

Board Meeting

26 March 2020, 13:00 to 16:00
Coed y Bwl Room

Agenda

1

Apologies for Absence

2

Declarations of Interest

3

WELCOME AND INTRODUCTIONS

4

Minutes of the Board Meeting held on 30 January 2020

Charles Janczewski



4 - Board Mins - 30.01.20 - AF 10.02.20 NF.pdf

(17 pages)

5

Action Log - 30 January 2020

Charles Janczewski



5 - Action log January meeting.pdf

(2 pages)

6

Chair's Action taken since last meeting

7

STANDING ITEMS

7.1

Chair's Report

Charles Janczewski



7.1 - Chairs Report March 2020.pdf

(6 pages)

7.2

Chief Executive Report

Len Richards

7.3

Patient Safety, Quality and Experience Report

Ruth Walker



7.3 - Patient Safety Quality Report.pdf

(13 pages)

7.4

Performance Report

Steve Curry / Robert Chadwick



7.4 - Performance Report Mar 2020.pdf

(28 pages)



7.4.1 - Performance Report Mar 2020
Appendices.pdf

(7 pages)

7.5

Board Assurance Framework

Nicola Foreman

 7.6 - BAF Covering Report -March 2020.pdf (4 pages)

 7.6.1 - BOARD ASSURANCE FRAMEWORK (MARCH 2020).pdf (16 pages)

8 ITEMS FOR REVIEW AND ASSURANCE

8.1

Healthy Travel Charter Annual Update

Fiona Kinghorn

 8.1 - UHB Board update healthy travel 200304-1.pdf (3 pages)

8.2

UHW Replacement Programme Update

Verbal

Abigail Harris

9 ITEMS FOR APPROVAL / RATIFICATION

9.1

UHL CAVOC Theatres Strategic Outline Case

Abigail Harris

 9.1 - UHL CAVOC Theatres.pdf (6 pages)

9.2

Move More, Eat Well Plan

Fiona Kinghorn

 9.2 - MMEW Plan for UHB Board.pdf (3 pages)

 9.2.1 - Move more, eat well plan_Jan 2020_FINAL.pdf (16 pages)

9.3

Board Annual Plan 2020/21

Nicola Foreman


 9.3 - Board Work Plan Covering Report.pdf (3 pages)


 9.3.1 - Workplan 2020.21.pdf (4 pages)

9.4

Annual Reports for Committees

Nicola Foreman

 9.4 - Annual Reports for Committees of the Board.pdf (2 pages)


 9.4.1 - Annual Report of Audit and Assurance CommitteeNF.pdf (8 pages)

 9.4.2 - CFC Annual Report.pdf (9 pages)

 9.4.3 - DHIC Draft Annual Report - Final.pdf (5 pages)

 9.4.4 - Annual Report Finance Committee.pdf (4 pages)

 9.4.5 - Annual Report - H&S.pdf (5 pages)

 9.4.6 - Annual Report of Mental Health 2019-20.NF.pdf (6 pages)

 9.4.7 - ANNUAL REPORT QSE 2020.pdf (11 pages)

 9.4.8 - S&D Annual Report March 2020.pdf (11 pages)












9.5

Board Champions Update

Nicola Foreman

 9.5 - Board Leads.Champions Covering Report.pdf (2 pages)

	9.5.1 - BOARD LEADS AND CHAMPIONS.pdf	(2 pages)	
9.6			
Terms of Reference and Workplan for All Committees of the Board			Nicola Foreman
9.6.1			
Audit and Assurance Committee			
	Audit Committee TOR.pdf	(9 pages)	
	Audit Committee Workplan.pdf	(1 pages)	
9.6.2			
Charitable Funds Committee			
	Charitable Funds Committee TOR.pdf	(8 pages)	
	Charitable Funds Committee Work Plan 2020.pdf	(1 pages)	
9.6.3			
Digital Technology and Information Committee			
	DHIC Terms of Reference.pdf	(8 pages)	
	DHIC Committee Work Plan 2020.21.pdf	(1 pages)	
9.6.4			
Finance Committee			
	Finance Committee TOR 2020v2.pdf	(6 pages)	
	Finance Committee Work Plan 2020.21.pdf	(2 pages)	
9.6.5			
Strategy and Delivery Committee			
	Strategy and Delivery TOR.pdf	(8 pages)	
9.7			
Declarations of Interest - Board Members 2019/20			Nicola Foreman
	9.7 - Board Members Interests 2019.20- covering report.pdf	(2 pages)	
	9.7.1 - Declarations of Interest Board Members 2019-20.pdf	(6 pages)	
9.8			
Committee Minutes			
9.8.1			
Audit and Assurance Minutes - 3 December 2019			John Union
	9.8.1 - Audit Mins 3.12.19.pdf	(9 pages)	
9.8.2			
Charitable Funds Committee - 10 December 2019			Akmal Hanuk
	9.8.2 - Minutes December_CFC0320.pdf	(7 pages)	
9.8.3			
Finance Committee - 29 January 2020			John Union
	9.8.3 - CONFIRMED MINUTES OF THE FINANCIAL COMMITTEE Jan 2020 1.pdf	(11 pages)	
9.8.4			
Mental Health and Capacity Legislation Committee - 22 October 2019			Sara Moseley
	9.8.4 - MHCHC Oct Mins - 09 01 2020.pdf	(8 pages)	

9.8.5		
Quality, Safety and Experience Committee - 17 December 2019		
		Susan Elsmore
	9.8.5 - QSE Mins 17.12.19.pdf	(13 pages)
9.8.6		
Strategy and Delivery Committee - 12 January 2020		
		Charles Janczewski
	9.8.6 - Minutes _SD0320 Final Draft.pdf	(13 pages)
9.8.7		
Local Partnership Forum - 9 December 2019		
		Martin Driscoll
	9.8.7 - LPF minutes 12.02.20.pdf	(7 pages)
9.8.8		
Stakeholder Reference Group - 27 November 2019		
		Geoffrey Simpson
	9.8.8 - Confirmed Minutes of SRG Meeting 27 November 2019.pdf	(8 pages)
9.8.9		
Emergency Ambulance Services Committee - 28 January 2020		
	9.8.9 - Confirmed minutes of EASC meeting held on 12 Nov 2019 approved at EASC 28 Jan 2020.pdf	(11 pages)
10		
ITEMS FOR NOTING AND INFORMATION		
10.1		
REPORTS FROM COMMITTEE CHAIRS:		
10.1.1		
Audit and Assurance Committee - 3 March 2020		
		John Union
	10.1.1 - Audit and Assurance Chair's Report 3.03.20.pdf	(4 pages)
10.1.2		
Charitable Funds Committee - 17 March 2020		
		Akmal Hanuk
	10.1.2 - Charitable Funds Committee Chair's Report March 2020.pdf	(3 pages)
10.1.3		
Digital Health Intelligence Committee - 4 February 2020		
		Eileen Brandreth
	10.1.3 - DHIC Chairs Report - March 2020.pdf	(3 pages)
10.1.4		
Finance Committee - 26 February 2020		
		John Union
	10.1.4 - Finance Committee Chairs Report FEBRUARY 2020 Meeting.pdf	(4 pages)
10.1.5		
Mental Health Capacity and Legislation Committee - 21 February 2020		
		Sara Moseley
	10.1.5 - Mental Health Chair's Report.pdf	(3 pages)
10.1.6		
Quality, Safety and Experience Committee - 18 February 2020		
		Susan Elsmore
	10.1.6 - QSE Committee Chair's Report -	(4 pages)

10.1.7

Strategy and Delivery Committee - 10 March 2020

Charles Janczewski



10.1.7 - Strategy Delivery Chair's Report March 2020.pdf

(3 pages)

10.1.8

Local Partnership Forum - 12 February 2020

Martin Driscoll



10.1.8 - LPF briefing (February 2020) for March 2020 meeting.pdf

(3 pages)

10.1.9

Stakeholder Reference Group - 29 January 2020

Geoffrey Simpson



10.1.9 - SRG Chairs Report - January 2020.pdf

(3 pages)

10.1.10

Emergency Ambulance Services Committee - 28 January 2020



10.1.10 - Chair's EASC Summary from 28 Jan 2020.pdf

(4 pages)

11

AGENDA FOR PRIVATE MEETING

11.1

Corporate Risk Register

12

Review of the Meeting

13

Date and Time of Next Meeting:

Thursday, 28 May 2020

Woodland House

**Unconfirmed Minutes of the Board Meeting
Thursday, 30 January 2020 at 1.00pm**

**Cowbridge with Llanbethian Town Council
Town Hall, 21 High Street
Cowbridge, CF71 7AD**

Present:

Charles Janczewski	CJ	UHB Interim Chair
Len Richards	LR	Chief Executive Officer
Professor Gary Baxter	GB	Independent Member - University
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer
Akmal Hanuk	AH	Independent Member - Community
Jonathon Gray	JG	Interim Director of Transformation and Informatics
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Interim Vice Chair
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Sara Moseley	SM	Independent Member – Third Sector
John Union	JU	Independent Member - Finance
Stuart Walker	SW	Executive Medical Director
Dawn Ward	DW	Independent Member – Trade Union

In Attendance:

Stephen Allen	SA	South Glamorgan Community Health Council
Nicola Foreman	NF	Director of Corporate Governance
Geoffrey Simpson	GS	Vice Chair – Stakeholder Reference Group
Jason Roberts	JR	Deputy Executive Nurse Director
Secretariat		
Glynis Mulford	GM	Corporate Governance Officer

Observers:

Aaron Fowler	AF	Interim Head of Corporate Governance
Rhian Thomas	RT	Independent Member - Estates
Jo Brandon	JB	Director of Communications and Engagement

Apologies:

Eileen Brandreth	EB	Independent Member - ICT
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Susan Elsmore	SE	Independent Member – Local Authority
Fiona Kinghorn	FK	Executive Director of Public Health
Ruth Walker	RW	Executive Nurse Director

UHB 20/01/001	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting. A special welcome was extended to Jonathon Gray, the new Interim Director of Transformation and Informatics, the newly appointed Independent Member, Rhian Thomas and Geoffrey Simpson, Vice Chair of the Stakeholder Reference Group.	ACTION
UHB 20/01/002	PATIENT STORY – MATERNITY SERVICES The patient story centred around a young woman who had a traumatic pregnancy whilst living in London. During her time in London she was under the Mental Health service who investigated the symptoms she was experiencing. The patient later moved to Cardiff. The story described the difficulty she had in getting a diagnosis of PTSD and the fact that over a period of time she had to be seen by a number of different professionals. However, once she had her diagnosis and acquired access to the Clinical Psychology team within the Child Health service within Cardiff and Vale UHB (the UHB), she had a very positive, and what she described as, a life changing experience. Due to the poor quality of sound the video would be circulated to Board Members.	GM
UHB 20/01/003	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
UHB 20/01/004	DECLARATIONS OF INTEREST The Chair invited Board Members to declare any interests in relation to the items on the meeting agenda. The following declarations of interest were received and noted: <ul style="list-style-type: none"> • Independent Member – University declared his interest in relation to item 8.5; and • Independent Member – Third Sector declared her interest in relation to item 7.4. 	
UHB 20/01/005	MINUTES OF THE BOARD MEETING HELD ON 28 NOVEMBER 2019 The Board reviewed the Minutes of the meeting held on 28 November 2019. The Board resolved – that: <ul style="list-style-type: none"> a) the minutes of the meeting held on 28 November 2019 be approved as a true and accurate record. 	

<p>UHB 20/01/006</p>	<p>BOARD ACTION LOG</p> <p>The Board reviewed the Action Log and noted the following:</p> <p>UHB 19/01/005 – Relocation of the Links Centre: The CMH Team had relocated from the Links Centre to Cardiff Royal Infirmary. Plans were in place to move CDAT but due to the needs of the service the plans would no longer deliver. The Assistant Director of Estates would provide a timeline. The Chair confirmed that the Finance Committee had considered a business case for the Links Centre which would be referred to in his Chairs report.</p> <p>The Board Resolved that:</p> <p>(a) the action log and updates upon it be received and noted.</p>	
<p>UHB 20/01/007</p>	<p>REPORT FROM THE CHAIR</p> <p>The Chair introduced his report which provided an update on key meetings attended, and activities and actions that had taken place since the previous Board meeting. The following was highlighted:</p> <ul style="list-style-type: none"> • Assurance was provided to the Board regarding the Chair's actions noted in section D of his report.. Also noted were the works for the Links Centre (see minute: UHB 20/01/006) which needed to be started as soon as possible and had also been approved as a Chairs Action. • The Health Board was engaged in conversations with the Vale of Glamorgan Council who were undertaking a regeneration project in Barry. The Council was interested in further developments with a 'gateway' to Barry. Early discussions were underway to sell the Broad Street Clinic site and the local authority would provide an improved estate on a housing development. Further updates would be provided as the project progressed. • Independent Member – Third Sector said it was important for communications to be in place and provide assurance to the community around the totality of what would be undertaken in area. • Stephen Allen, Community Health Council asked that they be involved early with discussions in order to send out the right message and avoid rumour. <p>The Board resolved that:</p> <p>(a) the Chair's report be noted.</p> <p>(b) the affixing of the Common Seal be endorsed.</p>	

	(c) the Chair's Actions (including the Links Centre Chairs Action) and the signing of legal documents be approved.	
UHB 20/01/008	<p>REPORT FROM THE CHIEF EXECUTIVE</p> <p>The Chief Executive introduced his report which provided an update on key issues which had arisen since the last meeting. A number of issues raised within the report may also feature in more detail in the Executive Directors reports as part of the Board's business.</p> <p>In regard to item 3 - Precision Medicine in Wales, this would provide an all Wales Genomics service with laboratory facilities on the site of UHW. The upgraded equipment gave the Health Board the ability to be in a position to be able to compete with other genetic laboratories around genome sequencing. The Health Board now had the ability to perform and take part in the Test Directory. This was an important development and highlighted that we were the only service of its kind in Wales.</p> <p>The Chief Executive confirmed his position as SRO for advanced therapies work. He informed members that Car-T Therapy, a programme funded through WHSSC, was a new therapy for patients and he publicised the first patient who was undertaking the therapy in December. The patient was making good progress and another patient was now going through the programme with four other patients identified. Although there was a drop-out rate it demonstrated the expectation that the numbers could increase from the initial 12 expected. It was a developing programme of work and from a clinical perspective there was excitement around the service. There were also opportunities to link with Cardiff University to process our own cells and this was being worked through. The programme was a combined effort with the University and other HBs across Wales.</p> <p>In regard to the WHSSC Joint Committee and approval of the Major Trauma Centre, it was confirmed that work was actively being undertaken to get staffing in place.</p> <p>There was a programme of work around specialised services. £28m of funding for the development of new services had been received and an update on this would be brought to the next meeting.</p> <p>The Chair invited comments and questions:</p> <ul style="list-style-type: none"> • Stephen Allen, CHC, stated that he had been in a recent meeting with clinicians regarding Car-T Therapy and was grateful for the clinicians' enthusiasm. As the programme did not fit everyone's criteria it was vital to ensure that 	LR

	<p>expectations were managed.</p> <ul style="list-style-type: none"> Independent Member - Third Sector asked if the FIT service was delivered in partnership with the local authority. In response the Chief Operating Officer (COO) confirmed that it was a joined up approach and the Head of Integrated Care was funded jointly with the UHB. There was signposting and support through the third sector. This was the first year for the new service and a review would be undertaken this winter to understand what the impact would be. It was emphasised that working closely with the third sector was essential with domiciliary services. In regard to the Barry Health and Wellbeing Centre the timeframe to have the ability to describe what Barry Hospital would look like in the longer term was towards the end of March. More detail of the work would be in place by the 25th Anniversary and would provide a more detailed programme of understanding. The work on Aroma café had started in Barry Hospital. This was seen as a positive step forward and would open in May 2020. <p>The Board resolved that:</p> <p>(a) the Chief Executives report be noted.</p>	
UHB 20/01/009	<p>PATIENT SAFETY QUALITY AND EXPERIENCE REPORT</p> <p>The Deputy Executive Nurse Director provided the following comments in relation to the Patient Safety, Quality and Experience Report from November – December 2019:</p> <ul style="list-style-type: none"> The Ophthalmology Waiting list had exceeded capacity and identified patients who would come to harm or were at risk. Work had been undertaken to bring down the waiting list with external contractors. There had been a slight reduction in complaints for patients on the waiting list and work had been undertaken with the Surgery Clinical Board to ensure lessons were learned. The service remained under pressure and this was being worked through. In regard to the demand/capacity pressure, the COO confirmed that the work being undertaken was to ensure that we are meeting the needs of patients with greater risk. It was also noted that there were other Health Boards contacting Cardiff and Vale to provide capacity for them. This issue was not resolved and the Health Board would still need to use other sources of capacity to address this going forward. Independent Member – Legal asked that the Quality Safety and Experience Committee place this on its agenda as it would be a useful vehicle to look at the specific issues 	

	<p>facing the UHB as the Board needed assurance from QSE to highlight what action was being taken to resolve the issue. The Deputy Executive Nurse Director confirmed that he would liaise with the Executive Nurse Director on this.</p> <ul style="list-style-type: none"> • The Executive Medical Director informed Members that it was recognised that there was a risk associated with long waiting times and that this was regarded as a national problem. This was being taken very seriously and everything was being done to fill the capacity gap and the shortage of clinicians which was also recognised nationally. • The Chief Operating Officer advised that in order to appreciate the context of scale, ophthalmology had the highest volume of specialities within the UHB. Over the last three month period there was a variation of nine concerns where 17k patients were seen in outpatients. The rate of complaints went down but the volume of patients increased. • Independent Member – Third Sector queried whether there were any themes within the concerns raised, or was it a reflection of how busy the Health Board had been. It was acknowledged that there had been a considerable increase in concerns raised and patients waiting for surgery or waiting to be seen in outpatients, but there were no trends or themes seen in a normal month. Staff were busy operationally through the winter which impacted on the ability to respond to concerns in a timely way but the corporate team were working to support the service. Stephen Allen, CHC informed members that they had experienced the same decline but called people to let them know that their concern was being dealt with. • The Executive Medical Director provided an overview on Fractured Neck of Femur work, stating that the 2019 report had been published and the headline sections related to mortality. There had been a significant decrease in time waiting for surgery and in mortality; therefore both measures were within the expected range and on a national average. There were still areas to work on such as patient experience and Multi Disciplinary Team (MTD) support for the frail trauma pathway. There was some initial assurance in the change the Health Board had seen in mortality and waiting for surgery. • Independent Member – Trade Union asked if this was sustainable. The Executive Medical Director stated this was a 'win win' situation as it was a positive cycle of higher safety, improved quality and better staff experience with effective use of our resources. • Executive Director of Therapies and Science highlighted that there had been a reduction in the number of inpatient falls and that there had been significant change over the last year. • In regard to the Assessment Unit, Members were assured that the actions continued to be implemented. There had been a lot of system changes and whilst the department 	JR/RW
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	<p>was very busy, the environment had improved and the CHC had provided positive feedback.</p> <ul style="list-style-type: none"> • Stephen Allen, CHC confirmed that they had revisited the area and patients spoken to had noticed a change in the environment and the way they went through the service, but it was recognised that further work still needed to be undertaken. The report was due within the next couple of days with a number of recommendations and Health Inspectorate Wales input was part of the feedback. • There were six unexpected deaths with people known to Mental Health Services and no trends were identified. A Consultant Nurse had been appointed and was working closely to look at incidents of suicide. • In regard to the National Maternity Review a positive report had been received and work would continue with maternity to progress and sustain improvements. Phase 2 of the programme would review governance arrangements. • Independent Member – Third Sector asked for a Committee to look generally at what was happening to children in the area of neurodevelopment. The COO confirmed that he would look at this offline to ensure that it was brought to the attention of UHB Committees. <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) the content of the report was considered. b) the areas of current concern be noted and agreed that the current actions being taken were sufficient. 	SC
UHB 20/01/010	<p>PERFORMANCE REPORT</p> <p>The COO provided an update on the Performance Report. The following comments were made:</p> <ul style="list-style-type: none"> • Unscheduled Care: The system continued to be under pressure during the winter period and the COO paid tribute to the clinical and operational teams in dealing with pressures. • Cardiff and Vale was showing a degree of resilience not seen in other areas of Wales. Markers were being looked at beyond Wales to understand the context beyond our immediate environment but this was not easy to compare as measures vary. One measure which was consistent related to the four hour transit time target. It was realised that there were not many large centres that dealt with 10k patients per month and there were only 56 across England and Wales. This was looked at and in December the UHB ranked in 7th position. This benchmark would be used going forward. • Planned Care: This was still being impacted by pensionable tax changes. There had been a release from Welsh Government in terms of a way forward. The tax and pension issues had limited clinicians undertaking additional 	

	<p>work to reduce waiting times off the waiting list.</p> <ul style="list-style-type: none"> • Primary Care: The Mental Health Measure had reported adults and children as a single measure. The volumes of activity to recover the CAMHS position were improving. The 28 day assessment had moved from 8% to 16%. It was expected that in January this would move between 40% - 50% and the current trajectory for February would show compliance. Over the same period between October and January 39% were seen for assessment and this now stood at 61%. • There was wider discussion on minor and major streams of work and it was explained that major events had led to an increase in attendances at A&E and demand for beds. • Independent Member – Legal, stated that he had met with the Director of Operations for Children and Women. He highlighted the huge amount of work being undertaken within CAMHS to increase the capacity and confirmed that he was impressed with predictions moving forward and he took assurance from these. • Stephen Allen, CHC commented on the Out of Hours service. His comments related to patients being triaged by a healthcare professional within an hour and he added that the UHB had continued to miss the response times. It was highlighted that there was a need to have a conversation with the Planned Care team to confirm what they were doing to address the concerns. In response Members were informed that the Health Board could not look across Wales to compare ourselves as the data was insufficient or non-existent. There was an all Wales Out of Hours Group with Welsh Government representation to discuss the needs and understand whether the targets set were realistic. The amber response category was explained and it was confirmed that logistically it was very difficult to meet demand. It was also noted that it was hard for patients to get to the Primary Care Centre (PCC) response as they may not be able to make it to the centre. The action taken from a PCC response this month was to take one slot every hour and release it into the system if not used. In the period from October to December 2019, in home visits, 75% received visits within 77 mins and no one waited more than two hours and similarly with the PCC, 75% received there PCC within six minutes of the hour expiring and this assured the Board that the targets were being missed by a small margin and this would be reviewed. <p>Finance: The Director of Finance outlined the current position at month 9 and stated that it was a good month. Although there had been an expected reduction around Christmas this was not included in the profile. The UHB</p>	
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	<p>was adrift by £600k but this would continue to be managed over the next three months. The forecast for the financial plan was to deliver a break even position. The reduction in the underlying deficit was very impressive.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The UHB current performance and the actions being taken to improve performance were considered. b) the verbal update on the Finance Report be noted. 	
UHB 20/01/012	<p>BOARD ASSURANCE FRAMEWORK</p> <p>The Director of Corporate Governance (DCG) outlined the changes to actions RAG'd in red and the six strategic risks to the organisation detailed in the report. The DCG also highlighted the amount of work that had been undertaken and also the work that was ongoing.</p> <p>It was explained that the risks were managed by the Executive Lead and the Strategy and Delivery Committee reviewed one risk at each of the Committee meetings. The Committee did not manage the risk itself but monitored whether the allocated actions had been undertaken in relation to the risk. This conformed to the Terms of Reference of the committee and fell within its role and responsibilities.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) the BAF and progress which has been made in relation to the actions and the management and mitigation of the key risks to the achievement of UHB objectives be approved. 	
UHB 20/01/013	<p>PATIENT SAFETY WALKROUNDS</p> <p>The Deputy Executive Nurse Director provided an overview of the report which provided a revised approach that had been discussed at the December Board Development day. There were a number of changes that would help individuals overcome challenges they had experienced on their Patient Safety Walkarounds. The amended couplets were detailed in appendix 1 of the Report and a Standard Operating Procedure had been developed to ensure the Walkarounds were more effective.</p> <p>Stephen Allen, CHC asked how the Walkaround reports were used and how were recommended actions implemented. He also asked for the UHB to provide the public with assurance that the Walkarounds were being carried out and information shared.</p> <p>Independent Member – Third Sector questioned how the actions were captured and followed up and if there was a</p>	

	<p>system in place for this to be done. There needed to be a culture around fulfilment, follow-up and integrity and the UHB needed to find a way to report publicly on important issues. It was reiterated that there was a need for Independent Members to see for themselves whether issues had been actioned.</p> <p>The Chief Executive confirmed that the Walkarounds provided staff with access to Independent Members and he went through routes where judgements had to be made. All of the issues raised went to the Patient Safety team who inputted the information onto a database and passed them onto the relevant Clinical Boards. Part of the process was to help/coach the departments on how to resolve their own problems.</p> <p>Independent Member – University stated that this went beyond the clinical service meeting the obligation of the organisation as there was a need for onward transmission and use of information. It may be helpful for Independent Members who were scheduled for Walkarounds to have sight of previous safety reports. This would provide a sense of progress in some areas, and may be helpful in improving the work.</p> <p>There was wider discussion relating to implementing technology to ensure information was central and available and also the potential for Walkaround data to be brought to the QSE committee.</p> <p>The Chair asked the Board to approve the report with the caveat that the suggestions be considered.</p> <p><i>Sara Moseley left the meeting 2.50pm</i></p> <p>The Board resolved that:</p> <p>a) the revised approach to WRs be approved with a view to commencing the new arrangements from 1st April 2020 with the caveat that the suggestions raised be considered.</p>	JR/RW
UHB 20/01/014	<p>WALES AUDIT OFFICE STRUCTURED ASSESSMENT</p> <p>NB: This agenda item was discussed at the start of the meeting to accommodate the diaries of the Welsh Audit Office officers.</p> <p>Mark Jones Wales Audit Office (WAO) provided the following comments on the WAO Structured Assessment Report which sets out the Annual Structured review which was considered by the Audit Committee in December:</p>	

- The key message in the report reflected well on the Health Boards (HBs) progress made from 2017/2018.
- There had been a broader focus on the HBs arrangements and the review had followed up on previous years' recommendations. The structure of the report was set around these recommendations.
- The HB had significantly improved how it addressed the recommendations and a better process was in place that identified a higher number of recommendations that were linked and completed in good time.
- Improved areas in past 12 months were around the IMTP, risk management and elements of workforce planning.
- In regard to committee frequency and independent members' attendance, it was considered that this area could be strengthened.
- It was suggested that performance reporting into the Board and its committees and the delivery of the IMTP should be considered by Board on a quarterly basis but there needed to be more exposure with Clinical Boards.
- It had been identified that a number of policies were out of date. The National Fraud Initiative data matching had been followed through but could be strengthened further.

The following comments were made:

- The Chair thanked the WAO for the report stating that the assessment was balanced and a fair reflection of the progress the Health Board had made. It demonstrated progress made on a few key areas, particularly the governance arrangements and risk assessment. Membership of Committees had been addressed and came into effect on 1 January 2020. Part of the recommendations introduced included close monitoring of the IMTP at the Strategy and Delivery Committee.
- Independent Member Third Sector: Asked what area of the recommendations should be focused on and prioritised at Board level. In response WAO considered that Consultant Job planning was an important area and also ensuring that there was sufficient coverage of IMs in attendance at meetings.
- Independent Member – Trade Union: commented that a few audits had been rescheduled or postponed and what were the WAO recommendations around this area? In response it was stated that the WAO could be more robust in particular circumstances, for Committees to provide support and for the Update Report from WAO office to provide clearer timelines.

The Board resolved that:

- a) the report on the Structured Assessment be noted.

<p>UHB 20/01/015</p>	<p>WALES AUDIT OFFICE ANNUAL AUDIT REPORT</p> <p>Mark Jones, WAO provided a summary on the Annual Audit Report relating to what had already been considered at Board and Committee. This included the Structured Assessment and Annual Accounts which showed the UHB's financial position was improving. The recommendations were presented at the Audit and Assurance Committee in September 2019.</p> <p>The Board resolved that:</p> <p>a) the Wales Audit Office Annual Audit Report be noted</p>	
<p>UHB 20/01/016</p>	<p>RECOGNISING AND RESPONDING TO THE CLIMATE EMERGENCY</p> <p>The Executive Director of Strategic Planning provided an update on the report, Recognising and Responding to the Climate Emergency. A great deal of work had been conducted around this agenda item and the team had looked at other organisations' programmes across the UK. There was a need for a sharper focus in light of the challenges placed on this area and the sense of urgency required. The Board was asked to formally recognise the Climate Emergency and to support the ongoing work. An action plan would be brought back to a future meeting and it was also recommended that a communications piece be circulated to highlight the good work undertaken by the UHB in this area.</p> <p>The Board resolved:</p> <p>a) that the UHB recognise the climate emergency and the need to respond urgently with ambitious action and that the approach detailed in the Report be supported;</p> <p>b) the existing examples of work programmes to reduce our greenhouse gas emissions be noted; and</p> <p>c) to support work to set out detailed additional actions as part of our response, including scoping new, more ambitious targets for decarbonisation for the UHB.</p>	<p>AH</p> <p>AH/JB</p>
<p>UHB 20/01/017</p>	<p>MEETING THE NEW BIODIVERSITY DUTY</p> <p>The Executive Director of Planning provided an update on the report, Meeting the New Biodiversity Duty. In 2016 the Welsh Government introduced new duties to further promote biodiversity and the Health Board has a responsibility to respond to the duty. The action plan provided a sense of what we were doing and was ambitious in terms of goals that were being set. The plan will be submitted to Welsh Government.</p> <p>The Board resolved that:</p>	

	<p>a) the first biodiversity report and action plan, noting the proposal to refine and re-publish the plan during 2020/21 be approved; and</p> <p>b) the proposed governance mechanism be approved.</p>	
UHB 20/01/018	<p>INTEGRATED MEDIUM TERM PLAN</p> <p>The Executive Director of Planning provided an update on the Integrated Medium Term Plan (IMTP). The Health Board was required under the NHS Wales Finance Act to produce a three year plan to Welsh Government. The plan needed to be refreshed to include a greater level of detail in the first year of the plan and to consider the actions for the next three year cycle. The draft document had been shared at the Board Development session in December and with Welsh Government colleagues. Feedback had been reflected in the document.</p> <p>The team endeavoured to keep the document short and drew out the key priorities and actions over the next three years. A Planning Guidance Framework was published in the autumn and there was a need to articulate the UHB's plans over the next three years to realise the ambitions set out in our 10 year strategy and the Shaping Our Future Wellbeing Strategy. There was a need to ensure the IMTP was integrated in service plans, finance plans and workforce plans.</p> <p>A separate workforce plan was annexed to the overall plan and provided plans demonstrated how the Future Generations Act was being implemented into the hospital setting, the primary care base and the mental health care plan.</p> <p>Published alongside the IMTP were the cluster plans which would be finalised in a few months. The Clinical Board plans would be published on the UHB website.</p> <p>The finance plan sets out a balanced position and was an approved financial plan subject to an improved position on our savings programme. The plans had been influenced and coloured by the previous years' plan and set a figure of 3.5% for the Continuous Improvement Programme (CIP) which presented limited resources for internal investments. We arrived at this position as a result of not achieving our financial goals in previous years. Our ambition was to reduce the underlying financial deficit and there was a need for a higher CIP with a limited amount of investment to achieve this. This was an approved plan to improve our position on our savings programme but it was acknowledged that it still presented a challenge.</p> <p>In terms of the process, the expectation was to provide a final plan by March 2020.</p>	

	<p>The Chair said that he would like to see more consideration of the work of the third sector and local authority in the IMTP.</p> <p>Executives would be working hard to ensure that other plans were in place that sits beneath the IMTP and the Independent Members would be assured that these plans would be monitored by exercising scrutiny, challenge and support to ensure that the plans were kept on track.</p> <p>The Board resolved that:</p> <p>a) the Integrated Medium Term Plan for 2020 to 2023 be approved</p>	AH
UHB 20/01/019	<p>NEW BLOCK (ACADEMIC AVENUE) AT UHW - STRATEGIC OUTLINE CASE</p> <p>The Executive Director of Planning took the Board through the Programme Business Case for Academic Avenue. The Board was informed that there was still a need for ongoing developments on the UHW site before the new hospital could be built. The Estates team had been working very hard with other departments to extend Academic Avenue. This development was designed to be completed in a phased way. The report set out the phasing and options that had been considered.</p> <p>In regard to the UHW2, it was not known, as yet, whether current developments would be part of the UHW2 building programme as the design had not been developed.</p> <p>Stephen Allen, CHC commented that there was a need for discussions to start concerning where the new hospital would be built in order to have a clear steer on what would be acceptable to the public. In response it was stated that at the end of February the Health Board would be meeting with Welsh Government to begin scoping and review what would be retained in a business case.</p> <p>The Chair asked whether there was an opportunity for the development to include new enhanced theatre facilities for the demand capacity balance that was being sought to put an end to waiting times. In response it was stated the theatres were run efficiently and this gave us greater opportunity to close the capacity gaps. In terms of the National Care Programme there was greater focus on design pathways to meet the demand and to ensure that patients would benefit from a prudent and value based approach.</p> <p>The Chief Executive commented that the Health Board faced challenges to get UHW2 established as a project. There was a need to move elective work on to the UHL site and other</p>	

	<p>services faced significant challenges that need to be addressed within the 10 years.</p> <p>The Board resolved that:</p> <p>a) submission of the PBC to Welsh Government for All Wales capital funding to allow the development of the OBCs be approved.</p>	
UHB 20/01/020	<p>RESEARCH AND DEVELOPMENT STRATEGY</p> <p>The Executive Medical Director introduced the report noting that good progress had been made over the last 12-months. An overview of the revised financial and performance management arrangements which related to Research and Development was provided.</p> <p>The Board resolved that:</p> <p>a) this year's CVUHB R&D Strategy be approved.</p>	
UHB 20/01/021	<p>AUDIT AND ASSURANCE COMMITTEE</p> <p>The Board resolved that:</p> <p>a) the minutes of the Audit and Assurance Committee held in December 2019 be ratified.</p>	
UHB 20/01/022	<p>FINANCE COMMITTEE</p> <p>The Board resolved that:</p> <p>a) the minutes of the Finance Committee held in October and November 2019 be ratified.</p>	
UHB 20/01/023	<p>HEALTH AND SAFETY</p> <p>The Board resolved that:</p> <p>a) the minutes of the Health and Safety Committee held in October 2019 and January 2020 be ratified.</p>	
UHB 20/01/024	<p>STRATEGY AND DELIVERY COMMITTEE</p> <p>The Board resolved that:</p> <p>a) the minutes of the Strategy and Delivery Committee held in October 2019 be ratified.</p>	
UHB 20/01/025	<p>LOCAL PARTNERSHIP FORUM</p> <p>The Board resolved that:</p>	

	a) the minutes of the Local Partnership Forum held in October 2019 be ratified.	
UHB 20/01/026	STAKEHOLDER REFERENCE GROUP The Board resolved that: a) the minutes of the Stakeholder Reference Group held in September 2019 be ratified.	
UHB 20/01/027	AUDIT AND ASSURANCE COMMITTEE CHAIR'S REPORT TO BOARD The Board resolved that: a) The report from of the Chair of the Audit and Assurance Committee be noted.	
UHB 20/01/028	CHARITABLE FUNDS COMMITTEE CHAIR'S REPORT TO BOARD The Board resolved that: a) The report from of the Chair of the Charitable Funds Committee be noted.	
UHB 20/01/029	DIGITAL HEALTH INTELLIGENCE COMMITTEE CHAIR'S REPORT TO BOARD The Board resolved that: a) The report from the Chair of the Digital Health Intelligence Committee be noted.	
UHB 20/01/030	FINANCE COMMITTEE CHAIR'S REPORT TO BOARD The Board resolved that: a) The report of the Chair of the Finance Committee be noted.	
UHB 20/01/031	HEALTH AND SAFETY COMMITTEE CHAIR'S REPORT TO BOARD The Board resolved that: a) The report of the Chair of the Health and Safety Committee be noted.	
UHB 20/01/032	QUALITY, SAFETY AND EXPERIENCE COMMITTEE CHAIR'S REPORT TO BOARD	

	<p>The Board resolved that:</p> <p>a) The report of the Chair of the Quality, Safety and Experience Committee be noted.</p>	
UHB 20/01/033	<p>STRATEGY AND DELIVERY COMMITTEE CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) The report from of the Chair of the Strategy and Delivery Committee be noted.</p>	
UHB 20/01/034	<p>LOCAL PARTNERSHIP FORUM CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) The report of the Chair of the Local Partnership Board be noted.</p>	
UHB 20/01/035	<p>NHS WALES SHARES SERVICES PARTNERSHIP COMMITTEE</p> <p>The Board resolved that:</p> <p>a) The report of the NHS Wales Shared Services Partnership Committee be noted.</p>	
UHB 20/01/036	<p>STAKEHOLDER REFERENCE GROUP CHAIR'S REPORT TO BOARD</p> <p>The Board resolved that:</p> <p>a) The report of the Chair of the Stakeholder Reference Group be noted.</p>	
UHB 20/01/037	<p>Date, Time & Venue of Next Board Meeting:</p> <p>Friday, 27 March 2020 at 1.00pm Cardiff County Hall, CF10 4UW</p>	

ACTION LOG
Following Board Meeting
28 January 2020

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
19/11/017	Integrated Medium Term Plan	Final plan to be brought to next meeting.	30.01.20	A Harris	COMPLETED On agenda for January meeting. <i>(agenda item 8.3)</i>
19/09/012	Primary Care Milestones and Delivery Against Them	Reports would be provided to the Board on an annual basis, or if there were exceptions in relation to delivery.	24.09.2020	S Curry	COMPLETED To be added to the work programme for the Board and timetabled for September 2020.
19/09/016	Strategic Clinical Services Plan	Executive Directors to reconsider dates of the formal process and when this would begin.	Spring / Summer 2020	A Harris	Continuous engagement ongoing. Consultation, if required to follow in the summer / autumn 2020.
20/01/002	Patient Story – Maternity Services	To circulate the patient story video	30.01.20	G Mulford	COMPLETED
20/01/009	Patient Safety, Quality and Experience Report	The Deputy Executive Nurse Director to liaise with the Executive Nurse Director in regard to putting the Ophthalmology Waiting List on the QSE Committee agenda		J Roberts	COMPLETED
20/01/013	Patient Safety Walkrounds	To consider the number of suggestions relating to the walkround with the Executive Director of Nursing		J Roberts	COMPLETED Jason Roberts met with Carol Evans and went through the feedback from Board Members
20/01/016	Recognising and Responding to the Climate Emergency	For a communications piece to be circulated highlighting the good work undertaken by the UHB in this area.		AH/JB	COMPLETED Covered in CEO Connects

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
20/01/18	Integrated Medium Term Plan	For the work of the third sector and local authority to be reflected in the IMTP		AH	COMPLETED
20/01/009	Patient Safety, Quality and Experience Report	To bring to the attention of what was happening to children in the area of neurodevelopment to the UHB sub committees		S Curry	COMPLETED Updated presentation provided at S&D on 10 March 2020
Actions In Progress					
20/01/008	Report from the Chief Executive	To provide an update on the programme of work and the development of new services around specialised services	27.03.20	L Richards	Update in Chief Executive Report (<i>agenda item</i>)
20/01/016	Recognising and Responding to the Climate Emergency	To bring back an action plan to a future meeting.	28.05.20	A Harris	Update to be provided at May Board meeting
19/01/005	18/119 - Relocation of the Links Centre	The Capital Estates and Facilities team is working with PCIC and Mental Health Clinical Boards	26.03.2020	A Harris	CMHT has relocated to the main CRI building. Plans are in place to move the CDAT but due to the needs of the service, the plans will take longer to deliver. Business case has been submitted to WG for capital funding
Actions referred to Committees of the Board/Board Development					

Report Title:	INTERIM CHAIR’S REPORT									
Meeting:	CARDIFF AND VALE UHB BOARD MEETING						Meeting Date:	26.03.2020		
Status:	For Discussion		For Assurance	✓	For Approval	✓	For Information			
Lead Executive:	N/A									
Report Author (Title):	SENIOR EXECUTIVE ASSISTANT TO THE CHAIR									

SITUATION

At each public Board meeting, the Chair presents a report on key issues to be brought to the attention of the Board since its last meeting. This written report provides an update on the following:

- Relevant meetings and events,
- Where the Chair has been required to affix the Common Seal of the UHB and,
- When Chair's Action has been taken in line with Standing Orders which requires ratification of the Board
- Documents which require Board approval for the Common Seal of the UHB to be used.

BACKGROUND

This over-arching report highlights the key areas of activity, some of which may be referred to with the business of the Board meeting and also highlights areas of interest to the Board.

Independent Board Member, Capital and Estates

I'm delighted to formally welcome Dr Rhian Thomas as our new Independent Member representing Capital and Estates. Rhian is a business consultant specialising in commercial and contract management. Prior to starting her consultancy business, Rhian worked in the aerospace and marine industries, which included working for Rolls-Royce plc, specialising in bid management, negotiation, risk and contracting.

As a Welsh-speaker, she lectures through the medium of Welsh and English and has worked as an Associate Lecturer in Management at Cardiff Metropolitan University since 2017, and will shortly commence a Senior Lectureship in Strategy and Management. Rhian holds a PhD in Modern History with additional degrees in Business Management and Modern & Medieval Languages. Rhian is also a Member of Glas Cymru (Dŵr Cymru/Welsh Water) and a member of the Audit Committee of the National Eisteddfod of Wales.

Welsh Government Elected Representatives

Held very helpful and constructive individual meetings with Assembly Members to discuss health and care concerns within their constituencies. These included:

Julie Morgan, AM Cardiff North

Neil McEvoy, AM South Wales Central

Vaughan Gething, AM Cardiff South and Penarth
Andrew R.T. Davies, AM South Wales Central
David Melding, AM South Wales Central
Mark Drakeford, AM Cardiff West
Jane Hutt, AM Vale of Glamorgan

Public Service Boards (PSB)

Attended both the Vale of Glamorgan and Cardiff PSBs.

Vale of Glamorgan PSB met in the Civic Offices, Barry. Key topics were:

- Community Safety update
- Draft Strategic Clinical Services Plan
- Prevention and early years funding
- Move More Eat Well plan
- Tackling Climate Change
- Involving young people in the work of the PSB.

Cardiff PSB met in the Grand Avenue Day Centre, Ely. A tour of this relatively new and first class integrated dementia day care centre formed part of the meeting. This is a great example of providing integrated care in the community and closer to home. Agenda topics included:

- The ongoing work to establish a Dementia Friendly Cardiff
- The Older People's Commissioner for Wales introduced the Age Friendly Communities programme linked to the World Health Organisation.
- Outline of the proposals to consider redeveloping UHW.
- Joint presentation on improving outcomes for adults which outlined the effective integrated services being provided across Cardiff
- An overview of the prevention and early years funding allocation for 2019/20 and beyond The Move More, Eat Well Plan.

Long Service Award

Presented a long service award to Rachel Browning (TB Coordinator) at CRI. Rachel has served 30 years in a variety of roles that started in the former Ely hospital. Congratulations Rachel and thank you for your amazing contribution to the Cardiff & Vale UHB and the NHS overall.

Regional Partnership Board (RPB)

Attended the RPB. Key discussion topics were:

- Presentation on work to develop services for carers of all ages particularly in relation to the new Carers Information Gateway.
- Mid-Winter Review. Quarterly update provided which included an overview of current performance regarding Delayed Transfers of Care
- Progress reports received on:
 - Integrated Care Fund
 - Transformation
 - Dementia Strategy
- The RPB Ratified the Move More, Eat Well Plan.

Also attended an all Wales Regional Partnership Board learning event. Both the Minister for

Health and Social Care and the Deputy Minister were in attendance to stress the importance of the role and contribution of RPBs towards the delivery of A Healthier Wales.

Ministerial Visits

A number of visits were made by Ministers to different parts of health and care services across the Cardiff and Vale region. These included:

1. **Occupational Therapists – Visit by Deputy Minister for Health and Social Care.**
Attended a joint meeting of Cardiff & Vale UHB occupational health therapists and the Deputy Minister for Health and Social Care. Presenters used good examples of patient centred care aimed at recovery and good outcomes. The thrust of the work is provided in the community and directed towards early intervention, prevention and re-ablement. This work is a direct tie into our Shaping Our Future Wellbeing strategy.
2. **Emergency Unit UHW** - accompanied Minister for Health and Social Care on his visit to the Emergency Unit at UHW. The Minister was impressed by the calm environment generated by the very professional and organized team.
3. **Healthy Weight, Healthy Wales** - accompanied Minister for Health and Social Care on his visit to the Tiny Tigers Playgroup at Mount Stuart School in Cardiff Bay. The Minister launched the Healthy Weight: Healthy Wales Delivery Plan, the first of 5 delivery plans to reduce and prevent obesity. An investment of £5.5M will be made between 2020 and 2022
4. **Dydd Miwsig Cymru** - Accompanied the First Minister, Mark Drakeford along with Eluned Morgan, Minister for International Relations and Welsh Language, on a visit to the Noah's Ark Children's Hospital for Wales. The visit was to celebrate Dydd Miwsig Cymru – a celebration of Welsh language music for school age children. The event consisted of a Welsh language DJ/disco with superhero Welsh language mascot characters Seren and Spark.

Improvement and Implementation

Attended a community network event led by the Cardiff & Vale UHB Improvement and Implementation Team. Presentation by Rototherm, business based in Margam, outlining the improvements they have made through Lean principles – very effectively demonstrated that small improvements can accumulate into significant benefits for an organisation.

Stroke Association

Met with Carol Bott, Director for the Stroke Association in Wales together with Fiona Jenkins – introductory meeting discussed the work of the Stroke Association and the positive working relationship that exists with C&V UHB

Working with Children

Attended two events that focused very strongly on the rights of Children:

1. The Chief Executive and I attended a fantastic session with the Children's Commissioner for Wales, Sally Holland, members of our Cardiff and Vale Health Youth Board (CAV HYB) and colleagues here at CAV, where we discussed Children's Rights, the work we're doing to promote and protect them within our organisation, and how we can take the agenda forward within our organisation, working towards ensuring that we embed children's rights into everything that we do.
2. Attended our first ever Child Friendly Cardiff and Vale Symposium I that was held at the Cardiff City Stadium. The event, which was opened by Councillor Elsmore, created the platform for children and young people to engage with the design and delivery of a range

of services, including healthcare and education. The event included a range of speakers, workshops, activities and discussions under the framework 'a child's right to be healthy'. It was great to see such fantastic collaboration between the IHSCP, Cardiff Council, Vale of Glamorgan Council and the Health Charity in promoting a child-friendly approach to health and social care.

Cancer Rapid Diagnostic Clinic – Swansea Bay UHB

Visited the Rapid Diagnostic Clinic based in Neath Port Talbot hospital with Matt Temby and Emma Woollett, the Chair of Swansea Bay Health Board. An impressive set up which allows patients to be seen, diagnosed and have their care or treatment needs either planned or resolved on the day they attend. Up to date evaluation of the clinic's outcomes are currently under way and will be helpful for us to assess the benefits that could be gained if a similar set up was established in C&V.

Horatio's Garden

Attended a consultation event held at Rookwood hospital which provided a very good opportunity to speak to current patients, former patients, clinical as well as non-clinical staff and volunteers to get feedback on the proposed designs for the Garden. This will be developed at Llandough Hospital site alongside the new Specialist Spinal and Neuro Rehabilitation Unit that is currently under construction. It was very encouraging to see the enthusiasm from all present for the scheme. The plans are progressing well.

Fixing the Common Seal / Chair's Action and other signed documents

This section details the action that the Chair has taken on behalf of the Board since the last meeting. The Board is requested to ratify these decisions in accordance with Standing Orders.

a. Affixing the UHB Common Seal

Approval is required to affix the UHB Common Seal for the 3 documents listed below in accordance with requirements. A record of the sealing of these documents will be entered into the Register kept for this purpose and signed in accordance with Section 8 of the Standing Orders.

Documents requiring retrospective approval for the use of the seal

Seal No.	Description of documents sealed	Background Information
931	Call Off Contract for National Project Manager for Development of a Well - Being Hub at Park View	
933	Global Link Lease Extension	Property Surveyor Advice – NWSSP Specialist Estates Services. Solicitor / Legal Advice – NWSSP Legal & Risk
935	Deed of Transfer TP1, Amy Evans Centre, Barry	Property Surveyor Advice – NWSSP Specialist Estates Services.

	Solicitor / Legal Advice – Hugh James
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b. Signed Legal Documents –

The following legal documents have been signed:

Date Signed	Description of Document	Background Information
28/02/2020	UHL – Telecoms Tower (UHB Income). Lease to Arqiva	Legal Advice - Hugh James Solicitors Property Surveyor Advice – NWSSP Specialist Estates Services

c. Chair’s Action

Chair’s Action was taken on ten occasions in relation to:

08.01.2020	Building Refurbishment & Upgrade Framework
15.01.2020	Cystic Fibrosis Services at University Hospital Llandough (UHL) Construction of 3 floor extension, lift enclosure, internal fit out of the First Floor of the Modular building and Ward West One Fit Out, including all associated works.
22.01.2020	Asbestos Survey Framework (Health Board Wide)
22.01.2020	Supply of Neurosurgery Consumables
23.01.2020	Survey, Inspection & Testing of Building Energy Management System (BEMS)
31.01.2020	CRI Mental Health Accommodation – Business Justification Case (BCJ)
04.02.2020	Windows 10 Deployment Programme
06.02.2020	Radiology 3 rd MRI Scanner Works
21.02.2020	Re: Fit NEC3 Contract Cardiff & Vale University Health Board, Phase 1a – Demand Side ECMS

ASSURANCE AND RECOMMENDATION:

ASSURANCE is provided by:

- Discussion at the Governance Co-ordinating Group
- Discussions with the Director of Corporate Governance

The Board is recommended to:

- **NOTE** the report
- **APPROVE** that the Common Seal can be affixed to documents detailed in paragraph 11a
- **ENDORSE** the affixing of the Common Seal for documents in paragraph 11b
- **APPROVE** the Chairs Actions and signing of legal documents

Shaping our Future Wellbeing Strategic Objectives									
This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report									
1.Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance							
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X						
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X						
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us							
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives							
Five Ways of Working (Sustainable Development Principles) considered									
Please tick as relevant, click here for more information									
Prevention		Long term		Integration		Collaboration	X	Involvement	X
Equality and Health Impact Assessment Completed:	Not Applicable								

Report Title:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT – V7				
Meeting:	Board Meeting			Meeting Date:	29.03.20
Status:	For Discussion		For Assurance	For Approval	For Information
Lead Executive:	Executive Nurse Director				
Report Author (Title):	Assistant Director, Patient Safety and Quality – 029 2184 6117 Assistant Director, Patient Experience – 029 2184 6108				

Background and current situation:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from January to February 2020.

The development of an integrated Patient Safety Quality and Experience report, presents an opportunity for greater triangulation and analysis of information. It enables Clinical Boards and the Corporate Teams to identify areas of good practice but also to identify emerging trends and issues that require action in order to improve safety and quality of services.

