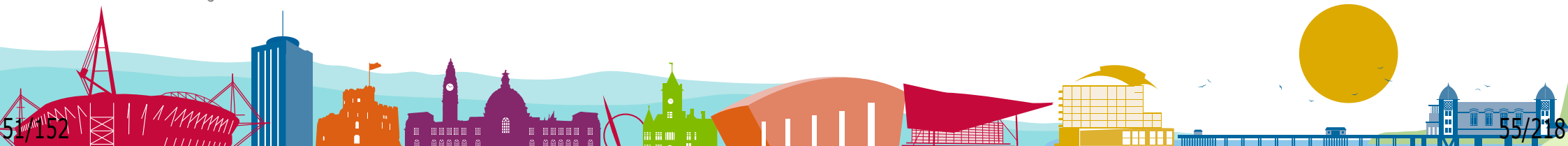
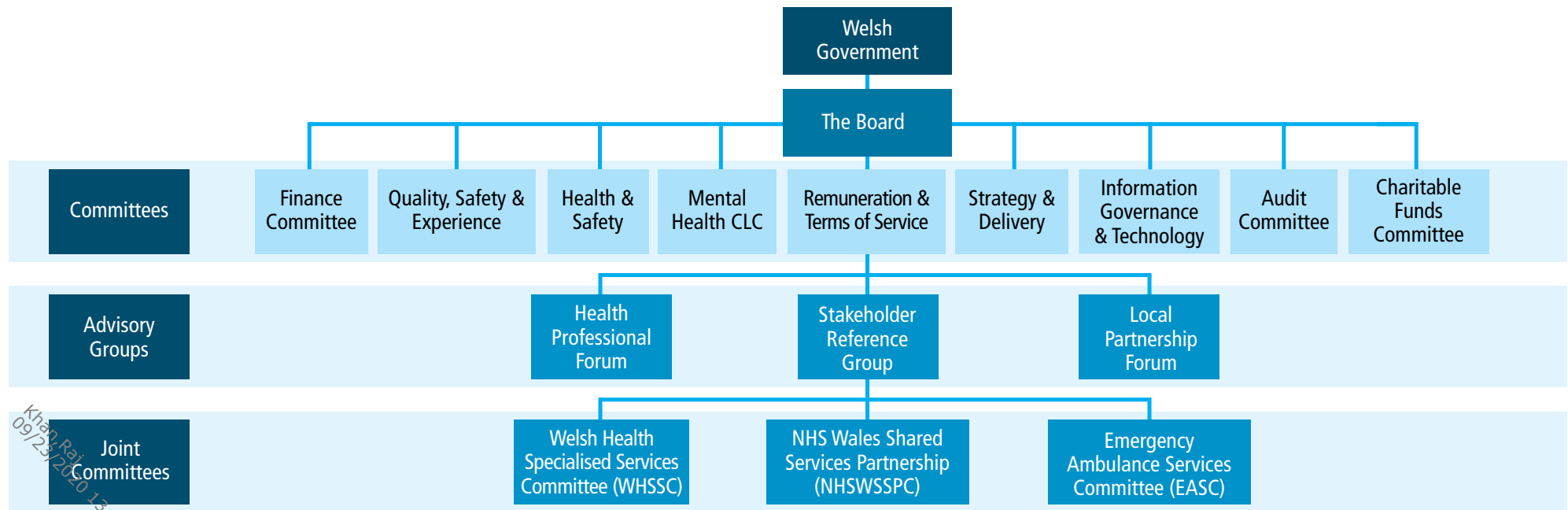
received. The website also contains a summary of each Committee's responsibilities and Terms of Reference. All action required by the Board and Committees is included on an Action Log and at each meeting, progress is monitored. The Action Logs are also published on the UHB's website. The papers for Board meetings can be accessed [here](#) and papers for Committee meetings [here](#).

All Committees annually review their Terms of Reference and Work Plans to support the Board's business. Further, in line with Standing Orders, each Committee produces an annual report for

the Board, the annual reports for 2019-20 can be accessed at: [Annual Reports](#)

Committees also work together on behalf of the Board to ensure that work is planned cohesively and focusses on matters of greatest risk that would prevent us from meeting our mission and objectives. To ensure consistency and links between Committees, the UHB has a Governance Co-ordinating Group, chaired by the Chair of the UHB.

The below diagram illustrates the Board and Committee structure for 2019-20.



Items Considered by the Board in 2019-20 included:

- Approval of the Annual Accounts, Accountability and Remuneration Reports for 2018-19;
- The Capital Plan for 2019-20;
- Major Trauma Centre;
- Board Assurance Framework;
- Strategic Clinical Services Plan;
- Thoracic Surgery;
- IMTP 2020-23;
- Patient stories;
- Financial performance;
- Regular reports on Quality, Safety and Experience;
- Performance reports in relation to key national and local targets;
- Assurance reports from the Committees and Advisory Groups of the Board, Terms of Reference and Workplans;
- Nurse Staffing.

Audit Committee

The role of the Audit Committee is to advise and assure the Board, and the Accountable Officer, on whether effective arrangements are in place to support them in their decision taking and in discharging their accountabilities in accordance with the standards of good governance determined for the NHS in Wales.

Items Considered by Audit Committee in 2019-20 included:

- Internal Audit Plans were submitted to each meeting providing details relating to outcomes, key findings and conclusions;
- Wales Audit Office (known as Audit Wales since 1 April 2020) reports on current and planned audits;
- Declarations of Interest Reports;
- Regulatory Compliance Tracking Reports;
- Internal & External Audit Tracking Reports;
- Post Payment Verification and Counter Fraud Reports;
- Annual Accounts, Accountability and Remuneration Reports for 2018-19;
- Losses and Special Payments.

Finance Committee

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

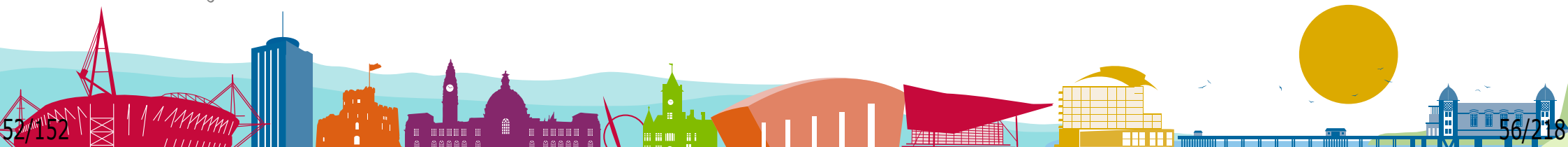
Items Considered by Finance Committee in 2019-20 included:

- IMTP;
- Cost Reduction Programme;
- Finance Risk Register;
- Financial Monitoring Returns;
- Dragon’s Heart Hospital.

Strategy and Delivery Committee

The purpose of this Committee is to advise and assure the Board on the development and implementation of the UHB’s overarching strategy, “Shaping our Future Wellbeing”, and key enabling plans. This includes all aspects of delivery of the strategy through the IMTP and any risks that may hinder achievement of the objectives set out in the strategy, including mitigating actions against these.

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Items Considered by Strategy and Delivery Committee in 2019-20 included:

- Shaping our Future Wellbeing Progress Reports;
- Capital Plan;
- Clinical Services Plan;
- A Healthier Wales;
- Commercial Developments;
- Employment Policies;
- Key Organisational Performance Indicators;
- Workforce Plan;
- IMTP.

Mental Health and Capacity Legislation Committee

This Committee advises the Board of any areas of concern relating to responsibilities under mental health legislation, and provides assurance that we are discharging our statutory duties under the relevant legislation.

Items Considered by Mental Health and Capacity Legislation Committee in 2019-20 included:

- Mental Capacity Act and Mental Health Act Monitoring Reports;

- Deprivation of Liberty Safeguards Internal Audit Report;
- Mental Health Measure;
- Children and Adolescent Mental Health Service;
- Healthcare Inspectorate Wales visit.

Quality, Safety and Experience Committee

The Annual Quality Statement for 2019-20 will be published in September 2020 and will include a summary of the work undertaken during the year by the Quality, Safety and Experience Committee.

The Annual Quality Statement will be published at:

<http://www.cardiffandvaleuhb.wales.nhs.uk/publications-annual-reports-accounts>

Charitable Funds Committee

Cardiff and Vale Health Charity is the official charity supporting all the work of the UHB. The Charity was created on 3 June 1996 by Declaration of Trust and following reorganisations of health services, was amended by Supplementary Deed on 12 July 2001 and 2 December 2010. The UHB is the Corporate Trustee for the Charity.

The UHB delegates responsibility for the management of the funds to the Charitable Funds Committee. The aim of the Corporate Trustee (Trustee) is to raise and use charitable funds to

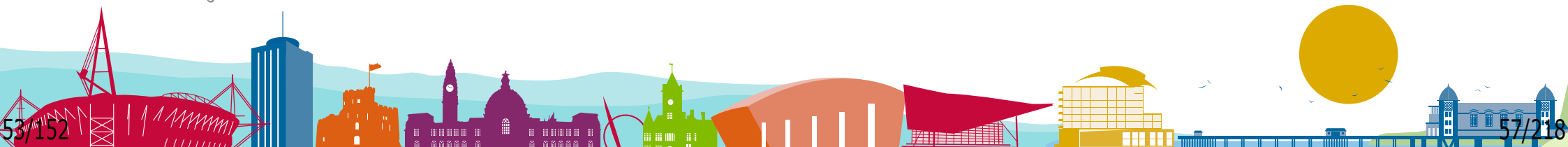
provide the maximum benefit to the patients of the UHB and associated local health services in Cardiff and the Vale of Glamorgan, by supplementing and not substituting government funding of the core services of the NHS.

The Committee is empowered with the responsibility to:

- Control, manage and monitor the use of the funds resources for the public benefit, having regard for the guidance issued by the Charity Commission;
- Agree governance arrangements for standards and monitoring;
- Review strategy to maximise benefits to the Charity;
- Determine the Charity's investment strategy;
- Agree expenditure plans;
- Determine fundraising objectives and strategy.

A financial control procedure, expenditure guideline, governance framework and strategy have been developed to ensure that there are sufficient management controls in place to:

- Ensure that spending is in accordance with objects and priorities agreed by the Charitable Funds Committee;
- Ensure the criteria for spending charitable monies are fully met;



- Ensure that accounting records are maintained;
- Ensure devolved decision making is within specific parameters.

Internal Audit also undertakes annual reviews of charitable funds. This year’s review of governance arrangements, including the management of expenditure and donations, provided a Reasonable assurance rating.

Investment risk is mitigated by agreeing an Investment Policy with the Charity’s Investment Managers which includes ethical consideration. The Investment Managers attend the Charitable Funds Committee twice a year to provide assurance on the management of the investment portfolio and to offer advice.

Each year the Charitable Fund Accounts are subject to external audit review by Audit Wales and audit certification by the Charity Commission’s deadline of 31 January of the following year. The 2018-19 statements were certified as giving a true and fair view with an unqualified opinion on 30 January 2020.

Health and Safety Committee Information regarding this Committee can be found at page 94.

Digital Health and Intelligence Committee Information regarding this Committee can be found at page 70.

More detail regarding Board, its business and issues delegated to its Committees can be found at:

<http://www.cardiffandvaleuhb.wales.nhs.uk/the-board-and-committees>

In 2019-20 overall Committee attendance rates were as follows:

- Charitable Funds - 59%
- Digital and Health Intelligence - 100%
- Finance - 83%
- Health and Safety - 100%
- Mental Health - 93%
- Quality, Safety and Experience - 87%
- Strategy and Delivery - 67%
- Audit - 86%

The table on page 60 sets out details of the Chair, Chief Executive, Executive Directors and Independent Members and confirms Board and Committee membership for 2019-20, meetings attended during the tenure of the individual and any Champion roles performed. The table on page 66 sets out Board and Committee Dates for 2019-20. Those in red were inquorate however any decisions reached at these meetings are included in the Committee Chair’s report to Board and highlighted for approval by the Board.

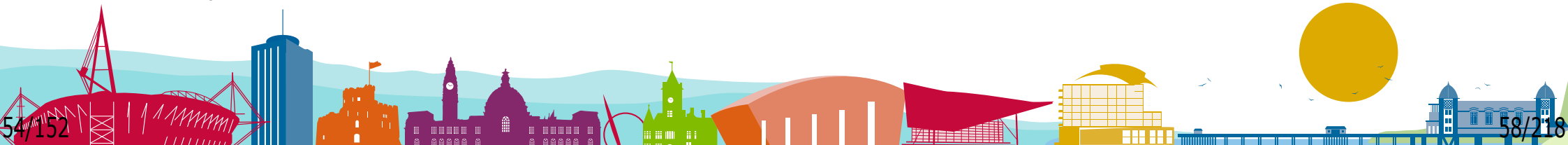
On 23 March 2020 the Welsh Government suspended all Ministerial Public Appointment Campaigns with immediate effect. At the time of this suspension, the UHB was awaiting the outcome of the appointment campaign relating to the Chair of the organisation. The Interim Chair and Interim Vice Chair continue to provide stability during this time. The intention is to recommence Campaigns in September 2020, however this is being kept under review as the public health response to COVID-19 develops.

Hosted Organisations, Partnerships and All Wales Services

The UHB delivers a range All Wales services including:

- Adult Cystic Fibrosis Centre;
- Artificial Limb and Appliance Service;
- Medical Genetics Service;
- Veterans NHS Wales

Much of the funding for these services comes from the Welsh Health Specialist Services Committee. In addition, the UHB and Cardiff University have a long and established track record of working together to deliver exceptional services through cutting edge innovation. Such partnership working has led to the establishment of Cardiff Medicentre a business incubator for biotech and medtech startups, and the Clinical Innovation Partnership.



The UHB also hosts the Wales External Quality Assessment Service (WEQAS), one of the largest External Quality Assessment providers in the UK.

Advisory Groups

In support of the Board, the UHB is also required to have three Advisory Groups. These are:

- Stakeholder Reference Group;
- Local Partnership Forum and
- Healthcare Professionals' Forum.

Stakeholder Reference Group (SRG)

The SRG is formed from a range of partner organisations from across the UHB area. Its role is to provide independent advice on any aspect of UHB business. It facilitates full engagement and active debate amongst stakeholders from across the communities served by the UHB, with the aim of presenting a cohesive and balanced stakeholder perspective to inform UHB planning and decision making.

This may include:

- Early engagement and involvement in the determination of the UHB's overall strategic direction;
- Provision of advice on specific service improvement proposals prior to formal consultation;
- Feedback on the impact of the UHB's operations on the communities it serves.

Significant issues upon which the SRG was engaged during 2019-20 include:

- Tertiary Services Plan;
- The Strategic Equality Plan;
- Integrated Medium Term Plan 2020-21 – Priority Setting;
- Move More, Eat Well Plan 2020-23;
- Annual Quality Statement;
- University Hospital of Wales 2.

Local Partnership Forum (LPF)

The LPF meets six times a year and is the formal mechanism for the UHB and Trade Union/ Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, falls into four overarching themes: communicate, consider, consult and negotiate, and appraise.

The LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of Workforce and Organisational Development. Membership is made up of Staff Representatives (including the Independent Member for Trade Unions), the Executive Team and Chief Executive, the Director of Corporate Governance, the Assistant Directors of Workforce and Organisational Development and the Head of Workforce Governance.

The LPF receives for noting regular reports from the

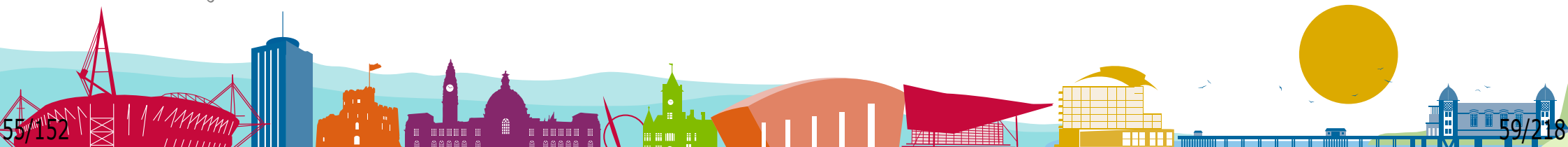
Employment Policy Sub Group and Staff Benefits Group. Significant issues considered by the LPF during 2019-20 include:

Communication:

- Integrated Medium Term Plan engagement and updates
- First Minister's speech to the NHS Confederation
- A regular verbal report from the Chief Executive on current 'hot topics'
- Embedding prevention in the UHB
- Nurse Staffing Act
- 'Patient knows best'
- Streamlining our employment policies
- Sustainable travel
- Performance and winter pressures
- Tackling stress in the workplace

Consideration:

- Inclusivity
- Prehabilitation to Rehabilitation
- Clinical Services Strategy
- Staff Survey Stakeholder Workshops and Steering Group (#CAVYourSay)
- Shaping Our Future Wellbeing – midpoint review
- CAV implementation of A Healthier Wales
- Strategic Equality Plan



- Standards of Behaviour Framework
- Move More, Eat Well Plan 2020-23
- Volunteers framework

Consultation /Negotiation:

- Proposal to increase range of surgical treatments in UHL
- Improving the Pathway for Frail Older People

Appraisal:

- Finance Report
- Workforce Key Performance Indicators
- Patient Quality, Safety and Experience Report

Healthcare Professionals' Forum (HPF)

The HPF comprises representatives from a range of clinical and healthcare professions within the UHB and across primary care. It has provided advice to the Board on professional and clinical issues it considers appropriate.

This Advisory Group is currently undergoing review and therefore has not met during 2019-20. The UHB has a number of mechanisms to seek clinical input, for example a representative of the Consulting body attended Board meetings, feeding in comment from Consultant engagement on key issues such as major trauma and thoracic surgery. Reviewing this Advisory Group's Terms of Reference, membership and developing its work programme and function to best use these mechanisms, establish a robust structure and avoid duplication is a governance priority for 2020-21.

Terms of Reference and minutes of all the Advisory Groups are available via the following link:

<http://www.cardiffandvaleuhb.wales.nhs.uk/board-committees-and-advisory-groups>

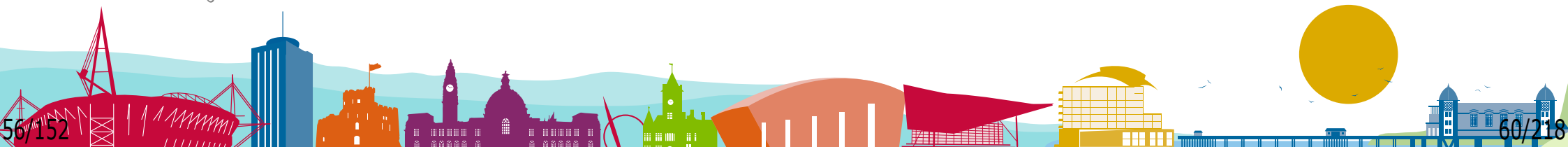
COVID-19

It is acknowledged that in these unprecedented times, there are limitations on Boards and Committees being able to physically meet where this is not necessary and can be achieved by other means. In accordance with the Public Bodies (Admissions to Meetings) Act 1960, the organisation is required to meet in public. As a result of the public health risk linked to the pandemic, the UK and Welsh Government stopped public gatherings of more than two people and it is therefore not possible to allow the public to attend meetings of our Board and Committees from 20 March 2020. To ensure business was conducted in as open and transparent manner as possible during this time, the following actions were taken:

- Continuation of the publishing of Board and Committee papers in advance of meetings;
- Provision of a record of our Board meeting on our website, within 3 working days of the Board.
- An assessment was also made to ensure that decisions were time critical and could not be held over until it is possible to allow members of the public to attend meetings.

Due to the pressures associated with COVID-19, the UHB stood down the meetings of some of its Committees, as summarised in the below table. This action was approved by the Board Governance Group described below and ratified at the Board meeting on 28 May 2020. Board meetings have

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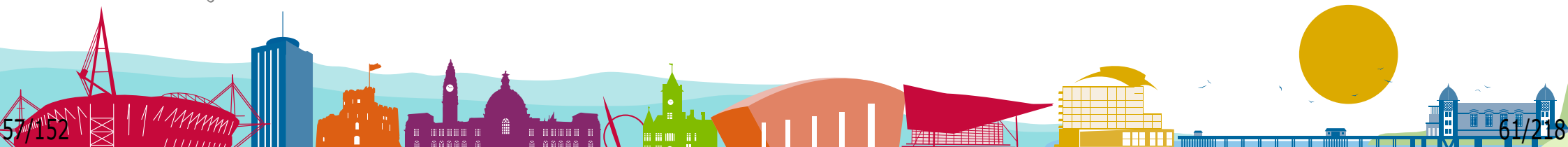


continued as planned.

As the duration of the pandemic and the subsequent measures to be taken to mitigate spread are not yet known, it will be necessary to keep this under review.

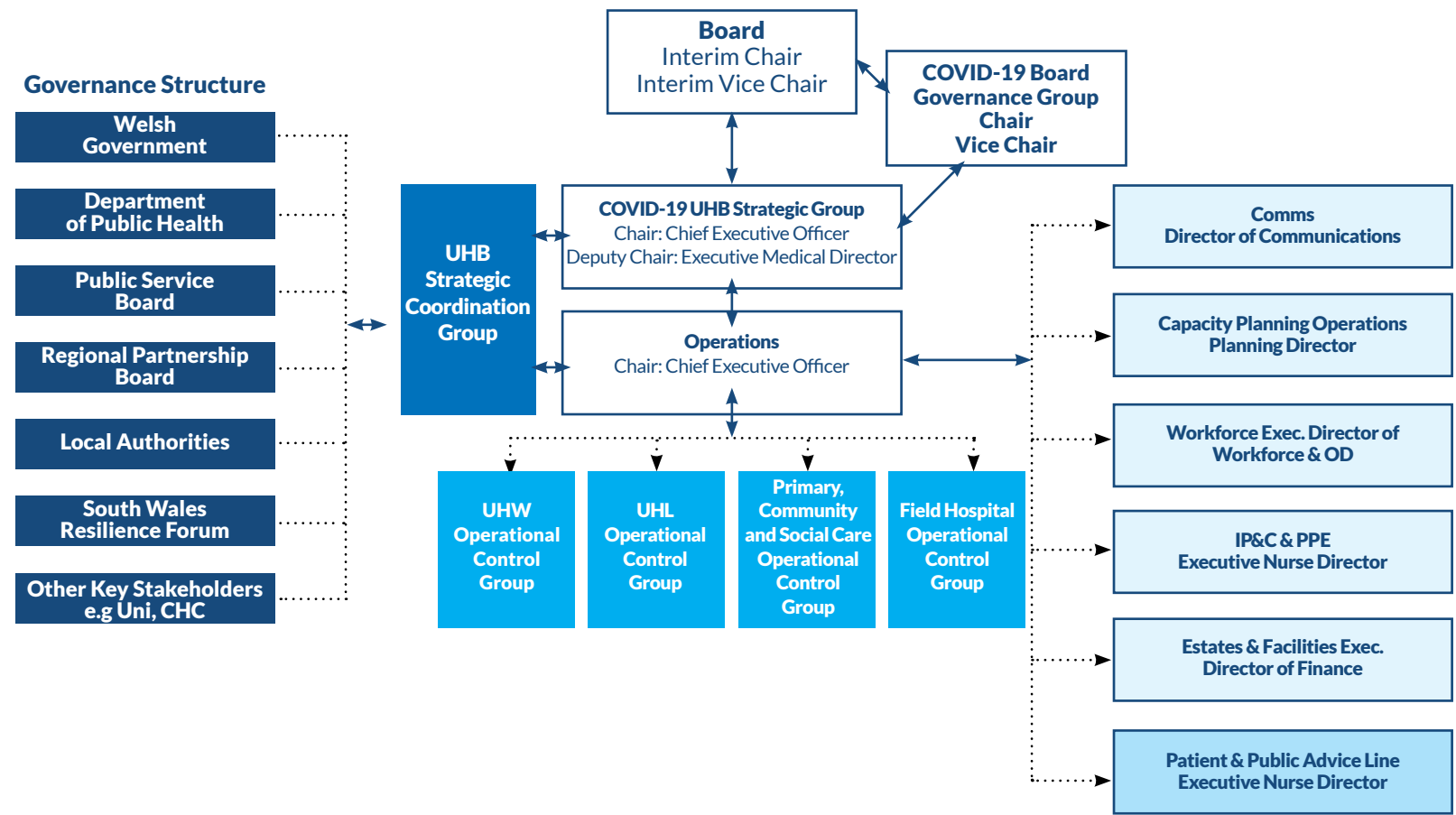
Committee	Dates of Meetings (March-August 2020)	Actions
Audit	21 April 19 May 28 May 29 June 7 July	Meetings proceeding to review annual accounts, public disclosure statements and assurance for the audit opinion. Agendas reduced and items deferred where possible.
Quality, Safety and Experience	14 April 16 June 18 August	Meeting held but with a reduced agenda. June and August dates kept in diaries and to be reviewed.
Charitable Funds	17 March 5 May 23 June 4 August	Meeting held. Meeting cancelled. To proceed and will look at specific donations received as a result of COVID-19 To proceed
Digital and Health Intelligence Committee	9 June 9 July	Cancelled To proceed
Finance	25 March 29 April 27 May 24 June 29 July 26 August	March-June meetings held. July and August meetings will be reviewed and remain in diaries at present.
Health and Safety	7 April 30 June	April meeting held to consider PPE. Meeting cancelled. Reports relating to significant HSE cases or developments will be circulated to Committee members for scrutiny.
Mental Health and Capacity Legislation Committee	7 July	To be reviewed and will remain in diaries at present.
Strategy and Delivery	12 May 14 July	Meeting cancelled. July meeting will be reviewed and remain in diaries at present.

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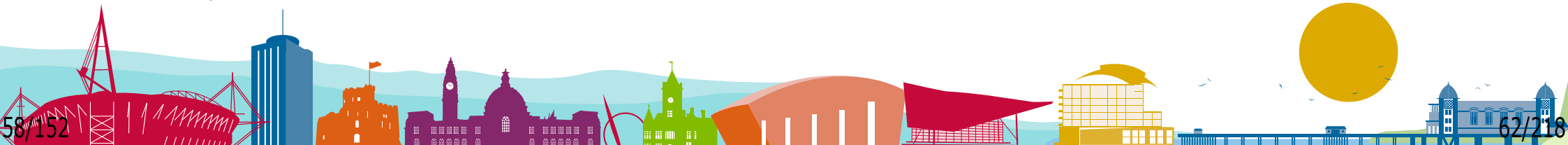


The below diagram demonstrates the UHB governance and delivery arrangements put in place for the management of COVID-19.

UHB Governance and Delivery Arrangements for the Management of COVID-19



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UHB Strategic Group brings together Executive Directors to provide clear strategic direction for the UHB's response to COVID-19 and ensure the maximum effectiveness of this response.

Operations Group reports to the UHB Strategic Group and coordinates and reports on the UHB's operational response to COVID-19 to deliver the UHB's agreed strategic objectives.

Operational Control Groups report to the Operations Group and develop and coordinate the implementation plans, at the direction of the Operations Group, to deliver the UHB's operational objectives.

Functional Support Groups each has a nominated Executive Lead to provide accelerated functional decision making and support to enable the operational implementation plans, at the direction of the Operations Group, to deliver the UHB's operational objectives.

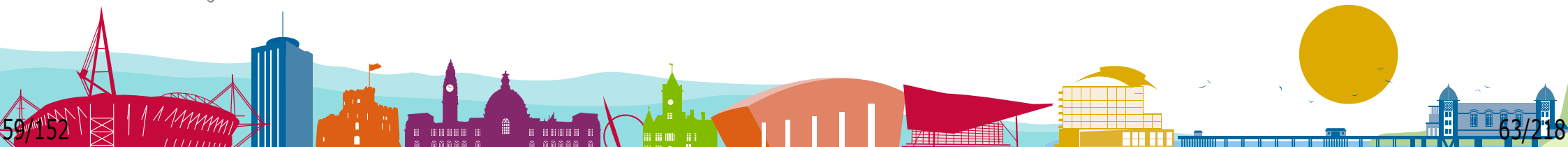
UHB Strategic Coordination Group coordinates the external requirements for information and action and provides co-ordination of strategic actions required to support the UHB's response to COVID-19; it reports to the Operations Group and UHB Strategic Group.

The COVID-19 Board Governance Group

referenced in the diagram was also established in April 2020 to scrutinise the decisions of the UHB Strategic Group and provide support to the Chief Executive and Executive Directors to allow those decisions to progress quickly but within a governance framework with appropriate audit trail. Independent Members and Executive Directors attend the Group as necessary. Its remit is as follows:

- Decisions reserved for the Board in line with Standing Orders;
- Decisions with a financial value over £500k;
- Legal documents and contracts of significance either in value or content;
- Decisions with the potential for reputational damage;
- Strategic decisions beyond the authority of the UHB Strategic Group;
- Any other decisions requiring approval of the Group.

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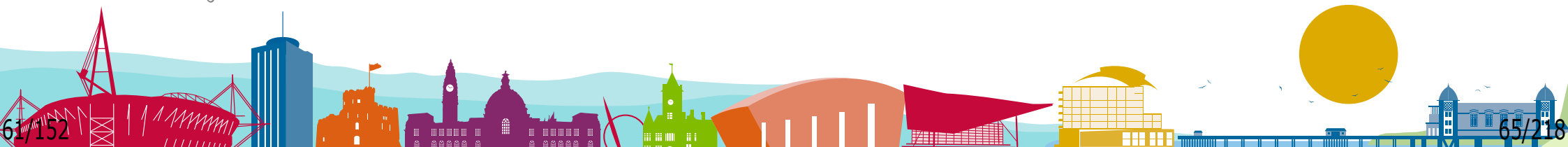


Name	Position	Area of Expertise Representation Role	Board Committee Membership 1 April 2019 – 31 March 2020	Number of Meetings Attended During Tenure	Champion Roles
John Antoniazzi	Independent Member (Until 31.10.19)	Capital and Estates	<ul style="list-style-type: none"> Board Trustee Chair Audit Finance Remuneration and Terms of Service Strategy & Delivery 	4/9 0/6 3/6 5/5 0/5 0/6	
Sue Bailey	Associate Member		<ul style="list-style-type: none"> Board 	0/9	
Maria Battle	UHB Chair (Until 18.08.19)		<ul style="list-style-type: none"> Board Trustee Charitable Funds Finance Remuneration and Terms of Service 	4/9 1/6 1/4 1/5 2/5	
Gary Baxter	Independent Member	University	<ul style="list-style-type: none"> Board Trustee Digital & Health Intelligence Quality, Safety and Experience Strategy & Delivery 	8/9 2/6 0/3 4/6 0/6	
Eileen Brandreth	Independent Member	Information Communication Technology	<ul style="list-style-type: none"> Board Trustee Vice Chair, Audit and Assurance Mental Health and Capacity Legislation Committee Remuneration and Terms of Service Strategy & Delivery Digital & Health Intelligence 	8/9 3/6 3/6 1/4 1/5 1/6 2/3	Lead for Children and Young People and Maternity
Lance Carver	Associate Member		<ul style="list-style-type: none"> Board 	0/9	



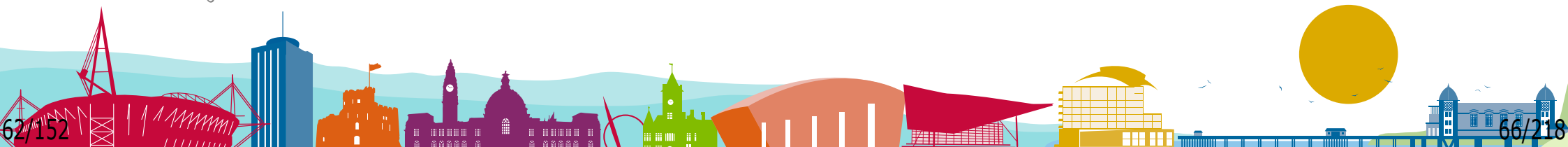
Name	Position	Area of Expertise Representation Role	Board Committee Membership 1 April 2019 – 31 March 2020	Number of Meetings Attended During Tenure	Champion Roles
Robert Chadwick	Executive Director of Finance		<ul style="list-style-type: none"> Board Trustee Strategy & Delivery Audit & Assurance Finance 	8/9 3/6 4/6 6/6 10/11	Security Management
Steve Curry	Chief Operating Officer		<ul style="list-style-type: none"> Board Trustee Strategy & Delivery Mental Health and Capacity Legislation Committee Quality, Safety & Experience 	9/9 3/6 5/6 1/4 5/6	Delayed Transfers of Care Lead
Martin Driscoll	Executive Director of Workforce & Organisational Development		<ul style="list-style-type: none"> Board Trustee Charitable Funds Strategy & Delivery Remuneration and Terms of Service 	8/9 1/6 1/4 6/6 4/5	Violence and Aggression Champion Fire Safety
Peter Durning	Interim Executive Medical Director (19.04.19-16.07.19)		<ul style="list-style-type: none"> Board Quality, Safety & Experience 	0/9 1/6	
Susan Elsmore	Independent Member	Local Authority Elected	<ul style="list-style-type: none"> Board Trustee Charitable Funds Finance Quality, Safety and Experience 	6/9 1/6 0/4 0/3 6/6	Cleaning, Hygiene and Infection Management Social Services and Wellbeing (Wales) Act

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Name	Position	Area of Expertise Representation Role	Board Committee Membership 1 April 2019 – 31 March 2020	Number of Meetings Attended During Tenure	Champion Roles
Nicola Foreman	Director of Corporate Governance (Other Directors)		<ul style="list-style-type: none"> • Board • Trustee • Audit and Assurance • Finance • Remuneration and Terms of Service • Mental Health Capacity and Legislation • Strategy and Delivery • Health & Safety • Digital & Health Intelligence • Charitable Funds • Quality, Safety & Experience 	9/9 3/6 6/6 11/11 4/5 2/4 5/6 5/5 3/3 3/4 6/6	
Jonathon Gray (Appointed 02.12.2019)	Director of Transformation and Informatics (Other Directors)		<ul style="list-style-type: none"> • Board • Trustee • Digital & Health Intelligence 	1/9 1/6 1/3	
Akmal Hanuk	Independent Member	Community	<ul style="list-style-type: none"> • Board • Trustee • Chair, Charitable Funds • Vice Chair, Health & Safety • Mental Health & Capacity Legislative 	6/9 2/6 3/4 5/5 3/4	
Abigail Harris	Executive Director of Planning		<ul style="list-style-type: none"> • Board • Trustee • Strategy & Delivery 	8/9 2/6 4/6	Healthy Sustainable Wales, Emergency Planning

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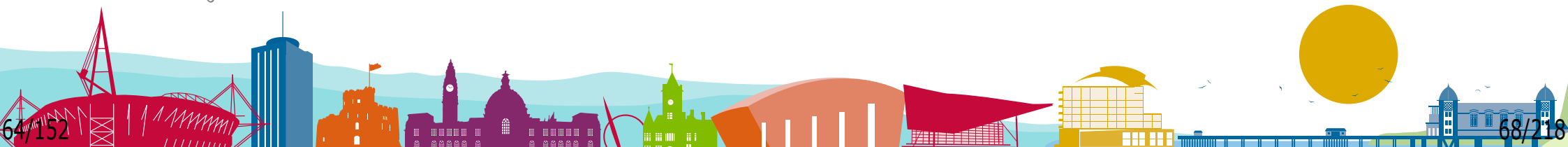
Name	Position	Area of Expertise Representation Role	Board Committee Membership 1 April 2019 – 31 March 2020	Number of Meetings Attended During Tenure	Champion Roles
Sharon Hopkins (until 24 June 2019)	Director of Transformation and Informatics		<ul style="list-style-type: none"> Board Strategy & Delivery 	2/9 1/6	
Michael Imperato (Appointed as Interim Vice Chair 09/10/19)	Independent Member		<ul style="list-style-type: none"> Board Trustee Vice Chair, Digital Health Intelligence Chair, Health and Safety Quality, Safety and Experience Remuneration and Terms of Service 	9/9 2/6 3/3 4/5 6/6 2/5	
Charles Janczewski	Vice Chair / Interim UHB Chair (from 06.08.19)		<ul style="list-style-type: none"> Board Trustee Audit and Assurance Finance Remuneration and Terms of Service Mental Health Capacity and Legislation Chair, Strategy and Delivery Digital & Health Intelligence Charitable Funds Quality, Safety and Experience 	9/9 3/6 2/6 11/11 5/5 1/4 6/6 3/3 1/4 1/6	Older Persons Champion, Public Patient Involvement, Wellbeing of Future Generations Act
Fiona Jenkins	Executive Director of Therapies and Health Science		<ul style="list-style-type: none"> Board Trustee Charitable Funds Quality, Safety and Experience 	9/9 3/6 2/4 6/6	Armed Forces and Veterans Champion

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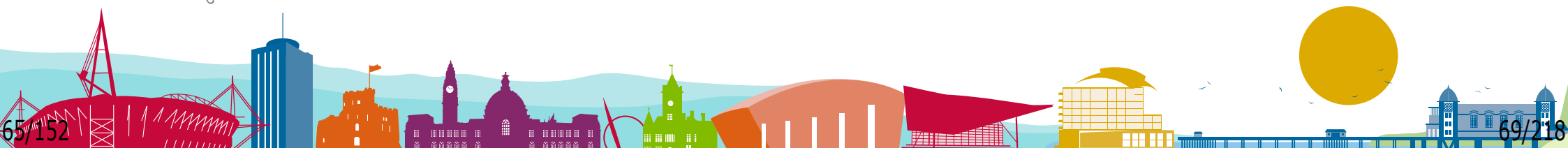
Name	Position	Area of Expertise Representation Role	Board Committee Membership 1 April 2019 – 31 March 2020	Number of Meetings Attended During Tenure	Champion Roles
Fiona Kinghorn	Executive Director of Public Health		<ul style="list-style-type: none"> Board Trustee Strategy & Delivery Quality, Safety and Experience Health & Safety 	9/9 2/6 4/6 5/6 4/5	Healthy Sustainable Wales, Wellbeing of Future Generations Act
Sara Moseley	Independent Member		<ul style="list-style-type: none"> Board Trustee Vice and Interim Chair, Mental Health Capacity and Legislation Strategy and Delivery Charitable Funds Remuneration and Terms of Service 	6/9 1/6 2/4 4/6 0/4 1/5	Welsh Language Champion, Equality and Human Rights
Len Richards	Chief Executive Officer		<ul style="list-style-type: none"> Board Trustee Strategy & Delivery Digital & Health Intelligence Remuneration and Terms of Service 	9/9 3/6 2/6 1/3 3/5	Public Patient Involvement
Graham Shortland	Executive Medical Director (Until 18.04.19)		<ul style="list-style-type: none"> Board Quality, Safety & Experience 	2/9 1/6	
Richard Thomas	Associate Member		<ul style="list-style-type: none"> Board 	2/9 1/6	

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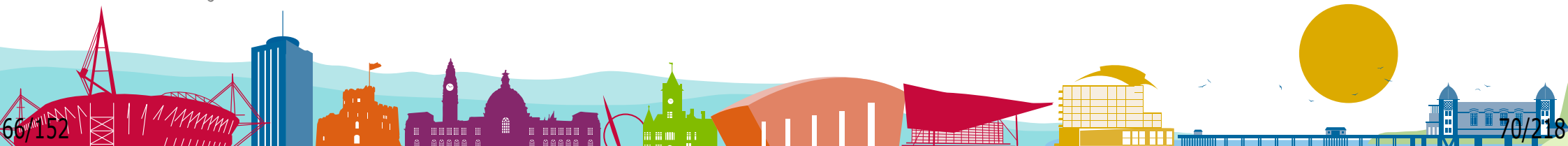
Name	Position	Area of Expertise Representation Role	Board Committee Membership 1 April 2019 – 31 March 2020	Number of Meetings Attended During Tenure	Champion Roles
John Union	Independent Member	Finance	<ul style="list-style-type: none"> Board Trustee Chair, Audit and Assurance Vice Chair, Finance Charitable Funds Remuneration and Terms of Service 	7/9 2/6 6/6 9/11 3/4 3/5	
Rhian Thomas (Appointed 01.02.20)	Independent Member	Capital and Estates	<ul style="list-style-type: none"> Board Trustee Chair, Finance Strategy & Delivery Health & Safety 	0/9 0/6 0/11 1/6 0/5	Design
Ruth Walker	Executive Nurse Director		<ul style="list-style-type: none"> Board Trustee Charitable Funds Strategy & Delivery Quality, Safety & Experience 	8/9 2/6 2/4 2/6 6/6	Lead for Children and Young People and Maternity
Stuart Walker (Appointed 17.07.19)	Executive Medical Director		<ul style="list-style-type: none"> Board Trustee Digital & Health Intelligence Strategy & Delivery Mental Health Capacity and Legislation Quality, Safety and Experience 	6/9 2/6 1/3 1/6 1/4 4/6	Caldicott Guardian
Dawn Ward	Independent Member	Trade Union	<ul style="list-style-type: none"> Board Trustee Audit and Assurance Health and Safety Quality, Safety and Experience Strategy and Delivery 	8/9 1/6 6/6 3/5 5/6 1/6	

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Board / Committee												
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Board / Committee		30.05.19	27.06.19	04.07.19 25.07.19	29.08.19	26.09.19		28.11.19		30.01.20		27.03.20
Audit & Assurance	23.04.19	23.05.19 30.05.19				30.09.19			03.12.19			03.03.20
Charitable Funds			11.06.19	11.06.19		29.09.19		03.11.19	10.12.19			16.03.20
Digital & Health Intelligence					15.08.19				03.12.19		04.02.19	
Finance	24.04.19	29.05.19	26.06.19	31.07.19	28.08.19	25.09.19	30.10.19	27.11.19	18.12.19	29.01.19	26.02.20	
Health & Safety							08.10.19			21.01.20		
Mental Health & Capacity Legislation			04.06.19				22.10.19				21.02.20	
Quality, Safety & Experience	16.04.19		18.06.19			17.09.19	15.10.19		17.12.19		18.02.20	
Remuneration & Terms of Service							31.10.19				20.02.20	
Strategy & Delivery	30.04.19		25.06.20			03.09.19	29.10.19		12.01.20			09.03.20

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4.4 System of Internal Control

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

4.5 Capacity to handle risk

The Board approved a new Risk Management and Board Assurance Framework (BAF) Strategy and supporting Risk Assessment and Risk Register Procedure in August 2019. A new Corporate Risk Register is being developed which will supplement and feed into the BAF.

Copies of the Strategy and Procedure can be found at:

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/UHB%20470%20Risk%20Management%20and%20BAF%20Strategy%20final%20updated%2014.01.20.pdf>

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/UHB%20024%20Risk%20Management%20Procedure%20updated%2014.01.20%20-linked.pdf>

The BAF lists the UHB's strategic objectives and sets out the:

- Principal risks that threaten the achievement of objectives;
- Controls in place to manage/mitigate the principal risks;
- Assurances on the controls in place;
- Gaps in control;
- Gaps in assurance; and
- Actions to address the gaps in control and assurance to enable delivery of objectives.

The following risks were identified in the BAF as posing the greatest risk to the delivery of the UHB's strategic objectives during 2019-20:

1. Workforce;
2. Financial Sustainability;
3. Sustainable Primary and Community Care;
4. Safety and Regulatory Compliance;
5. Sustainable Culture Change;
6. Capital Assets (including Estates, IT and Medical Equipment).

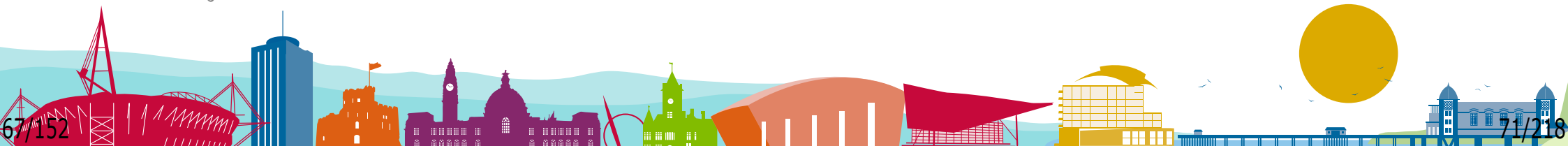
The BAF can be accessed via the following link and shows actions taken to mitigate the risks identified.

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/BOARD%20ASSURANCE%20FRAMEWORK%20%28MARCH%202020%292.pdf>

The BAF is presented to the Board for scrutiny and approval on a bi-monthly basis and the Audit and Assurance Committee, as a sub-committee of the Board, has oversight of the processes through which the Board gains assurance in relation to management of the BAF.

Each Clinical Board and Corporate Department has responsibility for maintaining a comprehensive risk register and for highlighting the extreme risks (those scored 15 and above) for inclusion in the Corporate Risk Register. Risks scored 14 and below are managed locally within relevant Clinical Boards and Corporate Departments. Risk Assessments are undertaken based on a 5 x 5 scoring matrix i.e. the impact of the risk multiplied by the likelihood of it happening.

Training for staff in risk assessment and management is provided by the UHB Health and Safety and Corporate Governance departments. The focus of the training and support in 2020-21 will continue to be the development of the Corporate Risk Register. A draft Corporate Risk Register has been presented to the private sessions of the Board and its Committees, enabling review of the risks listed to determine whether they will impact on the UHB's Strategic Objectives. Any risks identified as impacting on our Strategic Objectives



are added to the BAF. Once finalised, the Corporate Risk Register will be reported at the public meetings of the Board and its Committees.

The BAF and reports are also utilised to determine the UHB's risk appetite. In addition, our appetite for risk is reflected in the Integrated Medium Term Plan which sets out the UHB's priorities and focus for the next three years.

The Board assessed its risk appetite using the Good Governance Institute Matrix for NHS Organisations at a Board Development Workshop on 25 April 2019. The workshop results can be viewed at appendix 3 of the Risk Management and Board Assurance Framework Strategy via the below link.

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/UHB%20470%20Risk%20Management%20and%20BAF%20Strategy%20final%20updated%2014.01.20.pdf>

The Board agreed that it had an overall risk appetite of 'cautious'. However, over time, and with a clear plan of development in place it agreed that it wished to have an appetite of 'seek'. The Board will review its risk appetite on an annual basis to ensure that it is progressing to its desired risk appetite.

The Director of Corporate Governance attends the SRG to brief public stakeholders on the activities of the Board including risk.

COVID-19

The aforementioned UHB Strategic Group has formulated and monitored a COVID-19 BAF since March 2020 capturing the strategic risks posed by the pandemic. The current COVID-19 BAF can be accessed via the following link and shows actions taken to mitigate the risks identified.

<http://www.cardiffandvaleuhb.wales.nhs.uk/opendoc/358571>

The following six risks have been identified as posing the greatest risk to the delivery of the UHB's Strategic Objectives during the pandemic:

1. Staff Safety and Welfare;
2. Patient Safety;
3. Decision Making, financial control and governance;
4. Workforce;
5. Risk to delivery of Cardiff and Vale IMTP; and
6. Reputational damage.

The COVID-19 BAF is supplemented by four separate Risk Registers prepared by clinicians and Clinical Directors of Operations for each of the newly established command sites at University Hospital of Wales, University Hospital Llandough, the Dragon's Heart Hospital and within our community settings.

Following the move to new ways of working to

respond to the COVID-19 pandemic, the UHB has had to adjust and significantly increase its Risk Appetite in a number of areas. This has been most evident in relation to Finance and Governance where the UHB has had to make swift decisions and take prompt action to combat an ever changing set of risks posed by the pandemic and to comply with developing policies and guidelines issued by clinical governing bodies and Governmental departments. The UHB Strategic Group has enabled us to respond to COVID-19 within a governance framework.

Emergency Preparedness

NHS organisations must ensure that they have a Major Incident Plan that complies with the Civil Contingencies Act (2004) and associated Welsh Government Guidance. Most recently a combination of the Major Incident and Business Continuity Plans have been utilised in response to COVID-19.

The scale and impact of the pandemic has been unprecedented, and necessitated action at both a local and national level. The requirement to plan and respond to the pandemic presented a number of challenges to the UHB. The predicted impact on the organisation and population health was significant. This identified risks that dictated the activation of the Local Resilience Forum (LRF) Strategic Co-ordination Group (SCG).

A degree of uncertainty remains as to the overall impact on both immediate and longer term delivery



of services by the organisation. However, a detailed proposal for Recovery detailing prioritised and appropriate action involving all appropriate partners has been produced. This will be supported by a robust risk management framework and the ability to identify, assess and mitigate risks which may impact on the ability to achieve UHB strategic objectives.

Environmental, Social and Community Issues

The Board is aware of the potential impact that the operation of the UHB has on the environment and it is committed to wherever possible:

- Ensuring compliance with all relevant legislation and Welsh Government Directives;
- Working in a manner that protects the environment for future generations by ensuring that long term and short-term environmental issues are considered;
- Preventing pollution and reducing potential environmental impact.