The UHB has a wide range of data which provides a level of assurance on the safety and quality of services, as well as on the experience of patients and families. This report provides an analysis of information drawn from the reporting of patient safety incidents, Serious Incidents (SIs) and Never Events, as well as concerns raised by patients and families and feedback from national and local patient surveys. Themes emerging from internal and external inspections of clinical areas also provide a very valuable level of assurance in relation to the quality and safety of clinical services.

Where available, benchmarking data with peers is provided. Assurance in relation to the action that is being taken to address areas for improvement is also described.

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

Dermatology

The Board will note a number of serious incidents reported in the Dermatology department. These have identified an emerging theme in relation to delays in the diagnosis of malignant melanoma. Histo-pathology turnaround times for dermatology is one of the contributing factors that has been identified.

A number of measures are being put in place and are included in more detail within the report. A detailed report will be presented to the June 2020 Quality, Safety and Experience (QSE) Committee.

Ophthalmology

The Board will note that a further Serious incident has been reported in the Ophthalmology setting. In addition, the UHB continues to receive significant number of complaints in relation to waiting times for ophthalmology appointments. This is an area that continues to be of concern. A number of measures are being put in place to mitigate the risk to patients and these are outlined further within the report. A detailed report on 'Ophthalmology waiting times and the management of patient risk' is being presented to the April 2020 QSE Committee.

'Sleeping out' practices in Mental Health Clinical Board

Following an unannounced visit to Elm and Maple ward at Hafan Y Coed in February 2020, HIW issued an immediate assurance letter in relation to the practice of 'sleeping out', an issue which was also identified in an unannounced visit to Hafan Y Coed in March 2019 and one which the Community Health Council have highlighted previously as a potential patient safety risk. A robust improvement plan has been submitted and accepted by HIW. However, there is a need to keep this under close scrutiny and the implementation of the improvement plan will be undertaken through the Clinical Board QSE Group.

Never Event

A Never Event has taken place during this reporting period. This involved the placing of an anaesthetic block on the wrong side, while preparing a patient for an operation to repair a fractured neck of femur. The issue was recognised immediately and the block was placed on the other side and the patient underwent the scheduled surgery as planned. This is currently under investigation.

Multi-drug resistant organism at Rookwood.

The Regional Specialist Spinal Rehabilitation Unit (Wards 4&5) in Rookwood Hospital has experienced an outbreak of Multi Drug Resistant Organism (MDRO). Since October 2019, 13 patients have been identified with a Multi Drug Resistant (MDR) *Klebsiella pneumoniae* from clinical samples. These patients were either colonized or had clinical infections.

As there is no medical cover in Rookwood overnight and at weekend, responses to calls to Neurology Registrar/WAST/Site have been strengthened. Every patient has a robust clinical management plan in place. There are currently 10 vacant beds and therefore 16 patients currently on the ward.

Several environmental issues were identified as contributing to the situation and remedial work to the ward began 11.02.2020 to include new flooring and the removal of one sluice. The work is still underway. Microbiology advice is to keep the unit closed to admissions until the remedial work has been completed, the whole unit has been deep cleaned and there has been a 2 week period where no further patients have screened positive.

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

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

During January and February 2020, the following Serious Incidents and No Surprises have been reported to Welsh Government:

Serious Incidents		
Clinical Board	Number	Description
Children & Women	1	Maternal death in a lady with a complex medical history has sadly been reported. She had been receiving comprehensive antenatal clinical input.
	1	Lady died following gynaecological surgery for cancer.
	1	Baby was admitted to the Neonatal Unit unexpectedly and died several days later.
Clinical Diagnostics & Therapeutics	1	Phenobarbital had been dispensed incorrectly from Pharmacy to a child with complex needs.
Executive Nurse	1	The Procedural Response to Unexpected Death in Childhood (PRUDiC) process has been instigated following the death of a child. The baby had been born prematurely. There are no known safeguarding concerns.
	1	The UHB is working with Welsh Ambulance Services NHS Trust following the death of man who collapsed in a public place.
Medicine	3	Delays in diagnosing/following up patients with malignant melanoma in Dermatology
	1	A patient died with chronic health problems died and the MRSA infection was noted on part 2 of his death certificate.
	6	Patients suffered injurious falls.
	4	Patients sustained pressure damage which was deemed to be avoidable.
Mental Health	1	A patient suffered an injurious fall
	1	A gentleman known to mental health services has died at home. He had recently been in hospital for physical ill health concerns for which he was

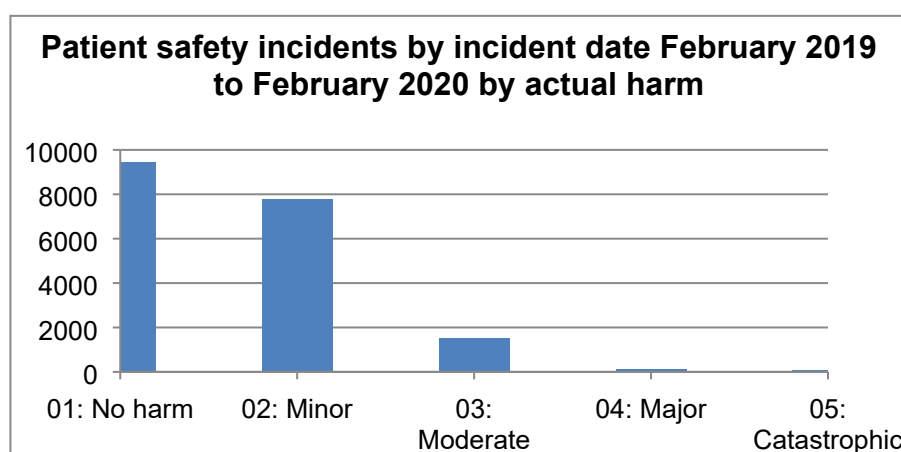
	11	refusing treatment. His care is being reviewed to ensure correct procedures were followed. There have been 11 reported deaths involving patients known to various mental health services in primary and secondary care settings. With regards to trends and themes, 5 patients had used ligatures and two had been seen by the new Primary Care Liaison Service. 2 Patients have died following apparent overdoses of medication. They both had diagnoses of depression and bipolar disorders. One patient was known to addiction services was found deceased with drug paraphernalia near their person. 3 are patients with depression and / or personality disorders have been found deceased where the cause of death has not as yet been established
	2	Patients known to mental health services took overdoses which necessitated treatment in hospital. The patients survived.
	1	16 year old was admitted to Hafan Y Coed whilst awaiting assessment by specialist CAMHS.
Primary Care & Intermediate Care	1	An invasive procedure was requested by a GP and undertaken on the incorrect patient because the incorrect details were placed on the referral form.
	1	An investigation is underway regarding a dental hygienist whose registration documentation appears to be outdated.
	1	A man has died having been transferred from Her Majesty's Prison in Cardiff to the Emergency Department at UHW. The gentleman had been on the healthcare wing due to chronic health problems and had developed sepsis.
Specialist	1	A gentleman died whilst waiting for cardiac surgery.
	2	Pressure damage incidents.
Surgery	1	A spinal block was undertaken on the incorrect site on a patient requiring an orthopaedic procedure.
	1	This is a Never Event.
	1	Delay in seeing an Ophthalmology. The patient's vision has deteriorated.
Total	45	Injurious fall.

No Surprises

Clinical Board	Number	Description
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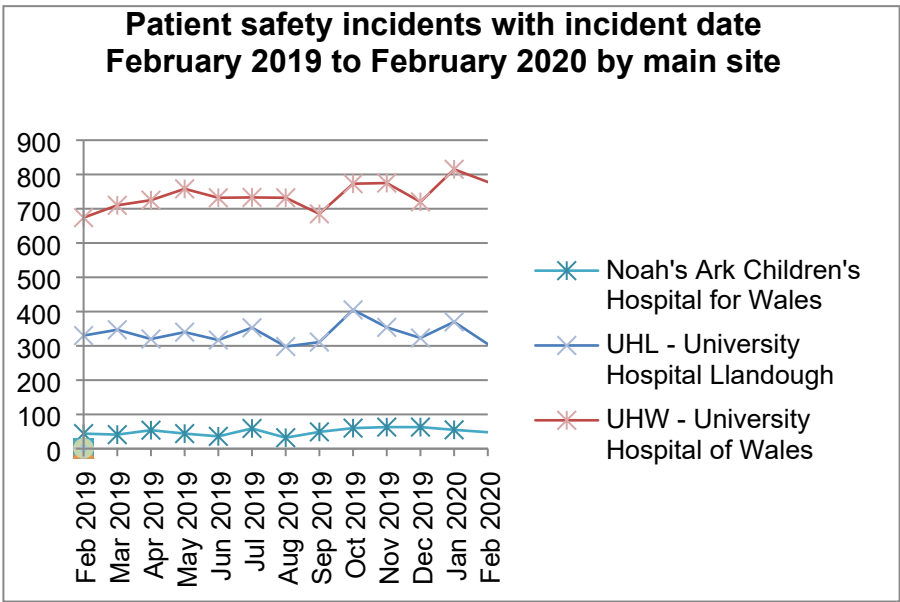
Children & Women	1	The UHB alerted WG to an inquest which received media interest following the tragic death of an infant. This had previously been reported as an SI.
	1	The UHB alerted WG to a television programme which aired on the BBC in January 2020. It related to the story of a boy with cerebral palsy.
	1	A 15-year-old boy remained in the Children's Hospital whilst awaiting assessment by specialist CAMHS.
	1	An increased incidence of MRSA has been identified on the Neonatal Unit.
Medicine	2	Temporary ward closures were reported on the advice of infection prevention and control.
	1	It was reported in the local media that a woman was tested to rule out Coronavirus having recently returned from China. The test was negative.
Specialist	1	An increased incidence of Klebsiella Pneumoniae was reported at Rookwood hospital.
Surgery	1	The UHB made an application to the Court of Protection seeking an order to agree a dental treatment plan for a 17-year-old with learning disabilities.
Total	9	

Across the UHB, the majority of patient safety incidents reported are near miss incidents which cause minor harm to patients.

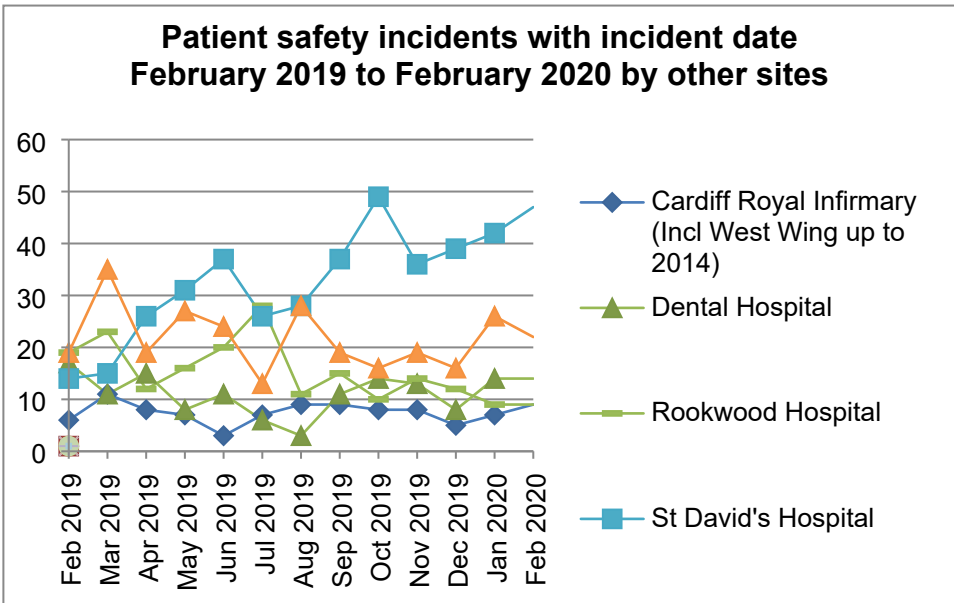


Reporting of patient safety incidents (PSIs) across the main hospital sites remains fairly consistent although there has been an increase throughout 2019 in the numbers of PSIs

reported at UHW. The UHB will continue to monitor this; however we are encouraged that staff continue to report safety incidents and concerns.

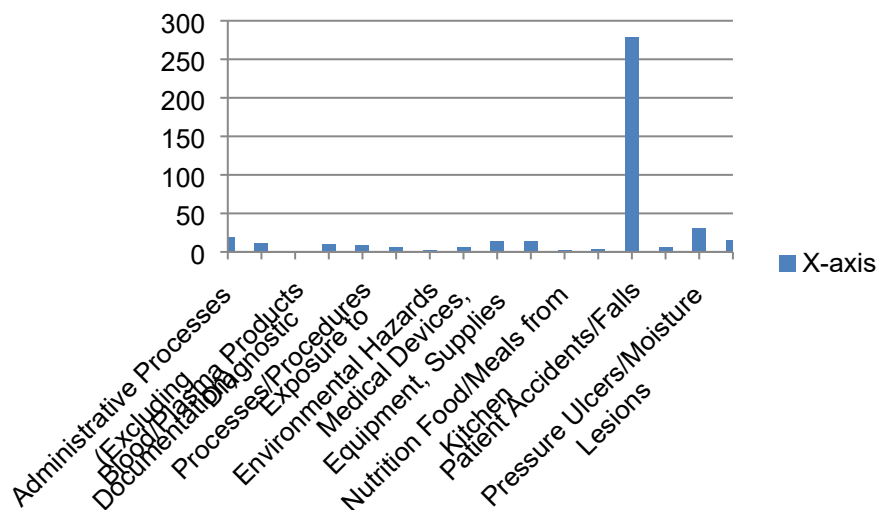


Reporting of patient safety incidents across smaller hospital sites remains largely consistent. The previous report to Board identified a changing pattern in reporting at St David's Hospital.

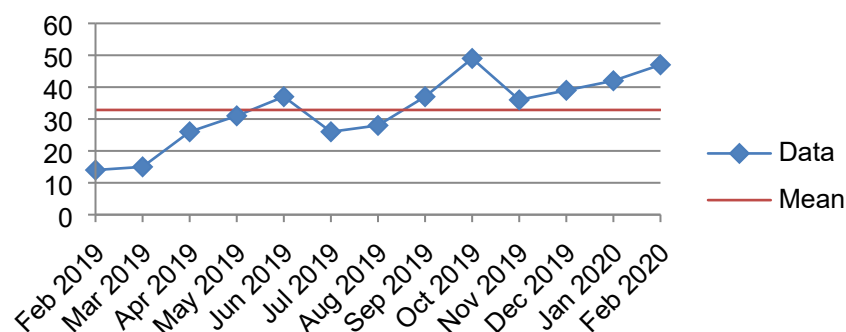


Further exploration of the incidents reported at St David's Hospital indicates that the significant majority of the incidents are patient accidents/falls. There have been no major or catastrophic harm incidents reported in this reporting period at St David's Hospital. However, the trend of patient accidents/falls has continued to increase in this reporting period. The Clinical Board have been asked to explore this further and monitor the situation. This will be explored further at the next Falls Delivery Group, who have been asked for increased focus on the prevention and management of in-patient falls.

**Patient safety incidents with incident date
February 2019 to February 2020 at St David's Hospital**



**Trend in patient accidents / falls at St David's Hospital
by incident date
February 2019 to February 2020**



Emerging trends and themes from serious incident reporting

Ophthalmology incidents

In December 2019 there were 1,400 new patient referrals in the vetting stage but as at 6th March 2020, this has reduced to 360 patients. There are approximately 250 new referrals every week. There are still capacity issues in some sub specialty areas (cornea for example), and demand and capacity analysis work in underway in order to secure plans to reduce. A number of mitigating actions are being taken:

- The Ophthalmology Department have completed additional sessions to clear all new patient referrals waiting over 5 weeks or more.
- The Consultant Ophthalmologists are drafting acceptance criteria to manage new patient referrals including out of area boundaries. This work is underway and it is anticipated that it will be completed in readiness for the new financial year, working in conjunction with our

commissioning clinical colleagues. Commissioning arrangements for out of area boundaries are also being reviewed.

- The Ophthalmology Service Manager and Deputy Health Records Manager are meeting weekly to agree where referrals should be sent to ensure there are no delays and to list urgent patients as necessary.
- In addition to this, they are also putting in place systems to ensure that the information accessible to the Appointment Booking Centre is accurate.
- Changes have been made to the Patient Management System, to allow staff in Health Records to input a target date.

Dermatology incidents

A review of all histopathology results for all Urgent Suspected Cancers (USC) (Squamous Cell Carcinoma and Melanoma patients) over the last year, has been undertaken. This has now been extended to an 18-month period. This has proven to be reassuring with no further patients identified as having a potentially delayed diagnosis/treatment plan. The same review is then planned for those patients referred as a potential Basal Cell Carcinoma.

Cancer tracking is being undertaken to ensure that all results are logged with tracked steps for results reported/received/follow up and discharge. All USC results are chased up with Histopathology if not reported within a 10-day period. A Standard Operating Procedure is being developed by the Service Improvement Manager to ensure that the process is understood by all staff. In addition, a process is being put in place within Dermatology to ensure that the correct process is followed, if a patient cancels their outpatient appointment. Immediate action has been taken to ensure that staff are aware of this while the process is being documented and agreed.

The Service Improvement Manager is liaising with counterparts in Gastroenterology to explore how health pathways for GP's can be used on Welsh Clinical Communications Gateway (WCCG) as a source of guidance and information and the correct referral pathway. It has been confirmed that MDT letters are uploaded to WCCG once a treatment plan has been agreed and this is visible to the patients GP but there is no alert system within WCCG to inform the GP of this.

In relation to Histopathology, a demand and capacity analysis has been undertaken in order to identify the necessary resource required to meet the 135 cases per week. The current shortfall in resource is being managed through a combination of additional reporting sessions and out-sourcing and is funded through the use of vacant consultant sessions.

The current turnaround times for dermatopathology have increased and the current average turnaround time for January 2020 is 31 calendar days. The cellular pathology department has developed a plan in order to eliminate the backlog and sustain the performance based on the current demand to the service. The Clinical Board is assured that the six actions will deliver a sustainable position against the current demand from dermatology into pathology. The expected outcome from this work in relation to total turnaround times in Dermatopathology is that 90% of cases will have an available report in ten working days. A progress report will be requested for the September 2020 QSE Committee.

Regulation 28 reports

The Health Board has been issued a Regulation 28 report following the death of a 13-week-old child admitted to University Hospital of Wales with bacterial meningitis and sepsis. The internal investigation identified missed opportunities to recognise and treat sepsis at an earlier point in his care. The Coroners matters of concern relate to:

- Knowledge and understanding of A&E Consultants covering in the Paediatric Department;
- The requirement for greater understanding of, and reference to the NICE Sepsis risk stratification tool;
- The appropriate use of terminology, and
- Alternative methods of antibiotic administration.

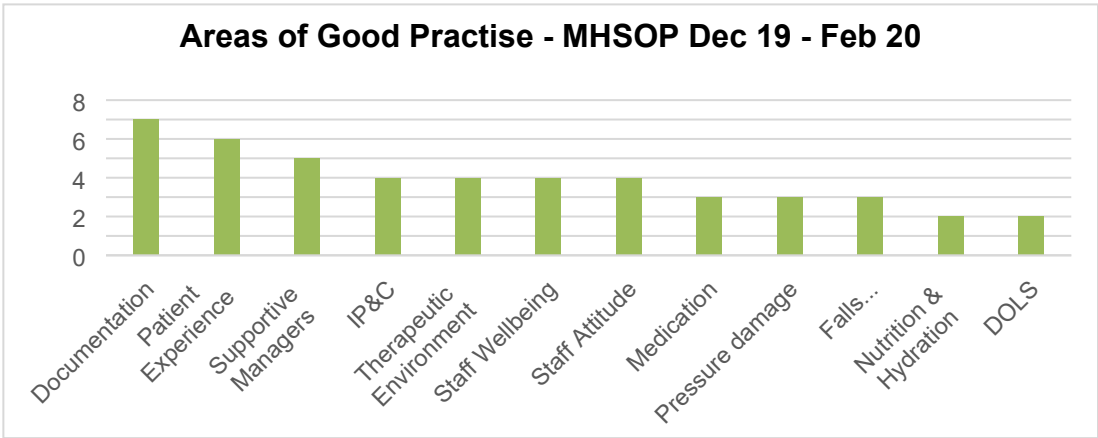
A robust improvement plan is in place and the UHB is required to respond to the Coroner by 26th April 2020.

Outcomes of internal and external inspection processes

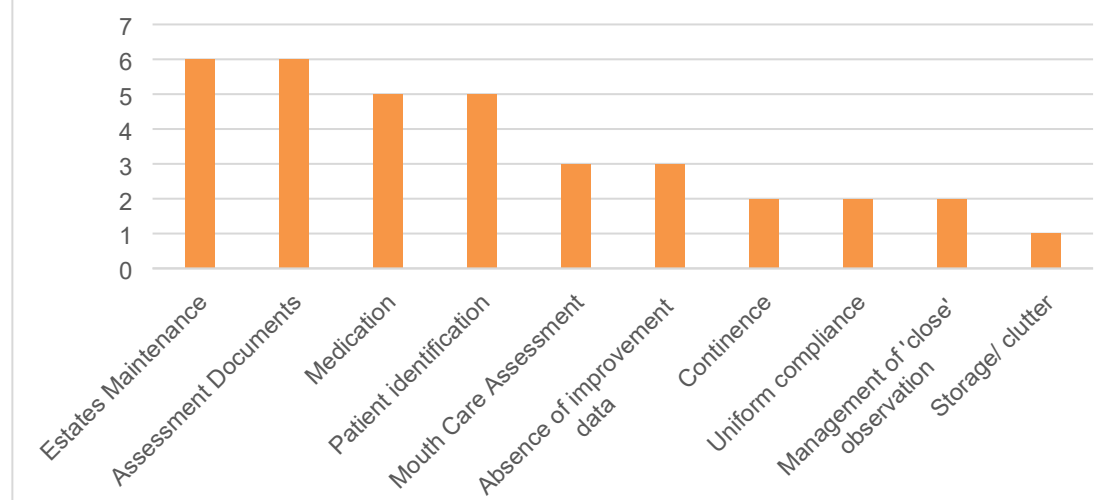
Internal observations of care

Internal inspections in January and February 2020, have taken place across three Clinical Boards. The majority have been carried out in Mental Health Services for Older People (MHSOP) and some adult in-patient mental health areas.

During each visit, inspectors can highlight instances of particularly good practice or areas requiring improvement. The graphs below indicate the frequency that these occur and the domains that they relate to within MHSOP:



Areas Requiring Improvement- MHSOP Dec 19 - Feb 20



Work is currently being scoped to implement a ward accreditation system. This will bring together key measures of nursing and clinical care into an overarching system and help triangulate the information into an accreditation pathway which will provide assurance to Boards using a structured framework on the measurement and influence of care delivery.

External Inspections.

Healthcare Inspectorate Wales (HIW) carried out an unannounced visit to Elm and Maple Ward on 10th -12th February 2020. Although the feedback was generally positive, HIW issued an immediate assurance letter in relation to the practice of 'sleeping out', an issue which was identified in an unannounced visit to Hafan Y Coed in March 2019. They have requested further assurance in relation to planned actions and timescales to ensure the policy is reviewed and updated. They have also requested details of the action taken to ensure that decisions made on sleep outs are documented in patients' records and that records contain clear rationale for the decision. The UHB was also reminded, that the patients views on being moved on to a more restrictive ward should also be recorded.

To strengthen the current arrangements for monitoring sleeping out, it is now proposed that a monthly report of sleeping out statistics could provide really useful data to assist patient flow and will form part of a regular report through two monthly QSE meetings in mental health Clinical Board. This will also take in to account the rationale for the transfer and patient feedback.

A robust action plan has been submitted and HIW have confirmed that they are content with the proposed actions.

Patient Experience

The All Wales Framework for Assuring Service User Experience describes four quadrants which group together a wide range of feedback including **real time, retrospective, proactive/reactive** and **balancing**. The UHB employs a wide variety of methods across the four quadrants in order

to gain the views of service users so that this rich, qualitative information can be considered and used to improve services.

Feedback mechanisms include kiosks, on line surveys, patient, carer and staff stories, paper surveys including the national survey and bespoke ones. We also meet with some of seldom heard people to listen to their experiences.

In January and February we sent **3,660** monthly patient satisfaction surveys as part of our routine monthly survey work and had **2,140** completions.

- We had **302** survey completions on our ward kiosks.
- We had **15024** responses using our Happy or Not Machines.



The patient satisfaction score for January was **97%** in UHL and **93%** in UHW. It is pleasing to note the increase in the satisfaction rate in UHL.

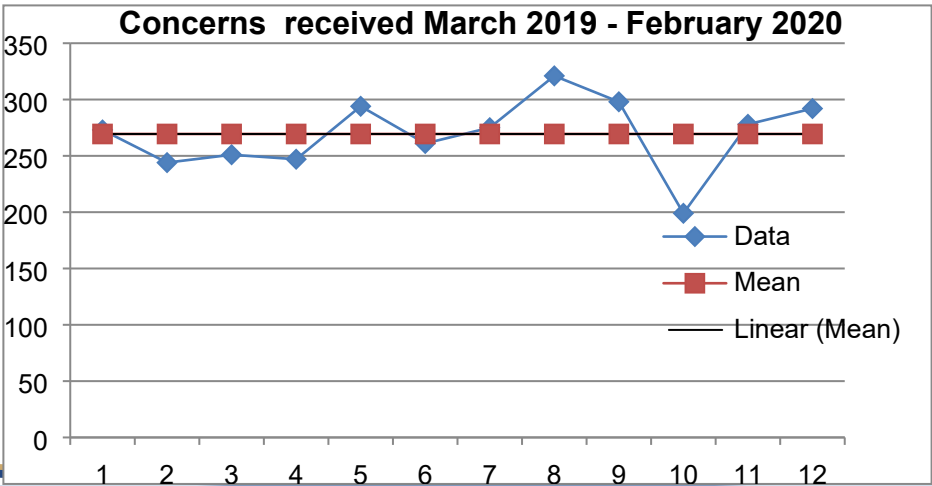
Our inpatient and outpatient surveys have been telling us some key information. These are designed to ascertain feedback supporting the Health Board strategy.

- **75%** of our patients felt that they were always listened to.
- **80%** of our patients felt that they were always well cared for.
- From the time the patient realised they needed to use the service, **83%** thought the time they waited was 'Shorter than expected' or 'About right'

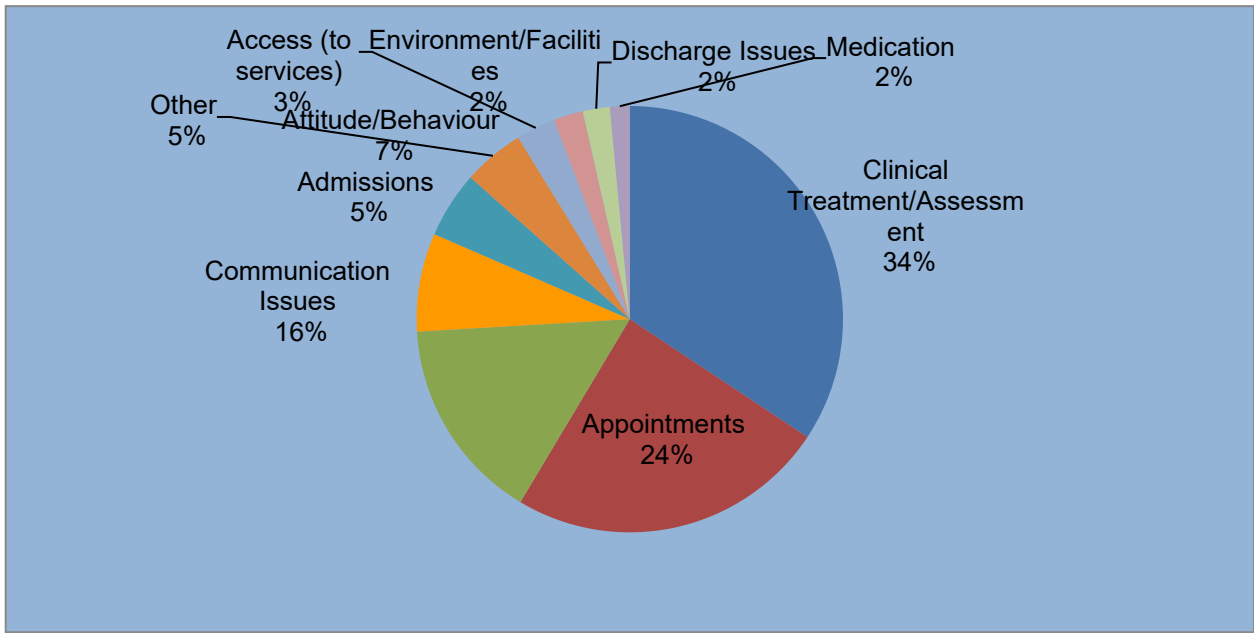
In the previous report we commented upon the patients advising us that they were not being asked about getting and getting dressed. Medicine Clinical Board is re-launching the Get Up, Get Dressed, Get Moving initiative, in response to the feedback.

Complaints Management/Redress

In January/February 2020, the UHB received 570 concerns. Following the expected decrease in concerns in December when 199 concerns were received, the predicted increase has followed, with 278 concerns received in January followed by 292, in the shorter month of February. The response time to formal concerns is 76% which demonstrates a slight improvement. Across Clinical Boards the performance variation is between 50 to 100%, the numbers of active concerns in each Clinical Board vary between 17 and 139.

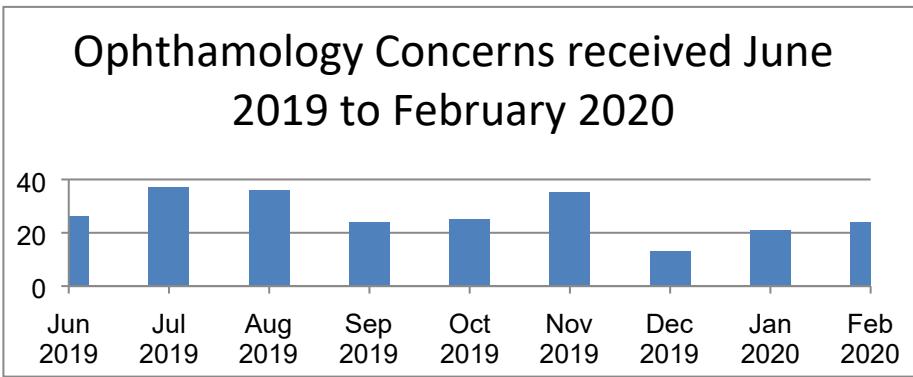


Top 10 Subjects



Ophthalmology Concerns

The number of concerns relating to Ophthalmology remains high and despite a decrease in December 2019, the numbers have started to rise again in January and February 2020. The majority relate to cancellation of appointments. The Surgery Clinical Board continues to maintain a focus upon this area where demand is continuing to increase. The action they are taking is set out on earlier in this report.



Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	
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Recommendation:

Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable

If "yes" please provide copy of the assessment. This will be linked to the report when published.
the content of this report.

- **NOTE** the areas of current concern and **AGREE** that the current actions being taken are sufficient.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Report Title:	PERFORMANCE REPORT					
Meeting:	Board Meeting				Meeting Date:	26/03/2020
Status:	For Discussion	X	For Assurance	X	For Approval	For Information X
Lead Executive:	Director of Digital and Intelligence					
Report Author (Title):	Members of the Performance and Information Department (tel 029 20745602)					

SITUATION

The Performance Report sets out the UHB's performance against Welsh Government (WG) Delivery Framework and other priority targets for the first quarter of 2019/20 where the data is available and provides more detail on actions being taken to improve performance in areas of concern.

BACKGROUND

The UHB is presently compliant with 23 of the 70 performance measures (March 2020 = 23/70), and is making satisfactory progress towards delivering a further 19 (March = 19). The UHB's performance in meeting the expected standards is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Delivering for our population	8	9	4	12.5/21
Delivering our service priorities	2	2	3	3/7
Delivering sustainably	11	6	18	14.5/34
Improving culture	2	2	4	3/8
Total	23	19	29	32.5/70

ASSESSMENT

Section 2 provides commentary on the following areas of performance which have been prioritised by the Board and the actions being taken to drive improvement. These are:

- Mortality
- Mental Health Measures
- Unscheduled care
- Primary care services
- Stroke
- Cancer
- Elective access
- Outpatient Follow Ups
- Finance

Commentary and assessment on the latest quality and safety indicators is provided in a separate report from the Director of Nursing.

The corporate scorecard is included as a separate appendix.

ASSURANCE is provided by:

REASONABLE ASSURANCE is provided by:

- the UHB's level of compliance with the national delivery and outcomes framework and ability to deliver our Integrated Medium Term Plan for 2019-22, noting there are a number of new measures and standards introduced.

RECOMMENDATION

The Board is asked to:

- CONSIDER the UHB's current level of performance and the actions being taken where the level of performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered

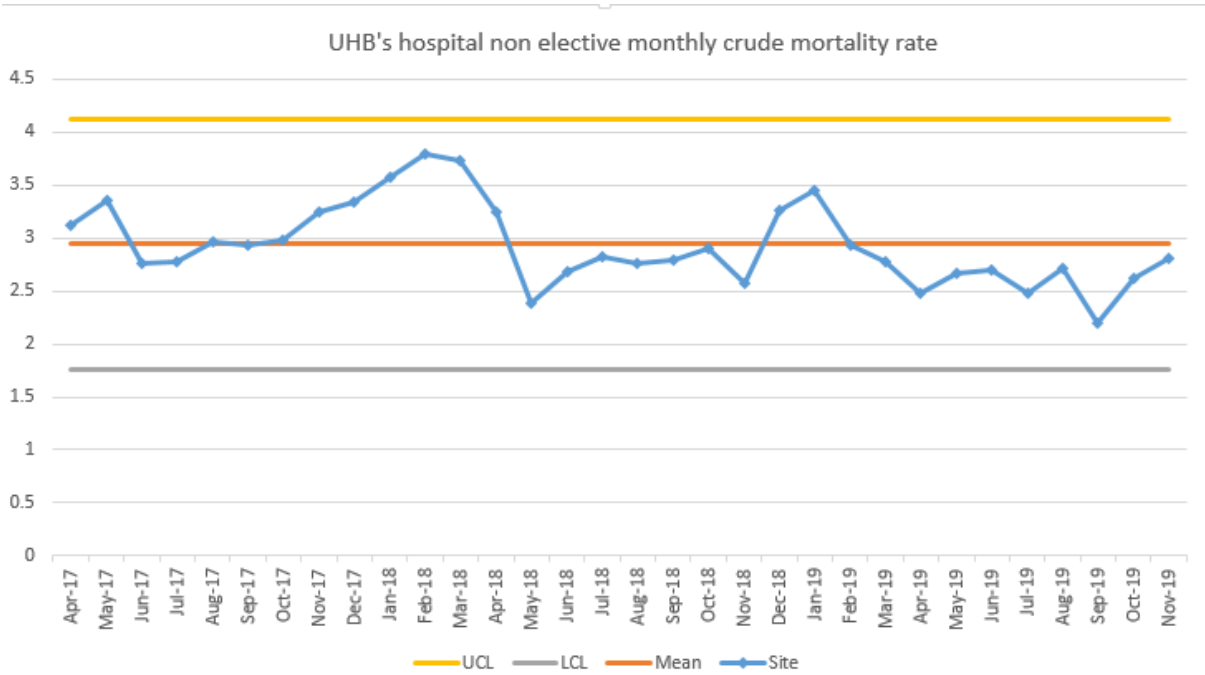
Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>							

ASSESSMENT

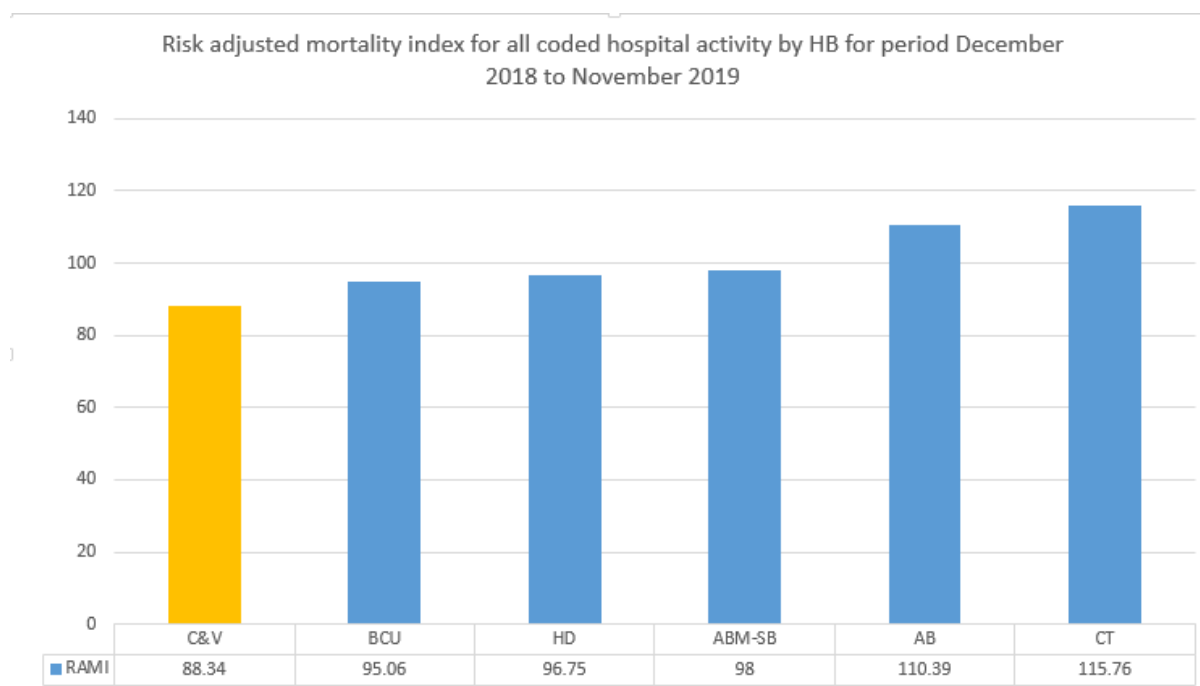
1) MORTALITY

The UHB’s crude mortality rate for non-elective admissions across all of the UHB’s hospitals sat close to the mean of 3%, hitting 2.8% at the end of the November reporting period. The rise of 0.6% from September is a reflection of the start of the pressures for the Winter period, which was predicted, though it should be noted that we start from a lower position than in previous years.



How do we compare with our peers?

The UHB’s performance is in line with the performance attained by our peer group of 24 acute teaching hospitals in the UK outside of London, and better than that attained by our Welsh Health Board peers.



Risks

Hospital mortality is an important indicator for measuring the UHB’s effectiveness in providing safe, clinically effective services and for the early identification of harm occurring.

What are we doing?

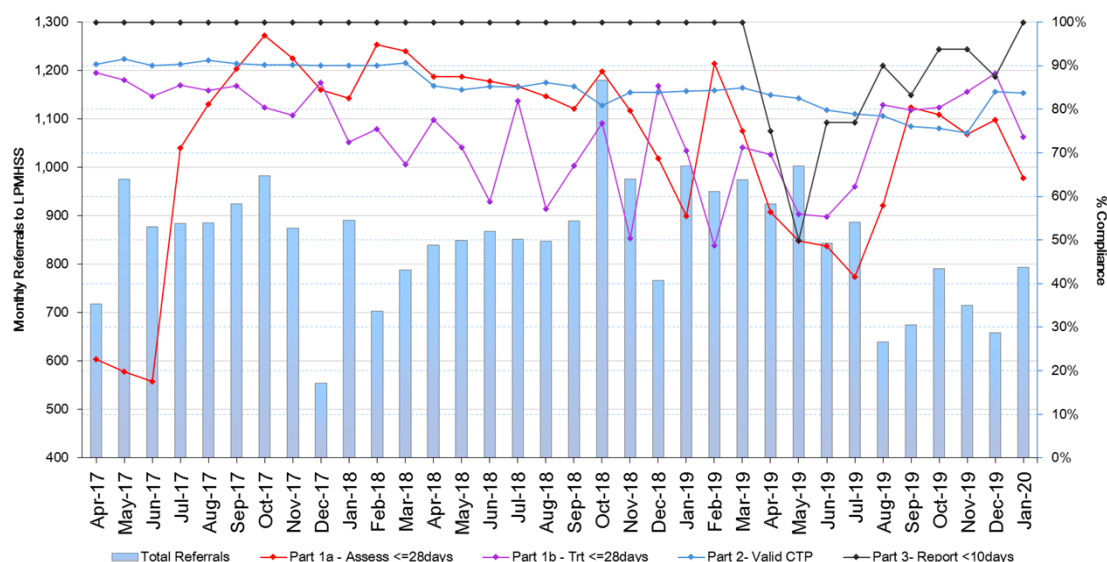
Mortality & Morbidity forms a central element of the monthly departmental Audit each directorate carries out. Trends are analysed and discussed supported by individual reviews of cases by clinical teams.

The UHB continues to deliver on all recommendations made by Professor Stephen Palmer in his report on managing mortality in NHS Wales in July 2014. National case mix dependent audits are undertaken and lessons learnt.

2. MENTAL HEALTH

How are we doing?

At previous Boards, the Chief Operating Officer has reported a number of data reporting issues for the MH measures. The reporting position, validated by the Wales Delivery Unit, is reflected in this report.



Following a period of rising demand for adult primary mental health services up to July 2019 (average 941 per month), the volumes of referrals have dropped on average of 794 to January 2020. The presence of MH Liaison Workers in the GP surgeries appears to be helping to improve the quality of referrals and reduce overall volumes although the long term impact remains to be fully assessed.

Part 1a - The proportion of service users receiving an assessment within 28 days at the end of January 2020 is 64.25%.

The breakdown is as follows:

- Adult Mental Health Services - 86%
- Service for Older People - 85%.
- Child & Adolescent Mental Health Services (CAMHS) – 20%

This masks an improving underlying position in CAMHS, where additional staff resources have been put in place to tackle the backlog. The percentage of users receiving an assessment within 28 days increased from 11% to 20%.

Part 1b - 74% of service users receiving a therapeutic intervention subsequent to their assessment within 28 days in January against a target of 80%.

Part 2 of the measures sets out an expectation that mental health service users should have a valid Care and Treatment Plan completed at the end of each month.

The UHB performance for January 2020 was 84% against the Welsh Government's target of 90%.

Part 3 of the measure where an assessment outcome letter of a re-referral assessment is generated within 10 days the performance as at January 2020 is 100%.

Part 4 - the provision of an advocacy service for patients continues to be met.

How do we compare with our peers?

Indicator	Target	Month	SB	AB	BCU	C&V	CTaf	Hdda	Powys	CV Rank
Part 1a. % of assessments within 28 days	80%	Dec'19	87.2%	88.5%	69.8%	77.6%	68.3%	90.3%	90.2%	4/7
Part 1b. % of Therapeutic Interventions started within 28 days of assessment	80%	Dec'19	94.5%	88.1%	74.5%	88.1%	94.8%	85.8%	72.8%	6/7
Part 2 % of residents with a valid CTP	90%	Dec'19	91.5%	89.1%	92.4%	74.0%	87.1%	94.8%	86.3%	7/7
Part 3 % of residents sent their outcome assessment report within 10 days of their assessment.	100%	Dec'19	100.0%	100.0%	100.0%	87.5%	100.0%	80.0%	100.0%	6/7

What are the main areas of risk?

The principal area of long-term 'risk' for over-18 Primary Mental Health Support Service (PMHSS) concerns the initial reduction in referrals as a consequence of the Primary Care Liaison Service (PCLS) – a yet-to-mature model of service delivery. The risk for PMHSS is in utilising staff differently, i.e., allocating more staff resources to treatment than to assessment. The risk being the PCLS model is unable to sustain its effect on referral rates into PMHSS (as occurred in the PCLS pilot in the East Cluster) and referral numbers subsequently return to their previous level.

The Children's Primary Mental Health Team continues to work towards reducing the waiting list of patients, which has been difficult to manage following an increase in the number of referrals accepted into the service across 2019/20.

The waiting list continues to reduce, and significant progress has been made on the backlog during January and the total length of wait is decreasing as per the recovery plan.

What actions are we taking?

In respect of Adult Part 1 the UHB is seeking to accelerate the increased use and ability of Primary Care services as the first point of contact Mental Health provision, by right sizing the capacity of the service in order to balance assessment and intervention and manage the variation and rising levels of demand.

PMHSS is considering adjusting the Assessment: Treatment ratio of qualified staff clinical time. Currently that ratio is 50/50. We are considering looking to shift that ratio to 40/60 in favour of core service delivery as well as introducing new treatment options.

The Children's Primary Mental Health Team have short term actions in place to support a reduction in the number of children and young people waiting for a Part one assessment which includes:

- Additional capacity provided through agency staffing
- Focussed core team capacity on delivery of assessments
- Delivery of additional waiting list clinics on Saturdays
- Procurement and mobilisation of additional clinical resource that delivers services through an online platform.

There were some delays in mobilising the digital offer in partnership with Healios, but this went live in January and has been utilised to help clear the backlog. The service will be evaluated, but the pathway is working well for those young people who have been assessed in this manner.

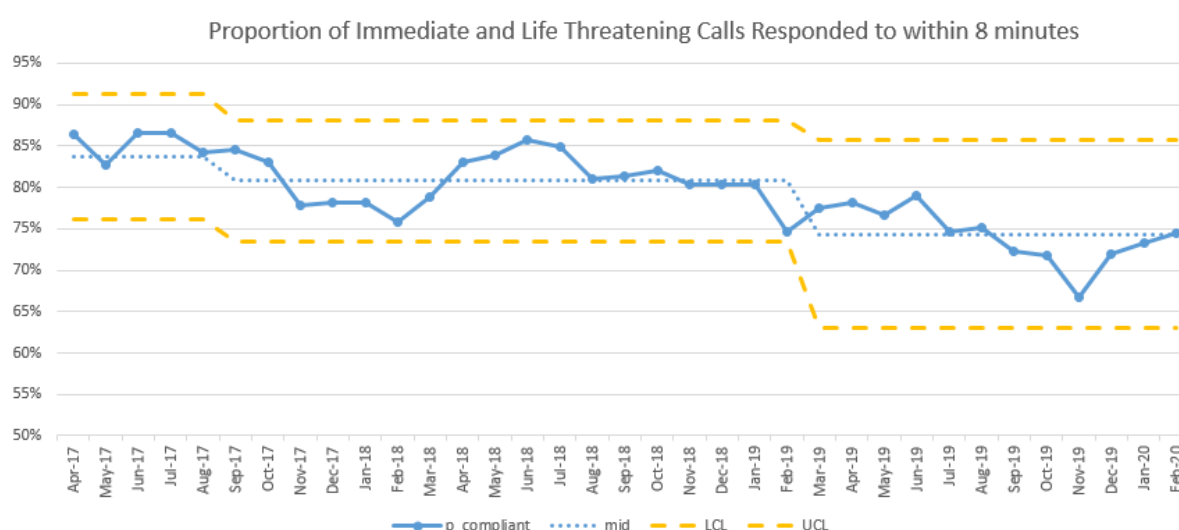
The plans that have been put in place are delivering as predicted with a continuing improvement in performance projected.

3) UNSCHEDULED CARE

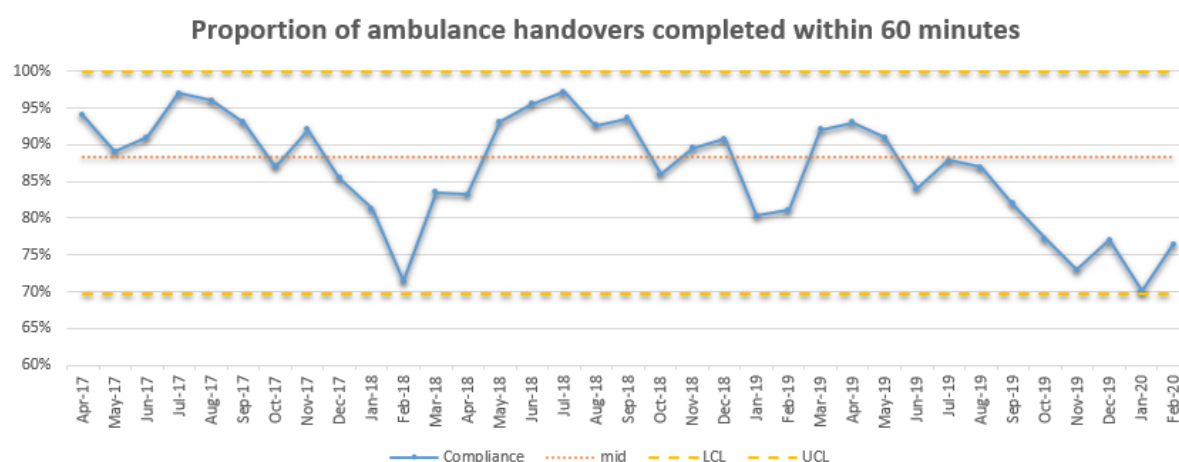
The UHB, in common with the rest of the UK, continues to experience challenges in unscheduled care with higher than normal activity levels and admission. The continued pressure is impacting on unscheduled care performance.

WAST 8 Minutes Response

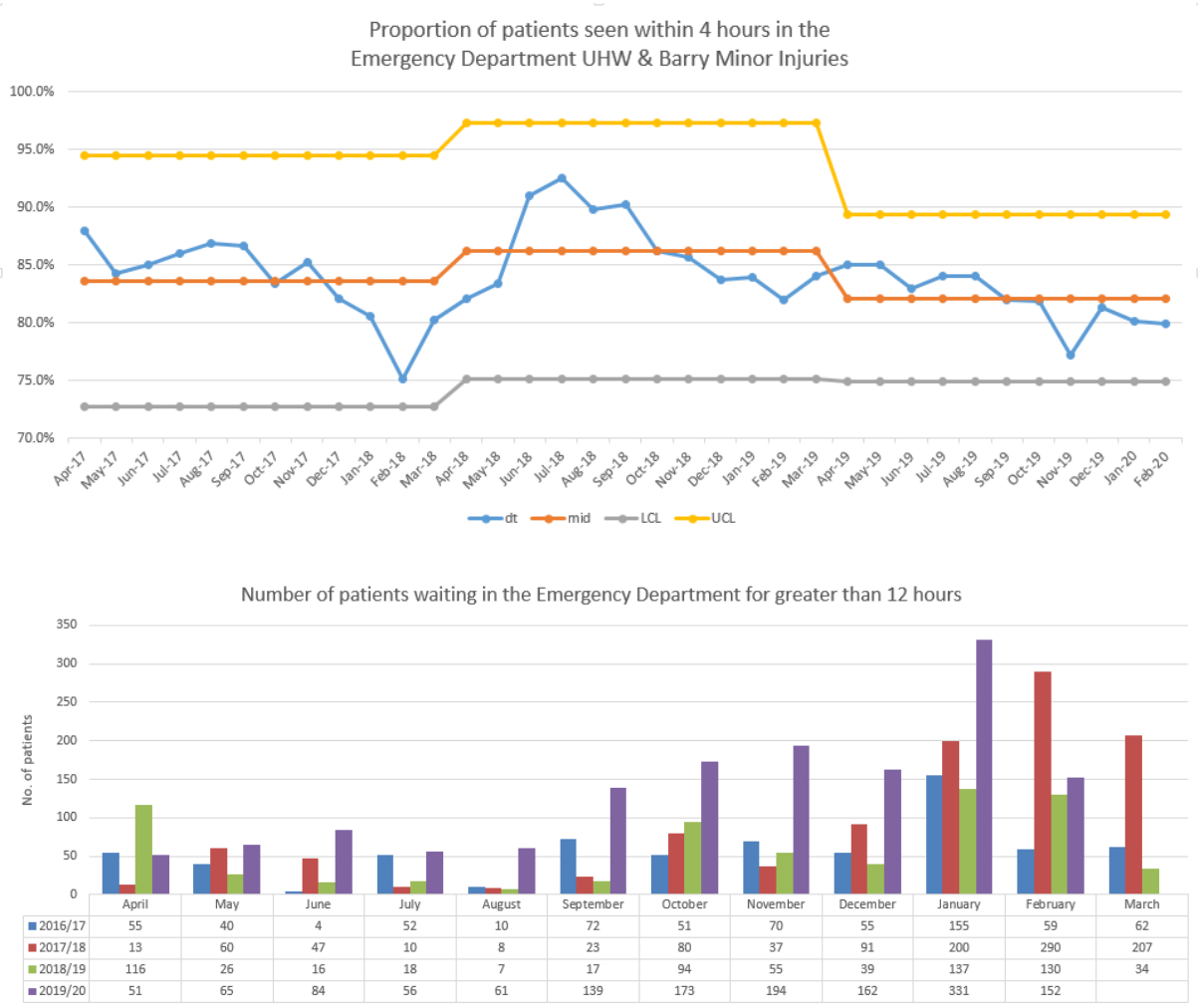
The Health Board commissions the Welsh Ambulance Service Trust to provide responsive, high quality services to patients. Whilst the proportion of patients with a potentially immediate or life threatening condition within Cardiff and the Vale to whom the Ambulance Service responded within 8 minutes has fallen in the past 6 months, performance has remained above the Welsh Government target of 65% with February's performance hitting the mean value of 74%.



In respect of ambulance handovers, performance has dropped 5% in comparison to February 2019 but has improved from the previous month. The WG minimum standard is 100% within 60 minutes.

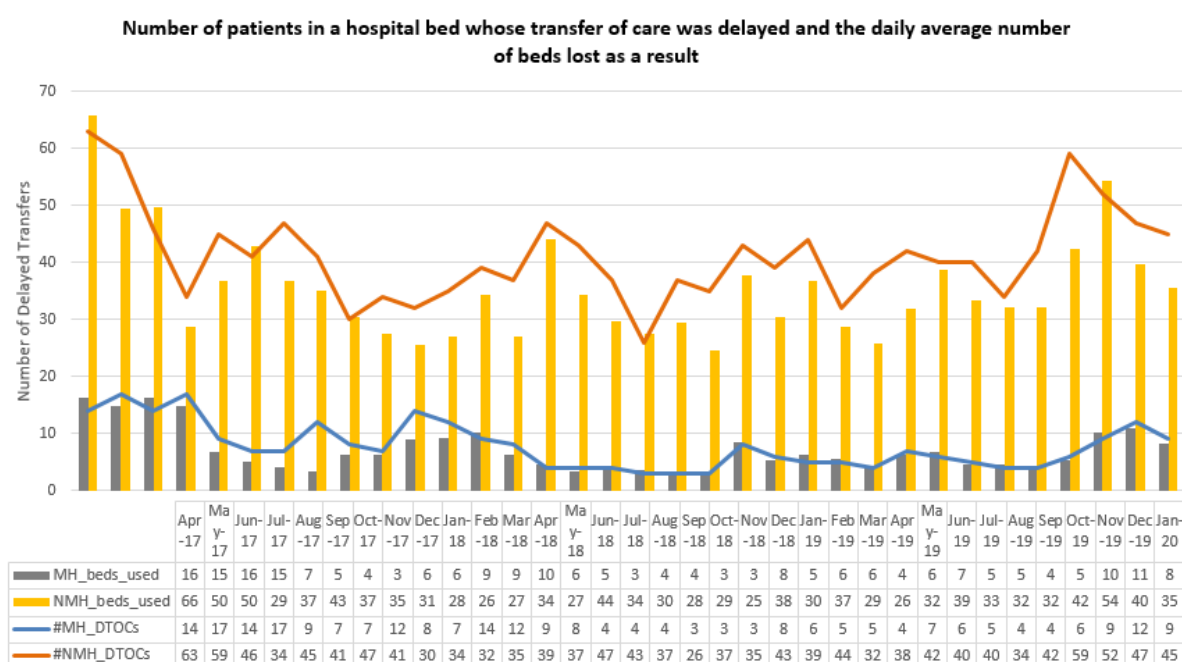


The proportion of patients admitted, discharged or transferred within 4 hours was 79.9% in February. Cardiff and Vale UHB performance, overall, remains strong compared with other Health Boards in Wales. The WG standard is 95%.



The number of patients waiting in excess of 12 hours rose in January to 331, a 51% increase from December. February saw 54% reduction to 152. The WG’s expected standard is that no patient should wait in excess of 12 hours. In keeping with Welsh Government guidance and the reporting in other Health Board’s, these figures continue to exclude patients where there has been clinical justification for the patient requiring extended periods of care and observation within the Emergency Department footprint.

Delayed Transfers of Care: The total number of patients whose care was delayed was lower in January (54) than the previous month (59).



The development of the Single Point of Access across the Health Board for patients identified as requiring support within the community has resulted in a far more rapid response from Community Resource Team and Get Me Home plus (aimed at supporting patients in their own home with long term care needs).

The Single Point of Access is now fully implemented across UHW for Cardiff residents, work is ongoing in relation to implementation in Llandough. The Single Point of Access for Vale residents has already been fully rolled out across all Health Board sites.

These developments have resulted in patients being discharged far more promptly and work is ongoing to consider further roll out for Cardiff residents.

Nursing Home capacity, in particular for those with cognitive impairment is very limited, therefore the choice of suitable care homes for Patients and their families continues to be challenging which can often result in long delays in the transfer of care.

How do we compare with our peers?

The latest performance data available indicates that UHB ranked first for three out of the four measures in comparison to its peers for the recorded unscheduled care access measures in January 2020. In relation to the measure ranked second, it is important to note that ambulance delays over 1 hour have been reported in total volume and are not relative to the overall conveyance volume. For example, C&V has one of the highest conveyance volumes in Wales.

	Target	AB	BC	C&V	CTM	HD	SB	C&V Rank	Month
% Red calls WAST respond to within 8 mins	65.0%	66.4%	68.0%	74.5%	62.4%	56.2%	66.6%	1/6	Jan-20
Patients waiting >1hr for a handover	0	823	1041	593	390	751	848	2/6	Jan-20
% of patients waiting less than 4 hrs in EU	95.0%	74.9%	68.7%	80.0%	73.8%	77.9%	71.6%	1/6	Jan-20
No.patients waiting > 12 hrs in EU	0	924	2230	335	1269	1066	1038	1/6	Jan-20

What are the main areas of risk?

Demand continues to rise with the volume of patients attending our Emergency Departments up 4% year-to-date, representing on average an additional 500 patients presenting per month. In addition, a higher proportion of attendances at our Emergency Unit are being categorised as 'majors' patients (as opposed to minor injuries). This cohort of patients are more likely to require a bed than minor cases.

What actions are we taking?

We continue to work with our partners across health, social care and the voluntary sector focusing on:

- Right place, right time - Improved access to Urgent and Emergency care
- Every Day Counts – Timely decision making and access to diagnostics and therapies
- Get Me Home - Alternative services and Discharge to Assess models in the community to reduce long hospital stays.

Programmes of work include the rollout of 'Red to Green' on wards; continuing to maximise our core Community Resource Team capacity; and 'Get Me home plus'. A number of pathway improvement initiatives are being taken forward as part of the Length of Stay improvement programme of work, most recently in respiratory and trauma and orthopaedics. This work is being informed and supported by an increased use of data and business intelligence.

The Health Board developed an Integrated Winter Plan for 2019/20 working closely with system partners including WAST, Local Authorities and third sector organisations, which was submitted to Welsh Government in accordance with their requirements. The plan was approved by the Board and was subsequently published on the Health Board's website.

Following a more challenging summer in 2019 than previous years in unscheduled care, a number of the winter schemes identified have been brought forward for early deployment.

Early deployment of the winter plan has been focussed on 3 key areas.

- Enhancing senior clinical decision maker capacity – particularly at our 'front door' services;
- Strengthening primary care resilience and intermediate care capacity and;
- Commissioning 50 additional hospital beds to cope with a surge in demand for admissions.

Primary care OOH services have been particularly stretched in the early Winter period and, at times, this has translated into additional pressure on secondary care services.

The Chief Operating Officer has initiated weekly meetings with LA Directors of Social Services to ensure a system response to pressures and to monitor deployment of plans agreed through the PSB - which received direct funding for winter pressures.

Despite a very challenging unscheduled care position, the Health Board is coping with pressures and continues to achieve a higher level of Tier 1 target compliance – relative to other Welsh organisations.

In light of these pressures, there have been periods where the system has been under significant pressure, resulting in an increased system risk and a potentially adverse impact on patient experience and outcome. Despite this, our clinical and operational teams have been remarkable in their efforts to continue to meet the needs of urgent and emergency care patients along with ensuring safe timely discharge for patients who require ongoing support and care during this challenging period.

4) PRIMARY CARE

GENERAL MEDICAL SERVICES

How are we doing?

The UHB is presently engaged with Welsh Government and other Health Boards in Wales to develop a standard approach to reporting risk in relation to General Medical Services (GMS). The UHB's present status in respect of three of the key metrics currently used, are reported on below:

- a) **Sustainability applications:** The UHB currently has zero active applications from GPs to support with the sustainability of their services and there are no lists presently closed to new registrations.
- b) **Contract terminations:** There have been no contract terminations
- c) **Directly managed GP services:** The UHB presently has no directly managed primary medical care services

There are presently no closed lists.

How do we compare with our peers?

An escalation tool has been introduced and there is reporting on a weekly basis. An electronic version is due to be available by the end of March and daily reporting will be available. Work is underway to show the position on an all Wales basis which will be included in future Performance reports when it is available.

What are the main areas of risk?

Primary care is essential to delivery of the organisation's strategy and strategic objectives, affecting all dimensions of health and care. Owing to a number of factors, the UHB is facing challenges in recruiting and retaining sufficient numbers of General Medical Practitioners to meet the demands of a growing, aging population, who have increasingly complex clinical needs from some fairly antiquated estate.

What actions are we taking?

Further to initiatives previously described, developments over the past 2 months, include:

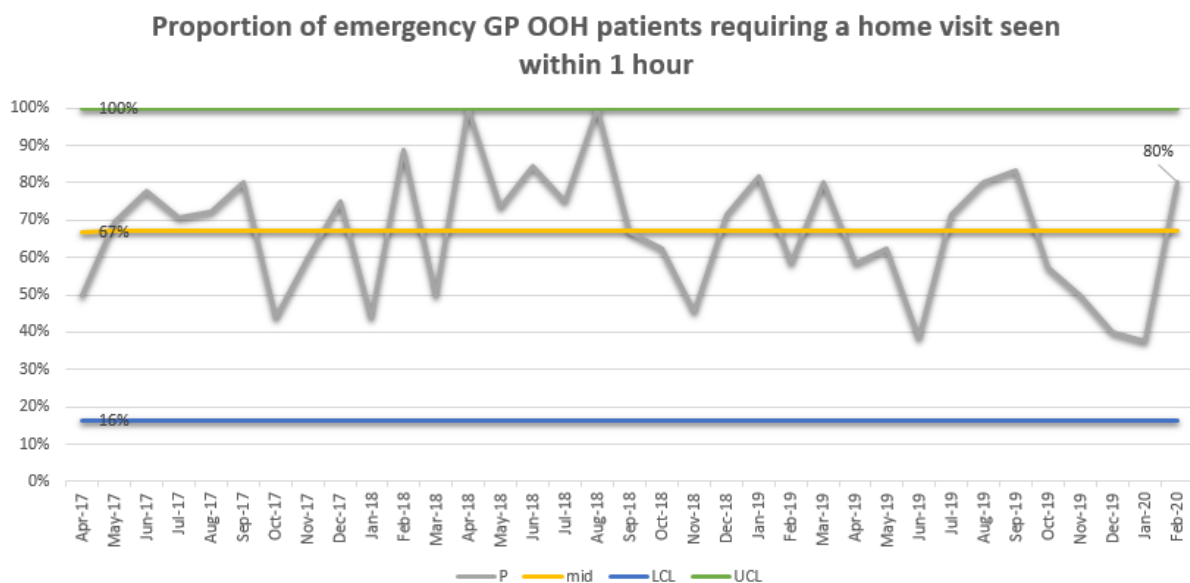
- Supporting GP practices to interpret GMS contract changes
- Providing GP practices with the opportunity to undertake training in Quality Improvement methodology in line with GMS contract changes and introduction of QAIF (Quality Assurance & Improvement Framework)

URGENT OUT OF HOURS SERVICES (OOH)

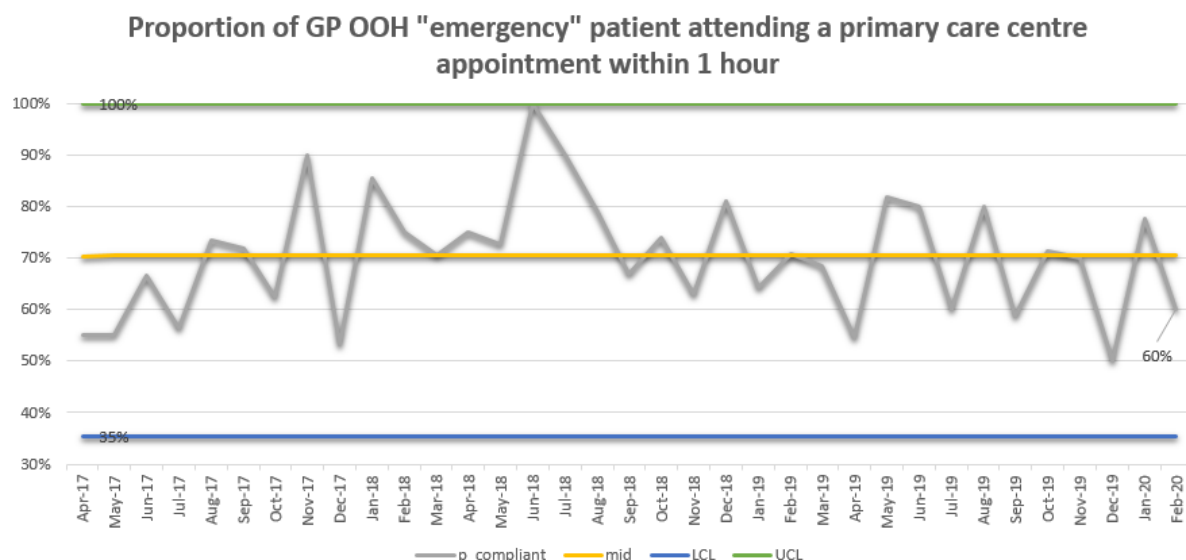
How are we doing?

The Welsh Government have introduced a new suite of indicators for 2019/20 and extended the scope of the measures to include patients accessing primary care through the 111 service. In February the UHB was compliant with 3 of the 12 measures (no stats reported for two of the 14 measures), and within 10% of the compliance standard (marked as amber) for a further 4.

As per the chart below the proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour continued to fluctuate in 2019/20 with limits recorded between 38% and 83%, reflecting the large variation in demand on this service, both in terms of very small volumes and location. The discrete performance in February was 80%, 13% above the median performance of 67% and 5% above the Welsh Government’s target of 90%.



The proportion of primary care centre appointments provided within 1 hour for those prioritised as “emergency” also remains stationary at a median of 71%, with discrete performance for February at 60%.



How do we compare with our peers?

There is no available comparative data from some Health Boards, but from the available data, C&V UHB is performing well regarding home visits within 1 hour, exceeding the target and less well regarding a primary care consultation within 1 hour.

		Target	AB	BC	C&V	CTM	HD	SB	C&V Rank	Month
Proportion of GP OOH patients triaged as emergency receiving:	a home visit within 1 hour	90.0%	No Data	94.1%	93.7%	91.7%	No Data	No Data	2/3	Nov-19
	a primary care centre consult within 1 hour	90.0%	No Data	0.0%	70.0%	82.5%	No Data	No Data	2/3	Nov-19

What are the main areas of risk?

The three areas of concern are:

- An ability to provide home visits within 60 minutes for all areas of Cardiff and Vale when considering the geographical area covered and the variation in average travel times across our dense urban areas.
- The ability to attract staff onto the roster at peak periods and certain times of the week and the subsequent reliance on bank staff, who provide less certainty as to their availability. This is likely to become more of an issue with the coronavirus position.
- Ensuring that the triaged clinicians are using a standardised approach to what constitutes a Priority 1,2 or 3 home visit or Primary Care Centre (PCC) appointment and what impact an incorrect prioritisation can have on the system.

What actions are we taking?

- Recruitment of staff continues to be prioritised and the workforce skills mix has been extended to include mental health and palliative nurses.

- Training and guidance has been provided so everyone is aware of requirements and visits are appropriately prioritised. Using CPD events to help ensure that triaged clinicians are using a standardised approach to categorising a home or PCC appointment.
- The handling of appointments at primary care centres has been revised to ensure emergency appointments can be managed in a timely manner.
- We are taking steps to ensure the effective use of the workforce and using home triaging (where appropriate) to ensure clinicians at base and undertaking home visits are able to focus on this work.

5) STROKE

How are we doing?

The Sentinel Stroke National Audit Programme (SSNAP) measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland.

Our SSNAP score dipped to a Level C in the latest published data for the period October – December 2019. This is a decrease from Level B reported previously.

- The main operational challenge continues to be the ability to admit to the acute stroke unit within 4hrs of stroke suspected. During November 2019, this was adversely affected by the temporary closure of dedicated Stroke beds due to Infection Prevention & Control restrictions.
- Out of hours thrombolysis activity improved between October and December 2019 as a result of the Stroke Thrombolysis Response Nurse project. Variation in performance between in and out of hours also reduced.

Performance against the four measures of Welsh Government focus remains variable and our challenge remains to achieve target and consistency in delivery, particularly for the 4 hours direct admission.

WG benchmarking standard		IMTP trajectory	UHB in Jan-20
4 Hour QIM	60%	43.7%	41.0%
12 Hour QIM	94%	95.5%	93.8%
24 Hour QIM	83%	79.3%	84.6%
45 Minute QIM	90%	26.1%	40.0%

How do we compare with our peers?

C&V UHB ranks first when compared to other Welsh Health Boards for Direct Admission to an Acute Stroke Unit within 24 hours, however all have failed to hit the 60% target. Cardiff and Vale ranked 4th out of the 6 peer trusts in Wales for the percentage assessed by stroke consultants within 4 hours, though we did achieve above the target position for January with a reportable percentage of 86%.

Indicator	Target	AB	BC	C&V	CTM	HD	SB	C&V Rank	Month
Direct admission to acute stroke ward within 4 hours	60%	35.1%	45.3%	48.1%	25.0%	37.3%	39.3%	1/6	Dec-19
Assessed by stroke consultant within 24 hours	84%	97.3%	77.3%	86.0%	43.1%	91.7%	100.0%	4/6	Dec-19

What are the main areas of risk?

- Maintaining thrombolysis procedural and educational standards for all staff to keep rates high and door to needle times minimised.
- Consultant assessment as early as possible in the stroke pathway – guiding correct admission to A6 South and to offer specialist senior assessment as early as possible in a patient's admission
- Direct admission of stroke patients within 4 hours of arrival – challenges in maintaining bed capacity on A6S, urgently identifying correct patients for admission to the stroke pathway and minimising use of stroke beds for outliers

What actions are we taking?

Through our Stroke Service Transformation Programme, two actions have been agreed to support further improvement in performance.

- Review the ring fencing of beds on A6 south.
- Initiated new consultant model – planned launch April 2020

6) CANCER

How are we doing?

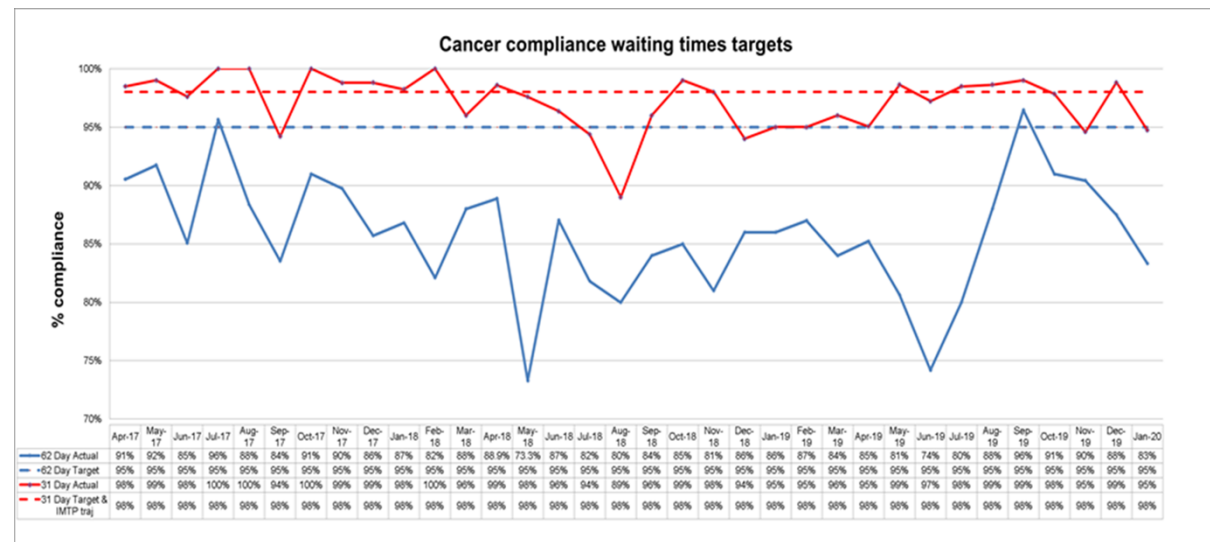
Urgent Suspected Cancer (USC) In January 2020, 94.7% of cancer patients who were referred by their GP on the USC pathway commenced treatment within 62 days of receipt of referral, against the expected standard of 95%.

Not on an Urgent Suspected Cancer pathway (NUSC) In January 2020, 83.3% of patients who were not diagnosed via USC route started treatment within 31 days of diagnosis against a minimum expected standard of 98%.

Following significant challenges related to increased demand earlier in the year, a revised plan to reverse an adverse impact on cancer performance was put in place. Whilst there are monthly fluctuations, our year to date performance in both measures has improved in 2019/20 compared to 2018/19.

Cancer Performance Targets	April 2018 to January 2019	April 2019 to January 2020	YoY Change
31 day NUSC cancer (Target = 98%)	95.6%	97.3%	+1.7%
62 day USC cancer (Target = 95%)	83.3%	85.7%	+2.4%

Monthly performance against the 31 and 62 day standards is shown below:



How do we compare with our peers?

Cardiff & Vale UHB most recent comparative performance against other NHS Wales Health Boards in December 2019 is shown below.

Dec-19	Wales	Target	SB	AB	BCU	C&V	CTM	HDda	C&V Rank
Non USC	96.50%	95%	91.90%	92.80%	98.00%	98.80%	98.40%	99.30%	2/6
USC	80.60%	98%	92.10%	76.10%	83.30%	87.50%	73.90%	81.40%	2/6
SCP	74.90%	N/A	77.00%	70.50%	77.50%	83.40%	68.00%	76.20%	1/6

What are the main areas of risk?

- Increased demand and insufficient capacity in a number of key tumour site services.
- Challenges in redesigning complex cancer pathways – including urology and lower GI.
- Meeting the requirements for the new single cancer pathway.

What actions are we taking?

The ongoing scrutiny of tracking and expediting arrangements continue to support (and mitigate risks to) improvements.

The UHB continues its focus on balancing demand and capacity on a sustainable basis, particularly in tumour sites where demand increases have compounded pre-existing process and capacity constraints – urology and GI specifically.

Single Cancer Pathway: The UHB continues with implementation of its SCP project plan. Of note, we have received funding for this year and next (£400K per annum) from Welsh Government to support implementation. The Health Board has prioritised this to help reduce the demand and capacity diagnostic gap (radiology and endoscopy) and in supporting development of an IT and Business Intelligence System that supports the SCP and national data requirements.

Reported performance for January is 77% compared to 83% in December 2019 with a higher number of patients treated compared to the previous month (181/197 respectively). Whilst there is no % compliance target set yet, the Health Board, in line with national expectations, is aiming for continuous improvement in 2019/20.

The SCP performance is reflective of the USC/NUSC performance whereby challenges of demand/capacity and delays in delivery of care impact on performance figures.

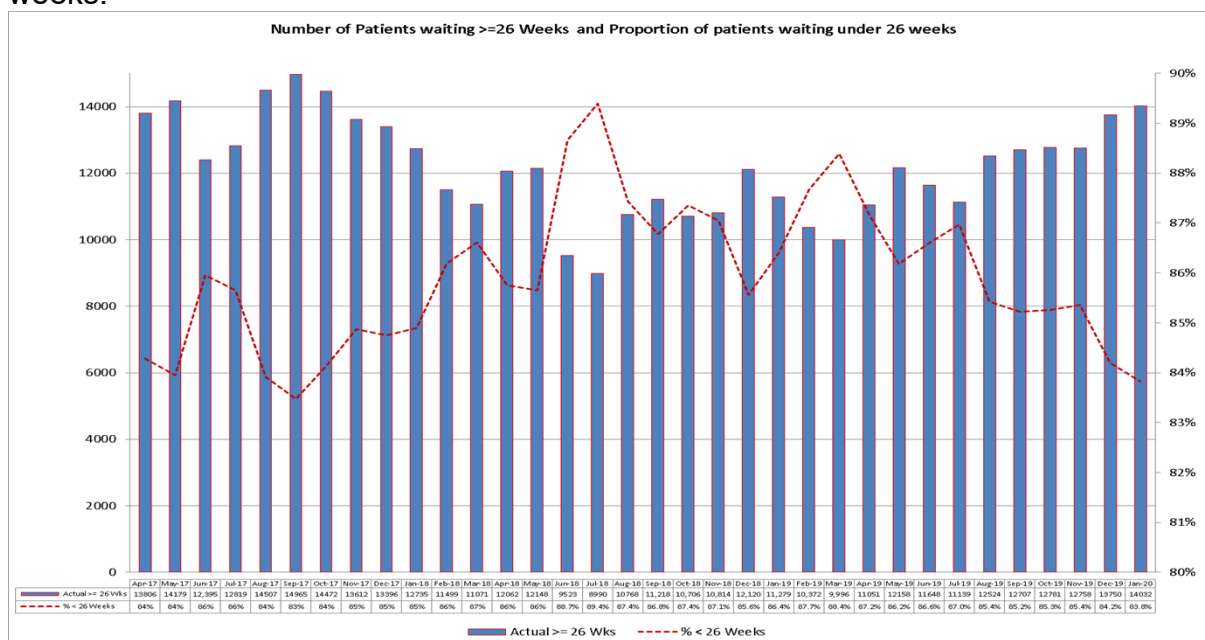
7) ELECTIVE ACCESS

As reported at the last Committee, in common with the rest of the NHS across the UK, the UHB is experiencing a major adverse impact on its capacity as a result of Pension and Tax issues in relation to Consultant Medical Staff. We estimate that this is reducing our monthly elective planned care capacity by approximately 280 cases per month.

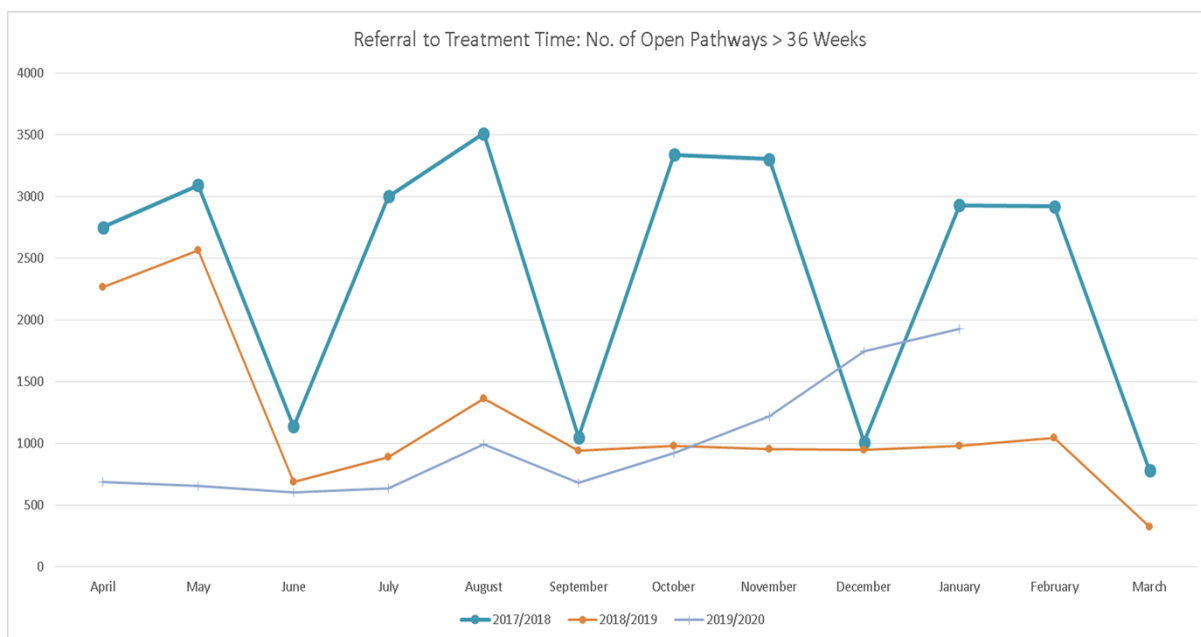
How are we doing?

The Welsh Government target is that 95% of patients referred for consultant-led elective care should be treated within 26 weeks from date of receipt of referral, with the remaining 5% seen within a maximum waiting time of 36 weeks.

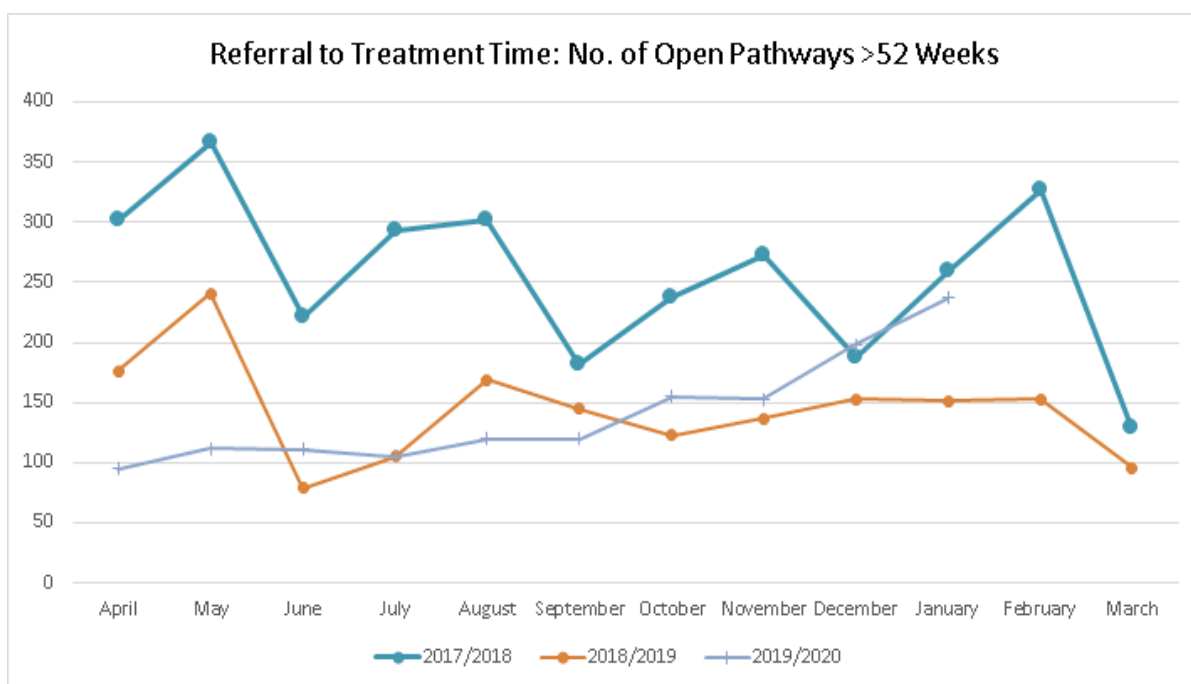
At the end of January 2020, 83.8% of patients in the UHB were waiting under 26 weeks.



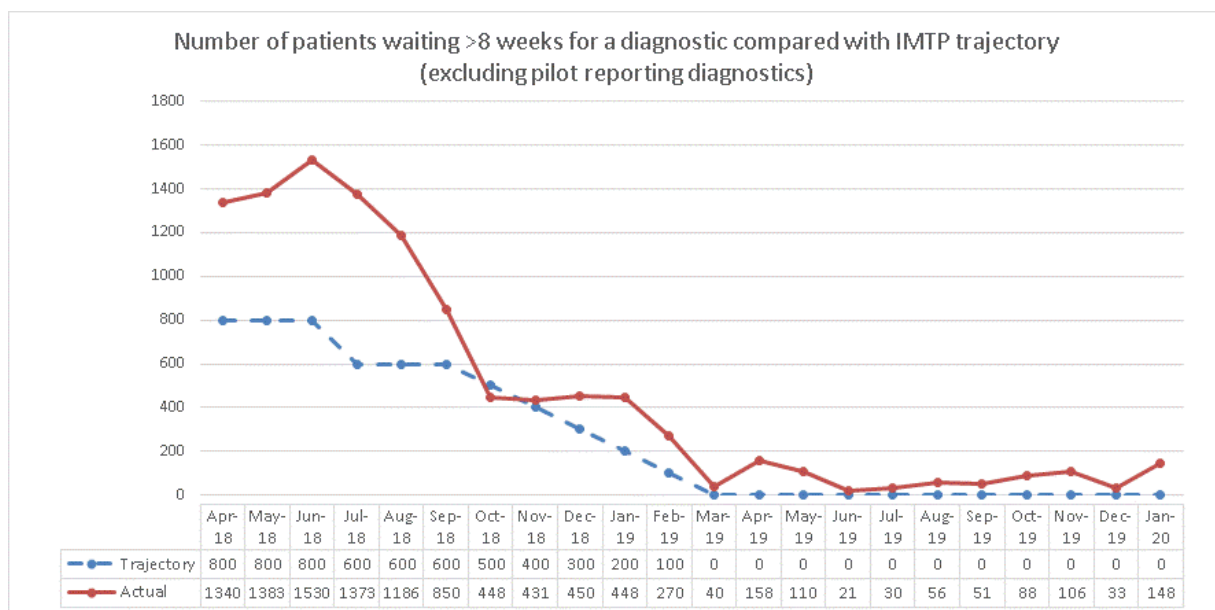
The number of patients waiting in excess of 36 weeks was 1930 for January 2020, an increase of 182 from the previous month.



The number of patients waiting in excess of 52 weeks was 237 for January 2020.



The Health Board saw an increase in the number of patients waiting greater than 8 weeks for a diagnostic test from 33 in December to 148 in January 2020, against a revised target of 0. Our plan remains to clear all greater than 8 week diagnostic waits.



How do we compare with our peers?

The All-Wales waiting time position at the end of December 2019 is shown below.

Indicator	Target	Month	Wales	SB	AB	BC	C&V	CTaf	Hdda	C&V Rank
% of patients waiting less than 26 weeks (RTT)	95%	Dec-19	83.50%	82.60%	88.60%	76.90%	84.20%	83.00%	86.50%	3/6
Number of patients waiting > 36 weeks (RTT)	0	Dec-19	25,550	5138	1542	12041	1748	4355	726	3/6
Number of patients waiting > 14 weeks for therapies	0	Dec-19	184	0	0	9	21	1	146	5/6
Number of patients > 8 weeks for diagnostic	0	Dec-19	4902	569	189	2502	33	1479	129	1/6

What are the main areas of risk?

Our primary concern in respect of delayed treatment beyond the targets is the potential for patients to suffer harm as a result of the delay.

The corporate organisational risk is that of failing to achieve our Organisational commitments in the IMTP.

As with Health Boards and Trust across the UK, Cardiff & Vale UHB is experiencing significant challenges related to changes in pensionable taxation – particularly for consultant staff. This national issue is currently being looked at, but in the meantime the Health Board has been unable to commission additional consultant capacity in the way it had previously done so. The CEO provides a monthly update to Welsh Government on the activity and performance impact of this. It is anticipated that this will continue to have a material impact on performance in the remainder of this year.

What actions are we taking?

We manage the risk relating to long waiting patients specifically by our adoption of the good practice recommended by the Delivery Unit in their all Wales review in 2017, their report to Cardiff UHB in November 2018 and CHC reports also, which recommended a series of actions the UHB needed to take to improve its management of this issue. Clinical Boards adhere to the good practice guidelines and this is monitored by the UHB centrally.

Implementation of speciality specific delivery plans remains the key action in delivery of RTT and diagnostics. In specific areas such as Spinal Surgery where we have a particular demand and capacity challenge, we have made Consultant appointments.

There are national programmes of work under the Planned Care Programme Board focussing on identifying best practice and supporting sustainable approaches to the management of elective care. The UHB partakes in these forums and works with other Health Boards in a series of sub groups reporting to the Planned Care Programme Board.

8) OUTPATIENT FOLLOW UPS

How are we doing?

Historically, Cardiff & Vale UHB reported the highest historical Follow-Up volumes across NHS Wales and our single biggest challenge has been the recording and accuracy of follow-up data, largely driven by information and data systems issues.

Over recent years the UHB has made the largest improvement in its position across Wales largely through system led validation working closely with clinicians to determine a set of rules and guidelines which have greatly improved the accuracy of data. However we still have more to do to improve both in our systems and in our ways of working as too many of our specialties remain working using traditional models of outpatient follow ups which are increasingly outdated.

There are three main targets set by Welsh Government for the Health Board to meet in 2019/20.

1. 95% of patients on follow up waiting lists to have a target date. The UHB has delivered the largest improvement in this area across Wales in 2019/20, achieving 95% by 31st December 2019 and at the end of February the reported position is over 98%.
2. 15% reduction in volume of follow up patients waiting 100% over their target date by 31st March 2020. This important target has now been delivered in full at the end of January 2020 in advance of our plans.
3. The UHB was required to deliver a 20% reduction in total volume of Outpatient Follow Up waiting list by 31st March 2020, in excess of the 15% reduction required nationally. The UHB is currently ahead of its agreed trajectory and scheduled to deliver 189,000. At the end of February, the UHB reported 197,044 patients on the follow waiting list which is over 16% reduction since March 2019.

How do we compare with peers?

The UHB is well placed to deliver against all 3 of the performance targets in the Outpatient Follow Up Improvement programme, under the Planned Care Programme Board of Welsh Government. The UHB performance compared to the rest of Wales is shown below:

Health Board	1. 95% of patients to have a target date		2. Reduction in patients waiting 100% over target date		3. Reduction in total Follow Up waiting list	
	Volume change since March 2019	Performance	Volume change since March 2019	% of 2019/20 target delivered	Volume change since March 2019	% of 2019/20 target delivered
AB	- 12,076	98%	- 227	17%	- 28,966	125%
BCU	-	100%	3,770	-47%	1,554	-5%
C&V	- 28,129	95%	- 7,793	66%	- 23,109	51%
CTM	- 326	100%	- 2,495	73%	- 366	2%
HD	-	100%	- 4,469	100%	43,647	-848%
P	- 604	99%	- 109	100%	- 971	75%
SB	4,680	100%	- 5,501	100%	- 10,912	51%

Source: WG National Outpatients Steering Group - End Dec 2019

What actions are we taking?

The UHB has been supported by Welsh Government Funding in 2019/20 to deliver the Outpatient Follow Up targets, and the UHB is ahead of planned trajectory to deliver by 31st March 2020.

The primary focus of this investment in 2019/20 has been on validation, using Information, IT, Clinical and administrative resources which has supported the reduction of the Outpatient Follow Up waiting list volumes, and supported the high risk measures of improving clinical target date rates and reducing volumes of patients delayed over 100%. There has also been targeted investment in Information resources in developer capacity and the recent appointment of a Digital Transformation Director.

A significant amount of work has been progressed this year with specialties to pilot and plan for the delivery of new Outpatient models, including See on Symptoms, Patient Initiated Follow Up, Self-management, using Patient Reported Outcomes, Virtual Clinics and the adoption of digital patient portals to facilitate more responsive and timely follow up for patients in the right setting.

As the focus on Validation and improving Information systems and processes reduces, our primary focus is on working with our Clinical teams and our Patients to design develop and deliver improved outpatient services.

9) FINANCE

How are we doing?

The UHB's 2019/20 operational plan includes a balanced financial plan which is dependent upon managing the following key challenges:

- delivering a £26.095m savings target;
- the management of operational cost pressures and financial risks within delegated budgets.

The UHB has a full savings programme in place and is reporting an overspend of £0.205m for the 11 months to the end of February 2020. The UHB has undertaken a detailed budget forecasting exercise which provides assurance that the UHB will recover the overspend and deliver its forecast break even position by the year end.

Background

The Health Board agreed and submitted its 2019/20 – 2021/22 IMTP to Welsh Government by the end of January 2019 for its consideration. Approval of this plan was received by Welsh Government in March 2019. The financial plan aims to deliver a break even position for each year during the period of this plan.

Reported month 11 position

At month 11, the UHB is reporting an overspend of £0.205m against plan which represents an improvement of £0.784m on the position reported at the end of January. The UHB has implemented plans to recover the deficit and the position is expected to continue to improve in March to deliver a break even position at year end.

Income and Expenditure Analysis

Summary Financial Position for the period ended 29th February 2019

Income/Pay/Non Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Income	(117.603)	(117.889)	(0.286)	(1,313.702)	(1,314.695)	(0.788)
Pay	53.647	53.029	(0.618)	590.220	586.637	(3.583)
Non Pay	63.956	64.076	0.120	723.482	728.058	4.575
Variance to Plan £m	0.000	(0.784)	(0.784)	0.000	0.000	0.205

Progress against savings targets

The UHBs £31.245m savings target has been reduced by £5.150m to reflect the release of £2.1m relating to the UHBs remaining investment reserve and a further £3.050m to reflect an operational underspend on WEQAS. The target is now £26.095m.

At month 11 the UHB had fully identified schemes to deliver against the £26.095m in year savings target.

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	26.095	26.095	0.000

Underlying deficit position

The underlying deficit position brought forward into 2018/19 was £36.3m. Successful delivery of the 2019/20 plan would reduce this to £4m by the year end. At month 11 there is a £7.5m shortfall against the recurrent savings plan. Consequently, the UHB's expects the accumulated underlying deficit moving into 2020/21 to be £11.5m which is a reduction of £24.8m during 2019/20.

Creditor payment compliance

Non-NHS Creditor payment compliance was 96.3% for the 11 months to the end of February, achieving the 95% 30 day target.

Remain within Capital expenditure resource limit

The UHB had an approved annual capital resource limit of £57.807m at the end of February. Capital expenditure for the first 11 months of the year was £32.756m against a plan of £37.145m. The UHB expects the final 2019/20 capital outturn to be broadly in line with its capital resource limit.

Cash

The UHB has a forecast year end cash surplus of £0.676m. The UHB cash balance at the end of February was £5.221m.

What are our key areas of risk?

The previously identified key risks in delivering the plan have now been mitigated and the UHB is confident that it will deliver its year end forecast.

What actions are we taking to improve?

- Managing operational pressures – Overspending Clinical Boards must provide robust recovery action plans as part of the Clinical Board Performance Review escalation process.
- Managing down the underlying deficit – A greater focus on recurrent savings supporting the continued reduction in the underlying deficit.