At the UHB's January Board meeting the Board committed to bring forward plans for co-ordinated additional action in a number of areas to address the UHB's greenhouse gas emissions, and wider environmental impact, including:

- Reducing our energy and water use through further phases of the Refit programme;

- Continuing to enhance our sustainable procurement approach;
- Catering and food retail;
- Healthy and sustainable travel;
- Maintaining and enhancing biodiversity on our estate.

Carbon Reduction Delivery Plans

The UHB has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projections to ensure that the UHB's obligation under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Further information on key activities being undertaken in relation to environmental, social and community issues and carbon reduction delivery can be found in the Sustainability Report.

4.6 The Control Framework Quality Governance Arrangements

An essential feature of our control framework is ensuring there is a robust system for measuring and reporting on the quality of our services. Our Quality Safety and Experience Committee provides timely evidence based advice to the Board to assist it in discharging its functions and meeting its responsibilities with regards to quality and safety as well as providing assurance in relation to improving

the experience of all those that come into contact with our services.

The Annual Quality Statement forms part of our reporting process and provides an opportunity for us to describe in an open and honest way how we are ensuring all of our services are addressing local need and meeting the required high standard. During 2019-20 the UHB carried out a self-assessment following the publication of the Review of Maternity Services at Cwm Taf Health Board. An assurance framework and improvement plan has been developed and outcomes will be presented to the Board in 2020-21.

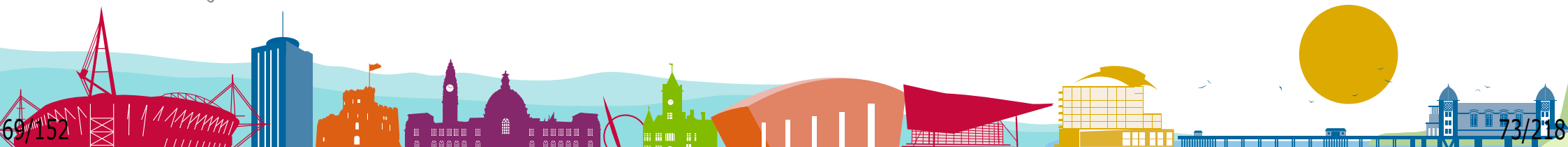
COVID-19

As outlined earlier in the report, the Quality Safety and Experience Committee has continued to meet. Reporting of patient safety incidents has continued and themes and trends around incidents relating to COVID-19 are collated and reviewed on a regular basis.

The National Clinical Audit Plan has been stood down by Welsh Government and even though data is still being inputted, there will be a six month gap in data as a result of the pandemic.

Information Governance and Data Security

Risks relating to information are managed and controlled in accordance with the UHB's



Information Governance Policy through the Digital Health and Intelligence Committee, which is chaired by an Independent Member.

The Executive Medical Director, as Caldicott Guardian, is responsible for the protection of patient information. All Information Governance issues are escalated through the Digital Health and Intelligence Committee. The Committee papers can be viewed here: [Digital & Health Intelligence Committee papers](#).

The following items were considered by the Committee in 2019-20:

- Digital Strategy;
- GDPR Audit Action Plan;
- IT Delivery Programme;
- Information Governance Compliance Reports;
- Information Governance Risk Register;
- Information Governance Policy.

The Senior Information Risk Owner (SIRO) provides an essential role in ensuring that identified information security risks are addressed and incidents properly managed.

Following the ICO audit, which took place in February 2020, the UHB has received 'reasonable assurance' on its assurance and compliance and 'reasonable assurance' on Cyber Security. An action plan, which incorporated outstanding recommendations from the ICO audit in 2016,

the Internal Audit on GDPR compliance, the Audit Wales 2018 Structured Assessment and the Caldicott Principles in Practice (CPiP) will be superseded by recommendations from the ICO 2020 audit. The action plan is a standing agenda item at the Digital Health and Intelligence Committee. The 'urgent' recommendations for both the assurance and compliance and Cyber Security audits are:

- The UHB urgently needs to put in place an appropriate policy document to support the accuracy of determined lawful bases as required by Schedule 1 of the Data Protection Act 2018;
- The organisation should consider mandating the Cyber Awareness e-learning solution for staff who routinely handle digital patient information, have email accounts or who have any responsibility for digital information security in their roles or where supervising others;
- The ICO recommends that Information Governance and cyber security training is refreshed annually;
- The organisation should put in place regular Training Needs Analysis for staff with responsibilities for managing information securely;
- The organisation should ensure that any trainers put in place to deliver cybersecurity training are themselves trained to deliver that information effectively and field any questions.

The number of data protection breaches reported to the ICO remains low. Following the implementation of the GDPR, 5 breaches have been reported during 2019-20 in line with new reporting requirements. In addition to this, 14 breaches have been discussed with the ICO. The ICO considered that no formal action was warranted on any of the personal data related incidents reported or discussed for 2019-20.

The UHB continues to reinforce awareness of key principles of Data Protection legislation. This includes the overarching principle that users must only handle data in accordance with people's data protection rights.

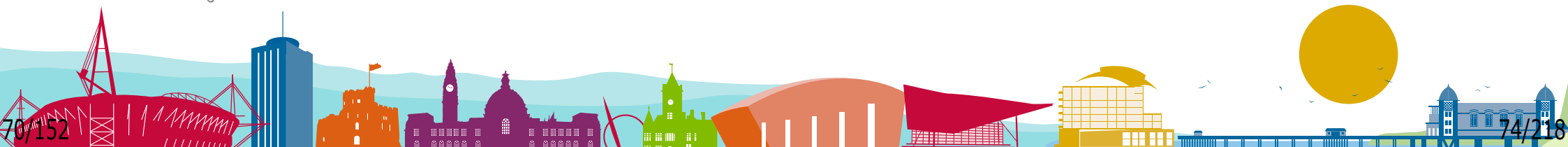
Health and Care Standards

In 2017-18 a revised set of Health and Care Standards were issued to NHS Wales.

While the annual corporate assessment of the Health and Care standard has been delayed due to COVID-19, the process of ongoing monitoring of compliance by the groups and Committees across the UHB has been in place throughout the year.

Corporate Governance Code

Due to the timing of the COVID-19 response, the Board's assessment of its compliance with the Code, as it relates to an NHS public sector organisation in Wales, has been delayed and will be undertaken in the first quarter of 2020-21.



Equality, Diversity and Human Rights

Control measures are in place to ensure that the organisation complies with the requirements of equality, diversity and human rights legislation, these include:

- • Developing and producing a new Strategic Equality Plan – Caring about Inclusion 2020-2024;
- • The Annual Equality Report;
- • Equality reports to the Strategy and Delivery Committee on the UHB's objectives and actions;
- • Reports/Updates to the Centre for Equality and Human Rights as requested;
- • Outcome Report to the Welsh Government Equalities Team regarding sensory loss;
- • Provision of evidence to the Health and Care Standards self- assessment;
- • Equality and Health Impact Assessments to ensure that the organisation demonstrates due regard to equality, diversity and human rights when making decisions and developing strategies or policies.

Further work is being taken forward to ensure that such legislation is properly embedded. Our focus this year has been on planning, consulting and engaging on our new Strategic Equality Plan – Caring about Inclusion. Initial discussions and engagement events with equality related organisations, experts and other key stakeholders

regarding the Equality Objectives began in the summer of 2019. Participants provided us with all-embracing views and experiences of using our services, highlighting where they thought more could have been done to treat them (or the groups that their organisations represented) fairly. They also referenced barriers they have faced as a result of belonging to one or more protected group. We used the analysis from our early engagement with stakeholders, our partnership work with other public bodies, legislation, organisational plans and the evidence contained in *Is Wales Fairer? 2018* to prepare our set of Equality Objectives. Focus was also aimed at ensuring the objectives themselves, and the long-term aims to which they will contribute, are the right ones.

The UHB has an [Equality, Diversity and Human Rights Policy](#) which sets out the organisation's commitment to promoting equality, diversity and human rights in relation to employment, service delivery, goods and service suppliers, contractors and partner agencies. It is accessible to the public as well as staff. The UHB aims to ensure that no individual or group receives less favourable treatment either directly or indirectly.

Further information on application of the equality, diversity and human rights legislation in relation to our workforce can be found at Section 6.4.

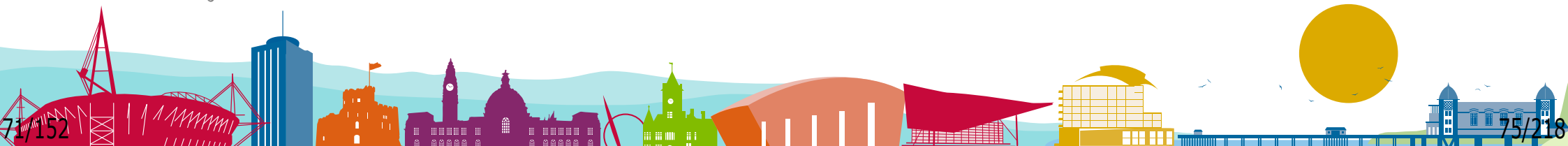
Welsh Language

The Welsh Language Standards (No.7) Regulations 2018 were approved by the National Assembly for Wales on 26 March 2018, and a Welsh Language Group has been established to oversee progress.

The UHB recognises the importance of delivering care and support to individuals who prefer to speak Welsh and we are continually working to achieve this. Control measures are in place to ensure that the UHB complies with the requirements of the Welsh Language Standards, these include:

- Developing a new UHB project plan to implement the Welsh Language Standards across the organisation;
- The Welsh Language Standards Annual Report for the Welsh Language Commissioner;
- Welsh Language reports to the Strategy and Delivery Committee on the UHB's objectives and actions;
- NHS Outcomes report for the Welsh Language for the Welsh Government;
- Welsh Language included in the Equality and Health Impact Assessment.

As part of our continual work, we have been raising awareness across the UHB's Clinical Boards reminding them of their obligations. We have been working to establish the infrastructure to assist these areas in complying with the standards. These include developing guidelines on following the Welsh Language Standards and promoting the new



translation service available for all areas.

On a strategic level, the UHB is working towards establishing the Equality Strategy and Welsh Language Standards Group. Chaired by the Deputy Chief Executive, it will be tasked to ensure all areas of the UHB comply with the Welsh Language Standards.

While some progress was made in 2019-20 to comply, it is acknowledged that greater focus and urgency is needed. The Welsh Language Commissioner has informed the UHB that although he is currently not actively monitoring our work he is expecting us to continue to ensure we provide the best level of service in Welsh that we can. It is something that we remain committed to.

The Board will continue its commitment to the Welsh language by providing clear leadership and direction, continuing to start Board and Committee meetings bilingually and each area committing to improve their Welsh language skills.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the

timescales detailed in the Regulations.

For those staff who are not entitled to join the NHS Pension Scheme, as part of the pensions auto enrolment requirements, the UHB operates the National Employment Savings Trust (NEST) as our designated alternative pension scheme. As with the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Ministerial Directions

In 2019-20 a Ministerial Direction regarding the NHS Pension Tax Proposal was issued which can be viewed here: <https://gov.wales/ministerial-direction-regarding-nhs-pension-tax-proposal-2019-2020>

The UHB formally issued communication throughout the organisation and to the Local Negotiating Committee regarding this direction.

Welsh Health Circulars

A range of Welsh Health Circulars (WHCs) were published by Welsh Government during 2019-20 and can be viewed at: <https://gov.wales/health-circulars#Circulars2019>

These are centrally logged within the UHB with a lead Executive Director being assigned to oversee implementation of any required action. Where appropriate, the Board or one of its Committees is also sighted on the content of the WHC.

Regulatory and Inspection Reports

A formal system is in place to track regulatory and inspection reports against statutory requirements. These reports are made available to the appropriate Board Committee and are discussed at Management Executives and Health System Management Board which includes the entire leadership team of the organisation. Quarterly follow ups also take place with the Executive Leads.

During 2018-19, a Limited assurance report was received from Internal Audit on regulatory compliance. The UHB's process for monitoring the implementation of audit and inspection recommendations was also highlighted as an area for improvement by the Audit Wales Structured Assessment Report for 2018.

In 2019-20 we have strengthened our system for tracking recommendations and regulatory compliance. Three tracking reports have been implemented which capture: Internal Audit reviews, Audit Wales reviews and regulatory compliance. These reports are monitored at each Audit Committee and were first presented there on 30 September 2019.

The follow-up review undertaken by Internal Audit



has provided Reasonable assurance. Our focus in 2020-21 is on addressing the high number of outstanding recommendations that remain.

4.7 Integrated Medium Term Plans (IMTP)

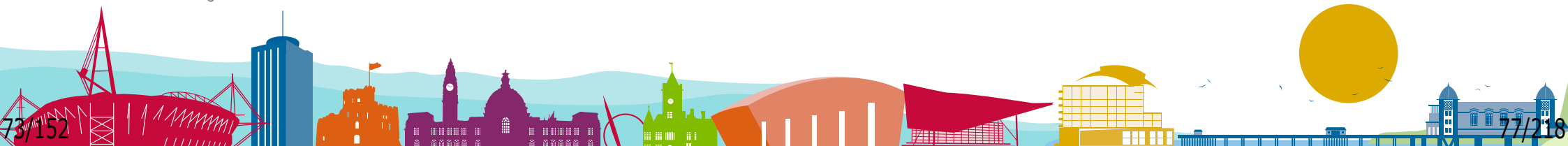
The Welsh Government formally approved the UHB's IMTP for 2019-22 on 26 March 2019. The Plan set out an ambitious programme of work for the UHB and can be found here:

<http://www.cardiffandvaleuhb.wales.nhs.uk/cav-imtp>

Significant progress was made against the plans through 2019-20 including:

We Said	We Did	Result
Support the sustainability of general medical services through the roll out of MSK and mental health cluster based services	Delivered ✓	Over 3400 slots with a first contact physiotherapist were made available between 01.04.19 and 31.08.19, and over 2800 patients booked appointments with the service, the majority of whom would previously have required appointments with a GP.
Development of response to population growth and establishment of a Primary Care Estates Strategy	Delivered ✓	We have undertaken a comprehensive review of our Primary Care estates and established a Primary Care Estates Strategy.
Repatriation of CAMHS and development of Emotional Wellbeing Service	Delivered ✓	Specialist CAMHS provision was successfully repatriated and there was no disruption to the running of clinical services as a result of the transfer. An objective of the repatriation was the development and implementation of a single point of access to improve the referral process and access into children's mental health services this went live from 01.04.19.
Improve access to Mental Health services for young people	Delivered ✓	We have established a Multi-Disciplinary Team with third sector support and enhanced the number of staff in the team. An evidence based specialist pathway has been introduced and demand is being met currently.
Development of team around the individual for dementia patients	Delivered ✓	Specialist Mental Health Practitioner posts have been developed to work in partnership with Community Resource Teams and Dementia Liaison Staff in GP practices.
Community Mental Health Team Review	Delivered ✓	All Vale teams are now co-located. New service model based on direct access, minimal assessments and strengths based outcomes commenced.

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We Said	We Did	Result
Open Young Onset Dementia unit	Delivered ✓	The unit has opened at Barry Hospital providing an age appropriate environment for patients
Introduce Health Pathways	Delivered ✓	We have successfully introduced Health Pathways into our system with over 60 pathways live on the system. We introduced the first Sepsis health pathway across the UK, Australia and New Zealand.
Increase the number of patients who receive dialysis in the community	Delivered ✓	The nocturnal dialysis programme has commenced which converting existing patients from unit based to home therapies. The Renal Roadshow was held at the end of June helping to increase awareness of home therapies.
Establish Non-Invasive Ventilation (NIV) Unit at UHW	Delivered ✓	An initial 4 bedded NIV unit was opened in 2019.
ENT Surgery Moved to UHL	Delivered ✓	The first ENT elective lists have taken place in UHL, resulting in patients who would previously have had their surgery cancelled on the day due to emergency pressures receiving timely care.

The IMTP is the UHB’s key planning document and sets out the milestones and actions we are taking in the next 1 to 3 years in order to progress Shaping Our Future Wellbeing, our ten-year strategy. It is based on the health needs of our population, delivering quality services and ensuring equitable and timely access to services and sets out how we will deliver our mission Caring for People; Keeping People Well, and vision that a person’s chance of

leading a healthy life is the same wherever they live and whoever they are.

The monitoring of its progress is embedded in our approach to performance management and governance across the UHB. A refreshed plan for 2020-23 was provided to Welsh Government in January 2020 and notification of approvable nature of the plan was received from Welsh Government

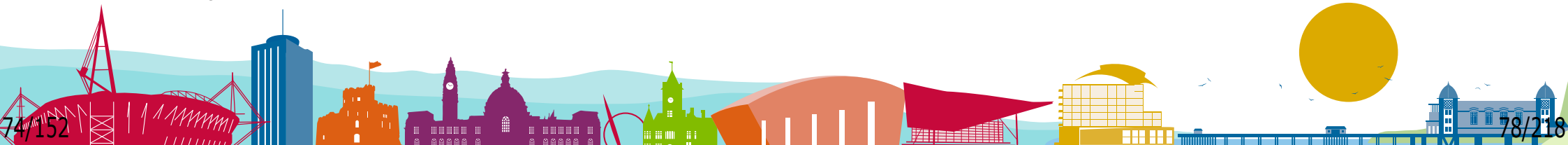
on 19 March 2020. However, as a result of the current COVID-19 challenges, Welsh Government has confirmed that the IMTP processes will be paused to allow all resources to be redirected to sustaining key services.

4.8 Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

Further sources of assurances are identified within the Board’s own performance management and assurance framework and include, but are not limited to:

- Direct assurances from management on the operation of internal controls through the upward chain of accountability
- Internally assessed performance against the Health and Care Standards
- Results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management
- Reported compliance via the Welsh Risk Pool regarding claims standards and other specialty



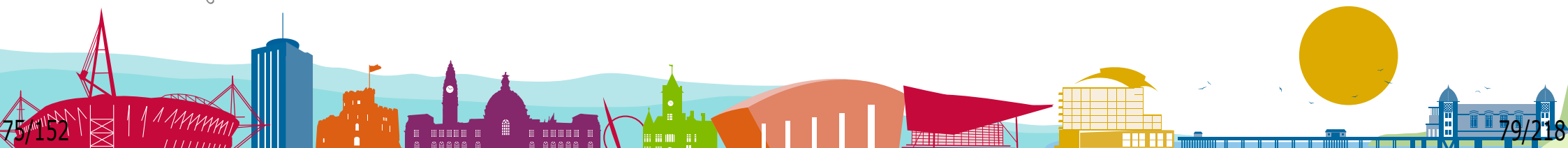
specific standards reviewed during the period

- Reviews completed by external regulation and inspection bodies including the Audit Wales and Healthcare Inspectorate Wales.

The effectiveness of the system of internal control is maintained and reviewed by the Committees of the Board in respect of assurances received. This is also supported by the BAF with high risks being closely monitored by Board and the respective Committees.

Internal Sources	External Sources
<ul style="list-style-type: none"> • Performance management reports • Service change management reports • Workforce information and surveys • Benchmarking • Internal and clinical audit reports • Board and Committee reports • Local Counter Fraud work • Health and Care Standards assessments • Executive and Independent Member Safety WalkRounds • Results of internal investigations and Serious Incident reports • Concerns and compliments • Whistleblowing and Safety Valve • Infection prevention and control reports • Information governance toolkit self-assessment • Patient experience surveys and reports • Compliance with legislation (e.g. Mental Health Act/Health and Safety, Data Protection) 	<ul style="list-style-type: none"> • Population Health Information • Audit Wales • Welsh Risk Pool Assessment reports • Healthcare Inspectorate Wales reports • Community Health Council visits and scrutiny reports • Feedback from healthcare and third sector partners • Royal College and Deanery visits • Regulatory, licensing and inspection bodies • External benchmarking and statistics • Accreditation Schemes • National audits • Peer reviews • Feedback from service users • Local networks (e.g. cancer networks) • Welsh Government reports and feedback

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Governance, Leadership and Accountability

Due to pressures around COVID-19 the annual electronic self-assessment to review Board / Committee effectiveness, including the quality of data received by the Board and whether we meet the Health and Care Standard for Governance, Leadership and Accountability is not yet concluded. The self-assessment has however been circulated to Board and Committee members, and results captured will feed into the continuing Board effectiveness work and action plan for 2020-21.

A Board/Committee review was commissioned in 2019-20 where views of members were sought and feedback was that a more forward looking and strategic approach is needed. A workshop was planned to follow this through but due to COVID-19 this was put on hold; this work will also recommence in 2020-21.

4.9 Internal Audit

Internal Audit provide me, as Accountable Officer, and the Board through the Audit Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The programme has been impacted by the need to respond to the COVID-19 pandemic with some audits deferred, cancelled or curtailed as the organisation responded to the pandemic. The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Head of Internal Audit Opinion

As a result of the COVID-19 pandemic and the response to it from the UHB Internal Audit has not been able to complete its audit programme in full. However, sufficient audit work has been undertaken during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

46 Internal Audit outputs had been anticipated at year end however due to the impact of COVID-19 the final position is: 37 Final reports, 2 Draft reports and 7 which were either removed or deferred into the 2020-21 Internal Audit plan. Where changes

were made to the audit plan then the reasons were presented to the Audit Committee for consideration and approval. The significance of these deferred audits has been taken into account when assessing the ratings for the assurance domains and the overall assurance opinion.

For those audits that are either at the Draft report stage or are work in progress, an appropriate approach will be agreed with the UHB to complete and finalise those audits for formal submission to the Audit Committee at a later date.

The following audits could not be completed due to the COVID-19 outbreak. This was reported to the Audit Committee at its meeting on 21 April 2020.

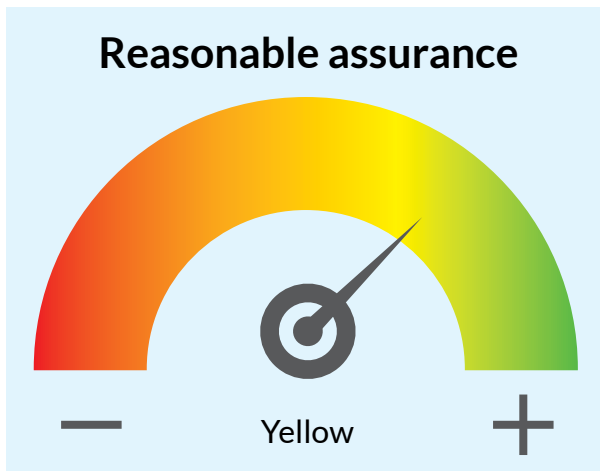
Review Title
Health and Care Standards
Strategic Performance Reporting
Data Quality Performance Reporting
IM&T Backlog
Medicine CB – QS&E Governance
Medicine CB – Internal Medicine Follow-up
Facilities / Estates Service Board Governance

The scope of this opinion is confined to those areas examined in the risk based audit plan which has been agreed with senior management and approved by the Audit Committee. The Head of Internal Audit



assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement.

The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.



The Board can take Reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

In reaching the overall Reasonable assurance opinion the Head of Internal Audit has identified that the majority of reviews during the year concluded positively with sound control arrangements operating in many areas. In addition, seven of the eight individual domains would be classified with a positive assurance opinion; one being Substantial assurance and six being Reasonable assurance. One of the individual domains was classified with a Limited assurance opinion.

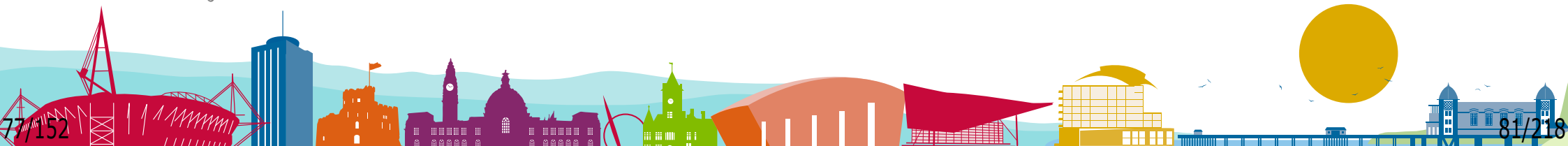
During the year ten Substantial Assurance and twenty five Reasonable assurance opinions were given for individual assignments. However it is

important to highlight that two Limited assurance reports have been issued during the year and these were split across two of the eight assurance domains.

Limited assurance

In the following review areas the Board can take only Limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Review Title	Objectives	Issues leading to conclusion	Actions
Consultant Job Planning Follow-up	To provide the UHB with assurance that agreed actions from the previous Limited assurance review of Consultant Job Planning have been implemented appropriately.	The majority of the agreed management actions had not been progressed and the rating therefore remained as Limited assurance.	Internal Audit Report taken to the Health Systems Management Board. Centralized monitoring system and standardized job plans being developed. Business Case being prepared to achieve a digital solution.
Tentacle IT System	To provide assurance that data held within the Tentacle system is accurate, secure from unauthorised access and loss and that the system is used fully.	A significant number of key weaknesses were identified around the current governance processes for the system, including a lack of system documentation and records of testing and acceptance of changes. There are also issues around the age of the system and its on-going compatibility and usability.	Interim steps taken to reduce access by authenticating system users. Tentacle system being put onto main PMS system by end of May.



There are no audited areas in which the Board has No assurance.

4.10 Audit Wales

The Auditor General for Wales is the UHB’s statutory external auditor and the Wales Audit Office undertakes audits on his behalf. Since 1 April 2020 the Auditor General for Wales and the Wales Audit Office are known collectively as Audit Wales.

Audit Wales scrutinises the UHB’s financial systems and processes, performance management, key risk areas and the Internal Audit function. The Annual Audit Report for 2019 can be viewed here: <https://www.audit.wales/node/5841>

The following performance reviews were included in the Audit Wales 2019 Audit Plan. The resultant reports were presented to the Audit Committee and the review recommendations recorded in a tracking report which is provided to each Audit and Assurance Committee to provide assurance on their implementation. The Audit and Assurance Committee also reviews the outcomes of national reviews at each meeting.

The 2020 Annual Audit Plan has been set and was presented to the Audit and Assurance Committee on 3 March 2020 however COVID-19 will impact on Audit Wales audit work and as a result, this audit plan will be amended accordingly and changes fed into the Audit and Assurance Committee.

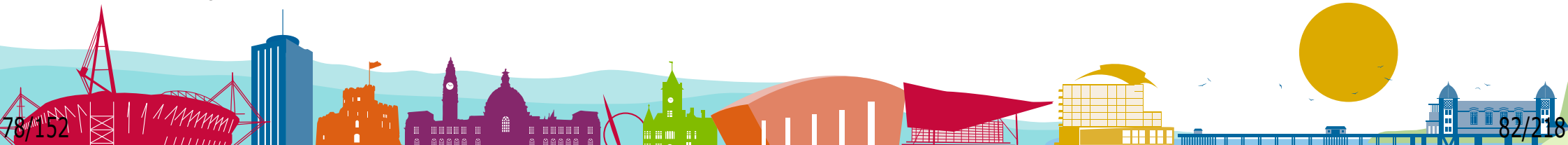
Title of Review	Date Issued	Date Considered by Committee
Clinical Coding Follow up From 2014 not yet completed	June 2019	30 September 2019
Audit of Financial Statements Report Addendum - Recommendations	July 2019	30 September 2019
Implementing the Wellbeing of Future Generations Act	November 2019	3 December 2019

The Audit Wales 2019 Structured Assessment of the UHB’s corporate arrangements for ensuring that resources are used efficiently, effectively and economically can be viewed here: https://www.wao.gov.uk/system/files/publications/pdf_52.pdf and concluded that:

“The Health Board is strengthening processes that support board business, risk management and arrangements for tracking recommendations. It now has an approved IMTP, forecasts a break even position and is making progress in tackling workforce issues. But there are opportunities for improvement, these include; Board level performance reporting and scrutiny of

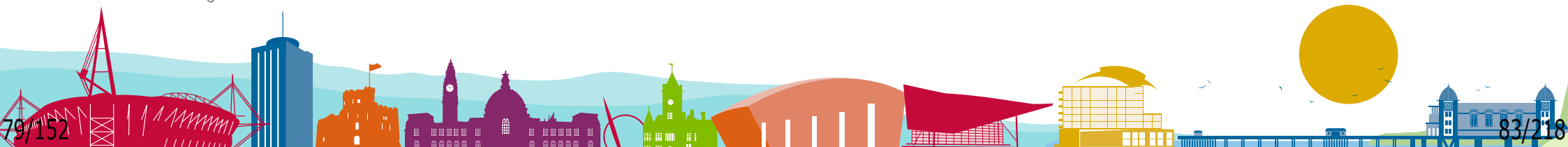
IMTP delivery, flows of information between the senior management teams and the Board and addressing a large volume of outstanding audit recommendations”.

The UHB’s progress with implementing the Structured Assessment recommendations (captured in the below table) has been monitored through the Audit Committee during 2019-20. The remaining performance management timescales have not been met due to COVID-19 and this will be rectified with new dates for completion set as the pandemic response lessens.



Recommendation	Response	Completion
Committee meeting frequency and timing a) Review the frequency of Audit Committee meetings to close the gap between the May and September meeting. b) Review Independent Member's capacity and timings of Committee meetings where there is infrequent Independent Member attendance.	a) An additional meeting will be added in for July. b) Already under review with the change in Chair and Vice Chair. Current proposals include increasing the membership of each Committee to ensure the meetings are quorate.	Complete
Performance Management Framework Extend the performance framework review to include: a) Monitoring IMTP delivery on a quarterly basis and reporting the wholesale position to the Strategy and Delivery Committee and Board. b) Ensuring the Strategy and Delivery Committee receives, the same or more, detailed performance information than that received by the Board. c) Review the format and legibility of the performance dashboard currently reported to Board.	a) Review Flash report used for Performance Reviews will be sent to the Committee on a quarterly basis. b) Performance information under review alongside other performance information to the Committees to ensure a consistent approach and that assurance can then be appropriately provided to the Board from each Committee. c) Committees of the Board will all be considering their respective KPIs and they will then provide assurance to the Board. The dashboard will be presented in a format which is legible and clearly identifies the areas for concern and what is happening with them.	Complete Provided to the Committee from January 2020 January 2020 March 2020

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4.11 Conclusion

As Accountable Officer, based on the assurance process outlined above, I have reviewed the relevant evidence and assurances in respect of internal control. I can confirm that the Board and its Executive Directors are alert to their accountabilities in respect of internal control. During 2019-20, we have again proactively identified areas requiring improvement and requested Internal Audit to undertake detailed assessments in order to manage and mitigate associated risks. A number of reports issued by Internal Audit concur with our view and have consequently provided the UHB with clear recommendations to ensure that focussed and urgent management actions are in place to address identified shortcomings. These actions are then monitored through the Board and its Committees to ensure appropriate assurances can be provided.

I am pleased to note sufficient progress made in relation to our Standards of Behaviour to warrant an Internal Audit finding of Substantial assurance on follow-up review. In addition, assurance is provided by the audits of Budgetary Control and the Core Financial systems which were both given Substantial assurance.

There have been significant improvements to risk management, with the BAF now an integral part of the UHB's risk management process.

The UHB has an approved IMTP covering the years 2019-20 to 2021-22 however we have not achieved

our financial duty of break even for the three years to 31 March 2020. We have operated within our capital resource for the three years to 31 March 2020 (subject to current audit), but have not done so for the same three year period in respect of our revenue resource limit. More detail is provided in the Financial Statements, Note 2. If the UHB successfully delivers its current approved IMTP, it would achieve the Statutory Financial Duty to break even for the three years to 31 March 2022.

In 2019-20, the UHB received a Health and Safety Executive fine following the fall of a contractor on our premises. A great deal of work has been done within the UHB to improve our systems and processes around contractors and the Health and Safety Committee and the Board received reports to provide assurance around these lessons learned.

As indicated throughout this statement, the need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks.

The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2020-21 and beyond. I will ensure our Governance Framework considers and responds to this need together with any recommendations received from the Welsh Government commissioned review of our governance processes around the construction of Dragon's Heart Hospital.

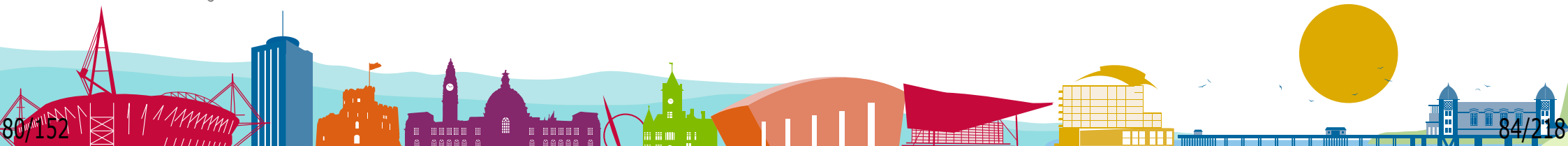
As a result of the COVID-19 governance structure put in place, the continuation of the Board and key Committees and continued presence of Executive Directors and Independent Members, I am confident that our systems of internal control have not been materially affected and am assured that there have been no significant internal control or governance issues during the time of pandemic.

In summary, my review confirms that the Board has sound systems of internal control in place to support the delivery of policy aims and objectives and that there are no significant internal control or governance issues to report for 2019-20.

Signed by:

Len Richards
Chief Executive

Date: 29th June 2020



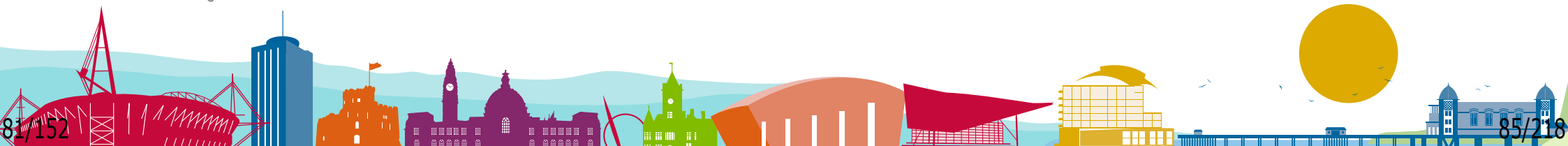
Part 5

Remuneration Report

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5.1 Salary and Pension Entitlements of Senior Managers 2019-20

The pay and Terms and Conditions of Employment for the Executive team and senior managers have been, and will be determined by, the UHB's Remuneration and Terms of Service Committee, within the framework set by Welsh Government. The Remuneration and Terms of Service Committee also considers and approves applications relating to the Voluntary Release Scheme. The Remuneration and Terms of Service Committee members are all Independent Members of the Board and the Committee is chaired by the UHB's chairperson.

The Remuneration Report is required to contain information about senior managers' remuneration. The senior management team consists of the Chief Executive, Officer Members, Independent Members and other Members of the UHB Board. Full details of senior managers' remunerations for 2019-20, including the 2% pay award effective from 1 April 2019, are provided in the audited tables that follow:

Name and title	31-Mar-2020					
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Bonus Payments (bands of £5,000)	Benefits in kind (Rounded to the nearest £500)	Pension Benefits (Rounded to the nearest £500)	Total (bands of £5,000)
	£000	£000	£000	£00	£000	£000
Cardiff and Vale University Local Health Board						
Officer Members						
Leonard Richards, Chief Executive	215-220	0	0	0	0	215-220
Ruth Walker, Executive Nurse Director (1)	130-135	0	0	0	0	130-135
Steve Curry, Chief Operating Officer	140-145	0	0	0	30	170-175
Aisling Harris, Executive Director of Planning	130-135	0	0	0	29	160-165
Other Directors						
Robert Chadwick, Executive Director of Finance	170-175	0	0	0	0	170-175
Martin Orledd, Executive Director of Workforce & Organisational Development (2)	140-145	0	0	0	33	175-180
Dr Fiona Jenkins, Executive Director of Therapies & Health Science	105-110	0	0	0	12	120-125
Dr Graham Shortland, Executive Medical Director (3)	5-10	0	0-5	0	0	10-15
Dr Peter Durning, Interim Executive Medical Director (3)	40-45	0	5-10	0	0	50-55
Dr Stuart Walker, Executive Medical Director (3)	155-160	0	0-5	1	0	155-160
Fiona Kinghorn, Executive Director of Public Health	120-125	0	0	0	65	185-190
Nicola Foreman, Director of Corporate Governance	105-110	5-10	0	0	47	155-160
Jonathan Gray, Director of Transformation & Informatics (4) (see footnote)	50-55	0	0	0	0	50-55
Dr Sharon Hopkins, Director of Transformation & Informatics (5)	25-30	0	0	0	0	25-30
Independent Members (IM)						
Maria Battle, Chair (6)	25-30	0	0	0	0	25-30
Charles Janczewski, Interim Chair (6)	45-50	0	0	13	0	45-50
Charles Janczewski, Vice Chair (6)	15-20	0	0	0	0	15-20
Michael Imperato, IM - Interim Vice Chair (7)	25-30	0	0	0	0	25-30
Michael Imperato, IM - Legal (7)	5-10	0	0	0	0	5-10
John Union - Finance	15-20	0	0	3	0	15-20
Eileen Brandreth, IM - Information Communication & Technology	15-20	0	0	0	0	15-20
Professor Gary Baxter, IM - University	0	0	0	0	0	0
Sara Mackley, IM - Third (Voluntary) Sector	15-20	0	0	0	0	15-20
Councillor Susan Elmore, IM - Local Authority	15-20	0	0	0	0	15-20
Akmal Hanuk, IM - Local Community	15-20	0	0	0	0	15-20
John Antoniazzi, IM - Estates (3)	5-10	0	0	0	0	5-10
Rhian Thomas, IM - Capital & Estates (3)	0-5	0	0	0	0	0-5
Dawn Ward, IM - Trade Union	0	40-45	0	0	0	40-45
Associate Members						
Richard Thomas, Chair, Stakeholder Reference Group	0	0	0	0	0	0
Susan Bailey, Chair, Health Professionals' Forum	0	85-90	0	0	0	85-90
Lance Carver, Associate Member - Local Authority	0	0	0	0	0	0

Salaries of Senior Managers

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The pension benefit is not an amount which has been paid to an individual by the UHB during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a person's salary, whether or not they choose to make additional contributions to the pension scheme from their pay and other valuation factors affecting the pension scheme as a whole.

No Pension benefit figures have been shown for Jonathon Gray as his membership in the NHS Pension scheme was frozen in 2010 and only reactivated upon joining the UHB in December 2019. The calculation of pension benefit requires an individual to have been a scheme member in the previous financial year and therefore it will not be possible to calculate pension benefit figures until 2020-21.

Name and title	31-Mar-2019					
	Salary (bands of £5,000) £ 2000	Other Remuneration (bands of £5,000) £ 2000	Bonus Payments (bands of £5,000) £ 2000	Benefits in kind (Rounded to the nearest £00) £ 200	Pension Benefits (Rounded to the nearest £000) £ 2000	Total (bands of £5,000) £ 2000
Cardiff and Vale University Local Health Board						
Officer Members						
Leonard Richards, Chief Executive (see footnote)	205-210	0	0	0	14	220-225
Dr Sharon Hopkins, Executive Director of Public Health	65-70	0	0	0	0	65-70
Ruth Walker, Executive Nurse Director	135-140	0	0	0	0	135-140
Steve Curry, Chief Operating Officer	135-140	0	0	0	69	205-210
Abigail Harris, Executive Director of Planning	125-130	0	0	0	24	150-155
Robert Chadwick, Executive Director of Finance	155-160	0	0	0	0	155-160
Martin Driscoll, Executive Director of Workforce & Organisational Development	130-135	0	0	0	30	160-165
Dr Fiona Jenkins, Executive Director of Therapies & Health Science	105-110	0	0	0	5	110-115
Dr Graham Shortland, Executive Medical Director	165-170	0	45-50	0	0	215-220
Rona Kinghorn, Interim Executive Director of Public Health	55-60	0	0	0	4	60-65
Other Directors						
Peter Welsh, Director of Corporate Governance	50-55	0	0	0	0	50-55
Nicola Foreman, Director of Corporate Governance	70-75	0	0	0	47	115-120
Dr Sharon Hopkins, Director of Transformation & Informatics	55-60	0	0	0	0	55-60
Independent Members (IM)						
Marla Battle, Chair	65-70	0	0	0	0	65-70
Charles Janczewski, Vice Chair	55-60	0	0	19	0	55-60
John Union, Finance	15-20	0	0	4	0	15-20
Eileen Brandreth, IM - Information Communication & Technology	15-20	0	0	0	0	15-20
Professor Gary Baxter, IM - University	0	0	0	0	0	0-5
Sara Moseley, IM - Third (Voluntary) Sector	15-20	0	0	0	0	15-20
Councillor Susan Elsmore, IM - Local Authority	15-20	0	0	0	0	15-20
Michael Imperato, IM - Legal	15-20	0	0	0	0	15-20
Akmal Hanuk, IM - Local Community	15-20	0	0	0	0	15-20
John Antoniazzi, IM - Estates	15-20	0	0	0	0	15-20
Dawn Ward, IM - Trade Union	0	40-45	0	0	0	40-45
Associate Members						
Paula Maityn, Chair, Stakeholder Reference Group	0	0	0	0	0	0
Richard Thomas, Chair, Stakeholder Reference Group	0	0	0	0	0	0
Susan Bailey, Chair, Health Professionals' Forum	0	80-85	0	0	0	80-85
Lance Oaver, Associate Member - Local Authority	0	0	0	0	0	0

Salaries of Senior Managers

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The pension benefit is not an amount which has been paid to an individual by the UHB during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a person's salary, whether or not they choose to make additional contributions to the pension scheme from their pay and other valuation factors affecting the pension scheme as a whole.

We wish to bring to your attention that the column for Bonus payments contains amounts paid to Dr Graham Shortland, Dr Peter Durning and Dr Stuart Walker under the national Clinical Excellence and Distinction award scheme.

Clinical Excellence and Distinction awards are awarded at a National level by the Advisory Committee on Clinical Excellence awards (ACCEA) which is an independent, advisory Non-Departmental Public Body (NDPB) and succeeded the Advisory Committee on Distinction awards (ACDA). The awards are given to recognise and reward the exceptional contribution of NHS consultants, over and above that normally expected in a job, to the values and goals of the NHS and to patient care.

Neither Dawn Ward nor Susan Bailey are remunerated as Members of the Board, however they are employees of the UHB and their salary costs are shown in the Other Remuneration column.

The Director of Corporate Governance has been paid £6,035 Relocation expenses and this amount has been included in the Other Remuneration column for the 2019-20 Remuneration table.

5.2 Changes to Board Membership in 2019-20

(1) Ruth Walker retired on 26 May 2019 and returned to employment initially for 16 hours per week from 10 June 2019, increasing to full time hours from 28 June 2019 under the provisions of the 1995 NHS Pension Scheme. During the two week break in employment Jason Roberts, the Deputy Nurse Director, was temporary Nurse Director. He did not receive any additional remuneration for the two week period to 9 June.

(2) Martin Driscoll was appointed Deputy Chief Executive from 1 November 2019.

(3) Graham Shortland retired as Executive Medical Director on 18 April 2019. Peter Durning was interim Executive Medical Director from 19 April 2019 to 16 July 2019. Stuart Walker started on 17 July 2019.

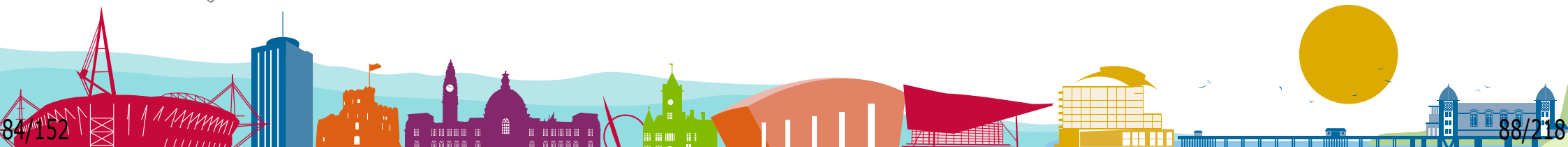
(4) Jonathon Gray started on 2 December 2019.

(5) Sharon Hopkins ended on 23 June 2019.

(6) Charles Janczewski started as Interim Chair on 6 August 2019 as Maria Battle was on leave from this date, her official end date was 18 August 2019.

(7) Michael Imperato started as Interim Vice Chair on 9 October 2019.

(8) John Antoniazzi ended 31 October 2019. Rhian Thomas started on 1 February 2020.



5.3 Remuneration Relationship

The details of the Remuneration Relationship are reported at section 9.6 of the Financial Statements.

5.4 Pension Benefits

Note 1 - The Chief Executive chose not to be covered by the NHS pension arrangements from 1 September 2018 and therefore there are no figures to be reported for 2019-20.

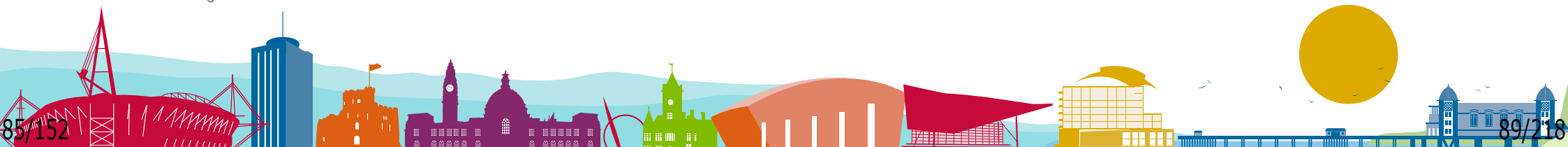
Note 2 - Sharon Hopkins, Graham Shortland, Robert Chadwick, Peter Durning and Stuart Walker chose not to be covered by the NHS Pension arrangements for 2019-2020 and 2018-2019 and hence are not included in the table above.

Note 3 - Fiona Jenkins is over the Normal Retirement Age for the NHS Pension scheme and therefore no CETV is reported in 2019-20.

Note 4 - Ruth Walker retired and returned during 2019-20 and therefore no CETV is reported.

Note 5 - No Pension benefit figures have been shown for Jonathon Gray as his membership in the NHS Pension scheme was frozen in 2010 and only reactivated upon joining the UHB in December 2019. The calculation of pension benefit requires an individual to have been a scheme member in the previous financial year and therefore it will not be possible to calculate pension benefit figures until 2020-21.

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lumpsum at pension age (bands of £2,500)	Total accrued pension at pension age at 31/03/20 (bands of £5,000)	Lumpsum at pension age related to accrued pension at 31/03/2020 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2020	Cash Equivalent Transfer Value at 31 March 2019	Real increase (decrease) in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	To nearest £100
Leonard Richards - Chief Executive (Note 1)						1,021		
Ruth Walker - Executive Nurse Director (Note 4)	(2.5) - 0	(2.5) - 0	55-60	170-175		1,225		
Steve Cury - Chief Operating Officer	2.5 - 5	0 - 2.5	60-65	150-155	1,270	1,176	41	
Abigail Harris - Executive Director of Planning	0 - 2.5	(2.5) - 0	40-45	90-95	767	704	27	
Martin Driscoll - Executive Director of Workforce & Organisational Development & Deputy Chief Executive	2.5 - 5	0	5-10	0	83	47	15	
Dr Fiona Jenkins - Executive Director of Therapies & Health Science (Note 3)	0 - 2.5	2.5 - 5	50-55	160-165		1,259		
Fiona Kinghorn - Executive Director of Public Health	2.5 - 5	2.5 - 5	40-45	95-100	861	756	69	
Nicola Foreman - Director of Governance	2.5 - 5	0	20-25	0	243	197	12	



As Non-Officer members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Officer members.