Cardiff and Vale University Health Board - Performance Dashboard - March 2020

Cardiff and Vale University Health Board - Performance Dashboard - March 2020											
Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Mar-20	RAG rating	Latest Trend	Target	Time period
Purpose: For Our Population											
Strategic Objectives: All take responsibility for improving our health and wellbeing											
Uptake of influenza vaccination among high risk groups	1	>65: 70.8%, @risk: 49%, staff:64.7%	A	●	>65: 70%, @risk: 44%, pregnant women 77.2%, staff:60.7%	A	>65: 71%, @risk: 43.3%, pregnant women 21.9%, staff:61.6%	A	↔	Green: Community: 75%, staff 60%; Amber (improvement on 16/17) - profile FYO >65: 70%, @risk: 52%, staff:50%	>65 & Staff as at Dec 19 Pregnant Women as at March 19
Percentage of children who have received 3 doses of the 6 in 1 vaccine by age 1 & who received 2 doses of the MMR vaccine by age 5	2	5 in1 : 94.7%, MMR2: 87.5%	A	●	6 in1 : 94.1%, MMR2: 91.2%	A	6 in1 : 92.2%, MMR2: 92.6%	A	↑	Target: 95%, amber = IMTP trajectory of 95% and 88.5%	Q2 19/20
Proportion of adults obese or overweight	3	52%, Age std 54%	G	●	56%	R	56%	R	↔	reduction on previous year (54% 2012/13, 2013/14)	NSW 2016-18
% of adults consuming > 14 units of alcohol p. Wk (New measure)	4	23% Age std 23%			21%	G	21%	G	↔	New measure - previous results relates to consumption above recommended units	NSW 2016-18
Proportion of adults meeting physical activity guidelines	5	60% Age std 59%	A	●	58%	A	58%	A	↔	Target continuous reduction in % of adults who reported being physically active for more than 150 mins in the previous week	NSW 2016-18
% of C&V resident smokers who make a quit attempt via smoking cessation services - target 5%	6	0.85% to Q2 17/18	R	●	1.2%	R	0.5%	R	↔	WG target 5% over course of full year	Q2 2019-2020
% C&V residents who are CO validated as successfully quitting at 4 weeks - measured annually - target 40%	7	55.3% Q2 17/18	G	●	50.4%	A	55.0%	G	↑	Tier 1 target 40%,	Q2 2019-2020
Rate of conceptions among females under 18	8	Cardiff 27.5 per 1000, Vale 19 per 1000	A	●	Cardiff 21.2 per 1000, Vale 13.6 per 1000	G	Cardiff 19.2 per 1000, Vale 13.3 per 1000	G	↔	reduction on previous year	2018 (Annual)
Strategic Objectives: Deliver outcomes that matter to people											
Crude Hospital Mortality Rate for people aged less than 75	9	0.62%	G	●	0.59%	G	0.64%	A	↔	12 Month Improvement Target (18/19 was 0.59, 12M to Jun-18 :0.6%)	12 months to Oct-19
Emergency crude mortality rate (12 mth)	10	3.05%	G	●	2.81%	G	2.75%	A	↔	Reduction in CMR (12M to June-18 = 3.08%)	12 months to Aug-19
Demonstrable reduction in the mortality rate for stroke, heart attack and fractured neck of femur patients (30 day post event, 12 mth) - based on primary ICD-10 code	11	stroke 12.5%, heart attack 3.8%, #NOF 8.1%	A	●	stroke 12.2%, heart attack 4.8%, #NOF 8.6%	A	stroke 11.8%, heart attack 4.2%, #NOF 8.7%	A	↔	Demonstrable reduction in rolling 12 month rate (2017/18: 12.8%,8.7%, 7.2%)	12Mths to July-19
% Universal mortality reviews undertaken within 28 days of a death	12	71%			78%	R	74%	R	↓	NEW MEASURE from April-17 - Target is 95%, IMTP trajectory= 83%	Jan-20
National Patient experience survey	13	87%	A	●	97%	G	97% UHL, 93% UHW	G	↔	% of pts responding who rated overall experience of care as 8/10 or above (Green 90%)	National patient experience report Aug-19
Proportion of formal complaints responded to within 30 working days	15	74%	A	●	74% (78% for 2018/19)	A	76% (78% for 2018/19)	A	↓	Green: 80%, Amber sustainable improvement from 40-50% range	Monthly in performance up to 31/7/19

Cardiff and Vale University Health Board - Performance Dashboard - March 2020

Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
Strategic Objectives: Reduce health inequalities											
Life expectancy at birth	16	Cdf- F: 82.6, M:78.4, V- F: 83.5, M: 78.8	G	●	Cdf- F: 82.7, M:78.5, V- F: 83.4, M: 78.9	G	Cdf- F: 82.7, M:78.5, V- F: 83.4, M: 78.9	G	↔	Continuous Improvement (June-18 figures updated)	2015-17
Reduce infant mortality for population	17	2.8 per 1,000 live births	G	●	3.8 per 1,000 live births	G	3.8 per 1,000 live births	G	↔	reduction on 2015 rate (3.9)	ONS (2017)
% live births with a birth weight of less than 2500g	18	5.98%	G	●	6.10%	A	6.6%	A	↔	12 mth cumulative reduction on previous year (5.9%)	Aug-19
Rate of hospital admissions with any mention of intentional self harm for children and young people per 1000 popn (New measure)	19	3.5	G	●	3.4	G	3.4	G	↔	Annual reduction from 3.6 in 16/17, 3.87 in 15/16 & 4.33 in 14/15	Year 17/18
Reduction in the number of emergency hospital admissions for basket of 8 chronic conditions per 100k popn	20	1020	A	●	1036	A	995	R	↓	reduction against same 12 month period of previous year (1021)	12M to Sep-19
Reduction in the number of emergency hospital readmissions within a year for basket of 8 chronic conditions	21	202	A	●	176	G	152	G	↔	reduction against June-May 2018 =202	12M to Sep-19
Emergency admission for hip fractures (age-standardised, 65+ per 100,000 people) (Revised Populations applied)	22	583.7	A	●	547	A	571	A	↔	reduction on previous year (545 per 100,000 conf limit+/-54)	12 months to May-19

Cardiff and Vale University Health Board - Performance Dashboard - March 2020

Cardiff and Vale University Health Board - Performance Dashboard - March 2020											
Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
Purpose: Our Service Priorities											
Strategic Objectives: Offer services that deliver the population health our citizens are entitled to expect											
Delivery of the 31 day (Non- USC) and 62 day (USC) cancer access standards	23	98.3% NUSC, 86.8% USC	R	●	96% NUSC, 84% USC	R	99% NUSC, 81% USC	R	↓	Green Tier 1: 98 % NUSC, 95% USC, Amber IMTP trajectory Q3 = 98% & 92%	Nov-19
Primary care contractor professionals assurance status	24	Managerial Intervention Required	A	●	2 contract terminations - 0 new sustainability applications - 4 temporary list closures	G	0 contract terminations - 0 new sustainability applications - 0 temporary list closures	G	↔	Present internal assessment of C&V GP sustainability position - text relates to Q1 2019/20 events	as at 29/2/20
% GP Practices offering appointments between 17:00 and 18:30 on 5 days a week	25	88%	G	●	88%	A	94%	G	↑	Improvement target (2017 - 88%)	2018
% people (aged 16+) who found it difficult to make a convenient GP appointment	26						45%	R	↓	New measure: Annual reduction on 41.6% in 2017/18	2018/19
% HB population regularly accessing (within 2 years) NHS primary dental care	27						56%			New measure - quarterly improvement trend - baseline 56.1% in Dec-18	Dec-18
Dementia Bundle: Diagnosis rates, Access & training	28	Diagnosis: 63% Access: 99%, Training: 32%	G	●	Diagnosis: 63% Access: 99%, Training: 23%	R	Diagnosis: 63% Access: 88%, Training: 23%	R	↓	Target: Diagnosis improvement in proportion >65years diagnosed with dementia, Access attain 95% memory patients seen within 14 weeks, Trainingimprovement in %GP practices that completed MH DES in dementia care	Diagnosis Yr 17/18, Access: Dec-19, Training Year 17/18
% of people over 65 who are discharged from hospital and referred to a care home and not their usual place of residence	29	3.30%	A	●	3.37%	A	3.14%	A	↔	Demonstrable reduction in rolling 12 month rate (2017: 3.29) - Amber remain in SPC limits (p_mean = 3.09, UCL 4.2%)	12 months to Sep-19
Sustained compliance against four acute stroke bundles	30	1: 23%, 2: 90%, 3: 60%, 4: 92%	R	●	1: 42%, 2: 96%, 3: 64%, 4: 90%	A	1: 26.1%, 2: 79.3%, 3: 95.5%, 4: 43.7%	A	↔	Amber: Continuous improvement Green: UHB IMTP trajectory	Monthly performance in May-19

Cardiff and Vale University Health Board - Performance Dashboard - March 2020

Cardiff and Vale University Health Board - Performance Dashboard - March 2020											
		Status report									
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
Purpose: Sustainability											
Strategic Objectives: Offer services that deliver the population health our citizens are entitled to expect											
Number of new serious incidents & % assured within agreed timescale	31	240 Sis, 31 no surprises - 52% assured in timescale	A	●	336 Sis, 27 no surprises -27% assured in timescale	R	213 Sis, 36 no surprises - 44% assured in timescale	R	↑	No. of Sis: reduction in year (231 Sis in17/18, 336 Sis in 18/19) , Timeliness for assurance : 90%	No. of Sis: 12M to Dec-19, Timeliness Jun-19
% patients with a positive screening for sepsis in both inpatients and emergency A&E who have received all 6 elements of the 'sepsis six' bundle within 1 hour.	32	Jan-18: 55%, YTD 66%	A	●	18/19: 79%	G	90.91% inpatient, 46.3% emergency	A	↔	Continuous improvement target (last 12 months 67%, 18/19: 79%)	April-Jan 2020
Reduction in number of patients who had a potentially preventable Hospital Acquired Thrombosis (VTE) up to 90 days post discharge	33	10 potentially preventable, 0 to be reviewed			5 potentially preventable	G	7 potentially preventable	G	↔	rolling 12 mth reduction in preventable HATs post level 2 Root Cause Analysis	Aug'18-Sep'19
% of nutrition score completed and appropriate action taken within 24 hours of admission	34	95%	G	●	95%	G	94%	G	↔	Green: 95%, Amber 90%	Jan-20
Patient environment: Credits 4 cleaning scores for high risk areas	35	Very high risk: 98.2% High risk: 96.7% Significant risk: 96.8%	G	●	Very high risk: 98% High risk: 97% Significant risk: 95%	G	Very high risk: 99% High risk: 98% Significant risk: 97%	G	↔	Very high risk: 98% High risk: 95% Significant risk: 85%	Monthly snapshot for Feb 20
% compliance with Hand Hygiene (WHO 5 moments)	36	94%	R	●	96%	A	94%	G	↔	Green: 100%, Amber:>95%	Monthly snapshot for Jan 20
Reduction in C. Difficile and Staphylococcus Aureus Bacteraemia (MRSA), working towards a zero tolerance	37	115 C difficile cases; 140 S. aurea cases; 316 E. coli cases	R	●	107 C difficile cases; 171 S. aurea cases; 335 E. coli cases	R	84 C difficile cases; 68 S. aurea cases; 268 E. coli cases	A	↔	WG target: tbc (M5 18/19: c-diff:50, s-aureas: 66, e-coli:156)	Apr 19 to Jan 20
Reduction in the number of healthcare acquired pressure ulcers	38	M10 = 1119 MA(12) =107	R	●	Data quality issue identified		Data quality issue identified			10% reduction on previous year (2015/16 avg = 34.4, target = mthly average of 31) {source:FOC}	
Financial balance: remain within revenue resource limits	39	£25.502m deficit at M11	R	●	£9.873m deficit at month 12. £0.027m favourable variance against plan	R	£0.205m deficit at month 11.	R	↔	2019/20 Break-Even	M11 2019-20
Reduction in Underlying deficit	39a				£36.3m assessed underlying deficit position at month 12	R	£7.5m shortfall against the recurrent savings plan target at month 11 (see below).	R	↔	If 2019/20 plan achieved reduce underlying deficit to £4.0m	M11 2019-20
Delivery of recurrent £16.345m 2% devolved target	39b				Fully Identified Savings Plan	G	£16.345m in year schemes identified at Month 11. £3m shortfall against recurrent schemes.	R	↔	£16.345m	M11 2019-20
Delivery of £10.0m recurrent/non recurrent corporate target	39c					G	£9.750m in year schemes identified at month 11. £4.5m shortfall against recurrent schemes	R	↔	£10.0m	M11 2019-20

Cardiff and Vale University Health Board - Performance Dashboard - March 2020

Cardiff and Vale University Health Board - Performance Dashboard - March 2020											
Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
Remain within capital resource limits.	40				Expenditure at the end of the Year was £48.413m against a plan of £48.486m.	G	Expenditure at the end of February was £32.756m against a plan of £37.145m.	G	↔	Approved planned expenditure £40.030m	M11 2019-20
Creditor payments compliance 30 day Non NHS	40a				Cumulative 95.0% in March	G	Cumulative 96.3% in February	G	↔	95% of invoices paid within 30 days	M11 2019-20
Remain within Cash Limit	40b			●	Cash surplus of £1.219m	G	Forecast cash surplus of £ 0.676 m	G	↔	To remain within Cash Limit	M11 2019-20
Maintain Positive Cash Balance	40c			●	Cash balance = £1.219m	G	Cash balance = £5.221m	G	↔	To Maintain Positive Cash Balance	M11 2019-20
Number of procedures undertaken that are on the UHB's "Interventions not normally undertaken" list for procedures of limited clinical effectiveness	41	5197	A	●	6861	A	6699	A	↔	NEW INNU list adopted from August 2018: 12 month rolling reduction (Aug17-Jul18 : 6798)	12mth to 31/7/19
Reducing outpatient did not attend rates for New and Follow Up appointments	42	N:10.1%, FU 12.2%	R	●	N:9.6%, FU 10.7%	A	N:11.1%, FU 11.6%	A	↓	12 month rolling reduction- 16/17 New DNA 10.2%, FU 11.9%	12mths to Oct-19
Increasing in-session theatre utilisation (adopting Newton measure)	43	75%	A	●	75%	A	75%	A	↑	Newton consulting set standards: green >= 85%, amber 67%-85%, red <=67%	Feb-20
Uptake of ERAS across whole HB.	44	Refresh being planned as part of TTC	R	●	Case for acceleration submitted for transformation funding	A	£750k funding secured, resources being attained	A	↑	Self assessment based on roll out plan agreed with WG	Sep-19
Ensure that the data completeness standards are adhered to within 1 month of the episode end date	45	94.9%	A	●	97.3%	G	95.4%	G	↓	95% within 30 days	Dec-19
Strategic Objectives: Have a planned care system where demand and capacity are in balance											
Number of procedures postponed either on the day or day before for specified non clinical reasons	46	37%	R	●	2070	A	2338	R	↓	WG target: 5% reduction on 2018/19 figure = 1967 , amber continual improvement	12 Mths to 31/12/19
Part 1 Local Primary care Mental Health Support Services (% assessed within 28 days & therapy started within 28days)	47	83% (assessment), 79% (therapy)	A	●	75% (assessment), 71% (therapy)	R	64% (assessment), 74% (therapy)	R	↓	80% within 28 days for assessment, 80% within following 28 days for therapy	Monthly snapshot for Jan-20
Part 2 Coordination of care and treatment Planning for secondary Mental Health Users (% of users with a care and treatment plan)	48	90.1%	G	●	85.0%	A	84.0%	R	↔	90% - NB data quality issues	Monthly snapshot for Jan-20
Part 3 % of former users of secondary mental health services who are assessed under part 3 of the measure, who received their outcome assessment report within 10 days	49	100%	G	●	100%	G	100%	R	↓	Green: 100%, Amber: Continuous improvement as new standard	Monthly snapshot for Jan-20
Part4 Mental Health Advocacy (Provision of an advocate to all eligible requesting users)	50	100%	G	●	100%	G	100%	G	↔	100%	Jan-20
% of children waiting less than 26 weeks to start ADHD / ASD neurodevelopment assessment	51				76%	R	49%	R	↓	New target- target 80%	Dec-19
% patients waiting less than 26 weeks to start a psychological therapy	52	29%	R		21%	R	75%	R	↑	New target- target 80%	Jan-20

Cardiff and Vale University Health Board - Performance Dashboard - March 2020

Cardiff and Vale University Health Board - Performance Dashboard - March 2020											
Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
% of high risk (R1) ophthalmology patients waiting 25% beyond their target date for an OP appointment	53				51%	R	71%	R	↑	New target- target 95%	Monthly snapshot for Feb-20
Number of patients waiting for a follow up & no. delayed by >100%	54				#: 235,000 delayed >100%: 78,000	R	#: 197044 delayed >100%: 50461	R	↑	Targets: 15% redn in total no.= 196,640. 15% redn on nop. Delayed >100%. Target: 66,739	Snapshot at Feb-20
95% of patients will be waiting less than 26 weeks for treatment with a maximum wait of 36 weeks	55	84% <26 weeks, 2921pts > 36 wks	A	●	86% <26 weeks, 327pts > 36 wks	A	83.8% <26 weeks, 1930pts > 36 wks	R	↓	95% <26 wks, 0 > 36 wks: Amber: Achieve quarterly IMTP milestone	Snapshot at Jan-20
Strategic Objectives: Have an unplanned (emergency) care system that provides the right care, in the right place, first time											
Attainment of the primary care out of hours service standards	56	8 Green, 1 Amber, 8 Red	R	●	6 Green, 4 Amber, 7 Red	R	4 Green, 4 Amber, 6 Red	R	↑	Number of standards where the UHB is compliantn.b. Standards changed in March 19	Monthly performance in Feb-20
Deliver the 70% Cat A 8 minute response times all Wales target on a rolling 12 month basis and sustain the 65% Health Board target on a monthly basis	57	82%, 83% for 12 mths	G	●	78%, 81% for 12 mths	G	74%, 74% for 12 mths	G	↑	70%	to Jan-20
95% of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge	58	75%	R	●	84%	R	80%	R	↓	WG target: 95%,	Monthly performance in Feb-20
Eradication of over 12 hour waits within all hospital emergency care facilities	59	290	R	●	34 in month, 301 in Q4	R	152 Dec, 483 Qtr4	R	↓	WG target: 0, IMTP trajectory: 175 for Q4	to Feb-20
% critical care bed days lost due to delayed transfers of care	60				6.30%	R	11.90%	R	↓	Quarter on quarter improvement & <=5%	Oct-Dec-19

Cardiff and Vale University Health Board - Performance Dashboard - March 2020											
Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
Purpose: Culture											
Strategic Objectives: Be a great place to work and learn											
Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	61	59%	R	●	55%	R	51%	R	↓	Green: >85%, Amber 68-84%, Red <68%	Jan-20
Medical Staff – percentage of staff undertaking Performance Appraisal	62	77.0%	A	●	74%	R	78%	R	↑	Green: 85%, Amber: increase from Mar-18 position of 77%	Jan-20
% staff who would be happy with care by their organisation oif friend / relative needed treatment	63				79%		79%			Improvement on the 2018 79% baseline	2018 Survey
Overall measure for organisational climate / engagement	64	3.64/5	A	●	3.85/5	A	3.85/5	A	↑	Bi-Annual	2018 Survey
Achieve annual local sickness and absence workforce target	65	5.12%	R	●	5.11%	R	5.40%	R	↓	12 month rolling reduction from 5.12% Mar-18,	Jan-20
Retain platinum corporate health standard	66	Achieved	G	●	Achieved	G	Achieved	G	↔	Re-assessed as meeting standard	2017/18
Strategic Objectives: Work better together with partners to deliver care and support across care sectors, making best use of our people and technology											
Ambulance handover times: % within 15 and 60 minutes	67	15 mins: 31%, 60 mins: 71%	R	●	15 mins: 50%, 60 mins: 92%	R	15 mins: 19%, 60 mins: 77%	R	↓	15 mins: 60%, 60 mins: 100% (Amber: IMTP trajectory for 60 mins requires c. 94%)	Monthly performance in Feb-20
No. of Delayed transfers of care – mental health (all ages) and non mental health (75 years and over)	68	32 NMH, 14 MH	A	●	32 NMH, 5 MH	A	21 NMH, 7 MH	G	↑	IMTP trajectory is 7 MH, 28 NMH	Monthly snapshot for 19/2/20
Progress in Delivering Strategic Programme	69	Transformation programme accelerating	A	●	2nd transformation bid to accelerate progress submitted	A	Putting resources in place - recruitment is progressing	A	↔	Sustained improvement	Assessment at Dec-19

Report Title:	Board Assurance Framework (BAF)						
Meeting:	Board				Meeting Date:	27 th March /2020	
Status:	For Discussion		For Assurance		For Approval		For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Background and current situation:

The Board Assurance Framework provides the Board with information on the key Strategic Risks that could impact on the delivery of the Health Board's Strategy 'Shaping our Future Wellbeing'. It provides information on the controls and assurances in place to manage and/mitigate the risks identified and any further actions which are required.

At the Board Meeting in November 2018 the six risks detailed below were agreed as the main risks to the achievement of Cardiff and Vale UHB's Strategy.

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)

At the Board Meeting in May 2019 these risks were confirmed to still be the main risks facing the organisation during 2019/20.

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

The above risks are reviewed and updated by the Director of Corporate Governance and the Executive Lead for each individual risk prior to each Board Meeting. In addition to this the risk in relation to 'Sustainable Primary Care' was also reviewed at the Strategy and Delivery Committee in March. It should also be noted that the 'Financial Sustainability' risk has been reduced down due the actions undertaken and the mitigations in place.

Changes to the BAF have been highlighted in red so the Board Members can see what has happened to the risks since the BAF was last presented to the Board in January 2020.

WAO Structured Assessment 2019 has stated that '**In 2019, we found that the Health Board is strengthening processes that support board business and risk management**'.

There has also been an Internal Audit Review of Risk Management which has provided a draft assurance rating of 'reasonable' which was an improvement since the last Audit was undertaken.

The Corporate Risk Register references have also been added to the BAF to enable the Corporate Risks to be linked to the Strategic Risks of the Health Board.

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

In November 2018 the Director of Corporate Governance undertook an assessment of the current Risk Management arrangements in place at Cardiff and Vale UHB. A number of key actions were identified which needed to be progressed to ensure that robust risk management arrangements were being developed. Progress against these key actions can be seen below:

Action	Update
Report the new BAF process to the Audit Committee so the Committee can provide assurance to the Board	Complete – The new BAF was presented to the Audit Committee at the beginning of December 2018 and has been referenced in the WAO Structured Assessment 18/19.
Continue to develop and then update the BAF with Executive Directors to ensure it remains a dynamic and live document	Complete and continuing
Report individual risks on the BAF to the relevant Committees of the Board to allow the Committees to undertake a more detailed review and then provide assurance to the Board	Complete – This is now happening and Committees of the Board are reviewing risks which are relevant to their Committee to provide further assurance to the Board.
Assess the organisation's 'Risk Appetite'	Complete – A Board development day was held in April to assess the organisation's 'Risk Appetite'. This has now been included within the Risk Management and Board Assurance Framework Strategy presented to Board on 25 th July 2019.
Develop Risk Management and Board Assurance Framework Strategy.	Complete – presented to Board on 25 th July 2019
Development of Risk Management Procedure	Complete – A new procedure has been developed to support the Strategy approved by the Board on 25 th July.
Ensure that the work on the Corporate and Clinical Board Risk Registers is completed within a timely manner and in line with the Risk Management Strategy and Procedure.	Continuing - There will be a phased approach to the development of risk registers within Corporate Directorates and Clinical Boards. This approach will be in line with the Risk Management and Board Assurance Framework Strategy presented to Board on 25 th July 2019 with an aim to be fully implemented by 31 st March 2021.
First cut of Corporate Risk Register to be presented to the Private Board in November 2019.	Complete – Clinical Boards and Corporate Directorates will be written to requesting that they provide their top 3/5 risks to the Director of Corporate Governance using the new template and scoring using the new procedure. The Corporate Risk Register will be reported to the HSMB prior to the Board.

Internal Audit to take place on Risk Management arrangements at Cardiff and Vale UHB	Action due to be completed and reported to Audit Committee by April 2020. Complete report will be presented to Audit Committee in April
Move to web based risk reporting	Action due by April 2021.

Assurance is provided by:

- Discussion with Executive Directors on progress being made against the management and mitigation of risks which they lead upon on the BAF.
- Draft internal audit providing 'reasonable' assurance.

Recommendation:

The Board is asked to:

- **Approve** the BAF and progress which has been made in relation to the actions, management and mitigation of the key risks to the achievement of objectives.
- **Confirm** that six risks were the strategic risks to the delivery of the Health Board's objectives for 2019/20.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	x	Long term		Integration		Collaboration		Involvement	
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Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable

If "yes" please provide copy of the assessment. This will be linked to the report when published.

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

CARING FOR PEOPLE
KEEPING PEOPLE WELL



GIG
CYMRU
NHS
WALES

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

BOARD ASSURANCE FRAMEWORK 2019/20 – March 2020

It is essential that Cardiff and Vale University Health Board is aware of the major risks which could impact upon the delivery of Strategic Objectives as set out in Shaping Our Future Wellbeing.

Strategic Objectives

1. Reduce health inequalities
2. Deliver outcomes that matter
3. Ensure that 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 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. Reduce harm, waste and variation sustainably so that we live within the resource available
8. Be a great place to work and learn
9. Work better together with partners to deliver care and support across care sectors, making best use of people and technology
10. Excel at teaching, research, innovation and improvement.

Principle Risks

Risk	Corp Risk Register Ref.	Gross Risk	Net Risk	Target Risk	Context	Executive Lead	Committee
1. Workforce	18,19, 22,34	25	10	10	Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of Workforce and OD	Strategy and Delivery Committee
2. Financial Sustainability	4,8,12, 16,28, 29,30, 31,32, 33	25	10	5	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and	Executive Director of Finance	Finance Committee

					the public have significant roles to play to achieve a sustainable health and care system in the future.		
3. Sustainable Primary and Community Care	17,21	20	15	10	The strategy of “Care closer to home” is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.	Chief Operating Officer	Strategy and Delivery Committee
4. Safety and Regulatory Compliance	1,2,5,6,7,13,14,15,22,24,26,27,36,37	16	8	4	Patient safety and compliance with regulatory standards should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	Executive Nurse Director	Quality, Safety and Experience
5. Sustainable Culture Change		16	8	4	In line with UHB’s Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of Workforce and OD	Strategy and Delivery Committee

6.Capital Assets (Estates, IT Infrastructure, Medical Devices)	3,10, 25,35	25	20	10	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.	Executive Director of Strategic Planning, Deputy Chief Executive, Executive Director of Therapies and Health Science	Strategy and Delivery Committee, IG & T Committee, Quality, Safety and Experience Committee
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1. Workforce

Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff.

Risk Date added: 12.11.2018	There is a risk that the organisation will not be able to recruit and retain a clinical workforce to deliver high quality care for the population of Cardiff and the Vale		
Cause	Increased vacancies in substantive clinical workforce Requirements of the Nurse Staffing Act and BAPM Standards Ageing workforce Insufficient supply of Nurses at UK national level High nurse turnover in Medicine and Surgery Clinical Boards Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery) Changes to Junior Doctor Training Rotations (Deanery) Brexit		
Impact	Increase in agency and locum usage Increase in costs of using agency and locum Impact on quality of care provided to the population Rates above Welsh Government Cap (Medical staff) Low Staff moral and sickness Poor attendance at statutory and mandatory Training Potentially inadequate levels of staffing		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Project 95% Nurse Recruitment and Retention Programme Medical international recruitment strategies (including MTI) Recruitment campaign through social media with strong branding Job of the week Staff engagement with recruitment drive Programme of talent management and succession planning Values based recruitment Medical Training Initiative (MTI) 2 year placement scheme Comprehensive Retention Plan introduced from October 2018 Nurse Adaptation Programme commenced October 2018 Plan in place for recruitment of overseas nurses Social Media Campaign and Open Days International Nurse Recruitment in place		
Current Assurances	Workforce metrics reported to Strategy and Delivery Committee High conversion rates from media campaign and Open Day Highest percentage of students in Wales applied to Cardiff and Vale UHB (23.2%) Nurse monitoring at Nurse Productivity Group (NPG) Medical monitoring at Medical Workforce Advisory Group (MWAG) Trajectory showing next vacancies in nursing Paediatric Surgery now fully established A & E fully established since February 2019 Extra capacity put in place to deal with winter pressure – winter ward Student streamlining produced the biggest intake in Wales due to the way C&V recruit students and engagement. End of year establishment was at 95% with some outliers in Medicine and Surgery CBs		
Impact Score: 5	Likelihood Score: 2	Net Risk Score:	10 (High)

Gap in Controls
Gap in Assurances

Actions	Lead	By when	Update since 30.01.20
1. Internal Nurse Transfer Scheme	RW	30/04/2020	This scheme started in September 2019 but will be relaunched in April 2020
2. Nurse recovery plan for Medicine and Surgery as part of financial recovery plan and business case for international recruitment	SC	31/03/2020	Plan in place with 2 nd part of International Nurse Recruitment approved. This will continue until March 2020. Financial Savings still being monitored and actions include Switch Off Sunday to help manage costs.
3. To consider how resources are used going forward in nursing	SC	31/03/2020	Resources being considered alongside bed occupancy plans – action ongoing
4. Proactively recruiting to positions for the MTC and filling vacancies	MD	31/03/2020	New action- continuing to recruit to MTC positions ready for soft launch of MTC on 31.03.2020
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)

2. Financial Sustainability

Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing Prudent Healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future.

Risk Date added: 20.05.2019	There is a risk that the organisation will not be able to deliver its ambition within the approved plan with Welsh Government		
Cause	Budgets overspent at month 10 by £0.898m, plan to breakeven in 2019/20 is in place (two one Clinical Boards currently in escalation) Cost Improvement Programme not yet identified in all areas Significant nursing overspend Reduction in income received		
Impact	Unable to deliver approved plan with Welsh Government Reputational Loss		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Full savings programme and financial improvement plan in place Finance Committee meets monthly and formally reports into the Board Performance Meetings held monthly with Clinical Boards Financial performance is a standing agenda item monthly on Management Executives Meeting Standing Financial Instructions in place with clear delegations of authority		
Current Assurances	Performance Meeting outcomes reported monthly to Management Executives Clinical Boards placed in escalation where not meeting budget or agreed financial forecast Finance report presented to every Finance Committee Meeting demonstrating progress and reporting variances		
Impact Score: 5	Likelihood Score: 2	Net Risk Score:	10 (High)
Gap in Controls	No gaps currently identified.		
Gap in Assurances	Not all Clinical Boards or Corporate have a CIP in place recurrently		

Actions		Lead	By when	Update since 30.01.20
1. Clinical Boards in escalation to recover the position and CIP		RC	30/06/2019 31/03/2020	Clinical Boards have produced recovery plans which have been Performance Reviewed and reported to Finance Committee. CB plans continue to be monitored and progressed
2. Investments on hold, pending identification of future savings schemes, to meet corporate affordability gap. Restraints remain in place on discretionary spend including pay and none pay.		RC	30/06/2019 31/03/2020	The plans are to remove the year to date deficit and deliver a break even position by year end.
Impact Score: 5	Likelihood Score: 1	Target Risk Score:		5 (moderate)

3. Sustainable Primary and Community Care

The strategy of “Care closer to home” is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.

Risk Date added: 12.11.2018	The risk of losing resilience in the existing service and not building the capacity or the capability of service provision in the Primary or Community care setting to provide the necessary preventative and responsive services.		
Cause	<p>Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 year age bracket.</p> <p>GP's being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team.</p> <p>Co-ordination of Health and Social Care across the communities so that a joined up response is provided and that the patient gets the right care.</p> <p>Poor consistency in referral pathways, and in care in the community leading to significant variation in practice.</p> <p>Practice closures and satellite practice closures reducing access for patients.</p> <p>Lack of development of a multidisciplinary response to Primary Care need.</p> <p>Significant increase in housing provision</p>		
Impact	<p>Long waiting times for patients to access a GP</p> <p>Referrals to hospital because there are no other options</p> <p>Patients turning up in ED because they cannot get the care they need in Primary or Community care.</p> <p>Poor morale of Primary and Community staff leading to poor uptake of innovative solutions</p> <p>Stand offs between Clinical Board and Primary care about what can be safely done in the community</p> <p>Impact reinforces cause by effecting ability to recruit</p>		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (red)
Current Controls	<p>Me, My Home , My Community</p> <p>Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care.</p> <p>Development of Primary Care Support Team</p> <p>Contractual negotiations allowing GP Practices to close to new patients</p> <p>Care Pathways</p>		
Current Assurances	<p>Improved access and response to GP out of hours service</p> <p>Sustainability and assurance summary developed to RAG rate practices and inform action</p> <p>Three workshops held to develop way forward with engagement of wider GP body in developing future models. Leading to the development of Mental Health and Risk Care Models at scale being implemented.</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (red)
Gap in Controls	<p>Actively scale up multidisciplinary teams to ensure capacity</p> <p>Achieving scale in developing joint Primary/Secondary Care patient pathways</p> <p>Recruitment strategies to sustain and improve GP availability and develop multidisciplinary solutions</p>		
Gap in Assurances	No gaps currently identified.		

Actions			Lead	By when	Update since 30.01.20
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.			SC SW/JG	31/03/2020	Health pathways launched on 14/02/2019. As at 07/05/2019 32 pathways were live. Pathways will continue to be developed until the end of the financial year. 65 pathways are now active. Chief Operating Officer has met with partners in New Zealand who are rolling it out. This continues to be rolled out.
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's			SC	31/01/2019 31/03/2020	Roll out commenced and plan continue to be monitored through GMS Sustainability Implementation Board Continue roll out at scale until the end of the financial year Completion likely to be between last quarter of this financial year and first quarter of next financial year.
3. Roll out digital solutions for smart working			DT	31/03/2020	Platform procured- phased roll out plan to be implemented with completion due by end of the financial year
4. Other digital platforms being considered e.g. Primary Care CAHMS Assessment platform being deployed			SC	31/03/2020	Digital Platform now been agreed for CAHMS. Contract has now been agreed and is currently being rolled out. Digital platform deployed and CAHMS assessment against Part 1 to be reached in Feb/Mar 2020
5. Development of recruitment strategies for GP and non GP service solutions			MD	Ongoing	GP Support Unit helps with recruitment and finding GP alternatives action also lined to No 2 above. As an indicator of in hour's resilience GP fill rates for PC out of hour's service have improved leading to a lower escalation status. The focus on a multi-disciplinary solution continues.
6. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs			SC AH	Ongoing	These are being developed through the Public Service Board and Transformation work and progressing well
Impact Score: 5		Likelihood Score: 2		Target Risk Score:	10 (high)

4. Safety and Regulatory Compliance

Patient safety and compliance with regulatory standards should be above all else for the Cardiff and Vale University Health Board.

Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and feedback. Undertaking a high quality level of investigation to identify the root causes. Implementing solutions to minimise/mitigate the risk of them recurring.

Risk Date added: 12.11.2018	There is a risk that systems of safety and regulatory compliance are potentially not as robust as they could be and this has been demonstrated by the HTA Review, poor decontamination systems and the commissioning of services outside the Health Board which were not of a high quality.		
Cause	Non-compliance with regulatory or statutory requirements Non-compliance with effective decontamination processes to support the delivery of high quality patient care Appointment of contractor without required quality checks being in place to ensure service delivered was of a high standard		
Impact	Harm and distress caused to patients and their families Reputational damage to the Health Board Increase in clinical claims Financial consequences		
Impact Score: 4	Likelihood Score:4	Gross Risk Score:	16 (Extreme)
Current Controls	Human Tissue Act HTA Licencing Standards Statutory Designated Individual in post Clinical Board QSE arrangements; CD&T – regulatory compliance group Quality, Safety and Experience Committee in place supported by robust governance and reporting structure Office of Professional Leadership shares responsibility for Quality Agenda (Medical Director, Executive Nurse Director, Executive Director of Therapies and Health Science) Quality and Safety Team Patient Experience Team Health and Care Standards Decontamination and reusable devices procedure in place Decontamination Group Weekly Executive led concerns/claims and serious incidents meeting Monitoring of ongoing investigations Quality control system that triangulates areas of concern First cut Corporate Risk Register now in place enabling risks in relation to Safety to be identified. Regulatory Tracker in place and reported to each Audit Committee and has received a 'reasonable' assurance rating		
Current Assurances	Annual Report to Quality, Safety and Effectiveness Committee on key quality and safety areas External accreditation processes Monitoring of incident trends, noise in the system or any concerns arising from inspections Heath and Care Standard Self-Assessment undertaken on key areas and reported into the Quality , Safety and Experience Committee Internal Audit reviews on quality and safety HIW Reports		
Impact Score: 4	Likelihood Score:3	Net Risk Score:	12 (High)

Gap in Controls	<p>Lack of central decontamination Unit</p> <p>Lack of robust QSE criteria/monitoring in procurement and commissioning processes</p> <p>Capacity of the Patient Safety and Patient Experience team to enable more proactive approach to quality improvement and data analysis</p> <p>Lack of robust patient identification processes</p> <p>New Medical Device Regulations come into force in May 2020 and organisation will not be fully compliant</p>
Gap in Assurances	<p>Robust ongoing monitoring and assurance reporting on historical areas of concern</p> <p>Internal audit programme needs to be more closely aligned to areas of greatest risk</p>

Actions		Lead	By when	Update since 30.01.20
1. Discuss and agree a way forward in relation to central decontamination unit		RW / FJ	30/06/2019 31/12/2019 31/03/2020	Investigation of endoscopy decontamination incident will highlight issues which need addressing. A central decontamination unit is likely to be a recommendation from the investigation. The report is due Mid-January and it will then be presented to Management Executives. Due to be presented to ME on 26th March 2020.
2. Review of procurement and commissioning processes to be undertaken to ensure that robust quality, safety and experience criteria and included		RW/ RC	30/06/2019 TBC	Process of investigation been undertaken on ophthalmology insourcing incident – Terms of Reference for investigation include procurement processes in relation to clinical services. The RCA is near completion and the Clinical Expert Reviews are awaited. Timeframe for completion to be confirmed. The learning is complete and the outcome has informed a revised process. Action Complete
3. There are currently a number of quality and safety issues/reviews which are requiring focussed attention.		RW/SW	31/30/2020	These will be reported as and when completed through Quality, Safety and Experience Committee. An update will be reported to February QSE Committee .
Impact Score: 4	Likelihood Score:1	Target Risk Score:		4 (Moderate)

5. Leading Sustainable Culture Change

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

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	<p>There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust.</p> <p>Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition.</p> <p>Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB.</p>		
Impact	<p>Staff morale may decrease</p> <p>Increase in absenteeism</p> <p>Difficulty in retaining staff</p> <p>Potential decrease in staff engagement</p> <p>Transformation of services may not happen due to staff reluctance to drive the change through improvement work.</p> <p>Patient experience ultimately affected.</p>		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)
Current Controls	<p>Values and behaviours Framework in place</p> <p>Task and Finish Group weekly meeting</p> <p>Cardiff and Vale Transformation story and narrative</p> <p>Leadership and Management Development Programme</p> <p>Programme of talent management and succession planning</p> <p>Values based recruitment</p> <p>Staff survey results and actions taken – led by an Executive (WOD)</p> <p>Patient experience score cards</p> <p>CEO sponsorship for the Values and behaviours (culture) enabler.</p> <p>Executive Director of WOD highly engaged with this enabler</p> <p>Raising concerns relaunched in October 2018</p> <p>Financial resources in place but need to be careful how used</p>		
Current Assurances	<p>Transformation activity reported to monthly to Management Executives, HSMB and Board.</p> <p>Engagement of staff side through the Local partnership Forum (LPF)</p> <p>Matrix of measurement now in place which will be presented in the form of a highlight report</p>		
Impact Score: 4	Likelihood Score: 2	Net Risk Score:	8 (High)
Gap in Controls			
Gap in Assurances			

Actions		Lead	By when	Update since 30.01.20
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Three Programmes have been developed: (i) Acceler8 (ii) Integr8 (iii) Collabor8 (iv) Oper8 (for Directorate Managers or equivalent)		MD	June 2019 31/10/2019 01/02/2020 31/03/2019 31/10/2020	The Integr8 programme was cancelled in October but now happening in January 2020. Commenced Current programme is being designed with Local Authority staff. There will initially be a separate Social Care and Health event before combining them by April 2021 Commenced – 12 month programme has commenced
2. Showcase		MD	31/10/2019 30/04/2020 30/05/2020	The venue for the 'showcase' has being identified. Showcase likely to start April 2020. There is slight slippage to the programme but will be in place by end of May
3. Work on triangulating physical, mental and financial wellbeing service being developed		MD	28/02/2020 30/04/2020	Financial wellbeing education service being launched in the organisation in February. Will now be launched in April
4. Welsh Language Standard being implemented.		MD	From 01/10/2019	Group re-established and implementation plan is happening. Presentation to take place at Management Executive during February. This action will continue to report to S&D Committee on progress being made
5. Work commencing with Cardiff Council to explore 'Project Search' which is for people with learning disabilities. The outcome would be to help ensure a more diverse workforce at Cardiff and Vale UHB		MD	From 01/01/2020	Meetings are currently taking place with Council in order to progress this project. A workshop is currently being designed and will commence after reporting to Board in September.
Impact Score: 4		Likelihood Score: 1	Target Risk Score:	4 (Moderate)

6. Capital Assets (Estates, IT Infrastructure, Medical Devices)

The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.

Risk Date added: 12.11.2018	The condition and suitability of the estate, IT and Medical Equipment impacts on the delivery of safe, effective and prudent health care.		
Cause	<p>Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B.</p> <p>Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised.</p> <p>Lack of investment in IT also means that opportunities to provide services in new ways are not always possible and core infrastructure upgrading is behind schedule.</p> <p>Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement</p>		
Impact	<p>The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs.</p> <p>Service provision is regularly interrupted by estates issues and failures.</p> <p>Patient safety and experience is sometimes adversely impacted.</p> <p>IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk</p> <p>Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<p>Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating.</p> <p>Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions.</p> <p>The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure.</p> <p>IT SOP sets out priorities for next 5 years, to be reviewed in early 2019</p> <p>Medical equipment WAO audit action plan to ensure clinical boards manage medical equipment risks</p> <p>The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP, with regular oversight of the programme of discretionary and major capital programmes.</p> <p>Medical Equipment prioritisation is managed through the Medical Equipment Group</p> <p>Additional discretionary capital £0.5m for IT and £1.0m for equipment which enabled purchasing of equipment urgently needing replacement.</p>		

Business Case performance monitored through Capital Management Group every month and Strategy and Delivery Committee every 2 months.			
Current Assurances	<p>The estates and capital team has a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues. Work is starting on the business case to secure funding to enable a UHW replacement to be build.</p> <p>The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised.</p> <p>The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks.</p> <p>Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee</p> <p>IT risk register regularly updated and shared with NWIS.</p> <p>Health Care Standard completed annually</p> <p>Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group, health care standard completed annually.</p>		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	<p>The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the 3 services. In year requirements further impact and require the annual capital programme to be funded by capital to be re-prioritised regularly.</p> <p>Traceability of Medical Equipment</p>		
Gap in Assurances	<p>The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used.</p> <p>Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year</p>		
Actions	Lead	By when	Update since 30.01.20
1. Progress implementation on the estates strategic plan	AH/BC	30/11/2019	Forms part of IMTP which was presented to the Board in draft in November 2019 with final sign off in January 2020. Priorities for Capital Programme included within 2020-2023 IMTP which were prioritised by Management Executive
2. Bid has been submitted to WG for high risk Medical Equipment items for year- end capital slippage.	FJ	31/01/2020	Bid submitted on time
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

Key:

1 -3	Low Risk
4-6	Moderate Risk
8-12	High Risk
15 – 25	Extreme Risk

Report Title:	Update on Healthy Travel Charters						
Meeting:	Board				Meeting Date:	26 Mar 2020	
Status:	For Discussion		For Assurance	X	For Approval		For Information
Lead Executive:	Executive Director of Public Health						
Report Author (Title):	Consultant in Public Health Medicine						

Background and current situation:

Cardiff and Vale UHB signed up to the Cardiff Healthy Travel Charter in April 2019, and the Vale of Glamorgan Charter in October 2019. The Charters include 14 commitments the Health Board will implement over the next 3 years. This paper provides a brief update on the status of the Charters, and work in the UHB to implement the commitments.

For the Charters a small cross-partner implementation group for each area meets quarterly (in person or by Skype, to minimise travel) to monitor progress against the commitments, share good practice, and co-ordinate activities such as communications and staff surveys.

The Charters are attached for reference, and include actions to support uptake of public transport, walking and cycling, and switching to low emission vehicles where private cars are unavoidable.

Within the UHB, specific action taken to date to implement the Charter commitments include:

- Extension of hours and increased frequency of UHW Park and ride service from June 2019, associated with an ongoing increase in ridership (funded by Cardiff and Vale Health Charity)
- Introduction of Park and ride service to UHL in July 2019 (funded by Cardiff and Vale Health Charity)
- Introduction of staff shuttle bus between UHW and UHL, to reduce private car use for travel between the sites
- Promotion of Cycle to Work scheme, enabling staff to obtain discounted bicycles
- Launch of staff (corporate) membership of the Nextbike cycle hire scheme, in conjunction with Unison
- Planned new bike storage shelter for Woodland House
- Regular consistent messaging to staff and public on sustainable transport issues, including using a common communications toolkit established for the Charter. This toolkit is being updated for 2020 following a meeting in March 2020 with comms leads from across the partnership
- Senior staff including Executives regularly promoting and modelling walking, cycling and public transport use, e.g. to meetings and through social media channels
- Availability of electric vehicle (EV) charging at Woodland House

A business Charter was developed with colleagues in FOR Cardiff, Cardiff's Business Improvement District, and with leading City Centre firms, and successfully launched in January 2020.

Following an approach from Cardiff University, we also plan to develop a Higher and Further Education Charter with these institutions.

The impact of the Charter will be evaluated by Cardiff University's CAST (Climate Change and Social Transformations) centre, and Public Health Wales' Research & Development team.

The Charter work has been recognised as an example of good practice by the Office of the Future Generations Commissioner. Following discussions with the Deputy Minister for Economy and Transport, Public Health Wales, and Directors of Public Health across Wales, it has been agreed that the Charter approach will be rolled out across Wales during 2020/1, supported by a Consultant in Public Health Medicine from Cardiff and Vale, funded by Public Health Wales. The next area to launch a Charter will be Gwent.

There will also be a new option for Charter signatories who wish to show additional leadership on this agenda to fast-track their implementation of the recommendations within a year, and also sign up to more ambitious targets. These options are being formally worked up but the UHB may wish to consider if it would want to be an exemplar in this respect.

In related developments, the Cardiff Council Clean Air Plan has been formally approved by Welsh Government, to address NO₂ in the City Centre. This will involve significant changes to transport infrastructure in the centre of Cardiff over the next 18 months.

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

The Health Board continues to put in place actions to meet the commitments made when it signed up to the Healthy Travel Charters in Cardiff and the Vale of Glamorgan. Our progress compared with other signatories will be published in the first annual report for the Cardiff Charter (which launched in April 2019) later in the year. There is an opportunity, which may fit strategically with our declaration of a climate emergency, for the UHB to demonstrate further leadership in this area by agreeing to meet all the Charter commitments in an accelerated timeframe (e.g. by April 2021 rather than April 2022). Finally, to note that a Business Healthy Travel Charter has now been launched and the Charters are being rolled out across Wales.

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

There will be an Annual Report produced for each Charter area on the anniversary of its launch. This will summarise progress across the organisations, and this will be brought to the Strategy and Delivery Committee for assurance that the Health Board is engaging in the Charter process and making progress implementing the actions required.

Recommendation:

The Board is asked to:

- **NOTE** progress made since the last update to Board, including the launch of the Business Healthy Travel Charter
- **NOTE** the potential for the UHB to elect to fast-track its implementation of the Charter, and/or sign up to additional, more ambitious Charter commitments
- **SUPPORT** current and subsequent initiatives within the UHB to increase rates of sustainable travel by staff and visitors, and reduce pollution from vehicles used for Health

Board work, in line with these commitments

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Equality and Health Impact Assessment Completed:		Not Applicable							

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

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

Report Title:	University Hospital Llandough, Cardiff and Vale Orthopaedic Centre (CAVOC) Theatre Development – Strategic Outline Case				
Meeting:	Cardiff and Vale UHB Board			Meeting Date:	26 March 2020
Status:	For Discussion	For Assurance	For Approval	✓	For Information
Lead Executive:	Director of Planning				
Report Author (Title):	Service Planning Project Lead – 029 2183 6069				

Background and current situation:

The Cardiff and Vale Orthopaedic Centre (CAVOC) largely utilises theatres 5 and 6 at UHL, which were originally installed as temporary theatres and have now long passed their original lifespan. These theatres have been out of action completely or in various states of repair over a number of years, but with increased problems since October 2016. Theatres 5 and 6 are now permanently unsuitable for use (unless further major work is carried out). In a typical week 55 orthopaedic patients were treated in these theatres, meaning a loss of 1,197 patients per annum. These theatres have been on the Surgery Clinical Board risk register since June 2010 and are currently scoring 25 and are on the Health Board's risk register.

For a large number of Orthopaedic and some General Surgery operations, laminar air flow is required. Presently there are not enough theatres with this facility, even before the problems with theatres 5 and 6, which were previously both running as laminar air flow theatres but haven't been since January.

A temporary modular theatre commissioned in December 2017 provides some additional capacity to accommodate some of the activity that can no longer take place within theatres 5 and 6, however this solution is a temporary one as the modular theatre brings with it privacy issues and potential infection risks by opening directly on to a main thoroughfare.

The 8 operating sessions a week attached to theatre 6 are constantly being moved to other theatres which become vacant when other lists are dropped due to leave, if no theatres are vacant then decisions have to be made as to which other lists need to be dropped to accommodate the Orthopaedic lists.

The unavailability of Theatres 5 and 6 have had a significant effect on waiting times particularly in relation to spinal surgery:

- The number of patients waiting more than 36 weeks for major spinal surgery has increased from 81 patients (as at 19.09.16) to 209 (as of 28.11.19);
- The number of patients waiting 52 weeks for major spinal surgery has increased from 22 patients (as at 19.09.16) to 108 patients (as of 28.11.19).

Due to the unavailability of theatre sessions the Health Board has spent in excess of £380k on outsourcing.

As work has now commenced on the provision of new facilities for Neuro and Spinal

rehabilitation patients, from Rookwood, there is no physical empty ward capacity on the UHL site and the result of this is that there is no accommodation to support the decant of the Orthopaedic wards which will be required when these wards are reconfigured and upgraded. Therefore, it is proposed that an 18 bed ward will be constructed between wards West 4 and West 6 to enable the refurbishment of CAVOC/Bethan Ward in the short term and will be retained by the Health Board to provide the decant ward space at UHL to enable the ward refurbishment programme to continue.

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

As part of the business case process a Strategic Outline Case (SOC) has now been developed with the following scope:

- A theatre unit that meets statutory requirements and best practice guidance with regard to environmental and quality standards;
- An 18 bedded ward, temporarily to enable the refurbishment of CAVOC and subsequently as a decant ward.

The shortlisted options are:

Option 0	Option 1	Option 2	Option 3
Do Nothing	Refurbish the existing theatres and provide an 18 bed decant/enabling ward	Provide 2 new theatres in a new build at the front of CAVOC and an 18 bed decant/enabling ward	Provide 2 new theatres in a new build at the rear of CAVOC and an 18 bed decant/enabling ward
Capital Cost £5.454m	Capital Cost £14.532m	Capital Cost £25.735m	Capital Cost £23.548m

A summary of the appraisals of the short-listed options are shown below:

Qualitative Appraisal

Benefit Criteria	Weighted Scores			
	Option 0	Option 1	Option 2	Option 3
Provide safe and appropriate environments of care for patients/improve patient experience	0	72	180	180
Maintaining appropriate privacy and dignity	40	40	70	90
Improved staff morale from improved access to modern equipment, technologies and facilities	0	18	36	42
Provides sufficient theatre capacity to	0	96	160	160

enable service delivery within targets (waiting times)				
Enables the Health Board to deliver high quality patient care	0	70	126	126
Provides appropriate departmental adjacencies and minimizes patient journeys	96	96	84	120
Maintain continuity of services	18	36	54	54
Maximise use of existing accommodation to enable estate rationalization and utilization	40	80	56	56
Maximise flexibility of facilities	35	35	42	56
TOTALS	229	543	808	884
RANK (weighted)	4	3	2	1

Economic Appraisal

Economic Cost	Option 0	Option 1	Option 2	Option 3
	£000	£000	£000	£000
Net Present Cost (NPC)	6,665	13,842	27,705	25,667
Equivalent Annual Cost (EAC)	284.0	727.2	1,056.3	978.2
Ranking of Options	1	2	4	3
Ranking of Development Options		1	3	2
EAC Margin Development Options		0.0	329.1	251.0
EAC Switch Value		251.0	(329.1)	(251.0)
EAC Margin above preferred %		0.0%	45.3%	34.5%

At this stage option 3 is the preferred SOC option from a quantitative appraisal perspective, however as the only costs included are capital and lifecycle this is a direct reflection of these cost inputs.

Combined Appraisal

The outputs of the Non-Financial and Economic Appraisals have been combined in order to identify which option offers the best Benefit/Cost ratio.

Economic Cost	Option 0	Option 1	Option 2	Option 3
Weighted Non-Financial Score	229	543	808	864
EAC Impact (£000s)		727.2	1,056.3	978.2
Benefit Points per EAC £000		0.747	0.765	0.904
Ranking of Development Options		3	2	1
Margin %		-17.4%	-15.4%	0.0%

The above shows that on a combined score basis the non-financial score for Option 2 would

have to rise to 954 (an increase of 18%) before it became preferred overall. A change of this magnitude in favour of Option 2 is not considered to be feasible.

Service Revenue

The preferred option will not provide any additional activity and therefore, there will not be any additional service related revenue costs.

Facilities Revenue

There may be additional revenue costs relating to Facilities Management. The detail will be worked through at OBC stage. If there are additional costs these will be treated as first call against efficiency savings.

Timescales

Milestone Activity	Date
OBC submission to WG	February 2021
FBC submission to WG	February 2022
Design completion and commence construction	September 2022
Construction completion	September 2024
Facility operational	October 2024

Assurance is provided by:

The Acute Infrastructure Sustainability Programme Board and Project Teams governance structure and the Capital Management Group.

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

The main business and service risks associated with the potential scope for this project are shown below, together with their counter measures:

Risk	Counter Measures
Service Risks	
Insufficient revenue resources to support the new facilities	Service model will be developed to support the service within the current revenue resource envelope
Clinical quality – failure to ensure that clinical quality is reflected in the plans	Ensure appropriate review of plans during design development including clinical, infection prevention, clinical support and FM representatives and complete appropriate handover and snagging of the new facilities
Changes in demand – the anticipate demand	Robust activity and capacity analysis has been undertaken. Theatre design will be generic with the ability to adapt to different specialty usage

for services is greater or less than has been projected within the case	
Disruption to service continuity during construction	Robust planning and liaison between clinical and construction teams
Business Risks	
Financial Viability – capital cost of design is unaffordable, tenders exceeds budget	Monitoring of costs during design development. Robust financial analysis utilising established benchmarked norms to establish project budget
Changes in strategic context/policy direction	None, political and strategic factors have been considered in developing the proposals
Design changes that are over and above the contingency allowances	Health Board to monitor and manage changes throughout the project
Discovery of latent defects in existing fabric	Undertaken inspections and surveys at earliest opportunity
Life-cycle cost (building and engineering maintenance) exceeds budget	Estates and facilities input into revenue cost modelling during business case development and clarity of life cycle costs

In a typical week 55 orthopaedic patients were treated in theatres 5 and 6, meaning a loss of 1,197 patients per annum. These theatres have been on the Surgery Clinical Board risk register since June 2010 and are currently scoring 25 and are on the Health Board's risk register.

Recommendation:

- The Board is asked to:

APPROVE the SOC for submission to Welsh Government for All Wales capital funding to allow the development of the OBC.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report									
1. Reduce health inequalities	✓			6. Have a planned care system where demand and capacity are in balance	✓				
2. Deliver outcomes that matter to people	✓			7. Be a great place to work and learn					
3. All take responsibility for improving our health and wellbeing				8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology					
4. Offer services that deliver the population health our citizens are entitled to expect	✓			9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓				
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓			10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives					
Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information									
Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
Equality and Health Impact Assessment Completed:		The EHIA has been completed and is included in the SOC appendices							

Report Title:	Move More, Eat Well Plan						
Meeting:	Cardiff and Vale UHB Board Meeting				Meeting Date:	27/03/2020	
Status:	For Discussion		For Assurance		For Approval	X	For Information
Lead Executive:	Executive Director of Public Health						
Report Author (Title):	Consultant in Public Health Medicine						

Background and current situation:

Our population needs to move more, and to eat well in order to gain and maintain a healthy weight and to enhance wellbeing. The current situation is not tenable, as over half our adult population is overweight or obese and over one fifth of our reception year children are overweight or obese. This can lead to future cardiovascular disease, some cancers, osteoarthritis and type 2 diabetes.

We have been working this year on developing our Move More, Eat Well Plan for Cardiff and the Vale of Glamorgan, where everybody has a chance to play a part, where we use evidence of what works to achieve our goals, and innovation to create energy and enthusiasm for this programme of work. Overall we would like a social movement approach to be adopted, in order for this to be a success.