5.4.1 Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The audited pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The audited CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

5.4.2 Real Increase in Cash Equivalent Transfer Values

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Signed by:



Len Richards

Chief Executive

Date: 29th June 2020



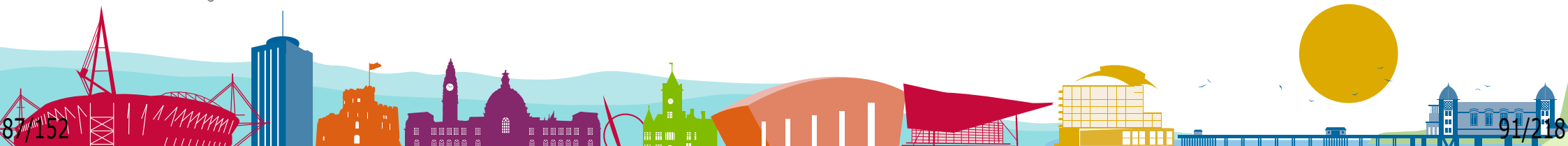
Part 6

Remuneration Report

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6.1 Staff Numbers

The UHB workforce profile identifies that approximately 76% of the workforce is female. This is not representative of the local community where a little more than half the population is female. The audited numbers of female and male directors, managers and employees as at 31 March 2020 were as follows:

	Female	Male	Total
Director	13	11	24
Manager	122	74	196
Employee	11783	3611	15394
Total	11918	3696	15614

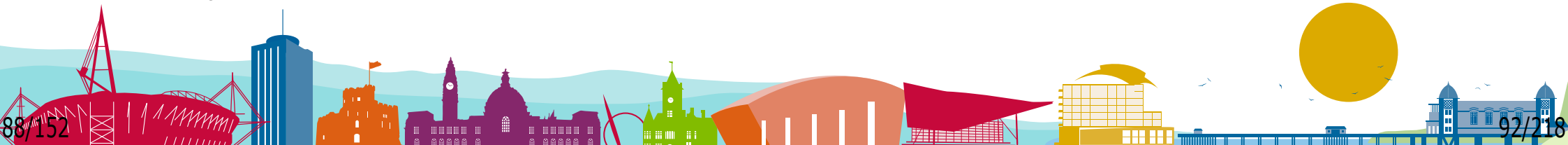
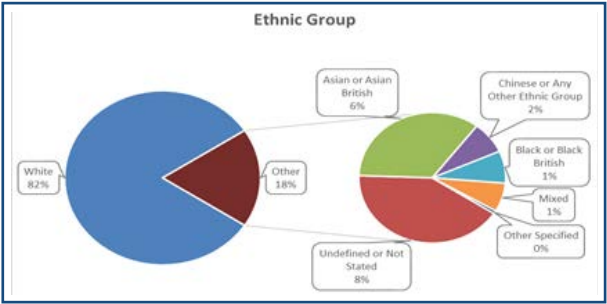
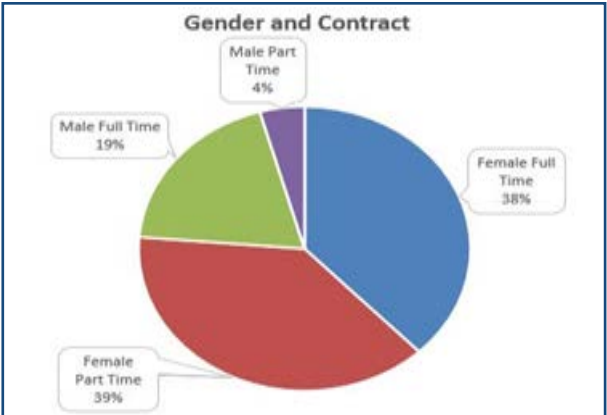
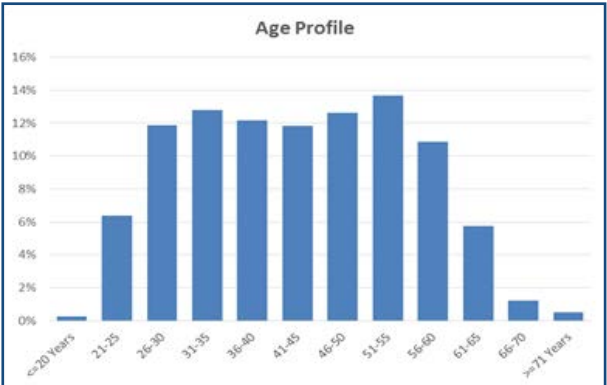
6.2 Staff Composition

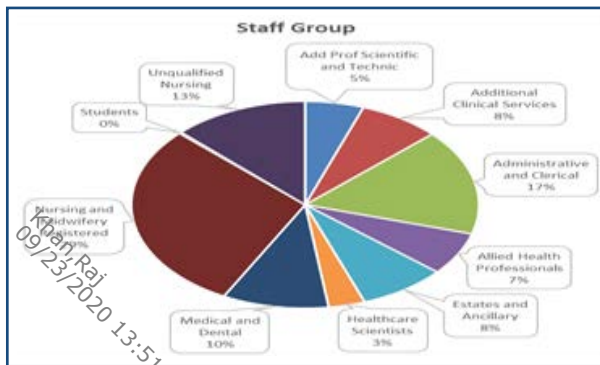
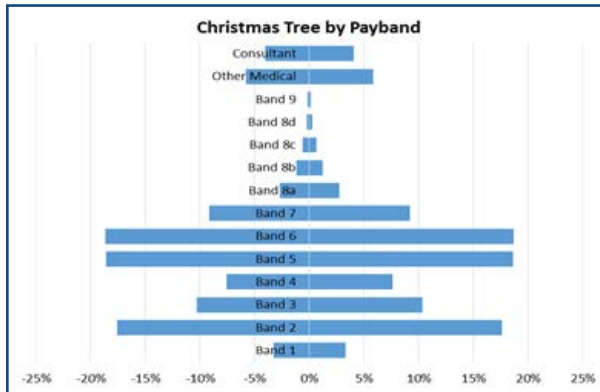
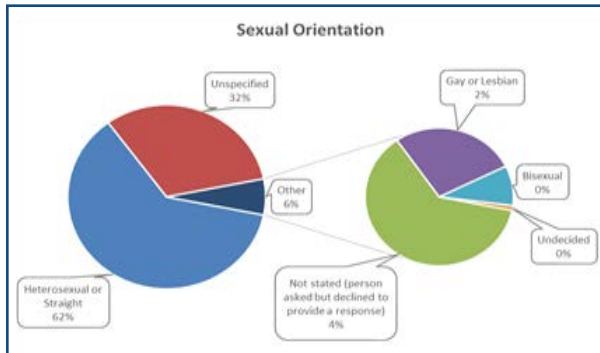
The charts below indicate the following challenges when determining optimal ways to deploy the current and future workforce and how to consider future supply against service priorities:

- The UHB has an aging workforce with the largest age categories being aged 51-55 years (over 2,100 staff). The impact of employees retiring from service critical areas is key in Clinical Boards undertaking local workforce planning;
- The largest grade categories are staff in Agenda for Change Bands 2, 5 and 6. Continually

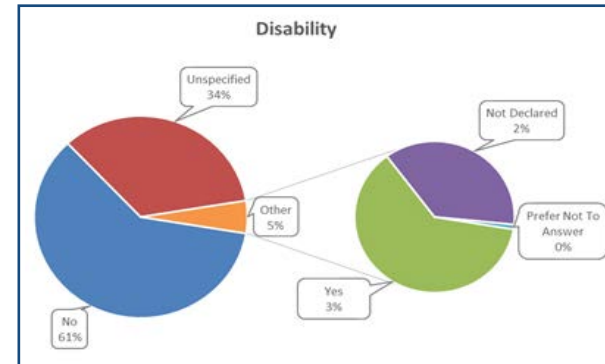
reviewing skill mix and new ways of working is important in ensuring adequate future supply of skills in the right place and grade;

- The majority of the workforce is female (76%) with an even split in this group of full-time (38%) and part-time working (39%). Use of our employment policies, such as the Flexible Working Policy, is crucial to retaining talent and keeping staff engaged;
- The majority of the workforce is white (82%) with 10% in Black and Minority Ethnic categories and 8% not stated. The Strategic Equality Plan has a number of actions to continue review of our workforce in this regard to ensure it strives to reflect the local population where relevant e.g. in recruiting practices;
- The nursing and midwifery registered staff and unqualified nursing staff make up 42% of the total workforce. Given there is a recognised national shortage of registered nurses, the UHB has made nurse sustainability a high priority on its workforce agenda.





Workforce profile information collected for the UHB in March 2020 shows that 3% of staff consider themselves to have a disability, but this information is not known for a significant number of staff (34%).



6.3 Sickness Absence Data

Staff well-being remains a priority for the UHB and is key to staff feeling engaged.

A multi-disciplinary group leads a strategic action plan for improving staff health and wellbeing. Dietetics, physiotherapy, health and safety, transport and travel, occupational health, employee well-being and the Public Health team have developed a collaborative plan, which has realised improvements across a range of areas. The UHB has achieved both the Gold and Platinum Corporate Health Standards and has been recognised as an exemplar organisation. In 2019-20 we have continued to use the learning from these standards to stretch our health and wellbeing activity

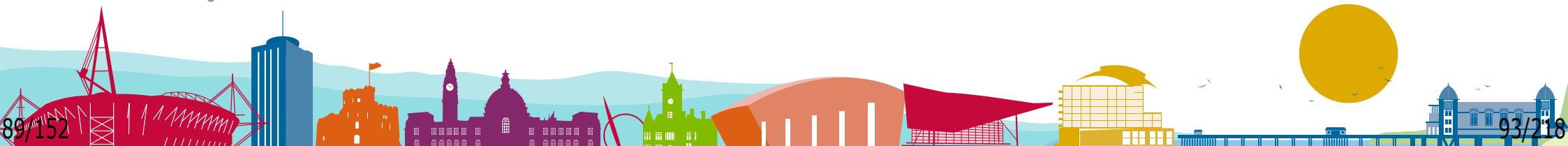
even further, and have begun to prepare for re-assessment against the standards in autumn 2020.

Sickness absence remains a priority for the UHB. The cumulative sickness rate for the 12-month period up to and including March 2020 is 5.41% which is 0.81% above the 2019-20 year-end target of 4.60%.

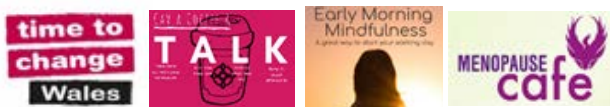
71% of this sickness was attributed to long-term absence and 29% to short-term absence. The UHB top reasons recorded for absence during 2019-20 were Anxiety/stress/depression/other psychiatric illnesses and Musculoskeletal.

The following table provides information on the number of days lost due to sickness during 2018-19 and 2019-20.

	2019-20	2018-19
	Number	Number
Days lost (long term)	182,907.36	174,637.03
Days lost (short term)	75,301.51	65,185.37
Total days lost	258,208.87	239,822.41
Total staff years	13,074.26	12,850.87
Average working days lost	12.33	11.65
Total staff employed in period (headcount)	14,658	14,474
Total staff employed in period with no absence (headcount)	6,144	6,213
Percentage staff with no sick leave	39.81%	41.31%



The UHB is passionate about caring for the wellbeing of its staff members. We are signatories of both the Time to Change Wales (TTCW) Campaign and Mindful Employer Charter, and run a number of initiatives such as the CAV a Coffee Campaign and Menopause Café which encourages staff to take time out and talk about their wellbeing. In 2019 we celebrated Men's International Day by promoting the Time for Change Campaign 'Talking is a Lifeline' which encourages men to talk about their mental health without fear of being judged. We have now trained over 40 TTCW wellbeing champions with further training planned.



In 2019 the UHB's Health Charity provided a two year financial investment in the Employee Wellbeing Service which will double the number of counsellors and

introduce a new assistant psychological therapy practitioner role thereby increasing access to low intensity support and reducing waiting times for staff.

In January 2020 the UHB also introduced the 'one small change' campaign, encouraging people to pledge to make one change to improve our health and wellbeing and to share their story via social media.

6.4 Staff Policies

In the 2018 staff survey, concerns were raised about some of our Employment (HR) Policies – we were told that at times they were woolly, confusing and did not help managers to manage effectively. We took this feedback on board and have made some changes.

We have reduced the number of our local UHB employment Policies to six:

- Recruitment and Selection
- Adaptable Workforce
- Employee Health and Wellbeing
- Learning Education and Development
- Equality, Diversity and Human Rights Policy
- Maternity, Adoption, Paternity and Shared Parental Leave

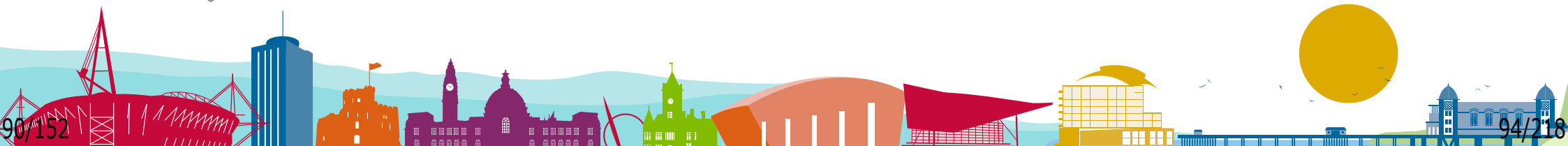
These set out our organisational commitments and what we are aiming to achieve. Each of them is supported by a number of procedures which describe the processes to follow, roles and responsibilities, and any entitlements or obligations. This means there is less duplication,

more transparency and information which is easier to understand. The All Wales Policies remain unchanged and continue to apply to us and all other Health Boards in Wales.

All employment and other related Human Resources (HR), Workforce and Organisational Development (WOD) policies, procedures and guidelines are required to have at least two authors, i.e. a management and staff representative and they are subject to robust consultation processes. This includes publication on the UHB intranet for a period of at least 28 days and consideration at the Employment Policies Sub Group of the Local Partnership Forum.

The UHB is committed to ensuring that the recruitment and selection of staff is conducted in a systematic, comprehensive and fair manner, promoting equality of opportunity at all times, eliminating discrimination and promoting good relations between all. The [Recruitment and Selection Policy](#) was reviewed in 2019 and sets out how we will attract, appoint and retain qualified, motivated staff with the right skills and experience to ensure the delivery of a quality service and support its values. This is supported by a number of procedures including the Recruitment and Selection Procedure, Fixed Term Contract Procedure and Professional Registration Procedure.

The UHB is committed to equal opportunities in recruitment, and demonstrates this by displaying the Disability Confident symbol (which replaces



the 'two ticks' scheme) in all adverts, as well as Supporting Age Positive, Mindful Employer and Stonewall Cymru symbols.



The UHB is committed to supporting its employees and keeping them well. In 2019 we adopted a new Employee Health and Wellbeing Policy which sets out our commitment to encourage and empower our employees to take personal responsibility for their lifestyle choices, health and wellbeing, and to guide managers on their roles and responsibilities.

The [NHS Wales Managing Attendance at Work Policy](#) assists managers in supporting staff when they are ill, managing their absence and facilitating their timely return to work. It is also designed to help managers know their staff and focus on their health and wellbeing to keep them well and in work.

The Managing Attendance at Work Policy includes a number of toolkits. One of these deals with reasonable/tailored adjustments and reminds managers of our legal duty to make reasonable adjustments to ensure workers with disabilities, or physical or mental health impairments, are not disadvantaged when doing their jobs or during the recruitment process. The Policy states that not all illnesses are disabilities, however, if an employee is asking for support with a health and

wellbeing condition, it is best to provide the support accordingly, assuming it is proportionate to do so. There are many benefits to this including supporting the employee back into work and helping them remain in work.

Our [Redeployment Policy](#) includes the following principles:

- We are committed to not discriminating on the grounds of the protected characteristics described in the Equality Act 2010;
- We recognise that we have a positive duty to make reasonable adjustments to ensure that employees with a disability remain in work whenever this is feasible;
- We want to provide security of employment and assist employees who are at risk of losing their job because of a change in circumstances;
- We recognise the skills and experience of our staff and want to retain them whenever possible.

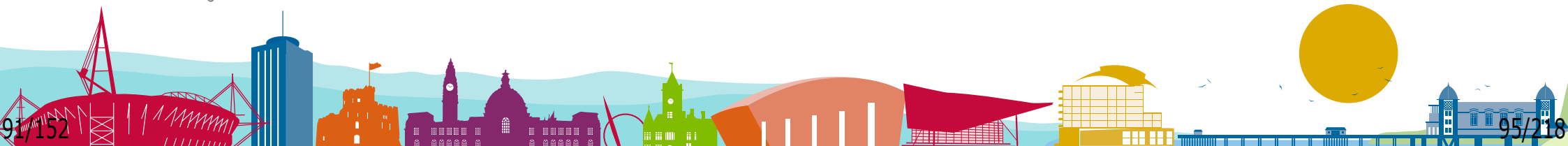
By making reasonable adjustments for staff with disabilities we have been able to retain a number of valued employees in their substantive role. Typical changes include reviewing caseloads, changes to equipment used, purchase of specialist equipment and modifying workplaces. We have worked with organisations such as Dyslexia Cymru and Access to Work to support our disabled employees.

In 2017 the UHB employed two people with

learning disabilities at its restaurant, Y Gegin at the University Hospital of Wales in Cardiff. These staff members started off as interns under the 'Project Enable' Scheme (Quest) and were subsequently employed as catering assistants. Both individuals are still employed by us and have now moved into Band 2 positions. Our partnership work continues with Elite, a Working Group organisation to help young people with Learning Disabilities into employment.

6.5 Other Employee Matters

2019-20 is the fourth and final year of the Strategic Equality Plan (SEP) 'Fair Care' 2016-20. Our focus this year has been on planning, consulting and engaging on our new Strategic Equality Plan – Caring about Inclusion 2020-24. Initial discussions and engagement events with equality related organisations, experts and other key stakeholders regarding the Equality Objectives began in the summer of 2019. Participants shared their views, experiences of using our services and barriers they have faced because they belong to one or more protected group. We used the analysis from our early engagement with stakeholders, our partnership work with other public bodies, legislation, organisational plans and the evidence contained in Is Wales Fairer? 2018 to prepare our set of Equality Objectives. Focus was also aimed at ensuring the objectives themselves, and the long-term aims to which they will contribute, are the right ones.



We have also continued to ensure, as far as possible, that when we make a decision, develop a strategy or policy, or do anything else that affects our service users or staff, we do so in a fair, accountable and transparent way taking into account the needs and rights of all those who might be affected.

The UHB endeavours to communicate regularly and meaningfully with its staff through their managers and through the recognised staff organisations. Staff are encouraged to give their views and feedback to their appropriate manager, either personally or through the representative of the appropriate recognised staff organisation. Where members of staff have concerns they can raise them through the processes set out in the All-Wales Procedure for NHS Staff to Raise Concerns, the Freedom to Speak Up Helpline or, if they relate to patient safety, they can also contact the UHB Chair directly through the 'Safety Valve' system. In 2019-20 the Freedom to Speak Up webpages were improved and promoted and the number of hits increased from 135 per month to an average of 440 hits per month. We also made a commitment to investigate and respond to all concerns with 30 days.

The UHB is committed to improving staff engagement and recognises that staff who are engaged are more productive, content and more likely to remain within the UHB. Positive staff engagement has been linked to reduced staff turnover, lower sickness absence and improved patient experience, as well as being positively

associated with staff-wellbeing. Therefore, obtaining staff views and helping managers to have meaningful conversations with staff/teams to find out what matters to them and to explore potential solutions is a priority for the UHB. When leaders demonstrate that they value an employee's contribution, it fosters further engagement.

In 2018 NHS Wales conducted a Staff Survey. The UHB had a response rate of just 23% but we were able to identify some key themes. More than 50 people volunteered to take part in a stakeholder group to use the survey results to make a difference for our staff and patients. We have had 3 workshops and formulated objectives and actions around the following themes:

- Engagement
- Leadership
- Culture and Behaviour
- Involvement

In January 2020, we published a booklet for staff to let them know about some of the things we have done in response to their feedback including simplifying our policies, publicising ways of working flexibly, tackling stress in the workplace and improving the raising concerns system.

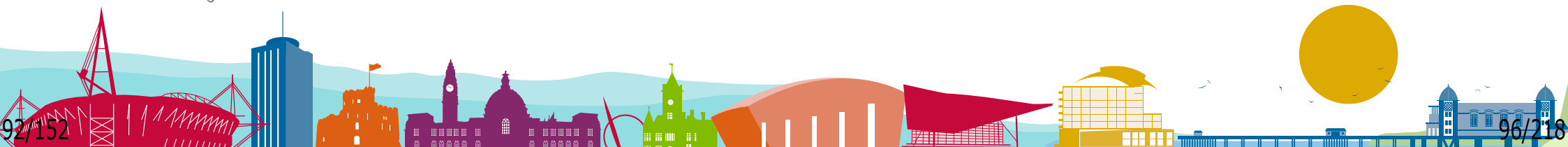
The UHB is committed to working in partnership with recognised Trade Unions and Professional Organisations. The UHB acknowledges the valuable contribution that staff representatives can make

to corporate, strategic and operational planning processes and therefore ensures partnership working by:

- Developing and implementing an effective two-way communication process across the organisation;
- Developing a culture where managers involve staff at all times in decision making and where staff feel able to contribute and be confident that their contribution is valued ;
- Developing and implementing a structure and process which requires managers at all levels to involve staff in day to day service decisions and formulation of service plans;
- Working in partnership to manage change more effectively and achieve long term goals.

The LPF is the formal mechanism where the Executives and Trade Unions/Professional Organisations work together. Each Clinical Board also has a Partnership Forum and a named Lead Representative. Engagement with medical staff is supported by partnership working through the Local Negotiating Committee.

All employment and other related HR/WOD policies, procedures and other control documents are required to have at least two authors, i.e. a management and staff representative and are subject to robust consultation processes. This includes publication on the UHB intranet for a period of at least 28 days and consideration at the



Employment Policies Sub Group of the LPF.

The UHB launched its Talent Management Programme in April 2019, supporting our culture of being 'A Great Place to Work and Learn'. The Talent Management Programme is about encouraging open, honest and constructive conversations between managers and staff about where they are now, where they want to be and how to get there.

We have also made a clear commitment to develop our leaders in order to build leadership capacity and capability across all services that is reflective of the values of the organisation. The focus of the leadership and management development at all levels is on networking, supporting each other and stimulating staff to solicit new ideas and innovative solutions from each other and their teams and encouraging them to present ideas that are different from their own.

In 2019-20 a new suite of Leadership and Management development opportunities have been developed for all levels of UHB staff.

FIRST STEPS TO MANAGEMENT - To help new and existing supervisors develop key supervisory and management skills

ESSENTIAL MANAGEMENT SKILLS – for aspiring and existing managers to develop the essential skills required by all managers

OPER8 – a development programme for new and experienced Clinical Board Operational Managers

ACCELER8 – introduces leaders to the business of caring within the whole health and care system

INTEGR8 – introduces staff to the concept of leadership and service improvement within the health and social care system

COLLABOR8 – a one day programme that assists participants in building positive working relationships with people

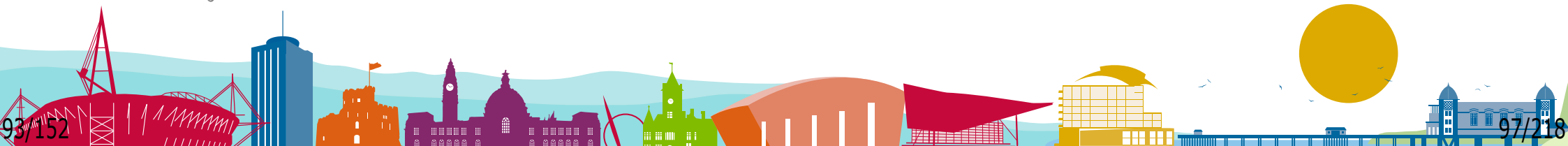
LEADING THROUGH INCLUSION – a leadership programme that focuses on the diversity of our organisation and challenges staff to lead with an inclusive culture

The UHB has developed a learning alliance with Canterbury Health Board (CHB) in New Zealand to learn about the significant cultural and system improvements it has achieved over the last 10 years. CHB has benefitted from improved staff morale and culture with a high trusting environment and a person centred approach.

We have designed a similar programme of work to develop our own health system for the benefit of patients and staff. The 'Amplify 2025' engagement event was the first step in this process and enabled 80 leaders to think differently about delivering healthcare, ensuring we put the person 'Wyn' at the heart of all our decision making.



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The UHB is a values based organisation and we want to recruit, develop and nurture engaged and motivated staff with the skills and confidence to live up to our values every day.

During 2019-20 we have developed a Values Based Appraisal (VBA) which will be rolled out across the UHB for all staff from April 2020. It is a focussed conversation around staff development, the value they bring, and the position(s) that best suit their skills now and in the future. Training is available for managers and covers the new process to measure values and behaviours alongside performance objectives, developing a person centred approach around appraisal, talent management and succession planning in the organisation. Information sessions for staff are also available.

Values Based Recruitment (VBR) is an approach which attracts and recruits people on the basis that their values and behaviours align with those of the organisation. VBR training aims to provide all recruiting managers with the skills and tools they need.

Mandatory Training and Personal Appraisal and Development Review compliance are monitored monthly to ensure we are moving towards our 85% compliance target.

Health and Safety at Work

The Health and Safety Department reports to the Director of Workforce and Organisational

Development. The team consists of Head of Health and Safety, Health and Safety Advisers, Environmental Adviser, Assistant Health and Safety Adviser, Manual Handling Advisers, Case Management Team, Administrators and Trainers.

The Health and Safety Committee is a full Committee of the Board and its membership includes Board Members, Management, Safety Specialists and Trade Union/staff representatives.

The Committee is chaired by an Independent Member, meets on a quarterly basis and has a clear responsibility to provide assurance to the Board. It also has a significant role in complying with The Safety Representatives and Safety Committee Regulations 1977.

There is both a Lead and Deputy Lead Health and Safety Staff Representative both of whom attend the Committee. To ensure Health and Safety Representatives participate at every level, the Lead and Deputy Lead Health and Safety Staff Side Representatives will attend the Health and Safety Committee, Operational Health and Safety Group, Fire Safety Group and the Anti Violence/Security Management Group.

Each Clinical Board has a designated Health and Safety Group with an agreed frequency of meeting. In some cases these are incorporated into the Clinical Board Quality, Safety and Experience meeting but with an emphasis on health and safety. The Clinical Board Health and Safety Group Chair also attends the Operational Health and Safety

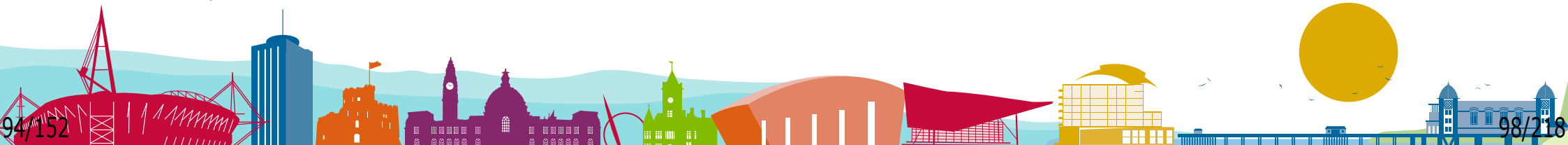
Group and each Clinical Board has a designated Health and Safety Adviser to support them with their health and safety responsibilities.

In 2019-20, the UHB received a Health and Safety Executive fine of £400k in relation to a contractor fall case. The associated learning from this incident was reported to the Health and Safety Committee.

COVID-19

COVID-19 has impacted on workforce priorities and duties in the following way:

- Regular monitoring of junior doctor's rotas/ working time has stopped given that many doctors have been pulled into new rotas to cope with the crisis;
- A stay of Tribunal proceedings has been requested for complex Consultant case (involves partner organisation);
- Medical appraisal/revalidation activity has largely stopped with the impact of individual doctor's revalidation dates being pushed back and appraisal sessions being postponed;
- The annual Mandatory May Programme has been cancelled – this includes tutor led training for the following statutory/mandatory topics:
 - Fire Safety (Statutory requirement)
 - Health and Safety (Mandatory requirement)
 - Infection Control (Mandatory requirement)



Equality (Mandatory requirement)

Dementia (Mandatory requirement)

Mental Capacity Act (Mandatory requirement)

(Staff who are unable to access the e-learning/on-line modules rely on updating themselves during this week long programme;)

- Delay in the implementation of the revised regulatory 2019 Nursing and Midwifery Council Education Standards, in particular the Standards for Supervision and Assessment which have been placed on hold;
- Consultant Medical recruitment has continued but reduced due to need to respond to COVID-19 and restrictions on running panels – these have been conducted remotely;
- Risk assessment of BAME staff and staff from other vulnerable groups – risk assessment form developed and issued;
- Work continues on the Welsh Language Standards although there are concerns about sending out communication messages in English only during the pandemic, especially on social media;
- Any statutory duties/requirements relating to workforce information (e.g. Freedom of Information requests, all-Wales reporting compliance etc.) are being met.

6.6 Consultancy Expenditure

As disclosed in note 3.3 of its annual accounts, the UHB spent £2.475m on consultancy services during 2019-20 compared to £2.186m in 2018-19. The majority of this expenditure is going towards projects aimed at delivering better clinical outcomes and efficiencies.

6.7 Tax Assurance for Off-payroll Appointees

For all off-payroll engagements as of 31 March 2020, for more than £245 per day and that last longer than six months

	Employees engaged via other public sector bodies	Employed for tax and NI purposes only	Other Engagements	Total
No. of existing engagements as of 31 March 2020	38	8	1	47
Of which:				
No. that have existed for less than one year at time of reporting	2	5	1	8
No. that have existed for between one and two years at the time of reporting	1	1	0	2
No. that have existed for between two and three years at the time of reporting	2	2	0	4
No. that have existed for between three and four years at the time of reporting	1	0	0	1
No. that have existed for four or more years at the time of reporting	32	0	0	32

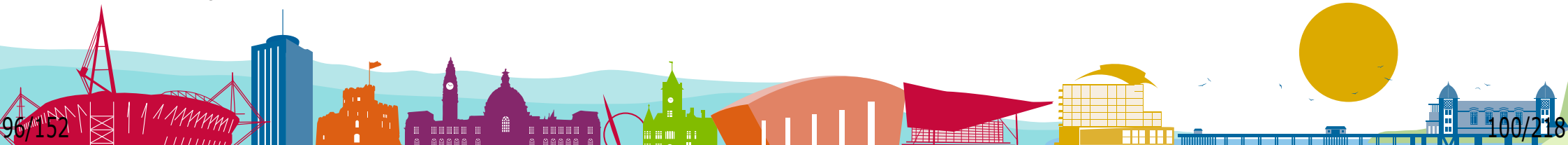


The “other engagements” shown above represent staff employed via recruitment agencies. While the UHB is not responsible for deducting tax and national insurance in respect of these engagements, we have written to the agencies concerned stating that we believe that our relationship with the staff is one of employment and so they should be paying these employees under deduction of tax and national insurance.

For all new off-payroll engagements, or those that reached six months in duration between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months.

	Employees engaged via other public sector bodies	Employed for tax and NI purposes only	Other Engagements	Total
No. of new engagements, or those that reached six months in duration between 1st April 2019 & 31st March 2020	2	9	2	13
Of which:				
No. assessed as caught by IR35	0	9	0	9
No. assessed as not caught by IR35	2	0	2	4
No. engaged directly (via PSC contracted to department) and are on the departmental payroll	0	9	0	9
No. of engagements reassessed for consistency / assurance purposes during the year whom assurance has been requested but nor received, and	0	0	0	0
No. of engagements that saw a change to IR 35 status following the consistency review	0	0	0	0

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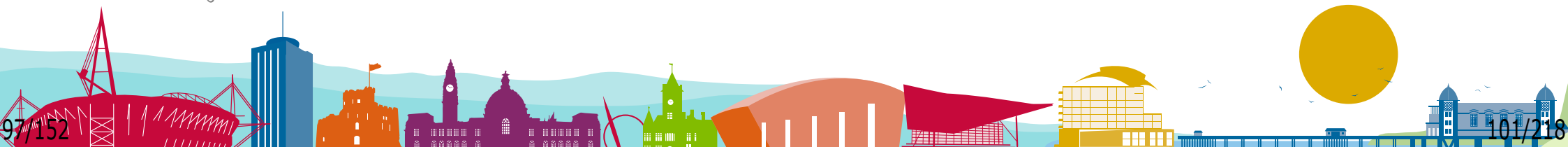
While the UHB does not have the contractual right to request assurance that the appropriate tax and national insurance is being deducted in respect of staff supplied by public sector bodies, it has been agreed by The Welsh Government that this assurance can be obtained via written confirmation from the Director of Finance of the public body who is invoicing us for the staff concerned. This has been requested and received for all staff meeting the disclosure criteria in 2019-20.

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020.

Please note that the UHB considers that its Board members are the only officials who have significant responsibility within the Health Board.

	Employees engaged via other public sector bodies	Employed for tax and NI purposes only	Other Engagements	Total
No. of off-payroll engagements of board members, and / or , senior officials with significant financial responsibility, during the financial year.	0	0	0	0
No. of individuals that have been deemed "board members, and / or senior officials with significant financial responsibility", during the financial year.	0	0	0	0

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Part 7

National Assembly for Wales Accountability and Audit Report

7.1 Regularity of Expenditure

As a result of pressures on public spending, the UHB has had to meet considerable new cost pressures and increase in demand for high quality patient services, within a period of restricted growth in funding. This has resulted in the need to deliver significant cost and efficiency savings to offset unfunded cost pressures to work towards achieving its financial duty, which is break even over a three year period. Unfortunately this has not been achieved and the expenditure of £36.667m which it has incurred in excess of its resource limit over that period is deemed to be irregular. The UHB has an approved IMTP covering the years 2019-20 to 2021-22 which plans to deliver a break even position in each of these financial years. Successful delivery of this plan will result in the UHB achieving its Statutory Financial Duty of a break even position at the end of this period.

7.2 Fees and charges

The UHB levies charges or fees on its patients in a number of areas. Where the UHB makes such charges or fees, it does so in accordance with relevant Welsh Health Circulars and charging guidance.

Charges are generally made on a full cost basis. None of the items for which charges are made are by themselves material to the UHB, however details of some of the larger items (Dental Fees, Private and Overseas Patient income) are disclosed within Note 4 of the Annual Accounts.

7.3 Managing public money

This is the required Statement for Public Sector Information Holders as referenced at 1.2 (page 45) of The Directors' Report. In line with other Welsh NHS bodies, the UHB has developed Standing Financial Instructions which enforce the principles outlined in HM Treasury on Managing Public Money. As a result the UHB should have complied with the cost allocation and charging requirements of this guidance and the UHB has not been made aware of any instances where this has not been done.

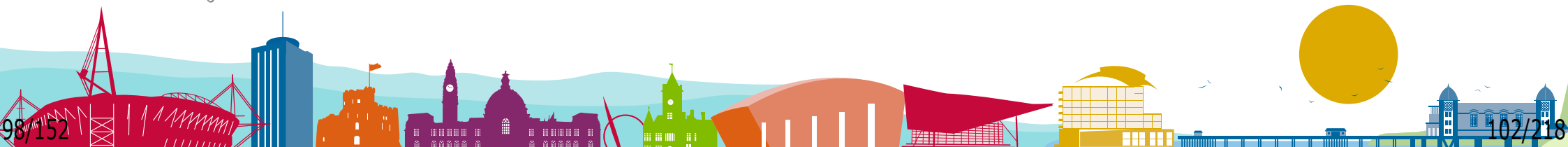
7.4 Material remote contingent liabilities

As disclosed in note 21.2 of its annual accounts, the UHB had net remote contingent liabilities as at 31 March 2020 of £0.050m. The liabilities relate to one clinical negligence claim and one personal injury claim and the above figure is net of potential recoveries from the NHS Wales Risk Pool of £0.114m.

7.5 The Certificate of the Auditor General for Wales to the Senedd

I certify that I have audited the financial statements of Cardiff and Vale University Local Health Board for the year ended 31 March 2020 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Tax-Payers' Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

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Opinion

In my opinion, except for the possible effects of the matters described in the 'Basis for qualified opinion' section of my report, the financial statements:

- give a true and fair view of the state of affairs of Cardiff and Vale University Local Health Board as at 31 March 2020 and of its net operating costs for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Basis for qualified opinion

The Health Board had an inventory balance of £16.784 million as at 31 March 2020, disclosed in Note 14.1 to the financial statements. Due to the impact of the COVID-19 pandemic and the statutory lockdown arrangements that took effect from 23 March 2020, I was unable to observe and reperform parts of the Health's Board's count of its inventories on 31 March 2020.

As I have been unable to obtain the required audit assurance by alternative means, I am therefore unable to determine whether the Health Board's reported year-end inventory balance of £16.784 million is materially true and fair.

Emphasis of Matter – effects of the COVID-19 pandemic on the valuation of land and buildings

I draw attention to Note 11.1 to the financial statements, which describes the impact of the COVID-19 pandemic on the valuation of land and buildings as at 31 March 2020.

As a result of the pandemic the Health Board's valuer declared a 'material valuation uncertainty' in four of their professional valuation reports, with a total valuation of £65.076 million. All four valuation reports were dated 31 March 2020. The Health Board has used these valuation reports to inform the measurement of certain of its property asset values in the financial statements at that date.

My opinion is not modified in respect of this matter.

Emphasis of Matter – clinicians' pension tax liabilities

I draw attention to Note 21 of the financial statements, which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS Clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year.

The Health Board has disclosed the existence of

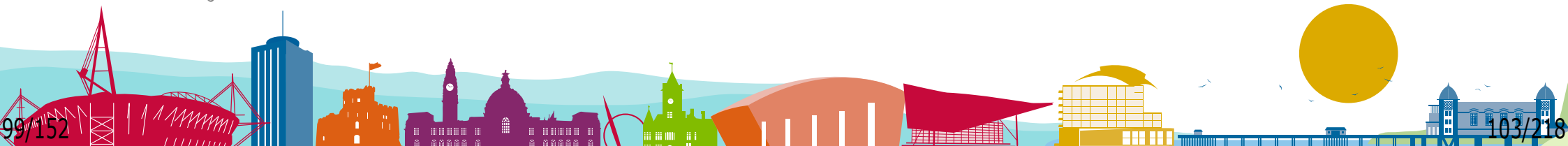
a contingent liability at 31 March 2020, and my opinion is not modified in respect of this matter.

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Health Board's ability to continue to adopt the going concern basis of accounting for a period of at least 12 months from the date



when the financial statements are authorised for issue.

Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor’s report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

Qualified opinion on regularity

In my opinion, except for the irregular expenditure of £36.667 million explained in the paragraph below, in all material respects the expenditure and income

have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

Basis for qualified opinion on regularity

The Health Board has breached its revenue resource limit by spending £36.667 million over the £2,832 million that it was authorised to spend in the three-year period 2017-18 to 2019-20. This spend constitutes irregular expenditure. Further detail is set out in my attached Report.

Report on other requirements
Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Governance Statement has been prepared in accordance with Welsh Ministers’ guidance; and

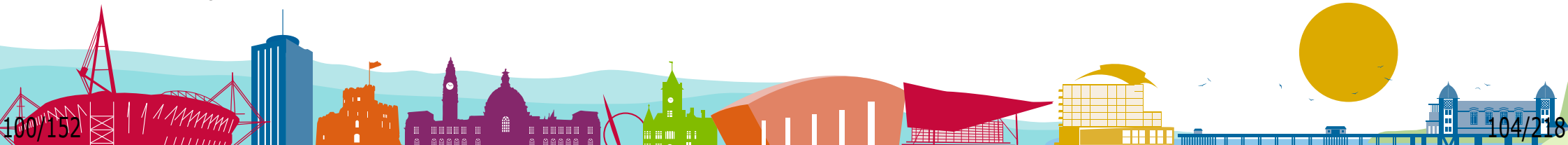
- the information given in the Foreword and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Foreword and Accountability Report has been prepared in accordance with Welsh Ministers’ guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the board and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- proper accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.



Report

Please see my Report, in respect of my qualified opinion on regularity.

Responsibilities

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the board's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that

includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

Adrian Crompton
Auditor General for Wales
24 Cathedral Road
Cardiff 2 July 2020
CF11 9LJ

7.6 Report of the Auditor General to the Senedd

Introduction

Local Health Board (LHBs) are required to meet two statutory financial duties – known as the first and second financial duties.

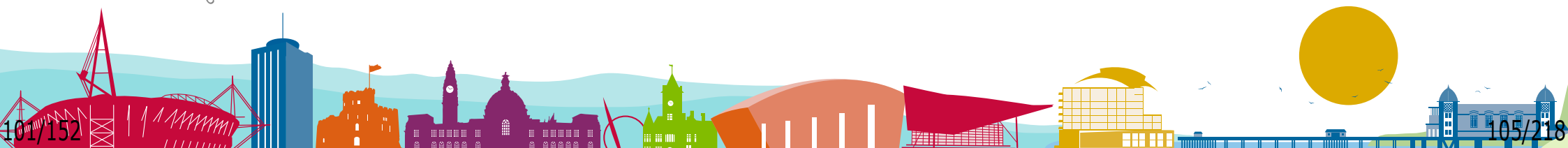
For 2019-20 Cardiff and Vale University Local Health Board (the Health Board) failed to meet the first financial duty and so I have decided to issue a narrative report to explain the position.

Failure of the first financial duty

The first financial duty gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The fourth three-year period under this duty is 2017-18 to 2019-20, and so it is measured this year for the fourth time.

Note 2.1 to the Financial Statements shows that the LHB did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £2,832 million by £36.667 million. The Health Board therefore did not meet its first financial duty.

Where an LHB does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the LHB's authority to spend and is therefore 'irregular'. In such circumstances,



I am required to qualify my ‘regularity opinion’ irrespective of the value of the excess spend.

Adrian Crompton
Auditor General for Wales

24 Cathedral Road
Cardiff 2 July 2020
CF11 9LJ

The maintenance and integrity of the Health Board’s website is the responsibility of the Accountable Officer. The work carried out by auditors does not involve consideration of these matters and accordingly auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

Financial Statements

Foreword

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

Statutory background

The Local Health Board was established on 1 October 2009, following the merger of Cardiff & Vale NHS Trust, Cardiff Local Health Board and The Vale of Glamorgan Local Heath Board. The main purpose of the body being, the provision of healthcare to and the procurement of healthcare for the populations of Cardiff and the Vale of Glamorgan. In addition as a Tertiary Centre the UHB serves the wider population across Wales (and the UK) via the provision of specialist and complex services.

Performance Management and Financial Results

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 ‘Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards’ and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2019-20. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first

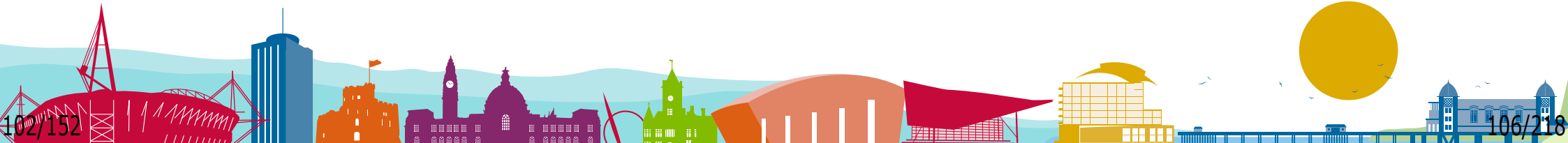
assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury’s Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the LHB which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1 April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

Khan Raj
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Statement of Comprehensive Net Expenditure for the year ended 31 March 2020				
			2019-20	2018-19
			£'000	£'000
	Note			
Expenditure on Primary Healthcare Services	3.1		238,456	233,138
Expenditure on healthcare from other providers	3.2		290,895	274,511
Expenditure on Hospital and Community Health Services	3.3		953,236	862,403
			1,482,587	1,370,052
Less: Miscellaneous Income	4		(437,774)	(406,760)
LHB net operating costs before interest and other gains and losses			1,044,813	963,292
Investment Revenue	5		0	0
Other (Gains) / Losses	6		(2,175)	9
Finance costs	7		1,278	1,332
Net operating costs for the financial year			1,043,916	964,633

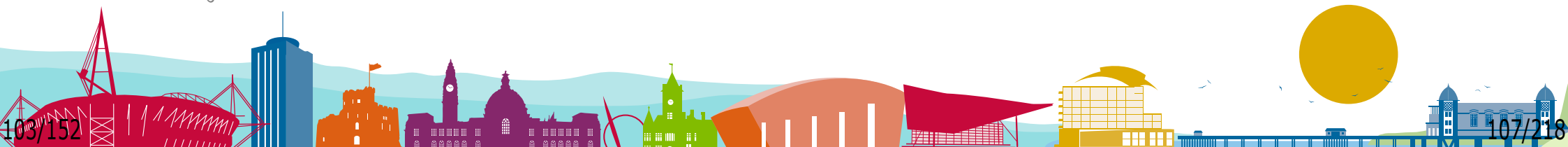
See note for details of performance against Revenue and Capital allocations.

The notes on pages 106 to 150 form part of these accounts.

Other Comprehensive Net Expenditure				
			2019-20	2018-19
			£'000	£'000
Net (gain) / loss on revaluation of property, plant and equipment			(1,134)	(4,172)
Net (gain) / loss on revaluation of intangibles			0	0
(Gain) / loss on other reserves			0	(7)
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale			0	0
Net (gain)/loss on revaluation of financial assets held for sale			0	0
Impairment and reversals			0	0
Transfers between reserves			0	0
Transfers to / (from) other bodies within the Resource Accounting Boundary			99	0
Reclassification adjustment on disposal of available for sale financial assets			0	0
Other comprehensive net expenditure for the year			(1,035)	(4,179)
Total comprehensive net expenditure for the year			1,042,881	960,454
The £99k on the Transfers to/from other bodies line reflects Assets transferred to Cwm Taf Morgannwg Health Board in 2019/20 relating to the community dental service.				

The notes on pages 106 - 150 form part of these accounts.

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Statement of Financial Position as at 31 March 2020			
		31 March	31 March
		2020	2019
	Notes	£'000	£'000
Non-current assets			
Property, plant and equipment	11	687,650	676,904
Intangible assets	12	2,133	2,902
Trade and other receivables	15	17,779	21,432
Other financial assets	16	0	0
Total non-current assets		707,562	700,238
Current assets			
Inventories	14	16,784	16,926
Trade and other receivables	15	161,605	176,987
Other financial assets	16	0	0
Cash and cash equivalents	17	1,410	1,219
		179,799	195,132
Non-current assets classified as "Held for Sale"	11	0	1,900
Total current assets		179,799	197,038
Total assets		887,361	897,276
Current liabilities			
Trade and other payables	18	(182,792)	(174,686)
Other financial liabilities	19	0	0
Provisions	20	(113,580)	(129,087)
Total current liabilities		(296,372)	(303,772)
Net current assets/ (liabilities)		(116,573)	(106,734)
Non-current liabilities			
Trade and other payables	18	(6,489)	(9,095)
Other financial liabilities	19	0	0
Provisions	20	(19,327)	(24,862)
Total non-current liabilities		(25,816)	(33,957)
Total assets employed		563,173	559,547
Financed by :			
Taxpayers' equity			
General Fund		450,666	443,904
Revaluation reserve		112,507	115,643
Total taxpayers' equity		563,173	559,547

The financial statements on pages 102 to 105 were approved by the Board on 29th June 2020 and signed on its behalf by:

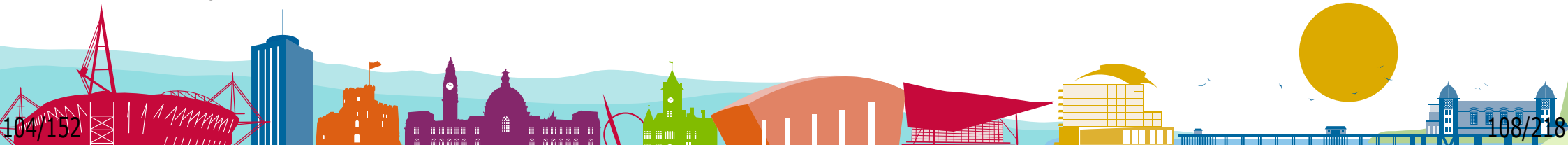
Chief Executive and Accountable Officer
Date: 29 June 2020 Leonard Richards

The notes on pages 106 – 150 form part of these accounts.

Statement of Changes in Taxpayers' Equity For the year ended 31 March 2020			
	General	Revaluation	Total
	Fund	Reserve	Reserves
	£000s	£000s	£000s
Changes in taxpayers' equity for 2019-20			
Balance at 1 April 2019	443,904	115,643	559,547
Net operating cost for the year	(1,043,916)		(1,043,916)
Net gain/(loss) on revaluation of property, plant and equipment	0	1,134	1,134
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other Reserve Movement	0	0	0
Transfers between reserves	4,270	(4,270)	0
Release of reserves to SoCNE	0	0	0
Transfers (to)/from LHBs	(99)	0	(99)
Total recognised income and expense for 2019-20	(1,039,745)	(3,136)	(1,042,881)
Net Welsh Government funding	1,019,429		1,019,429
Notional Welsh Government Funding	27,078		27,078
Balance at 31 March 2020	450,666	112,507	563,173

The notes on pages 106 – 150 form part of these accounts.

The £99k on the Transfers to/from line reflects Assets transferred to Cwm Taf Morgannwg Health Board in 2019/20 relating to the community dental service.



Statement of Changes in Taxpayers' Equity For the year ended 31 March 2019			
	General	Revaluation	Total
	Fund	Reserve	Reserves
	£000s	£000s	£000s
Changes in taxpayers' equity for 2018-19			
Balance at 31 March 2018	417,207	112,765	529,972
Adjustment for Implementation of IFRS 9	(1,259)	0	(1,259)
Balance at 1 April 2018	415,948	112,765	528,713
Net operating cost for the year	(964,633)		(964,633)
Net gain/(loss) on revaluation of property, plant and equipment	0	4,172	4,172
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	1,294	(1,294)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	7	0	7
Total recognised income and expense for 2018-19	(963,332)	2,878	(960,454)
Net Welsh Government funding	991,288		991,288
Balance at 31 March 2019	443,904	115,643	559,547

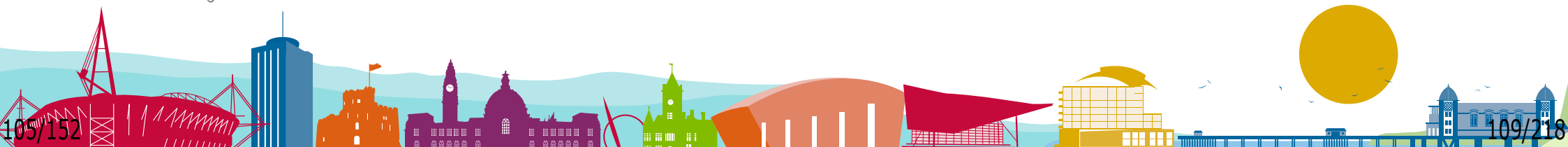
The notes on pages 106 – 150 form part of these accounts.

The £7k on the Transfers to/from line reflects a correction in respect of balances transferred over from Abertawe Bro Morgannwg LHB in 2017/18.

Statement of Cash Flows for year ended 31 March 2020			
		2019-20	2018-19
		£'000	£'000
Cash Flows from operating activities			
Net operating cost for the financial year	Notes	(1,043,916)	(964,633)
Movements in Working Capital	27	21,891	22,537
Other cash flow adjustments	28	84,166	29,544
Provisions utilised	20	(30,300)	(25,133)
Net cash outflow from operating activities		(968,159)	(937,685)
Cash Flows from investing activities			
Purchase of property, plant and equipment		(54,657)	(52,538)
Proceeds from disposal of property, plant and equipment		4,341	131
Purchase of intangible assets		(238)	(1,532)
Proceeds from disposal of intangible assets		0	170
Payment for other financial assets		0	0
Proceeds from disposal of other financial assets		0	0
Payment for other assets		0	0
Proceeds from disposal of other assets		0	0
Net cash inflow/(outflow) from investing activities		(50,554)	(53,769)
Net cash inflow/(outflow) before financing		(1,018,713)	(991,454)
Cash Flows from financing activities			
Welsh Government funding (including capital)		1,019,429	991,288
Capital receipts surrendered		0	0
Capital grants received		0	0
Capital element of payments in respect of finance leases and on-SoFP		(525)	(471)
Cash transferred (to)/ from other NHS bodies		0	0
Net financing		1,018,904	990,817
Net increase/(decrease) in cash and cash equivalents		191	(637)
Cash and cash equivalents (and bank overdrafts) at 1 April 2019		1,219	1,856
Cash and cash equivalents (and bank overdrafts) at 31 March 2020		1,410	1,219

The notes on pages 106 – 150 form part of these accounts.

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Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2019-20 Manual for Accounts. The accounting policies contained in that manual follow the 2019-20 Financial Reporting Manual (FRM), which applies European Union adopted IFRS and Interpretations in effect for accounting periods commencing on or after 1 January 2019, except for IFRS 16 Leases, which is deferred until 1 April 2021; to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment,

intangible assets and inventories.

1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is

not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

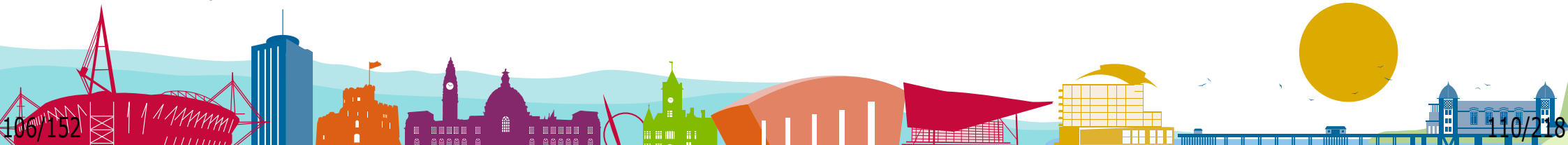
Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry



forward leave into the following period.

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated in 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for their staff employer contributions of 20.68% in full and on a gross basis, in the 2019-20

annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined

contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

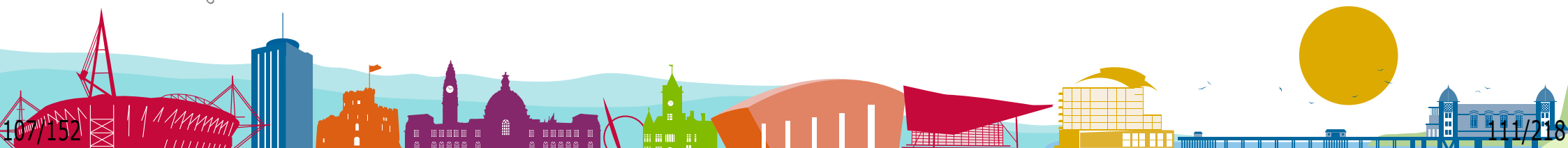
Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to



have simultaneous disposal dates and are under single managerial control; or

- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement

cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2017-18 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

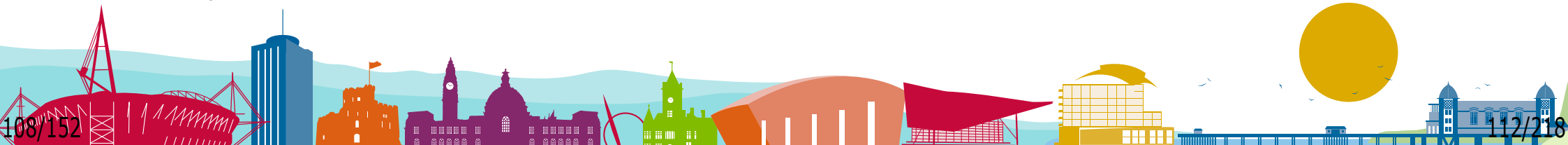
An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve

for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets



in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are

surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being “replaced” can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

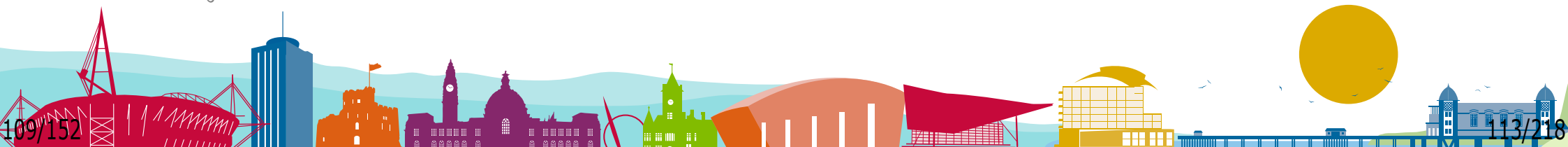
1.7. Intangible assets

1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible



- asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their

estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

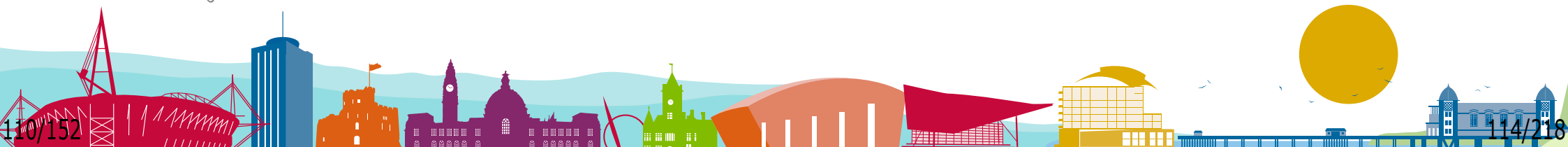
1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.



Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11. Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.11.1. The NHS Wales organisation as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the SoCNE.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11.2. The NHS Wales organisation as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS Wales organisation net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the NHS Wales organisation's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover

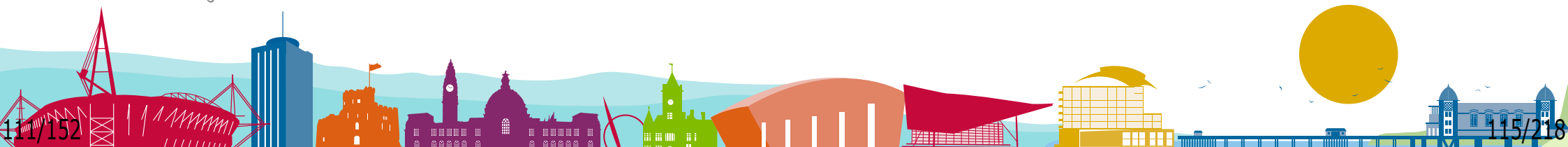
of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14. Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.



When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was

implemented in 2019-20. The WRP is hosted by Velindre NHS Trust.

1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

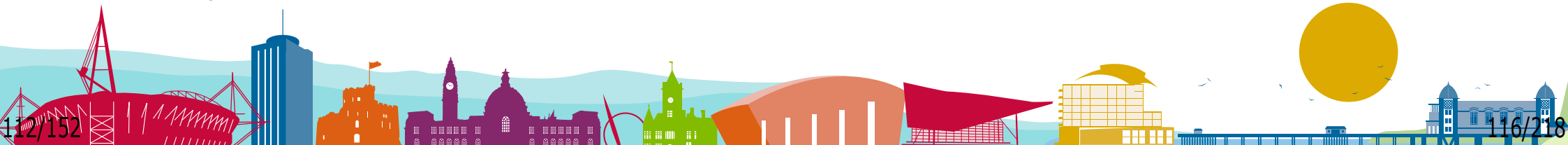
All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

1.16 Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.



1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2 Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4 Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more

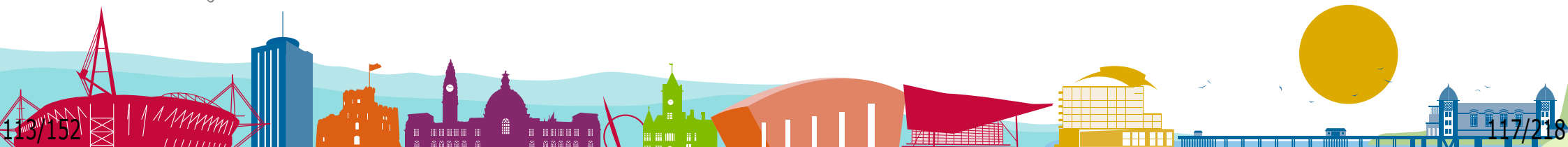
events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.



1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.17.2. Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3. Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18. Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output

tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19. Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21. Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each

individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

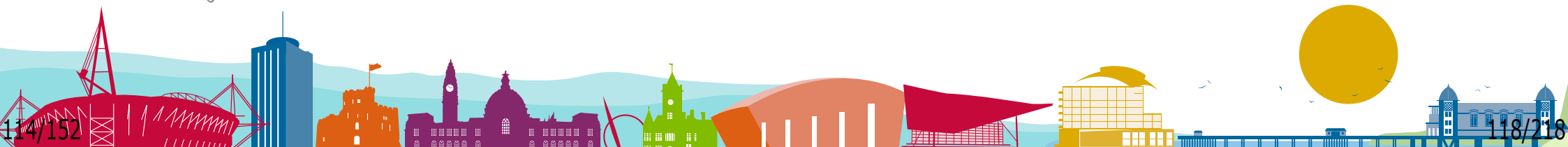
The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.22. Pooled budget

The LHB has entered into a pooled arrangement



with Cardiff and The Vale of Glamorgan Local Authorities, as permissible under section 33 of the NHS (Wales) Act 2006 for the operation of a Joint Equipment Store (JES). The purpose of the JES is the provision and delivery of common equipment and consumables to patients which are resident in the localities of the partners to the pooled budget. The pooled budget arrangement became operational from 1st January 2012.

During 2019-20 the UHB received funding from the Welsh Government's Integrated Care Fund and its Transformation Fund. The planning and delivery of the programmes associated with this funding has the involvement of social services, housing and the third independent sector.

Also during 2019-20 the UHB received funding from Cardiff Council which had been allocated from Welsh Government Families First monies. The service provided from this funding is operationally managed by the Local Authority with the UHB offering professional support.

As required under Part 9 of the Social Services and Well-being (Wales) Act 2014, a pooled budget arrangement has been agreed between ourselves and the Cardiff and Vale Local Authorities. This came into effect from April 1st 2018.

Details of the operational and accounting arrangements in place around each of the above can be found in Note 32 on page 146 of these accounts.

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24. Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims

are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the Welsh Risk Pool.

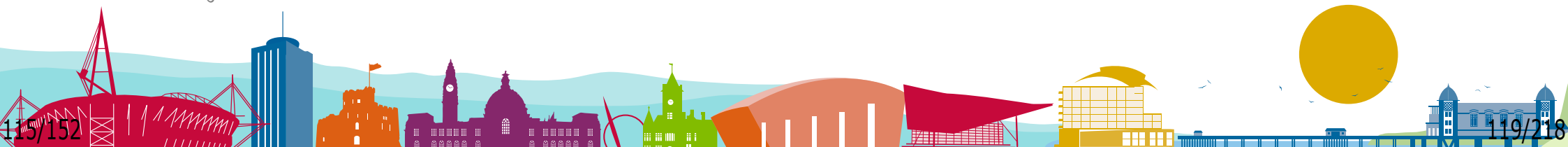
Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

1.24.1. Provisions

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.



1.24.2. Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement Accounting Treatment	0 – 5% Contingent Liability.
Possible	Probability of Settlement Accounting Treatment Contingent Liability for all other estimated expenditure.	6% - 49% Defence Fee - Provision*
Probable	Probability of Settlement Accounting Treatment	50% - 94% Full Provision
Certain	Probability of Settlement Accounting Treatment	95% - 100% Full Provision

*Personal injury cases - Defence fee costs are provided for at 100%.

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary’s Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of minus 0.75%.

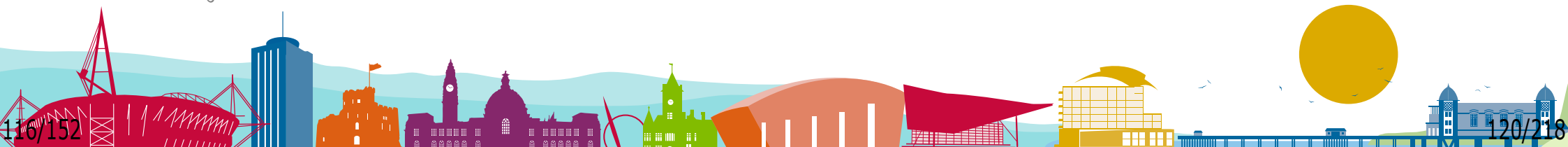
Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

- i) The LHB provides for potential bad debts both as a result of specific disputes and based on historic collectability patterns. As a result of this, the LHB is carrying a bad debt provision of £7.896m re non NHS organisations and a credit note provision of £0.712m in respect of NHS debts. While this provision is considered prudent and accurate as at the statement of financial position date, due to the ongoing trading relationships it covers, potentially there could be gains and losses re the ultimate recoverability in respect of amounts provided for.
- ii) In line with IAS 19 the LHB has reviewed the level of annual leave taken by its staff to March 31st 2020. Based on a sample the LHB has accrued

£0.914m re untaken annual leave. This is based on a sample of the leave records of 29% of all LHB staff and reflects the LHB’s policy of only allowing annual leave to be carried forward into 2019/20 under exceptional circumstances or when this has been necessary to help the LHB achieve service performance targets.

iii) The LHB has estimated a liability of £0.544m in respect of retrospective claims for continuing healthcare funding. The estimated provision is based upon an assessment of the likelihood of claims meeting criteria for continuing healthcare and the actual costs incurred by individuals in care homes. The provision is based on information made available to the LHB at the time of these accounts and could be subject to significant change as outcomes are determined. Accordingly the UHB is disclosing a contingent liability of £1.674m in respect of such cases within note 21.1 of these Accounts.

iv) During 2009/10 the LHB counted inventory (excluding drugs which were already being counted) held on wards for the first time as part of its year end inventory figure. From a practical perspective it would be extremely difficult for the LHB to physically count all such areas immediately prior to March 31st, hence an extrapolation method was agreed. As a result, on a three yearly rolling basis the stock in 26 different wards has now been counted. This represents 638 beds out of a possible 1,939 across the LHB. In this way a figure of £0.622m has been calculated for ward stock and has been included within the inventory balance shown in note 14.1 of the accounts. As the number of wards



counted increases a picture has emerged of a strata of wards which have a relatively low level of stockholding and one for those which have higher than average levels. This intelligence is now being built in to the calculation of the balance involved.

v) As in other years due to the relatively short timescale available to prepare the annual accounts, the primary care expenditure disclosed contains a number of significant estimates where the value of actual liabilities was not available prior to the date of the accounts submission. The most material areas being:

- > GMS Enhanced Services £2.000m
- > GMS Schemes & Frameworks £3.154m
- > Prescribing £13.469m
- > Pharmacy £5.340m

vi) Due to restrictions created by the Covid 19 pandemic it was not possible to count all inventory items held at the end of March 2020. In these cases estimates have been made as to the value held based on previous counts. The value of these holdings included within note 14.1 is £2,195,814.

1.25 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as

service concession arrangements, following the principles of the requirements of IFRIC 12. The NHS Wales organisation therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

1.25.1. Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

1.25.2. PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the NHS Wales organisation's approach for each relevant class of asset in accordance with the principles of IAS 16.

1.25.2. PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

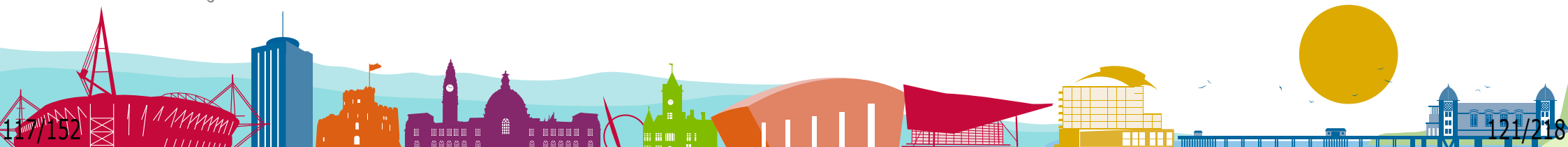
An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the SoCNE.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the SoCNE.

1.25.3. Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Wales organisation's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.



The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

1.25.4. Assets contributed by the NHS Wales organisation to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Wales organisation's SoFP.

1.25.5. Other assets contributed by the NHS Wales organisation to the operator

Assets contributed (e.g. cash payments, surplus property) by the NHS Wales organisation to the operator before the asset is brought into use, which

are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS Wales organisation, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the NHS Wales organisation through the asset being made available to third party users.

1.26. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

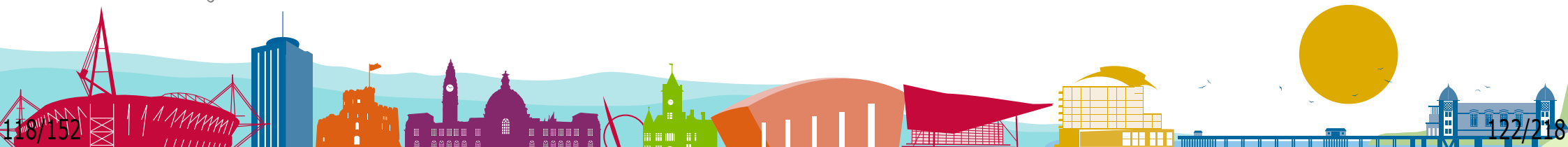
Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.27. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.



1.28. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts Not EU-endorsed.*

Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 16 Leases is to be effective from 1st April 2021.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.29. Accounting standards issued that have been adopted early

During 2019-20 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

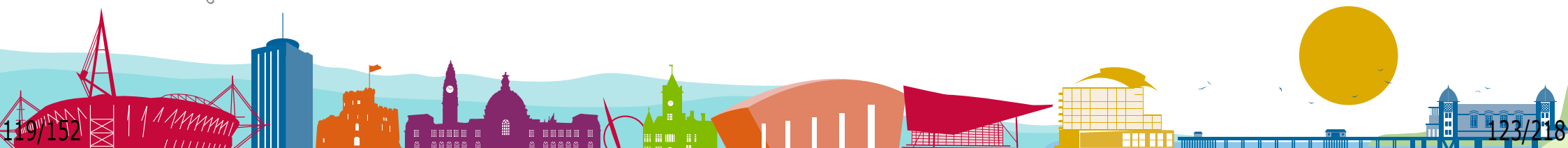
1.30. Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the LHB has established that as the LHB is the corporate trustee of the linked NHS Charity (Cardiff & Vale Health Charity), it is considered for accounting standards compliance to have control of the Cardiff & Vale Health Charity as a subsidiary and therefore is required to consolidate the results of the Cardiff & Vale Health Charity within the statutory accounts of the LHB.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Cardiff & Vale Health Charity or its independence in its management of charitable funds.

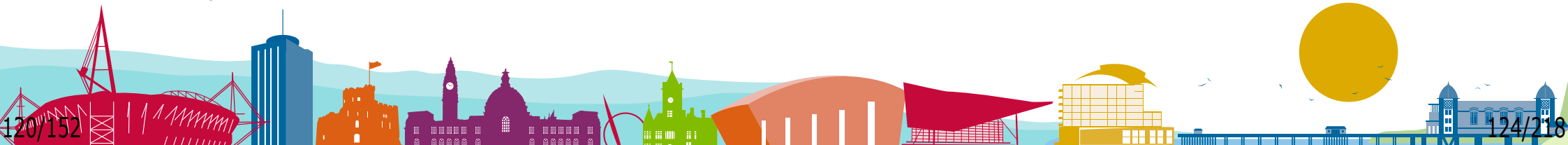
However, the NHS Wales organisation has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' notes.

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2. Financial Duties Performance				
The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:				
- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years				
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.				
The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.				
Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" defines the statutory financial duties of NHS Wales bodies effective from 2016-17.				
2.1 Revenue Resource Performance				
Annual financial performance				
	2017-18	2018-19	2019-20	Total
	£'000	£'000	£'000	£'000
Net operating costs for the year	919,454	954,833	1,043,916	2,918,203
Less general ophthalmic services expenditure and other non-cash limited expenditure	(19,395)	(18,185)	(17,216)	(54,896)
Less revenue consequences of bringing PFI schemes onto SIPP	(1,025)	(1,025)	(1,025)	(3,075)
Total operating expenses	899,034	941,623	1,025,715	2,866,372
Revenue Resource Allocation	872,207	925,547	1,025,670	2,823,424
Under (over) spend against Allocation	(26,827)	(16,076)	55	(38,848)
The LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2017-18 to 2019-20.				
The Health Board did not receive any repayable cash only support in 2019-20. The accumulated cash only support provided to the Health Board by the Welsh Government is £34,549m as at 31 March 2020. The cash only support is provided to assist the Health Board with ensuring payments to staff and suppliers, there is no interest payable on cash only support. Repayment of this cash assistance will be in accordance with the Health Boards future Integrated Medium Term Plan submissions.				
2.2 Capital Resource Performance				
	2017-18	2018-19	2019-20	Total
	£'000	£'000	£'000	£'000
Gross capital expenditure	55,926	49,349	61,333	166,608
Add: Losses on disposal of donated assets	0	4	12	16
Less: Net V of property, plant and equipment and intangible assets disposed	(2,297)	(310)	(2,167)	(4,774)
Less capital grants received	0	0	0	0
Less donations received	(6,806)	(630)	(1,106)	(8,542)
Change against Capital Resource Allocation	47,023	48,413	58,070	153,506
Capital Resource Allocation	47,121	48,487	58,159	153,767
(Over) under spend against Capital Resource Allocation	55	74	55	184
The LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2017-18 to 2019-20.				

2.3 Duty to prepare a 3 year plan					
The NHS Wales Planning Framework for the period 2019-20 to 2021-22 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.					
The LHB submitted an Integrated Medium Term Plan for the period 2019-20 to 2021-22 in accordance with NHS Wales Planning Framework.					

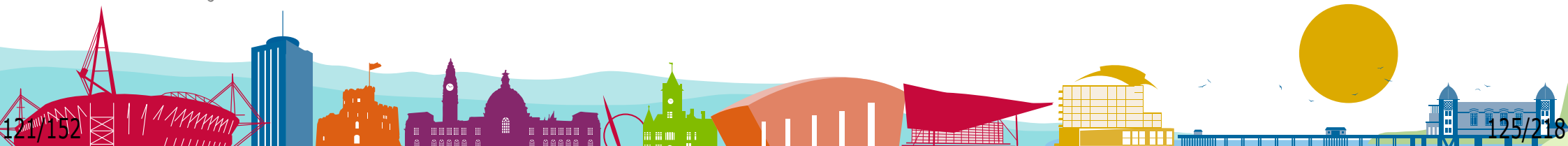


3. Analysis of gross operating costs					
3.1 Expenditure on Primary Healthcare Services					
	Cash limited	Non-cash limited	2019-20	2018-19	
	£'000	£'000	£'000	£'000	
General Medical Services	76,550		76,550	74,929	
Pharmaceutical Services	20,475	12,032	32,507	34,932	
General Dental Services	33,739		33,739	32,806	
General Ophthalmic Services	1,903	5,244	7,147	7,072	
Other Primary Health Care expenditure	12,057		12,057	11,327	
Prescribed drugs and appliances	76,456		76,456	72,072	
Total	221,180	17,276	238,456	233,136	
The Total expenditure above includes £15,469m in respect of staff costs (£12,923m 2018-19)					
3.2 Expenditure on healthcare from other providers					
			2019-20	2018-19	Re-stated
			£'000	£'000	£'000
Goods and services from other NHS Wales Health Boards			24,048	26,331	
Goods and services from other NHS Wales Trusts			30,938	28,606	
Goods and services from Health Education and Improvement Wales (HEIW)			0	0	
Goods and services from other non-Welsh NHS bodies			2,147	2,244	
Goods and services from WHSSC / EASC			128,702	121,663	
Local Authorities			15,452	8,006	
Voluntary organisations			7,290	7,309	
NHS Funded Nursing Care			9,093	8,979	
Continuing Care			59,128	57,757	
Private providers			14,097	13,566	
Specific projects funded by the Welsh Government			0	0	
Other			0	0	
Total			290,895	274,511	
The 2018-19 Expenditure with Local Authorities included £27.4m re a payment to Cardiff Council in respect of a pooling arrangement re the purchase of continuing healthcare services. Under the terms of the agreement the Council returned to us the same figure which was recorded as income from Local Authorities in Note 4. We have subsequently been advised that these transactions are of no economic value and hence we have netted off the receipt and payment in 2019/20 and re-stated 18/19 to reflect the same treatment.					

3.3 Expenditure on Hospital and Community Health Services				2019-20	2018-19
				£'000	£'000
Directors' costs				2,373	2,331
Staff costs				661,827	597,790
Supplies and services - clinical				189,468	177,070
Supplies and services - general				8,827	8,561
Consultancy Services				2,476	2,186
Establishment				11,320	10,666
Transport				707	855
Premises				30,138	27,863
External Contractors				0	0
Depreciation				20,002	31,574
Amortisation				856	717
Fixed asset impairments and reversals (Property, plant & equipment)				10,963	(123)
Fixed asset impairments and reversals (Intangible assets)				0	0
Impairments & reversals of financial assets				0	0
Impairments & reversals of non-current assets held for sale				360	0
Audit fees				381	401
Other auditors' remuneration				0	0
Losses, special payments and irrecoverable debts				3,379	2,888
Research and Development				0	0
Other operating expenses				1,301	(396)
Total				962,226	862,403
3.4 Losses, special payments and irrecoverable debts: charges to operating expenses					Reclassified
				2019-20	2018-19
				£'000	£'000
Increase/(decrease) in provision for future payments:					
Clinical negligence:					
Secondary care				30,437	22,254
Primary care				0	0
Redress Secondary Care				406	126
Redress Primary Care				0	0
Personal Injury				2,226	277
All other losses and special payments				1,340	440
Defence legal fees and other administrative costs				729	372
Gross increase/(decrease) in provision for future payments				35,838	23,479
Contribution to Welsh Risk Pool				0	0
Premium for other insurance arrangements				0	0
Irrecoverable debts				(100)	875
Less: Income received/due from Welsh Risk Pool				(31,499)	(21,455)
Total				3,379	2,898
				2019-20	2018-19
				£	£
Permanent Injury included within personal injury £:				102,630	(20,000)

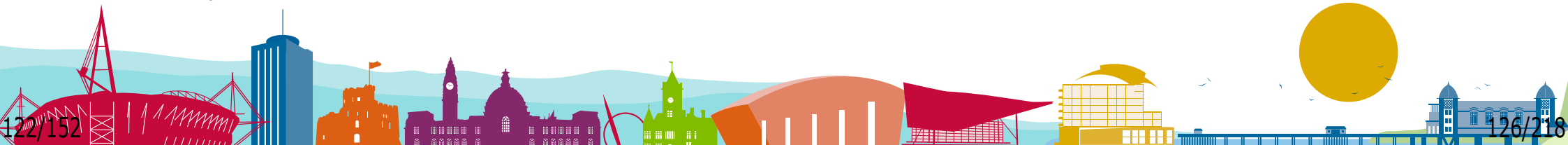
The reclassification of 18/19 is presentation only with the Clinical negligence costs being further detailed into Primary and Secondary care in 19/20.

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4. Miscellaneous Income					
				2019-20	Re-stated 2018-19
				£'000	£'000
Local Health Boards				74,359	71,217
Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC)				240,256	221,552
NHS Wales trusts				6,188	5,311
Health Education and Improvement Wales (HEIW)				20,685	9,953
Foundation Trusts				195	224
Other NHS England bodies				5,282	4,545
Other NHS Bodies				0	0
Local authorities				9,094	5,177
Welsh Government				5,121	4,739
Welsh Government Hosted bodies				0	0
Non NHS:					
Prescription charge income				0	53
Dental fee income				5,571	5,559
Private patient income				1,247	1,055
Overseas patients (non-reciprocal)				144	302
Injury Costs Recovery (ICR) Scheme				2,634	1,654
Other income from activities				2,144	1,965
Patient transport services				0	0
Education, training and research				28,547	35,520
Charitable and other contributions to expenditure				3,226	2,542
Receipt of donated assets				1,107	631
Receipt of Government granted assets				0	0
Non-patient care income generation schemes				3,542	2,227
NHS Wales Shared Services Partnership (NWS-SP)				0	0
Deferred income released to revenue				750	224
Contingent rental income from finance leases				0	0
Rental income from operating leases				0	0
Other income:					
Provision of laundry, pathology, payroll services				7,613	7,415
Accommodation and catering charges				4,117	3,577
Mortuary fees				505	343
Staff payments for use of cars				0	0
Business Unit				0	0
Other				14,753	14,042
Total				437,774	405,760
Other income includes:					
Non Staff SLAs with Cardiff University				4,805	3,336
Creche Fees				705	600
Compensation Payments received				60	1,215
Pharmacy sales				0	2,070
Equipment Evaluation Income				232	442
NHS Non Patient Care Income				2,071	2114
Non Patient Related Staff Recharges				665	1305
Other				5,645	2,955
Total				14,183	14,042

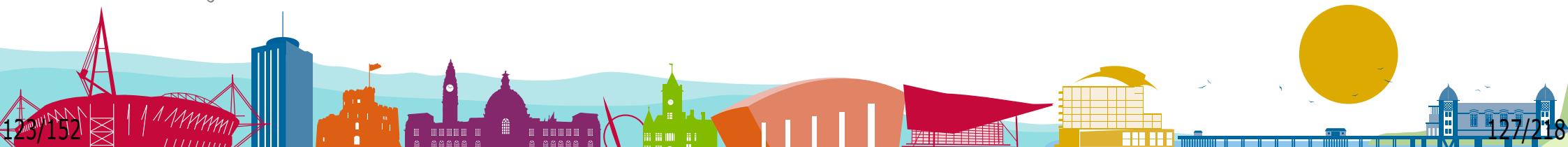
Injury Costs Recovery (ICR) Scheme income is subject to a provision for impairment of 50.28% re personal injury claims and 18.42% re RTA claims to reflect expected rates of collection based on the UHB's past recoverability performance. The 2018-19 Local Authorities income included £27.4m re a receipt from Cardiff Council in respect of a pooling arrangement re the purchase of continuing healthcare services. Under the terms of the agreement, we made payments to the Council amounting to the same figure. This was disclosed as purchases of healthcare from Local Authorities in Note 3.2. We have subsequently been advised that these transactions are of no economic value and hence we have netted off the receipt and payment in 2019/20 and re-stated 18/19 to reflect the same treatment.



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5. Investment Revenue					2018-20	2018-19
					£000	£000
Rental revenue:						
PFI Finance lease income						
planned					0	0
contingent					0	0
Other finance lease revenue					0	0
Interest revenue:						
Bank accounts					0	0
Other loans and receivables					0	0
Impaired financial assets					0	0
Other financial assets					0	0
Total					0	0
6. Other gains and losses					2018-20	2018-19
					£000	£000
Gain/(loss) on disposal of property, plant and equipment					105	(12)
Gain/(loss) on disposal of intangible assets					0	0
Gain/(loss) on disposal of assets held for sale					2,070	3
Gain/(loss) on disposal of financial assets					0	0
Change on foreign exchange					0	0
Change in fair value of financial assets at fair value through SoCNE					0	0
Change in fair value of financial liabilities at fair value through SoCNE					0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale					0	0
Total					2,175	(9)
For more information on the gain on disposal of buildings, please see page 41 of these accounts						
7. Finance costs					2018-20	2018-19
					£000	£000
Interest on loans and overdrafts					0	0
Interest on obligations under finance leases					5	8
Interest on obligations under PFI contracts						
main finance cost					1,258	1,282
contingent finance cost					0	0
Interest on late payment of commercial debt					2	0
Other interest expense					0	0
Total interest expense					1,265	1,290
Provisions unwinding of discount					16	42
Other finance costs					0	0
Total					1,278	1,332

8. Operating leases								
LHB as lessee								
As at 31st March 2020 the LHB had 20 operating lease agreements in place for premises, 3 arrangements in respect of equipment and 43 in respect of vehicles. During the year 1 premises, 0 equipment and 7 vehicle leases expired.								
Payments recognised as an expense					2019-20	2018-19		
					£000	£000		
Minimum lease payments					2,325	1,353		
Contingent rents					0	0		
Sub-lease payments					0	0		
Total					2,325	1,353		
Total future minimum lease payments								
Payable					£000	£000		
Not later than one year					2,250	1,132		
Between one and five years					6,098	2,564		
After 5 years					2,439	2,167		
Total					10,787	5,863		
During our preparatory work for the introduction of IFRS 16, the LHB concluded that 4 of its contracts with suppliers contained implicit leases that should have been disclosed in the operating leases in previous years. While these are included in the 2019-20 figures, comparatives have not been restated. If they had been included in 2018-19 then the payments recognised as an expense would have increased by £0.935m and total future minimum lease payments would have increased by £5.974m.								

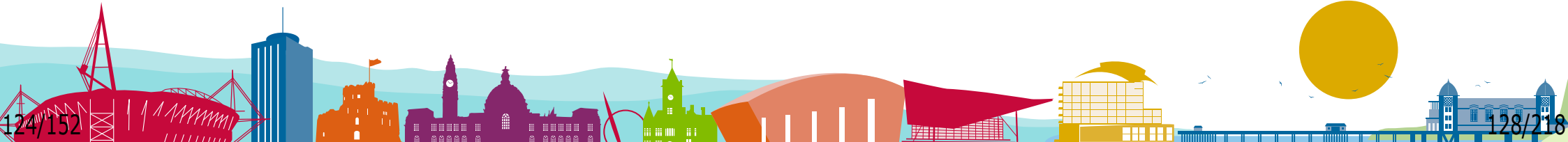


9.6 Reporting of other compensation schemes - exit packages					
	2019-20	2019-20	2019-20	2019-20	2018-19
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	2
£25,000 to £50,000	0	1	1	1	4
£50,000 to £100,000	0	0	0	0	2
£100,000 to £150,000	0	1	1	1	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	2	2	2	8
	2019-20	2019-20	2019-20	2019-20	2018-19
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	28,098
£25,000 to £50,000	0	38,519	38,519	38,519	134,061
£50,000 to £100,000	0	0	0	0	153,161
£100,000 to £150,000	0	108,519	108,519	108,519	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	147,038	147,038	147,038	315,320
Redundancy costs have been paid in accordance with the NHS Redundancy provisions, other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Retirement Scheme (VERS). Where the UHB has agreed early retirements, the additional costs are met by the UHB and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension scheme and are not included in the table.					
All 2 special payments are severance payments, the highest payment was £108,519 the lowest payment was £55,519 and the median payment was for £75,519.					
The tables above report packages agreed in the financial year rather than packages paid during the financial year. During 2019-20 £529,514 was paid for exit packages (2018-19 £152,544).					

9. Employee benefits and staff numbers

9.1 Employee costs	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other	Total	2018-19
Salaries and wages	£000	£000	£000	£000	£000	£000
Social security costs	507,175	1,643	12,005	3,541	524,364	505,072
Employer contributions to NHS Pension Scheme	51,055	0	0	0	51,055	52,391
Other pension costs	480	0	0	0	480	388
Other employment benefits	0	0	0	0	0	0
Termination benefits	147	0	0	0	147	315
Total	6,07,720	1,643	12,005	3,541	670,242	614,232
Charged to capital					1,000	1,294
Charged to revenue					669,242	612,938
					670,242	614,232
Net movement in accrued employee benefits (unfunded staff leave accrual included above)						55
9.2 Average number of employees	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other	Total	2018-19
	Number	Number	Number		Number	Number
Administrative, clerical and board members	2,055	7	19	11	2,105	2,055
Medical and dental	1,347	5	4	47	1,403	1,391
Nursing, midwifery registered	3,525	1	139	1	3,666	3,591
Professional, Scientific, and technical staff	509	5	1	7	522	504
Additional Clinical Services	2,505	0	2	1	2,508	2,480
Allied Health Professions	3,13	15	11	0	3,25	355
Healthcare Scientists	485	0	3	1	489	481
Estates and Ancillary	1,047	0	27	0	1,074	1,054
Students	25	0	0	0	25	13
Total	12,732	38	206	63	13,045	12,540
9.3. Retirements due to ill-health						
					2019-20	2018-19
Number					11	11
Estimated additional pension costs					660,500	627,500
The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.						
9.4 Employee benefits						
The UHB does not have an employee benefit scheme.						

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9.6 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the LHB in the financial year 2019-20 was £220,000 - £225,000 (2018-19, £215,000 - £220,000). This was 7.31 times (2018-19, 7.42) the median remuneration of the workforce, which was £30,442 (2018-19, £29,302). In both 2019-20 and 2018-19 the highest paid director was the Medical Director.

	2019-20	2018-19
Band of Chief Executive Remuneration	215-220	205-210
Median Total Remuneration £	30,442	29,302
Ratio	7.14	7.08
Band of Highest Paid Director's Remuneration	220-225	215-220
Median Total Remuneration £	30,442	29,302
Ratio	7.31	7.42

In 2019-20, 4 (2018-19, 6) employees received remuneration in excess of the highest-paid director. Remuneration for these staff ranged from £230,000 to £285,000 (2018-19 £215,000 to £250,000). All four employees are Medical Consultants and remuneration for the highest paid staff includes payments for additional sessions worked, and varies from month to month.

Total remuneration includes salary and non-

consolidated performance-related pay. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. The guidance also suggests that this information should include benefits-in-kind, the LHB does not have the relevant information available to comply with this requirement. In addition, please note that overtime payments are included where applicable in the calculation of both elements of the relationship.

There has been an increase in year in the median remuneration of the workforce, which was partly the result of an average 1.7% inflationary pay increase received by staff covered by the Agenda for Change agreement. In addition, Medical Staff and Executives received an inflationary pay award of 2.5% and 2% respectively and there were also slight changes to the composition of the workforce which will have contributed to the change in the ratio.

9.7 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined

contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on



the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

c) National Employment Savings Trust (NEST)

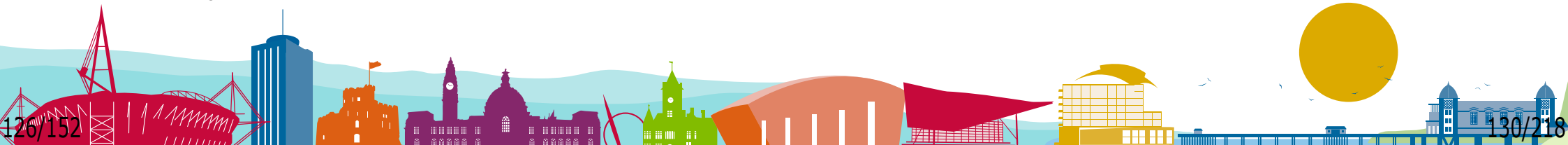
NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

10. Public Sector Payment Policy - Measure of Compliance					
10.1 Prompt payment code - measure of compliance					
The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.					
The figures for 2019-20 and 2018-19 exclude both the number and value of non-NHS bills paid to primary care services and contractor services.					
		2019-20	2019-20	2018-19	2018-19
		Number	£000	Number	£000
NHS					
Total bills paid		8,216	233,809	8,361	231,945
Total bills paid within target		6,401	222,077	5,991	217,636
Percentage of bills paid within target		77.9%	95.0%	71.7%	93.8%
Non-NHS					
Total bills paid		305,232	646,369	308,555	606,354
Total bills paid within target		292,518	621,255	293,203	580,435
Percentage of bills paid within target		95.8%	96.1%	95.0%	95.7%
Total					
Total bills paid		313,448	880,178	316,916	838,299
Total bills paid within target		298,919	843,332	299,194	798,071
Percentage of bills paid within target		95.4%	95.8%	94.4%	95.2%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998					
				2018-20	2018-19
				£	£
Amounts included within finance costs (note 7) from claims made under this legislation				2608.28	0
Compensation paid to cover debt recovery costs under this legislation				0	0
Total				2608.28	0



Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing

legislation is called qualifying earnings. Qualifying earnings are currently those between £6,136 and £50,000 for the 2019-20 tax year (2018-19 £6,032 and £46,350).

Restrictions on the annual contribution limits were removed on 1st April 2017.

11.1 Property, plant and equipment										11.2 Intangible assets									
	Land and buildings	Plant and machinery	Transport equipment	Information technology	Goodwill	Identifiable intangible assets	Goodwill	Identifiable intangible assets	Goodwill	Identifiable intangible assets	Goodwill	Identifiable intangible assets	Goodwill	Identifiable intangible assets	Goodwill	Identifiable intangible assets			
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004			
Cost at valuation of 1 April 2018	100,000	20,000	5,000	25,000	10,000	15,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000			
Depreciation	(1,000)	(2,000)	(500)	(2,500)	(1,000)	(1,500)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer from intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Transfer to intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Revaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Goodwill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Cost at 31 March 2018	99,000	18,000	4,500	22,500	9,000	13,500	9												

[illegible]

Additional disclosures re Property, Plant and Equipment

i) Donated additions 2019/2020

Of the donated additions shown in Note 11.1, the Noah’s Ark Charity funded £0.104m of equipment for the Children’s Hospital. The LHB’s Charitable Fund contributed £0.047m towards the purchase of equipment during the year. Other donors funded building and asset under construction costs worth £0.944m.

ii) Professional valuations are carried out by the District Valuer Service (which as the commercial arm of the Valuation Office Agency, is part of HMRC). The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the Assembly and HM Treasury. The last full Valuation of the LHB’s estate was carried out on 1st April 2017.

However, the LHB will periodically instruct the District Valuer to Carry out “Good Housekeeping Valuations” when assets resulting from major capital schemes are first brought into use. During the year the LHB carried out 7 such revaluations, the total effect of which were:

Impairments written off via the Statement of Comprehensive Net Expenditure (SoCNE) were (£28.092m), reversal of Impairments of £0.717m were credited to the SoCNE.

The significant schemes brought into use were:

UHW Neonatal scheme (£18.536m) was written off the carrying value via the SoCNE.

CRI areas re services transferring from Rookwood Hospital (£4.936m) was written off the carrying value via the SoCNE.

In addition 5 minor schemes were brought into use and Impairments of (£4.620m) were written off the carrying value via the SoCNE, whilst a reversal of impairment of £0.717m was credited to the SoCNE.

iii) The useful economic life of LHB buildings has been determined on an asset by asset basis by the District Valuer. These lives are reviewed by the LHB on an annual basis to ascertain their appropriateness and are reviewed every five years by the District Valuer. Major new construction projects are allocated useful economic lives by the District Valuer when they are first brought into use, smaller alterations to existing structures are initially allocated a useful life of 30 years and alterations to mechanical and engineering assets are allocated 15 year lives. Equipment assets are allocated lives on an individual basis based on the professional judgement and past experience of clinicians, finance staff and other LHB professionals. Again the appropriateness of these lives is reviewed on an annual basis.

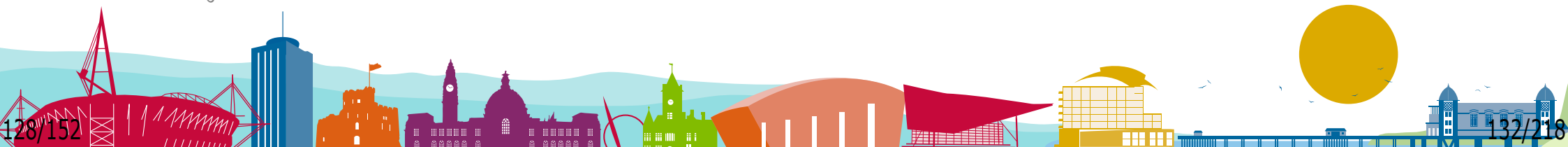
iv) During the year, there was a fire at one of the properties Held for Sale (Lansdowne Hospital), the property was revalued by the District Valuer and an impairment of (£0.350m) has been charged to the SoCNE, see Note 11.2 for further detail.

v) During the year the LHB has received Non Cash Allocation from the Welsh Government for impairment to assets charged to the SoCNE and this Allocation is included in our Revenue Resource Limit.

vi) As per Welsh Government guidance the LHB has applied an Indexation factor to its Land and Buildings for 2019/2020 for a handful of sites this has resulted in a reversal of a prior period Impairment charge and therefore £7.412m has been credited to the SoCNE.

vii) Transfers of Equipment within NHS Wales. On the 1st of April 2019 the LHB transferred the Community Dental service for the Cwm Taf area to Cwm Taf Morgannwg University Health Board. As Cwm Taf is inside the whole of government boundary this transaction is shown within the Transfers from/into other NHS Bodies line in Note 11.1.

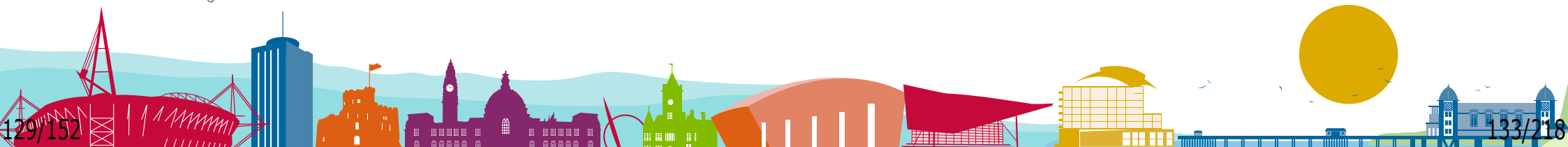
viii) All fully depreciated assets still in use are being carried at nil net book value.



11. Property, plant and equipment						
11.2 Non-current assets held for sale						
	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2019	1,086	820	0	0	0	1,906
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	(1,086)	(470)	0	0	0	(1,556)
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	(350)	0	0	0	(350)
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2020	0	0	0	0	0	0
Balance brought forward 1 April 2018	0	0	0	0	0	0
Plus assets classified as held for sale in the year	1,122	902	0	0	0	2,024
Revaluation	0	0	0	0	0	0
Less assets sold in the year	(36)	(82)	0	0	0	(118)
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2019	1,086	820	0	0	0	1,906
Assets sold in the period						
The LHB sold three properties in 2019/2020, at a profit of £2.070m. The largest profit (£1.661m) was in respect of the sale of the Site of the Former Lansdowne Hospital.						
Assets impaired during the year						
As mentioned on page 33 during 2019/20, there was a fire at the Site of the Former Lansdowne Hospital, the District Valuer valued the property after the fire and an impairment of (£0.350m) is shown above.						