There are many levers that will help us to achieve this vision. This includes: the Active Travel (Wales) Act, the Wellbeing of Future Generations (Wales) Act, the Social Service and Wellbeing (Wales) Act and the Public Health (Wales) Act. Nationally, *Healthy Weight, Healthy Wales* was launched in October 2019. It outlines the key national drivers to support this agenda. The respective Delivery Plan was announced on 6 February 2020.

Locally, the draft Plan is being supported by both Cardiff and the Vale of Glamorgan Public Services Boards, and the Cardiff and Vale of Glamorgan Regional Partnership Board and respective plans. Between 4 November and 15 December 2019, the Plan underwent a period of engagement; after which it was refined, and we are now seeking endorsement by the Cardiff and Vale UHB Board.

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

The majority of the programmes within the Plan will work through partnership arrangements: via the two Public Services Boards and the Regional Partnership Board. The UHB also has a key role in improving the health of patients and staff through multiple arenas of work.

Financial support for the Plan will be through Welsh Government Prevention and Early Years funding, and *Healthy Weight, Healthy Wales* funding. The aim is to significantly impact on overweight and obesity outcomes for children and young people.

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

There has been full engagement in multiple partnership arenas to produce this draft final Plan. And in the Health Board our Management Executive, Strategy and Delivery Committee, Board (through Board Development), Local Partnership Forum and Stakeholder Reference Group have been positively engaged.

Two stakeholder events were held on 12 and 13 March 2019, with wider partners from the UHB, local authorities, Universities and the third sector in order to generate ideas for action, based on what they felt they could do, what others could do, and what we could do together to move more and to eat well. These events were attended by around 120 people. The many ideas were collated into ten priority areas, with associated actions, which are illustrated in the Plan.

The Plan underwent organisational and partnership engagement during 4 November 2019 and 15 December 2019, receiving 30 responses. Responses were hugely supportive of this agenda. Respondents wanted more detail as to the partnerships involved, plus greater emphasis on the evaluation to be undertaken. We have taken account of these responses in this draft final Move More, Eat Well Plan, and included process and outcome measures.

The 10 high impact themes of the Plan are:

1. Educational settings
2. Healthy environments
3. Healthy travel
4. Healthy workplaces
5. Healthy advertising and marketing
6. Refill region
7. Informed workforce and population
8. Healthy and sustainable food procurement
9. Healthy communities
10. Healthy weight services

During Spring 2020, we will seek final sign off across partnerships, with a view to a launch in March 2020.

The work of the Plan is aligned to workstreams in the Prevention and Early Years Funding award from Welsh Government; and additional funding for the Plan has been attained through *Healthy Weight, Healthy Wales* Welsh Government funding. The aim is to significantly impact on childhood and adult outcomes for overweight and obesity in Cardiff and the Vale of Glamorgan.

Recommendation:

The Board is asked to:

- **NOTE** the progress to date
- **APPROVE** the draft final Move More Eat Well Plan approach and content
- **SUPPORT** the launch of the final Move More Eat Well Plan in March 2020, and its delivery

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Equality and Health Impact Assessment Completed:

Yes, available on request.

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

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

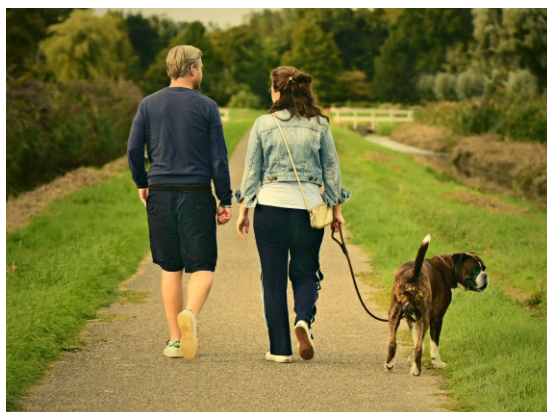
Cardiff and Vale of Glamorgan Move More, Eat Well Plan 2020-2023



Foreword

We all need to move more and to eat well to stay fit and healthy and to enjoy life. Across Cardiff and the Vale of Glamorgan Public Services Boards and Regional Partnership Board we have pledged to work together to ensure that our population will be healthier by moving more and eating well.

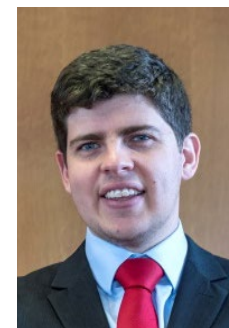
We will work across our departments and organisations which include: local authority planning, transport, and education; Cardiff and Vale University Health Board; Natural Resources Wales; South Wales Police; the third sector; the university/college sector, the wider public and private sector in order to achieve this aim.



We are better together, and we can all do our bit as individuals, within our communities and the places that we live and work to make a difference. There is also a need to create healthy and sustainable food and physical activity environments, to encourage our communities to make the healthy choice.

Through engagement we have jointly created 10 priority areas for Cardiff and the Vale of Glamorgan, through which we will see this change over the next three years, and beyond.

You can be a part of this, by pledging to move more and eat well for yourself, your family, friends and community. Pledge at: #movemoreeatwell. Let's do this together!



Cllr Huw Thomas
Chair of Cardiff Public Services Board
Leader of Cardiff Council



Cllr Neil Moore
Chair of Vale of Glamorgan Public Services Board and Leader of Vale of Glamorgan Council



Cllr Susan Elsmore
Chair of Cardiff and Vale of Glamorgan Regional Partnership Board and Cabinet Member for Social Care, Health & Wellbeing, Cardiff Council

Our Vision

Our vision is that **people in Cardiff and the Vale of Glamorgan will move more and eat well.**

We want everyone to take part and to pledge to do something differently. Action needs to take place by us all, as individuals and then as public and private sector organisations to make this happen. Through collaboration, we can all make a difference.



Fiona Kinghorn
Executive Director of Public Health
Cardiff and Vale University Health Board



Our Partnerships

We are working together in partnership to achieve the vision for this Move More, Eat Well Plan. We believe that everyone has a part to play.

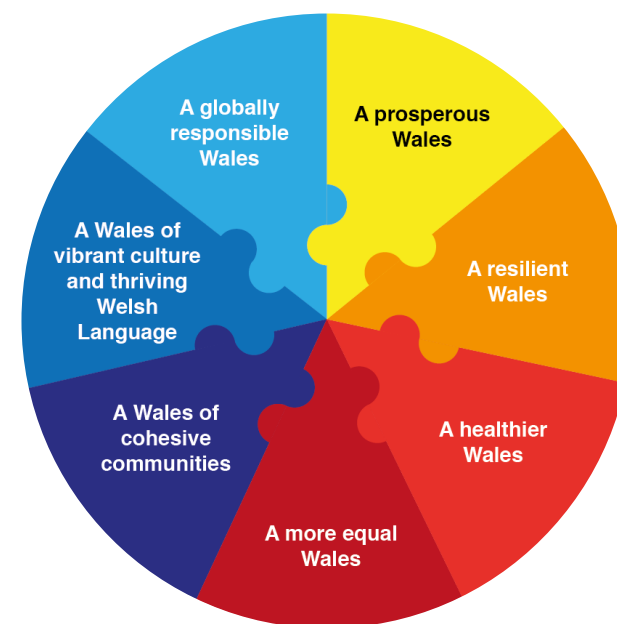
This Plan has been developed by the Vale of Glamorgan Public Services Board (PSB), Cardiff Public Services Board (PSB) and the Regional Partnership Board (RPB) (Cardiff and the Vale). The Plan will contribute to the delivery of a number of priorities agreed by all three partnership boards as detailed in the [Area Plan](#) and both the [Cardiff](#) and the [Vale of Glamorgan](#) Well-being Plans.

This Plan provides a regional response to how we can encourage people to be more active and to have a healthier diet. Across the three partnerships, there are a number of priorities that this Plan will contribute to including giving children a better start in life, recognising the contribution the environment makes to our physical and mental well-being and tackling inequalities.

In delivering the priorities in this Plan we will contribute to all of the national Well-being Goals as detailed in the Well-being of Future Generations Act.

Preventative action is a significant element of the work undertaken by the RPB and the two PSBs and this Plan will be a key element of that activity and provides a real opportunity for a more collaborative and integrated approach across the region.

The priorities detailed in this Plan are relevant to people of all ages. This Plan 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.



Our 10 Priorities



What have we already achieved?

Every year, reception year school children are weighed and measured as a part of the national child measurement programme. During 2017/18, 77.4 per cent of these children (aged 4 to 5) were a healthy weight, the best in Wales.

We are not starting this programme of work from scratch, as much is already underway. In Cardiff, the Planning for Health Supplementary Planning Guidance has already been adopted, and is ensuring that the environments where we live and work are healthy within the Cardiff area.



We launched a Healthy Travel Charter in Cardiff in April and in Vale of Glamorgan in October 2019. This means employers will be supporting their staff to use healthy travel to and from work. Charters for the business and third sector are also being developed.

In both of our major hospitals, we sell at least 75% of food which is healthy for our staff and visitors.

There are also outdoor gyms on both sites.



Making Every Contact Count training has been delivered to over 2,200 people across Cardiff and the Vale of Glamorgan.

Both Cardiff and the Vale of Glamorgan are early adopters of the Hands Up school travel survey. Many schools also participate in the Daily Mile or similar.

During the school Summer holidays, the School Holiday Enrichment Programme runs in Cardiff and Vale of Glamorgan, and ensures that children receive nutritious food and physical activity during this period.

These are just examples of some of the work already underway. However, we still have much to do.



Our engagement process

We have engaged many people on this Move More, Eat Well Plan, but this is just the start.

On the 12 and 13 March 2019 we held two engagement events in Cardiff and the Vale of Glamorgan respectively. There were over 120 people in attendance over the 2 days. During the events we asked people what they could do, what others could do, and what we could do together to move more and to eat well.

We held a joint Cardiff and Vale of Glamorgan Public Services Board workshop on 22 May 2019, with a view to prioritising our actions together. We created 10 priority areas which we will deliver over time.


We have engaged with many organisations on the actions of this plan and what matters to them. We commit to meaningful engagement with people through the life of this plan, and we will develop a communications and engagement plan for this purpose.




What will we do together?

Overarching outcomes – aiming for continuous improvement:


- Percentage of children aged 4/5 years who are a healthy weight
- Percentage of adults who are a healthy weight
- Percentage of adults who eat five a day (fruit and vegetables)
- Percentage of adults who are active for at least 150 minutes a week

PRIORITY AREA	PRIORITY PLEDGE	PRIORITY ACTION AREAS	MEASURING SUCCESS	PARTNERS
	We will systematically improve the food and physical activity offer in educational settings	1.1 Improve whole school approach to healthy food throughout the school day	Percentage of schools with a Whole School Food and Fitness Policy	Cardiff and Vale of Glamorgan local authorities (specific departments including: Education; Leisure; Play teams/services; Transport) Cardiff and Vale Public Health Team Cardiff Third Sector Council (C3SC) Dietetics Food & Fun Steering Groups Food Cardiff Partnership Food Vale Partnership Glamorgan Voluntary Service (GVS) Healthy and Sustainable Pre-schools Schemes Healthy Living and Performance Team (Vale of Glamorgan Council) Healthy Schools Teams Natural Resources Wales (NRW) Pre-schools School nurses Schools Sport Cardiff Wider educational settings
		1.2 Ensure all pre-school settings are implementing the Welsh Government 'Food and Nutrition in Childcare Settings' Guidance	Number of pre-school settings implementing the Guidance	
		1.3 Ensure school lunch breaks are of a minimum of 45 minutes	Percentage of schools with minimum recommended lunchbreak of 45 minutes	
		1.4 Increase physical activity in all educational settings during curriculum time through outdoor learning, play, sport, or initiatives such as Daily Mile or suitable alternative	Percentage of schools ensuring 2 hours of physical activity during the curriculum each week Number of pre-school settings to have at least 1 session of outdoor play (or suitable indoor alternative) per half day'	
		1.5 Ensure schools have Active Travel to School plans	Percentage of schools with Active Travel to School Plans	
		1.6 Increase food and physical activity opportunities out of hours across educational settings	Percentage of schools delivering Food and Fun in Cardiff and the Vale. Percentage of children taking part in extracurricular physical activity in school	



What will we do together?

PRIORITY AREA	PRIORITY PLEDGE	PRIORITY ACTION AREAS	MEASURING SUCCESS	PARTNERS
	We will ensure that planning will create healthy environments	2.1 Planning policy ensures that healthy environments are available on major new developments	Percentage of major developments in the Vale are accompanied by a wellbeing statement (as per the Planning for Health Supplementary Planning Guidance) and incorporate measures that promote active and healthy environments	Cardiff and Vale of Glamorgan local authorities (specific departments including: Planning; Licensing; Education) Cardiff and Vale Public Health Team Cardiff and Vale UHB Cardiff Third Sector Council (C3SC) Food Cardiff Partnership Food Vale Partnership Glamorgan Voluntary Services (GVS) Natural Resources Wales (NRW)
		2.2 Current and future developments design in accessible blue and green space and formal places for outdoor play and recreation	Percentage of current and future developments which design in blue and green space and formal places for outdoor play and recreation	
		2.3 Ensure the design of educational settings enable people to be healthy and active	Percentage of 21st Century schools incorporating healthy and active opportunities in their design	
		2.4 Restrict permissions on hot food take-aways	Planning guidance developed for Cardiff and the Vale around hot food takeaways	
		2.5 Use traffic regulation orders to create supportive and safe environments	Number of streets operating street play schemes	

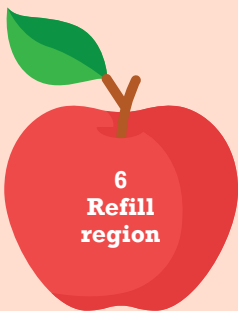

What will we do together?

PRIORITY AREA	PRIORITY PLEDGE	PRIORITY ACTION AREAS	MEASURING SUCCESS	PARTNERS
	We will create an environment and culture which supports healthy travel	3.1 Develop and implement Healthy Travel Charters across public, private and third sectors	Number of organisations signed up to relevant charters Number of commitments being implemented for relevant charters in each year	Cardiff and Vale of Glamorgan local authorities (specific departments including: Planning; Transport) Cardiff Third Sector Council (C3SC) Glamorgan Voluntary Services (GVS) Private sector businesses PSB organisations
		3.2 Implement and expand public cycle hire schemes, including e-bikes	Number of cycle hire stations across Cardiff and Vale Number of people using public cycle hire schemes	
		3.3 Further develop and maintain cycling and walking infrastructure and cycling parking	Number of new cycleways opened	
		3.4 Develop an integrated public transport system	Completion and implementation of Clean Air Plan	



What will we do together?

PRIORITY AREA	PRIORITY PLEDGE	PRIORITY ACTION AREAS	MEASURING SUCCESS	PARTNERS
	We will champion the food and physical activity offer in workplaces	4.1 All PSB organisations' staff restaurants/canteens sign up to healthy food standards	Number of PSB organisations implementing healthy food standards	Cardiff and Vale of Glamorgan local authorities, specifically the Transport departments Cardiff and Vale Public Health Team Cardiff Third Sector Council (C3SC) Food Cardiff Partnership Food Vale Partnership Glamorgan Voluntary Services (GVS) Nutrition and Dietetics Department of Cardiff and Vale UHB PSB organisations
		4.2 All PSB organisations have walking and cycling routes available to/from sites and active travel plans	Number of PSB organisations with walking and cycling routes available to/from sites and active travel plans	
		4.3 All PSB organisations are participating in healthy workplace principles	Number of PSB organisations committed to healthy workplace principles	
	We will ensure that advertising and marketing is healthy	5.1 Develop and implement a public sector policy to restrict junk food advertising across Cardiff and the Vale	Percentage decrease in junk food advertising	Cardiff and Vale of Glamorgan local authorities (specific departments including: Adult Community Learning Teams; Planning; Licencing) Cardiff Third Sector Council (C3SC) Digital Communities Wales Food Cardiff Partnership Food Vale Partnership Glamorgan Voluntary Services (GVS) PSB organisations
		5.2 Promote healthy foods in marketing campaigns	Number of healthy food marketing campaigns delivered	
		5.3 Promote use of technology so people move more	Number of projects using technology to increase physical activity levels Number of participants	


What will we do together?

PRIORITY AREA	PRIORITY PLEDGE	PRIORITY ACTION AREAS	MEASURING SUCCESS	PARTNERS
 <p>6 Refill region</p>	We will create a water refill region to promote healthy hydration	6.1 Increase number of public refill water stations	Number of public refill water stations	Cardiff Third Sector Council (C3SC) Glamorgan Voluntary Services (GVS) Nutrition and Dietetics Department of Cardiff and Vale UHB Pre-schools PSB organisations Public and private sector workplaces Schools Wider educational settings
		6.2 Ensure water is freely available in pre-schools; schools; workplaces and public sector organisations	Number of refill stations in public sector organisations Number of organisations using Refill Toolkit	
 <p>7 Informed workforce and population</p>	We will create an informed workforce and population	7.1 Deliver Nutrition Skills for Life™ in areas of high need e.g. Get Cooking courses	Number of learners accessing training	Cardiff and Vale UHB Cardiff Third Sector Council (C3SC) Glamorgan Voluntary Services (GVS) Healthy Living and Performance Team (Vale of Glamorgan Council) Natural Resources Wales (NRW) Nutrition and Dietetics Department of Cardiff and Vale UHB Sport Cardiff
		7.2 Increase physical activity training opportunities for community members	Number of learners accessing training	
		7.3 Enhance the roll out of Making Every Contact Count e-learning	Number of learners completing Making Every Contact Count (MECC) e-learning	
		7.4 Create Train the Trainer approach for Making Every Contact Count	Number of MECC trainers trained	

What will we do together?

PRIORITY AREA	PRIORITY PLEDGE	PRIORITY ACTION AREAS	MEASURING SUCCESS	PARTNERS
 <p>8 Healthy and sustainable food procurement</p>	We will create healthy and sustainable food procurement systems	8.1 Embed principles of healthy food procurement across public sector bodies	Number of public sector organisations with healthy and sustainable food procurement policies or equivalent standards.	Cardiff and Vale of Glamorgan local authorities Cardiff and Vale UHB Cardiff Third Sector Council (C3SC) Food Cardiff Food Vale Glamorgan Voluntary Services (GVS) Public sector Procurement departments
		8.2 Link with Corporate Health Standard Award to support all employers to incorporate healthy food procurement	Number of employers supported	
 <p>9 Healthy communities</p>	We will support communities to be healthier	9.1 Launch Food for Life Get Togethers	Number of Food for life Get Togethers	Cardiff and Vale of Glamorgan local authorities (specific departments including: Leisure; Play teams/ services; Transport) Cardiff and Vale UHB Cardiff Third Sector Council (C3SC) Food Cardiff Partnership Food Vale Partnership Foodsense Wales Glamorgan Voluntary Services (GVS) Healthy Living and Performance Team (Vale of Glamorgan Council) Nutrition and Dietetics Department of Cardiff and Vale UHB Sport Cardiff
		9.2 Roll out Food-related benefits training	Number trainers trained Percentage uptake of food related benefits	
		9.3 Increase physical activity in older people in communities with highest need	Number of participants engaging in physical activity projects	
		9.4 Support communities with highest need to take more physical activity and to eat well	Number of participants engaging from communities with highest need	

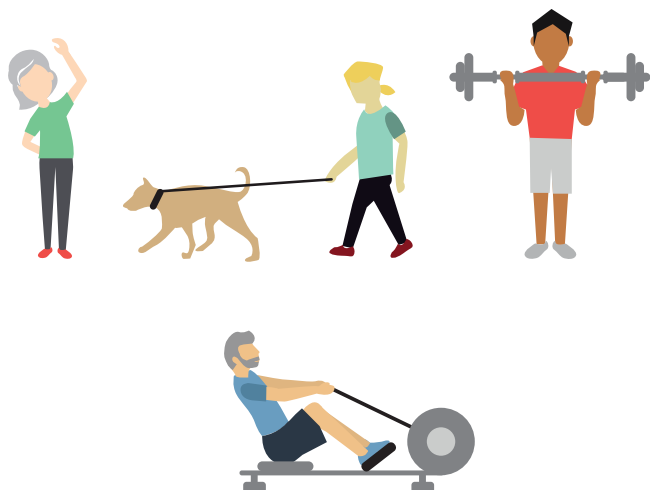
What will we do together?

PRIORITY AREA	PRIORITY PLEDGE	PRIORITY ACTION AREAS	MEASURING SUCCESS	PARTNERS
	We will support people to become a healthy weight	9.1 Implement universal coverage of social prescribing for food and physical activity	Percentage of GP practices providing food and physical activity on prescription Number of food and/or physical programmes running	Cardiff and Vale UHB (specifically: Psychology services, Mental health services; Nutrition and Dietetics Department) Primary Care Glamorgan Voluntary Services (GVS) Cardiff Third Sector Council (C3SC)
		9.2 Implement a complete referral pathway for children and adults who are overweight/obese	Complete referral pathway in place	
		9.3 Deliver a programme in primary care to support people with pre-diabetes to improve their health	Number people identified with pre diabetes offered an intervention Number attending intervention	

What can each of us do every week?

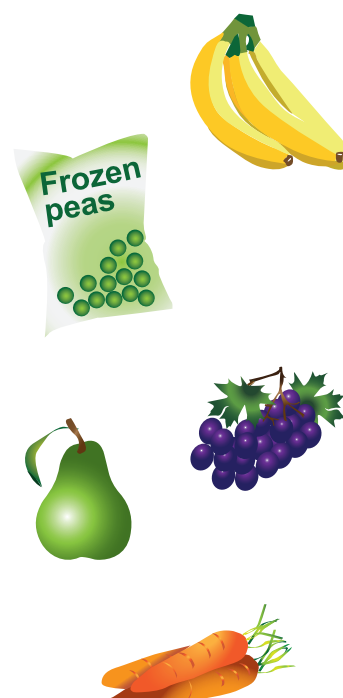
1

Do 150 minutes of moderate to vigorous exercise per week.
Some is good, more is better.
Every minute counts.



2

Find ways to eat 5 or more
fruit and vegetables a day



3

Use healthy travel to and
from work/school/leisure
activities





#movemoreeatwell

For further information contact the Cardiff and Vale Public Health Team

Email: movemoreeatwell@wales.nhs.uk

Tel: 02921 836503



Report Title:	Board Annual Plan 2020/21						
Meeting:	Board				Meeting Date:	27 th March 2020	
Status:	For Discussion		For Assurance	x	For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Background and current situation:

Standing Orders states that 'The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board Business.

The Board should agree the Annual Plan for the forthcoming year by the end of March, and the plan shall be published on the organisations website.

The Board Annual Plan for 2021/21 is attached at the appendix.

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

The draft Annual Plan has been developed with due regard to:

- the UHB's Standing Orders and Scheme of Reservation and Delegation of Powers;
- the UHBs Shaping Our Future Wellbeing Strategy;
- the UHB's Integrated Medium Term Plan Annual Plan;
- key risks and areas where scrutiny is required by the full Board; and
- key statutory, national and best practice requirements and reporting arrangements.

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

The attached Annual Plan has been developed by the Director of Corporate Governance. It details the items which the Board should review and are items which are detailed within the Board's Scheme of Reservation (decisions reserved for the Board). The Plan also where appropriate details which Committee / Group where the items should be considered prior to presentation to the Board and who the Executive Director lead is.

It should be noted that any Board Work Plan should be flexible and additional items will be added throughout the year.

The following items have not yet got timescales for presentation to the Board against them:

Board Champion Reports – In line with Standing Orders these are due to be presented to the Board on an annual basis. Board Member Champion roles have now been agreed however, there are specific requirements associated with being a Champion. It is therefore important that

individuals are clear on what these requirements are prior to any presentation of such reports. Then, individuals will be able to report back on how they have fulfilled the role of the 'Champion' and these will be planned into the work plan within appropriate timeframes.

Strategies and Annual Report – In line with Standing Orders there are a number of Strategies and Annual Reports which should be presented to the Board. Discussion needs to take place with the Management Executive to plan these in appropriately as in the past the steer has always been that the UHB has just one strategy which is 'Shaping Our Future Wellbeing'. However, there are some specific strategies which do need Board approval e.g. Estates. Likewise Shaping Our Future Wellbeing will also cover off some of the strategies and need to be cross referenced rather than duplication. Therefore, further discussion is required with the Management Executives regarding approach and timescales.

Areas highlighted in blue – There are no timescales against these items as they would be presented to the Board on an 'as and when' basis but should remain in the plan so the Board are aware of their responsibilities.

Recommendation:

The Board is asked to:

- Approve the Board Work Plan 2020/21 but noting that it will continue to be populated with timescales for the delivery of:
 - Strategies
 - Annual Reports
 - Board Champion Reports

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	x	Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>							

Kind and caring
Caredig a gofalgwr

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol



Cardiff and Vale University Health Board - Work Plan 2020-21

A - Approval D - Discussion I - Information	Committee/ Group	Lead	28-mai	30-jul	24-sep	26-nov	28-jan	25-mar
Agenda Item								
Standing Items								
Patient Story		RW	I	I	I	I	I	I
Minutes of the previous meeting		NF	A	A	A	A	A	A
Action Log		NF	D	D	D	D	D	D
Ratify urgent decisions of the Chair/CEO		NF	A	A	A	A	A	A
Chairs Report		CJ	D	D	D	D	D	D
Chief Executive's Report		LR	D	D	D	D	D	D
Quality Report (including IPC reports)	Q,S&E	RW	D	D	D	D	D	D
Performance Report (including activity & finance)	S&D, Finance	SC/RC	D	D	D	D	D	D
Transformation Report		JG	D	D	D	D	D	D
Board Assurance Framework	Audit	NF	D	D	D	D	D	D
Corporate Risk Register	Audit	NF		D	D	D	D	D
Committee Chair Reports to Board:								
-Audit	Audit	JU	D	D	D	D	D	D
-Quality, Safety and Experience	Q,S&E	SE	D	D	D	D	D	D
-Strategy and Delivery	S&D	CJ	D	D	D	D	D	D
- Finance	Finance	RT	D	D	D	D	D	D
-Health and Safety	H&S	MI	D	D		D	D	
- Mental Health	Mental Health	SM		D		D	D	
- RaTS	RaTS	CJ	-	-	-	-	-	-
- Charitable Funds	CF	AH	D		D	D		D
-Digital Health Intelligence Committee	DHIC	EB		D		D		D
Minutes of Committees of the Board:								
-Audit	Audit	RC	A	A	A	A	A	A
-Quality, Safety and Experience	Q,S&E	RW	A	A	A	A	A	A
-Strategy and Delivery	S&D	AH	A	A	A	A	A	A
- Finance	Finance	RC	A	A	A	A	A	A
-Health and Safety	H&S	MD	A	A		A	A	
- Mental Health	Mental Health	SC		A		A	A	
- RaTS	RaTS	LR	-	-	-	-	-	-
- Charitable Funds	CF	RW	A		A	A		A
-Digital Health Intelligence Committee	DHIC	JG		A		A		A
Joint Committee Minutes:								
- EASC	EASC	LR	A	A	A	A	A	A
- WHSCC	WHSCC	LR	A	A	A	A	A	A
Advisory Groups:								
- Stakeholder Reference Group	SRG	AH	A		A	A		
- Local Partnership Forum	LPF	MD	A	A	A	A	A	A
- Healthcare Professional Forum	HPF	FJ			A	A	A	A

Board Champion Reports: - Cleaning, Hygiene and Infection - Design - Welsh Language - Older Persons - Violence and Agression - Armed Forces and Veterans - Children, Young People and Maternity - Delayed Transfer of Care - Caldicott Guardian - Healthy Sustainable Wales - Public Patient Involvement - Security Management - Emergency Planning - Fire Safety - Wellbeing of Future Generations Act - Social Services and Wellbeing (Wales) Act - Equality and Human Rights - Health and Safety - Mental Health and Primary Care - Reputation Management and Culture		SE RT SM CJ MD FJ EB & RW SC SW FK&AH CJ& LR BC AH MD CJ&FK SE SM MI CJ MD						
Governance								
Approve Standing Orders, Scheme of Delegation, SFIs	Audit	NF						A
Ratify in public failure to comply with SO's	Audit	NF	A	A	A	A	A	A
Authorise the use of the seal		NF	A	A	A	A	A	A
Approve proposals for action on litigation (as and when required)		NF						
Receive and determine action in relation to Board Member declarations of interests (and when required)	Audit	NF						D
Approve the top level organisation structure	ME	LR			A			
Approve corporate policies (as and when required)	ME	NF	A	A	A	A	A	A
Appoint and revise Committees of the Board		NF						A
Approve the appointment of Executive Directors including Board Secretary (as and when required)	RaTS	MB	A					
Approve TOR for all Committees	All Board Committees	NF						A
Appoint, equip, review and where appropriate dismiss the Chair and any members of any Committee, Joint Committee or Group set up by the Board (as and when required)		CJ						
Appoint, equip, review and where appropriate dismiss individuals appointed to represent the Board on outside bodies and group (as and when required)		CJ						
Approve arrangements relating to responsibilities as a corporate trustee for funds held on trust	CF	NF						A
Approve Risk Management Strategy and Plans	Audit	NF		A				
Receive reports from Chairs of Committees of the Board, Groups on performance and action required	All Board Committees	NF	D	D	D	D	D	D
Receive reports on performance from external regulators and inspectors e.g. WAO, CHC, HIW which raise an issue or concern impacting on ability to delivery objectives (as and when required)	Audit Q,S&E	RW/NF						
Receive annual opinion from Head of Internal Audit (HoIA) and approve action required	Audit	NF	D					

Receive annual report from Auditor General for Wales and approve action required	Audit	NF					D	
Receive WAO Structured Assessment	Audit	NF					D	
Receive annual opinion on performance against Standards for Health Services in Wales	Q,S&E	RW	D					
Approve Annual Report (including Accountability Report and Performance Report)	Audit	NF	A					
Approve audit and assurance arrangements	Audit	NF					A	
Annual Cycle of Business		NF						A
Board Development Plan		NF						A
Annual consultations summary	Q,S&E, S&D, Audit	NF					A	
AGM Minutes	AGM	NF			A			
Annual Reports of Board Committees	All Board Committees	NF/Chairs						A
Annual Quality Statement	Q,S&E	RW	A					
Financial								
Approve cases for write off of losses	Finance	RC	A	A	A	A	A	A
Approve cases for making special payments above limits of delegation of CEO (as and when required)	Finance	RC						
Approve Medium Term Financial Plan	Finance	RC					A	
Approve budget and financial framework	Finance	RC					A	
Approve Annual Financial Accounts	Finance	RC	A					
Primary Care Contracts (new awards)	S&D	SC						
Approve reduction in significant activity or operation	S&D	RC						
Strategies and Annual Reports								
Approve citizen engagement and involvement strategy	S&D	AH						
Approve partnership and stakeholder engagement and involvement strategies	S&D	AH						
Approve quality and patient safety outcomes strategy	Q,S&E	RW						
Approve Workforce and OD Strategy	S&D	MD						
Approve Estates Strategy	S&D	AH						
Approve Digital Health Strategy	IT&IG	JG						
Approve Capital Strategy (including investment and disposal plans)	S&D	RC/AH						
Approve policies for dealing with complaints and incidents	Q,S&E	RW						
Approve Director of Public Health Annual Report	S&D	FK					A	
Approve Workforce and OD Annual Report (including Equality)	S&D	MD						
Approve Health and Safety Annual Report	H&S	MD		A				
Approve Risk Management Strategy	Audit	NF		A				
Approve Mental Health Strategy	MHCLC	SC						
Approve Safeguarding updates and Annual Report	Q,S&E	RW						
Approve Tissue and Organ Donation Annual Report	T&OD	SW						
Approve Welsh Language Annual Report	S&D	MD						
Approve Research and Development Strategy	R&D	SW					A	
Strategic Planning								
Business Cases / capital developments (as appropriate)	BCAG	AH						
Capital Plan	ME	AH	A					
Determine UHBs aims, objectives and priorities	ME	LR						
Approve IMTP	S&D	AH					A	
Approve Population Health Needs assessment and Commissioning Plan	S&D	AH/FK						
Approve development and delivery of patient centred clinical services	S&D	AH/SW						
Approve action required on delivery of strategic objectives	S&D	LR						

Approve reporting arrangements to citizens, partners and stakeholders	S&D	AH						
Civil contingency and business continuity update	S&D	AH						
University Status of Health Board	S&D	AH						
Wellbeing of Future Generations Act	S&D	FK						

Report Title:	Committees of the Board – Annual Reports							
Meeting:	Board					Meeting Date:	27 th March 2020	
Status:	For Discussion		For Assurance	x	For Approval	x	For Information	
Lead Executive:	Director of Corporate Governance							
Report Author (Title):	Director of Corporate Governance							

Background and current situation:

The Board must ensure that the Chairs of all Committees operating on its behalf formally, regularly and on a timely basis report to the Board on their activities.

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

Chairs of Committees report to the Board after each of their meetings in a document called 'Chairs report to the Board'. This is to ensure the Board is aware of discussions at a Committee as soon as possible after the Committee but before the minutes are actually approved by the Board. This provides timely assurance to the Board that the Committee is adhering to its duties set out in its Terms of Reference.

In addition to the regular reporting to the Board Chairs of Committees are required to do an Annual Report to the Board. This report is written by the relevant Corporate Governance Officers for the Committee.

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

Attached at the appendices are Annual Reports for the following Committees of the Board:

- Audit Committee
- Charitable Funds Committee (to be approved by the Charity Trustee)
- Digital Health and Intelligence Committee
- Health and Safety Committee (report approved by Committee Chair due to timing)
- Mental Health and Capacity Legislation Committee
- Finance Committee
- Quality, Safety and Experience Committee
- Strategy and Delivery Committee

These have all been reviewed by the respective Committees prior to submission to the Board for approval.

Recommendation:

For Members of the Board to:

- (a) Approve the Annual reports from the Committees of the Board.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	
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Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable
If "yes" please provide copy of the assessment. This will be linked to the report when published.





GIG
CYMRU
NHS
WALES

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

Annual Report of Audit and Assurance Committee 2019/20

1.0 INTRODUCTION

In accordance with best practice and good governance, the Audit Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of three Independent Members one of which must have financial experience and one whom must be a member of the Quality, Safety and Experience Committee. During the financial year 2019/20 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Director of Finance (Executive Lead for the Committee), Director of Corporate Governance, Internal Audit and Wales Audit Office. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee met six times during the period 1 April 2019 to 31 March 2020. This is in line with its Terms of Reference. The Audit Committee achieved an attendance rate of 86% (80% is considered to be an acceptable attendance rate) during the period 1st April 2019 to 31st March 2020 as set out below:

	23.04.19	23.05.19	30.05.19	30.09.19	3.12.19	3.03.20	Attendance
John Union	✓	✓	✓	✓	✓	✓	100%
John Antoniazzi	✓	✓	✓	n/a	n/a	n/a	100%
Eileen Brandreth	✓	✓	X	X	✓	X	50%
Charles Janczewski	✓	✓	✓	n/a	n/a	n/a	100%
Dawn Ward	✓	✓	✓	✓	✓	✓	100%
Total	100%	100%	83%	67%	100%	67%	86%

4.0 TERMS OF REFERENCE AND WORKPLAN

The Terms of Reference and work plan were reviewed and approved by the Committee on 3 March 2020 and were approved by the Board on 27 March 2019.

5.0 WORK UNDERTAKEN

During the financial year 2019/20 the Audit and Assurance Committee reviewed the following key items at its meetings:

PRIVATE AUDIT AND ASSURANCE COMMITTEE

APRIL, MAY, SEPTEMBER, DECEMBER 2019 AND MARCH 2020

Papers presented to the private session of the Audit and Assurance Committee are as follows:

- Counterfraud Progress Report
- Procurement Compliance Report
- Workforce and Organisational Development Compliance Report

- Draft Letter of Representation
- Corporate Risk Register
- Indemnity Clause

PUBLIC AUDIT AND ASSURANCE COMMITTEE – SET AGENDA ITEMS

April 2019 - March 2020

- **Internal Audit Plan 2019/2020**

Internal Audit Reports were submitted to each of the Audit and Assurance Committee meetings with the exception of 30 May 2019 (which related to the Health Board accounts). The reports presented provided details relating to outcomes, key findings and conclusions from the finalised internal Audit assignments and specific detail relating to progress against the audit plan and any updates that occurred within the plan.

Eighteen reports presented during the year were from the 2018/19 Internal Audit Plan; three of which received a substantial rating, 15 a reasonable rating and three received a Limited rating. (A table at the end of the report shows a list of internal audit reports presented to the Committee.)

- **Wales Audit Office Progress Reports**

The Wales Audit Office provided updated reports to the Audit and Assurance Committee on current and planned Wales Audit Office work. It covered financial audit, performance audit and the Auditor General's programme of national value-for-money examinations.

The Committee was informed that there would be increased testing on fixed assets this year. The Wales Audit Office had undertaken work on a project with the Executive Director of Public Health on the Future Generations Wellbeing Act to ensure the principles of the Act were embedded in the organisation. The report is currently on the Wales Audit Office website with the final recommendations.

The Structured Assessment 2019 (thematic review) highlighted that the Health Board was strengthening processes that supported Board business, risk management and arrangements for tracking recommendations. It also highlighted that the Health Board had an approved IMTP, forecasted a breakeven position and had made progress in tackling workforce issues.

- **Declarations of Interest**

Following a 'Limited Assurance' rating for Internal Audit, the Governance team had taken steps to strengthen and improve the Declarations of Interest, Gifts, Hospitality & Sponsorship (GH&S) Register, its reporting and monitoring, whilst also raising more awareness around Standards of Behaviour across Cardiff & Vale UHB. A number of recommendations were followed through to include implementation of a monthly Declaration of Interest alert on the ESR system which will be rolled out in April 2020; revised the Standards of Behaviour Policy which was approved at the Board meeting in November 2019 and arranged an awareness campaign to be rolled out across the UHB with guidance directed towards staff and service users on information screens, through social media campaigns and on an updated intranet page. Also, developed was a comprehensive DOI register with a RAG rating system and amalgamated the Gifts, Hospitality & Sponsorship register so there is one, single register held centrally. A follow-up internal audit increased the rating to Substantial.

- **Legislative and Regulatory Tracker**

The Audit and Assurance Committee also received an Internal Audit report on the Legislative and Regulatory Tracker with a 'Limited Assurance' rating where seven recommendations were made. Good progress was made with redesigning a detailed tracker and a follow-up Internal Audit report improved the rating to Reasonable. The Committee was informed that the department will continue to develop and improve the tracker through the quarterly follow-up process which has been put in place. The next steps in the development of the tracker will be the completion of the dials which show the level of compliance and predicted next inspection date which then gives an indication and assurance on whether the area being inspected is likely to be compliant or not. A new policy has been developed and approved by the Management Executives which was submitted for approval by HSMB at the beginning of October. The tracker will be updated on a quarterly basis throughout the organisation and also reported to the Audit and Assurance Committee on a quarterly basis.

- **Internal Trackers and External Trackers**

The reports and trackers provided Members of the Audit and Assurance Committee with assurance on the implementation of recommendations which have been made by Internal Audit or the Wales Audit Office by means of an internal / external audit recommendation tracking report and were able to view progress and improvements made from the Limited Assurance rating to Reasonable Assurance rating.

- **Post Payment Verification Report**

The Post Payment Verification Manager presented the Committee with reports which summarised the work undertaken by the Post Payment Verification (PPV) department in accordance to the Welsh Assembly Government (WG) directions in respect of General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS). The purpose of a PPV visit to the above contractors is to ensure that claims submitted by contractors are correct and in accordance with the Statement of Financial Entitlement (SFE) and service specifications set by WG and LHBs, regulations, and related procedures.

The aim of the PPV process is to ensure propriety of payments of public monies by the LHBs. The probity checks conducted during a PPV visit will provide reasonable assurance to LHBs that public money has been spent appropriately by contractors making accurate claim submissions, contractors internal protocols are clinically sound and services are being claimed for in accordance to clinical specifications.

- **The Annual Progress Report**

The Director of Corporate Governance presented an update on the progress being made with the drafting of the 2018-19 Annual Report which included the Governance Statement.

- **Internal Audit Annual Report 2017/2018**

The Head of Internal Audit set out his opinion together with the summarised results of the internal audit work performed during the year. The report also included a summary of audit performance in comparison to the plan and an assessment of conformance with the Public Sector Internal Audit Standards.

- **Audit Enquiries to those charged with Governance and Management**

A formal letter from the Wales Audit Office sought for documented consideration and understanding on a number of governance areas that had an impact on the audit of the Health Board's financial statements. These considerations were relevant to both the management of the Cardiff and Vale University Local Health Board (the UHB) and 'those charged with governance' (the Board).

- **Report on Annual Accounts of the UHB 2018/2019 and Workshop**

The Committee was presented with a report that introduced the Annual Accounts which are included within the Annual Accountability Report and the associated documents. It also set out the key changes made to the draft accounts and outlined the financial performance of the UHB. A workshop was also held prior to the Board meeting to review all the draft papers.

- **WAO ISA 260 Report**

The International Standard on Auditing (ISA) 260 requires the Wales Audit Office to report certain matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. A report was presented which set out the relevant matters for consideration by the Audit and Assurance Committee and the Board.

- **WAO Financial Statement Report – Recommendations Addendum**

Wales Audit Office presented a report which was an addendum to the WAO Audit of the Financial Statements Report presented to Members of Cardiff and Vale University Health Board (the Health Board) on 30 May 2019. The report sets out the recommendations arising from our audit of 2019-2020 financial statements; and an update on the Health Board's progress with last year's recommendations.

- **Losses and Special Payments**

As defined in the Standing Financial Instructions, the Audit and Assurance Committee is required to approve the write off of all losses and special payments within the delegated limits determined by the Welsh Government. To assist the Audit and Assurance Committee with this task, the UHB has established a losses and special payments panel, under the chairmanship of the Director of Finance (delegated to The Deputy Director of Finance). This panel meets twice yearly and is tasked with considering the circumstances around all such cases and to make appropriate recommendations to the Committee.

- **Agree Annual Report and Timetables**

The Welsh Government has issued, as in previous years, guidance for the preparation of annual reports and accounts. This guidance is based on HM Treasury's Government Financial Reporting Manual (FReM)¹ and is intended to simplify and streamline the presentation of the annual reports and accounts so that they better meet the needs of those who read and use them. NHS bodies are required to publish, as a single document, a three part annual report and accounts document, which must include the Performance Report, The Accountability Report and Financial Statements.

- **Terms of Reference and Workplan**

In line with the UHB's Standing Orders the Committee received the draft Terms of Reference as end of year arrangements and the draft workplan which is aligned to the Terms of Reference.

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of the Audit and Assurance Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Audit Committee. The report is presented by the Chair of the Audit Committee.

7.0 OPINION

The Committee is of the opinion that the draft Audit and Assurance Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

John Union

Committee Chair

Internal Audit Reports submitted at each meeting

RATING	23.04.19 (from 2018/19 plan)	23.05.19 (from 2018/19 plan)	30.09.19 (2019/20 plan)	3.12.19	3.03.20
SUBSTANTIAL	<ul style="list-style-type: none"> • Delayed Transfers of Care • Ward Nurse Staffing Levels 	<ul style="list-style-type: none"> • Strategic Planning and IMTP 	<ul style="list-style-type: none"> • Standards of behaviour Follow-up • Annual Quality Statement • Carbon Reduction Commitment 	<ul style="list-style-type: none"> • Mental Health CB 3rd Sector Contracts • Claims Reimbursement Final Report 	<ul style="list-style-type: none"> • Budgetary Control
REASONABLE	<ul style="list-style-type: none"> • Capital Project – Rookwood Relocation • PCIC CB Interface Incidents • Medicines CB– Sickness Absence Management Report • Capital – CRI Safeguarding Works • Commissioning Report • E-IT Learning Report 	<ul style="list-style-type: none"> • Core Financial Systems • Estates Statutory Compliance – Water • E-Advice • UHB Transformation Process • MHRA Compliance • Health and Care Standards 	<ul style="list-style-type: none"> • MHRA Compliance • E-Advice Project • UHB Transformation Process <p><i>(The three reports above are from the 2018/19 plan)</i></p> <ul style="list-style-type: none"> • MH CB Sickness Management Follow-up • Sustainability Reporting • Specialist CB Rosterpro • Legislative / Regulatory Compliance Follow-up 	<ul style="list-style-type: none"> • Surgery CB Medical Finance Governance Follow-up Final • Deprivation of Liberty Safeguards Final Report • Charitable Fund Final Report • PCIC Business Continuity Final Report • Maelfa Wellbeing Hub • PCIC CB: CHC Adults Follow-up • Children and Women CB: CHC Child Follow-up 	<ul style="list-style-type: none"> • Brexit Planning • Safeguarding Adults and Children • Freedom of Information Reviews • C&W Clinical Board Consultant Annual Leave • Medical Staff Study Leave • Control of Contractors

LIMITED	<ul style="list-style-type: none"> • Surgery CB – Medical Finance Governance • Medicine CB – Internal Medicine Follow-up 	<ul style="list-style-type: none"> • Cyber Security (This has been superseded by the ICO Audit undertaken during February/ March) 		<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Consultants Job Planning Follow-up • Tentacle IT System
NOT RATED	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 		<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Digital Readiness



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Annual Report of Charitable Funds Committee 2019/20

1.0 Introduction

In accordance with best practice and good governance, the Charitable Funds Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of three Independent Members. In addition to the Membership, the meetings are also attended by the Executive Nurse Director and/or an Executive Director to ensure the quorum of the Committee. Meetings are also attended by the Director of Corporate Governance, Deputy Chief Executive Officer / Executive Director of Workforce & Organisational Development, Executive Director of Therapies & Health Science and the Director of Communications, Arts & Health Charity. The Chair of the Board is not a Member of the Committee but attends at least once annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 Meetings & Attendance

The Committee met three times during the period 1 April 2019 to 31 March 2020. This is in line with its Terms of Reference. The Charitable Funds Committee achieved an attendance rate of 59% (80% is considered to be an acceptable attendance rate) during the period 1st April 2019 to 31st March 2020 as set out below:

	11/06/2019	10/09/2019	10/12/2019	17/03/2020	Attendance
Akmal Hanuk (Chair)	✓	✓	✓	✓	100%
John Union (Vice Chair)	✓	✓	✓	X	75%
Sara Moseley	X	X	X	X	0%
Total	67%	67%	67%	33%	

4.0 Terms of Reference

The Terms of Reference were reviewed and approved by the Committee on the 17th March 2020 and were approved by the Board on 28th March 2020.

5.0 Work Undertaken

During the financial year 2019/20, the Charitable Funds Committee reviewed the following key items at its meetings:

11th June 2019, 10th September 2019, 10th December 2019, 17th March 2020

- **Fundraising Report**

At all meetings the Committee welcomed a detailed report regarding all fundraising activity that had taken place and were pleased to note the increased funds and Charity brand awareness.

- **Staff Lottery Bid Panel Report**

A report from the Staff Lottery Bid Panel was presented at all meetings, the Committee were encouraged to note the significant increase in bids which resulted in positive staff morale. The Committee were also pleased to note that Cardiff & Vale Health Board were leading in this area with other Health Boards approaching the UHB to find out what makes Cardiff & Vale Staff Lottery so successful.

- **Finance Report**

At all meetings a report outlining the Health Charity Financial Position was brought and at the September meeting the Committee were advised by the Deputy Director of Finance that the Charity had a number of financial commitments for 2019/20, therefore further financial commitments needed to be postponed as a financial re-structure was required to enable a further release of funds to the Health Charity.

11th June 2019 & 10th September 2019

- **Staff Benefits Group Update**

On two occasions the Committee were provided with a report which outlined the work undertaken by the Staff Benefits Group and in September 2019, the Committee approved a proposal from the Staff Benefits Group Review Panel to accept Affinity Partnership Scheme with Nathaniel Car Dealership which would replace the agreement with Griffin Mill to provide excellent benefits for UHB Staff Members.

11th June 2019

- **BSL Training & Awareness Update Report**

The Committee were encouraged to note that Cardiff & Vale Health Board planned to train up to 500 staff over the next year through BSL Equality Training and Taster sessions and the Committee were pleased to hear feedback from staff regarding the training had been very positive.

- **Investment Report**

The Committee welcomed a presentation from the Portfolio Director and were pleased to note an increase in the value of the portfolio and that the Health Charity had outperformed the composite benchmark.

- **Staff Benefits Group Terms of Reference**

The Committee reviewed the Staff Benefits Group Terms of Reference and referred them to the Board of Trustees for consideration.

- **Self-Assessment of Committee Effectiveness**

The Committee noted the results of the Committee Effectiveness Review for 2019 and agreed the action plan for improvement would be completed by March 2020.

- **Charitable Funds Scheme of Delegation**

The Committee proposed a change to the Charitable Funds Scheme of Delegation that any sum over £125,000 be recommended to the Board of Trustees for approval.

- **UHB Transport Timeframes**

The Committee were informed that the frequency of the Park & Ride service from Pentwyn to University Hospital of Wales had increased and that work was being undertaken to get Park & Ride Facilities running to University Hospital of Wales to other sites.

- **Charitable Funds Bid Applications**

During the June meeting the Committee considered the following bids;

- a) **Employee Wellbeing**

The Committee referred this application to the Board of Trustees for consideration

- b) **Reminiscence Interactive Therapy & Activities**

The Committee approved the purchase of four Reminiscence Interactive Therapy & Activities units for wards in the University of Llandough and Barry Hospital

- c) **Patient Information Screens for the University Dental Hospital**

The Committee approved the purchase of four Patient Information Screens for the University Dental Hospital.

- **Cardiff & Vale Health Charity Website Proposal**

The Committee considered information provided in relation to the future of the Charities Website and the quotes received from the three different development companies. After discussion, the Committee approved the appointment of Celf Creative as the new website provider.

- **Arts Programme Report**

The Committee noted the Arts Report which provided an overview of the activities and progress made by the Arts Programme during the six month period from December 2018.

- **Barry Hospital Update**

The Committee reviewed and noted the update on how the funds approved by the Committee for the Barry Hospital First Impressions Programme were being spent.

10th September 2019

- **Wales for Africa Steering Group**

The Committee discussed the purpose of the Wales for Africa Steering Group and acknowledged the need for further structure within the group therefore it was agreed going forward the minutes of the Steering Group would report in to the Committee for information.

- **Food Sense Wales – Update**

The Committee were pleased to note that Cardiff & Vale Health Board had received a commendation from Vaughn Gethin, Minister for Health & Social Wellbeing, for the work undertaken in the School Enrichment Programme.

- **Governance regarding Charitable Funds Committee Project Funding**

The Committee acknowledged new governance arrangements which would be instigated around Health Charity Bids. The new arrangements and tracking system is ensuring supported bids are being delivered as per the Committee agreements.

- **Endowment Order**

The Committee approved the purchase of the Care Cube System for the one-off cost of £33,000, using money currently held on Fund 9494 Biggs Legacy Cardiac Research.