12. Intangible non-current assets							
2019-20							
	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure - internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2019	6,934	0	112	0	500	196	7,742
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	238	0	0	0	0	0	238
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	14	0	0	0	0	0	14
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	(188)	(188)
Gross cost at 31 March 2020	7,186	0	112	0	500	30	7,828
Amortisation at 1 April 2019	4,728	0	112	0	0	0	4,840
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	782	0	0	0	83	0	865
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2020	5,490	0	112	0	83	0	5,685
Net book value at 1 April 2019	2,206	0	0	0	500	196	2,902
Net book value at 31 March 2020	1,696	0	0	0	407	30	2,133
At 31 March 2020							
Purchased	1,847	0	0	0	0	30	1,877
Donated	48	0	0	0	0	0	48
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	407	0	407
Total at 31 March 2020	1,895	0	0	0	407	30	2,133

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12. Intangible non-current assets							
2018-19							
	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	5,354	0	112	0	74	365	6,405
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	1,106	0	0	0	0	0	1,106
Additions- internally generated	0	0	0	0	426	0	426
Additions- donated	11	0	0	0	0	0	11
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(37)	0	0	0	0	(163)	(200)
Gross cost at 31 March 2019	6,404	0	112	0	500	198	7,742
Amortisation at 1 April 2018	4,085	0	75	0	0	0	4,160
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	680	0	37	0	0	0	717
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(37)	0	0	0	0	0	(37)
Amortisation at 31 March 2019	4,728	0	112	0	0	0	4,840
Net book value at 1 April 2018	1,789	0	37	0	74	365	2,245
Net book value at 31 March 2019	2,208	0	0	0	500	198	2,802
At 31 March 2019							
Purchased	2,113	0	0	0	0	198	2,314
Donated	88	0	0	0	0	0	88
Government Grants	0	0	0	0	0	0	0
Internally generated	0	0	0	0	500	0	500
Total at 31 March 2019	2,208	0	0	0	500	198	2,802

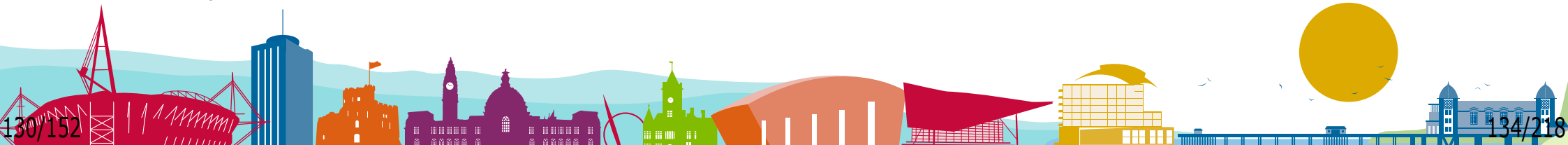
Additional Disclosures re Intangible Assets

i) On initial recognition Intangible non-current assets are measured at cost. Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent asset basis), indexed for relevant price increases, as a proxy for fair value.

ii) The useful economic life of Intangible non-current assets are assigned on an individual basis based on the professional judgement and past experience of clinicians, finance staff and other LHB professionals. The appropriateness of these lives is reviewed on an annual basis.

iii) All fully depreciated assets still in use are being carried at nil net book value.

iv) The LHB's Charitable Fund contributed £0.014m to the purchase of intangible assets during the year.

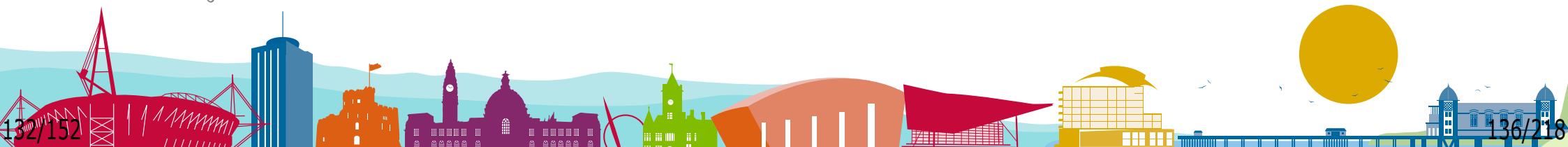


13. Impairments				
	2018-20		2019-19	
	Property, plant & equipment	Intangible assets	Property, plant & equipment	Intangible assets
	£000	£000	£000	£000
Impairments arising from:				
Loss or damage from normal operations	0	0	0	0
Abandonment in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Others (specify)	23,442	0	3,648	0
Reversal of Impairments	(8,129)	0	(3,771)	0
Total of all Impairments	20,313	0	(123)	0
Analysis of Impairments charged to reserves in year:				
Charged to the Statement of Comprehensive Net Expenditure	20,313	0	(123)	0
Charged to Revaluation Reserve	0	0	0	0
	20,313	0	(123)	0
Professional valuations are carried out by the District Valuers Service (which as the commercial arm of the Valuation Office Agency, is part of HMRC). The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the Assembly and HM Treasury. The last full Valuation of the LHB's estate was carried out on 1st April 2017.				
However, the LHB will periodically instruct the District Valuer to carry out "Good Housekeeping Valuations" when assets resulting from major capital schemes are first brought into use. During the year the LHB carried out 7 such revaluations, the total effect of which were:				
Impairments written off via the Statement of Comprehensive Net Expenditure (SoCNE) were (£28,092m), reversal of impairments of £0.717m were credited to the SoCNE.				
The significant schemes brought into use were:				
LHW Neonatal scheme (£18.536m) was written off the carrying value via the SoCNE.				
CRI anaesthetic services transferring from Rookwood Hospital (£4.936m) was written off the carrying value via the SoCNE.				
In addition 5 minor schemes were brought into use and impairments of (£4.620m) were written off the carrying value via the SoCNE, whilst a reversal of impairment of £0.717m was credited to the SoCNE.				
During the year, there was a fire at one of the properties held for sale (Lansdowne Hospital), the property was revalued by the District Valuer and an impairment of (£0.350m) has been charged to the SoCNE, see Note 11.2 for further detail.				
After Welsh Government guidance the LHB has applied an indexation factor to its Land and Buildings for 2019/2020 for a handful of sites this has resulted in a reversal of a prior period impairment charge and therefore £7.412m has been credited to the SoCNE.				

14.1 Inventories			31 March	31 March
			2020	2019
			£000	£000
Drugs			5,477	4,809
Consumables			11,273	12,071
Energy			34	48
Work in progress			0	0
Other			0	0
Total			16,784	16,928
Of which held at realisable value			0	0
14.2 Inventories recognised in expenses			31 March	31 March
			2020	2019
			£000	£000
Inventories recognised as an expense in the period			2,845	2,795
Write-down of inventories (including losses)			43	62
Reversal of write-downs that reduced the expense			0	0
Total			2,888	2,857
Due to restrictions created by the Covid 19 pandemic it was not possible to count all inventory items held at the end of March 2020. In these cases estimates have been made as to the value held based on previous counts. The value of these holdings included within note 14.1 is £2,195,814.				

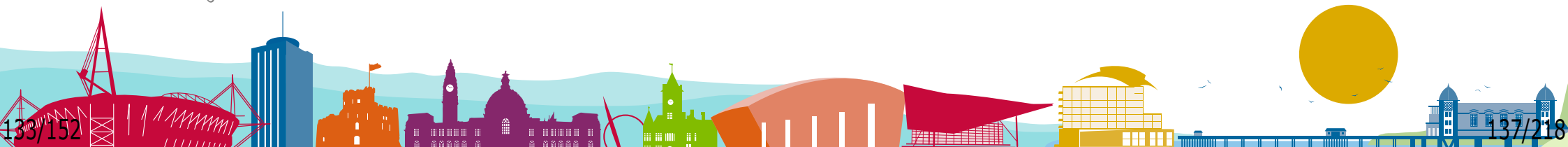
16. Trade and other Receivables				Reclassified
Current			31 March 2020 £000	31 March 2019 £000
Welsh Government			1,608	3,390
WHSCC / EASC			4,103	5,964
Welsh Health Boards			4,083	3,483
Welsh NHS Trusts			2,008	1,795
Health Education and Improvement Wales (HEIW)			196	653
Non - Welsh Trusts			2,814	2,508
Other NHS			145	131
Welsh Risk Pool Claim reimbursement				133,521
NHS Wales Secondary Health Sector			125,516	0
NHS Wales Primary Sector FLS Reimbursement			0	0
NHS Wales Redress			400	0
Other			0	0
Local Authorities			2,955	9,595
Capital debtors - Tangible			0	0
Capital debtors - Intangible			0	0
Other debtors			19,606	18,524
Provision for irrecoverable debts			(7,400)	(8,172)
Pension Prepayments NHS Pensions			0	0
Other prepayments			5,400	5,614
Other accrued income			0	0
Sub total			161,605	175,987
Non-current				
Welsh Government			0	0
WHSCC / EASC			0	0
Welsh Health Boards			0	0
Welsh NHS Trusts			0	0
Health Education and Improvement Wales (HEIW)			0	0
Non - Welsh Trusts			0	0
Other NHS			0	0
Welsh Risk Pool Claim reimbursement:				19,582
NHS Wales Secondary Health Sector			14,311	0
NHS Wales Primary Sector FLS Reimbursement			0	0
NHS Wales Redress			0	0
Other			0	0
Local Authorities			0	0
Capital debtors - Tangible			0	0
Capital debtors - Intangible			0	0
Other debtors			3,685	2,760
Provision for irrecoverable debts			(1,172)	(910)
Pension Prepayments NHS Pensions			0	0
Other prepayments			1,106	0
Other accrued income			0	0
Sub total			17,779	21,432
Total			179,384	198,419

In line with the WAO 19/20 revised guidance, amounts owing to the Pool (Cardiff CC Creditor) and amounts owing from the Pool (Cardiff CC Debtor) at year-end have been included net (£7231k). The 18/19 comparative has not been restated (£6851K).



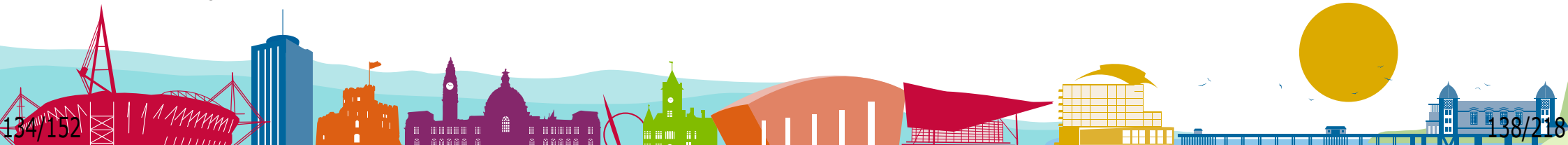
15. Trade and other Receivables (continued)			
	31 March	31 March	
	2020	2019	
	£000	£000	
Receivables past their due date but not impaired			
By up to three months	17,849	12,474	
By three to six months	899	1,092	
By more than six months	4,386	4,447	
	23,134	18,013	
<p>Reflective of the fact that IFRS 9 requires bodies to account for the expected credit loss on all outstanding invoices (not just the non-NHS ones) the UHB from 2018-19 includes its NHS Credit note provision within the figure for irrecoverable debts in note 15 and has also included outstanding NHS invoices within the above disclosure on receivables not impaired.</p>			
Expected Credit Losses (ECL) / Provision for impairment of receivables			
Balance at 31 March 2019		(7,012)	
Adjustment for Implementation of IFRS 9		(1,259)	
Balance at 1 April 2019	(9,082)	(8,271)	
Transfer to other NHS Wales body	0	0	
Amount written off during the year	341	83	
Amount recovered during the year	0	0	
(Increase) / decrease in receivables impaired	160	(874)	
Bad debts recovered during year	0	0	
Balance at 31 March 2020	(8,581)	(9,082)	
<p>In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.</p>			
Receivables VAT			
Trade receivables	0	0	
Other	2,135	1,921	
Total	2,135	1,921	

16. Other Financial Assets			Current		Non-current	
			31 March 2020	31 March 2019	31 March 2020	31 March 2019
			£000	£000	£000	£000
Financial assets						
Shares and equity type investments						
	Held to maturity investments at amortised costs		0	0	0	0
	At fair value through SOCG		0	0	0	0
	Available for sale at FV		0	0	0	0
Deposits						
			0	0	0	0
Loans						
			0	0	0	0
Derivatives						
			0	0	0	0
Other (Specify)						
	Held to maturity investments at amortised costs		0	0	0	0
	At fair value through SOCG		0	0	0	0
	Available for sale at FV		0	0	0	0
Total			0	0	0	0



18. Trade and other payables		
Current	31 March 2020	31 March 2019
Welsh Government	0	0
WHS&C / HS&C	1,302	1,131
Welsh Health Boards	8,884	8,840
Welsh NHS Trusts	7,733	3,033
Health Education and Improvement Wales (HEIW)	7	0
Other NHS	18,320	18,008
Taxation and social security payable / refunds	8,834	8,003
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
Non-instantaneous payable to HMRC	7,834	7,010
Non-NHS payables - Revenue	20,477	24,033
Local authorities	14,218	20,030
Capital payables- Tangible	17,073	11,765
Capital payables- Intangible	0	0
Derivatives	0	0
Rentals due under operating leases	0	0
Disposals under finance leases - HP assets	201	200
Impaired financial assets statement of net assets - HP assets	283	220
Financial assets	0	0
Non-NHS assets	83,180	87,804
Deferred income	0	0
Deferred income brought forward	1,884	1,000
Deferred income available	482	820
Transfer to / from surpluses current statement income	0	0
Released to SoCNE	(780)	(234)
Other assets	12,884	12,710
HP assets-released assets	33	18
Payments on account	4,048	310
Sub Total	183,703	174,030
Reconciliation		
Welsh Government	0	0
WHS&C / HS&C	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Health Education and Improvement Wales (HEIW)	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
Non-instantaneous payable to HMRC	0	0
Non-NHS payables - Revenue	0	0
Local authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Derivatives	0	0
Rentals due under operating leases	0	0
Disposals under finance leases - HP assets	0	201
Impaired financial assets statement of net assets - HP assets	8,428	8,703
Financial assets	0	0
Non-NHS assets	0	0
Deferred income	0	0
Deferred income brought forward	0	0
Deferred income available	0	0
Transfer to / from surpluses current statement income	0	0
Released to SoCNE	0	0
Other assets	0	0
HP assets-released assets	84	30
Payments on account	0	0
Sub Total	8,489	8,905
Total	192,192	182,935
It is intended to pay all invoices within the 30 day period stated by the Welsh Government.		
In line with the NHS 1000 related guidance, amounts owing to the Real (Cardiff CC Credit) and amounts owing from the Real (Cardiff CC Debt) at year end have been included net (£7231k). The £810 surpluses have not been realised (£8201k).		

18. Trade and other payables (continued).				
Amounts falling due more than one year are expected to be settled as follows:				
	31 March 2020	31 March 2019		
Between one and two years	413	602		
Between two and five years	1,552	1,344		
In five years or more	6,524	7,149		
Sub-total	8,489	9,095		
19. Other financial liabilities				
Financial liabilities				
	Current		Non-current	
	31 March 2020	31 March 2019	31 March 2020	31 March 2019
	2,020	2,019	2,020	2,019
	£000	£000	£000	£000
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Total	0	0	0	0



Note 20. 2019/2020 (continued)

The expected timing of cashflows in respect of provisions arising from clinical negligence or personal injury claims (together with the associated defence costs) are based on legal opinion obtained by the LHB. The nature of litigation however means that these could be subject to change.

Amounts due in respect of pensions are profiled based on the regime which the NHS Pensions agency currently uses to recover payments in respect of such amounts. This could be subject to change in the future.

The LHB is able to recover amounts paid out in respect of clinical negligence or personal injury claims (subject to an excess per case of £25k) from the Welsh Risk Pool. An amount of £140.291m has been shown within note 15 (Trade and Other receivables) in respect of such expected reimbursements.

Other Provisions include

- Continuing Healthcare IRP & Ombudsman claims £0.544m
- Potential Payments to staff in respect of time off in lieu £0.307m
- Employment Tribunal Litigation Cases £0.938m
- Carbon Reduction Commitments £0.024m
- Holiday Pay on Voluntary Overtime £1.143m
- Other provisions considered commercially sensitive £4.518m

D. Provisions									
	At 31 April 2019	Transfer of provisions from former Welsh Risk Pool	Transfer of provisions to other entities	Transfer between entities and other moved	Arising during the year	Settled during the year	Reversed amount	Time falling due	At 31 March 2020
Current	6000	6000	6000	6000	6000	6000	6000	6000	6000
Clinical negligence -									
Secondary care	148,016	(33,744)	101	3,000	30,333	(24,073)	(3,106)	0	143,830
Primary care	0	0	0	0	0	0	0	0	0
Reserve Secondary care	73	0	0	0	482	(211)	(46)	0	373
Reserve Primary care	0	0	0	0	0	0	0	0	0
Personal injury	830	0	0	0	3,913	(768)	(348)	11	3,108
Other losses and special payments	0	0	0	0	303	(303)	0	0	0
Other legal fees and other admin in relation	4,388	0	0	304	1,183	(333)	(217)		4,335
amounts relating to former directors	0			0	0	0	0	0	0
amounts relating to other staff	138			108	70	(743)	0	4	133
excluding	0			0	0	0	0	0	0
Other	11,371		(287)	(13)	1,804	(3,333)	(3,680)		6,682
Total	160,007	(33,744)	(186)	3,000	40,018	(30,800)	(7,240)	18	112,830
Non Current									
Clinical negligence -									
Secondary care	0	0	0	(2,000)	0	(500)	(2,778)	0	13,818
Primary care	0	0	0	0	0	0	0	0	0
Reserve Secondary care	0	0	0	0	0	0	0	0	0
Reserve Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,877	0	0	(50)	0	0	0	0	3,827
Other losses and special payments	0	0	0	0	0	0	0	0	0
Other legal fees and other admin in relation	477	0	0	(304)	33	(27)	(5)		231
amounts relating to former directors	0			0	0	0	0	0	0
amounts relating to other staff	1,101			(158)	0	0	0	0	943
excluding	0			0	0	0	0	0	0
Other	713		0	18	30	0	0		761
Total	5,267	0	0	(2,000)	33	(612)	(2,783)	0	10,327
OTAL									
Clinical negligence -									
Secondary care	148,016	(33,744)	101	0	30,333	(24,073)	(3,106)	0	143,830
Primary care	0	0	0	0	0	0	0	0	0
Reserve Secondary care	73	0	0	0	482	(211)	(46)	0	373
Reserve Primary care	0	0	0	0	0	0	0	0	0
Personal injury	4,387	0	0	0	3,913	(768)	(348)	11	8,723
Other losses and special payments	0	0	0	0	303	(303)	0	0	0
Other legal fees and other admin in relation	3,333	0	0	0	1,381	(643)	(333)		3,110
amounts relating to former directors	0			0	0	0	0	0	0
amounts relating to other staff	1,337			108	(743)	0	0	4	1,177
excluding	0			0	0	0	0	0	0
Other	12,084		(287)	(13)	1,830	(3,333)	(3,680)		7,671
Total	160,007	(33,744)	(186)	0	40,873	(30,800)	(10,800)	18	112,807
Expected timing of cash flows									
					In year	Between	There after		Total
					to 31 March 2021	1 April 2021	21 March 2028		
Clinical negligence -									6000
Secondary care					0				0
Primary care					100,000	13,010	0		113,010
Reserve Secondary care					373	0	0		373
Reserve Primary care					0	0	0		0
Personal injury					2,108	833	2,780		5,721
Other losses and special payments					0	0	0		0
Other legal fees and other admin in relation					1,320	281	0		1,601
amounts relating to former directors					0	0	0		0
amounts relating to other staff					132	730	308		1,170
excluding					0	0	0		0
Other					6,683	680	131		7,494
Total					112,830	18,181	3,178		134,189

Continuing Healthcare Cost uncertainties

Liabilities for continuing healthcare costs continue to be a significant financial issue for the LHB. Following various annual deadlines for the submission of new claims, effected since 31st July 2014, which increased the number of claims registered each financial year, a rolling deadline now applies which allows new claims to go back one year from date of application.

Cardiff and Vale University Health Board is responsible for post 1st April 2003 costs and the financial statements include the following amounts relating to those uncertain continuing healthcare costs:

Note [20] sets out the £0.544m provision made for probable continuing care costs relating to 21 claims received;

Note [21.1] sets out the £1.674m contingent liability for possible continuing care costs relating to 21 claims received;

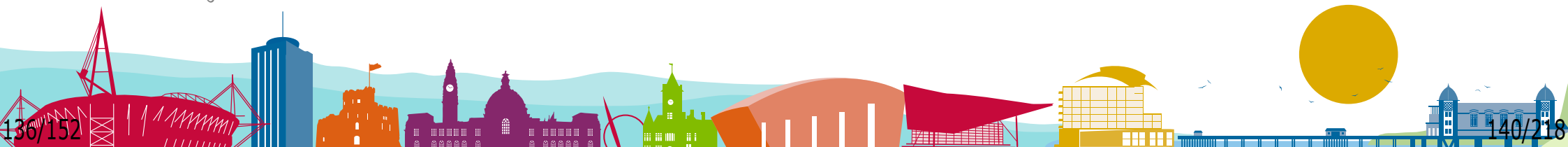
The UHB is providing £0.211m in respect of 10 Phase 3 claims received between 1st May 2014 and 31st July 2014.

The UHB is providing £0.081m in respect of 2 Phase 5 claims received between 1st November 2015 and 31st October 2016.

The UHB is providing £0.205m in respect of 5 Phase 6 claims received between 1st November 2016 and 31st October 2017.

The UHB is providing £0.047m in respect of 4 Phase 7 claims received between 1st April 2018 and 31st March 2019.

For Phase 7 (2019/2020) claims received between 1st April 2019 and 31st March 2020, due to the low number of claims completed the UHB does not currently have sufficient information available regarding the likelihood of claim success to calculate a provision for this Phase.



Note 20. 2018/2019 (continued)

The expected timing of cashflows in respect of provisions arising from clinical negligence or personal injury claims (together with the associated defence costs) are based on legal opinion obtained by the LHB. The nature of litigation however means that these could be subject to change.

Amounts due in respect of pensions are profiled based on the regime which the NHS Pensions agency currently uses to recover payments in respect of such amounts. This could be subject to change in the future.

The LHB is able to recover amounts paid out in respect of clinical negligence or personal injury claims (subject to an excess per case of £25k) from the Welsh Risk Pool. An amount of £153.103m has been shown within note 15 (Trade and Other receivables) in respect of such expected reimbursements.

Other Provisions include:

Continuing Healthcare IRP & Ombudsman claims £2.503m

Potential Payments to staff in respect of time off in lieu £0.350m

Employment Tribunal Litigation Cases £1.050m

Carbon Reduction Commitments £0.190m

Holiday Pay on Voluntary Overtime £0.910m

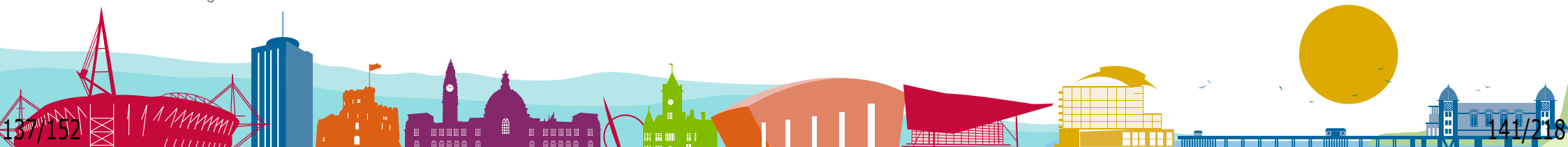
Other provisions considered commercially sensitive £7.081m

Continuing Healthcare Cost uncertainties

Liabilities for continuing healthcare costs continue to be a significant financial issue for the LHB. Following various annual deadlines for the submission of new claims, effected since 31st July 2014, which increased the number of claims registered each financial year, a rolling deadline now applies which allows new claims to go back one year from date of application.

10. Provisions (continued)									
	At 1 April 2018	Stratified settlement claims transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2019
Current	13300	13300	13300	13300	13300	13300	13300	13300	13300
Initial negligence-	0	0	0	0	0	0	0	0	0
Secondary care	108,855	(27,171)	(2,110)	48,939	28,052	(19,162)	(19,167)	0	118,918
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	228	0	0	0	219	(219)	(153)	0	78
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal Injury	514	0	0	215	437	(755)	(169)	41	589
Other losses and special payments	0	0	0	0	440	(440)	0	0	0
Defence legal fees and other administration	2,353	0	0	544	912	(1,092)	(555)	0	1,358
Analysts relating to former directors	0	0	0	0	0	0	0	0	0
Analysts relating to other staff	159	0	0	71	115	(190)	0	1	155
Restructuring	0	0	0	0	0	0	0	0	0
Other	10,245	0	(444)	221	8,231	(2,540)	(2,040)	0	11,371
Total	120,912	(27,171)	(2,554)	49,700	37,469	(24,753)	(22,419)	42	123,087
Non Current									
Initial negligence-	0	0	0	0	0	0	0	0	0
Secondary care	53,717	0	0	(48,939)	12,410	(262)	(32)	0	15,896
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal Injury	3,554	0	0	(215)	5	0	0	0	3,339
Other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	784	0	0	(544)	347	(50)	(2)	0	477
Analysts relating to former directors	0	0	0	0	0	0	0	0	0
Analysts relating to other staff	1,172	0	0	(71)	0	0	0	0	1,101
Restructuring	0	0	0	0	0	0	0	0	0
Other	934	0	0	(221)	0	0	0	0	713
Total	59,471	0	0	(49,700)	12,765	(350)	(34)	0	24,882
GRAND TOTAL									
Initial negligence-	0	0	0	0	0	0	0	0	0
Secondary care	160,272	(27,171)	(2,110)	0	41,462	(19,444)	(19,199)	0	153,918
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	228	0	0	0	219	(219)	(153)	0	78
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal Injury	4,068	0	0	0	445	(755)	(169)	41	4,237
Other losses and special payments	0	0	0	0	440	(440)	0	0	0
Defence legal fees and other administration	3,147	0	0	0	1,259	(1,155)	(557)	0	2,333
Analysts relating to former directors	0	0	0	0	0	0	0	0	0
Analysts relating to other staff	1,331	0	0	0	115	(190)	0	1	1,257
Restructuring	0	0	0	0	0	0	0	0	0
Other	11,179	0	(444)	0	8,231	(2,540)	(2,040)	0	12,384
Total	180,587	(27,171)	(2,554)	0	50,231	(25,133)	(22,449)	42	155,340

The Clinical Negligence provision in respect of 13 potential claims under the Welsh Government "Putting Things Right" Redress Scheme. In addition 26 claims were lodged during the year under this scheme to the value of £0.225m.



Cardiff and Vale University Health Board is responsible for post 1st April 2003 costs and the financial statements include the following amounts relating to those uncertain continuing healthcare costs:

Note [20] sets out the £2.503m provision made for probable continuing care costs relating to 97 claims received;

Note [21.1] sets out the £7.869m contingent liability for possible continuing care costs relating to 97 claims received;

The UHB is providing £0.037m in respect of 2 Phase 2 claims received between 16th August 2010 and 30th April 2014.

The UHB is providing £1.500m in respect of 75 Phase 3 claims received between 1st May 2014 and 31st July 2014.

The UHB is providing £0.225m in respect of 6 Phase 5 claims received between 1st November 2015 and 31st October 2016.

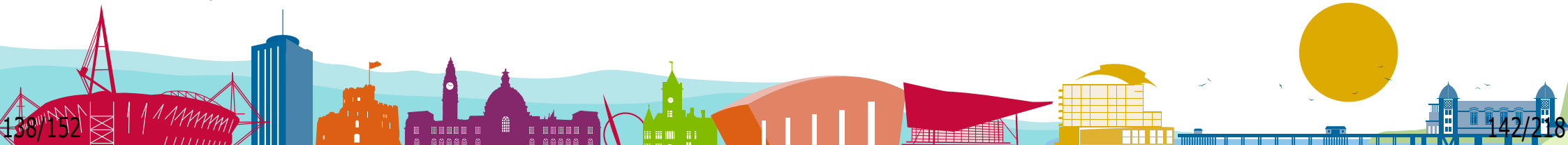
The UHB is providing £0.741m in respect of 14 Phase 6 claims received between 1st November 2016 and 31st October 2017.

For Phase 7 (2018/19) claims received between 1st April 2018 and 31st March 2019, due to the low number of claims completed the LHB does not currently have sufficient information available regarding the likelihood of claim success to calculate a provision for this Phase.

21. Contingencies									
21.1 Contingent liabilities									
								Redrafted	
								2018-20	2018-19
Provisions have not been made in these accounts for the following amounts:								£'000	£'000
Legal claims for alleged medical or employer negligence:-									0
Secondary care								182,181	152,580
Primary care								0	0
Redress Secondary care								0	0
Redress Primary care								0	0
Doubtful debts								0	0
Equal Pay costs								0	0
Defence costs								1,180	1,075
Continuing Health Care costs								1,674	7,889
Other								0	0
Total value of disputed claims								185,025	161,534
Amounts (recovered) in the event of claims being successful								(180,833)	(150,989)
Net contingent liability								4,482	10,545

Other litigation claims could arise in the future due to known incidents. The expenditure which may arise from such claims cannot be determined and no provision has been made for them. Liability for Permanent Injury Benefit under the NHS Injury Benefit Scheme lies with the employer. Individual claims to the NHS Pensions Agency could arise due to known incidents. The amounts disclosed as contingent liabilities in relation to potential clinical negligence or personal injury claims against the

UHB arise where legal opinion as to the possibility of the claims success has deemed this to be possible, rather than remote, and no provision has already been made for such items within note 20. The UHB is assuming that all such costs would be reimbursed by the Welsh Risk Pool (subject to a £25k excess per claim). The net contingent liability contains £2.006m re clinical negligence and £0.812m re personal injury.



Continuing Healthcare Cost uncertainties

Liabilities for continuing healthcare costs continue to be a significant financial issue for the UHB. Various annual deadlines for the submission of new claims, effected since 31st July 2014, have increased the number of claims registered each financial year.

Cardiff and Vale University Health Board is responsible for post 1st April 2003 costs and the financial statements include the following amounts relating to those uncertain continuing healthcare costs:

Note 20 sets out the £0.544m provision made for probable continuing care costs relating to 21 claims received;

Note 21.1 sets out the £1.674m contingent liability for possible continuing care costs relating to 21 claims received;

The UHB is providing £0.211m in respect of 10 Phase 3 claims received between 1st May 2014 and 31st July 2014.

The UHB is providing £0.081m in respect of 2 Phase 5 claims received between 1st November 2015 and 31st October 2016.

The UHB is providing £0.205m in respect of 5 Phase 6 claims received between 1st November 2016 and 31st October 2017.

The UHB is providing £0.047m in respect of 4 Phase 7 claims received between 1st April 2018 and 31st March 2019.

For Phase 7 (2019/2020) claims received between 1st April 2019 and 31st March 2020, due to the low number of claims completed the UHB does not currently have sufficient information available regarding the likelihood of claim success to calculate a provision for this Phase.

Pensions tax annual allowance – Scheme Pays arrangements 2019/20

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that:

Clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement;

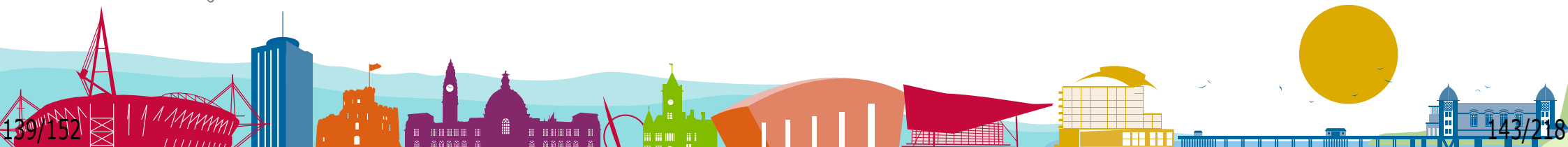
Cardiff & Vale UHB will then pay them a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

This scheme will be fully funded by the Welsh Government with no net cost to Cardiff & Vale UHB.

Clinical staff have until 31 July 2021 to opt for this scheme and the ability to make changes up to 31 July 2024.

Using information provided by the Government Actuaries Department and the NHS Business Services Authority, a national 'average discounted value per nomination' (calculated at £3,345) could be used by NHS bodies to estimate a local provision by multiplying it by the number of staff expected to take up the offer.

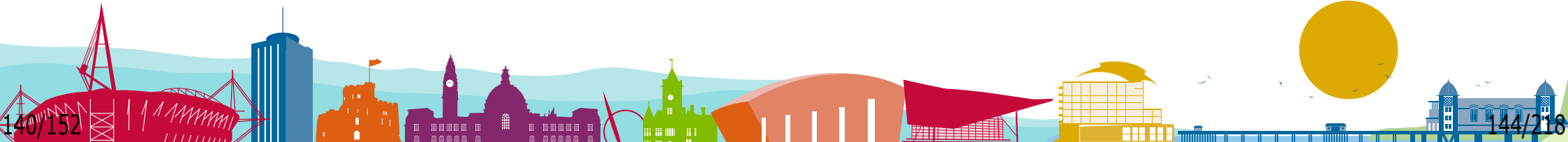
At the date of approval of these accounts, there was no evidence of take-up of the scheme by our clinical staff in 2019-20 and no information was available to enable a reasonable assessment of future take up to be made. As no reliable estimate can therefore be made to support the creation of a provision at 31 March 2020, the existence of an unquantified contingent liability is instead disclosed.



21.2 Remote Contingent liabilities				2019-20	2018-19
				£'000	£'000
Please disclose the values of the following categories of remote contingent liabilities:					
Guarantees				0	0
Indemnities				60	0
Letters of Comfort				0	0
Total				60	0
The figure shown above under Indemnities relates to Clinical Negligence & Personal Injury claims against the UHB, where our legal advisors informed us that the claimants chance of success is remote					
21.3 Contingent assets				2019-20	2018-19
				£'000	£'000
				0	0
				0	0
				0	0
Total				0	0
22. Capital commitments					
Contracted capital commitments at 31 March				2019-20	2018-19
				£'000	£'000
Property, plant and equipment				16,637	30,479
Intangible assets				0	0
Total				16,637	30,479
The in year decrease in commitments disclosed is largely due to the progress made in respect of the construction of our major capital schemes.					

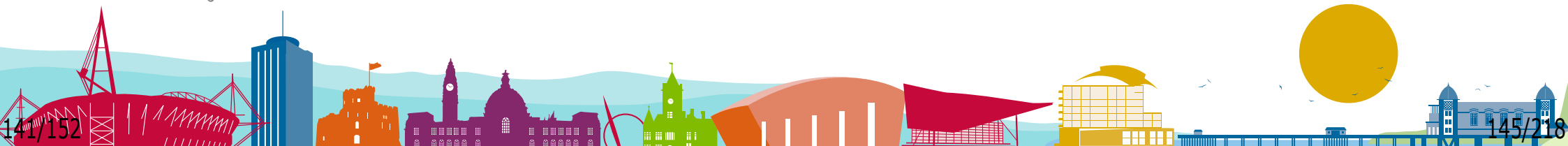
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23. Losses and special payments					
Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, this note is prepared on a cash basis.					
Gross loss to the Exchequer					
Number of cases and associated amounts paid out or written-off during the financial year					
				Amounts paid out during period to 31 March 2020	
				Number	£
Clinical negligence				132	27,780,872
Personal injury				74	785,803
All other losses and special payments				328	3,267,571
Total				540	32,114,046
Analysis of cases which exceed £300,000 and all other cases					
				Amounts paid out in year	Cumulative amount
Cases where cumulative amount exceeds £300,000				£	£
				Number	Case type
				009WMMN0008	Clinical Negligence
				009WMMN0028	Clinical Negligence
				109WMMN0013	Clinical Negligence
				139WMMN0007	Clinical Negligence
				149WMMN0001	Clinical Negligence
				149WMMN0016	Clinical Negligence
				159WMMN0010	Clinical Negligence
				159WMMN0020	Clinical Negligence
				159WMMN0113	Clinical Negligence
				159WMMN0127	Clinical Negligence
				169WMMN0007	Clinical Negligence
				169WMMN0028	Clinical Negligence
				169WMMN0050	Clinical Negligence
				169WMMN0054	Clinical Negligence
				169WMMN0134	Clinical Negligence
				179WMMN0030	Clinical Negligence
				179WMMN0052	Clinical Negligence
				179WMMN0097	Clinical Negligence
				179WMMN0115	Clinical Negligence
				179WMMN0186	Clinical Negligence
				189WMMN0087	Clinical Negligence
				209WMMG0001	General Litigation
				209WMMF0010	Fruitless Payment
				209WMD0012	Damage to Property
Sub-total				25,466,082	32,610,904
All other cases				6,657,920	10,511,359
Total cases				32,114,046	49,252,263



24. Finance leases				
24.1 Finance leases obligations (as lessee)				
As at 31st March 2019 the LHB currently has one finance lease agreement in place for the lease of a building. This lease agreement is due to expire in 2020/21. The LHB also had one finance lease agreement in place for the lease of equipment which is due to expire in 2020/21. The present value of the minimum lease payments have been arrived at by applying the treasury discount rate (1.27%) as it has not been possible to determine the discount rate implicit in the lease agreement.				
Amounts payable under finance leases:				
Land	31 March 2020	31 March 2019		
	£000	£000		
Minimum lease payments				
Within one year	0	0		
Between one and five years	0	0		
After five years	0	0		
Less finance charges allocated to future periods	0	0		
Minimum lease payments	0	0		
Included in:				
Current borrowings	0	0		
Non-current borrowings	0	0		
	0	0		
Present value of minimum lease payments				
Within one year	0	0		
Between one and five years	0	0		
After five years	0	0		
Present value of minimum lease payments	0	0		
Included in:				
Current borrowings	0	0		
Non-current borrowings	0	0		
	0	0		

24.1 Finance leases obligations (as lessee) continue				
Amounts payable under finance leases:				
Buildings	31 March 2020	31 March 2019		
	£000	£000		
Minimum lease payments				
Within one year	210	210		
Between one and five years	0	210		
After five years	0	0		
Less finance charges allocated to future periods	(2)	(5)		
Minimum lease payments	208	415		
Included in:				
Current borrowings	208	207		
Non-current borrowings	0	208		
	208	415		
Present value of minimum lease payments				
Within one year	206	200		
Between one and five years	0	194		
After five years	0	0		
Present value of minimum lease payments	206	394		
Included in:				
Current borrowings	0	0		
Non-current borrowings	0	0		
	0	0		
Other	31 March 2020	31 March 2019		
	£000	£000		
Minimum lease payments				
Within one year	94	94		
Between one and five years	0	94		
After five years	0	0		
Less finance charges allocated to future periods	(1)	(2)		
Minimum lease payments	93	186		
Included in:				
Current borrowings	93	93		
Non-current borrowings	0	93		
	93	186		
Present value of minimum lease payments				
Within one year	92	89		
Between one and five years	0	87		
After five years	0	0		
Present value of minimum lease payments	92	176		
Included in:				
Current borrowings	0	0		
Non-current borrowings	0	0		
	0	0		



24.2 Finance leases obligations (as lessor) continued			
The Local Health Board has no finance leases receivable as a lessor.			
Amounts receivable under finance leases:			
	31 March	31 March	
	2020	2019	
	£000	£000	
Gross Investment in leases			
Within one year	0	0	
Between one and five years	0	0	
After five years	0	0	
Less finance charges allocated to future periods	0	0	
Minimum lease payments	0	0	
Included in:			
Current borrowings	0	0	
Non-current borrowings	0	0	
	0	0	
Present value of minimum lease payments			
Within one year	0	0	
Between one and five years	0	0	
After five years	0	0	
Less finance charges allocated to future periods	0	0	
Present value of minimum lease payments	0	0	
Included in:			
Current borrowings	0	0	
Non-current borrowings	0	0	
	0	0	

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25. Private Finance Initiative contracts			
25.1 PFI scheme's off-Statement of Financial Position			
The LHB has no PFI schemes which are deemed to be off statement of financial position.			
Commitments under off-SoFP PFI contracts			
	31 March 2020	31 March 2019	
	£000	£000	
Total payments due within one year	0	0	
Total payments due between 1 and 5 years	0	0	
Total payments due thereafter	0	0	
Total future payments in relation to PFI contracts	0	0	
Total estimated capital value of off-SoFP PFI contracts	0	0	
25.2 PFI scheme's on-Statement of Financial Position			
Capital value of scheme included in Fixed Assets Note 11			£000
			17,882
Contract start date: 31/03/2000			
Contract end date: 31/03/2031			
On 21st March 2000, a 31 year Private Finance Initiative (PFI) Contract was signed between the former Cardiff & Vale Trust and IMC (Impregilo/Vacoc consortium) for the provision of an new capital to be built on the former St David's site. The hospital, which opened on 1st March 2002, provides a range of services but primarily services linked to the care for older people. The estimated capital value of the scheme at the time of construction was £22.847m and the annual payments to be made for the provision of the site and for a range of facilities management services is £2.785m.			
Total obligations for on-Statement of Financial Position PFI contracts due:			
	On SoFP PFI	On SoFP PFI	On SoFP PFI
	Capital element	Imputed Interest	Service charges
	31 March 2020	31 March 2020	31 March 2020
	£000	£000	£000
Total payments due within one year	233	1,222	2,347
Total payments due between 1 and 5 years	1,901	4,380	9,147
Total payments due thereafter	8,834	3,319	12,389
Total future payments in relation to PFI contracts	8,768	3,961	24,783
	On SoFP PFI	On SoFP PFI	On SoFP PFI
	Capital element	Imputed Interest	Service charges
	31 March 2019	31 March 2019	31 March 2019
	£000	£000	£000
Total payments due within one year	225	1,235	2,207
Total payments due between 1 and 5 years	1,570	4,591	8,553
Total payments due thereafter	7,133	4,307	11,803
Total future payments in relation to PFI contracts	8,928	10,133	22,563
Total present value of obligations for on-SoFP PFI contracts	£21.661m		



25.3 Changes to expenditure		2019-20	2018-19
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)		£000	£000
		2,279	2,201
Total expense for On Statement of Financial Position PFI contracts		0	0
The total charged in the year to expenditure in respect of PFI contracts		2,279	2,201
The LHB is committed to the following annual charges			
		31 March 2020	31 March 2019
PFI scheme expiry date:		£000	£000
Not later than one year		2,347	2,207
Later than one year, not later than five years		0,147	0,555
Later than five years		13,250	14,803
Total		24,743	25,600
The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Price Index.			
25.4 Number of PFI contracts			
		Number of on SoF PFI contracts	Number of off SoF PFI contracts
Number of PFI contracts		1	0
Number of PFI contracts which individually have a total commitment > £500m		0	0
PFI Contract			
Number of PFI contracts which individually have a total commitment > £500m		0	
PFI Contract			
St David's Hospital		On	
25.5 The LHB has one Public Private Partnership			
In addition to the St David's PFI Scheme set out previously in Note 25.2, the LHB had one other Public Private Partnership (PPP) Schemes during 2019/20 as set out below:			
Llandough Hospital Staff Accommodation			
On 28th October 1999, the former University Hospital and Llandough NHS Trust entered into an agreement with Charter Housing for the design, construction, fit out and the subsequent operation of its staff accommodation at Llandough Hospital. The contract period is 25 years; however Charter Housing have since undergone a restructure which has seen a transfer of its interest in the contract to Rainlake Properties Limited. This transfer was completed during 2007/8.			

25.5 The LHB had 1 Public Private Partnerships during the year (Continued)

In return for the provision of the new serviced accommodation, the Trust transferred a parcel of surplus land to Charter on which seven of its existing properties resided. These properties were subsequently demolished and the land sold off by Charter. The accommodation is located on the remaining land, which had previously housed three additional properties. This is granted to Charter under a 99 year head lease for a peppercorn rent. Charter then leases the properties back to the LHB in return for an annual unitary payment of £0.048m. The LHB then leases the property back to Charter under a 27 year sub-underlease. The value of the property transferred to Charter in 1999/2000 was £0.763m.

The scheme has been assessed as being "on-statement of financial position" under IFRIC 12 and therefore the building is currently valued at £1.038m and the land at £0.586m on the LHB's statement of financial position (note 11).

On initial recognition of the assets a deferred income creditor balance was recognised in the LHB's accounts at a value of £0.454m. In line with Department of Health Guidance this creditor is being released to the SoCNE annually over the 25 year life of the contract. The amount that has been credited to operating expenses in 2019/20 was £0.018m.

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

Currency risk

The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

Interest rate risk

LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations.

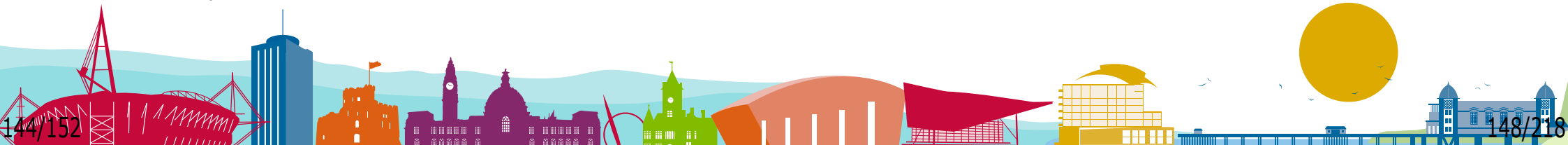
Credit risk

Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

Liquidity risk

The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.

27. Movements in working capital		
	2019-20	2018-19
	£000	£000
(Increase)/decrease in inventories	142	(1,229)
(Increase)/decrease in trade and other receivables - non-current	3,653	36,037
(Increase)/decrease in trade and other receivables - current	15,382	(10,798)
Increase/(decrease) in trade and other payables - non-current	(584)	(540)
Increase/(decrease) in trade and other payables - current	8,103	(5,504)
Total	26,696	17,966
Adjustment for accrual movements in fixed assets - creditors	(5,329)	5,351
Adjustment for accrual movements in fixed assets - debtors	0	0
Other adjustments	524	(780)
	21,891	22,537
28. Other cash flow adjustments		
	2019-20	2018-19
	£000	£000
Depreciation	29,982	31,574
Amortisation	855	717
(Gains)/Loss on Disposal	(2,175)	9
Impairments and reversals	20,313	(123)
Release of PFI deferred credits	(18)	(101)
Donated assets received credited to revenue but non-cash	(1,107)	(631)
Government Grant assets received credited to revenue but non-cash	0	0
Non-cash movements in provisions	9,258	(1,901)
Other movements	27,078	0
Total	84,166	29,544
Other movements relate to Staff Employer Pensions Contributions - Notional Element (Note 34.1)		



29. Events after the Reporting Period

The COVID-19 pandemic has presented a number of challenges for the Health Board, which are represented in the following disclosures within the financial statements. Included within Note 3.3 - Expenditure on Hospital and Community Health Services are costs of £1.057m associated with the COVID-19 pandemic during the latter part of March 2020. These costs have been covered by a resource allocation from Welsh Government and there is therefore no impact on the performance against the resource limits reported in Note 2. The UHB also received £1.786m additional capital funding to cover COVID related additions to cover both tangible and intangible capital additions during 2019-20.

The pandemic also restricted the UHB's ability to carry out yearend stock counts. Where this was the case, estimates have been made as to the value held based on previous counts. The value of these holdings included within note 14.1 is £2,195,814.

Most of the Health Board's Covid-related costs have occurred since April 2020 and they will therefore be reported in next year's 2020-21 financial statements.

The 2019-20 Annual Governance Statement at pages 48 to 50 explains how the Health Board has adapted its governance arrangements in order to strengthen its handling of the pandemic.

The need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2020/21 and beyond. The organisation's Governance Framework will need to consider and respond to this need.

30. Related Party Transactions

The Welsh Government is regarded as a related party. During the year the UHB have had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely:

Related Party	Repayments to related party	Income from related party	Amount owed to related party	Amount due from related party
	£000	£000	£000	£000
Welsh Government	105	1,044,406	10	1,606
Swansea Bay University Health Board	4,405	5,769	1,672	665
Lincoln School University Health Board	3,267	36,217	1,364	794
Great Carmarthen University Health Board	604	705	475	107
Swansea Bay University Health Board	17,311	30,227	1,366	1,666
Hywel Dda University Health Board	303	6,340	363	333
Ponys Teaching Health Board	162	2,306	24	276
Welsh Ambulance NHS Trust	4,223	33	363	3
Valindia NHS Trust	30,826	2,348	5,966	1,272
Welsh Health Specialised Services Committee	136,666	240,360	1,303	4,169
Public Health Wales Trust	6,661	5,166	1,662	634
Health Education and Improvement Wales	7	30,765	7	195
	203,639	1,367,996	14,507	12,662

During the period, other than the individuals set out below, there have been no other material related party transactions involving other board members or key senior management staff:

Mrs. Maria Gade has been Chair of the Cardiff and Vale University Health Board until 28th August 2019. During that time, she was also an Executive Director of Social Care Wales.

Charles Janczewski was Vice Chair of the Cardiff and Vale Health Board from 28th August 2019. He is also Chair of Governance Board for Health & Wellbeing Academy at Swansea University.

Mrs. Eileen Bandish is an independent member of Cardiff and Vale University Health Board. She is also Director of Information and Technology at Cardiff University.

Sarah Moseley is an independent member of Cardiff and Vale University Health Board. She is also Executive Director of Mind.

Dr. Nicholas is a Chair of the Cardiff and Vale University Health Board. He is also a member of the Life Sciences Hub Wales board (Welsh Government) and an independent member of Cardiff University.

Prof. Gary Baxter is an independent member of Cardiff and Vale University Health Board. He is also Pro Vice-Chancellor, College of Biomedical Life Sciences, Cardiff University and a member of the Life Sciences Hub Wales board (Welsh Government).

Mrs. Uggal Harris is the Executive Director of Strategic Planning for Cardiff & Vale University Health Board. She is also an independent member of Social Care Wales.

Frank Kingdon is Director of Public Health for Cardiff and Vale University Health Board. Her husband is Director of Public Protection in Rhondda Cynon Taf County Borough Council.

Susan Blom is an independent member of Cardiff and Vale University Health Board and cabinet member for Social Care Health & Wellbeing for the City of Cardiff Council.

Sandra Carter is an associate member of Cardiff and Vale University Health Board and the Director of Social Services in the Vale of Glamorgan Council.

Hanuk Shmali is Chair of the Cardiff and Vale Health Charity, Charitable Funds Committee and an independent member of Cardiff and Vale University Health Board. He is also a member of Glas Cymru Holdings (Welsh Water) and the chair of planning and economic strategy for the Welsh Government.

Michael Impey is an independent member of Cardiff & Vale University Health Board. He is also an equity partner in Wadkin & Gunn Solicitors.

Jonathan Gray became Director of Transformation and Informatics for Cardiff and Vale University Health Board from 2nd December 2019. He is also Clinical Director for the Life Sciences HUB (Welsh Government).

Rhian Thomas became an independent member of Cardiff and Vale University Health Board from 1st February 2020. She is also a member of Glas Cymru Holdings (Welsh Water).

31. Third Party Assets

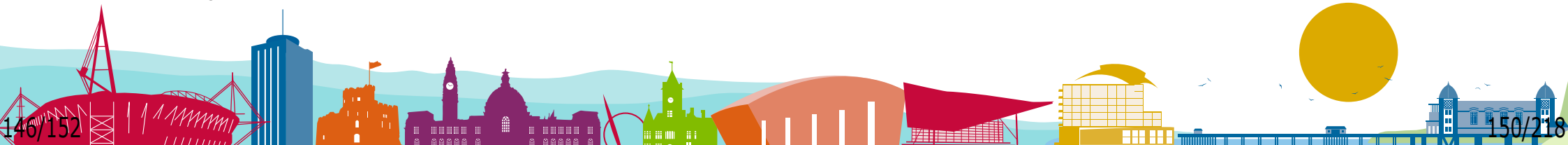
The LHB held £192,291 cash at bank and in hand at 31 March 2020 (31 March 2019, £202,070) which relates to monies held by the LHB on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the Accounts. None of this Cash was held in Patients' Investment Accounts in either 2019-20 or 2018-19. In addition the LHB had located on its premises a significant quantity of consignment stock. This stock remains the property of the supplier until it is used. The value of consignment stock at March 2020 was £11,080,726 (£11,779,421 31st March 2019).

32. Pooled Budgets

The Health Board has entered into a pooled budget arrangement with Cardiff and Vale of Glamorgan Local Authorities, as permissible under section 33 of the NHS (Wales) Act 2006 for the operation of a Joint Equipment Store (JES).The purpose of the JES is the provision and delivery of common equipment and consumables to patients who are resident in the localities of the partners to the pooled budget. The pooled budget arrangement became operational from 1st January 2012.

The pool is hosted by Cardiff Council, who are the lead body and act as principal for this scheme. The financial operation of the pool is governed by a pooled budget agreement between Cardiff Council, Vale of Glamorgan Council and the Health Board. Currently the Health Board will make payments to Cardiff Council on receipt of an invoice in line with the agreed contributions to the pooled budget as

30. Related Party Transactions (Continued)				
The material transactions involving the related parties were as follows unless shown in the table in NHS Estates above:				
	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
Cardiff & Vale Health Charity	£000	£000	£000	£000
Cardiff University	7	1,426	511	
City of Cardiff Council	3,553	7,526	1,575	3,053
Vale of Glamorgan Council	49,023	37,555	17,035	9,762
MIND	8,603	1,253	3,707	335
Cardiff Mind Ltd	254			
Mind Cymru	146		6	
Wales & Gwent Solicitors	11		11	
Swansea University	63			
RCT Borough Council	197	132	154	7
Social Care Wales	53	30		30
Welsh Water		6		
Total £000s	1,426	30	371	
	65,655	45,335	23,536	13,765
We bring to your attention that during 2019/2020 two invoices to Cardiff Council were written-off to the value of £240.00. The Write-Offs were due to normal operational issues and were not influenced by related parties named above.				
The LHB has close links with Cardiff University which includes the sharing of staff as well as sharing accommodation at the University Hospital of Wales Site.				
The LHB is a member of the Welsh Risk Pool for Clinical Negligence and Personal Injury Claims. During 2019/2020 The LHB has received settlements of £21.965m in respect of claims made. In addition until March 2020 the LHB had a debtor balance of £140.37m in respect of amounts due from the Welsh Risk Pool.				
The corporate body is a registered charity and as Corporate Trustees, the LHB Board were responsible for the management of charitable fund expenditure in the period connected with Cardiff and Vale University Health Board.				
The LHB has been made aware that the wife of John Antoniasz (Independent Member - Gwent) is Chief Executive of the National Assembly Wales.				
During the period, other than the individuals set out below, there were no other material related party transactions involving other board members or key senior management staff.				



set out in the agreement. Expenditure incurred will be subject to regular review by the partners to the agreement. Any expenditure incurred by Cardiff Council above the agreed contributions in respect of NHS equipment and consumables will be invoiced separately. As the funding for the UHB's contribution to the pooled budget has not yet been topsliced and is being provided via invoicing, then no adjustment in respect of the income and expenditure arising from the activities of the pooled budget is required in these accounts. In addition as the UHB's proportion of the assets and liabilities held by the pool are not material in relation to the UHB, they have therefore not been consolidated within these financial statements.

The JES service had an agreed budget for the 2019-20 of £1.821m of which Cardiff & Vale UHB's contribution was £1.258m. In addition Cardiff and Vale made an agreed contribution of £0.041m towards the cost of two drivers/installers.

Overall the Pooled Budget was overspent by £0.194m in the year. The Health element of the overspend was £0.035m and Cardiff & Vale has accounted for this in its annual accounts for the year ended 31/3/20.

During the year the UHB received £11.803m of revenue income and a capital allocation of £3.630m from the Welsh Government integrated care fund. The Regional Partnership Board (RPB) leads on the planning and use of the funding to ensure delivery and to maximise outcomes for the use of this resource. The delivery mechanism provides assurance that the objectives for the use of this fund are met as outlined in the Welsh

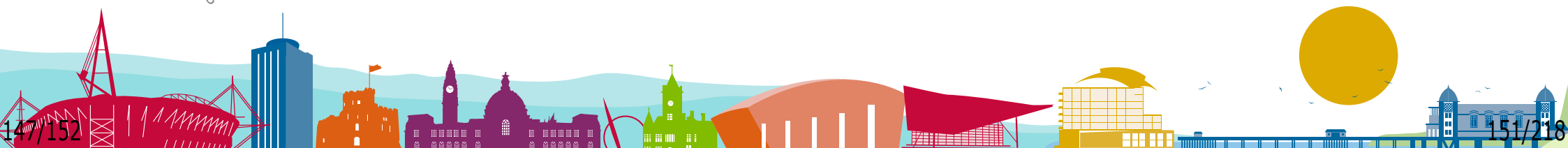
Government guidance. The planning and delivery of the programmes has the involvement of the social services, housing and third independent sector. The RPB has established a programme Board to monitor measurable performance outcomes and financial returns. A results based accountability (outcome) methodology is used for this purpose. The expenditure for the year was £11.803m and the capital expenditure was £3.630m, which is in line with funding allocated.

In addition, the UHB received £3.035m of revenue income from the Welsh Government's Transformation fund. The planning and delivery of the programme is led by the Regional Partnership Board and has the involvement of local authorities and third sector as set out in the submission to Welsh Government. The expenditure for the year was in line with the funding allocated.

Also during 2019-20 Welsh Government passed funding for Integrated Family Support Services directly to Cardiff Council. From this allocation, £79,444 was passed to Cardiff & Vale UHB. This allocation has funded 2 Band 7 integrated Support workers with a Nursing background, one for the period 25/05/19 to 31/03/20 and one for the period 17/06/19 to 31/03/20, as part of the local delivery mechanism to support families. The team is operationally managed by the Local Authority with the UHB providing professional supervision.

Part 9 of the Social Services and Well-being (SSWWA) (Wales) Act 2014 requires Local Authorities and the Health Board for each region to establish and maintain pooled funds in relation to the exercise of care home accommodation functions.

A pooled budget arrangement has been agreed between Cardiff and Vale Local Authorities and Cardiff and Vale University Health Board in relation to the provision of care home accommodation for older people. The arrangement came into effect on 1st April 2018 for a period of 12 months renewable on an ongoing basis. Cardiff Council is acting as host authority during this period. Whilst there is one pooled budget in place, the processes for commissioning and payment for services has remained with the three organisations, with each partner continuing to be responsible for their own budget and expenditure. The accountability for the functions of the statutory bodies remains with each individual organisation, in accordance with the Part 9 Guidance under SSWWA 2014. The transactions into the pool for 2019/20 were £29,064,199.



33. Operating Segments

IFRS 8 requires bodies to report information about each of its operating segments.

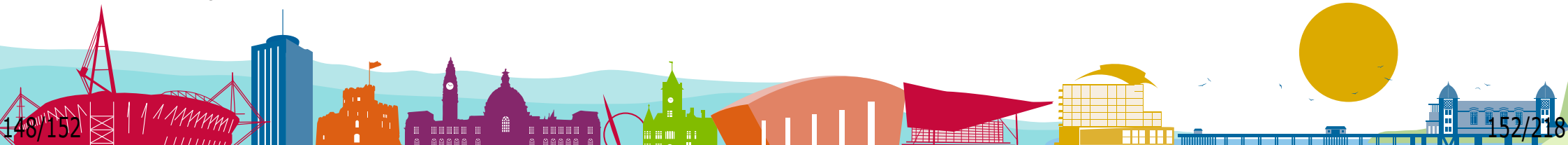
The LHB has formed the view that the activities of its divisions are sufficiently similar for the results of their operations not to have to be disclosed separately. In reaching this decision we are satisfied that the following criteria are met:

- (1) Aggregation still allows users to evaluate the business and its operating environment.
- (2) Divisions have similar economic characteristics.
- (3) The Divisions are similar re all of the following:
 - (1) The nature of the services provided.
 - (2) The Divisions operate fundamentally similar processes.
 - (3) The end customers to the processes (the patients) fall into broadly similar categories.
 - (4) They share a common regulatory environment.

The LHB did operate as a home to one hosted body during the period, The Wales External Quality Assessment Service (WEQAS). During 2019/20 these accounts contain income of £3.721m and expenditure of £2.856m in respect of WEQAS. The UHB does not consider the amounts involved to be sufficiently material to be reported as a separate segment.

34. Other Information			
34.1. 8.3% Staff Employer Pension Contributions - Notional Element			
The value of notional transactions is based on estimated costs for the twelve month period 1 April 2019 to 31 March 2020. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2019 and February 2020 alongside Health Board/Trust/SHA data for March 2020. Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows			
Statement of Comprehensive Net Expenditure for the year ended 31 March 2020			£'000
Expenditure on Primary Healthcare Services	2019-20	577	
Expenditure on Hospital and Community Health Services	2019-20	26,501	
Statement of Changes in Taxpayers' Equity For the year ended 31 March 2020			
Net operating cost for the year		Balance at 31 March 2020	27,078
Notional Welsh Government Funding		Balance at 31 March 2020	27,078
Statement of Cash Flows for year ended 31 March 2020			
Net operating cost for the financial year	2019-20	27,078	
Other cash flow adjustments	2019-20	(27,078)	
2.1 Revenue Resource Performance			
Revenue Resource Allocation	2019-20	27,078	
3. Analysis of gross operating costs			
3.1 Expenditure on Primary Healthcare Services			
General Medical Services	2019-20	-	
3.3 Expenditure on Hospital and Community Health Services			
Directors' costs	2019-20	52	
Staff costs	2019-20	27,026	
9.1 Employee costs			
Permanent staff			
Employer contributions to NHS Pension Scheme	2019-20	27,078	
Charged to capital	2019-20	-	
Charged to revenue	2019-20	27,078	
18. Trade and other payables			
Current			
Pensions: staff		Balance at 31 March 2020	-
28. Other cash flow adjustments			
Other movements	2019-20	27,078	

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34. Other Information

34.2) IFRS 15

Work was undertaken by the TAG IFRS sub group, consistent with the 'portfolio' approach allowed by the standard. Each income line in the notes from a previous year's annual accounts (either 2016/17 or 2017/18) was considered to determine how it would be affected by the implementation of IFRS 15. It was determined that the following types of consideration received from customers for goods and services (hereon referred to as income) fell outside the scope of the standard, as the body providing the income does not contract with the body to receive any direct goods or services in return for the income flow.

- Charitable Income and other contributions to Expenditure.
- Receipt of Donated Assets.
- WG Funding without direct performance obligation (e.g. SIFT/SIFT®/Junior Doctors & PDGME Funding).

Income that fell wholly or partially within the scope of the standard included:

- Welsh LHB & WHSCC LTA Income;
- Non Welsh Commissioner Income;
- NHS Trust Income;
- Foundation Trust Income;
- Other WG Income;
- Local Authority Income;

- ICR Income ;
- Training & Education income ;
- Accommodation & Catering income

It was identified that the only material income flows likely to require adjustment for compliance with IFRS15 was that for patient care provided under Long Term Agreements (LTAs). The adjustment being, for episodes of patient care which had started but not concluded (FCEs), as at period end, e.g. 31 March.

When calculating the income generated from these episodes, it was determined that it was appropriate to use length of stay as the best proxy for the attributable Work In Progress (WIP) value. In theory, as soon as an episode is opened, income is due. Under the terms and conditions of the contract this will only ever be realised on episode closure so the average length of stay would be the accepted normal proxy for the work in progress value.

For Cardiff & Vale University Health Board, the following methodology was applied to assess the value of the unaccounted WIP re Welsh In-patients:

1. For 2016/17, income for inpatient activity recorded on an FCE basis was £83m (total income from LTAs, including WHSSC and Welsh Health Boards, was £246m).
2. This related to circa 19,000 FCEs, with an estimated average unit cost of £4,400.
3. Most contracts still work on 25% marginal rates, however there are some cost per case contract

(e.g. Orthopaedics or Thoracic Surgery). Therefore to ensure a prudent assessment of exposure, a 35% marginal rate has been determined for this calculation.

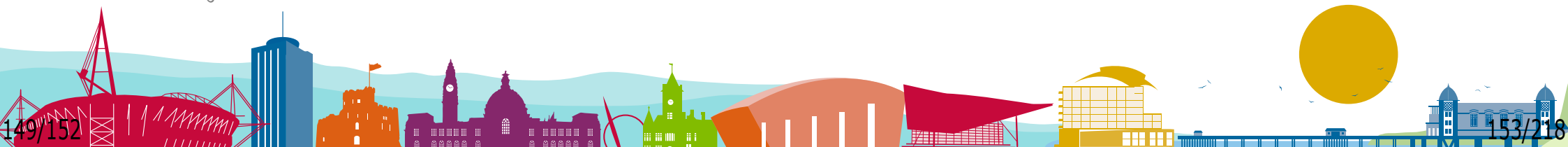
4. As such, £1,500 per FCE is the derived estimate for a WIP calculation.

5. Using available Business Intelligence/ Costing Information, the total open episodes at year-end and the average length of stay (ALoS) were identified.

6. This provided assumptions of a 6 day ALoS (with 50% completed) and circa 300 FCEs attributable to contracts at year-end, which lead to an adjustment calculation to align revenue recognised to the requirements of the standard :

$$£1,500 / 6 \text{ days} \times 3 \text{ days} \times 300 \text{ FCEs} = 225K$$

7. Because the number of non welsh inpatients which were undischarged at 31/3/17 was much smaller this was looked at on a case by case basis and in doing so it was established that the WIP in relation to these patients equated to 23 patient days and a cost of £20k.



A summary of the Impact Assessment carried out by Cardiff & Vale University Health Board is shown below:

Total Income Recorded in 2016/17 Annual Accounts £366.303m

Total Income looked at during the IFRS 15 Impact Assessment £303.229m

Total Income Looked at Considered to be outside the Scope of IFRS 15 £42.794m

Total Income Looked at Considered to be inside the Scope of IFRS 15 £260.435m

Total Income Looked at Considered to be inside the Scope of IFRS 15 and

potentially requiring adjustment for incomplete service provision episodes £252.186m

Total Estimated Adjustment Required Under IFRS 15 £0.245m

The UHB has applied the same methodology to its activity data for 2018/19, this has produced a very similar result (an estimated adjustment of £0.226m). Hence due to the immaterial nature and in line with the agreed NHS Wales position, no such adjustment has been made to these accounts.

34.3) IFRS 16 Disclosure

HM Treasury agreed with the Financial Reporting Advisory Board (FRAB), to defer the implementation of IFRS 16 Leases until 1 April 2021, because of the circumstances caused by Covid-19. To ease the pressure on NHS Wales Finance Departments the IFRS 16 detailed impact statement has been removed by the Welsh Government Health and Social Services Group, Finance Department.

We expect the introduction of IFRS16 will not have a significant impact and this will be worked through for disclosure in our 2020-21 financial statements.

34.4) Cardiff Medicentre

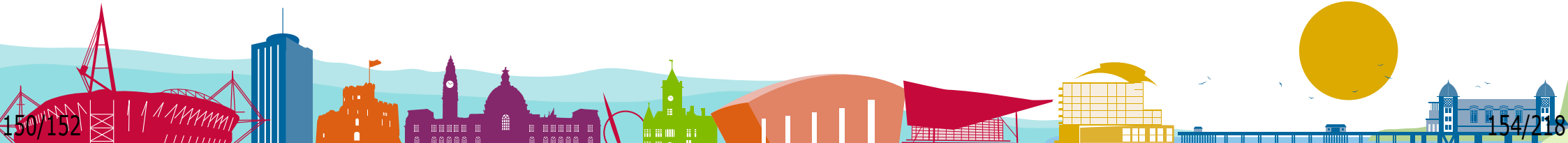
On its formation on 1st October 2009 the UHB inherited an interest in a joint venture which had been entered into by one of its predecessor organisations (South Glamorgan Health Authority) in 1992.

Our original partners in this venture are Cardiff Council, Cardiff University and the Welsh Government. The purpose of the venture was to provide dedicated business incubation facilities for start-up and spin-out companies operating in the medical healthcare and life sciences. On 1st April 2016 Welsh Government and Cardiff Council withdrew from the joint venture and sold their shares in it to Cardiff University.

The UHB does not make any direct financial contribution into the venture and ordinarily does not ordinarily directly benefit financially from its operations. Given the immaterial amount involved,

no adjustment has been made to these accounts to reflect the UHB's share of the joint venture. For illustrative purposes, had the UHB fully applied IFRS 11 "Joint Arrangements", then based on the last available published accounts of the Medicentre and applying the UHB's 11% share would mean that the UHB would show an investment in a joint venture (as defined by IAS 28 Investments in Associates and Joint Ventures) of £0.413m.

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THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)1, in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

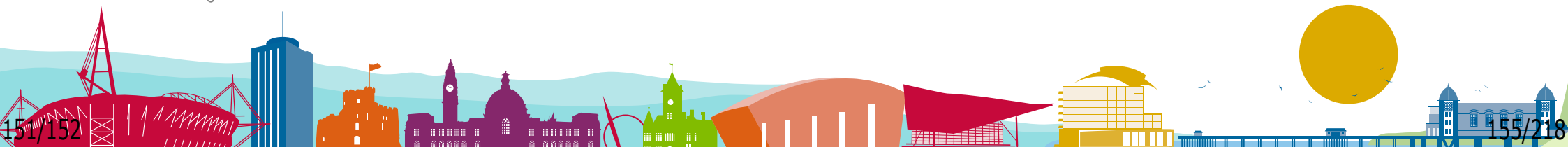
7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed: Chris Hurst

Dated:

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009



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GIG
CYMRU
NHS
WALES

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

Annual Quality Statement 2019 / 2020



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Welcome from Our Chair and Chief Executive

We are delighted to bring you the 2019/2020 Annual Quality Statement for Cardiff and Vale University Health Board (the UHB). This provides you with a summary of the work that has been undertaken in the last year and demonstrates our commitment to delivering safe, high quality care and clinical services.

The Annual Quality Statement has allowed us to reflect on the commitments made in last year's statement and showcase the work that is underway or planned to meet our priorities. It also gives us the opportunity to highlight the extraordinary achievements of our staff and their incredible efforts in making improvements and innovations to patient care. This year we have focussed upon mental health in the community and would like to extend our thanks to the clinical teams as well as the patients who agreed to share their experiences. It is important to remember that our work spans both hospital and community settings and thanks to collaborative working with our primary and community care colleagues we have developed health services that focus on keeping people well and in their own homes, living independently for as long as possible.

It is true to say that the latter part of this year has been the most extraordinary and challenging that the UHB, indeed the National Health Service (NHS) as a whole, have ever experienced. The Covid-19 pandemic has had a real impact on our ability to deliver our usual services but has also highlighted how flexible our organisation has had to be. The pace of change has been quite significant and we are tremendously proud of the continued dedication,

perseverance and hard work from all our staff. We also recognise during these difficult times the contribution of our local authority and third sector partners that has enabled us to continue to deliver high quality services, we are indebted to them.

Based upon the predictions for the potential vast numbers of cases of Covid -19 outlined in a publication by Imperial College, London, we developed plans to prepare for all scenarios. We quickly put structures and processes in place across our main hospital sites to cope with the increased demand for critical care beds and isolation wards. In addition, we secured the Principality Stadium, Cardiff as a temporary hospital to care for patients requiring rehabilitation and support as part of their recovery from the virus and also for those sadly requiring end of life care. The Ysbyty Calon y Ddraig / Dragon's Heart Hospital also allowed us to free up capacity at our other hospital sites so that we could continue to provide services to patients with other health conditions. The UHB has never undertaken a project this big before and in such a short space of time, and just 5 weeks after securing the agreement we were proud to accept the first patients to Ysbyty Calon Y Ddraig/Dragons Heart Hospital on 29th April 2020.

Sadly, the stark reality of what we have been dealing with has been brought home to us by the deaths of 5 of our colleagues from Covid-19 and our thoughts remain with the families, friends and colleagues of those affected. It is important that we reflect on the significant contribution that each one of them made to the NHS and to the UHB.

Moving onwards from the pandemic we have already begun to gradually introduce more unscheduled care provision and elective surgery into our daily operations. However we recognise that for the foreseeable future we will need to work in very different ways incorporating the need for social distancing measures whilst prioritising those patients with the greatest need.

We have been able to maintain business continuity and you should rest assured that we have robust systems and processes in place for monitoring care, enabling us to learn, improve continuously and provide high quality services. We welcome your feedback in the form of concerns and compliments and continue to provide a variety of ways in which you can do that.

Thank you for reading this Annual Quality Statement. We do hope you enjoy reading about our services and would encourage you to feedback about this document via the survey link found on page 58.



Charles Janczewski
Chair



Len Richards
Chief Executive

Cardiff and Vale of Glamorgan Community Health Council.



The South Glamorgan CHC, your local NHS Watchdog, has responsibility for overseeing the services provided by the Cardiff & Vale UHB. During the past year we have undertaken the following activity relating to the UHB alongside listening to Patients', Service Users and Carers who use their services.

Independent Advocacy Service

108 complaints were handled in the reporting period, with a further 468 enquiries recorded. The CHC uses the information from users of the Advocacy Service, in addition to our continuous engagement work, to focus our visiting activity where it matters most.

Scrutiny Visits

Visits are undertaken by the CHC volunteer members, to listen to the views of patients, carers and the public on their experiences of using services.

Voluntary CHC members undertook 123 visits to various wards and departments. We have

also conducted Follow-up visits on previous recommendations, those made in 40 visits details of which will be in our annual report

Across Wales, the CHC movement conducted national projects covering Communication in the NHS and Out-of-Hours Services, the latter of which was led by the South Glamorgan CHC.

Continuous Engagement & Service Change

The South Glamorgan CHC Officers & Members have continued to provide support and advice in relation to numerous service changes, in relation to engagement processes.

Quality Safety and Experience

Additionally, the CHC continues to participate on the Health Board Quality, Safety & Experience Committee, where we are able to observe and feed in to arrangements for providing advice and assurance to the Board around the UHB's arrangements for protecting and improving the quality and safety of patient centred healthcare.

Summary

The CHC has provided input into this year's Cardiff & Vale UHB Annual Quality Statement and are confident the information provided is an honest appraisal of the services it provides its local and regional population. The CHC has endorsed this Annual Quality Statement for 2019/2020.

Malcolm Latham
Chair

Stephen Allen
Chief Officer

About The Annual Quality Statement

Welcome to our Annual Quality Statement (AQS) where we describe the successes and challenges that we have experienced in 2019 / 2020. The Annual Quality Statement is an opportunity for Cardiff and Vale University Health Board to demonstrate in an open and honest way how it is performing and the progress that is being made to ensure that all of the services that we provide meet the high standards required.

The AQS has been set out under seven themes, each theme underpinning the quality and safety of the care that we deliver, each has two components;

- Our Patient and Staff Story
- Successes and Challenges Across the Health Board

Our Patient and Staff Story To help us to explain the context of each theme we have worked closely with patients and staff of Community and Hospital Mental Health Teams in both Cardiff and the Vale of Glamorgan.

Successes and Challenges Across the Health Board We have also given you an update about some of the work that has been underway across the rest of the health board.

We are very grateful to the support that all of our staff have given us in developing this report in particular the community and hospital mental health teams who helped to bring the Annual Quality Statement to life.

Staying Healthy

We help people to make the right decisions about their own health, behaviour and wellbeing and to access the right information to help them to have a health and active long life.

Safe Care

We are continually looking for ways to be more reliable and to improve the quality and safety of the services that we deliver. There are occasions when we don't do things as well as we could, when this happens we always try to understand what went wrong and make sure that we learn from this and improve the care that we deliver as a result.

Effective Care

We work hard to ensure that people receive care and treatment that reflects best practice, which means that there is evidence that to support the care that we deliver.

Dignified Care

Our patients should expect to be treated with dignity and respect. This means that the care that we provide must take into account every person's needs, abilities and wishes

Timely Care

People should have access to services that are provided in a timely manner to ensure that they are treated and cared for in the right way, at the right time, in the right place and by the right staff

Treating People as Individuals

The way that we provide care to people must respect their individual choices in the way that they care for themselves and must ensure that all people are treated equally. We learn from what people tell us about their experiences in our care

Our Staff and Volunteers

All of our staff and volunteers help us to ensure that we provide a high quality and safe service

Quality, Safety and Improvement Framework (QSI) 2017-20



Our QSI framework provides us with a way to check and monitor the quality of our services and to measure whether there has been improvement across all our services in primary, community, hospital and mental health services. The framework is important in helping to support the delivery of our Integrated Medium Term Plan (IMTP), a key document for the Health Board setting out a plan of the milestones and actions that will be taken to achieve the UHB strategy. The framework also embraces the UHB philosophy of Caring for people, Keeping People Well, and supports the strategic aim to deliver outcomes that matter to people while avoiding waste, variation and harm. This year, each chapter of the statement begins with a quote from our UHB strategy 'Shaping Our Future Wellbeing'.

We are updating our current QSI framework. The Executive Nurse and Medical Director will be hosting an engagement event with senior clinical and managerial staff to agree a revised Quality, Safety and Experience framework for 2020-25. You can find out about our progress in delivering the current framework at the end of this Annual Quality Statement.

The Health and Care Standards

These are a set of standards designed around seven main themes and they apply to all health care services and settings. They provide a basis for us to improve quality and to help us identify our strengths and weaknesses. You can read more about the Health and Care Standards [here](#). They can be summarised in the diagram:

Staying Healthy

We help people to make the right decisions about their own health, behaviour and wellbeing and to access the right information to help them to have a healthy and active long life.

Our strategy

“A person’s chance of leading a healthy life should be the same wherever they live and whoever they are”



The Cardiff and Vale GoodGym initiative

GoodGym is a community of runners that combine getting fit with doing good within the local community. The UHB and Local Authority have teamed up with GoodGym the first and only partnership of its kind in the whole of Wales, helping fund the activities of GoodGym for the citizens of Cardiff and Vale. Essentially, Good Gym is an inclusive and accessible club that welcomes people of all abilities. Individuals benefit personally from running/walking and activities like any other kind of gym. However, there is a difference, because the runners also help communities by stopping off whilst doing their fitness to do physical tasks for community organisations (Group runs), and to support isolated older people with social visits (Coach runs) and one-off tasks they can’t do on their own (Mission runs). A good deed is achieved when a GoodGym member combines their run with helping the community. This might include tasks such as helping at community gardens and cleaning up litter.

GoodGym has mutual benefit for both its members and the Cardiff and Vale community. It really is that simple.

What the Goodgym Cardiff and Vale lead (Ben) told us

We are keen to ensure that all sections of society can participate in GoodGym. Several run leaders have attended Disability Sport Awareness training so

that we can give people with disabilities quality coaching and opportunities within the club and support them to participate as fully as possible. We welcome runners of the LGBTQ community to join the club and strive to make GoodGym a community where LGBTQ runners can feel safe and free from discrimination. We aim to make GoodGym accessible to all.



Over
700
people have run with Cardiff and Vale Goodgym

251
group runs to help community

137
missions to help older people

479
coach runs to spend time with older people

4,903
good deeds have been completed by 443 runners

What GoodGym runners say

Numerous runners say they have found a sense of belonging at the GoodGym Cardiff and Vale and report benefits to their mental health. People who move to Cardiff say that it helps them learn about the area, make friends and connects them with their community. They have also expressed that GoodGym has helped them cope with difficult life events.

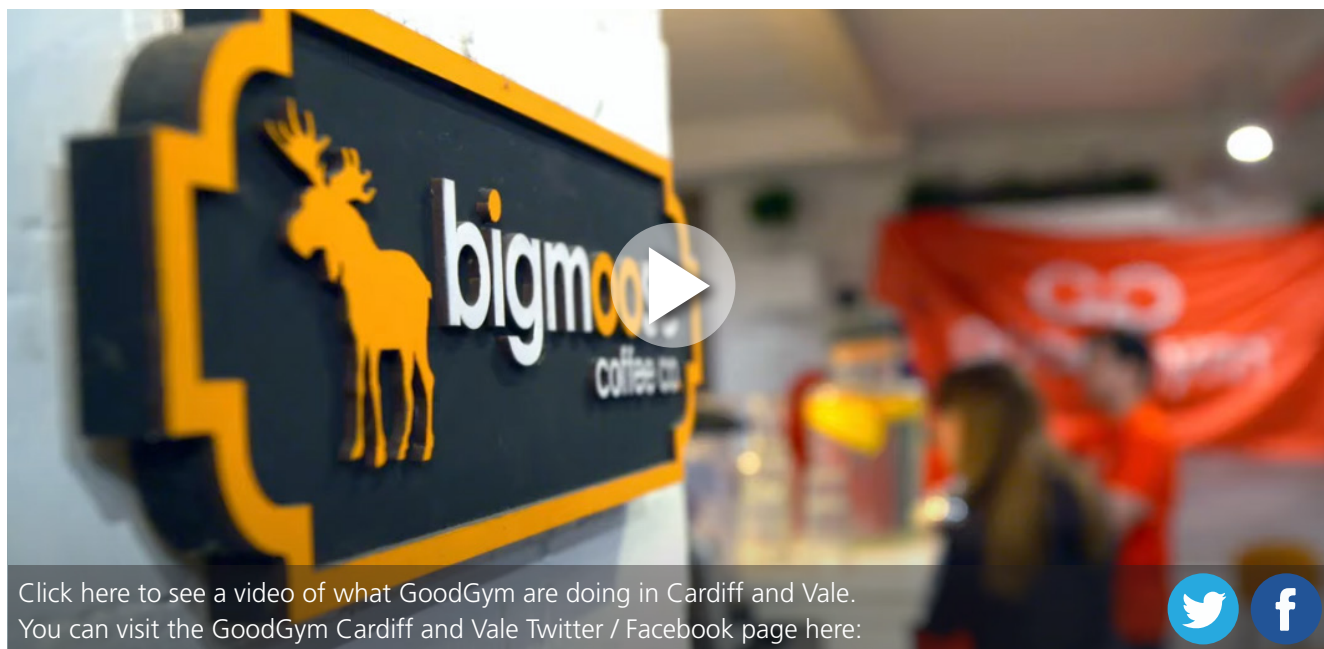
Comments such as;

"It's a community of runners that helps me to get the most out of training and also making sure that I can help out in the community on a weekly basis - instead of that getting lost in work".

"It means friends I have made for life, being part of the community, being the fittest I have ever been and has helped me also be the happiest mentally".

Lucy and Emma's story

Lucy and Emma ran to the home of an older person living alone in the Cardiff area to change a lightbulb. The person had limited mobility and was unable to change a lightbulb in the bathroom which had blown 2 months earlier. She had



purchased a new bulb but was unable to climb a ladder to change it herself so for two months she had been using a torch to use the bathroom. Poor lighting can contribute to older people falling in their homes so by completing this simple task Lucy and Emma may have helped to prevent this.

Amy's story

Amy, ran to the older person who she was paired with for several months before the older person was unfortunately admitted to hospital. Amy continued to run to the older person throughout their hospital stay, visiting them at hospital and the

older person began referring to Amy as her 'best friend'. The older person is no longer in hospital and Amy continues to run to the older person.

Aimee, Mikey and Rosie's story

Aimee, Mikey and Rosie ran to a home to help a lady get an electric wheelchair out of a tight cupboard. The lady had been stuck in the house for several weeks, having lost her husband and being unable to reach the wheelchair. The group reassembled the wheelchair much to the lady's delight. The 3 runners left knowing they'd made a big difference to her mobility and social life.

Get up and dance!

Patients in our older people's medical wards are being encouraged to get up and dance to promote activity levels. Focussing on older people aged 65 plus, no one is excluded if they wish to take part in a new initiative designed to increase mobility and general wellbeing in hospital.

Many patients are at risk of physical and mental health decline while they are in hospital. It is well known that singing can be beneficial. Music and dance can also lift people's spirits while encouraging people to move. Minimal instruction or processing of information is required and has benefits particularly for people with dementia at any stage of their disease. The groups take place once a week in the lounge area of some of the elderly care wards at University Hospital Llandough.

The project has been led by the multi-disciplinary team in partnership with Rubicon Dance Company. Rubicon are a well-known and established charity in Cardiff, and have been working in the UHB in Stroke Rehabilitation and in the Children's ward for some time. The project has proved extremely successful and patient outcomes have been carefully monitored through a method called dementia care mapping. Dementia care mapping is an observational tool that looks at the experience of care from the viewpoint of the person living with dementia and was designed by Bradford university.



You can see a video here of a group in action

It considers the mood and engagement of the individual being mapped over a specific period of time, along with behaviour. The 'mappers' found that of the individuals observed, they experienced a higher well-being value score when observed during an activity session.

They concluded that there are positive benefits of having these types of organised activities for patients on the wards. For example, the bringing of patients together in a shared activity allowed for greater interaction and social contact which had a positive impact on mood and engagement values.

Some of the comments from patients were;

"Wouldn't it be awful without music in our life?"

"Isn't it lovely when we get a crowd together?"

"It makes you feel lovely, doesn't it?"

"We can let ourselves go here"



Successes and Challenges Across the Health Board



0.5%

of C&V resident smokers make a quit attempt via our smoking cessation services (target 5%)

We need to improve on this



4,300

smokers have been challenged across our UHW and UHL hospital sites

65%

of all smokers challenged at hospital sites are visitors

Successful smoking quit rates at 4 weeks are

74%

exceeding the target of **40%**



93.9%

of children received 3 doses of the 5 in 1 MMR vaccine by age 1



58%

of adults are meeting physical activity guidelines



21%

of adults are consuming >14 units of alcohol per week

177

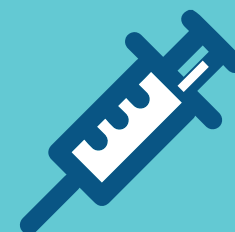
Flu Champions have vaccinated

7,390

staff members.

87%

of staff flu vaccinations were given by Flu Champion Peer Vaccinators



63.5%

of our staff were vaccinated against flu, an *increase* of **2.5%** from last year and still exceeding the national target of **60%**

Staff Flu

All staff with patient contact are encouraged to have the flu vaccine each year, to protect themselves, their families and their patients from serious illness. Our staff uptake has exceeded the national target of 60% uptake amongst frontline staff for the past three years. We continue to expand our popular Flu Champion peer vaccinator programme, with over 190 staff trained to vaccinate colleagues in their clinical area; and highlighted Flu Stars across the organisation - staff who have gone over and above the call of duty to help vaccinate their peers. This year our uptake is 63.5%, a 2.5% increase on last year. This year for every vaccine given, the UHB has provided a donation to local food banks. We are already planning for the 2020/21 season.

Community Pharmacies support smokers to quit!

Over 70% of smokers accessing smoking cessation support at community pharmacies, quit smoking at 4 weeks, one of the highest quit rates in Wales. 25 Community Pharmacies in Cardiff and Vale UHB, currently offer an Enhanced Smoking Cessation Service to clients wishing to quit. These pharmacies are located in areas where smoking prevalence is the highest, and free Nicotine Replacement Therapy (NRT) is available directly for those setting a firm

quit date. On-going, one to one support of up to 6 weeks is available. This programme is one of three NHS smoking cessation services available to help smokers quit, with support available also within community and hospital based venues. Evidence shows that smokers are four times more likely to quit with specialist support.

MEDDWL AM RHOI'R GORAU I YSMYGU?
THINKING ABOUT QUITTING SMOKING?

Gofynnwch tu fewn am ein gwasanaeth rhoi'r gorau i ysmegu, sydd yn rhad ac am ddim.

Ask inside about our free, smoking cessation support service.

Allwn ni helpu!
We can help!

PHARMACY

Ariannir gan y GIG
Funded by the NHS

GIG
NHS

Cardiff and Vale
University Health Board

YNGO
DI-FWOG
SMOKE-FREE

Healthy Travel

In 2019/20 we launched the Vale of Glamorgan Healthy Travel Charter, with public sector bodies in the Vale. This commits our organisations to a series of actions over 3 years to support walking, cycling, public transport and ultra low emission vehicle use, and follows the launch of the Cardiff charter in April 2019. In January 2020 a Business Healthy Travel Charter was launched in Cardiff, working together with private organisations in the city on the same agenda, with the aim of improving air quality, reducing our carbon emissions, and improving staff health and well-being. As a result of the success of the Cardiff charter, the approach is now being rolled out across Wales during 2020/21. Working with Cardiff Council, a Clean Air Plan for Cardiff was approved in 2019, with physical improvements to infrastructure taking place in the city centre during 2020 to make it easier to walk and cycle, and decarbonise public transport.



Move More, Eat Well

In 2019/20, Cardiff and the Vale of Glamorgan Public Services Boards and Regional Partnership Board pledged to work together to ensure that our population will be healthier by moving more and eating well. We've developed a vision that people in Cardiff and the Vale of Glamorgan will move more and eat well.

We have worked together through a process of engagement, including two workshops (one in Cardiff, and one in the Vale of Glamorgan), a Public service board (PSB) workshop, and a 6-week engagement process with all stakeholders on a draft plan, we have jointly created our Move More Eat Well Plan, with 10 priority areas for Cardiff and the Vale of Glamorgan. It is through this plan which we will see this change over the next three years and beyond.



We believe that everyone has a part to play. The priorities detailed in this plan are relevant to people of all ages. It highlights the role that different partner organisations can play to make it easier for people to move more and eat well. By working in partnership we can encourage people to make healthier travel choices – to walk and cycle more, we can encourage people and organisations to buy food from local producers and we can work to increase levels of healthy weight.

There are many excellent examples of projects and initiatives that are helping our communities to move more and eat well. For example, Wales' first Park run initiated and supported by the local GP practices launched in March 2020 in Trelai park. In addition, The 'Get Togethers for Life' initiative will support local community food initiatives through a small grants programme to host intergenerational activities , focussed around food.

Cardiff and Vale of Glamorgan
Move More, Eat Well Plan
2020-2023

Move
Eat
Sleep
Repeat!
#movemoreeatwell



Safe Care

We are continually looking for ways to be more reliable and to improve the quality and safety of the services that we deliver. There are occasions when we don't do things as well as we could. When this happens, we always try to understand what went wrong and make sure that we learn from this and improve the care that we deliver as a result.

Our strategy

"Care that is safe and protects people from avoidable harm"



Switching mood stabilising medication

Lithium is a medication used for the treatment of mania or bipolar disease. It is a powerful drug that requires careful monitoring due to its toxic side effects. Lithium toxicity can occur when blood levels are too high and can cause tremors, tummy upsets, kidney problems, and an altered level of consciousness. Levels that are too low however can cause symptoms to re occur. It is therefore important that the dose is kept at a therapeutic range for individual patients.

What the pharmacist told us

Margaret was referred to the Community Mental Health Team (CMHT) to discuss the possibility of changing her lithium medication. Margaret had been stabilised on lithium for a number of years but recently had started to experience some unpleasant side effects such as blurred vision and excessive thirst. Margaret unfortunately also lives with pain caused by osteoarthritis of the knee and relies on ibuprofen to manage the pain. The ibuprofen in combination with lithium can cause increased levels of lithium in the blood which can result in damage to the kidneys. Margaret is very knowledgeable about medication and we were able to have a discussion about alternative medication to lithium and come up with a plan to safely withdraw lithium and gradually introduce new medication. After considering the relative side effects we decided to change Margaret's lithium to sodium valproate.

What the community psychiatric nurse (CPN) told us


When changing medication there is a risk of relapse and reoccurrence of the symptoms originally being treated. To support people during this transition and to prevent destabilisation CPNs are able to help people to identify the early signs of relapse and to get the necessary help early on. Margaret has successfully changed her medication and we are in the process of finding the right dose to balance the risk of future relapse and to minimise the side effects caused by the sodium valproate.

What Margaret told us

I had been on lithium for 30 years – it was a very scary and difficult process changing over. I was very scared particularly at night when I was having palpitations. I wouldn't have got through without the support of my CPN- she was always there for me, visiting me once or twice a week, or was always on the end of the phone. I have a very good relationship with her as well as my consultant and GP. They treat me holistically as a person and as an equal. My strong religious beliefs also helped me tremendously through it all.

The medication switch has not been without its issues; I'm on a high dose of sodium valproate now which is giving me gastric side effects. The pharmacist is helping to work through the process of reducing this to the right level for me. It hasn't been easy but I have had a very good support network which is important.

Successes and Challenges Across the Health Board




17,318
Patient safety incidents were reported by staff. This has increased from last year. Staff are very good at reporting issues which means we can learn from them.

Of these incidents **15,758** caused no harm or minor harm to patients.

226
Incidents were thought to be significant enough that we should report them to Welsh Government



43
incidents reported to Welsh Government were as a result of injuries suffered after falling in hospital. This is a reduction on last year



74%
of inpatients and **45%**
emergency patients with a positive screening for sepsis received all 6 elements of the "sepsis six" bundle

We are **95%** compliant with published patient safety solutions






We reported 3 Never Events to Welsh Government in the last year.



This is a decrease from 7 reported last year.

Welsh Government changed pressure damage reporting requirements which has affected our numbers of SI's reported as expected overall. They also revised their SI reporting requirements in March 2020 due to Covid-19

Infection, prevention and control

Health care acquired infection position to the end of March 2020	Health Board Position in Wales
 Staph.aureus (Combined MRSA/ MSSA) 13 cases over target	2nd
 Clostridium difficile 10 cases over target	1st
 E.coli 32 cases over target	2nd
 Klebsiella target met	1st
 Pseudomonas aeruginosa target not met	6th

Serious Incidents

We actively encourage staff to report issues that could affect the quality and safety of our care to patients. Sometimes a particularly serious issue might be raised which we decide we need to report to Welsh Government. If we report Serious Incidents to Welsh Government, we make sure we tell Board members about them at every Board meeting. You can read the reports that go to the Board meetings [here](#)

Our Serious Incident reporting tells us that we must continue to focus on preventing harm from pressure damage, patient falls, self-harm to patients under the care of Mental Health Services and timeliness of diagnostic and therapeutic processes and procedures (for example, Ophthalmology).

Never Events

Never Events are serious and largely preventable patient safety incidents. You can read more about Never Events on the Welsh Government's Patient Safety Wales website [here](#). We have reported 3 Never events to Welsh Government. The incidents included a patient who had a local anaesthetic nerve block on the incorrect site and a patient who had an incorrect tooth removed whilst having multiple teeth extracted. The third incident was a patient who had a procedure performed on the left side of his body. We were initially concerned that

this was incorrect but after investigating it, that was not the case.

The Health Board takes it very seriously when a Never Event occurs. These incidents are reported to the Board and they are also reviewed at an annual special meeting of the Quality, Safety and Experience Committee. You can see the report presented to the Committee [here](#). The incident that involved a nerve block mistake is still being investigated. A nerve block involves local anaesthetic being injected near nerves to block the sensation of pain. The patient was having this done as part of treatment for an injured leg after a fall.

There have been national campaigns to help doctors reduce the risk of this mistake happening. This has been known as **Stop Before You Block** and this is in place within the UHB. We intend to audit our compliance with **Stop Before You Block** in the coming year. This national problem has been investigated by the Healthcare Safety Investigation Branch in England. We will review their report and recommendations as we complete our investigation to see what we can learn from them. You can read more about it [here](#)

Coroner's inquests

The Coroner is a special judge who investigates deaths in different circumstances, such as when the cause of death is unknown. Coroners

sometimes need to hold an inquest as part of their investigation procedures. An inquest is a public court hearing for the Coroner to decide who died, when and where they died and how the death happened.

At the end of an inquest, the Coroner sometimes decides to write what is called a 'prevention of future deaths report' or a 'Regulation 28 report'. This is where the Coroner decides to write to a person or organisation they think can take action to prevent deaths in similar circumstances.

The Coroner wrote 3 Regulation 28 reports to the Health Board and other organisations we work with this year. We have made a number of changes in response to these;

- 1) The Coroner asked our Neurosciences Directorate to improve the way referrals are made to neurosurgery to help us make the best use of technology so that referrals are timely. The UHB has implemented an e referral system which has been piloted with Cwm Taf UHB and will be rolled out across Wales.
- 2) The Coroner also wrote to us following the death of a patient under the care of Mental Health Services who was receiving Clozapine which is an antipsychotic medicine. It needs very careful monitoring in patients who take it to make sure they don't experience problematic side effects. We took the opportunity to

reinforce to health professionals the importance of careful monitoring of patients who are taking multiple medicines.

- 3) In February 2020 the Coroner wrote to us following the tragic death of an infant from meningococcal disease. The Coroner highlighted that there were missed opportunities to treat the infant. Since this incident a range of actions have been put in place including an increase in Consultants, improved education and a single point of access for emergency care of children.

TALK Clinical Debriefing Tool

The Health Board is taking part in an exciting international research project called TALK which is funded by the European Commission Horizon 2020 programme. TALK is a simple debriefing tool to help clinical staff formally reflect after a particular task, shift or critical event. It promotes positive, respectful and professional communication. It aims to empower staff to take ownership of issues with a focus on finding solutions to problems and taking responsibility to implement learning.

The research project is led by Dr Cristina Diaz-Navarro who is a Consultant Anaesthetist in the Health Board. We are working with colleagues in Barcelona and Stavanger, Norway to assess the international impact of the TALK tool. Some

members of staff have been able to participate in the project by visiting Barcelona and Stavanger. In return, we've received clinical staff from overseas as part of exchange visits. It has been a wonderful opportunity to work with healthcare staff from across the world as many other countries are also showing an interest in TALK. We are continuing to focus on embedding TALK in the Health Board. You can learn more by visiting www.talkdebrief.org and following @TALKdebriefing on Twitter.



Patient Safety Solutions

The Welsh Government leads a vital role in Wales with identifying any significant patient safety risks and developing national solutions for NHS organisations to put into practice. This is done through analysis of patient safety incidents reported by staff and other sources of information. The Welsh Government published several Patient Safety Solutions this year.

An example is to do with the assessment and management of babies who are accidentally dropped in hospital. There is a risk of a parent dropping a baby, particularly if they have fallen asleep whilst holding the baby. It is also possible that parents or staff could have a slip, trip or fall whilst holding the baby. Nationally, we know there are babies who had significant injuries after such incidents. The Welsh Government highlighted the risks and set out key actions for organisations to take. Midwives in the Health Board had already identified this as a problem to address and they led a project called 'Babies Don't Bounce' to highlight the risk. This has been recognised by Healthcare Inspectorate Wales in a recent inspection which you can read about [here](#)

Information is available for parents in the clinical areas and the Health Board's website.