- **Health Charity Strategy 2019-2024**

The Committee were introduced to the first Health Charity Strategy 2019/-24. After Committee discussion it was agreed further work on the strategy was required and this would come to the Committee for further discussion and referral to the Board of Trustees for approval.

- **Health Charity Branding Guidelines**

The Committee were provided with a helpful report which outlined the revised Health Charity Branding Guidelines that ensures the Health Charity logo is used with consent and in the correct way in addition to the Health Charity image becoming professionalised.

- **Sustainable Staffing Paper**

The Committee were advised that to ensure continued Health Charity achievements and growth, the team required further capacity. After Committee discussion, it was agreed a further report would be brought to the Committee which contained staffing options and finances for Committee consideration

- **Horatio's Garden**

The Committee were provided with a detailed report outlining a timeframe on Horatio's Garden and the total costs to date and were advised of a number of events planned to visit the garden to see the progress made.

- **Staff Benefits Meeting Minutes**

The Committee reviewed and noted the Staff Benefits Meeting Minutes.

10th December 2019

- **New Charitable Funds Bid Application Template**

The Committee approved a new Charitable Funds Bid Application template developed by the Director of Corporate Governance. This is a positive improvement as it will ensure that the Charity can demonstrate that bids meet the charitable objectives as well as ensuring that the correct processes are followed when funds are applied for.

- **Annual Accounts**

The Committee were informed that the Charitable Accounts Audit was still under development and the final version of the accounts would be submitted for the Trustee meeting on 30th January.

- **Sustainable Staffing**

The Committee discussed in detail three positions that supported the development of the Charity. It was explained that the positions had not yet been aligned with the Health Charity Strategy, therefore, the Committee agreed to support the ongoing funding of the positions until the end of the financial year, whilst recognising the need for a final decision on the permanent staffing posts be made by the end of January 2020.

- **Endowment Order**

The Committee approved the purchase of twenty breast pumps with stands and cases, for a one-off cost of £30,018, using money currently held on Fund 9116 Child Health Neonatal Intensive Care. This will allow the Unit to provide breast pumps at every cot space, to facilitate expressing of baby milk for every mum, next to their baby, in addition to encouraging and increasing the Unit's rate of breast feeding which is known to be beneficial for all sick or premature babies.

- **Charitable Funds Final Internal Audit Report**

The Committee were pleased to note the Reasonable Assurance received following an Internal Audit. The Committee were informed that a recommendation of high importance was included in the report, which was the treatment of dormant funds. Following this recommendation, Internal Audit have been advised that the use of dormant funds would be addressed by the Committee and Trustee.

- **Investment Manager Update**

The Committee were informed that the Investment Portfolio had gone out to tender and feedback had been provided to all suppliers who had put themselves forward. The scoring process was challenged therefore, two independent bodies were appointed to re-score. These bodies also produced different outcomes, therefore the tender has been re-distributed. The Committee were encouraged to hear that learning had been taken on board from the independent scoring and the UHB scoring criteria had been revised.

- **Patrons Process**

The Committee discussed the appointing of Charity Patrons and agreed that a memorandum of understanding needed to be drawn up and signed by the Patrons. It was also agreed that the appointment of Patrons would be signed off by the Trustee.

- **Any Other Business**

The Committee noted a concern raised with the number of Third Sector Organisations who were able to fundraise in concourse areas of the UHB.

The Committee approved for the December 2020 Staff Lottery Mega Draw being a one off amount of £20,000.00 for 2020.

17th March 2020

Due to unforeseen circumstances, this meeting was not quorate, therefore the Committee agreed to make required decisions and these would be taken to the Board for ratification.

- **Financial Review of Delegated Funds**

The Committee approved the implementation of a policy that any unrestricted funds that have been dormant for two full financial year are transferred to general reserves, approved that all restricted fund holders that have dormant funds be requested for expenditure plans and approved the consolidation of all funds that are deemed to be general reserves. The Committee agreed the timing of this would be managed considerably due to the current pressure the organisation was facing with the COVID-19 outbreak.

- **Events Planner 2020**

The Committee approved the Events Planner 2020, in the knowledge that this would inevitably change due to the COVID-19 outbreak. It was agreed that the Committee would be sighted on the new planner in due course.

- **Health Charity Strategy**

The Committee welcomed the Health Charity Strategy and recommended it be sent to the Board of Trustees for approval.

- **Health Charity Annual Report**

The Committee approved the Health Charity Annual Report.

- **Patrons Protocol**

The Committee approved the new patrons protocol which would provide the Committee with the relevant assurance that individuals were clear of their responsibilities and obligations when becoming a patron.

- **Sustainable Staffing**

During this meeting, the Committee approved to fund the permanent appointment of three positions within the Health Charity to enable its continued growth and development.

- **Change Account**

The Committee reviewed the ongoing relationship between the Health Charity and the Change Account. Some concern was raised due to lack on engagement from the Change Account, therefore the Committee agreed to review the relationship in 6 months' time in the hope that an improvement in engagement would be seen.

- **Horatio's Garden Update**

The Committee welcomed a report on Horatio's Garden but were concerned that there may be a request for additional significant funding to allow the development of the Neuro Garden. The Committee requested a detailed report be provided at the next meeting which outlined the full costs of the garden to date, and the potential further costs for the Neuro Garden.

- **Committee Annual Report 2019-20**

The Committee reviewed the Annual Report 2019-20 and recommended it be taken to the Board for approval.

- **Committee Terms of Reference 2020-21**

The Committee reviewed the Terms of Reference 2020-21 and recommended they be taken to the Board for approval.

- **Committee Work Plan 2020-21**

The Committee reviewed the Work Plan 2020-21 and recommended it be taken to the Board for approval.

6.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Charitable Funds Committee meetings by presenting a summary report of the key discussion items at the Charitable Funds Committee. The report is presented by the Chair of the Charitable Funds Committee.

7.0 Opinion

The Committee is of the opinion that the draft Charitable Funds Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Akmal Hanuk

Committee Chair



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Annual Report of Digital Health & Intelligence Committee 2019/20

1.0 Introduction

In accordance with best practice and good governance, the Digital & Health Intelligence Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of two Independent Members. In addition to the Membership, the meetings are also attended by the Director of Digital & Health Intelligence and/or an Executive Director to ensure the quorum of the Committee. Meetings are also attended by the Director of Corporate Governance, Caldicott Guardian, Information Governance Manager and the Director of Transformation & Informatics. The Chair of the Board is not a Member of the Committee but attends at least once annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 Meetings & Attendance

The Committee met three times during the period 1 April 2019 to 31 March 2020. This is in line with its Terms of Reference. The Digital & Health Intelligence Committee achieved an attendance rate of 100% (80% is considered to be an acceptable attendance rate) during the period 1st April 2019 to 31st March 2020 as set out below:

	15/08/2019	03/12/2019	04/02/2020	Attendance
Eileen Brandreth (Chair)	✓	✓	✓	100%
Michael Imperato (Vice Chair)	✓	✓	✓	100%
Charles Janczewski	✓	✓	✓	100%
Total	100%	100%	100%	100%

4.0 Terms of Reference

The Terms of Reference were reviewed and approved by the Committee on 15th August 2019 and were approved by the Board on 26th September 2019.

5.0 Work Undertaken

During the financial year 2019/20, the Digital Health & Intelligence Committee reviewed the following key items at its meetings:

15th August and 3rd December 2019

- **Digital Strategy**

At both the August and December meetings, the Committee was provided with positive progress updates on the Digital Strategy which had also been shared at the Clinical Senate, HSMB and with all Clinical Boards. The Committee planned to see the final version of the Digital Strategy at the meeting in February.

- **IMT Audit Assurance**

At both the August and December meetings, the Committee were informed that a full list of all IMT Audit Recommendations could be found within the central Corporate Risk Register. It was agreed that the Corporate Risk Register would be presented at a future meeting for the Committee to gain assurance that all recommendations were being actioned.

- **Clinical Coding – Performance Data**

Whilst the Committee were initially disappointed with the Clinical Coding – Performance Data during the August meeting, the Committee were extremely encouraged and assured to see the work that had been undertaken within the Clinical Coding Department in the December meeting, which had resulted in a significant improvement in this area. The Clinical Coding Department are performing above expectations and this area will continue to be monitored by the Committee.

- **Information Governance Compliance**

At the August meeting, the Committee noted a series of updates relating to significant information governance issues. During the December meeting, the Committee were informed that the Subject Access Request Procedure was being revised after the Information Commissioners Office advised the current process was not appropriate. It was explained that although a new procedure would impact compliance in future reporting, it would give good assurance that no physical or mental harm would come to patients which was an absolute priority.

3rd December 2019

- **Strategic Transformation – Programme Update**

The Committee received an informative report which outlined the detailed work that was being undertaken within the digital programme. It was agreed that a dashboard style report would be presented to the Board in future.

- **Joint IMT Risk Register**

The Committee welcomed the new style of the IMT Risk Register which brought together Information Governance and IT issues onto one joint register. The Committee noted the progress that had been made within the risk register and the update provided in respect of Cyber Security and Software End of Life.

- **Information Governance Audit Assurance**

The Committee were encouraged to see the Information Governance Audit Assurance report which had consolidated previous recommendations and prioritised them into the five highest priorities that the UHB faced. The Committee were pleased to note that the Information Governance Officer was confident that the report would satisfy the Information Commissioners Office when they inspect the UHB in February 2020.

The Committee noted that half of the planned inspection being carried out by the Information Commissioners Office in February would be on Cyber Security Compliance. This is not a usual area of inspection, however the approach will be welcomed. In preparation for the inspection, the Committee planned to receive a comprehensive list of recommendations, objectives and action plans during the Committee meeting in February.

- **Work Plan Exception Report**

The Committee were informed of two areas of concern within the Work Plan these were:

- Patient Knows Best – it was explained that due to capacity issues within the team the system had not integrated as planned. However the Committee were assured that progress was still being made
- Date to Knowledge Programme – the Committee were advised that progress had been made providing data to Lightfoot, however the team faced some challenges in providing data feeds 7 days a week as current provision is Monday – Friday. The Committee were informed that ways to overcome this were being looked at and the Committee planned to hear an update on this during the February meeting.

- **Information Governance Policy**

The Committee were extremely pleased to see the revised Information Governance Policy, this is an overarching policy, based on an All Wales Policy, which included the following:

- Information Governance Policy
- IT Security Policy
- Email Use Policy
- Internet Use Policy

4th February 2020

- **Digital Strategy – Update on Progress**

The Committee were advised that the strategy remained in development and a final version would come to the June meeting. The Committee were pleased to hear engagement had progressed well and the strategy had been received positively across the organisation.

- **Data Repository Governance**

The Committee were disappointed to hear that a response remained outstanding from Welsh Government. This was being escalated appropriately and the Committee are expecting an update at a future meeting.

- **Digital Mobile Strategy**

The Committee were encouraged to see the first draft of a Digital Mobile Strategy and were advised the focus of the strategy was for Community Staff to be able to use any mobile device of their choice. The Committee are expecting to approve the final version of the strategy at a future meeting.

- **Committee Annual Report 2019-20**

The Committee reviewed the Committee Annual Report and recommended the Annual Report be reported to the Board for approval.

- **Committee Terms of Reference 2020-21**

The Committee reviewed the Terms of Reference and recommended they be reported to the Board for approval.

- **Committee Work Plan 2020-21**

The Committee reviewed the Committee Work Plan 2020-21 and recommended it be reported to the Board for approval.

6.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Digital Health & Intelligence Committee meetings by presenting a summary report of the key discussion items at the Digital Health & Intelligence Committee. The report is presented by the Chair of the Digital Health & Intelligence Committee.

7.0 Opinion

The Committee is of the opinion that the draft Digital Health & Intelligence Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Eileen Brandreth

Committee Chair



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Annual Report of the Finance Committee 2019/20

1.0 INTRODUCTION

In accordance with best practice and good governance, the Finance Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of three Independent Members, one of which is the Independent Member – Finance. During the financial year 2019/20 the Committee comprised of three Independent Members. In addition to the Membership, the meetings are also attended by the Director of Finance (Executive Lead for the Committee), Chief Executive, Deputy Chief Executive, Executive Director of Finance, Chief Operating Officer Executive Director of Workforce and Organisational Development, Executive Director of Strategy and Engagement, Executive Director of Nursing Director of Corporate Governance, Deputy Director of Finance and Assistant Director of Finance. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee is scheduled to meet 11 times during the period 1 April 2019 to 31 March 2020. A meeting has been held in each month except August. This is in line with its Terms of Reference. The Finance Committee achieved an attendance rate of 83% (80% is considered to be an acceptable attendance rate) during the period 1st April 2019 to 26th February 2020 as set out below:

Members	24th April 2019	29th May 2019	26th June 2019	29th July 2019	25th Sept. 2019	30th Oct. 2019	27th Nov. 2019	18th Dec 2019	29th Jan. 2020	26th Feb. 2020	25th March 2020	Attendance to Feb 2020
John Antoniazzi (Chair)	Yes	Yes	Yes	Yes	Yes	Apols.	n/a	n/a	n/a	n/a	n/a	83%
John Union (Vice Chair)	Yes	Yes	Apols.	Yes	Apols.	Yes	Yes	Yes	Yes	Yes	n/a	80%
Charles Janczewski	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n/a	100%
Michael Imperato						Yes	n/a	n/a	n/a	n/a	n/a	100%
Dr Rhian Thomas										Yes	n/a	100%
Overall Attendance to February 2020 (based on 3 Independent members)	100.00%	100.00%	66.67%	100.00%	66.67%	100.00%	66.67%	66.67%	66.67%	100.00%		83%

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 27th February 2019 and were approved by the Board on 28th March 2019

5.0 WORK UNDERTAKEN

During the financial year 2019/20, the following standing items were considered and reviewed at each Finance Committee:

- Finance Report for previous month
- Cost Reduction Programme and Cross Cutting Theme
- Finance Risk Register
- Clinical Boards in Escalation (June to March meetings)
- Plans to Deliver a Break Even Position (September to March meetings)

An extract from the Monthly Finance Monitoring Returns submitted to Welsh Government is also noted at each Committee Meeting.

In addition the following items were discussed at Finance Committee meetings:

April 2019

- Integrated Medium Term Plan 2019-22
- Costing and Value Update

July 2019

- Committee Review Effectiveness

November 2019

- 2020/21 IMTP

December 2019

- Indemnity clause within Data Processing Contracts
- 2020/21 IMTP

January 2020

- Business Case - Community Mental Health Services Rationalisation
- 2020/21 IMTP Financial Plan

February 2020

- Terms of Reference
- Finance Committee Work Plan
- Finance Committee Annual Report
- 2020/21 IMTP

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to each Board meeting by presenting a summary report of the key discussion items at the Finance Committee. The report is presented by the Chair of the Finance Committee. In addition the finance dashboard which is reviewed at Committee meetings is included within the Performance Report which is submitted to each Board meeting.

7.0 OPINION

The Committee is of the opinion that the draft Finance Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

John Union

Committee Vice Chair



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Annual Report of Health and Safety Committee 2019/20

1.0 Introduction

In accordance with best practice and good governance, the Health and Safety Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of three Independent Members. In order for the meeting to be quorate two Independent Members must be present. Meetings are also attended by the Director of Workforce and OD who has assumed responsibility as the Executive Lead for Health and Safety, Director of Public Health, Director of Therapies and Health Sciences and Director of Corporate Governance. Staff Safety Representatives also attend the meeting. Other Executive Directors are required to attend on an ad hoc basis.

3.0 Meetings and Attendance

The Committee met four times during the period 1 April 2019 to 31 March 2020. This is in line with its Terms of Reference. The Health and Safety Committee achieved an attendance rate of 100% (80% is considered to be an acceptable attendance rate) during the period 1st April 2019 to 31st March 2020 as set out below:

	09/04/2019	09/07/2019	08/10/2019	21/01/2020	Attendance
Michael Imperato (Chair)	✓	✓	✓	✓	100%
Akmal Hanuk	✓	✓	✓	×	75%
Charles Janczewski (Vice Chair)	✓	N/A	N/A	N/A	100%
Dawn Ward	N/A	✓	✓	✓	100%
Total	100%	100%	100%	75%	100%

4.0 Terms of Reference

The Terms of Reference were reviewed and approved by the Committee on 22nd January 2019 and were approved by the Board on 30th May 2019.

5.0 Work Undertaken

There are a number of standing agenda items discussed at every Committee meeting, these being Enforcement Agencies Correspondence, Fire Safety Management and Compliance, Health and Safety Improvement Plan and the Board Assurance Framework (BAF)/Health and Safety Risk Register. During the financial year 2019/20, the Health and Safety Committee also reviewed the following key items at its meetings:

9th April 2019

- **Arjo Proact Survey Findings**

The Committee received a presentation from Arjo UK detailing the findings of the audit undertaken in November 2018, the data had been compared to the previous audits undertaken in 2016 and 2017 with the trend graphs looking very similar.

- **Control of Contractors in Non Estate Activities**

This was a progress report to the Committee following discussions on contractor control at its meetings in 2018/19. The Committee were advised the culture of the organisation would be looked at in any legal proceedings and this was an important document in respect of the continued progress made by the Health Board in contractor control management. The Committee were assured that progress was being made in relation to both estates and non-estates contractor control activities.

9th April, 9th July, 8th October 2019 and 21st January 2020

- **Pedestrian Access Safety Strategy**

The Committee were informed at the April meeting the key risks had been extracted from the independent report three of which were considered as high risk. It was noted at the meeting that no timescales had been identified but that the report would be considered as part of the Sustainable Travel Plan.

At the July meeting the Committee were informed that a Task and Finish Group had been established to prioritise the high risk areas reported in the April meeting. The Group would identify the cause of the risk and develop tangible cost effective solutions to mitigate the risk to an agreed practical level. A programme of works had also been developed.

At the October meeting the Committee were informed the programme of works would be completed by January 2020. At the January meeting the Committee were advised the action plan was being progressed and the works identified had been prioritised accordingly. The Committee acknowledged there were a number of estate areas that required modernisation and were pleased that focus was being placed on the high risk areas.

9th July 2019

- **Health and Safety Annual Report**

The Committee were informed of a number of key issues from the annual report. These were in relation to incident reporting, lost time accidents, sharps injuries, manual handling and violence and aggression training compliance, case management activity, lone worker device usage, COSHH compliance and Environmental Health inspection.

9th July, 8th October 2019 and 21st January 2020

- **HSE Inspection of Violence and Aggression and Musculoskeletal Disorders in Healthcare 2018/19**

At the July meeting the Committee were informed an inspection by HSE was anticipated during the 3rd quarter of the financial year. Two Health Boards had already been inspected who were sharing their experience and outcomes.

At the October meeting the Committee were assured that work was on-going in preparation for the impending inspection. A Health and Safety Adviser had been allocated to co-ordinate a review of current status and develop an action plan for identified shortfalls.

At its January meeting the Committee received the detailed action plan and the Committee were assured that a lot of work was going on in the background in preparation for the inspection.

8th October 2019

- **Structure and Process for Staff Health and Safety Training**

This was a joint presentation by the Learning and Education Department and the Health and Safety Department to look at how health and safety training compliance could be improved. A great deal of work had already been undertaken in relation to the Electronic Staff Record (ESR) System and alternative ways of delivering training was also being considered. The Committee acknowledged this was a vast project and requested updates at a future meeting.

- **Fire Safety Annual Report**

The Committee were informed of a number of key issues from the annual report. These were in relation to the number of false alarms, fire safety training compliance, roles of the Deputy Fire Safety Managers (DFSMS).

21st January 2020

- **Food Safety 'UHB Provided Catering Services'**

The Committee received a presentation on Food Safety from the Capital, Estates and Facilities Service Board. The presentation included information on food safety legislation, the process for inspections, the criteria for scoring, training requirements and the work being undertaken by the Service Board to meet all of these requirements.

- **Strategic Role of Health and Safety Committee**

The Committee had a brief discussion on the strategic and assurance role of the Committee which would be explored in greater detail at the April meeting.

6.0 Health and Safety Policy Schedule

At every meeting the Committee receives a schedule of all health and safety related policies and their review and approval, during 2019/20 the following policies were approved by the Health and Safety Committee:

- Security Services Policy
- Health and Safety Policy ratified by the Committee for onward approval by the Board
- Contractor Control Policy
- Safe Working with Electricity Policy

The Committee were pleased to note that all Health and Safety Policies are reviewed in a timely fashion and are in date.

7.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Health and Safety Committee meetings by presenting a summary report of the key discussion items at the Health and Safety Committee. The report is presented by the Chair of the Health and Safety Committee.

8.0 Opinion

The Committee is of the opinion that the draft Health and Safety Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Michael Imperato

Committee Chair



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Annual Report of Mental Health, Capacity and Legislation Committee 2019/20

1.0 INTRODUCTION

In accordance with best practice and good governance, the Mental Health, Capacity and Legislation Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of four Independent Members. During the financial year 2019/20 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Chief Operating Officer (Executive Lead for the Committee) and the Director of Corporate Governance. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee met three times during the period 1 April 2019 to 31 March 2020. This is in line with its Terms of Reference. The Mental Health, Capacity and Legislation Committee achieved an attendance rate of 93% (80% is considered to be an acceptable attendance rate) during the period 1st April 2019 to 31st March 2020 as set out below:

	4.06.19	22.10.19	21.02.20	Attendance
Eileen Brandreth	X	✓	✓	67%
Akmal Hanuk	n/a	n/a	✓	100%
Michael Imperato	n/a	n/a	✓	100%
Charles Janczewski	✓	n/a	n/a	100%
Sara Moseley	✓	✓	✓	100%
Total	80%	100%	100%	93%

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 21st February 2020 and were approved by the Board on 27 March 2020.

5.0 WORK UNDERTAKEN

During the financial year 2019/20 the Mental Health, Capacity and Legislation Committee reviewed the following key items at its meetings:

PRIVATE MENTAL HEALTH, CAPACITY AND LEGISLATION COMMITTEE

There were no private meetings held during the reporting year of 2019/20.

PUBLIC MENTAL HEALTH, CAPACITY AND LEGISLATION COMMITTEE – SET AGENDA ITEMS

April 2019 - March 2020

PATIENT STORY

The Patient Stories presented are as below:

1. In June 2019 a service user shared a story of their experiences using the UHBs Mental Health Services.

MENTAL CAPACITY ACT

The Committee was provided with updates on the Mental Capacity Act 2005 (MCA) which has been in force for over 11 years and covers people aged 16 years and over. It was amended to include the Deprivation of Liberty Safeguards (DoLS), which came into force in April 2009.

The Mental Health Manager also provided a number of mandatory training sessions to include:

- Senior Medical Induction and Nurse Foundation Programme and
- Bespoke training on request

The All-Wales MCA e-learning course is available for use on ESR.

Members of the Committee was also informed of the work undertaken by the Independent Member Capacity Advocacy (IMCA) highlighting the number of referrals made and areas of concern / service issues.

• Deprivation of Liberty Safeguards (DoLS)

Updates were also provided on the Deprivation of Liberty Safeguards (DoLS) in regard to compliance. The Cardiff and the Vale DOLS / MCA team operate the Supervisory Body responsibilities of the Deprivation of Liberty Safeguards on behalf of Cardiff & Vale UHB, Cardiff City Council and the Vale of Glamorgan Council, through a Partnership Management Board consisting of senior representatives of each Supervisory Body.

Since the “Cheshire West” Supreme Court ruling in 2014, the number of applications for DoLS authorization had increased considerably, although the number of requests had stabilized.

The outstanding DoLS Authorisation requests remained a risk, but this is a greater risk for Local Council partners, as the assessments for Urgent Authorisations are given priority.

Blake Morgan, LLP, Solicitors, have provided bespoke training to senior UHB staff to enable them to become signatories for DoLS authorizations.

The outcome of an Internal Audit Report on DoLS was Limited Assurance. There was a hold on the recommendations due to the publication of the Welsh Government paper relating to the Liberty Protection Standards (LPS). The services may change with Cardiff and the Vale local authorities which would be assessed once the new standards were implemented.

MENTAL HEALTH ACT

- **Mental Health Act Monitoring Report**

The report provided the Committee with further information relating to wider issues of the Mental Health Act. Any exceptions highlighted in the Mental Health Act Monitoring report were intended to raise the Committee's awareness of matters relating to the functions of hospital managers and give assurance that the care and treatment of patients detained by Cardiff and Vale University Health Board and those subject to a community treatment order are only as the Act allows. It was pleasing to note that no unlawful detentions had been undertaken since July 2018.

- **Partnership Arrangements**

The Mental Health Crisis Care Concordat is a national agreement between health, criminal justice and social care agencies that sets out how services and agencies involved in the care and support of people in a mental health crisis will work together to provide the necessary support. It includes arrangements for more joint work and better information sharing between agencies. Section 135/6 of the Mental Health Act is a significant component within the concordat, regarding which the Legislation Committee requires a briefing to understand the partnership approach being taken in its implementation as well as wider partnership working.

In February 2020 the Committee was provided with an update on the Police Mental Health Concordat with the achievements to date the challenges to the Concordat and the future aims and aspirations for the Group.

The Direction of Operations would be Chairing the Concordat as of March 2020. The local group would feed into the national group.

- **Health Inspectorate Wales**

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Hafan y Coed within Cardiff and Vale University Health Board on 19 – 21 March 2019. Three wards were inspected which included, Beech Ward, Oak Ward and Willow Ward.

During the inspection, documentation for patients detained under the Mental Health Act 1983 were reviewed in order to assess compliance with the Act. HIW explored how the service met the Health and Care Standards (2015). Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

- **Child and Adolescent Mental Health Service**

The Committee was presented with the external reviews, actions plan and redesign of the service. The Committee was:

1. appraised of the recommendations of a Welsh Government Delivery Unit review of Primary Care CAMHS (PCAMHS) in Cardiff & Vale UHB (C&VUHB) and resulting action plan.
2. appraised of the recommendations of an external review of Secondary Care CAMHS (SCAMHS) in C&VUHB
3. presented with improvement trajectories relating to CAMHS
4. presented with the broader service redesign intentions of the CAMH service which will support service improvement and sustainability.

MENTAL HEALTH MEASURE

• Mental Health Monitoring Report

The UHB Mental Health Measure performance is reported to and monitored by the Welsh Government on a monthly basis, with reports back to the UHB Performance Monitoring Committee. The data collection pressures on Mental Health have increased which together with changes to local protocols for community teams led to data assurance issues and the Committee was presented with proposed solutions.

The Mental Health (Wales) Measure 2010 (the Measure), is a National Assembly for Wales law that has similar legal status to an Act of Parliament. The Measure introduced a number of important changes to the assessment and treatment of people with mental health problems in Wales. Parts 1 to 4 of the Measure set the main legislative requirements relating to Mental Health service provision and are supported by subordinate legislation and guidance. Parts 1 to 4 of the measures relate as follows:

- Part 1a – 28 day referral to assessment compliance target of 80%
- Part 1b – 28 day assessment to intervention compliance target of 80%
- Part 2 – Care and Treatment Planning Within Secondary Mental Health Services
- Part 3 - Right to request an assessment by self –referral
- Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

The committee was also presented with a report on the parts of the mental health measure application to children and young people under the age of 18.

• Care and Treatment Plans

Part 2 of the Mental Health (Wales) Measure 2010 (the Measure) places a statutory duty on Local Mental Health Partners to ensure that all patients who are accepted into secondary mental health services have a written care and treatment plan (CTP) that is developed and overseen by an appointed care coordinator.

In June 2019 the Committee was presented with the Welsh Government Delivery Units Assurance Action Plan. This was following a poor all Wales report on the quality of Care and treatment plans, the C&V MHCB established a steering group to respond to this long standing issue.

An update was provided at each meeting outlining the issues and solutions.

• Policies

Three policies were approved by the Committee as follows:

1. Department of Liaison Psychiatry Operational Policy
2. Approval of Review of Receipt of Applications for Detention Under the Mental Health Act 1983 Policy
3. Approval

• Committee Governance

Reports submitted to the Committee for review and approval:

1. Committee Self-Assessment: an overview of the findings arising from the self-assessment
2. Committee Annual Report 2019/20
3. Committee Terms of Reference
4. Committee work plan

Also presented to the Committee was the minutes from the:

1. Hospital Managers Power of Discharge Minutes
2. Mental Health Legislation and Governance Group Minutes
3. Annual Review of Comments Raised by Members of Power of Discharge

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of the Mental Health, Capacity and Legislation Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Mental Health, Capacity and Legislation Committee. The report is presented by the Chair of the Mental Health, Capacity and Legislation Committee.

7.0 OPINION

The Committee is of the opinion that the draft Mental Health, Capacity and Legislation Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

SARA MOSELEY

Interim Committee Chair



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Cardiff and Vale
University Health Board

Annual Report of the Quality, Safety and Experience Committee 2019/20

1.0 INTRODUCTION

In accordance with best practice and good governance, the Quality, Safety and Experience Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of four Independent Members one whom must be a member of the Audit and Assurance Committee. During the financial year 2019/20 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Executive Nurse Director (Executive Lead for the Committee) and the Director of Corporate Governance. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee met six times during the period 1 April 2019 to 31 March 2020. This is in line with its Terms of Reference. The Quality, Safety and Experience Committee achieved an attendance rate of 87% (80% is considered to be an acceptable attendance rate) during the period 1st April 2019 to 31st March 2020 as set out below:

	16.04.19	18.06.19	17.09.19	15.10.19	17.12.19	18.02.20	Attendance
Gary Baxter	X	X	✓	✓	✓	✓	67%
Susan Elsmore	✓	✓	✓	✓	✓	✓	100%
Akmal Hanuk	X	✓	✓	✓	✓	✓	83%
Michael Imperato	✓	✓	✓	✓	✓	✓	100%
Dawn Ward	✓	X	✓	✓	✓	✓	83%
Total	60%	60%	100%	100%	100%	100%	87%

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 19 February 2019 and were approved by the Board on 27 March 2019.

5.0 WORK UNDERTAKEN

During the financial year 2019/20 the Quality, Safety and Experience Committee reviewed the following key items at its meetings:

PRIVATE QUALITY, SAFETY AND EXPERIENCE COMMITTEE

APRIL, JUNE, SEPTEMBER, OCTOBER, DECEMBER 2019 AND FEBRUARY 2020

- Safeguarding Report
- Health Inspectorate Wales Letter and Response
- NICU Safety Valve

- Critical Care Review and Acute Deterioration Services
- National Vascular Audit
- National Joint Knee Registry Replacement Audit

PUBLIC QUALITY, SAFETY AND EXPERIENCE COMMITTEE – SET AGENDA ITEMS

April 2019 - March 2020

Patient Story

Patient Stories were received from the Clinical Boards in the following areas below:

Surgery Clinical Board	Patient Knows Best: This is a system that improves the patient's care journey through the system
Specialist Services Clinical Board	The story was of conjoined twins who had moved to Cardiff from Senegal, and told the story of how, through the work of ALAS, they were given greater mobility and their quality of life improved.
Children and Women Clinical Board	My Journey – complex maternity care and the multi professional team who cared for me.
Clinical Diagnostics and Therapeutics Clinical Board	The Speech and Language Therapy (SLT) service support people who have sustained moderate to severe cognitive emotional, behavioural and psychiatric difficulties arising from Acquired Brain Injury (ABI). They shared a story regarding the difficulties a patient encountered around her communication impairment.
Medicine Clinical Board	A presentation was provided on the multi agency care pathway for a patient with multi drug resistant tuberculosis.

Clinical Board Assurance Reports

The reports provided detail of the clinical governance arrangements within the Clinical Boards in relation to Quality, Safety and Patient Experience (QSPE). The reports identified the achievements, progress and planned actions to maintain the priority of QSPE. This is aligned to the UHB's Shaping Our Future Well Being Strategy 2015 – 2025, underpinning the development of the services by working collaboratively with the UHB workforce.

A Special Meeting of the Quality, Safety and Experience Committee 15 October 2019

This meeting is held each year to focus on Serious Incidents and provide a deep dive into particular issues. The following items were presented:

1. Hot Topics
2. Serious Incidents and Never Event Paper October 2018-19
3. Tracheostomy Stimulation

4. Analysis of Trends and Themes in Deaths of Patients with Mental Illness
5. Management of Endoscopy Surveillance Patients

Policies and Procedures

A number of policies and procedures were approved at the Committee as follows:

1. Labelling of Specimen's Submitted to Medical Laboratories Policy
2. Labelling of Specimen's Submitted to Medical Laboratories Procedure
3. Venepuncture for Non-Clinically Qualified Research Staff Policy
4. EHIA Venepuncture for Non-Clinically Qualified Research Staff Policy
5. Venepuncture for Non-Clinically Qualified Research Staff Procedure
6. Ionising Radiation Risk Management Policy
7. Exposure of Patients to Ionising Radiation Procedure
8. Exposure of Staff and Members of the Public to Ionising Radiation Procedure
9. Radioactive Substances Risk Management Policy
10. Radioactive Substances Risk Management Procedure
11. Parental Infusion Pumps Policy
12. Research Governance Policy
13. Framework for the Management of Performance Concerns in General Medical Practitioners (GPs) on the Medical Performers List Wales
14. Consent to Examination or Treatment Policy
15. Management of Throat Pack Policy and Procedure
16. Update of Healthy Eating Standards for Hospital Restaurant and Retail Outlets
17. Optimising Outcomes Policy
18. Laser Risk Management Policy
19. Procedure and Policy for the Pregnancy Testing of Girls of Child Bearing Age (who are menstruating) Before Procedures and Treatments

Inspections, Peer Reviews and Other Reviews

11 Inspections were received and approved over the course of the year and is as follows:

1. Cancer Peer Review: Thyroid
2. Youth Thematic Review
3. Gosport Review
4. Feedback from Effectiveness Review
5. Cancer Peer Review
6. Internal Inspections
7. Health Inspectorate Wales Activity Overview

8. Health Inspectorate Wales Primary Care Contractors
9. Health Inspectorate Wales Assessment Unit Update Report
10. Community Health Council Report: One Simple Thing – Communications in the NHS and the UHBs Response
11. Terms of Reference Annual Review

Audits

Five audits were received over the course of the year in the public session of the Committee:

1. Health and Care Standards Annual Audit Report
2. National Clinical Audit Update
3. Local Clinical Audit Update
4. Fracture of Neck of Femur National Audit Update
5. National Hip Fracture Database

Risk and Assessments

The Committee received two reports on the above:

1. Healthcare Self-Assessment Plan and Progress Update
2. Overview of Regulation 28 Reports 2018-19

Plans

Three plans were presented to the committee and are as follows:

1. Clinical Audit Plan – Local and National
2. Local Clinical Plan Audit Update
3. Annual Committee Workplan

Other Reports

Over the course of the year 27 'Other Reports' were presented to the Committee. The following was highlighted:

1. Mental Health Clinical Board Assurance Report: Reducing Length of Stay Project Plan

The Mental Health Clinical Board presented the Committee with an overview of the steps being taken to reduce the average length of stay (ALOS), bed numbers and the resources associated with elderly inpatient care.

2. Mental Health Clinical Board: Report on Medical Cover for Mental Health Patients with Physical Health Needs on Llandough Site

Concerns had been highlighted with regards to the availability of medical support in the event of a cardiac arrest. The Committee was advised that in the case of an emergency it

had been agreed that the cardiac arrest team would attend Llanfair Unit on a 2222 call. Further work was needed to firm up arrangements for the transportation of patients to the most appropriate care facility. The Executive Medical Director confirmed that he was content with the resuscitation arrangements at Hafan y Coed, and confirmed that all psychiatrists had been reminded of their responsibilities in respect of the physical health needs of their patients.

3. Annual Quality Statement

NHS bodies are required to publish Annual Report and Accounts, an important element of this will be the publication of the Annual Quality Statement. The AQS is intended to provide an opportunity for the Health Board to inform the public about the quality and safety of the services that it provides, including how it is making better use of resources to deliver safe, effective and patient centred services and how it provides care that is dignified and compassionate.

4. Patient Safety Solutions

The UHB regularly receives alerts and notices from Welsh Government. These cover a range of patient safety issues. Each notice or alert contains a list of actions to be completed before compliance can be declared. The timescale given to undertake these actions varies according to the complexity of the actions required. By the specified deadline, the UHB must report a position of compliance, non-compliance or not applicable.

5. Patient Falls

Falls and falls-related injuries are a major public health concern, and are a one of the biggest causes of morbidity and mortality for older people in the home, community and in hospital settings.

The Committee was briefed on the significant amount of work that has been done to date and to describe the proposed approach to falls prevention in Cardiff and the Vale of Glamorgan, providing an update on the launch of the Falls Prevention Framework and the outcome of the first Community Falls Prevention Alliance workshop held in March 2019.

6. Primary Outcome: People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury

The Committee was presented with an overview of the UHB's approach to the assessment of compliance against the Health and Care Standard 2.5. As part of this overview the criteria and evidence used to undertake the assessment was discussed. Good progress had been made in many areas notably staff catering and public health with reference to the delivery of the corporate health standard framework.

The Committee was advised that the implementation of a Model Ward across four wards within the UHB had enabled a standardisation of nutrition and hydration practices across the inpatient setting. It was also noted that the Model Ward had been accepted as a Bevan Exemplar and for a portfolio research grant.

7. Patient Notification Exercise - Endoscopy Decontamination

During a decontamination process in August 2018, Cardiff and the Vale University Health Board (the UHB), identified that a gastroscope and a video colonoscope had not been adequately decontaminated in line with the manufacturer's decontamination re-processing instructions. This happened because each endoscope contained a 6th internal channel that staff were unaware of. Based on all available evidence, none of the patients are known to have a blood borne virus (BBV).

A UHB-wide exercise was undertaken immediately to establish whether there were any other 6-channelled scopes in use anywhere across the organisation and also to confirm that all endoscopes in use were being decontaminated in line with manufacturer's instructions. This was concluded and it was apparent that there were no other 6 channelled endoscopes in use and that all endoscopes in use, were being decontaminated in line with manufacturer's instructions.

8. Patient Notification Exercise in Cardiff and Vale of Glamorgan Populations: Hepatitis C Virus Infection Re-Engagement Project

Members were informed that some patient notifications exercises (PNE) were led by Public Health Wales. Over 5000 individuals had been diagnosed with hepatitis C, but for various reasons had never been linked to care or had never received follow up investigation or treatment. Patients had been identified through laboratory data searches in Wales. Those patients with an identified General Practitioner (GP) who had provided consent, were contacted and offered treatment as Phase 1 of an on-going re-engagement programme throughout Wales and directed by Welsh Government. The PNE carried out showed commitment to the World Health Organisation (WHO) goal to eliminate Hepatitis C by 2030.

9. Quality, Safety and Improvement Framework

The Patient Safety and Quality team have been working with Clinical Boards and specialist leads within the organisation to support implementation of the Quality Safety and Improvement Framework. It supports, and is integral, to delivery of our Integrated Medium Term Plan and embraces the philosophy of Caring for people, Keeping People Well; supporting the broad organisational objectives of our overall UHB strategy – Shaping our future Wellbeing Strategy – that is, to deliver outcomes that matter to people and avoid waste, variation and harm

10. Patient Experience Framework and Improvement Indicators

(See item 9)

11. ESSURE (issues with the failure of the process)

A patient notification exercise that was undertaken when it became apparent that the outcomes of some patients who had undergone the ESSURE procedure (hysteroscopic sterilisation), were unclear. HSGs were undertaken through the department of Radiology or alternatively a Consultant Gynaecologist utilised the Cardiff University system to undertake a 3D ultrasound scan. It became apparent that due to a lack of clear documentation, it was unclear as to whether the HSG/ultrasound scan had been undertaken and the associated

outcome/success of the procedure. Therefore all patients who had received an ESSURE Procedure were reviewed to ascertain the outcome.

12. Infected Blood Inquiry Update

On 2 July 2018, the Independent Public Inquiry into Infected Blood and Blood Products (the Infected Blood Inquiry) was launched. The inquiry will examine the circumstances in which men, women and children treated by the NHS in the UK were given infected blood and blood products, in particular since 1970.

Since responding to the Inquiry on 12th September 2018, the UHB has continued to work with Haemophilia Wales, Welsh Blood Service, Public Health Wales, Velindre NHS Trust and other Health Boards across Wales.

13. HTA CAPA Plan Closure Letter

On 6th September 2017, the organisation received a letter and report from the HTA following the inspection of the Cellular Pathology Laboratory and Mortuary on the 9th and 10th August 2017. The feedback from this inspection demonstrated that there were a number of areas of deficiency linked to governance and quality, tissue traceability and the premises, facilities and equipment. In response to this the Clinical Board and service developed a response plan in order to begin corrective actions within a governed framework (CD&T Gold Command). Following this inspection a root case analysis investigation (RCA) was commissioned into the tissue traceability failures identified. Additionally an external review was commissioned to review both the governance arrangements and cultural position of the service. All actions were developed and progressed.

14. Cwm Taf Maternity – Cardiff and Vale UHB Lessons Learnt

The Royal College of Obstetricians and Gynaecologists was commissioned by Welsh Government to undertake an external review to investigate the care provided by the maternity services of Cwm Taf University Health Board. The review took place in January 2019 and was initially prompted by the discovery of under-reporting of Serious Incident cases by the maternity service. A look back exercise to January 2016 had identified 43 cases for review. In response to a request from Dr Andrew Goodall, following publication of the report, the UHB completed an assurance framework which provided a position statement with regards to the UHB compliance against the recommendations in the report.

15. Point of Care Testing Alert

The WPOCT database revealed several issues (mismatches) which prevent the flow of data into both WLIMS and WCP. There has been a significant improvement in user compliance, with a reduction in incorrect use or manual entry of patient demographics, not acknowledging the POCT result when prompted, and the incorrect use or manual entry of user ID. User Errors are being actively managed by the corporate nursing team and lessons learned discussed at the POCT group.

16. Position Paper – Model of Stroke Rehabilitation and Workforce

Cardiff and Vale University Health Board has a strategy to improve the rehabilitation pathway for patients in our care. To help instill a rehabilitation ethos amongst our teams, the Stroke Rehabilitation Centre (SRC) at University Hospital Llandough is developing a rehabilitation workforce model which could be replicated across the Health Board.

17. Ophthalmology Report

The Committee was informed that a plan for Ophthalmology had been developed as the volume of individuals requiring access to the service was a problem across Wales. It was advised that there was a high level of risk associated with long waits as an individual's eyesight could deteriorate quickly. He informed that when steps were taken previously to develop an Ophthalmology Plan it had been difficult given the various groups and stakeholders with an interest. It was confirmed that a prioritised plan was developed based on discussions with a range of stakeholders and interested parties. An update was provided on progress against the priorities set out in the Ophthalmology Plan.

18. Car Parking – A Position Paper and Impact on Patients and Staff, How this is Managed

It was reported that car parking on our major hospital sites is extremely limited with no medium term opportunities to increase the number of spaces available. In addition to this, in line with the Wellbeing of Future Generations legislation, the Health Board has a duty to develop and implement plans that increase the use of sustainable and active travel. A paper was presented outlining the additional actions that are being taken, and the impact this will have for patients, visitors and staff.

19. Ombudsman Annual Letter and Report

The Public Service Ombudsman for Wales annually writes to each Health Board in Wales and provides an overview of trends, performance and key messages arising from activity in the Ombudsman's office over the previous year. The letters are published on the Ombudsman's website.

20. Putting Things Right Annual Report

A report was provided to the Quality Safety and Experience Committee with a review of the Complaints/ claims and compliments activity that has taken place 1 April 2018 to 31 March 2019. The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (hereafter, the 'Regulations') apply to all Welsh NHS bodies, primary care providers and independent providers in Wales, providing NHS funded care and were introduced in April 2011. The Regulations set out the process for the management of concerns and is known as Putting Things Right (PTR). The Regulations are supported by detailed guidance on raising a concern.

21. Diabetic Retinopathy – Patient Recall

The Committee received a report that provided an overview of a patient notification exercise that was carried out when it became apparent that a number of patients with Diabetic retinopathy, appeared to have been lost to follow up by Diabetic Eye Screening Wales.

22. Centralisation of Endoscopy Decontamination

The Executive Director of Therapies and Health Sciences provided a verbal update advising all decontamination in the Health Board would be centralised to ensure they were clean and safe. There had been discussions with ME and a piece of work was being undertaken to develop an options appraisal.

23. Carer Measures

The Committee received a report on the Annual Carers Report 2018-2019. It sets out the achievements of the UHB, Cardiff and Vale of Glamorgan Local Authorities, Cardiff Third Sector council and Glamorgan Voluntary Services, during 2018-2019.

24. Delivery Unit Report: Impact of Long Waits

The Health Board responded to concerns regarding an increasing number of patients across Wales waiting greater than 52 weeks on a Referral to Treatment Time (RTT) pathway, the Delivery Unit undertook a Wales-wide review of long waits for Planned care. The Health Board received a final copy of the Delivery Unit's report for Cardiff and Vale Health Board at the end of January 2019 and shared the Delivery Unit's report and the Health Board's action plan with the Committee.

25. Nice Guidance Update

The National Institute for Health and Care Excellence is an independent arm of the NHS that is responsible for providing guidance on treatments and care for people in the NHS in England and Wales. NICE guidance other than Technology Appraisals (TA) are currently disseminated by the Patient Safety and Quality Team to identified Clinical Leads and Clinical Board Directors on a monthly basis. Implementation of NICE guidance other than TAs is not mandated, however it represents independent and objective evidenced based advice about health care provision and implementation is therefore carefully considered. Compliance with medicines related Technology Appraisals (TA) has been mandated since the launch of the New Treatment Fund at the beginning of 2017 and has been recorded since this time. There is a requirement to include medications on the formulary within two months of the publication of the TA and this process is overseen by Pharmacy.

26. NCEPOD – Know the Score – Pulmonary Embolism Report

The Executive Medical Director gave an overview of the report and provided a UHB reflection against the report and other national reports. The appendices highlighted the HBs robust management for embolism work, the NCEPOD recommendation checklist and our response to this.

27. Ophthalmology Insourcing Incident Overview

The Committee were informed that the Health Board had contacted affected patients formally with the outcome of the Root Cause Analysis relating to the Ophthalmology insourcing incident. There had been regular communication with Strategic Health Solutions. The demand on this service was growing and it explained that this was a national issue. A capacity and demand profile was needed to meet the requirement of the service. Also recognised was the national shortage of ophthalmologists. The risks were calculated and learning had been embedded in the new procurement process. In terms of clinical oversight, the Executive Medical Director has scrutinised the clinical elements and additional checks has been put into the process. The Committee was informed that the learning and processes that came out of the review will be embedded across Wales.

28. Annual Committee Workplan

Due to a number of areas which would require significant changes to the work plan such as the publication of the Health and Social Care Bill, the work of the WAO on Quality Governance, the work on Governance Structures been undertaken by the Medical Director and Executive Nurse Director it was deemed an inappropriate time to review them as they would require further changes in a few months. The Committee agreed that the Terms of Reference would be brought back to the September Committee and at that point the workplan for the Committee would be realigned to the Terms of Reference.

29. Committee Annual Business Report

The Annual Report was submitted to the February 2020 Committee which confirmed that assurance was provided on the work undertaken during the year 2019/20 as set out in the Terms of Reference.

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of Quality, Safety and Experience Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Quality, Safety and Experience Committee. The report is presented by the Chair of the Quality, Safety and Experience Committee.

7.0 OPINION

The Committee is of the opinion that the draft Quality, Safety and Experience Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

SUSAN ELSMORE
Committee Chair



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Annual Report of Strategy & Delivery Committee 2019/20

1.0 Introduction

In accordance with best practice and good governance, the Strategy & Delivery Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of two Independent Members. In addition to the Membership, the meetings are also attended by the Executive Director of Strategic Planning, Chief Operating Officer, Executive Director of Workforce & Organisational Development, Executive Nurse Director, Executive Director of Finance, Executive Director of Public Health and the Director of Corporate Governance. Other Executive Directors are required to attend on an ad hoc basis.

3.0 Meetings & Attendance

The Committee met six times during the period 1 April 2019 to 31 March 2020. This is in line with its Terms of Reference. The Strategy & Delivery Committee achieved an attendance rate of 67% (80% is considered to be an acceptable attendance rate) during the period 1st April 2019 to 31st March 2020 as set out below:

	30/04/2019	25/06/2019	03/09/2019	29/10/2019	14/01/2020	10/03/2020	Attendance
Charles Janczewski (Chair)	✓	✓	✓	✓	✓	✓	100%
Sara Moseley (Vice Chair)	✗	✗	✓	✓	✓	✓	80%
John Antoniazzi Rhian Thomas (10/03/2020)	✗	✗	✗	✗	N/A	✓	17%
Total	33%	33%	67%	67%	100%	100%	67%

4.0 Terms of Reference

The Terms of Reference were reviewed and approved by the Committee on 14th January 2020 and were approved by the Board on 27th March 2020.

5.0 Work Undertaken

During the financial year 2019/20, the Strategy & Delivery Committee reviewed the following key items at its meetings:

At all meetings the Committee were provided with updates on:

- **Scrutiny of the Capital Plan**

At all meetings, the Committee recognised the difficulty in managing a large, complex programme, however despite this, the Committee were assured that the Capital Plan was monitored appropriately.

- **Key Organisational Performance Indicators**

At all meetings, the Committee discussed and noted the year to date performance indicators for 2019-20 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Boards Integrated Medium Term Plan. On the 29th October 2019 the Committee were advised of significantly higher admissions into Unscheduled Care and were informed of work being carried out which focussed on improving patient flow in preparation for winter. At the meeting held on 14th January 2020, the Committee agreed that the current period was a very trying time for the Health Board as an organisation but were assured that all teams continued to look at several options and ways to mitigate risks within the system. The Committee were collectively concerned for front line staff, and requested that relevant teams ensure appropriate support was provided when required.

- **Workforce Key Performance Indicators**

The Committee discussed and noted the Workforce Key Performance Indicators during each meeting throughout 2019-20 and at the meeting held on 14th January 2020 it was agreed that a six monthly report would be provided which specifically identified themes and trends for Committee discussion.

30th April 2019, 29th October 2019, 14th January 2020 & 10th March 2020

- **Ensuring that Service, Quality, Finance & Workforce are aligned and integrated**

At the April, October, January and March meetings the Committee were encouraged to see informative presentations which demonstrated how service, quality, finance & workforce were aligned and integrated through the following examples:

- **Recruitment of Band 5 nurses**
- **Business Case Approval Group**
- **Enhanced Supervision Framework**
- **Major Trauma Network Launch**

The Committee were assured that colleagues across the UHB were working in an integrated way, not in silo, and noted the reports on all occasions.

- **Developing a Performance Framework**

At the April 2019 meeting the Committee understood that the performance framework needed development to understand the individual committee requirements to report effectively to the Board. At the meeting held on 29th October 2019, all Committee members shared the desire

to get a performance framework in place as soon as possible, therefore it was agreed that work would be completed outside of the meeting to get this underway. The Committee were very pleased to note the progress made to the framework during the meeting held on the 14th January 2020 and were encouraged to note that mapping of measures had been completed and work was ongoing to roll this out for all Committees of the Board. The Committee are eager to receive a further update during the meeting scheduled for 5th May 2020.