How to keep your baby safe whilst in hospital

- Always place baby flat on their back in cot (feet to foot of cot).
- No heavy or fluffy blankets to be placed in cot.
- No pillows or stuffed toys to be placed in cot.
- If you are feeling weak, faint or unsteady on your feet, do not lift your baby. Press call bell or ask a member of staff if required.
- Keep your bed in the lowest position (closest to the floor) whilst holding and/or feeding.
- Do not sleep with your baby in your bed, or bed side chair as this may place your baby at risk of a serious injury.
- When you want to sleep, first place the baby in the cot.
- If we find you asleep with your baby in your arms, we will move your baby to the cot.
- When you are feeding your baby, all four side rails on your bed must be raised and then please ask for assistance if required.
- Curtains should remain open always unless privacy is required during feeding times.

babies don't bounce

Cot Safety



Fully mobile



Restricted mobility



The Welsh Government also issued a Patient Safety Notice to reduce the risk of harm to babies and children from coin/button batteries used in hearing aids. This was after an incident occurred in NHS England where a child swallowed a button battery where the hearing aid didn't have a secure battery compartment. The Audiology Department are leading work to address the actions that the Welsh Government have asked us to put into practice. The department is progressing well with the actions required. You can read more about this alert here [This is the second alert about button batteries which are used in many devices in the home. It is very important that it is treated as a medical emergency if a button battery is swallowed.](#)

Ophthalmology surgery

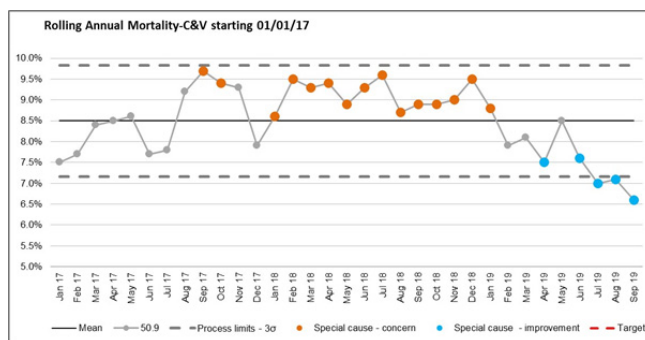
In September 2018 an insourcing team Strategic Health Solutions (SHS) commenced the running of ophthalmology outpatient clinics and operating lists at the University Hospital of Wales, Cardiff. Insourcing is the practice of contracting a third party to provide a service. The company were commissioned in order to meet demands for the service and improve outcomes for patients. It soon became apparent though that the care patients were receiving was suboptimal. Concerns were noted and raised very quickly by a Consultant Ophthalmologist to the Surgery Clinical Board management team and further surgery via the company ceased.

A full investigation was conducted and patients were informed of the findings in February 2020. A report outlining the learning from this incident was submitted to the Quality and Safety Committee in February 2020. You can read the report [here](#)

Hip Fracture Database

The Hip Fracture database is a national audit of hip fracture care in Wales, England and Northern Ireland. The audit measures a number of elements that indicate the quality of care that the Health Board delivers. These include the length of time to surgery, mortality, how many patients sustain their hip fractures when they are an inpatient in our care. Since November 2019 there has been a reduction in both the proportion of patients fracturing their hip while as an inpatient and the proportion of patients who die within 30 days of sustaining

Hip fracture mortality



a hip fracture. In addition there has been an improvement noted in the length of time patients are having to wait until they have surgery.

% of in-patient hip fractures



The UHB approach to recognising and managing sepsis safely

Sepsis can be treated successfully if detected in time and the UHB adhere to NICE guidelines using the sepsis 6 bundle if sepsis is suspected. The Sepsis 6 are the steps that need to be taken immediately if sepsis is suspected by a health professional. We routinely measure our compliance with the Sepsis 6 and the lead nurse works with clinical areas to help them achieve the required improvement.

Sepsis in the community

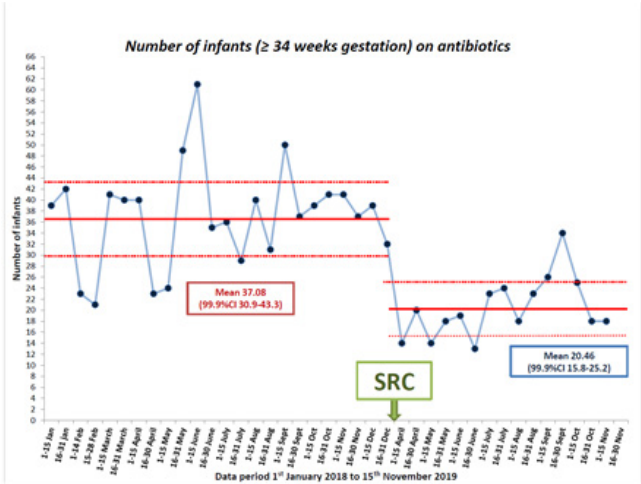
Education about sepsis has been a priority in GP surgeries because 70% of sepsis originates in the community and patients surviving sepsis end up back in the community. A programme of sepsis education for GP surgeries within Cardiff and Vale was completed last led by the nurse sepsis lead. Across Cardiff, as part of the education, GP's surgeries are asked to display information on sepsis on their TV screens for patients to read while in the waiting rooms – you may have seen these in your own surgery. Further education of district nurses and health care support workers continues with plans to roll out the education to care homes in the community. Public awareness of sepsis is critical if it is to be recognised early. The UHB collaborated

with the UK Sepsis Trust and installed sepsis lifts wraps at University Hospital of Wales and University Hospital Llandough. The eye catching wraps contain key information and advice on how to spot the signs of sepsis. This was made possible through funding received by the UK sepsis Trust from the family of Rachel Day who sadly passed away in 2017 after contracting sepsis.

Within primary and community care and the Welsh Ambulance service (WAST), red flag sepsis screening tools are used. WAST have agreed an Amber 1 response (Amber means patients with serious but not immediately life-threatening conditions) for any patient with a NEWS of 5 (a score of how sick a patient is) and a red flag sepsis.

Sepsis Risk Calculator

The use of the sepsis risk calculator to identify early onset neonatal sepsis risk in babies born at or after 34 weeks gestation has been successful in reducing the use of antibiotics by 44% in well babies. The tool calculates the probability of sepsis per 1000 babies by considering the maternal risk factors and the infant's clinical presentation. By reducing unnecessary antibiotic use it has also had a positive effect on maternal and infant bonding as well as reducing the length of hospital stay. The UHB is proud that this exceptional work has been shortlisted in the 'Innovation in Quality Improvement Team' category for a British Medical Association (BMA) award. You can read more about how we are managing sepsis in the adult population in the safe care chapter



Recognising patients who are deteriorating in the community

#NEWSInYourCommunity

National Early Warning Scores (NEWS) is a tool developed by the Royal College of Physicians which improves the detection and response to clinical

deterioration in adult patients and is a key element of patient safety and improving patient outcomes. If a patient quickly becomes unwell eg, a decrease in blood pressure or conscious level, an increase in breathing rate or temperature, NEWS will help to guide nurses in making sure the patient is reported to the doctor so that the right treatment can be promptly given to prevent further decline. The use of the tool is widely established in hospital settings and the UHB are now implementing the tool in the community. An interactive, electronic NEWS chart for the community nursing record has been developed- the first of its kind in Wales! Community nursing teams will be writing up patient stories and case studies in the coming year which we will report back next year.

at all appropriate levels. Safeguarding supervision is provided by the corporate safeguarding team to a number of disciplines to ensure that cases are managed safely and appropriately. The supervision also provides an opportunity to learn from cases and improve future practice. The UHB works in partnership with the Cardiff and Vale Regional Safeguarding Board (RSB) to ensure that recommendations from child/ adult practice reviews and domestic homicides are shared across the clinical boards through the Safeguarding Steering Group and Clinical Board Quality and Safety meetings. In some cases health action plans are developed to ensure that specific learning points are addressed and any changes are implemented in specific areas.

Pre -Transfusion Sampling

When a person requires a blood transfusion it is first necessary to establish their blood group, this is done by taking a blood test or pre transfusion sample. For patients who have never had their blood group tested previously a second or confirmatory sample will be taken as a safety measure. A project underway in the UHB is reviewing the processes around pre transfusion sampling. The aim is to ensure that patients do not have more venepuncture (blood tests) episodes than is necessary, that the Health Board is not wasting resources by testing unnecessary samples and that pre transfusion samples are always taken in the safest way.

Safeguarding vulnerable people- how we ensure our services protect the health, wellbeing and human rights of people at risk.

The UHB are committed to and compliant with their duty to report any cases of abuse or neglect to the Local Authority and any crimes to police; safeguarding is promoted as being everybody's business. There is a safeguarding training programme in place to ensure that all employees are compliant with mandatory training

Addressograph

NEWS CHART

Ward / Dept

Score 1 2 3

Date

Time of Observation

Frequency of Observations

Respiratory Rate

Accept < / >

Signified

O2 Saturations

Accept < / >

Signified

Inspired Oxygen

Temperature

Blood Pressure

Note record both systolic and diastolic pressures but use systolic only to score

Note: In atrial fibrillation measure the BP manually

Accept systolic BP of For this patient

Signified

Heart Rate

Signified

Neuro

NEWS total score

NEWS Performed by Initials

Qualified Nurse Initials

News Chart 12/15

Cardiff and Vale Resuscitation Service

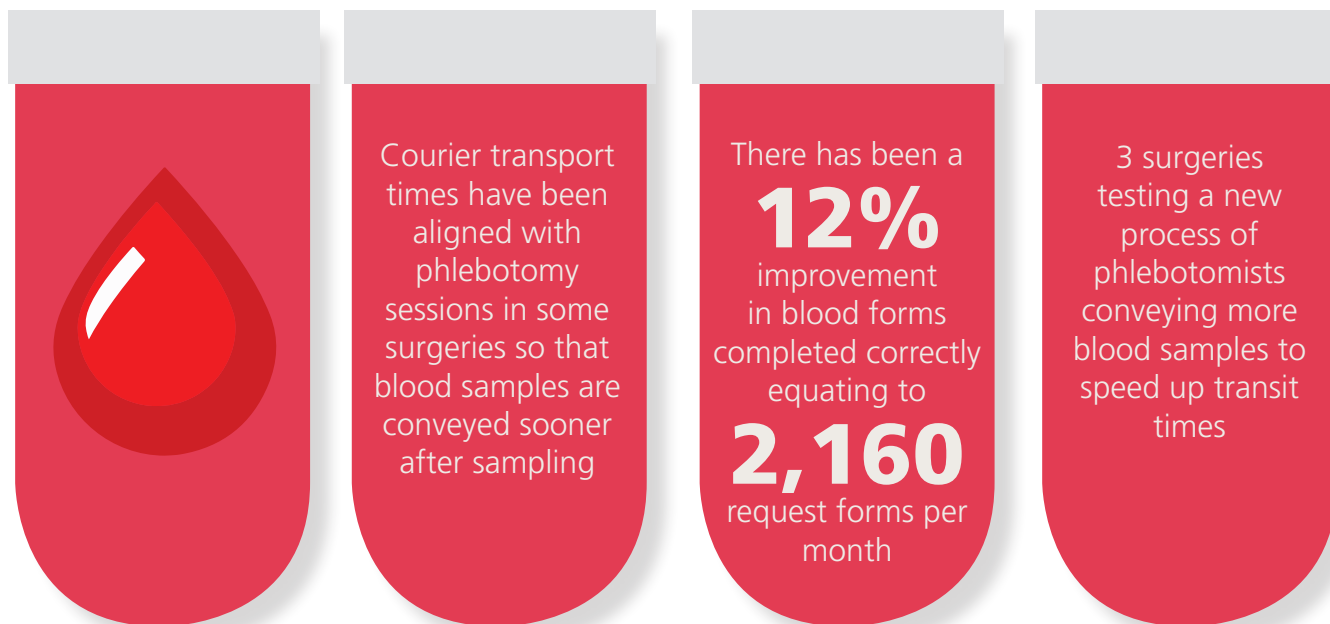
Improving safety by reducing delays in community blood sampling

Delays in processing and transporting blood specimens or storing them at the wrong temperature prior to analysis in the laboratory can affect specimen quality, particularly potassium results (a type of mineral in the blood that can be fatal if very high or very low). Poor quality specimens can result in inaccurate test results and may lead to patients needing to have another blood test, receiving incorrect treatment, and even admission to hospital.

It was recognised that the systems in place in the UHB to ensure timely transit of blood samples from patients in the community to the hospital laboratory were not as efficient as they could be. The medical biochemistry department and the Primary Community and Intermediate Care (PCIC) clinical board have been working together to try and find solutions to this. The aim is that:

- Blood samples should reach the laboratory and be processed within 4-6 hours of blood being taken from the patient
- Blood samples should be transported at ambient temperature (20 degrees)

Outcomes



Simulation training

Simulation is a very effective way of allowing multi-professional learning to improve how teams work in different clinical situations. The surgical team have introduced simulation training in the management of tracheostomy (an opening surgically created through the neck into the trachea (windpipe) to allow direct access to the breathing tube) and laryngectomy

(removal of the larynx or voice box). The team has found that providing a safe space to experience and respond to emergency situations followed by a supportive debrief helps to markedly improve staff confidence. The training is ongoing with a 3rd cohort just completing their training. Feedback has suggested that knowledge and skills gained on these days has positively impacted on patient outcomes and multi-disciplinary team working.



Major Trauma Centre

The Major Trauma Centre was due to be launched in April at the University Hospital of Wales site, however this has been temporarily suspended due to the COVID 19 pandemic. The 14 bedded unit will allow the UHB to provide specialised care for a range of patients with complex injuries including traumatic brain injuries, spinal cord and column injuries, cardiothoracic and vascular injuries, orthopaedic injuries, general surgery and maxillo-facial injuries. UHW will be at the heart of the Major Trauma Network as it will function as the Major Trauma Centre for the region.

A new consultant nurse role in mental health

The mental health clinical board has appointed a Consultant Nurse in complex clinical risk management – the first post with this remit in Wales. The primary aim of this post is to help mental health staff and colleagues feel confident in their management of risk, which is an ever-increasing and constantly-changing concern for the service. The post will also work nationally to identify best practice, support change on an all Wales basis when appropriate, and will lead on pieces of work with specific focus. For example, the post holder has set up a timetable of events to help men speak about their mental health to barbers who have been trained to see, support and signpost. This project is being evaluated and we hope to find that barbers' confidence to have difficult conversations is improved, which may ultimately save lives. The post will also support the Health Board in implementing the Suicide and Self Harm Action Plan, in responding to significant recommendations from organisations such as The National Confidential Inquiry into Suicide and Safety in Mental Health, and will support a plan of ongoing training to ensure we are helping those most at risk due to their mental health needs.

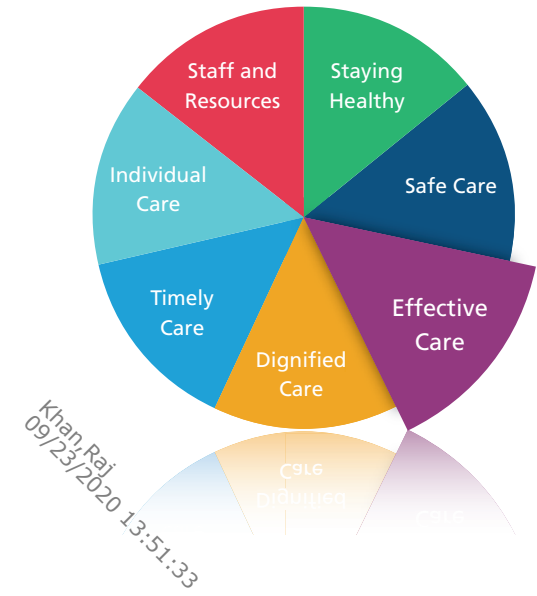


Effective Care

As an organisation we work hard to ensure that people receive care and treatment that reflects best practice, which means that there is evidence that to support the care that we deliver.

Our strategy

“Outcomes that matter to people”



What the evidence tells us

Early intervention in psychosis

Psychosis is a rare but disabling condition. The onset of psychosis is difficult to recognise but once developed it can lead to hallucinations, usually critical and hostile voices, delusions and difficulty in thinking. For the young person, these experiences are usually confusing, distressing and have a marked impact on their ability to maintain friendships, look after themselves and stay in education or employment.

Early Intervention in psychosis teams are recommended by the National Institute for Clinical Excellence (NICE) as the best way to deliver effective treatments and care. NICE advise the NHS on the most up to date guidelines for clinical practice which are based on the best available research evidence. In addition to having staff skilled in engagement, assessment and therapies, specialised psychosis teams concentrate on reaching out to the young person in an assertive way, wherever they prefer to be seen, and approaching them and their families in a collaborative and open manner.

What this means for patients

Most severe mental health conditions first occur before the age of 25 for which early recognition and intervention can change the course of the illness, save lives and understandably save money. The UHB have developed an early intervention team called Headroom for young people aged 14 to 25 with a first episode of psychosis. In line with NICE guidance, the Welsh Government has set a waiting time target of 2 weeks from referral to care and treatment.

Early intervention in psychosis can prevent lasting disability and the progression of the condition to more severe forms of psychosis such as schizophrenia. Because psychosis occurs at a critical time in the young person’s development the teams focus is to improve symptoms and promote social participation and recovery.

To meet this aim Headroom works closely with Barnardo’s providing medication, cognitive behaviour therapy for psychosis, family intervention (helping families manage stress and prevent relapse), and vocational, education and employment support. The team is comprised of a Nurse Consultant, Psychiatrist, Team leader,

Psychologist, Community Mental Health Nurses, Administrator, Employment Advisor Peer Support Worker and Barnardo's Project Workers. The team is part of a national collaborative.

Alex's story

Alex had just finished the first year of his A-levels and was enjoying a family holiday in Menorca when, having wandered off on his own, he began hallucinating. He became obsessed with the colours red and blue and couldn't recognise members of his family. He had no idea what was reality and what wasn't. Alex's psychosis came out of the blue and within a few hours he had gone from a fun-loving teenager with a passion for sport to a very scared young man. On return from holiday Alex spent time in hospital and was eventually discharged into the care of a community psychiatric nurse. Having turned 18 he was transferred into adult services, however he was still struggling and was referred to Headroom. Support by Headroom included weekly cognitive behaviour therapy, and Alex was also provided with a support worker to help him rebuild his confidence and get him back into the community. The cognitive behavioural therapy helped Alex set weekly goals during their sessions and the support worker helped him achieve them.

What Alex's dad said

Headroom helped him to get out of the house again, walk the dog, catch a bus, go to a café to improve his social skills and get him onto courses run by the Prince's Trust which were really good for his confidence. Gentle persistence and the range of activities Alex was introduced to made all the difference. It is wonderful to see the difference in him.

What Alex said

To anyone out there like me I'd say it will get better, just be prepared to accept help and don't be ashamed of taking medication if you need it. Listen to people and allow them to help you. It was hard leaving the house at first but getting more involved with sport has been a real help.



Successes and challenges across the health board

67.6%

of our patients having emergency laparotomy surgery arrived in theatre appropriate to their level of urgency. An improvement of

9.6%

from the previous year



97%

of clinical staff are noted to be compliant with the World Health Organisations 5 moments of hand hygiene

Emergency crude mortality (death) rate over the last 12 months was

2.68%

Crude Hospital Mortality Rate for people aged less than 75 was

0.6%

In the 12 months to the end of January 2020

76%

of patients who fractured their hip were able to return to their original place of residence following their hospital stay

79%

Universal mortality reviews undertaken within 28 days of a death

We need to improve on this

This year we have reviewed

102

pieces of NICE guidance

Cardiac Rehabilitation Certification

The cardiac rehabilitation team have achieved Certification this year from the National Audit of Cardiac rehabilitation (NACR) and the British association for Cardiovascular Disease and Prevention (BACPR).

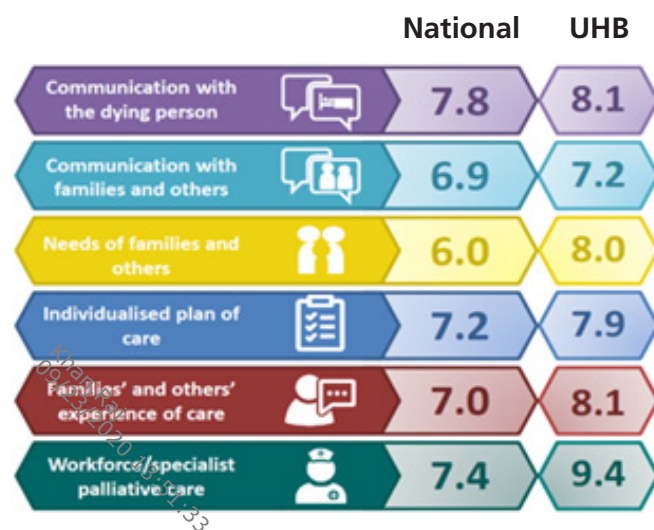


Only four teams in the UK have achieved this and they are one of only two teams in Wales to have made the mark following on from a service improvement project to reduce waiting lists for cardiac rehabilitation patients using existing resources. The team has now met all seven performance indicators to achieve the minimum standards as set by the NACR and BACPR. The project was originally put in place not only to try to achieve certification but to also reduce waiting times of up to three months for patients to start cardiac rehabilitation.

Note: Hospital mortality rate refers to the proportion of patients who die during or shortly after admission to hospital, and is an important measure of quality.

National Audit of Care at the End of Life (NACEL)

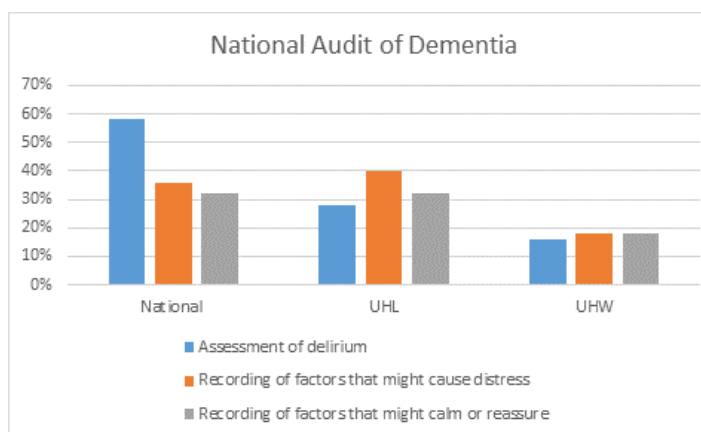
Care at the end of life affects everyone, the NACEL audit was established to review the quality and outcomes of care experienced by the dying person and those important to them. The audit measures a number of factors including how we involve the patient and their families in decision making. The Health Board participated in the 2019/20 audit and the performance and the mean scores demonstrate that the care provided was in line with or exceeded national benchmarks.



The National Audit of Dementia

The national audit of dementia care in general hospitals examines aspects of care received by patients with dementia when cared for as inpatients in general hospitals in England and Wales. Recent studies demonstrate that up to 42% of people over 70 who have an unplanned hospital admission have dementia. Previous rounds of the audit demonstrated the need for improvements in a number of areas including in relation to assessing and recording of delirium and collection

of personal information about the persons with dementia's care need. The audit demonstrated that within the UHB there was variation in compliance with both of these components of care between UHL and UHW. This fits with the results of local audits that demonstrated that only half of patients with either dementia or cognitive decline have the "Read about Me" completed. There will be changes in the way that the audit is run in 2020/21 with case-notes being audited prospectively throughout the year which will support ongoing quality improvement around care delivery.



Dignified Care

Our patients should expect to be treated with dignity and respect. This means that the care that we provide must take into account every person's needs, abilities and wishes

Our strategy

"Care that reflects our values- care, trust, respect, personal responsibility, integrity and kindness"



Providing dignified day care for people with dementia

A new integrated service, providing a supportive and enhanced environment for people living with dementia in Cardiff has been opened. Originally a day centre for older people run by Cardiff Council, the building in Ely has undergone a complete redesign and major refurbishment works to create a dementia-friendly environment. In a joint venture between Cardiff Council and the Health Board, both nurses and care assistants now deliver better quality services to people who use the centre in improved environments including bright and spacious lounge and dining areas, contemporary bathing and toilet facilities, a cinema room, space for therapeutic interventions and an attractive and accessible garden and patio area.



Before the refurbishment

After the refurbishment

What Our Executive Director Fiona Kinghorn Told Us

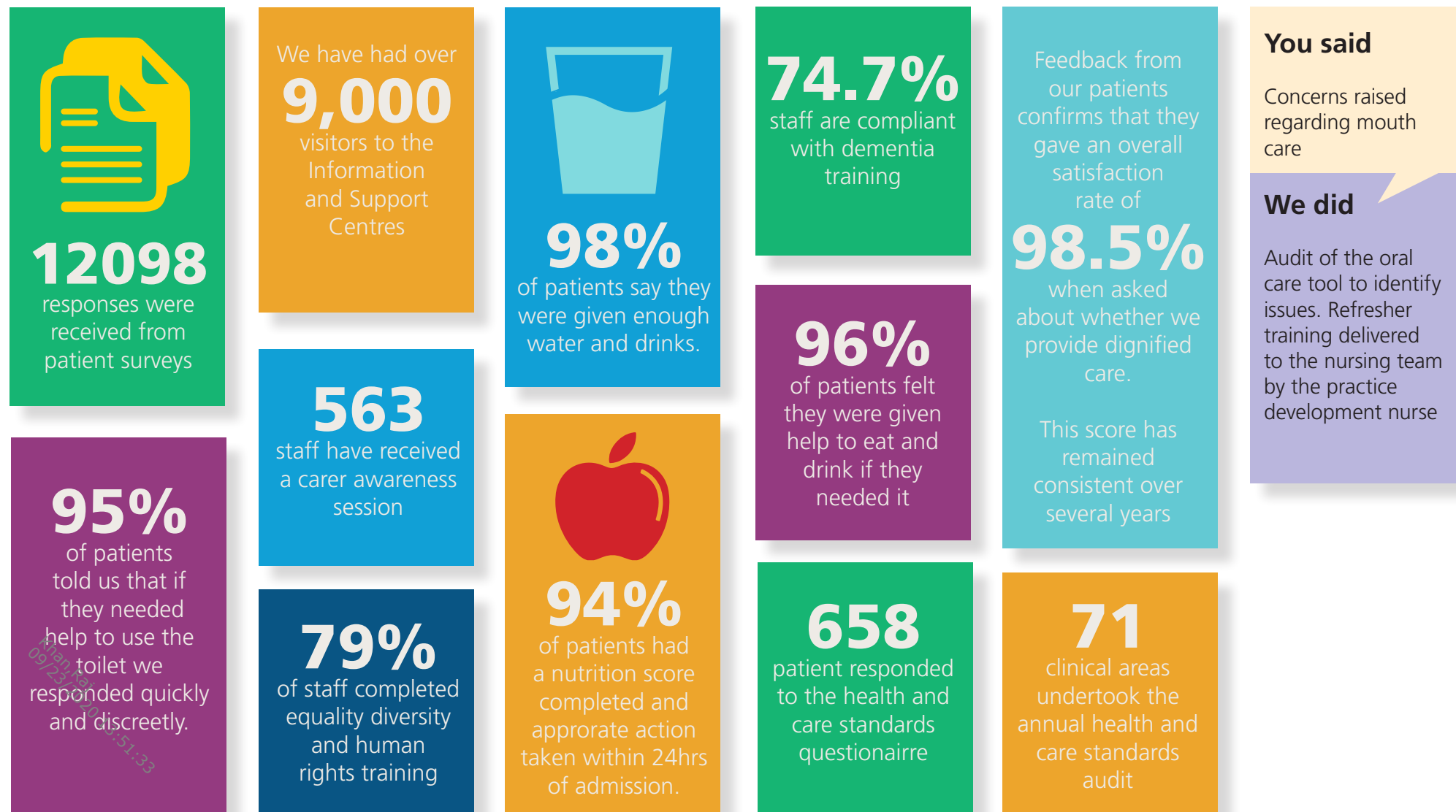
The collaborative approach that has been taken between the University Health Board and our colleagues in Cardiff Council has been extremely positive and has resulted in a significant step forward in providing a facility which can provide person-centred care for people living with dementia. Our joint obligation to the Well-being of Future Generations Act means that local authorities and health organisations in Wales need to work together to provide the best possible, most sustainable care to not only our population of today but also that of the future. This project is, without a doubt, a fantastic example of what collaboration and long-term thinking can achieve, contributing to a healthier, prosperous and more equal Wales.



Before the refurbishment

After the refurbishment

Successes and Challenges Across the Health Board



Dementia “mapping”-a new approach to dementia training and development

The UHB have developed a unique approach to dementia training to improve standards, training and importantly the experiences of people and carers living with dementia.

The UHB Dementia Learning and Development team have worked inclusively across health, social care, third sector and with informal carers to develop, co-ordinate and guide joint opportunities of training, skill development and “Dementia Care Mapping” that puts the person living with dementia and their carers at the heart of approaches. Dementia care mapping is an observational tool that looks at the experience of care from the viewpoint of the person living with dementia. It considers the mood and engagement of the individual being mapped over a specific period of time, along with their behaviour. The feedback from staff undertaking the training has been overwhelmingly positive and is expected to have a significant impact on patient care.

“After 24 years of nursing I left the Dementia care mapping study day feeling inspired to make improvements in my own practise and motivated to

make a difference to people living with Dementia. It was like walking into the ward with a new pair of glasses on that focused on person centred care”



Dementia team photo

Bridging the Gap between Primary Health Care and Mental Health Services for Older people.

A pilot project in the Vale Community Resource Service (VCRS) is aiming to address a gap in care provision between Primary Care (GPs) and Secondary (hospital) Mental Health Services for older people, for people with Dementia or those living with depression and anxiety. The project has been well evaluated by staff of the VCRS and provides timely mental health involvement

for patients in their care. Such is the success of the pilot, that a new Community Mental Health Liaison team has been developed with the aim of integrating mental health expertise into existing services and providing care closer to home.

The team works collaboratively with Primary health care services and social care providers, such as Community Resource Teams in Cardiff and the VCRS in the Vale, the memory team, day hospitals, frailty nurses and the south and west GP cluster.

The team are able to identify older people with mental health needs at an early stage and those who require more than is available in their GP service but who don't necessarily meet the criteria for hospital services. The team, comprising of 3 mental health nurses covering Cardiff and the Vale, offer advice, support and short term intervention.

John's story

John was referred to VCRS but was not engaging or motivated to participate in the Individual Strength and Balance Programme. The physiotherapist questioned whether this may be because he was low in mood and discussed John with the mental health nurse. She then worked with John, the physiotherapist and the GP in order to lift his mood so that he became keen to plan goals and as a result his mobility and mood were much improved.

The Red Bag Project

The Integrated Discharge Team are running The Red Bag Project. The aim is to aid communication to ensure prompt safe and efficient transfer of patient information on admission and discharge from hospital. The bag contains key documents including Lasting Power of Attorney, Advanced Care Plan, Read about me or This is Me documents as well as other important information. The aim is that it will improve the joined approach to working between primary and secondary care, will lead to a reduction in ad hoc telephone calls between the hospital and care homes and will ensure patient centred care promoting autonomy and dignity.



Training Toolkit for 'Read About Me'



The UHB has launched its own virtual training toolkit to support health and social care staff in recording the personal stories of individuals with a dementia or cognitive impairment, as part of the 'Read about Me' initiative.

The 'Read about Me' scheme supports person-centred care - enabling staff to learn more about their patients and provide a better standard of care by capturing personal details in a booklet which will stay with the patient during their hospital journey and follow them out into the community. The printing of the booklet was part funded by Cardiff & Vale Health Charity and allows staff to really get to know the patient they are caring for. The new training toolkit will support staff across the UHB to better understand the 'Read about Me' programme and will encourage them to be a part of its success by getting involved.

'Read about me' was developed by the board's Dementia Champions and has been in use across the UHB for around 3 years. The short 'Read about Me' booklet can be completed with

the patient, with support if needed, or by a relative who knows the person best. Staff are then able to, at a glance, know the key needs, strengths and preferences of the individual. This document can accompany the person wherever they go so that throughout their care, people can connect with them and begin to recognise how they can be supported and what their needs might be. A [short video](#) has been produced about the rationale for using 'Read About Me'. Carers can find out more [here](#).

Caring for our older, frailer patients

A service has been developed for frail older people attending the UHB emergency unit which provides direct access to specialist care. The Frailty Intervention team (FIT) are multidisciplinary and led by a Consultant Geriatrician. The aim is to screen older people using a nationally recognized clinical frailty score, provide a rapid comprehensive geriatric assessment and determine the reason for presentation with intention to discharge home to usual place of residence. Being able to carry this out promptly can prevent unnecessary hospital admission where possible. Funding has been secured via the Regional Partnership Board to pilot the Frailty Interventions Teams (FIT) between January and March 2020. We will report back on the outcomes of this pilot next year.

The Carer role

Carer Friendly Award

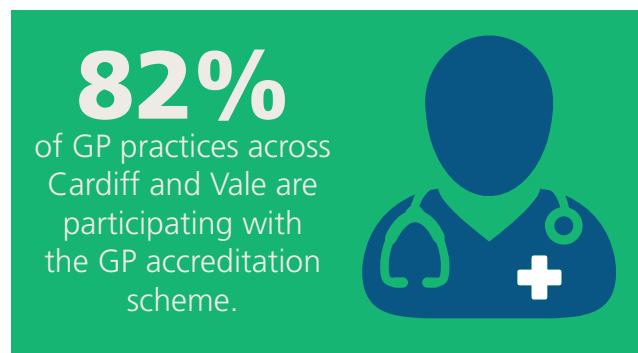


The UHB is proud that Sam Davies ward at Barry Hospital became the first area in Cardiff and the Vale to receive a carer friendly silver award from the Carers Trust South East Wales. The new accreditation scheme was developed to acknowledge the vital role that unpaid carers play within local communities across Wales. In order to gain the award the staff had to provide evidence of the ways in which they were supporting carers, this included a carer's information board, a dedicated room for carers to take a break, and hosting carers education sessions outside of the ward environment.

GP Carer Champions

Last year we told you about the GP carers accreditation scheme set up with the aim of raising awareness of unpaid carers, improving access to information and upskilling staff within GP surgeries. The scheme, set up initially in 2015 recognised that for many carers, GP Practices are often the first point of contact. GP Practices involved in the scheme are required to nominate a carers champion, who liaises with the patient

experience support advisors in Cardiff and the Carer Development Officer, in the Vale of Glamorgan. GP carer champion meetings are held throughout the year and offer the opportunity for the carer champions to discuss issues, share good practice, learn about services in the community to support carers, influence practices to replicate exemplars, and to develop a relationship between both areas of care and local authorities. Existing champions have become an expert resource within their practices and are supported to be able to identify, support and signpost carers appropriately.

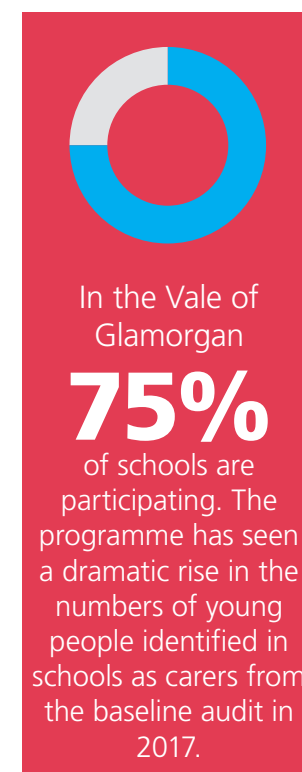
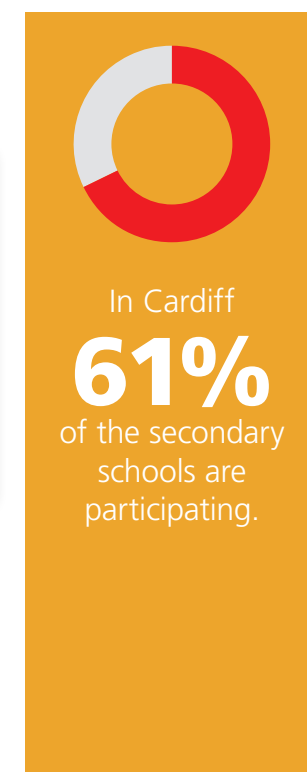


Young Carers in Schools Award

In 2017 the Health Board, along with both Local Authorities, commissioned Carers Trust South East Wales to undertake The Young Carers in Schools Award in high schools in Cardiff and the Vale of Glamorgan.

All evidence is reviewed by a peer review panel made up of young carers. The panel review and discuss the evidence submitted by schools and decide if an application is successful.

The strong partnership working to ensure this scheme has been successful has led to it being shortlisted for a Patient Experience Networking National Award.



Timely Care

People should have access to services that are provided in a timely way to ensure that they are treated and cared for in the right way, at the right time, in the right place and by the right staff.

Our strategy

"People in our community have care and support when and where they need it without duplication, confusion or delay, in a way that prevents avoidable delay"



Perinatal community mental health service

The UHB Perinatal Community Mental Health Service is a specialist service for women who are planning a pregnancy, are pregnant or postnatal and are experiencing (or at risk of developing) mental health difficulties. Timeliness of the service is important, and the aim is to see every patient within four weeks of referral, however women may be seen sooner if they are urgent.

Following an initial appointment, the service advise women of other agencies that could help, and they may offer intervention from one or more of the perinatal team focusing on preventing, minimising and managing women's mental health problems, while helping to support the maternal role preparing for, or looking after their baby.

Psychological Coping Skills Course

As well as advice and support, monitoring of health needs and birth planning the service offers a number of psychological interventions that can be group based or individually accessed. Different groups are run to provide different types of support. The service offers an 8 week psychological coping skills course.

What the psychologist told us

Mental health difficulties during pregnancy and postnatally are common and can be very distressing. Life as a new mother can be stressful and busy and building a bond with a new baby can be tough, especially if women have not been feeling at their best. Most women will receive all the care they need from their midwife, GP and health visitor, however some women may benefit from our specialist advice and support.

What women told us about the psychological coping skills course

"Values' part of the course has made me feel more of a valuable person and given me a feeling that my life is meaningful and I'm a worthwhile person."

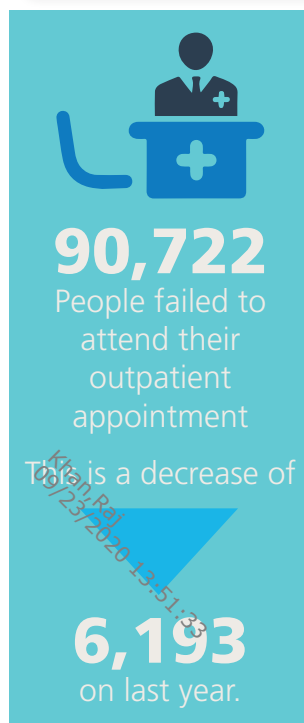
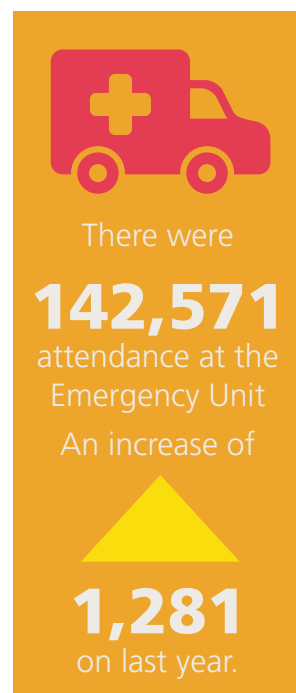
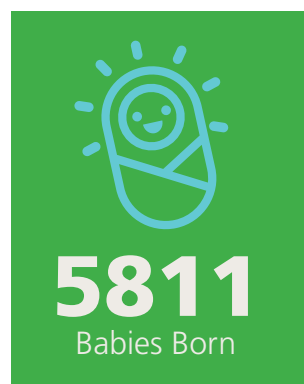
"I learned to be AWARE of my moments and of my days. I learned how to relax during the difficult moments following"

the mindfulness techniques and I noticed that after practice I slept better. I learned to control myself much better than before and to cope in a different way with things and problems."

Taking the time to go to the group will not only make you feel like you are doing something good for yourself, but you'll also leave with a heap of tools."



Successes and Challenges Across the Health Board



The impact of the COVID -19 pandemic on our services

On Friday 13 March the Minister for Health and Social Services issued an [announcement](#) regarding the cancellation of certain medical procedures and the relaxation of performance targets. Several national data collections have been temporarily ceased and reporting of performance statistics has also temporarily stopped. These changes will be in place until at least the October 2020 reporting period. For this reason we cannot include the full range of performance in our Annual Quality Statement.

You can access all available NHS Wales activity [here](#). This covers A&E attendances and admissions, emergency calls to the ambulance services and patients starting cancer treatment. Currently it does not include performance related information or any information relating to referral to treatment times, diagnostic and therapy waiting times, delayed transfers of care, closed pathways or outpatient referrals.

The Health Board has put in place a range of measures so that it could continue to deliver essential services and a lot of activity has been delivered at the Spire Hospital. Over 700 patients to date have received their treatments to the beginning of May 2020 and the number and range of procedures being delivered is continuously being enhanced.

Cardiac surgery waiting times

The UHB has great demand for patients requiring cardiac surgery and recognises that it has not always been able to provide a timely service as well as it would like to. A number of focussed improvements have been made in this area in accordance with the South Wales Cardiac Network agreement to ensure the safety of patients on the cardiac surgery waiting list. All patients on the waiting list are sent a letter explaining that their ongoing care up to the point of surgery is dealt with by the referring cardiologist, and that the point of contact for any concerns should be the cardiologist. The letter also provides contact details for the nurse case managers who will arrange for patients to undergo a pre assessment appointment approximately 8 weeks before the planned surgery date. Any patient on the cardiac waiting list admitted to the UHB in the meantime to another specialty will trigger an alert system to the nurse case manager, this means that patients don't get missed. The UHB are confident that patients and clinicians have good communication routes into the service to highlight any concerns.

All patients on the waiting list are monitored by the referring cardiologist and patients are seen at 3 -month intervals. If the cardiologist feels that the patient requires more urgent treatment, then they will contact the cardiac surgeon directly to discuss a plan of action.

The UHB has robust measures in place to monitor long waiting patients and waiting list officers will monitor, escalate and expedite stages in the pathway to support timely review and treatment.

"Right bed, First time" for patients admitted to hospital

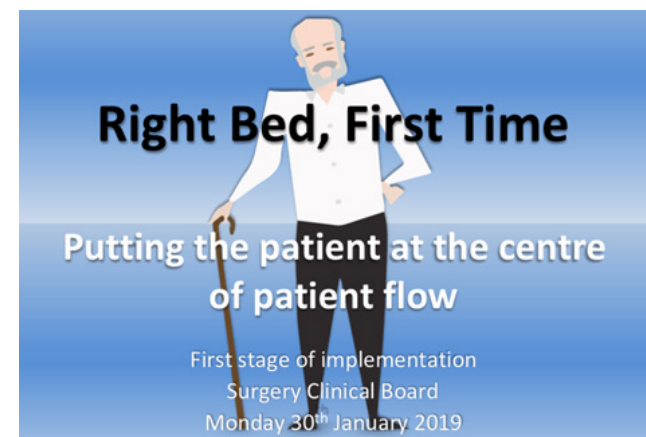
The UHB is committed to patients receiving the appropriate care they need when admitted to hospital. We endeavour to make sure that all patients are assessed and have the right treatment plan. However, at times when we have high numbers of patients in hospital, it can be challenging to make sure that happens in the ward or department most suited for their care.

Starting in the Surgical Clinical Board, the UHB has introduced a **Right Bed, First Time** programme to increase the numbers of patients who are transferred to the right bed after their initial assessment. The aim is to avoid unnecessary moves and make the patient's stay in hospital as short as possible because the teams caring for them have the skills and facilities for their particular needs.

One example was the introduction of a seven day emergency surgical assessment facility, along with a new system of emergency clinic care for patients not needing ambulance assistance. Ward clinical teams were then encouraged to bring

those patients to their ward as soon as possible, rather than beds being allocated centrally on a first come first served basis. As a result more patients were assessed by the designated consultant team, and more patients followed their planned patient journey, being cared for in the right short stay or specialist ward, whether or not they needed surgery.

The initial results have been encouraging with patients able to go home sooner. Plans are now in place to expand **Right Bed, First Time** to other Clinical Boards and new patient journeys so that more patients can be cared for in the Right Bed, First Time, and spend less time in hospital.



Creation of more space for timely Ear Nose and throat (ENT) surgery

The UHB strive to make sure patients have elective surgery in a timely way as far as possible, however there are times when we aren't able to do this as well as we would like due to increased numbers of emergency admissions. Unfortunately, this has meant cancelling patients awaiting ENT surgery at the University Hospital of Wales (UHW) site. In order to address this, the clinical board have converted an old set of theatres that were idle in University Hospital Llandough (UHL). Two theatres were knocked into one giving the space required for state of the art ENT surgery to be carried out. Since February this year, 44 all -day lists have gone ahead, with only 2 all day lists being cancelled due to staffing reasons. The move has resulted in 200 patients being treated at UHL. To date, no patients have been cancelled on the day due to emergency pressures.



Before - a disused area for storage

After - a state of the art ENT theatre

Whilst the patients feel the benefit of being treated in a timely manner, the staff have also benefited from the move. They are excited to learn new skills and procedures and are looking forward to future developments that will hopefully see more plan work come to UHL.

Occupational Therapy flexible working in the Emergency Unit

When not in the winter months, the Occupational Therapy team within Medicine Clinical board work flexibly in order to provide a 5 day extended service Monday-Friday consisting of 7am-3pm and 10am-6pm shifts. This ensures that patient's admitted to the Emergency unit in the afternoons, normally sent in via their GP, are able to access Occupational Therapy for a full, comprehensive assessment supporting earlier discharge. The extended service also allows liaison with family members who may work during the day and can only visit in the evening.

Rheumatology Therapy Hand Therapy Service

The rheumatology hand therapy service has introduced self-referral for patients previously seen in the service, who have long term rheumatological conditions and are receiving lifelong care from

a rheumatologist. This improves the patient experience as they do not have to attend unnecessary follow up appointments, but can get in touch when they require further input. They also don't have to wait for an appointment with the rheumatologist or GP in order for the referral to be made. This is in keeping with the 2018 NICE guidelines for rheumatoid arthritis (RA) that says adults with RA should have ongoing access to the multidisciplinary team. The service has also created a telephone clinic. Where appropriate patients can be followed up with a call, reducing the need for the patient to travel or take time off work. Both these changes have also benefitted the service in releasing more appointment slots and reducing waiting times.

Partnership working helping to reduce impact on demand for GP appointments

Third sector is an umbrella term that covers a range of different organisations that do not belong to the public sector and are non- profit making (eg charities). The UHB funds two Health and Social Care Facilitators whose role it is to improve partnership working between the third sector and health and social care services. Staff are often surprised to learn that there are approximately 30,000 third sector organisations in Wales and

that services range from hospital discharge support, housing adaptations, provision of mobility equipment, befriending, respite support, nail cutting, benefit advice and opportunities to take part in accessible physical activity and exercise.

The UHB has funded considerable resource of third sector support to work in partnership with primary care and the mental health clinical board. The third sector partners including, Ace, Cardiff Mind, Mind in the Vale and 4 Winds receive referrals from the GPs and mental health practitioners and provide a tiered range of psycho-social and well-being support based on the Australian Centre for Clinical Interventions model, as well as ACTION for living and Stress Control courses.

As the service is rolled out across Cardiff and Vale the number of contacts with patients will be monitored (aiming for around 60,000 in a full year) and measuring the impact on GP appointments. It aims to bring expertise into the referral choices that are already open to the GP and to provide safeguarding and support in their options for taking positive risk in their patients' best interests.

Single cancer pathway

Last year we told you about plans to ensure that patients suspected of cancer are diagnosed and

start their treatment within 62 days. One of the improvements introduced was for patients undergoing endoscopy (a telescope used to look at internal organs) to diagnose cancer, so that the diagnosis and the stage of cancer could be determined on the same day rather than within 2 weeks of each other. Over the last year we have made further progress with this to expand this throughout the UHB and it is now accepted as standard of care for endoscopically detected cancers. We have also been working on expanding the 'same day staging' concept to other cancer sites through introducing additional scanning capacity and a same day reporting capacity. Other sites which have benefitted from this improvement work includes lung cancer, renal cancer, bladder cancer, head and neck cancer and melanoma.

We have been able to maintain some of our urgent cancer work through working with our partners in Spire hospital, however the numbers are still relatively small compared with our normal activity. We are working through how we can minimise hospital transmission of COVID-19 in the current environment while providing the same level of services and re introducing urgent clinical services and important routine diagnostics and planned surgery.

Timely Psychological Therapies

The Psychological Therapies (PT) Hub is a service for working-age and older adults with mental health difficulties across Cardiff and the Vale of Glamorgan. The PT Hub was designed for people who require hi-intensity psychological therapy, predominantly providing cognitive behavioral therapy (CBT). CBT is a structured, scientific evidence-based treatment that has been shown to be effective for the treatment of a number of difficulties. CBT helps us to understand the interaction between our thoughts, feeling and behaviours and how these links can maintain the problems we face. It also allows us to learn strategies and techniques to overcome these. People attending the Hub have given very positive feedback

"I underestimated the benefit of group sessions as opposed to 1:1"

"The group as a whole were amazing, so supportive, non-judgemental. Learnt loads"

"The course has given me a new perspective on life which I didn't expect. Probably the best thing I've ever done for myself"

Treating People as Individuals

The way that we provide care to people must respect their individual choices in the way that they care for themselves and must ensure that all people are treated equally. We learn from what people tell us about their experiences in our care.

Our strategy

"People are placed at the heart of their care with their individual needs identified and met"



Primary Care Mental Health Service

The Primary Mental Health Support Service (PMHSS) is a service for people of all ages living with mental health difficulties. The service covers all areas of Cardiff and the Vale of Glamorgan. It is provided by the NHS and is free of charge.

Common mental health problems like mild to moderate stress/anxiety and low mood/depression can affect one in six adults at any one time in the UK but the reasons why are difficult to pinpoint. Everyone's different and it's often a combination of factors that can contribute to developing a common mental health problem. What's important to remember is that regardless of being able to identify the cause of one's mental health problems, the most important thing is to recognize the signs and symptoms and seek appropriate treatment. Living Life To The Full is one option of many that the Primary Mental Health Support Service offers or has access to. Referral to PMHSS can be made via the GP. The PMHSS is recovery focused. This means that each person will be supported to identify goals that are important to them, and to work towards these goals at their own pace.

Living Life to the Full Programme

Living Life To The Full is a seven-session psychotherapeutic group for those suffering from mild to moderate anxiety and/or depression. It is an interactive group based on the principles of Cognitive Behavioural Therapy (CBT) used to manage common issues such as stress, worry, anxiety and depression. As it is based on CBT principles, the group encourages participants to put the new skills acquired to use between each session.

What mental health practitioners told us

The aim of these groups is to help people gain more control of their feelings. Sessions are designed to enable participants to develop practical ways to increase their wellbeing in small steps. The topics covered are interesting and can be relevant to everyone no matter what their circumstances. Because the groups are interactive, all of the groups are delivered in a small group format allowing for comfortable discussion and are facilitated by mental health practitioners. Participants can share things they are comfortable talking about with the group but equally they are not obliged to share anything they don't want to. We understand it is natural for people to feel anxious about meeting. However due to the supportive environment this usually improves after the first session.

Successes and Challenges Across the Health Board

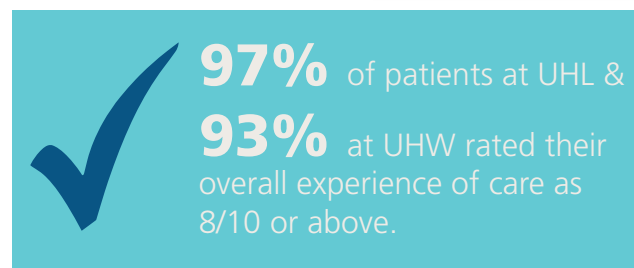
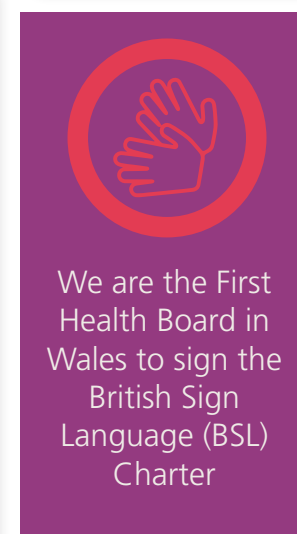
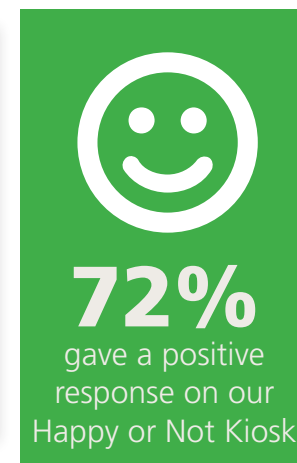
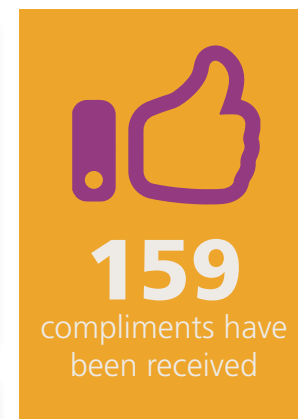
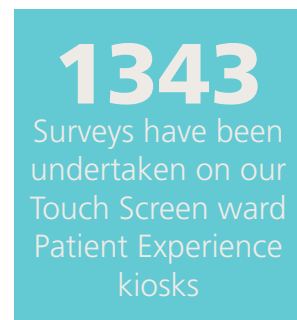
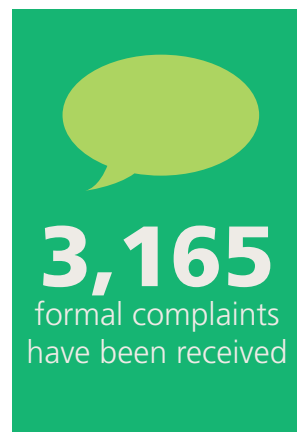
What service users told us

"The course has made me understand the way my thoughts can have an impact on my health and wellbeing for the future."

"I felt comfortable, accepted, respected."

"This course is entirely 'non threatening' and I am amazed at how successful it has been"

"Very good course that encourages people to find the strength to overcome difficulties in their lives & recover their confidence & potential."



How do we collect patient feedback for improvement?

The UHB is committed to delivering the best care possible and ensuring that patients experience of our services is as good as it can be. Feedback is always welcomed as this is one of the ways in which the UHB can learn and there are many different ways that the public can do this. The UHB routinely undertake retrospective surveys and

patient stories as well as using social media and if you have visited any of our hospital sites you will have seen our HAPPYORNOT kiosks. These help us to collect real time feedback by the simple press of a button.

Our Assistant Director of patient experience reviews the HappyOrNot data on a daily basis, and the patient experience team shares weekly feedback reports with relevant clinical areas. On a monthly basis, they share performance reviews

Please rate our service today



with each of their clinical boards. The UHB then references the HappyOrNot feedback data in its board reports which are published online. They also share the customer happiness numbers and Smileys on health boards at different hospital sites to show staff how many people have commented, and what they said. Using HappyorNot helps us make sure we're targeting improvements in the right places and delivering the right care at the right time.

Service User & Carer Engagement Lead for Cardiff & Vale Mental Health Partnership

Last year the UHB asked Service Users and Carers what they thought of the current arrangements for Mental Health partnership services for Cardiff and Vale areas. Over 50 Service Users and Carers and

Service Users & Carers will:-

Be full and equal partners

Be experts in their own care and support

Have their views and perceptions valued

Have confidentiality respected

Have access to good quality, appropriate, and timely information

Be remunerated for their contribution.

Be supported and encouraged to be involved from diverse cultures and communities

a range of Health Board and Local Authority staff attended a special event to discuss ways in which services should be designed to ensure service users and carers feel more included in the partnership decision making. The conclusion of the event was that if there was to be any improvement then a number of changes would be required including representation of service users and carers through a senior peer support lead (person with lived experience of mental health illness) to co-ordinate this on behalf of the mental health partnership. Participants at the event came up with a list of principles.

Digital Stories helping us to listen and learn from feedback

Members of the Patient Experience Team have undertaken an accredited digital patient stories training to ensure we are giving our patients, carers and staff a voice when things have gone wrong and help advocate for better services. It can also showcase best practice when things have gone right. Each edited recording will last approximately 3-4 minutes and be put together with images which can be photographs or drawings. The team are currently developing standard operating procedures for recording these stories which will include information and consent forms as well as a toolkit for staff.

Patient reported experience measures

Working in partnership with Cedar, the UHB is working with patients and colleagues across Wales to agree a set of universal Patient Reported Experience Measures (PREMS) questions for use across NHS Wales. Doing this means there will be a consistent method of collecting data that will allow comparison across hospitals and organisations in NHS Wales and help identify areas of good practice as well as areas where patients report poorer experiences.

These questions below have now been approved by the Chief Nursing Officer for Wales. If you or a loved one have a health care experience it is likely that you will be asked these questions by a health professional or provider.

Cardiff and Vale Recovery and Wellbeing College

The UHB is preparing for the launch of its recovery and well-being college in April. A peer lead has been appointed who will manage the college. Courses within the college will be co-produced between staff, service-users, carers and third sector partners. Every course will be designed and delivered by a staff member and a peer trainer (someone who has lived experience of mental health problems who is paid by the college as a trainer). The college takes an educational approach to mental health and wellbeing, with workshops, courses and seminars designed to help students learn more about mental health issues, conditions, wellbeing, self-management and rights. Courses are for everyone, people attend the college as 'students' rather than as 'staff', 'service users' or 'carers'. All courses are free and will take place in a range of different venues.

Approved Universal PREMS Questions for Wales

First and Lasting Impressions	<ul style="list-style-type: none"> Did you feel that you were listened too? Were you able to speak Welsh to staff if you needed to? From the time you realised you needed to use this service, how long did you wait
Receiving Care in a Safe, Supportive Healing Environment	<ul style="list-style-type: none"> Did you feel well cared for? If you asked someone for assistance, did you get it when you needed it?
Understanding of and Involvement in Care	<ul style="list-style-type: none"> Did you feel you understood what was happening in your care? Were things explained to you in a way you could understand? Were you involved as much as you wanted to be in decisions about your care
The core questions include a Likert scale rating of service user experience	<ul style="list-style-type: none"> Using a scale of 1-10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?
Two qualitative questions enable service users to provide narrative feedback	<ul style="list-style-type: none"> Was there anything particularly good about your experience you would like to tell us about? Was there anything we could change to improve your experience?

Bringing together the young and older generations - Digital Heroes partnership

The Digital Heroes project is a partnership project between the UHB and Digital Communities Wales. The project facilitates young and elderly people engaging in, and enjoying the using of technology and the internet. The youth volunteer project manager has recruited and trained 8 young people to become Digital Hero volunteers and they are anticipated to start in late March 2020 on UHW wards. A "Tech Kit" consisting of virtual reality headsets, tablet and iPads will be provided by Digital Communities Wales and kept on the designated wards where the young Digital Heroes and the staff can use to engage the patients in



technology based activities – such as YouTube, Social Networking and News amongst others.

More discussions have also been held around the possibility of undertaking the primary school Digital Heroes project. This part of the project welcomes year 5 school children (minimum age of 9-10 years old) and their teachers from various primary schools or local youth community groups onto wards once a week/fortnight to engage with elderly patients using technology.

Children and Young People's Emotional Wellbeing and Mental Health

Child and Adolescent Mental Health Services (often abbreviated to CAMHS) is a team of professionals with different backgrounds, skills and training relevant to the mental health and emotional well-being of children and young people. They work closely with other professionals in local authority children's services, schools services, the voluntary sector and other partners to meet the range of needs of children and young people with emotional and mental health challenges. CAMHS was repatriated back to the UHB from Cwm Taf UHB last year. The aim of CAMHS is to create a holistic, wrap around mental health and wellbeing service for children, young people and families which ensures timely, joined up delivery of care and treatment.

Gathering feedback about mental health service from young people & children

Over the last year a number of activities have been undertaken to gather feedback from young people and parents on their experiences of children and young people's mental health services. This feedback has helped shaped the future vision for services. A steering group has been established made up of young people, parents, practitioners and third sector representation and meet on a bi-monthly basis. The group has developed a plan of action and activities for the year that involves patients giving their feedback. Central themes include: improving the service information and communication, ensuring regular feedback mechanisms are in place and feedback is acted upon, improvements in the physical environment and support for parents.

In response to feedback gathered from young people, the service are testing out an internet based tool which allows young people to access a supportive service from a qualified practitioner at a time and place that is convenient for them. Similarly in response to feedback from parents, the service is working in partnership with the third sector to develop a parent peer mentoring scheme that will create a support network for parents whilst their children are accessing emotional wellbeing and mental health services. The work is continually evolving in line with the needs of young people and parents and remains focused on improvements to best meet their needs.

Our commitment to Children's rights

Studies show that children express both positive and negative opinions of being in hospital and frustration can be caused by a lack of information, participation, and poor play facilities. The UHB have an obligation to include children and young people in all aspects of care provision which potentially



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

affect them and a Charter for Children has been developed which aims to guide all staff in their actions. There is a requirement for all services in the UHB to demonstrate that the Charter has been incorporated into services at a staff and organisational level. The Charter will form part of the Children's Rights training for UHB staff, relating Children's Rights as a broad concept to daily practice. The Charter, developed by children and young people across Cardiff and Vale makes a number of promises to children and young people to treat them with kindness and respect, to listen to them and to keep them informed. To inform the charter's development and to hold the health board

to account in its delivery, the UHB also established the Cardiff and Vale Health Youth Board. Over 40 young people, aged 14 – 23, are signed up to make

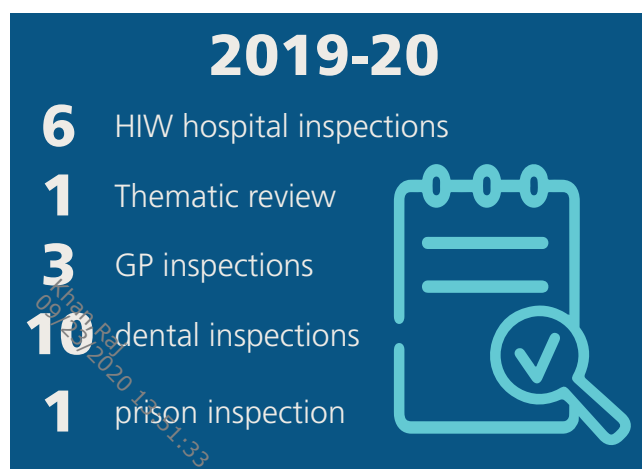
their voices heard and to inform and influence the future of the health service in Cardiff and the Vale of Glamorgan.



Learning from External Inspections

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales. The role of HIW is to check that people in Wales receive good quality healthcare and they do this by conducting inspections of our hospitals and facilities. Inspections are usually announced in places like GP surgeries or Dentists however are unannounced on our hospital wards.

HIW provide the health board with assurance about the quality of our services and promote improvement by reporting and sharing good practice.



The findings have been largely positive for most of these inspections and where improvements are required we provide detailed improvement plans to HIW. We share the findings of our inspections with all clinical teams through the UHB so that we can learn from them as an organisation.

National Maternity Review

As part of the National Maternity review HIW carried out an unannounced inspection of the UHB maternity services in November last year. Overall, HIW found that care was provided across the service in a safe and effective way. HIW found that there was strong and effective multidisciplinary working, which was provided in line with up-to-date clinical practice. HIW also found some evidence that the UHB was not fully compliant with the Health and Care Standards in all areas and identified where improvements were needed. An immediate assurance issue was identified with resuscitation trolleys and was rectified immediately. A patient safety notice was issued through the UHB to alert staff of their responsibility to check resuscitation trolleys.

The UHB has implemented a number of actions plan to address the improvements required. The improvement plan within the final published report can be found [here](#).

Emergency and assessment unit

In late March 2019 Health Care Inspectorate Wales (HIW) undertook an inspection of the Emergency Unit and Assessment Unit in UHW. The Inspection report highlighted some areas of real concern for the Health Board, in particular around the experiences of patients being cared for in the lounge area of the Assessment Unit. It was noted that patients were cared for in chairs for long periods of time and that their nutrition and hydration needs were not being met. Much has been done to improve the situation; recliner chairs have been provided to ensure that the most vulnerable patients are comfortable and are able to get some sleep and staff can now offer patients in the department breakfast lunch and dinner. The improvement work is also focusing on ensuring that patients are receiving care in the most appropriate area. By extending the opening of the Surgical Assessment Unit and opening a new Trauma Ambulatory Care Unit the number of patients requiring care in the Assessment Unit has been reduced. In March 2020, HIW returned to undertake another inspection in the Emergency and Assessment Units. They found that six patients were not wearing identification bands in the lounge area and two of these were receiving medication, therefore this could have meant patients were at

risk of misidentification. Other than this, HIW were satisfied that the requisite improvements had been made. The final report for this inspection is yet to be published. All HIW reports are in the public domain and you can read the improvement plan for this inspection [here](#).

Mental health inspections

Health Inspectorate Wales also conducted an unannounced inspection of three wards at Hafan Y Coed our mental health hospital at University Hospital Llandough last year. The report was very positive, commending the UHB on areas of good practice. The report highlighted how patients are treated with dignity and respect, particularly regarding the safety of patients. The report also talks about when patients sometimes have to 'sleep out' on a more restricted ward. This might be because of bed capacity for a specific ward, for clinical reasons or to avoid the use of private beds outside of Wales which we want to avoid as much as possible. We must however minimise the impact this has on individual patients as recommended in the report. The UHB recognise they still have work to do to continuously review and improve services.

Welsh Health Specialised Services Committee

Specialised services support people with a range of rare and complex conditions which are provided in relatively few hospitals accessed by comparatively small numbers of people. They are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience. Unlike most healthcare, which is planned and arranged locally, specialised services are planned nationally by Welsh Health Specialised Services (WHSSC) on behalf of the seven Health Boards in Wales.

The quality of care that patients and their families receive, and their experience is central to the commissioning of specialised services driving quality assurance and improvement. One of the key features of the quality assurance framework is the strengthening of the relationships between Health Boards and the role of their Quality & Patient Safety Committee. This is core to ensuring that each Health Board is assured regarding the quality of the services commissioned for their population but also to facilitate shared learning.

You said

Concerns were raised that letters sent from eye clinic should be sent in large print for ease of reading by people with sight problems

We did

The unit is arranging for letters to now be printed in a suitable font and size.

We really welcome complaints from our service users as it helps us to make the required improvements to patients experience

You said

Concerns raised regarding lack of information provided to families of patients receiving palliative care in relation to pain management

We did

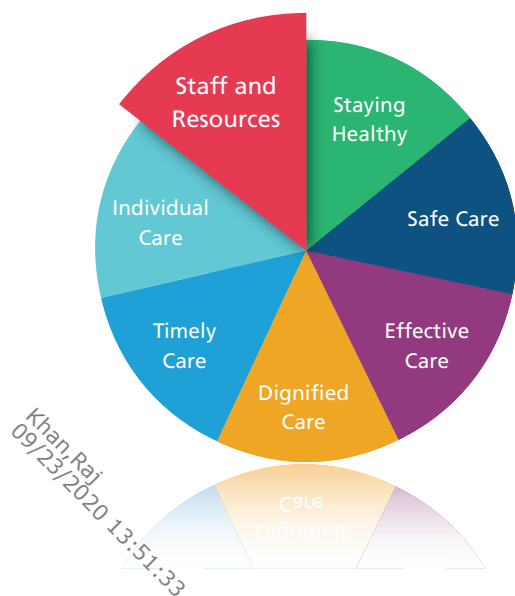
The end of life management plan has been reviewed to ensure it is more proactive in maintaining patient comfort. The palliative care team will be more proactive in communicating the management plan to families including explaining the plan to maintain pain relief and how long the morphine pump takes to become effective after it is set up

Our Staff and Volunteers

By working together staff, students and volunteers ensure that we provide a high quality and safe services.

Our strategy

"Cardiff and Vale UHB will be a great place to work and learn"



The work of our health board and third sector volunteers

Cardiff and Vale University Health Board (UHB) recognises the unique and important contribution that volunteers make in complementing the services it provides. Volunteering can give a sense of purpose – something to do which benefits both the person volunteering and the person they are supporting. Having “nothing to do” can have a very negative impact on a person’s sense of self-worth and wellbeing. While it can be challenging, with obstacles to overcome, the journey to achieving positive results can, in and of itself, be beneficial. Our registered volunteers continue to participate in a wide range of projects across our services, offering their valuable time and skills to support staff and enrich the experience of our service users.

Peer Support Volunteers in Substance Abuse Liaison

Supported by the substance abuse liaison team peer support volunteers provide support, encouragement and inspiration to people in the early stages of recovery from substance misuse problems. By talking about their experience of change, recovery and the services that are available to them both statutory and third sector organisations they help people to establish healthy routines and maintain the positive changes that they have begun to make

Meirion’s volunteer story

My volunteering within the NHS came about through my own journey through the different stages in my own journey in recovery of alcohol addiction, from my first admission with my GP to EDAS, Taith, then the CAU, all of which have proved amazing. My volunteering roles are quite varied, depending on what the NHS requires me to do. The main thing in any role is that my lived experience in recovery can help people in their recovery, providing an insight into all the help and support that is available in the area. The training I received in this has been achieved through my involvement with Recovery Cymru, Footsteps to Recovery and New Link Wales.



Meirion talking to a lecture theatre full of nursing students!

The places I attend in a volunteer capacity are UHW, Pine ward (detox unit Llandough hospital) CAU Cardiff and Barry. Each place requires different approaches in the manner of conversation depending where the individual is at that moment. This is where the training I have received through Recovery Cymru and others organisations becomes vital. The training includes Relapse Prevention, Peer Moving on in my Recovery, SMART in addition to all of Recovery Cymru's bespoke training in communication, group facilitation, recovery buddy and champion roles. This is in addition harm reduction training for heroin, spice, steroids, and amphetamine and party drugs. My ultimate aim for my contribution to volunteering is to try and give every person I meet some level of hope and the realisation that they are not alone.

My own support network is vital in my own recovery and that includes the alcohol and drug liaison team in UHW who are an amazing team of dedicated caring people, the staff on Pine ward, both CAU centres and of course Recovery Cymru who are always there for me. Most important are the people who I am lucky and privileged to meet along the way - they are my recovery. It is important to remember when talking to any person that it is their life, their recovery and their choice what path they want to take. My alcohol addiction and story might be similar but all of us have different ways of dealing with certain parts of our lives. My start has relevance to the conversation BUT I always remember it is not my story but theirs

I am not there to say do what I do and it will be ok, the odds are that will be a recipe for failure..

Volunteer Management Quality Standard

Last year the UHBs Macmillan volunteer became the very first Macmillan professional in Wales to be presented with the Macmillan Volunteering Quality Standard (MVQS). Sarah, who is an information and support facilitator, is supported by a total of 18 volunteers across the three sites in the University Hospital of Wales, University Hospital Llandough and Barry Hospital. The MVQS recognises the development and improvement that Sarah has made to the volunteer experience at the three information centres she runs.

The MVQS is an optional development programme that Macmillan offers to staff and professionals. It is delivered through one-to-one coaching over a 12-month period. Sarah has been managing volunteers for a number of years but decided she would take on MVQS in order to improve the service for both volunteers and the people who benefit from it, and to make sure that everyone has the best possible experience.

Macmillan operates a number of quality assurance standards that ensure services are delivered to the best possible quality for people living with and affected by cancer. Sarah and her team of volunteers are delighted to have also completed

their Macmillan Quality Environment Mark (MQEM) and the Macmillan Quality Information and Support Service (MQUISS) standards this year. While the Macmillan Information and Support Centre in the University Hospital of Wales retained its **Macmillan Quality Environment Mark**, the Information and Support Centres at Barry Hospital and University Hospital Llandough were both awarded the environment mark for the first time. As well as this, the 3 centres were each



awarded the Bronze **"Carer Friendly Accreditation"** in June 2019. The Carer Friendly Accreditation scheme aims to improve, share and recognise support for carers in health and social care service areas.

Volunteer award

Mary Bollingham, a volunteer from the Information and Support Centre at Barry Hospital was jointly awarded the **"Volunteer of the Year"** award in the 2019 Staff Recognition Awards. Mary always takes time to listen to individuals, signpost them to relevant information and always try to help. She has a wealth of life experience and excellent communication skills. Throughout her life she has strived to ensure the patient's voice is heard.

Our Staff



Culture and Leadership Amplify 2025

The UHB has developed a learning alliance with Canterbury Health Board (CHB) from New Zealand to learn about the significant cultural and system improvements they have achieved over the last 10 years. They have benefitted from improved staff morale and culture with a high trusting environment and a person centred approach. We have designed a similar programme of work to develop our own health system for the benefit

of patients and staff. The '**Amplify 2025**' engagement event was the first step in this process

It enabled 80 leaders to think differently about delivering healthcare, ensuring we put the person 'Wyn' at the heart of all our decision making. The UHB is in the process of establishing a 'showcase' experience at which up to 5000 members of our community will experience a 2 hour walk through of our current and future models of care. The showcase is designed to amplify the awareness and pace of our strategy 'Shaping our Future Wellbeing', ensuring its delivery by 2025.

Talent Management

Last year we told you about our talent management programme that we were about to launch in April 2019. Evidence shows if we foster a culture where we engage and care for our staff they will value and care for our patients, therefore it is important for the UHB to consider potential and the value staff bring to their current roles, as well as maximising their future potential in the NHS.

The programme, launched as planned supporting our culture of being 'A Great Place to Work and Learn'.

The Talent Management Programme is about having the right people, in the right roles, with the



right values have access to the right opportunities, exposure, stretch and development to reach their potential, whether this is in their current role or a future role.

Developing Managers and Leaders

The UHB has made a clear commitment to develop its leaders in order to build leadership capacity and capability across all services that is reflective of the values of the organisation. We know that leadership development impacts on quality of care and on workplace cultures for staff. Developing leaders willing to embrace leadership that is transformational, collaborative and compassionate is a key enabler for developing effective workplace cultures.

In 2019/20 a new suite of Leadership and Management development opportunities have been developed for all levels of UHB staff.

FIRST STEPS TO MANAGEMENT - To help new and existing supervisors develop key supervisory and management skills

ESSENTIAL MANAGEMENT SKILLS - for aspiring and existing managers to develop the essential skills required by all managers

OPER8 - a development programme for new and experienced Clinical Board Operational Managers

ACCELER8 - introduces leaders to the business of caring within the whole health and care system

INTEGR8 - introduces staff to the concept of leadership and service improvement within the health and social care system

COLLABOR8 - a one day programme that assists participants in building positive working relationships with people

LEADING THROUGH INCLUSION - a leadership programme that focuses on the diversity of our organisation and challenges staff to lead with an inclusive culture

Embedding Our Values

Cardiff & Vale UHB is a values based organisation – we want to recruit, develop and nurture engaged and motivated staff with the skills and confidence to live up to our values every day.

During 2019/20 we developed a **Values Based Appraisal (VBA)** which is going to be rolled out across the UHB for all staff from April 2020. It is a focussed conversation with staff around their development, the value they bring, and the position(s) that best suit their skills now and in the future.

Values Based Recruitment (VBR) is an approach which attracts and recruits people on the basis that their values and behaviours align with those of the organisation. VBR training aims to provide all recruiting managers with the skills and tools they need.



Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Khan Raj
09/23/2020 13:51:33

Listening to our Staff

Staff Engagement

The UHB is committed to improving staff engagement and recognise that staff who are engaged are more productive, content and more likely to remain within the HB. Positive staff engagement has been linked to reduced staff turnover, lower sickness absence and improved patient experience, as well as being positively associated with staff-wellbeing.

This means that obtaining staff views and helping managers to have meaningful conversations with staff/teams to find out what matters to them is a priority for CAV UHB.

In 2018 NHS Wales had a Staff Survey. In Cardiff and Vale UHB we had a response rate of just 23% but we were able to identify some key themes. More than 50 people volunteered to take part in a stakeholder group to use the survey results to make a difference for our staff and patients. We

#CAVYourSay

Khen Raj
09/23/2020 14:51:33

have had 3 workshops and created objectives and actions around the following themes:

- Engagement
- Leadership
- Culture & Behaviour
- Involvement

We'd like to say a very big THANK YOU! to everyone who showed their enthusiasm for this.

The UHB has recently published a booklet for staff to let them know about some of the things we have done in response to their feedback including simplifying our policies, publicising ways of working flexibly, tackling stress in the workplace and improving the raising concerns system.

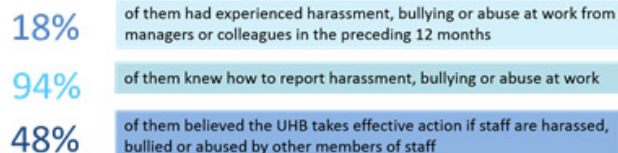
In addition to this, each Clinical Board is being supported to develop and implement pulse surveys. A pulse survey is a short, quick survey that is sent out to staff with the aim of providing a pulse check on topics such as employee satisfaction, communication, leadership, job role, culture and the likelihood of staff staying in the UHB. They are useful because the feedback provided by staff helps to decide which areas need improvement, and form the basis of a regular measure of changes in engagement and satisfaction levels within the UHB.

Helping to retain our nursing workforce

The retention of nursing staff continues to be a key issue for the UHB and, in order to make improvements in this area, a Nurse Retention Group was set up last year. The group is focusing on plans to support new starters, implement development and career planning and flexible and predictable working arrangements, as well as improving the way we engage with staff. A number of meetings have already taken place and the aim is that all plans will be implemented by the end of the year.



In the last Staff Survey our staff told us that:



We understand it is not easy to raise a concern and can be difficult to know what to do if someone does speak out to you. The Freedom to Speak Up helpline is there for staff to contact on F2SUCAV@wales.nhs.uk or 02921 846000 – we want staff to get in touch so we can listen!

This year we improved the [F2SU webpages](#) – we now have an average of 440 hits per month (up from 135 hits per month)

We have now made a commitment to investigate and respond to all concerns within 30 days

'Thank you for looking into this so quickly, much appreciated'
'Thank you for your email and for keeping me updated with this. It is reassuring that employees' concerns are taken into account!'

Employee Health and Wellbeing

We know that staff wellbeing is key to feeling engaged. As a signatory of both the Time to Change Wales Campaign and the Mindful Employer Charter, the UHB is committed to improving and maintaining mental health in the workplace. In 2019, the UHBs Health Charity helped to fund the

Employee Wellbeing Service which will double the number of counsellors and introduce a new assistant psychology therapy practitioner role. This is intended to decrease waiting times for staff and increase access to support.

Following the success of our CAV a Coffee campaign this year the concept was extended and to mark Mental Health Awareness week and National Walking month and staff were invited to join a 'CAV a Coffee and WALK'. In addition, we supported the Time for Change 'Talking is a Lifeline' campaign to encourage men to talk about their mental health without fear of being judged, and introduced Menopause Café's to break the silence about the menopause in the workplace.



In January 2020 staff were encouraged to take a pledge to make 'one small change' to make a real difference to their health and wellbeing and to share their experiences via social media using the hashtags #keepingpeoplewell and #1smallchange

Wellbeing workshops

The Employee Wellbeing Service (EWS) currently facilitates three wellbeing workshops: - 'Introduction to Compassion and Self-Care', 'Assertiveness', and 'Stress Risk-Assessment for Managers'. These workshops are for those who want to understand more about themselves, how they communicate with others and increase their ability to attend to their wellbeing. The training is free to Cardiff and Vale UHB staff and can be attended in work time with their manager's approval. Throughout 2019, 10 of the 'Introduction to Compassion and Self-care' and 'Assertiveness' workshops were facilitated in UHW and UHL, which attracted a total of 84 staff members. In 2020 so far, 4 of these workshops have been facilitated, which 49 staff members have attended.



Successes and Challenges Across the Health Board



75%
of Staff completed
Safeguarding
Children training



3001
Staff trained in the
Mental Capacity
Act



500
staff have been
trained in basic BSL

1200
trained in
Leadership &
Management



123
pharmacy student
volunteers recruited
have contributed
2091 hours of their
time to the UHB



12483
trained in equality,
diversity and human
rights

80.5%

Staff are trained in
Violence against
women, domestic
abuse and sexual
violence

We have over

700

Health board
and 3rd sector
volunteers working
with us to improve
the experience of
our patients.



483
Staff trained in
Communication &
Coaching Skills



81%
of Staff
completed
Infection
prevention and
control training

During the COVID
pandemic we
recruited

1007
additional temporary
staff to cover a
variety of roles

Equality and Inclusivity

In all the work of the UHB we aim to ensure that all protected characteristic groups have the opportunity to fully participate and that we respect people as individuals. Our focus this year has been to on planning, consulting and engaging on our new Strategic Equality Plan – **Caring about Inclusion 2020-2024**. Initial discussions and engagement events with equality related organisations, experts and other key stakeholders regarding the Equality Objectives began in the summer of 2019. Participants provided us with all-embracing views and experiences of using our services. They highlighted where they thought more could have been done to treat them (or the groups that their organisations represented) fairly. They also referenced barriers they have faced because they belong to one or more protected group.

We have also continued to ensure, as far as possible, that when we make a decision, develop a strategy or policy, or do anything else that affects our service users or staff, then we do so in a fair, accountable and transparent way taking into account the needs and rights of all those who might be affected.

Welsh Language

Last year we told you about our commitment to ensure the UHB is compliant with the new Welsh Language Standards that came into force in May 2019. These new standards place a duty on the organisation to provide a certain level of Welsh language services for its patients and service users. Staff will also have to provide certain internal services through the medium of Welsh, such as some training and staff tribunals.

During 2019/20 we have:

- Held a number of workshops to develop an implementation plan to meet the Standards
- Secured a new translation service in partnership with Cardiff City Council
- Delivered more Welsh Language courses than ever – free for staff – comprising of:
 - o Work Welsh taster courses
 - o Intensive Welsh courses
 - o Residential courses
- Encouraged our staff to register their Electronic Staff Record so we have informed data on the language skills across the UHB
- Appointed 2 switchboard operators with Welsh language fluency to our main UHW switchboard
- Worked closely with Clinical Boards to support the development of Patient Management

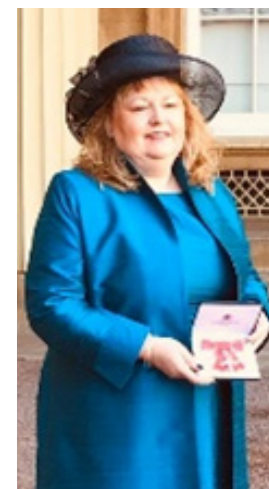


Systems that record Welsh language preferences of our patients

- Developed an online library of generic, Welsh language job descriptions

Our Award Winning Staff

Our staff work daily to improve care and treatment for our patients. Many of them are undertaking award winning work.



Staff receiving an MBE in the Queen's birthday honours list

We are delighted that our Executive Nurse Director has been honoured with the award of MBE for her contribution to NHS nursing services. Ruth Walker MBE is one of the most experienced Executive Nurse Directors in Wales and joined Cardiff and the Vale University Health Board in 2009.

Other equally worthy recipients this year include; Louise Poley MBE, Kathryn Ellaway MBE, Professor Antony Bayer MBE Scott Cawley - was awarded an MBE in the new years honours list.

Shortlisted for a British Medical Association (BMA) award

The Sustainable Surgery in Wales project

The UHB takes its responsibility seriously in its aim to make large scale changes which can help to lower our collective carbon footprint. This particular shortlisted project is in relation to cataract surgery, which is the single most common operation performed in the UK. The team, led by Dan Morris, a consultant ophthalmologist, and Fiona Brennan, a consultant anaesthetist, studied the carbon footprint of cataract surgery and the UHBs use of Inhalational Anaesthetic Agents. These gases are used in daily anaesthetic practice across the world and are potent greenhouse gases with one, desflurane, having 2540 times the global warming potential of CO₂. To address this issue, the team introduced carbon-saving measures, such as recycling bins in theatres and follow-up in the community.

Since making these changes, the team have reduced the carbon footprint of a cataract operation by a third as well as increasing awareness of reducing carbon emissions for all

staff across the UHB. Further, by using gases other than desflurane, the team have reduced the UHB's carbon emissions by 75,000kg CO₂eq /month, a reduction of over 82%.



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British Journal of Nursing Hepatology/Liver award

One of the UHB specialist nurses Sarah Nicholas, is a finalist for the BJN Hepatology/Liver Nurse Award for her work in developing and running community services, facilitating testing of and treating the most vulnerable populations in Cardiff for hepatitis B & C since 2004.

The first Cardiff and Vale nurse to receive full accreditation for colonoscopy

Dr Helen Ludlow who works as a Clinical Nurse Specialist in Gastroenterology, first started her nurse endoscopy training in 2013 to do flexible sigmoidoscopy (the examination of the left side of the colon). As

Helen has now passed, she's a JAG (Joint Advisory Group on GI Endoscopy) accredited colonoscopist; all fully independent endoscopists must be JAG accredited to practice.



British Renal Society Jane McDonald Excellence and Leadership Award for outstanding leadership in the renal community

The winner of this award is Clare Main for services to the renal community in Wales.

Cyril Sanders memorial award

Hayley Pincott - Associate practitioner in the oral pathology and microbiology dept.

National Spinal Injuries Association Awards -Rising Star 2019

Lowri Davies from Rookwood Spinal Injuries Team was presented this award by Princess Anne

RCN Wales Nurse of the Year Awards

Mental health and Learning Disabilities Award- Runner up Kara Hannigan
Mentorship Award Winner- Andrew Brown
Suzanne Goodall paediatric nursing award- Sarah Byrne and Janet James

Health and Care Research Wales Impact awards 2019

The Critical Care Research Team received the Judges award for their work in improving the use of emergency consent for research.

Advancing Healthcare Award programme

Angela Jones and Helen White specialist podiatrists

Queen's Nurse award from community nursing charity the Queen's Nursing Institute (QNI).

Susan Dinsdale, Senior Nurse in Community Child Health.



Year 3 - How did we do?

Things we said we would focus on 2019-20	Health Board Position
Governance , leadership and accountability	
Continue work to embed Human factors training	Human Factors is firmly embedded in the LIPS programme and all our patient safety training. Relevant staff have also attended special training and been involved in an international research project to take this work forward. Our Head of patient safety spent 4 weeks in Norway as part of the project.
Deliver a LIPS cohort that is aligned to the priorities of the UHB Transformation programme	1 cohort of LIPS was delivered last year with several projects aligning to the UHB Transformation programme
Continue to improve the reporting of regulatory compliance to the QSE Committee.	Services in the Clinical Diagnostics and Therapeutics Clinical Board are amongst the most highly regulated in the Health Board. They have implemented a robust governance framework in relation to monitoring this and reported to the December 2019 QSE Committee. Their report can be read here
Treating people as individuals	
Consider the findings of the HIW All Wales review of the transition from child to adult services and implement the necessary changes	The UHB has carried out a self -assessment against the report and this has been reported to the QSE committee. You can read it here
Delivery of Year 2 of the Dementia Strategy 2018-2028	The Cardiff and Vale Dementia strategy continues to be delivered in year 2. The dementia team is operational. As at 31 December 2019 there were over 29,000 Dementia friends created (cumulative total) as part of the dementia friendly communities initiative. At the same time frame, 72.9% of frontline staff had received mandatory dementia awareness training.

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Things we said we would focus on 2019-20	Health Board Position
Put in place a Carers' forum.	An Expert Carers Panel was established to ensure that the voices of unpaid carers are heard enabling them to influence, change and shape services. The panel is made up of carers from across Cardiff and the Vale who are asked to provide feedback on new legislation, policies and procedures and future services. They also form part of the Carers Review Panel who review the Carer Friendly portfolios and either approve the accreditation or provide constructive feedback on areas for improvement.
Implement real time feedback system across all areas of UHB.	HAPPY OR NOT kiosks are now available at every hospital site
Continue work to improve the experience of care for those who are deaf or hard of hearing	We are the First Health Board in Wales to sign the British Sign Language (BSL) Charter. 500 staff have now been trained
Roll out of new primary care models to increase capacity and improve access	Musculoskeletal clinics are now up and running, hosted in GP cluster hubs in Central Vale cluster, Eastern Vale cluster, South West Cardiff cluster and City and South Cardiff cluster. Patients are seen by a first contact physiotherapist; these patients would otherwise had been seen by a GP. Mental Health clinics are up and running in all the practices in the East Cardiff cluster and Central Vale cluster. By March 2020 all nine clusters in Cardiff and Vale will have access to practice based Mental Health clinics.
Implementation of cancer pathway	The UHB continues with the implementation of its single cancer pathway plan. Funding has been received from Welsh Government to support the implementation and this has been prioritised to help reduce the demand and capacity diagnostic gap and in supporting development of an IT and Business Intelligence System that aids the single cancer pathway and national data requirements
Further reduction in waiting times for elective treatment	The COVID-19 pandemic has impacted our ability to provide elective treatment. The forthcoming year will be a challenging one however we will be working hard to prioritise those in the greatest need and re instate our elective services.
Improved access for Specialist Child and Adolescent Mental Health Services	This remains an area which the UHB will be focussing on in 2020-21. The UHB have a plan for service transformation including improved integration between primary and specialist CAMHS, and between NHS services and those services delivered by our multi - agency partners.

Things we said we would focus on 2019-20	Health Board Position
Continued improvement in the performance of emergency services.	The health board will continue to focus on the provision of emergency services, while balancing the continuing requirement to provide care for Covid-19 patients.
Elimination of all waits of over 8 weeks for a diagnostic test	Excellent progress was being made prior to the Covid-19 pandemic and this will continue to be a priority for the UHB
Effective care	
Introduction of an electronic clinical audit system.	There has been a focus on supporting the Clinical Board to identify clinical audits that will address their quality and safety priorities. IN 2019/20 Clinical Boards have identified 43 national audits and 34 local audits that will allow them to gain assurance about the quality of the services that they are delivering
Put in place structures to support the Medical Examiner Role	The UHB continues to work with the All Wales Medical Examiner to ensure that the necessary structures are in place by 2021 and has recently established a local mortality group to oversee this.
Ensure that the deaths of all in-patients are reviewed	Compliance with Level 1 mortality reviews has ranged between 75 -80%. This continues to be an area where further improvement is required. There are processes in place to enable all deceased in patients to have their care and treatment reviewed. Some targeted work has recently been undertaken to improve the processes that support the recording of stage/level 1 mortality reviews in Critical care. This has resulted in an improvement from 66% completed to 100% in January and February 2020. We have been participating in Wales wide work to make this more consistent and robust. The role out of the Medical Examiner Service over the coming year will greatly improve our ability to learn from deaths.
Continue to increase our compliance with Patient Safety Solutions	Compliance is now 95% - an increase of 3% on the previous year.

Things we said we would focus on 2019-20	Health Board Position
Safe Care	
National Safety Standards for Invasive Procedures continues – focusing on central line insertion, chest drain insertion and nasogastric tube insertion.	The UHB has established a vascular access task and finish group that is focussing upon development of a centralised service.
Implementing our Falls Framework	Our Falls Framework was launched in 2019.
Implementing the revised WG guidance for pressure ulcer reporting and investigation.	This guidance is now fully implemented.
Dignified Care	
Full roll out of the Learning Disability (LD) bundle	It has been recognised for some time that individuals with a learning disability (LD) sometime experiences inequalities in their health care. The LD bundle is designed to ensure that our staff have the right resources to care for patients when they come into hospital. These include bespoke assessments and resources to help staff identify carers and other health professionals involved in the individuals care. LD surveys are now sent out to patients and carers on a monthly basis. The UHB has established two new acute LD liaison nurses to ensure patients with LD have appropriate support in hospital.
Continue to implement the Sensory Loss Plan.	Our focus has been on supporting the deaf community. We have signed the BSL charter, trained over 500 staff in basic BSL, developed a video about the concerns process in BSL which is subtitled and audio for all individuals with sensory loss.

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Things we will focus on in 2020 - 2021:



Development of a QSI Framework and a Patient Experience Framework for 2020-2025



Implementation of the Health and Social Care (Quality and Engagement) (Wales) Bill and the Quality and Safety plan for Wales



Agreement of a Human Factors Framework



Preparation for the Medical Examiner Role in 2021 Learning from Deaths Framework



Further Strengthening of Quality and Safety Governance arrangements



Improving access to data to support clinicians with Quality Improvement activities.

To the best of our knowledge the information provided in this Annual Quality Statement is accurate and provides a true reflection of our organisation at the time of publication. It has been subject to Internal Audit scrutiny and awarded a rating of substantial assurance.

We would like to know if you've enjoyed reading the Annual Quality Statement and to get some feedback from you.

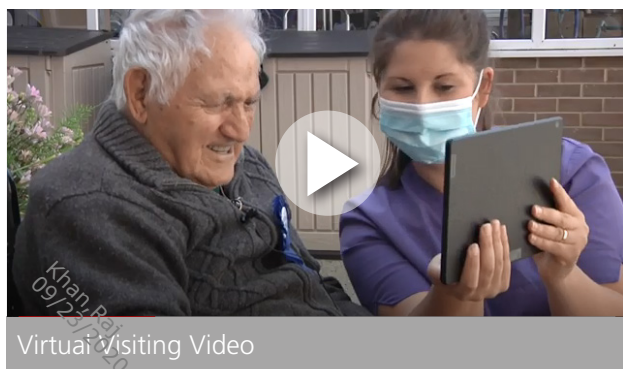
Please take 2 minutes to answer this brief survey to help to us to produce a document that you enjoy and find informative. <https://www.surveymonkey.co.uk/r/RJH75ZX>

How the Patient Experience Team are meeting the needs of patients during the Covid-19 pandemic.

Due to the restrictions on visiting Welsh Government provided 280 tablets to be used for virtual visiting, in addition a further 100 were purchased via the Health Charity. Our IT department ensured that the tablets were safe for patients to use and comply with data protection guidelines. Each tablet has been set up with Zoom for virtual visiting, Radio Glamorgan, free magazines from Wi-Fi spark and a feedback survey. IT have added a range of game and activity apps to help alleviate boredom on the wards.

Feedback from the virtual visiting has been very positive from both staff and patients, some of whom have not seen family/friends in weeks.

Virtual Visiting Video



Bereavement Line

In April a bereavement helpline was implemented, members of the Patient Experience team contacted all people who had suffered a bereavement. The aim was to provide someone to listen, signpost to other organisations and initiatives, such as our Chatter line, and address any queries where possible around the death of their loved one.

Enquiry Line (7 day service)

To ensure that the community had a point of contact not only in the week, but also on the weekend, the Patient Experience and Concerns teams implemented a 7 day service in March. The community, patients and staff are able to call or E mail everyday between 9am – 5pm, with the telephone lines advertised via social media, Third sector organisations, Community Health Council and our web pages

Chatter line

Understanding that many people in the community were shielding and not able to socialize as they used to, we launched a volunteer led Chatter Line. From the 31st March those who were feeling isolated and lonely, through the pandemic,

could contact us and request a call from one of our volunteers as a one off or as a regular call. Volunteers were provided with information on services to support in the community should they identify that the person they are calling has further needs to just a 'chat'.

Message from a loved one

In April, before we were able to implement a safe virtual visiting service, we launched the message from a loved one initiative. We were keen to ensure that patients and families had a way to communicate during these difficult times so offered families the opportunity to email us messages and pictures if they wished, to send to their loved one in hospital. The message was then printed and any photos laminated and sent to the patient on the ward.



Wales for Africa

Our health board has a multi-disciplinary coordinating group which oversees and supports our partnership working. A number of health board staff, and associated colleagues in Cardiff University, are also involved with charities that support work in Africa. Our partnerships include Mothers of Africa, Life for African Mothers, Penarth and District Lesotho Trust and the Welsh Government's International Learning Opportunities Programme.

Through their work initiatives of sharing skills, establishing positive collaborative working relationships with local communities and supporting education and health, these charities in Wales are helping to build strong communities in Africa. This work demonstrates the UHB's commitment to making a positive contribution to global wellbeing. Staff are encouraged to support African charities in a number of ways. They include;

- In for a Penny scheme. This is a payroll giving scheme run by Cardiff & Vale Health Charity, giving all the Health Board staff the opportunity to donate a minimum of 1p and a maximum of 99p every time they get paid.
- The UHB encourages and supports individuals wishing to undertake International Learning Opportunities placements in Sub Saharan Africa.



Links in Annual Quality Statement

- Page 5 Health and care standards
http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf
- Page 7 Good gym you tube video
<https://www.youtube.com/watch?v=o5wGL5RXoJI&feature=youtu.be>
- Page 8 You tube- get up and Dance
<https://www.youtube.com/watch?v=tYd44qyZeUk>
- Page 14 Serious Incidents
<http://www.cardiffandvaleuhb.wales.nhs.uk/board-meetings>
- Never Events
<http://www.patientsafety.wales.nhs.uk/never-events>
- QSE report
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/QSE%20Agenda%20Bundle%20-%2015.10.19.pdf>
- Stop before you block
https://www.hsib.org.uk/documents/55/hsib_report_administering_wrong_site_nerve_block.pdf
- Page 15 HIW inspection report
<https://hiw.org.uk/sites/default/files/2020-02/HIW%20-%2019255%20-%20UHW%20%28Maternity%29%20FINAL%20REPORT%20E.pdf>
- Page 16 Ophthalmology report
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/QSE%20FINAL-Boardbookv3.pdf>
- Page 28 Read about me video
<https://www.youtube.com/watch?v=MzsciCsmI9g&feature=youtu.be>
<https://www.youtube.com/watch?v=O2yJtKP5S28&feature=youtu.be>
- Page 32 The impact of the COVID-19 pandemic
<https://gov.wales/written-statement-coronavirus-covid-19-2>
<https://gov.wales/nhs-activity-and-performance-summary-march-and-april-2020-html>
- Page 42 HIW National review of Maternity services
<https://hiw.org.uk/national-review-maternity-services>
- Page 43 HIW Inspection report –Emergency and Assessment units
<https://hiw.org.uk/sites/default/files/2019-06/190628uhwen.pdf>
- Page 59 Virtual visiting video
https://www.youtube.com/watch?v=tZlbDwQV_XE