30th April 2019

Due to the Committee Vice Chair and Independent Member not being available to attend this meeting, the Independent Member – ICT and Independent Member – Trade Union were both in attendance to ensure the meeting was quorate.

- **Shaping our Future Wellbeing: In Our Community Programme**

The Committee was provided with positive updates on the 'In Our Community Programme'. The Committee noted the significant progress made in relation to the development and implementation of the Shaping our Future Wellbeing Strategy.

- **Update on the Clinical Services Plan**

The Committee were sighted on the updated Clinical Services Plan, and were pleased to note that a number of community engagement events would be scheduled. The Committee agreed that the Clinical Services Plan would need to be continually reviewed over the next 10 years and were happy to note the progress to date on the development of the strategic clinical services plan and the emerging clinical models for University Hospital of Wales, and University Hospital, Llandough.

- **A Long Term Health and Social Care Plan – A Healthier Wales**

The Committee were advised that the UHB's strategic intent was in line with Welsh Government. The Committee discussed the contents of the report and were assured that the UHB was taking appropriate action to implement 'A Healthier Wales', which aligned to the Shaping Our Future Wellbeing strategy.

- **Shaping Our Future Wellbeing – Strategy Review**

The Committee reviewed whether the UHB strategy was fit for purpose. Following review the Committee agreed the direction of the strategy and were content that the strategic objectives continued to provide a clear and effective direction for the organisation and it was not recommended that the objectives be amended.

- **Digital Healthcare Update**

The Committee noted the Digital Healthcare Update and were informed that the Strategic Outline Case was being refreshed and would be brought to a future meeting for discussion.

- **Implementation of Well-being of Future Generations (Wales) Act in Cardiff & Vale UHB – Update**

The Committee were pleased to hear that that a Well-being of Future Generations (Wales) Act Steering Group had been formed to oversee the culture change required by the Act. The Committee noted the actions that the Health Board were planning for 2019/20 to further embed the Wellbeing of Future Generations Act.

- **Deep Dive report on Absence Rates & Hotspots**

The Committee welcomed a constructive deep dive into absence rates & hotspots and were encouraged to note the work and progress that the team had made. A key reason for absence was stress and money concerns. An action plan was developed by HR which was being implemented. This would also be driven by the Maximising Attendance Group.

- **Strategic Equality Objectives – Delivery Plan Framework**

The Committee were pleased to note the steady progress made during year three of the four year plan and were assured that all actions would be complete by year four.

- **Board Assurance Framework: Sustainable Primary & Community Care**

The Committee reviewed the risk relating to Sustainable Primary & Community Care, a full discussion took place around the causes, impact, current controls in place and current assurances provided.

- **Memorandum of Understanding between Cardiff & Vale UHB & the Third Sector in Cardiff & Vale of Glamorgan**

The Committee approved the Memorandum of Understanding put forward by the Executive Director of Public Health.

25th June 2019

- **Performance against Strategic Objectives**

The Committee received performance updates covering:

- Annual Childhood Immunisation
- Maximising Prevention
- A Planned Care System where Demand & Capacity are in Balance

- **Mental Health Measures - CAMHS Baseline Assessment**

Following the repatriation of secondary specialist CAMHS from Cwm Taf UHB, the Committee received an assessment of the very challenging inherited position together, with an outline of the intention to review and redesign the service model and to recruit to existing vacancies in the context of scarce skills.

- **Commercial Developments**

The Committee received a positive update on the performance of the commercial outlets operating across the UHB and were encouraged to note a Healthy Eating Audit had identified a compliance rate of 77% to 83% against a 75% target.

- **Annual Equality Statement and Report 2018 - 19**

The Committee was presented with a copy of the very well developed annual report and advised that progress this year had been good in the delivery the UHB's the equality agenda. It is intended that the UHB would continue to embed its equality and human rights approach and increasingly align it to the organisation's priorities and values.

- **Board Assurance Framework: Sustainable Culture Change**

The Committee reviewed the risk relating to Sustainable Culture Change. A full discussion took place around the causes, impact, current controls in place and current assurances provided.

- **Committee Effectiveness Review**

The Committee was presented with the outcomes of the recent self-assessment review. The Director of Corporate Governance presented the data together with an action plan designed to further improve the way the Committee functions.

3rd September 2019

- **Having an unplanned care system that provides the right care, in the right place first time**

The Committee were very encouraged to note an informative presentation delivered by the Chief Operating Officer which assured the Committee that the UHB had an unplanned care system that provided the right care, in the right place, first time.

- **Strategic Clinical Plan – Update**

The Committee noted the progress to date in the development of the UHB's strategic Clinical Services Plan and the emerging clinical models for University Hospital of Wales and University Hospital, Llandough.

- **Summary on the Integrated Care Fund**

The Committee noted the Q4 Performance Report of the Integrated Care Fund (ICF) and the Transformation Fund in 2018-19 and were informed that the ICF was closely monitored by the Regional Partnership Board to ensure funds were used effectively.

- **Amplify 2025**

The Committee agreed to support and promote the Culture & Leadership enabler, and champion the ambition of Amplify 2025.

- **Infrastructure / Estates Update**

The Committee welcomed modernisation within the Estates Department and supported the work being undertaken by the estates team to manage an ageing estate and infrastructure within the limited resource available.

- **Research & Development Update**

The Committee were very encouraged to note that the research function had the best year in the last 5 years with over 6,500 patients recruited into research studies and the committee agreed to promote the Research & Development funding model to support the Health Boards Research & Development activities.

- **Update on the Independent Review of the CAMH Service and Delivery Unit Report**

The Chief Operating Officer advised the Committee that there had been exceptional increases in the demand for primary care CAMHs during April and May 2019 with 100% increase year on year for referrals in. Two pieces of work had been undertaken to help improve the situation and a marked improvement was expected over the coming months. The Committee were assured that the proposals would be sustainable going forward.

- **Primary Care Out of Hours Service – Peer Review & Public Accounts Committee Report**

The Committee discussed the Peer Review & Public Accounts Committee Report and were encouraged to note the action plan which would be monitored through PCIC Clinical Board and Executive Performance Reviews.

- **Welsh Language Scheme**

The Committee acknowledged the need for the Health Board to embrace the Welsh Language as part of the UHB culture and supported the actions to assist the organisation in complying with the standards.

- **Appraisal Rates**

The Executive Director of Workforce & Organisational Development introduced the Committee to the new Value Based Appraisals process, this had been tested widely throughout the organisation and had been received positively. The Committee welcomed the approach and agreed it would be a great benefit to the UHB and its staff.

- **Board Assurance Framework: Capital Assets**

The Committee reviewed the risk relating to Capital Assets. A full discussion took place around the causes, impact, current controls in place and current assurances provided.

- **Employment Policies**

The Committee approved the following policies during this meeting:

- (a) NHS Wales Special Leave Policy
- (b) Maternity Policy

29th October 2019

- **Wellbeing of Future Generations Act – WFG Flash Report**

The Committee was provided with a very detailed and positive overview of the Wellbeing of Future Generations Act Flash Report and were advised of a recent audit undertaken by Wales Audit Office where it was noted that the wellbeing objectives were aligned to the strategic objectives of the Health Board.

- **Draft IMTP**

The Committee were advised that a series of workshops were undertaken across the UHB to ensure that the IMTP was appropriately refreshed and focused as it was developing.

- **Digital Healthcare Strategic Outline Case**

The Director of Digital & Health Intelligence informed the Committee that a three year informatics plan was developed last year and improvements were being seen. It was explained that data repository work was being undertaken to achieve real time data and also systems were being developed to enable a digital population and workforce. The Committee were advised that Office 365 was also being rolled out across the UHB and the Patient Knows Best system was in development. It was explained to the Committee that WiFi was a concern, therefore, transformation funding was being used to try and address this.

- **Developing a Performance Framework**

All Committee members shared the desire to get a performance framework in place, therefore, it was agreed that work would be completed outside of the meeting to get a framework underway. This work would enable the Committee to report to the Board effectively.

14th January 2020

- **Primary Care – Peer Review**

The Committee was very encouraged to hear that the second Primary Care Peer Review was positive and recognised the good progress made following the first review. The Committee were pleased to hear that both Multi-Disciplinary Team and Demand & Capacity work were noted as exemplary, along with recognition for good Executive support.

- **Excel at Teaching, Research, Innovation & Improvement**

The Committee received an informative report from the Executive Medical Director which explained that an objective for Cardiff & Vale University Health Board was to convert to a multidisciplinary teaching arrangement and have an enhanced working relationship with HEIW, Cardiff University and other stakeholders. The Committee approved the strategic direction in teaching and research and are looking forward to receiving a report on teaching across nursing and midwifery at a future meeting.

- **Update on Healthy Travel Charters**

The Committee supported the introduction of a Healthy Travel Charter to the Vale of Glamorgan and were pleased to hear that a recent staff survey indicated a positive improvement within the charter.

- **A Long Term Health and Social Care Plan – A Healthier Wales**

The Committee were advised that a number of improvements were being made across the whole system and were glad to hear that the recently appointed Director of Transformation & Informatics would be leading transformation into its next phase. It was also confirmed that he will be looking at the UHB objectives within the strategy and analysing how the UHB were delivering against them.

- **IMTP Quarterly Report**

All Committee members discussed, scrutinised and noted the IMTP Quarterly Report for Q2 2019/20 which had been submitted to Welsh Government for approval.

- **Equality Champions**

The Committee were pleased to hear that an Equality Strategy & Welsh Language Standards Group had been set up to help drive both Equality & Welsh Language forward across the UHB. It was agreed that the new group would report into the Committee so progress could be monitored.

- **Developing a Performance Framework Update**

The Committee were informed that mapping of measures for Committees had been completed and a new Digital Group had been created to manage the mapping of the National Framework and identify lead indicators. Whilst further work is required in this area, the Committee were encouraged to see some progress and are eager to receive a further update in May 2020.

- **Primary Care Milestones and Delivery against them**

The Committee received a detailed presentation from the Director of Operations – PCIC which outlined the Clinical Board's delivery against primary care milestones. The Committee were pleased to note the improvements made to date whilst acknowledging the need for further clarity around measures from Welsh Government.

- **Staff Survey Steering Group**

The Committee welcomed the development of the Staff Survey Steering group which consisted of 50 volunteers who would represent workforce for improvement. The group will track actions that come from staff surveys to ensure they are followed.

- **Terms of Reference**

The Committee were presented with, and approved the revised draft Terms of Reference and recommended the changes to the Board for approval at the end of March 2020.

- **Work Plan 2020-21**

The Committee reviewed the Work Plan 2020 – 21 and agreed, subject to further discussion relating to corporate objectives being removed from the work plan, that the Work Plan would be recommended for Board approval at the end of March 2020.

- **Staff Flu Policy**

The Committee approved the updated Staff Influenza (Flu) Vaccination Policy and approved the full publication of the policy in accordance with the UHB Publication Scheme.

10th March 2020

- **Are we Improving the Health of the Population? (*Maximising Prevention in the UHB*)**

The Committee received a very informative presentation from the Executive Director of Public Health which explained whilst the overall health of the population of Cardiff and Vale was good and improving, there were some areas of concern, in particular persisting inequalities in health. The Committee were assured that a broad suite of indicators were monitored regularly through a variety of mechanisms and these were also reported into the Public Service Board and Regional Partnership Board.

- **Capital Programme Action Plan – Structure and Governance Update**

The Committee received a detailed report which demonstrated how complex the Capital Programme was. The Committee were assured that the Capital Management Group scrutinised all schemes on a monthly basis.

- **Strategic Equality Plan- Caring about Inclusion 2020-2024**

The Committee approved the Strategy Equality Plan and agreed it would be monitored through the Strategic Equality Group and by the Committee on a six monthly basis.

- **Update on CAHMS Strategy**

The Committee welcomed an update on the CAHMS Strategy and were advised that it had been a challenge to deliver and meet targets in Primary Care CAHMS due to the extraordinary demand in the service for the past 2 years. The Committee were advised that the 80% target unfortunately had not been met, it was a realistic position that the target would be met in 12 months' time. It was agreed a further update would be provided to the Committee in 6 months' time which would include further understanding in relation to the 52 week wait on neurodiversity, which was a concern.

- **Committee Annual Report**

The Committee reviewed and recommended the Committee Annual Report 2019-20 to the Board for approval.

- **Employment Policies**

During this meeting, the Committee adopted the revised NHS Wales Pay Progression Policy and noted that the NHS Wales Employment Break Scheme had been rolled forward.

6.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Strategy & Delivery Committee meeting by presenting a summary report of the key discussion items at the Strategy & Delivery Committee. The report is presented by the Chair of the Strategy & Delivery Committee.

7.0 Opinion

The Committee is of the opinion that the draft Strategy & Delivery Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Charles Janczewski

Committee Chair

Report Title:	Board Lead and Champion Roles						
Meeting:	Board				Meeting Date:	27 th March 2020	
Status:	For Discussion		For Assurance		For Approval	x	For Information
Lead:	Chairman						
Report Author (Title):	Director of Corporate Governance						

Background and current situation:

In accordance with Standing Order 1.4.12 the Chair will ensure that individual Board Members are designated as lead roles or 'champions' as required by Welsh Ministers or as set out in statutory or other guidance.

Due to the changes on the Board the lead roles or 'champions' have been reviewed and updated to reflect current membership of the Board.

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

It is important to note that no operational responsibilities will be placed upon Independent Members undertaking such roles.

There are only minor changes to the lead roles / champions due to former Chair leaving and the IM for Estates leaving and also some changes within Executive Director portfolios. The changes are as follows:

Eileen Brandreth designated as lead for Children, Young People and Maternity;
Charles Janczewski designated as lead for Public and Patient Involvement;
Rhian Thomas designated as lead for Design;
Bob Chadwick designated lead for Security Management;
Martin Driscoll designated lead for Fire Safety.

The various guidance which has been issued by Welsh Government also specifies whether the lead/ champion should be an Independent Member, an Executive Director or a Board Member (which could be either) and in some cases both an IM and an Executive Director is required.

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

Attached at Appendix 1 is the schedule of Board Leads and Champions. This was circulated to Board Members prior to the Board to confirm the roles. It is also important to note that as part of the role of a Lead/Champion individuals are required to present an Annual Report to the Board (detailed within the Board Work Plan). However, there are also specific requirements associated with the individual roles therefore, it is important that a Board Development session is undertaken with Lead/Champions (who require it) prior to any reporting to the Board.

Recommendation:

The Board is asked to

- Approve the proposed Board Leads and Champions set out in appendix 1.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	x
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Equality and Health Impact Assessment Completed:

~~Yes~~ / No / Not Applicable

If "yes" please provide copy of the assessment. This will be linked to the report when published.



BOARD LEADS AND CHAMPIONS 2020-21

The Standing Orders state that the Chair is required to ensure that individual Board Members are designated as lead roles or 'champions' as required by Welsh Government or as set out in any statutory or other guidance. In addition to the ones set out by Welsh Government, statute or other guidance the Board has also identified some local areas where an Executive Director or Independent Member Lead is required.

	Requirement / Area of responsibility	Board Level /Executive Lead	Previously approved	Proposed
Champions (specific responsibilities)				
1	Cleaning, Hygiene and Infection Management	Independent Member	Susan Elsmore	Susan Elsmore
2	Design	Board Member	John Antoniazzi	Rhian Thomas
3	Welsh Language Champion	Board Member	Sara Mosely	Sara Mosely
4	Older Persons Champion	Board Member	Charles Janczewski	Charles Janczewski
5	Violence and Aggression Champion	Executive Director	Martin Driscoll	Martin Driscoll
6	Armed Forces and Veterans Champion	Executive Director	Fiona Jenkins	Fiona Jenkins
Independent Member and Executive Leads				
7	Lead for Children and Young People and Maternity	Independent Member Executive Director	Maria Battle Ruth Walker	Eileen Brandreth Ruth Walker
8	Delayed Transfers of Care Lead	Executive Director	Steve Curry	Steve Curry
9	Caldicott Guardian	Board Level Clinician	Stuart Walker	Stuart Walker
10	Healthy Sustainable Wales	Board Lead	Fiona Kinghorn Abigail Harris	Fiona Kinghorn Abigail Harris
11	Public Patient Involvement	Independent Member Executive Director	Maria Battle Len Richards	Charles Janczewski Len Richards
12	Security Management	Executive Director	Abigail Harris	Bob Chadwick
13	Emergency Planning	Executive Director	Abigail Harris	Abigail Harris
14	Fire Safety	Board Member	Abigail Harris	Martin Driscoll
15	Wellbeing of Future Generations Act	Board Member	Charles Janczewski Fiona Kinghorn	Charles Janczewski Fiona Kinghorn
16	Social Services and Wellbeing (Wales) Act	Board Member	Susan Elsmore	Susan Elsmore
Local Areas Identified				
17.	Equality and Human Rights	Board Member	Sara Mosely	Sara Mosely

18.	Health and Safety	Board Member	Michael Imperato	Michael Imperato
19.	Mental Health and Primary Care	Board Member (Vice Chair is Lead)	Charles Janczewski	Charles Janczewski
20.	Reputation Management and Culture	Board Member	Martin Driscoll	Martin Driscoll



GIG
CYMRU
NHS
WALES

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

Audit and ~~Risk~~ Assurance Committee

Terms of Reference

Updated November 2018
Reviewed by Audit and Assurance Committee: 3rd March 2020
Approved by the Board: 27th March 2020



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AUDIT AND ~~RISK~~ ASSURANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 The UHB Standing Orders provide that *“The Board may and, where directed by the Welsh Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”*.
- 1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Audit and ~~Risk~~ Assurance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1 The purpose of the Audit Committee (“the Committee”) is to:
- **Advise** and **assure** the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the UHB’s assurance framework - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB’s objectives, in accordance with the standards of good governance determined for the NHS in Wales.
- 2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its assurance framework may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:
- the adequacy of the UHB strategic governance and assurance framework and processes for risk management and internal control designed to support the Accountable Officer’s statement on internal control, providing reasonable assurance on:

- the organisations ability to achieve its objectives;
- compliance with relevant regulatory requirements, standards and other directions and requirements set by the Welsh Government and others;
- the reliability, integrity, safety and security of the information collected and used by the organisation;
- the efficiency, effectiveness and economic use of resources; and
- the extent to which the organisation safeguards and protects all its assets, including its people
- the adequacy of the arrangements for declaring, registering and handling interests at least annually
- the adequacy of the arrangements for dealing with offers of gifts or hospitality

to ensure the provision of high quality, safe healthcare for its citizens;

- the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors;
- the Schedule of Losses and Compensation;
- the planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports);
- the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity;
- anti-fraud policies, whistle-blowing processes and arrangements for special investigations; and
- any particular matter or issue upon which the Board or the Accountable Officer may seek advice

3.2 The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by:

- reviewing the **comprehensiveness** of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the UHB's activities, both clinical and non-clinical;
- reviewing the **reliability and integrity** of these assurances; and
- considering and approving policies as determined by the Board.

3.3 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective Internal Audit function that meets the standards set for the provision of Internal Audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- there is an effective Counter Fraud Service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
- there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Quality, Safety and Experience Committee;
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees
- the work carried out by key sources of external assurance, in particular, but not limited to the UHB External Auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;.

- the systems for financial reporting to the Board, including those of budgetary control, are effective; and that
- the results of audit and assurance work specific to the UHB, and the implications of the findings of wider audit and assurance activity relevant to the UHB's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
 - any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

- 3.6 The Head of Internal Audit and the Engagement Partner/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee.
- 3.7 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.
- 3.8 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

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

4. MEMBERSHIP

Members

4.1 A minimum of three (3) members, comprising:

Chair	Independent member of the Board
Vice Chair	Chosen from amongst the Independent members on the Committee
Members	At least one other independent members of the Board <i>[one of which should be the member of the Quality and Safety Committee (or equivalent)]</i>

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance

Chief Executive
Director of Finance (Lead Executive)
Director of Corporate Governance
Head of Internal Audit
Local Counter Fraud Specialist
Representative of External Auditor
Other Executive Directors will attend as required by the Committee Chair

4.3 By invitation

The Committee Chair may invite:

- any other UHB officials; and/or
- any others from within or outside the organisation
- to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 Secretary

- As determined by the Director of Corporate Governance

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Assembly Government.
- 4.6 Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair {and on the basis of advice from the UHB's Remuneration and Terms of Service Committee}.

Support to Committee Members

- 4.7 The Director of Corporate Governance , on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least two members must be present to ensure the quorum of the Committee, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

- 5.2 Meetings shall be held no less than quarterly, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

Withdrawal of Individuals in Attendance

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

6. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.3 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business; and
 - sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the UHB overall framework of assurance.
- 6.5 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or

Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

- 7.2 The Committee shall provide a written, annual report to the board and the Accountable Officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.
- 7.3 The Board may also require the Committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.4 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- quorum (set within individual Terms of Reference)

9. REVIEW

- 9.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

Audit Committee Work Plan 2020 - 21							
A -Approval D- discussion I - Information	Exec Lead	21-apr	28-mai	07-jul	08-sep	17-nov	09-feb
Agenda Item							
Governance							
Review the system of assurance	NF	D				D	
Review the risk management system	NF		D				D
Note the business of other Committees and review inter-relationships	NF					D	
Review Draft AGS	NF	D	A				
Review Draft Quality Statement	RW	D	A				
Review the UHB Annual Report	NF	D	A				
Review of Standing Orders	NF						D
Report on Declarations of Interest and Gifts and Hospitality	NF	D		D	D	D	D
Receive relevant reports from Regulatory Bodies	NF	D		D	D	D	D
Receive tracking report from recommendations from Regulatory Bodies	NF	D		D	D	D	D
Undertake Annual Review of PAC Report	NF	D					
Financial Focus							
Agree final accounts timetable and plans	RC						A
Review of audited annual accounts and financial statements	RC		A				
Review changes to SFIs and changes to accounting policies	RC/NF	D					
Review losses and special payments	RC	D	A			A	
Single Tender Actions	RC	D		D	D	D	D
Internal Audit							
Review and approve annual internal audit plan	IA	A					
Review and approve internal audit Terms of Reference	IA						A
Review the effectiveness of internal audit	IA					D	
Review of internal audit progress reports	IA	D		D	D	D	D
Receive annual internal audit report and associated opinions (HoIA)	IA		A				
Receive Tracking Report on internal audit recommendations	NF	D		D	D	D	D
External Audit							
Agree Auditor General's Audit Plan	WAO						A
Review the effectiveness of external audit	WAO					D	
Review External Audit Progress Reports	WAO	D		D	D	D	D
Receive the Auditors report to those charged with governance	WAO		A				
Receive the Auditors Annual Audit Report	WAO						A
Receive Annual Structured Assessment Report	WAO					D	
Clinical Audit							
Review annual Clinical Audit Plan	SW					D	
Counter Fraud							
Review and approve annual counter fraud plan	CF	A					
Review counter fraud progress reports	CF	D		D	D	D	D
Review the effectiveness of Counter Fraud Specialist	CF					D	
Receive counter fraud annual report	CF	D	A				
Audit Committee							
Annual Work Plan	NF						A
Self assessment of effectiveness	NF	D					
Induction Support for Committee Members	NF	D					
Review Terms of Reference	NF						A
Produce Audit Committee Annual Report	NF						A
Private discussion with internal and external auditor	NF	D		D	D	D	D
Minutes of Audit Committee Meeting	NF	A	A	A	A	A	A
Action log of Audit Committee Meeting	NF	D	D	D	D	D	D



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Cardiff and Vale
University Health Board

Charitable Funds Committee

Terms of Reference

Reviewed at the Charitable Funds Committee 20th March 2020
Approve by the Charity Trustee 26th March 2020



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1. INTRODUCTION

- 1.1 The University Health Board (UHB) standing orders provide that *“The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”*.
- 1.2 In accordance with standing orders (and the UHB Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Charitable Funds Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1 Cardiff and Vale University Health Board was appointed as Corporate Trustee (herein after referred to as Charity Trustee) of its charitable funds and the Board serves as its agent in the administration of the charitable funds held by the UHB.
- 2.2 The purpose of the Charitable Funds Committee (the Committee) is to:
- Provide advice to the Corporate Trustee in the discharge of its duties and responsibilities for charitable funds
 - Discharge delegated responsibilities from the Corporate Trustee for the control and management of Charitable Funds.
- 2.3 Provide advice and assurance to the Charity Trustee on the delivery of the the Charitable Funds Strategy, including fundraising, budgets, priorities and spending criteria.
- 2.4 Within the strategy and budget determined by the Trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents and the UHB Charitable Funds Governance Framework
- 2.5 To ensure that the policies and procedures for charitable funds investments are followed. To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:-
- Trustee Act 2000
 - The Charities Act 1993

- The Charities Act 2006
 - The Charities Act 2011
 - The Charities Act 2016
 - Terms of the Funds' Governing documents
- 2.6 To receive at least twice a year, reports for ratification from the Director of Finance on investment decisions and action taken through delegated powers upon the advice of the investment adviser.
- 2.7 To oversee and monitor the functions performed by the Director of Finance as defined in Standing Financial Instructions.
- 2.8 To monitor the progress of Charitable Appeals where these are in place and considered to be material.
- 2.9 To monitor and review the scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.
- 2.10 To monitor the work of the Charitable Bids Panel

3. DELEGATED POWERS AND AUTHORITY

Delegated Powers and Duties of the Director of Finance

- 3.1 The Director of Finance has financial responsibility for the UHB Charitable Funds as defined in the UHB Standing Financial Instructions. The specific powers, duties and responsibilities delegated to the Director of Finance are:-
- Administration of all existing charitable funds;
 - To identify any new charity that may be created (of which the UHB is trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity ;
 - Provide guidelines with regard to donations, legacies and bequests, fundraising and trading income;
 - Responsibility for the management of investment of funds held on trust;
 - Ensure appropriate banking services are available;
 - Prepare reports to the Trustee including the Annual Accounts;

Authority

- 3.2 The Committee is empowered with the responsibility for:-

- Overseeing the day to day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the Trustee and the requirements of the UHB Standing Financial Instructions;
- The appointment of an investment manager to advise it on investment matters and may delegate day-to-day management of some or all of the investments to that investment manager. In exercising this power the Committee must ensure that:
 - a) The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;
 - b) There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;
 - c) The performance of the person or persons exercising the delegated power is regularly reviewed;
 - d) Where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986;
 - e) Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Director of Finance;
- Ensuring that the banking arrangements for the charitable funds are kept entirely distinct from the UHB NHS funds;
- Ensuring that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts;
- The amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments;
- The operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the UHB for applying accrued income to individual funds in line with charity law and Charity Commissioner guidance;
- Obtaining appropriate professional advice to support its investment activities;

- Regularly reviewing investments to see if other opportunities or investment services offer a better return;
- Overseeing the work of the Charitable Funds Bids Panel

3.3 The Committee is authorised by the Charity Trustee to:

- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the UHB relevant to the Committee's remit. It can seek any relevant information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the Committee;
- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Charity Trustee's budgetary and other requirements; and
- By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Charity Trustee at any meeting of the Committee.

Access

- 3.4. The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

Sub Committees

- 3.5. The Charity Trustee has approved the following sub-committees of the Charitable Funds Committee:

- Charitable Funds Bids Panel
- Staff Benefits Group

4. MEMBERSHIP

Members

A minimum of six (6) members, comprising:

Chair	Independent Member of the Charity Trustee
Vice Chair	Independent Member or Members of the Charity Trustee
Members	A minimum of 4 other members of the Charity Trustee as follows:

Independent Member
Executive Nurse Director (Lead Executive)
Deputy CEO and Executive Director of
Workforce and OD
Executive Director of Therapies and Health
Science

At least half of the overall membership must be Independent Members.

Attendees

4.2. The Committee may require the attendance for advice, support and information routinely at meetings from:

- Director of Communications, Arts, Health Charity and Engagement
- Director of Corporate Governance
- Deputy Director of Finance
- Charitable Funds Accountant
- UHB Investment Advisor
- Chair of Charitable Funds Bids Panel
- Chair of Staff Benefits Group / Vice Chair of Charitable Bids Panel

4.3. By invitation:

The Committee Chair may extend invitations to attend committee meetings to others from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration.

Secretariat

4.4 Secretary: as determined by the Director of Corporate Governance

Member Appointments

4.5 The membership of the Committee shall be determined by the Charity Trustee, based on the recommendation of the Chair of the Charity Trustee- taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Charity Trustee, based upon the recommendation of the Charity Trustee Chair {and, where appropriate, on the basis of advice from the UHB Remuneration and Terms of Service Committee}.

Support to Committee Members

- 4.7 The Director of Corporate Governance on behalf of the Committee Chair, shall:
- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - Ensure the provision of a programme of development for committee members in conjunction with the Deputy CEO and Executive Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least three members must be present to ensure the quorum of the Committee. Of these three, two must be Independent Members (one of whom is the Chair or Vice Chair) and one must be the Executive Lead for Charitable Funds.

Frequency of Meetings

- 5.2 Meetings shall be held quarterly and otherwise as the Committee Chairs deems necessary - consistent with the UHB annual plan of Board Business.

Withdrawal of Individuals in Attendance

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

6. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 The Committee is directly accountable to the Board, in its capacity as Trustee, for its performance in exercising the functions set out in these terms of reference.
- 6.2. The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:
- Joint planning and co-ordination of Board and Committee business; and
 - Appropriate sharing of information

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

- 6.3 The Committee shall embed the UHB's values, corporate standards, priorities and requirements, e.g., equality, diversity and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall agree arrangements with the UHB Chair to report to the Board in their capacity as Trustee. This may include, where appropriate, a separate meeting with the Board.
- 7.2 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

9. REVIEW

- 9.1 These terms of reference and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Charity Trustee

Charitable Funds Committee Work Plan 2020-21					
A -Approval D- discussion I - Information	Exec Lead	05-May	04-Aug	03-Nov	16-Mar
Agenda Item					
Standing Items					
Charitable Funds Bids Panel Report	RW/JB	I	I	I	I
Finance Monitoring Report	RW/CL	D	D	D	D
Staff Benefits Group Report	RW/JB	I	I	I	I
New Charitable Fund Applications	RW/JB	A	A	A	A
Fundraising Report Update	RW/JB	D	D	D	D
Charitable Funds Strategy - fundraising - budgets - Priorities - spending Criteria - investment decisions	RW/JB		D		D
Health Charity Annual Report	RW/JB				A
Arts Annual Report	RW/JB				A
Investment Update	RW/CL	D		D	
Events Planner	RW/JB				A
Scheme of Delegation	RW/CL		A		
Annual Accounts	RW/CL				A
Charitable Funds Committee Governance					
Annual Work Plan	NF				A
Self assessment of effectiveness	NF		D		
Review Terms of Reference	NF				A
Produce Charitable Funds Committee Annual Report	NF				A
Minutes of Charitable Funds Committee Meeting	NF	A	A	A	A
Action log of Charitable Funds Committee Meeting	NF	D	D	D	D



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Digital and Health Intelligence Committee (DHIC)

Terms of Reference

Approved by the Board: 26th March 2020

Next Review Due: March 2021

DIGITAL AND HEALTH INTELLIGENCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 The UHB Standing Orders provide that *“The Board may and, where directed by the Welsh Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”*.
- 1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Digital and Health Intelligence Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 Digital & Health Intelligence Committee comprises Information Technology, Business Intelligence/Analytics, Information Management, Information Governance, Clinical Coding. It includes some specific IT project teams including those managing the PARIS system, use for mental health/Community services and local management of the Welsh Clinical Portal. Its function is to provide enabling services across the UHB to support the effective use of technology and the use of data/intelligence in the delivery of services.

2. PURPOSE

The purpose of the DHIC is to:

2.1 Provide **assurance** to the Board that;

- Appropriate processes and systems are in place for data, information management and governance to allow the UHB to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.
- There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.
- Effective communication, engagement and training is in place across the UHB for Information Governance

2.2 Seek assurance on the development and delivery of a Digital Strategy (which encompasses the areas detailed in paragraph 1.3 above) for the UHB ensuring that:

- It supports Shaping our Future Wellbeing and detail articulated within the IMTP
- Good partnership working is in place
- Attention is paid to the articulation of benefits and an implementation programme of delivery
- Benefits are derived from the Strategy

3. DELEGATED POWERS AND AUTHORITY

In order to achieve its purpose the DHIC must receive assurance that:

- The UHB has an appropriate framework of policies, procedures and controls in place to support consistent standards based processing of data and information to meet legislative responsibilities.
- Recommendations made by internal and external reviewers are considered and acted upon on a timely basis.
- A risk register is in place and that risks are being appropriately identified, assessed and mitigated at all levels in relation to information governance, management and technology.
- Statutory and mandatory requirements are being met such as Caldicott Guardian, FOI, GDPR etc.

In order to do this the Committee will take the following actions:

- 3.1 Approve policies and procedures in relation to the Strategy
- 3.2 Receive assurance that all statutory and mandatory requirements are being met such as Caldicott Guardian, FOI, GDPR etc.
- 3.3 Receive assurance on the delivery and implementation of the strategy and associated work plan.
- 3.4 Receive assurance on clinical and staff engagement of the digital agenda.
- 3.5 Receive, by exception, data breach reports on the following areas:
 - Serious reportable data breaches to the Information Commissioner (ICO) and the Welsh Government
 - Sensitive information (break glass system)
 - E-mail
 - National and local auditing such as NIIS
 - freedom of information,
 - subject access requests
 - Data Quality
 - IG risk assessments
 - Incidents – lessons learned from all recorded / reported incidents.
- 3.6 Receive periodic reports on development, procurement and implementation of national and local IM&T systems
- 3.7 Review risks:
 - Periodically consider risks escalated to the Committee from Clinical Boards / Corporate Departments in relation to:
 - Information Governance
 - Information Management
 - Information Technology

- Review risks escalated to the Committee that have a risk rating of 12 and above.

4. AUTHORITY

4.1 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

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

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

5.0 ACCESS

5.1 The Chair of Digital & Health Intelligence Committee shall have reasonable access to Executive Directors and other relevant senior staff.

6.0 SUB COMMITTEES

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

7. MEMBERSHIP

Members

7.1 A minimum of four (4) members, comprising:

Chair	Independent member of the Board
Vice Chair	Chosen from amongst the Independent members on the Committee
Members	At least one other independent members of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

7.2 In attendance:

Director of Transformation and Informatics

Director of Digital and Health Intelligence

Assistant Medical Director IT

Director of Corporate Governance

Data Protection Officer

Workforce Representative

Other Executive Directors will attend as required by the Committee Chair

7.3 By invitation

The Committee Chair may invite:

- any other UHB officials; and/or
- any others from within or outside the organisation
- to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

7.4 Secretary

- As determined by the Director of Corporate Governance

Member Appointments

7.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

7.6 Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair {and on the basis of advice from the UHB's Remuneration and Terms of Service Committee}.

Support to Committee Members

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

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

8. COMMITTEE MEETINGS

Quorum

- 8.1 At least two members of the Committee must be present in addition to the Director of Digital and Health Intelligence and/or an Executive Director to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Frequency of Meetings

- 8.2 Meetings shall be held no less than three times per year, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

Withdrawal of Individuals in Attendance

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

9. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business; and
 - sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 9.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the UHB overall framework of assurance.
- 9.5 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

10. REPORTING AND ASSURANCE ARRANGEMENTS

10.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

10.2 The Committee shall provide a written, annual report to the board and the Accountable Officer on its work in support of the Annual Governance Statement..

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

10.4 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

11. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- quorum (set within individual Terms of Reference)

12. REVIEW

12.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

DRAFT

Digital Health Intelligence Committee Work Plan 2020-21				
A -Approval D- discussion I - Information	Exec Lead	11-jun	08-okt	11-feb
Agenda Item				
Assurance				
Assurance Review on processes and sysems for Data, Information management	JG	D		
Assurance on Information Governance Training, Communications and Engagement Plans	JG		D	
Assurance on the development and the delivery of the Digital Strategy	JG		D	
Review of the framework of policies , procedures and controls	JG	D	D	D
Internal Audit Reviews	JG	D	D	D
WAO Reviews	JG	D	D	D
Other external reviews	JG	D	D	D
Risk Register	JG	D	D	D
Development, procurement and implementation of national and Local IMT systems	JG			D
Statutory and Mandatory Requirements				
Assurance that Caldicott Guardian requirements are met	SW	D	D	D
Assurance that Freedom of Information requirements are met	JG	D	D	D
Assurance that GDPR Compliance is met	JG	D	D	D
Data Breach Reports: Serious Reportable Data Breaches to the ICO Sensitive Information Email National and Local Auditing FOI Subject Access Requests Data Quality Incidents	JG	D	D	D
Policies and Procedures	JG	D	D	D
Digital and Health Intelligence Committee Governance				
Annual Work Plan	NF			A
Self assessment of effectiveness	NF	D		
Induction Support for Committee Members	NF			
Review Terms of Reference	NF			A
Produce Digital and Health Intelligent Committee Annual Report	NF			A
Minutes of Digital and Health IntelligentCommittee Meeting	NF	A	A	A
Action log of Digital and Health Intelligent Committee Meeting	NF	D	D	D

Finance Committee

Terms of Reference

Reviewed by Finance Committee: 26th February 2020

Approved by Board : 27th March 2020

1. Introduction

The Board shall establish a Committee to be known as Finance Committee. The detailed terms of reference and operating arrangements in respect of this Committee are set out below. ~~This will be an interim arrangement whilst the Health Board is working with the Welsh Government during the period of "Targeted Intervention".~~

2. Constitution and Purpose

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

The Board has resolved to establish a Finance Committee which will allow appropriate scrutiny and review to a level of depth and detail not possible in Board Meetings in respect of performance relating to:-

- Financial plans and monitoring including delivery of savings programmes
- Scrutiny and monitoring of Financial monthly performance

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

3. Delegated Powers

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

- Review monthly Financial Report prior to submission to the Board
- Monitor, review and scrutinise Cost Reduction Programme and Financial Tracker System for Corporate and Clinical Boards
- Approve and monitor the IMTP financial plan
- Scrutinise the delegated budgets within the budget plan
- Receive assurances with regard to the progress and impact/pace of implementation of Health Boards Cost reduction Programmes/Savings Plan
- Seek assurance on the Financial Planning process and consider Financial Plan proposals
- Scrutinise financial performance and cash management against revenue budgets and statutory duties.
- Scrutinise submissions to be made in respect of revenue or capital funding and the service implications of such changes
- Monitor and review agreed dis-investments
- Review the Board's Scheme of Financial Delegation as and when necessary
- Receive reports arising from financial reviews, including performance and accountability reviews of Corporate and Clinical Boards
- Review the Financial Risk Register

4. Authority

The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:-

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

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

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

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

5. Sub-Committees

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

6. Membership

Members

Chair – Independent Member – Finance
~~Two~~ Three independent Members of the Board

In attendance

Chief Executive
 Executive Director of Finance
 Chief Operating Officer
 Executive Director of Workforce and Organisational Development
 Executive Director of Strategic Planning
 Executive Nurse Director
 Director of Corporate Governance
 Deputy Director of Finance

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

Member Appointments

The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

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

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

Secretariat

Secretary: as determined by the Director of Corporate Governance.

Support to Committee Members

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

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

7. Committee Meetings

Quorum

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

Frequency of Meetings

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

Withdrawal of individuals in attendance

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

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

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

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

The Committee, through its Chair and members, shall work closely with the Board's other Committees including Sub-Committee/Advisory Groups to provide advice and assurance to the Board through the:

- Planning and co-ordination of Board and Committee business
- Sharing of information
- In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements

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

9. Reporting and Assurance Arrangements

The Committee Chair shall:

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

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

10. Applicability of Standing Orders to Committee Business

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

- Quorum

11. Review

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

Finance Committee Work Plan 2019 - 20									
A -Approval D- discussion I - Information	Exec Lead	27-mar	24-apr	29-mai	26-jun	31-jul	28-aug	25-sep	30-okt
Agenda Item									
Financial Report	RC	D	D	D	D	D	D	D	D
Cost Reduction Programme	RC	A	D	D	D	D	D	D	D
Tracker System for Corporate and Clinical Boards	RC/SC	D	D	D	D	D	D	D	D
IMTP Financial Plan	RC								D
Clinical Board Escalation	SC	D	D	D	D	D	D	D	D
Review of Financial Risk Register	RC	D	D	D	D	D	D	D	D
Finance Committee Governance									
Annual Work Plan	NF								
Self assessment of effectiveness	NF		D						
Review Terms of Reference	NF								
Produce annual Finance Committee Annual Report	NF								
Minutes of Finance Committee Meeting	NF	A	A	A	A	A	A	A	A
Action log of Finance Committee Meeting	NF	D	D	D	D	D	D	D	D

Finance Committee Work Plan 2020 - 21													
A -Approval D- discussion I - Information	Exec Lead	29-apr	27-mai	24-jun	29-jul	26-aug	23-sep	28-okt	25-nov	30-des	27-jan	24-feb	24-mar
Agenda Item													
Financial Report	RC	D	D	D	D	D	D	D	D	D	D	D	D
Cost Reduction Programme	RC	D	D	D	D	D	D	D	D	D	D	D	D
Tracker System for Corporate and Clinical Boards	RC/SC	D	D	D	D	D	D	D	D	D	D	D	D
IMTP Financial Plan	RC									D			
Clinical Board Escalation	SC	D	D	D	D	D	D	D	D	D	D	D	D
Review of Financial Risk Register	RC	D	D	D	D	D	D	D	D	D	D	D	D
Finance Committee Governance													
Annual Work Plan	NF											A	
Self assessment of effectiveness	NF	D											
Review Terms of Reference	NF											A	
Produce annual Finance Committee Annual Report	NF											A	
Minutes of Finance Committee Meeting	NF	A	A	A	A	A	A	A	A	A	A	A	A
Action log of Finance Committee Meeting	NF	D	D	D	D	D	D	D	D	D	D	D	D

Strategy and Delivery Committee

Terms of Reference

Reviewed by Strategy and Delivery Committee: 14th January 2020

Approved by Board : 26th March 2020

DRAFT

1. PURPOSE

1.1 The purpose of the Strategy and Delivery 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 will include all aspects of delivery of the strategy through the Integrated Medium Term Plan and any risks that may hinder our achievement of the objectives set out in the strategy, including mitigating actions against these.

In particular the Committee will monitor and receive assurances in respect of the following:

2 RESPONSIBILITIES OF THE COMMITTEE

In broad terms the role and responsibilities of the Committee are divided into four categories as shown below:

- A. Strategy
- B. Delivery Plans
- C. Performance
- D. Other Responsibilities

Part A

Strategy and/or Strategic Intent

2.1 Shaping Our Future Wellbeing (SOFW). Provide assurance to the Board that the overarching strategy (SOFW) of the UHB is being:

- a. Reviewed and progressed as intended, within the appropriate timescales to achieve desired outcomes.
- b. Provide assurance that key milestones identified in SOFW are being delivered.
- c. Provide assurance that SOFW is actively embedded and continually refreshed within the organisation
- d. Provide assurances that significant risks associated with the delivery of the SOFW are being mitigated

2.2 National Strategies. Provide assurance to the Board that the organisation is strategically aligned with Welsh Government's health and social care strategy which includes:

- a. The Wellbeing of Future Generations Act
- b. The Social Care and Wellbeing Act
- c. The Long Term Plan (Wales) arising in response to the Parliamentary Review (January 2018)

Part B

Development and Delivery of Plans that support Strategies

2.4 Enabling/Supporting Plans: The Committee will scrutinise and provide assurance to the Board that supporting UHB plans have been developed and that their objectives are being delivered as planned. This will include:

- a. **Integrated Medium Term Plan (IMTP):** The development and delivery of the Health Boards three year plan ensuring that service provision and quality, financial and workforce elements are aligned and integrated. Particular attention will be given to:
 - i. **Workforce Plan:** Scrutinise and provide assurance to the Board that:
 - The strategic workforce issues as set out in Shaping Our Future Wellbeing strategy are being fully addressed
 - That early consideration is given to key service and operational issues which may impact on the delivery of the Health Boards plans
 - ii. **Capital Plan:** Provide assurance to the Board that **major** capital investments are aligned with SOFW and to provide oversight to the prioritisation of investments. The Committee will where appropriate, be responsible for reviewing achievement of the intended outcomes following completion or implementation. The Committee will also receive the minutes and when required, reports from the UHB's Capital Management Group.
- b. **Other Significant Plans:** The Committee will scrutinise and provide assurance to the Board that other significant plans associated with the delivery of the UHB's strategy (SOFW) will be reviewed and monitored to ensure they are being progressed and implemented as intended. This will include the plan for:
 - i. Research and Development
 - ii. Commercial Developments
 - iii. Infrastructure/Estates
 - iv. Key Service Change Proposals. This will include providing assurance that they are in accordance with national guidance regarding engagement and consultation with stakeholder/partner organisations
 - v. Major consultations and or engagements that support the delivery of SOFW

Part C

Performance

2.7 Performance: The Committee will scrutinise and provide assurance to the Board that key performance indicators are on track and confirm that effective actions are being

taken to correct unintended variations giving full consideration to associated governance arrangements. This will include:

- a. The key organisational Performance relevant to the Strategy and Delivery Committee
- b. Workforce Key Performance Indicators
- c. Closer scrutiny ("Deep Dives") on areas of concern where the committee considers it appropriate

Part D

Other Responsibilities

2.8 Equality and Health Impact Assessments: To provide assurance to the Board that Equality and Health Impact Assessments are fully considered and properly addressed in all service change proposals and that full consideration is given to the UHB's responsibilities for Equality, Diversity, Human Rights and the Welsh Language.

2.9 "Staff Wellbeing. To provide assurance to the Board that the wellbeing of staff:

- a. Is always fully considered regularly reviewed to ensure that suitable support is made available whenever necessary.
- b. Staff wellbeing plans are aligned with SOFW and the values of the organisation

3 GOVERNANCE

3.1 Delegated Powers of Authority

As described above.

- The Committee will advise the Board on the adoption of a set of key indicators of service planning against which the UHB's performance will be regularly assessed and reported.
- The Committee will regularly review the high corporate risks associated with its functions and to ensure that appropriate and effective mitigating actions are in place.

3.2 Authority

The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and

- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

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

3.4 Membership

Chair: Independent member of the Board

Members: A minimum of 3 other Independent member of the Board,

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

3.5 Attendees

In attendance: Chief Executive
Executive Director of Strategic Planning (Lead Executive)
Chief Operating Officer
Executive Director of Workforce and Development
Executive Nurse Director or nominated deputy
Executive Director of Finance or nominated deputy
Executive Director of Public Health or nominated deputy
Director of Corporate Governance

Other Executive Directors should attend from time to time as required by the Committee Chair (nominated deputies must be consistent)

Trade Union representation from the Local Partnership Forum

By invitation: The Committee Chair may extend invitations to attend committee meetings as required to the following:

Chairs of the Stakeholder Reference Group and Professional Forum
Clinical Board Directors
Representatives of partnership organisations
Public and patient involvement representatives
Trade Union Representatives

as well as others from within or outside the organisation who the Committee considers should attend, taking account of the matters under consideration at each meeting.

3.6 Secretariat

Secretary: As determined by the Director of Corporate Governance

3.7 Member Appointments

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

Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair {and on the basis of advice from the UHB's Remuneration and Terms of Service Committee}.

3.8 Support to Committee Members

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

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

3.9 COMMITTEE MEETINGS

Quorum

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Frequency of Meetings

Meetings shall be held bi-monthly and otherwise as the Chair of the Committee deems necessary – consistent with the UHB's annual plan of Board business.

Withdrawal of individuals in attendance

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

4 RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES / GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

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

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality, diversity and human rights through the conduct of its business.

4.1 REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports throughout the year;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

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

The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

4.2 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (set within individual Terms of Reference)

4.3 REVIEW

These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

DRAFT

Report Title:	Board Member Declarations of Interest 2019/20						
Meeting:	Board					Meeting Date:	27 th March 2020
Status:	For Discussion		For Assurance		For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						
<p>Background and current situation:</p> <p>It is a requirement that all Board Members must declare any personal or business interests they may have which may affect or be perceived to affect the conduct of their role as a Board Member. This includes any interests which may influence or be perceived to influence their judgement in the course of conducting the Boards business.</p> <p>Board Members must inform the Director of Corporate Governance and the Chair of any interests they may have at the time of their appointment and of any further interests which may arise during their tenure as Board Members.</p> <p>Board Members must also declare any interests held by family members or people or bodies with which they are connected.</p> <p>The Chief Executive, through the Director of Corporate Governance will ensure that the Register of Interests is established and maintained as a formal record of interests declared by all Board Members.</p>							
<p>Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:</p> <p>The attached Board Members Register of Interests is for all declarations made by Board Members during the financial year 2019-20. Once approved by the Board, in line with Standing Orders, it will be published on the Cardiff and Vale website to ensure openness and transparency.</p>							
<p>Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)</p> <p>The attached Board Members Declarations of Interest shows declarations for Board Members who served on the Board during the financial year 2019/20.</p>							

Recommendation:

For Members of the Board to:

- (a) Approve the attached Board Members Declarations of Interest for 2019/20
- (b) Note that the Register will be published on the Board's website.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration	x	Involvement	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								



Declarations of Interest Board Members 2019-20

Name	Title	Interests Declared	Third Party Declaration
John Antoniazzi	Independent Member of Board	<ul style="list-style-type: none"> Premier Forst Limited - Non-executive Chairman 	<ul style="list-style-type: none"> Spouse - Manon Antoniazzi- Chief Executive of National Assembly
Maria Battle	Chair of the UHB (until 18/08/2019)	<ul style="list-style-type: none"> Trustee for National Museum of Wales (From June 2019) Executive Director for Social Care Wales Child Protection Safeguarding Officer of St Teilos Parish Tenby 	Nothing to declare
Gary Francis Baxter	Independent Member	<ul style="list-style-type: none"> Member, Governance Board Accelerate (Life Sciences Hub) British Heart Foundation - Research related work Employment with Cardiff University 	Nothing to declare
Eileen Brandreth	Independent Member	<ul style="list-style-type: none"> Employed by Cardiff University 	Nothing to declare
Lance Carver	Associate Member	<ul style="list-style-type: none"> Director of Social Services - Vale of Glamorgan 	Nothing to declare
Robert Chadwick	Executive Director of Finance	Nothing to declare	Nothing to declare
Stephen Curry	Chief Operating Officer	Nothing to declare	Nothing to declare

Martin Driscoll	Deputy Chief Executive Officer / Executive Director of Workforce & Organisational Development	Nothing to declare	Nothing to declare
Peter Durning	Interim Medical Director (until 15/07/2019)	Nothing to declare	Nothing to declare
Susan Ellsmore	Independent Member	<ul style="list-style-type: none"> Cabinet Member Social Care, Health & Wellbeing, Cardiff Council 	Nothing to declare
Nicola Foreman	Director of Corporate Governance	<ul style="list-style-type: none"> Company Secretary for Safe Ventures (UK) Ltd 	<ul style="list-style-type: none"> Spouse: Private body Safe Ventures (UK) Ltd
Jonathon Gray	Director of Transformation & Implementation	<ul style="list-style-type: none"> Previous role as CEO of SWAHSN - a company limited by guarantee I work one day a week as Clinical Director at Life Sciences Hub through partnership with C&VUHB. I also work 2 months a year in Singapore - contracted to deliver innovation work. I stop my contract with C&VUHB when I do this work. I am a 'global ambassador" for Hillary Institute - non-profit leadership group in New Zealand. I am visiting Fellow Green Templeton College, Oxford. Member of Maggie's Clinical Board, Fellow at Better Value Healthcare, Visiting Chairs - Wellington (New Zealand), Exeter, Singapore. Adjunct Professor at the Health Services Research Centre, Faculty of Health at Victoria University of Wellington. 	<ul style="list-style-type: none"> Spouse: Wife owns private company delivering mindfulness/resilience training in public services. Wife does work (mindfulness and resilience) for Cardiff Met and Education sector Wife works as Clinical Psychologist for Maggie's Cancer Charity – Velindre Brother-in-law is a Director of Ernst Young.

		<ul style="list-style-type: none"> • Honorary Clinical Professor, University of Exeter Medical School. • Global Ambassador for Hillary Leadership Institute (New Zealand). • Health Foundation/IHI Fellow. • Member Institute of Directors. • Fellow of Better Value Healthcare - Led by Professor Sir Muir Gray <i>(Not a relative)</i> 	
Akmal Hanuk	Independent Member	<ul style="list-style-type: none"> • Member of Glas Cymru Holdings Cyfyngedig • IBFC - UK (Islamic Banking & Finance Centre UK) • Chair of Internship and Business Valleys Taskforce - Welsh Government • Assadaqaat Community Finance - A not for profit organisation delivering an innovative financial model to encourage enterprise in the communities in Wales • Part time business tutor at Cardiff Business School • Part time business tutor Cardiff Metropolitan University 	
Abigail Harris	Executive Director of Strategic Planning	<ul style="list-style-type: none"> • Independent Board Member of Social Care Wales 	<ul style="list-style-type: none"> • Spouse: Husband is an Independent Board

			<p>Member of the Wales Council for Voluntary Action.</p> <ul style="list-style-type: none"> Husband works for Competition & Markets Authority which occasions rules in matters of fair competition in the NHS and Health Uncle: Trustee for Teenage Cancer Trust
Sharon Hopkins	Deputy Chief Executive Officer / Director of Transformation & Informatics <i>(until 21/06/2019)</i>	Nothing to declare	Nothing to declare
John Michael Imperato	Independent Member & Interim Vice Chair <i>(From 09/10/2019)</i>	<ul style="list-style-type: none"> Director Association of Personal Injury Lawyers Director Bevan Foundation Charity & Trustee Equity Partner in Solicitors - Watkins & Gunn 	<ul style="list-style-type: none"> Spouse: Flying Start Manager with Cardiff & Vale UHB
Charles Janczewski	Interim UHB Chair <i>(As of 06/10/2019)</i>	<ul style="list-style-type: none"> Swansea University - Chair of Governance Board for Health & Wellbeing Academy 	Nothing to declare
Fiona Jenkins	Executive Director of Therapies & Health Science	Nothing to declare	Nothing to declare
Fiona Kinghorn	Executive Director of Public Health	Nothing to declare	<ul style="list-style-type: none"> Spouse: Husband is Director of Public Protection in RCT County Borough
Sara Moseley	Independent Member	<ul style="list-style-type: none"> Executive Director of MIND (National Association for Mental Health) 	Nothing to declare

		<ul style="list-style-type: none"> • WCVA Elected Board Member 	
Len Richards	Chief Executive Officer	<ul style="list-style-type: none"> • Advisor to the Life Sciences Hub Board • Chairman of Improving Chances • Council Member, Cardiff University 	Nothing to declare
Graham Shortland	Medical Director <i>(until 18/04/2019)</i>	Nothing to declare	Nothing to declare
Rhian Thomas	Independent Member	<ul style="list-style-type: none"> • Owner of Consultancy Business • Member of Glas Cymru Cyf (Welsh Water) • Senior Lecturer - Univeristy South Wales (Effective May 2020) • Associate Lecturer - Cardiff Metropolitan University 	
Richard Thomas	Associate Member	<ul style="list-style-type: none"> • Care & Repair Home Improvement Services Ltd 	
John Union	Independent Member	<ul style="list-style-type: none"> • Swansea Building Society (NED) • Cadwyn Housing Association (Board Member) • Igniuos Ltd (Subsid of Cadwyn- Director) • Cardiff Business Club (Director) • John Union Limited (Owner/Director) 	Nothing to declare

		<ul style="list-style-type: none"> • Blake Morgan Solicitors (Ambassador) 	
Ruth Walker	Executive Nurse Director	<ul style="list-style-type: none"> • Council Member of the Nursing and Midwifery Council 	Nothing to declare
Stuart Walker	Executive Medical Director	Nothing to declare	Nothing to declare
Dawn Ward	Independent Member	Nothing to declare	Nothing to declare

**CONFIRMED MINUTES OF THE AUDIT COMMITTEE
HELD ON MONDAY, 3 DECEMBER 2019
COED Y BWL ROOM, GROUND FLOOR, WOODLAND HOUSE
MAES Y COED ROAD, HEATH, CARDIFF CF14 4HH**

Present:

John Union	JU	Chair – Audit
Eileen Brandreth	EB	Independent Member - ICT
Dawn Ward	DW	Independent Member – Trade Union

In attendance:

Anne Beegan	AB	Wales Audit Office
Robert Chadwick	RC	Executive Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Craig Greenstock	CG	Counterfraud Manager
Mark Jones	MJ	Wales Audit Office
Alexandra Scott	AC	Patient Safety Quality Assurance Manager
Ian Virgil	IV	Interim Head of Internal Audit

Secretariat:

Glynis Mulford

Apologies:

Stuart Walker	SW	Executive Medical Director
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AC: 19/12/001	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting.	
AC: 19/12/002	APOLOGIES FOR ABSENCE	
	Apologies for absence were noted.	
AC: 19/12/003	DECLARATIONS OF INTEREST	
	The Chair invited Members to declare any interests in the proceedings. None were declared.	
AC: 19/12/004	MINUTES OF THE AUDIT COMMITTEE HELD ON 30 SEPTEMBER 2019	
	The Committee reviewed the minutes of the meeting held on 30 September 2019.	
	The Committee resolved that:	
	The Committee received and approved the minutes of the meeting held on 30 September 2019.	
AC: 19/12/005	ACTION LOG FOLLOWING THE LAST MEETING	
	The Committee reviewed the Action Log of the meeting held on 30	

September 2019, and noted that the following amendments should be made:

AC: 19/09/005 – Wales Audit Report on Medical Equipment: In regards to how other Health Boards deal with equipment less than £5k inventory. **COMPLETED**

AC: 19/09/007 – Brexit Update: To check as this item had been raised at Board.

AC: 19/09/012 – Clinical audit: change wording on action from internal audit to clinical audit.

The Committee resolved – that:

- a) the action log be amended and noted.

AC: 19/12/006 CHAIRS ACTION TAKEN SINCE LAST MEETING

No actions have been taken.

AC: 19/12/007 INTERNAL AUDIT PROGRESS AND TRACKING REPORT

Mr Ian Virgil, Acting Head of Internal Audit presented an overview of the progress report on the internal audit plan. The following comments were made:

- Members were provided with the details of delayed audits. The delay to the Tentacle IT system, which had received a limited rating, had been reviewed at a recent cancer meeting. Responses to those recommendations would be produced shortly.
- The Consultant Job Planning report was in draft due to delay in receiving responses from Management. The draft report had been received by the Management Executive meeting and the outstanding information would be pursued.
- Five other reports were delayed due to resourcing issues in the Internal Audit team. Members were advised that vacant posts had been appointed to and the outstanding reports would be completed by the end of the year.
- The remaining 11 reports gained positive outcomes with substantial or reasonable ratings.
- The Kier Construction report was a specific piece of work looking at supply chain contractors and as it centred on processes outside the Health Boards remit. Feedback could not be provided and would not feed into the annual opinion.
- The Continuing Healthcare (CHC) reports were assigned separately as the processes for child and adult CHC differed.

The Chair asked for comments and questions:

Independent Member – ICT asked how the Committee followed through on actions on the tracker. In response it was confirmed that

actions would be placed on the Internal Audit tracker and monitored until they were completed. As Clinical Boards became aware of the process the tracker would become more robust. Further assurance would be provided as the tracker would be presented at the Management Executives meeting and the leads would distribute the tracker to their team to respond. In addition, Clinical Board Directors would review the tracker at the HSMB meeting.

The vast majority of audits received a positive outcome, but two reports received limited assurance which may impact on the year end opinion.

Adjustments to the plan were explained in regard to Brexit Planning which was delayed to fit in with the availability of Management. The Board would be changing the strategy around Commercial Outlets and therefore this item had been removed from the plan. Members were happy with the described adjustments.

Timeliness of responses showed that the Health Board had achieved 79% against the KPI. This was below the target of 90% but had increased from last year when the compliance rate was 56%, this represented a big improvement.

In conclusion, the Chair confirmed that it was encouraging to see the amount of substantial and reasonable reports coming through.

The Committee Resolved that:

- a) The Committee considered the Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports;
- b) Considered and approved updates to the Internal Audit Plan; and
- c) Agreed to the adjustments to the Internal Audit Plan.

AC: 19/12/008

INTEGRATED CARE FUND REPORT – CARDIFF AND VALE REGIONAL PARTNERSHIP FUND

Anne Beegan, Wales Audit Office (WAO) informed Members that the report focused on the Integrated Care Fund and Regional Partnership Boards (RPB) across Wales and whether funds were being used effectively to deliver services. A few areas had been identified for improvement and this was consistent across Wales. Also highlighted was membership of the various levels within the RPB to ensure independence, as there was a potential conflict of interest around decisions being made concerning the Integrated Care Fund (ICF).

The Chair asked for comments and questions:

- Independent Member – Trade Union asked how would the WAO know that the recommendations would be adopted and implemented? It was confirmed that WAO called these "areas for improvement" because they were areas that were fed back to the

RBP. Where there was an area for improvement, this sat within the national report and would be monitored through Welsh Government. The WAO would not follow-up on specific actions as this would be undertaken nationally. The work was followed through the lens of the ICF but the message to WG from WAO was that the same process was being used with the Transformation Fund which was much bigger. Therefore questions were in the pack for Board members to raise and consider regarding the RPBs role. On a positive note, good practice was seen from C&VUHB.

- Reference was made to an exit strategy and the requirement for an exit fund in regards to when monies stop or need to be used for something else.
- Another area to consider was the ability to strongly evaluate projects. Feedback received during projects was that it was difficult to demonstrate that the projects being funded had an impact and therefore were justified in being mainstreamed. This was especially difficult when a project was up against service areas where funding had been cut. There was a need to be clear on what RPBs wanted to achieve with the funds made available and how projects would be mainstreamed.
- Some of the propositions made were to move healthcare into the community and how to move funding from healthcare into this area and who should be governing these decisions. Some of the money involved was small scale compared to core funding which should fit in with the strategy. It was realised that the conversations were difficult and that the committee needed to keep eye on the original objectives.
- One of the bigger concerns was the scrutiny and governance of RPBs. It was confirmed that it was within our gift to play a role in this, LA strategy, links with PSBs and wellbeing challenges. It was noted that this was a complex matter and should be included within the IMTP.

The Committee resolved that:

- a) The Integrated Care fund Report be noted

AC: 19/12/009 AUDIT COMMITTEE UPDATE

Mark Jones, Wales Audit Office provided an overview of the Audit Plan and went through several key points:

- The Substance Misuse Action Fund Grant claim had a positive outcome and WAO audited the 2018-19 Funds held on the Trust Account. This would be considered by the Trustees on 19 December 2019. Planning for 2019/20 audit had commenced.
- A review would be undertaken on Operating Theatres. Some areas highlighted for consideration were staff engagement and moral.
- There had been delays experienced with Orthopaedic Service follow-up fieldwork.
- The all Wales Counterfraud phase 2 was a national piece of

work and a deep dive would be undertaken across all public sector bodies. The deadline for the report would be tight and WAO are looking for a two page high level report.

- The mandated work would cover quality governance arrangements linked to the Cwm Taf report and would build on the work and methodology.

The Committee resolved that:

- a) the Wales Audit Office Committee Update be noted.

AC: 19/12/010 STRUCTURED ASSESSMENT

Anne Beegan, Wales Audit Office presented the report that followed up on financial work where a number of recommendations had been made. It also followed on from recommendations made in previous work. The report was positive and covered what needed to be addressed.

In regards to governance arrangements, there was scope to improve performance reporting at Board and committee level and the flows of information between the senior management teams and the Board. There was a need for traction around Strategic Planning and its delivery but it was acknowledged that the Health Board was in a positive financial position. It was noted that there were still challenges in managing workforce productivity and efficiency, including job planning compliance and a few policies that needed updating.

- Independent Member – Trade Union confirmed that she appreciated the comment made in the report regarding the workload of Independent Members.
- In regards to the National Fraud Initiative, it was explained that it ran every two years and was delivered by Shared Services. The initiative matched various things such as where people claimed benefits and procurement issues where there may be multiple credit invoices and how they marry together.

-

The Committee resolved that:

- a) The Structured Assessment be noted

AC: 19/02/011 IMPLEMENTING THE WELLBEING OF THE FUTURE GENERATIONS ACT

Anne Beegan, Wales Audit Office informed members that the Auditor General for Wales was required to assess the extent to which Health Boards were implementing the Act. The work was refreshed and focused on an update of corporate arrangements and centred on a particular step and how this was being demonstrated. The Health Board put forward a step around Health and Wellbeing hubs and tested the five key ways of working. The workshops

provided a more collaborative way forward and provided learning for future steps in relation to the Act. Using the examples, Cardiff and Vale would feature in the national report.

The Committee resolved that:

- a) The Wales Audit Office Structured Assessment be noted

AC: 19/12/012 EFFECTIVENESS OF CLINICAL AUDIT REPORT

Alexandra Scott, Patient Safety Quality Assurance Manager informed Members that the Health Board facilitated a high level of national mandated audits and confirmed that there was an extensive local audit programme. There was a targeted programme of activity and the Health Board was prudent in completing the audits. There were 38 national audits mandated by Welsh Government which were planned in advance. The outcomes were reported to a local forum of the Clinical Board and the Quality, Safety and Experience sub Committee. High level reports on local and national audit plans will also be put before the QSE Committee meeting in December.

Audits were undertaken largely by clinicians who undertook quality improvement as part of their training. The three audit tiers were explained with tier 3 being undertaken for personal development. It was confirmed that the health board did not provide any resource for this.

The chair asked for questions and comments:

There was no clinical audit tracker in place as there was a more dynamic programme in operation which looked at priorities and was responsive to demand. It was explained that each year Clinical Boards forwarded their priorities and informed their teams of the number of audits to be undertaken during the year. These audits will be monitored through the QSE Committee. The National audits were different as they were planned in advance and the outcome was unknown until the results were published. Corporate oversight was provided and if an audit failed locally, it would be reported to WG and an improvement and action plan put in place to address the results.

In regard to the Audit and Assurance Committee providing oversight and assurance within its scope, it was stated that the committee would ensure there was an audit plan in place, but this would be monitored and delivered through QSE Committee.

The Committee resolved that:

- a) Arrangements in place would be considered to deliver and effective programme of clinical audit

SW

AC: 19/12/013 | **DECLARATIONS OF INTEREST AND GIFTS AND HOSPITALITY TRACKING REPORT**

The Director of Corporate Governance provided an overview of the above report. The number of declarations had increased to 1,278, which accounted for 10% of the workforce. For the majority of forms received there were no concerns with what had been declared. The current process being rolled out is designed to ensure that the procedure and policy is embedded into the Health Board and for the tracker to be converted electronically so that it can be completed and uploaded automatically to the declaration register. A communications campaign has been undertaken to raise awareness across the Health Board. The onus was on the individual to declare any interests and there is still a requirement to declare a nil return.

There was discussion around the form in regard to international standards relating to the wording on immediate family. To provide clarity the DOCG said she that she would check the wording on the form and policy and report back to the Committee.

NF

The Committee resolved that:

- a) the Declarations of Interest, Gifts, Hospitality & Sponsorship Register be noted.

AC: 19/12/014 | **REGULATORY BODIES TRACKING REPORT**

The Director of Corporate Governance provided an updated report from last month which highlighted and summarised inspection outcomes. The latest Internal Audit report received a rating of reasonable assurance. Input from Clinical Boards and Corporate Departments is becoming more robust and reports and inspections are being fed into the Audit and Assurance Committee so that it has an oversight of what was happening across the Health Board. Some of the items on the tracker had been allocated to other committees of the Board to monitor.

Members were informed that regulators had been asked to write to the CEO. This was in order to tighten up governance arrangements and for the Corporate Governance Department to be aware of when inspections took place.

The Committee resolved that:

- a) the inspections which have taken place since the last meeting of the Audit Committee in September 2019 and their respective outcomes be noted.
- b) the continuing development of the Legislative and Regulatory Compliance Tracker be noted.

AC: 19/12/015 | **INTERNAL AUDIT TRACKING REPORT**

The Director of Corporate Governance presented the Internal Audit tracking report and Members reviewed the completed actions. The tracker provided baseline information and would be updated at future meetings. The document backtracked two years and the response received was encouraging, although it was acknowledged that it would take time to catch up and embed into the system. The acting Head of Internal Audit said he would provide sample validation from Clinical Boards to test for accuracy in a future Internal Audit review.

IV

JU / NF

The Chair confirmed that he would review the trackers with the Director of Corporate Governance.

The Committee resolved that:

- a) the tracking report which is now in place for tracking audit recommendations made by Internal Audit be noted.
- b) noted that progress will be seen over coming months in the number of recommendations which are completed/closed.

AC: 19/12/016 WALES AUDIT OFFICE TRACKING REPORT

The Director of Corporate Governance presented the External Audit tracking report and informed Members that since the last meeting 60% of actions had been completed and the Health Board could demonstrate that there had been movement on actions not yet completed. Any outstanding reports would be added to the tracker.

The Committee resolved that:

- (a) The progress which has been made in relation to the completion of WAO recommendations be noted

AC: 19/12/017 REVIEW LOSSES AND SPECIAL PAYMENTS

The Executive Director of Finance presented the report and informed Members that the Losses and Special Payments Panel met twice a year to review all losses and special payments and is tasked with considering the circumstances around all such cases and to make appropriate recommendations to the Committee.

The Committee resolved that:

- a) The detailed minutes of the Panel meeting attached at Appendix 1 be noted.

AC: 19/12/018 COUNTERFRAUD AND CORRUPTION POLICY

Craig Greenstock, Counterfraud Manager, informed Members that since the last policy was written, changes had occurred under the GDPR which resulted in minor changes to wording. The updated policy now complied with all GDPR requirements.

The Committee resolved that:

- a) The Counter Fraud and Corruption Policy be received, considered and approved

AC: 19/12/019 ITEMS FOR NOTING AND INFORMATION

The Committee received the following Internal Audit reports for information:

1. Mental Health CB 3rd Sector Contracts
2. Claims Reimbursement Final Report
3. Private Overseas Patients Final Report
4. Surgery CB Medical Finance Governance Follow-up Final
5. Deprivation of Liberty Safeguards Final Report
6. Charitable Fund Final Report
7. PCIC Business Continuity Final Report
8. Maelfa: Wellbeing Hub
9. PCIC Clinical Board CHC Adults Follow-up
10. Children & Women Clinical Board: CHC Child Follow-up

The Committee resolved that:

- a) Items for information were noted

AC: 19/02/020 ITEMS TO BRING TO THE ATTENTION OF THE BOARD / COMMITTEE

There were no items to bring to the attention of the Board / Committee.

AC: 19/02/021 DATE OF THE NEXT MEETING OF THE COMMITTEE

Tuesday, 3 March 2020, 9.00am – 12.00pm Cefn Mably Room, Ground Floor, Woodland House, Heath, Cardiff CF14 4HH

Confirmed Minutes of the Charitable Funds Committee
Held at Nant Fawr 1 & 2, Woodlands House
10th December 2019 9:30am – 11:30am

Present:

Akmal Hanuk	AH	Committee Chair and Independent Member -Community
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Members:

John Union	JU	Committee Vice Chair and Independent Member - Finance
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In Attendance:

Nicola Foreman	NF	Director of Corporate Governance
Joanne Brandon	JB	Director of Communications
Angela Hughes	AH	Assistant Director of Patient Services
Mike Jones	MJ	Chair of Staff Lottery Bids Panel
Simone Joslyn	SJ	Head of Arts and Health Charity
Chris Lewis	CL	Deputy Executive Finance Director
Ruth Walker	RW	Executive Director of Nursing
Peter Welsh	PW	Senior Hospital General Manager, University Hospital Llandough

Secretariat:

Laura Tolley	LT	Corporate Governance Officer
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Apologies:

Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Angela Hughes	AH	Assistant Director of Patient Services
Charles Janczewski	CJ	UHB Interim Chair
Dr Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
Sara Moseley	SM	Independent Member
Alun Williams	AW	Head of Financial Services

CFC19/12/001	Welcome & Introductions	Action
	The Committee Chair (CC) welcomed everyone to the meeting.	
CFC19/12/002	Apologies for Absence	
	Apologies for absence were noted.	

CFC19/12/003	Declarations of Interests The Head of Arts and Health Charity (HAHC) declared her interest in agenda item 2.3 therefore it was agreed that the HAHC would leave the meeting for the agenda item.	
CFC19/12/004	Minutes of the Committee Meeting held on 10th September 2019 The Committee reviewed the minutes of the meeting held on 10 th September 2019. The Committee Resolved that: (a) The Committee approve the minutes of the meeting held on 10 th September 2019 as a true and accurate record.	
CFC19/12/005	Committee Action Log The Committee reviewed the Action Log and noted the following update: CFC 19/09/001: The Executive Nurse Director (END) advised the Committee that a paper was taken to the Trustee which looked at dormant funds that had not been used for 12 – 18 months and requested that the funds to be moved into general reserves. The Trustee accepted the Charity financial position was a cause for concern however work needed to be undertaken that included a communication plan to fund holders to explain the situation and relay appropriate messages. It was agreed that the Director of Communications (DC) and END would meet to agree an appropriate message to be circulated. The END explained that the Trustee supported a recommendation that a policy be adopted which outlined that where funds were not utilised within 12 months then they would be moved into general funds. The Director of Corporate Governance (DCG) advised that an updated paper would be taken to the Trustee in January 2020. The Committee Resolved that: (a) The updated Action Log be noted.	
CFC19/12/006	New Charitable Funds Bid Application Template The DCG introduced the report and explained that the template was developed to aid the Committee with approving bids in line with Charity objectives. It was explained that although the application form could appear lengthy, four of the questions are required so that the Charity can demonstrate that Charitable objectives are met. The other questions are those requested by the Committee to ensure that the correct processes are followed when funds are applied for. The DCG added that the application form would be welcomed from an audit perspective. After Committee discussion it was agreed that the following would be added to the application form:	

	<ul style="list-style-type: none"> • Guidance note • Confirmation of total amount requested at the top of the form • Statement included at the bottom of the form, which reiterated that bid authors would need to produce an outcome report for the Committee as and when required; and • The question 'Could funding from the Endowment Fund also support this bid?' <p>Resolved that:</p> <p>Subject to the amendments outlined above,</p> <p>(a) The Committee approved the New Charitable Funds Bid Application Template.</p>	
CFC 19/12/007	<p>Annual Accounts</p> <p>The Deputy Finance Director (DFD) advised the Committee that the audited accounts were still under development. One minor issue had been found during the audit, where expenditure had been submitted in the wrong period, however, this would be addressed.</p> <p>The DFD added that the final version of the audited accounts would be submitted to the Trustee for information in January 2020.</p> <p>The Committee Resolved that:</p> <p>(a) The Committee noted the annual accounts.</p>	CL
CFC19/12/008	<p>Sustainable Staffing</p> <p>The DC introduced the paper and confirmed that it detailed three positions that supported the development of the Charity.</p> <p>The END requested that details of the two financial positions that were supported by the Charity are included within the paper.</p> <p>The END advised that full clarity had not yet been gained and positions were not yet aligned with the strategy, therefore, asked the Committee to consider funding the positions until April 2020 and communicate back to the individuals that a final decision would be made by April 2020. The END added that the Committee needed to ensure that the correct structure and career progression was in place for individuals within the Charity.</p> <p>The DCG advised the Committee that all staff are employed by the UHB, seconded into the Charity and confirmed that the annual costs of the positions were already included in the financial plans, therefore there would be no implications or added pressure to finances if this decision was supported.</p> <p>The DFD advised the Committee that income had decreased this year, and suggested that proportionate charges should be made across all funds, not</p>	

	<p>the whole salary be funded from general purposes.</p> <p>After some discussion, the CC confirmed that the Committee supported the ongoing funding until the end of the financial year and recognised the need for a final decision on the permanent posts be made by the end of January 2020.</p> <p>The DC explained that the staff members outlined in the paper had uncertainty over their positions for the past 12 months therefore the message would be difficult for the staff, however if it was the decision of the Committee, it would be relayed appropriately.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> (a) The Committee agreed to support the ongoing funding until the end of the financial year; and (b) The Committee agreed to make a final decision on the permanent posts by the end of January 2020 	
CFC19/12/009	<p>Endowment Order</p> <p>The DFD introduced the paper and confirmed that The Neonatal Intensive Care Unit wish to purchase twenty (20) Symphony Breast pumps, with stands and protective cases for use on the Unit.</p> <p>The purchase will allow the Unit to provide breast pumps at every cot space, to facilitate expressing of baby milk for every mum, next to their baby. This will help to encourage and increase the Unit's rate of breast feeding which is known to be beneficial for all sick or premature babies.</p> <p>The whole cost will be met entirely from existing Funds, following a donation received from the SCIPS charity.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> (a) The Committee approve the purchase of the twenty breast pumps with stands and cases, for a one-off cost of £30,018, using money currently held on Fund 9116 Child Health Neonatal Intensive Care. 	
CFC19/12/010	<p>Health Charity Financial Position</p> <p>The DFD introduced the paper and it was taken as read.</p> <p>The CC queried the assets contained within Rookwood and whether these would come to the Charity when the property was sold? The DFD confirmed that the funds would come to the Charity as restricted funds.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> (a) The Committee note the Health Charity Financial Position. 	

CFC19/12/011	<p>Charitable Funds Final Internal Audit Report</p> <p>The Committee were advised that Reasonable Assurance had been received following an Internal Audit and that the report had also been through Audit Committee. Outlined within the audit was one recommendation of high importance, the treatment of dormant funds. Based on this information, Internal Audit have been advised that dormant funds would be addressed by the Committee and Trustee.</p> <p>The HAHC explained that the Senior Fundraising Officer (SFO) and Chair of the Staff Lottery Bids Panel (CSLBP) had previously met with all Directors of Operations to explain the use of Endowment Funds and this would be arranged again in the future.</p> <p>The Committee Vice Chair (CVC) requested that the Trustee be advised of the recommendation by Internal Audit when an updated report is taken in January 2020.</p> <p>The Committee Resolved that:</p> <p>(a) The Committee noted the Charitable Funds Final Internal Audit Report.</p>	CL
CFC19/12/012	<p>Investment Manager Update</p> <p>The DFD advised the Committee that the Investment Portfolio had gone out to tender and feedback had been provided to all suppliers who had put themselves forward. The scoring process was challenged therefore, two independent bodies came in to re score. These bodies also produced different outcomes, therefore the tender has gone back out to suppliers.</p> <p>The CVC asked if learning had been taken from the independent scoring? In response, the DFD confirmed that learning had been taken on board, and the UHB scoring criteria had been revised.</p> <p>The END requested that the Trustee be briefed on this challenge at the meeting in January 2020.</p> <p>The Committee Resolved that:</p> <p>(a) The Committee noted the interim arrangement of investment funds until a new tender is agreed.</p>	CL
CFC19/12/013	<p>Fundraising Report</p> <p>The HAHC introduced the report and confirmed the following;</p> <ul style="list-style-type: none"> • Staff Lottery had increased, as well as applications for bids. • Prop Blue Tie Ball had raised a profit of over £12,000.00 for the Prop Appeal Fund; and 	

	<ul style="list-style-type: none"> Breast Centre Ball was a very well attended, successful event. All profit made will go into the Breast Centre Appeal Fund <p>The END explained that the Breast Centre story within the report was an excellent example of patient outcomes, therefore, requested it be presented at the Trustee meeting in January 2020.</p> <p>The END explained that better communication was required around the number of appeals that sat within the charity, eg, Make it Better Fund, Our Orchard, Endowment Funds.</p> <p>The Committee Resolved that:</p> <p>(a) The Committee noted the Fundraising Report.</p>	<p>SJ</p> <p>JB</p>
CFC19/12/014	<p>Patrons Process</p> <p>The HAHC introduced the paper and it was taken as read.</p> <p>The DCG reminded the Committee that Patrons hold no legal responsibility and are not held to account for any decisions made.</p> <p>The Assistant Director of Patient Safety (ADPS) advised the Committee that Patrons are not allowed to visit any Cardiff & Vale sites unaccompanied.</p> <p>After Committee discussion, it was agreed that a memorandum of understanding needed to be drawn up and signed by Patrons and it was confirmed that patrons needed to be signed off by the Trustee.</p> <p>The Committee Resolved that:</p> <p>Subject to the amendments outlined above,</p> <p>(a) The Committee approved the Patrons Process.</p>	
CFC19/12/015	<p>Staff Lottery Bids Panel Report</p> <p>The Chair of the Staff Lottery Bids Panel (CSLBP) introduced the report and advised the Committee there had been a significant increase in bids which has resulted in positive staff morale. The HAHC added that other Health Boards were approaching the UHB to find out what makes the Staff Lottery successful.</p> <p>The DCG queried the purpose of Chairs Action detailed in the report? In response, the CSLBP confirmed that due to restrictions with timing, some bids required Chairs Action. It was confirmed that the DFD and Senior Hospital General Manager (SHGM) were briefed on the bids prior to agreed Chairs Action, the bids will then be taken to the next Bids Panel Meeting for endorsement. The DCG advised that Chairs Action should be kept to a minimum for audit and assurance purposes.</p> <p>The Committee Resolved that:</p>	

	(a) The Committee noted the Staff Lottery Bids Panel Report.	
CFC19/12/016	<p>Bid Success Report</p> <p>The HAHC reviewed the Bid Success Report.</p> <p>The Committee Resolved that:</p> <p>(a) The Committee noted the Bid Success Report.</p>	
CFC19/12/017	<p>Any Other Business</p> <p>The CSLBP raised a concern with the number of Third Sector Organisations who were able to fundraise in concourse areas of the UHB.</p> <p>The Committee Resolved that:</p> <p>(a) The Committee noted the concern raised.</p>	
CFC19/12/018	<p>The HAHC requested approval for the December 2020 Staff Lottery Mega Draw to be a one off amount of £20,000.00</p> <p>The Committee Resolved that:</p> <p>(b) The Committee approved the December 2020 Staff Lottery Mega Draw to be £20,000.00.</p>	
CFC19/12/019	<p>Items to bring to the attention of the Board / Trustee</p> <p>It was agreed the following items would be taken to the Trustee Meeting in January 2020;</p> <ul style="list-style-type: none"> • Breast Centre Patient Story; • Annual Accounts; • Charitable Funds Final Internal Audit Report; and • Investment Manager Update. <p>The Committee Resolved that:</p> <p>(a) The Committee noted the items to be taken to the Trustee.</p>	
CFC19/12/020	<p>Date and Time of Next Meeting</p> <p>Tuesday 17th March 2020, 9:30am – 12:00pm, Nant Fawr 1 & 2, Woodland House.</p>	

**CONFIRMED MINUTES OF FINANCE COMMITTEE
HELD ON 29th JANUARY 2019
CEFN MABLY MEETING ROOM, WOODLAND HOUSE**

Present:

John Union	JU	Chair, Independent Member – Finance
Charles Janczewski	CJ	Interim Chair (Board)
Aaron Fowler	AF	Head of Corporate Governance
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer

In Attendance:

Geoff Walsh	DT	Director of Capital Estates & Facilities
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Secretariat:

Paul Emmerson	PE	Finance Manager
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Apologies:

Abigail Harris	AH	Executive Director of Strategic Planning
Len Richards	LR	Chief Executive
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Ruth Walker	RW	Executive Nurse Director

FC 19/151	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting.	ACTION
FC 19/152	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
FC 19/153	DECLARATIONS OF INTEREST The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 19/154	MINUTES OF THE FINANCE COMMITTEE MEETING HELD ON 18th DECEMBER 2019	

	<p>The minutes of the meeting held on 18th December 2019 were reviewed for accuracy and were agreed as a true and accurate record.</p> <p>Resolved – that:</p> <p>The minutes of the meeting held on 18th December 2019 were approved by the Committee as an accurate record.</p>	
FC 19/155	<p>ACTION LOG FOLLOWING THE LAST MEETING</p> <p>The Finance Committee was advised that there were no outstanding Actions.</p> <p>Resolved – that:</p> <p>The Finance Committee noted that there were no outstanding Actions.</p>	
FC 19/156	<p>CHAIRS ACTION SINCE THE LAST MEETING</p> <p>There had been no Chairs action taken since the last meeting.</p>	
FC 19/157	<p>CRI MENTAL HEALTH ACCOMODATION</p> <p>The Director of Capital Estates and Facilities presented a paper in support of a fast track Business Justification Case (BJC) for Community Mental Health Services currently located at the Links building at CRI and Global Link.</p> <p>The Committee was informed that the BJC considered future accommodation options for the following 2 services:</p> <ol style="list-style-type: none"> 1. The Dispensing and Treatment Team based at the Links Building CRI where there were serious pressing concerns about the poor state of repair of the building which currently required fortnightly monitoring by the Capital, Estates and Facilities team. 2. UHB wide Mental Health Services which had transferred to Global Link upon the closure of the Whitchurch site. <p>The BJC detailed four options for future accommodation and also outlined the process followed by the Health Board to determine a preferred option. The preferred way forward was to construct a small modular building on the CRI site to accommodate the Needle Exchange and the Dispensing and Treatment Team with the remaining mental health services relocating from Global Link to refurbished 2nd floor blocks 11 & 4 of the main CRI building. In addition to addressing the immediate concerns surrounding the condition of the Links building this option would maintain the provision of the DATT service within the immediate neighbourhood and minimise the risk of service disruption for the patient group.</p>	

	<p>It was noted that there was a small increase in revenue costs of £28k per annum arising from the proposals.</p> <p>Longer term proposals which would be subject to a separate Business Case would consider demolition and replacement of the existing Link building to enable the DATT service, Community Addictions Unit and the locality CMHT to be co-located in an appropriate facility.</p> <p>The BJC asked for approval to invest £5.133m from the All Wales Capital Programme with part of the investment being made available to support capital spend incurred to the end of 2019/20.</p> <p>The UHB Interim Chair (CJ) asked for clarification of the capital costs which would be incurred in 2019/20 and the Director of Capital Estates and Facilities confirmed that funding received in 2019/20 would cover initial fees and design work.</p> <p>The Finance Committee Chair (JU) asked for assurance that the relatively small level of additional costs £0.028m p.a. would be managed through the UHB's planning process and the Director of Finance acknowledged that the costs would need to be considered in future planning cycles.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the process followed in the development of the BJC and supported the preferred option for the provision of a Modular Building to accommodate the DATT service and the refurbishment of Blocks 4 & 11 on the 2nd floor of the main CRI Building.</p>	
FC 19/158	<p>FINANCE REPORT AS AT MONTH 9</p> <p>The Deputy Director of Finance presented the UHB's financial performance to month 9 and highlighted that the UHB had reported an in month underspend of £0.731m and a year to date deficit of £1.220m. In addition the committee was informed that the £1.5m cost pressure associated with the Welsh Risk Pool was now incorporated within the year end forecast break-even position.</p> <p>It was noted that in addition to the impact of recovery actions that part of the improvement in month 10 could be a result of a seasonal reduction in spend in December.</p> <p>The Finance Committee Chair (JU) asked whether the UHB decision to slow down non-essential expenditure would have had an impact on December's expenditure and in reply the Director of Finance indicated that the decision to defer non-essential/non-core posts and discretionary non-pay spend would not of had a significant influence on December expenditure. The Director of Finance added that the financial improvement in December was linked to the slowdown in bank, agency and overtime expenditure and that the UHB needed to</p>	

	<p>consider if it could continue to maintain the reduced level of spend on these pay areas going forwards.</p> <p>The UHB Interim Board Chair (CJ) acknowledged the progress made by the organisation in reducing the deficit in month and noted that the UHB's financial position at month 9 was now broadly in line with the planned profile.</p> <p>The number of measures on the Finance Dashboard which were RAG rated Red had not changed in month and 4 measures were RAG rated Red namely: remaining within revenue resource limits; the reduction in the underlying deficit to £4m; the delivery of the recurrent £16.345m 2% devolved target; the delivery of the £12.8m recurrent/non recurrent corporate target</p> <p>Performance against both income and non pay was broadly balanced in month. The Deputy Director of Finance advised the Committee that the in month income position included an adverse provision of c.£0.2m which was based on the assumption that the in month slowdown in expenditure would also result in a reduction in activity chargeable to other organisations. The significant underspend against Primary Care Contractors within the month was a consequence of updated information on new GMS enhanced services.</p> <p>Referring to the written finance report provided with the committee papers the Interim Board Chair (CJ) asked for clarification of any issues particularly in respect of patient safety arising from Cardiff & Vale provider performance in cardiology and transcatheter aortic valve replacement. In response the Chief Operating Officer indicated that the UHB was over-performing against Cardiology targets, however waiting times for cardiac surgery had been in escalation with WHSCC for some time. In this context the UHB was in the final stages of agreeing outsourcing capacity where required. It was also noted that the UHB was also pursuing an increase in internal capacity and had recently added anaesthetic and nursing capacity to the cardiac surgery service.</p> <p>Pay budgets had reported an in month underspend of £0.804m in December and it was suggested that this was partly due to a slow down over Christmas.</p> <p>The Deputy Director of Finance indicated that aggregate performance against delegated budgets was broadly flat in month and that the cumulative overspend against delegated budgets had moved from £8.696m to £8.718m in December. Picking up on the cumulative overspend against delegated budgets the Interim Board Chair (CJ) asked whether this would influence the 2020/21 budget setting process. The Deputy Director of Finance confirmed that the underlying deficit carried forward to 2020/21 does not include operational costs pressures experienced in 2019/20 and that these are expected to be managed by Clinical Boards in 2020/21.</p>	
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	<p>The Chief Operating Officer indicated that Clinical Boards had identified the main drivers of 2019/20 operational overspends and that the management of these pressures would need to be factored into 2020/21 plans. It was noted that the management of nursing pressures would remain a focal point for the UHB and that the management of budget pressures would be included on the 2020/21 Risk Register.</p> <p>The Finance Committee Chair (JU) noted that the majority of the overspend against delegated budgets was covered by an underspend against Central budgets and asked whether this underspend was likely to recur in 2020/21. In response the Deputy Director of Finance confirmed that the surplus against Central budgets was in part a consequence of non recurrent movements in liabilities and provisions as well as slippage against new services and therefore any central surplus was not expected to be as material in 2020/21.</p> <p>The Committee was reminded that the UHB was unlikely to reduce its underlying deficit to the planned level of £4m by year end as a result of a shortfall of c £7.5m against recurrent savings targets the underlying deficit going into 2020/21 was likely to be circa £11.5m. The Interim Board Chair (CJ) noted that the underlying deficit of £11.5 carried forward to 2020/21 represented a significant reduction compared to the UHB's underlying deficit coming into the year. The Director of Finance added that the in year reduction had been achieved despite a number of material savings schemes not progressing.</p> <p>It was noted that the UHB's PSPP performance was unchanged and continued to exceed the 95% target; cash plans remained on target with the UHB not expecting to request additional cash support in 2019/20; net capital expenditure to the end of December was 50% of the UHB's approved Capital Resource Limit which in turn reflected the timing of confirmed funding and the associated increase in capital expenditure expected towards the tail end of the year.</p> <p>In concluding the Deputy Director of Finance highlighted that the key risk to the Plan was the management of budgets to deliver a balanced financial position by year end and that the assessment of this risk had fallen from £2.5m to £2.0m in month.</p> <p>In response to a query from the Finance Committee Chair (JU) it was noted that the UHB's share of the overspend at the Welsh Risk Pool was unchanged in month and remained at £1.5m.</p> <p>ASSURANCE was provided by:</p> <ul style="list-style-type: none"> • The scrutiny of financial performance undertaken by the Finance Committee and the UHBs intention to recover the year to date deficit and deliver a break even position by the year end as planned. <p>Resolved – that:</p>	
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	<p>The Finance Committee noted that the UHB has an approved IMTP which includes a balanced Financial Plan for 2019/20;</p> <p>The Finance Committee noted the £1.220m deficit at month 9;</p> <p>The Finance Committee noted the key risks in delegated budgets and the Welsh Risk Pool</p> <p>The Finance Committee noted the plan to deliver a break even position by year end.</p>	
FC 19/159	<p>PLANS TO DELIVER A BREAK EVEN POSITION (presentation)</p> <p>The Deputy Director of Finance presented an update on the Plans To Deliver A Break Even Position stating that plans had been adjusted for issues which had emerged in December as follows:</p> <ul style="list-style-type: none"> • The UHB position had improved by £0.731m in December, primarily as a result of performance against Central Budgets. Aggregate Clinical Board performance was broadly flat in month. • A full savings programme was in place although some schemes remained in amber status. • At month 9 Clinical Boards were reporting a cumulative overspend of £8.718m which was £0.496m higher than the original forecast. The surplus against Central Budgets was £0.484m better than expected leaving the UHB's deficit £0.012m above the forecast profile to reach breakeven at the end of December. • Clinical Board Recovery actions are back loaded which remained a risk if Clinical Board performance continued at the rate established in the first 9 months of the year. • In recognition of the improved forecast position for PCIC and Specialist Services at month 9 the Risk Adjusted Delegated Budget Forecast had been reduced by £0.638m. These reductions were supplemented by a further forecast improvement of £0.920m against central budgets which had arisen as a result of funding for digital investments and a reduction in forecast in year expenditure on new initiatives. As a consequence the UHBs risk adjusted profile had fallen by £1.588m in December from £2.221m to a deficit of £0.633m. • Proposals to address the residual £0.6m risk adjusted forecast deficit were listed as follows: Plans to secure additional funding for Lightfoot, the South Wales Plan and Invest to Save schemes; Clinical Board mitigating actions; Deferral of recruitment to non- 	

	<p>essential posts until 31st March 2020 (via vacancy scrutiny panel); and the continuation of controls to reduced discretionary expenditure.</p> <ul style="list-style-type: none"> • There were still a number of risks to the delivery of a break even position as follows: closing down the residual £0.6m risk; Securing the additional funding for the South Wales Plan and Lightfoot; the management of the risk adjusted position across a number of areas; turning the final amber savings schemes to green as soon as possible; unexpected events as the UHB is not holding a contingency; Clinical Board improvement plans; and the management of the £1.5m Welsh Risk pool cost pressure that is subject to change. <p><u>Comments were received as follows:</u></p> <ul style="list-style-type: none"> • The UHB Interim Board Chair (CJ) noted that it was encouraging that the UHB was still developing savings schemes and that there was circa £2m of red pipeline schemes within the 2019/20 savings plan which could unfold into 2020/21 if they were not realised in the current year. • The UHB Interim Board Chair (CJ) enquired whether the UHB was in receipt of written documentation from Welsh Government in support of the assumed additional funding for Lightfoot and the Director of Finance confirmed that the allocation had not yet been confirmed at that this represented a risk. <p>Resolved – that:</p> <p>The Finance Committee noted the plans and actions required to deliver a break even position in 2019/20.</p>	
FC19/159	<p>CLINICAL BOARDS IN ESCALATION</p> <p>The Chief Operating Officer confirmed that the number of Clinical Boards in escalation remained at 3 of which one Board namely Medicine was in escalation for Finance performance.</p> <p>In answer to a query from the Finance Committee Chair (JU) the Chief Operating Officer confirmed that the threshold level of the current escalation process was effective and added that the focus would now shift towards 2020/21 as the year end approached.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the actions being taken to manage financial performance</p>	
FC19/160	<p>COST REDUCTION PROGRAMME AND CROSS CUTTING THEME</p>	

	<p>The Assistant Director of Finance asked the Finance Committee to note the 2019/20 Cost Reduction Report which included the following key points:</p> <ul style="list-style-type: none"> • At 31st December 2019 £16.597m of schemes had been identified as Green or Amber against the devolved 2% savings target of £16.345m, leaving a surplus of £0.252m. £14.313m of the identified schemes were recurrent. • Schemes totalling £13.505m had been identified as Green or Amber against the corporate savings target of £12.800m target as at 31st December 2019 leaving a surplus of £0.705m. The recurrent effect of the identified schemes in 2020/21 was £4.332m. The recurrent position of corporate schemes was being reviewed on a scheme by scheme basis. Further work was focusing on a number of areas highlighted through both the Efficiency Framework and the UHB's own internal benchmarking and analysis. <p>The Committee was informed that the main concern was the level of recurrent schemes which needed to improve to ensure that the UHB started 2020/21 in the best possible position.</p> <p>Turning to 2020/21 Cost Reduction Plans the Assistant Director of Finance highlighted that:</p> <ul style="list-style-type: none"> • As at 22nd January 2020 £4.860m had been identified as Green or Amber against the devolved 3.5% 2020/21 savings target of £29.000m. The Assistant Director of Finance indicated that Welsh Government had confirmed that the shortfall against the 2020/21 was a concern in respect of the 2020/21 IMTP and further progress was required to provide assurance of delivery in 2020/21. <p>The UHB Interim Board Chair (CJ) asked for confirmation that the UHB's savings programmes would not have a detrimental impact on Patient Safety and the Assistant Director of Finance confirmed that there was no detrimental impact and that this would be confirmed in future reports.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the progress against the £29.145m UHB savings requirement for 2019/20.</p> <p>The Finance Committee noted the progress against the £29.000m UHB savings requirement for 2020/21.</p>	
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<p>FC19/161</p>	<p>RISK REGISTER</p> <p>The Assistant Director of Finance asked the Finance Committee to note the risks highlighted within the 2019/20 Risk Register.</p> <p>Three risks remained categorized as extreme risks (Red) on the 2019/20 Risk Register as follows:</p> <ul style="list-style-type: none"> • Reduction in the £36.3m underlying deficit b/f to 2019/20 to the IMTP planned £4m c/f underlying deficit in 2020/21; • Management of Budget pressures; • Management of Nursing overspend - £2.436m at month 9 <p>The Finance Committee was asked to note the risk attached to the forecast 2019/20 Welsh Risk Pool overspend (Fin 13/19) where the UHB's share of the overspend was assessed to be £1.5m at month 9 was now included in the UHB's year end forecast position. It was noted that the risk associated with cardiac outsourcing was rated a moderate risk and in this context the Finance Committee agreed that this should remain on the risk register.</p> <p>Moving onto the 2020/21 Risk Register the Assistant Director of Finance Indicated that the register reflected the financial issues and risks included in the 2020/21 IMTP.</p> <p>Three risks were categorized as extreme risks (Red) on the 2020/21 Risk Register as follows:</p> <ul style="list-style-type: none"> • Reduction in the £11.5m underlying deficit c/f to 2020/21 to the IMTP planned £4m c/f underlying deficit in 2021/22; • Management of Budget pressures; • Delivery of the 3.5% CIP (£29.0m) <p>Two further risks relating to the management of internal investments within the £3m investment reserve and commissioning risks particularly in respect of WHSCC and EASC were also included on the Register.</p> <p>The Finance Committee Chair asked whether the Welsh Risk Pool should be included on the Risk Register and the Assistant Director of Finance informed the Committee that the UHB had been instructed by Welsh Government to include an additional commitment of £1.5m for the Welsh Risk Pool within the 2020/21 IMTP to cover any additional costs arising from the Welsh Risk Pool and that at this stage this was considered to provide sufficient cover.</p> <p>The UHB Interim Board Chair (CJ) noted that the 2020/21 planned reduction in the underlying deficit represented a smaller movement than that achieved in 2019/20 and in response the Director of Finance indicated that this reflected a balanced view of the proportion of the 2020/21 3.5% CRP that could be delivered on a recurrent basis.</p> <p>Resolved – that:</p>	
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	<p>The Finance Committee noted the risks highlighted within the 2019/20 risk register.</p> <p>The Finance Committee noted the value of risk associated with the 2019/20 Welsh Risk Pool overspend where the UHB share now estimated at £1.5m.</p> <p>The Finance Committee noted the risks highlighted within the 2020/21 risk register.</p>	
FC19/162	<p>2020/21 IMTP FINANCIAL PLAN</p> <p>The Assistant Director of Finance referred the Finance Committee to the draft Financial Plan narrative which would be presented with the IMTP papers at the January 2020 Board meeting.</p> <p>The Committee was informed that the submission was broadly consistent with the IMTP presentation which was provided to the previous meeting of the Finance Committee. The IMTP included a balanced financial plan for each of the 3 years from 2020/21 to 2022/23. The underlying deficit carry forward to 2020/21 was £11.5m which was £7.5m more than originally planned primarily because the target level of recurrent savings had not been delivered in 2019/20.</p> <p>The Finance Committee was advised that the plans which would be submitted to Welsh Government had changed from the draft plans provided with the papers to both the Finance Committee and Board in respect of the following 2 issues:</p> <ul style="list-style-type: none"> • Following advice from Welsh Government the further additional increases of £1.5m to Welsh Risk Pool costs included in year 2 & 3 of the plan had been removed. The additional Welsh Risk Pool cost in year 1 of the plan remained and this additional cost effectively rolled over into the baseline for following years. As a consequence of excluding the additional incremental cost in years 2 & 3 the overall savings requirement over the 3 years fell by £3m. • The plan now excluded the additional resource requirements arising from plans to meet RTT and winter pressures. The IMTP to be submitted to Welsh Government indicated that detailed delivery plans which articulate resource requirements for RTT and Winter Plan are being finalised. <p>The Director of Finance indicated that Welsh Government feedback on the financial plan supporting the IMTP was generally positive and that the main concern highlighted by Welsh Government was the rate of progress in identifying the savings required by the plan.</p> <p>The UHB Interim Board Chair (CJ) asked if the 2 financial amendments in relation to the Welsh Risk Pool and the resourcing of RTT and the winter plan could be flagged to the January Board meeting prior to a decision on whether to approve the IMTP. In response the Director of</p>	

	<p>Finance confirmed that the 2 amendments would be brought to the attention of the Board.</p> <p>Resolved – that:</p> <p>The Finance Committee:</p> <ul style="list-style-type: none"> • NOTED the financial plan to be included in the 2020/21 IMTP and the two amendments in relation to the cost of the Welsh Risk Pool and resourcing of RTT and the Winter Plan. 	
FC 19/163	<p>MONTH 9 FINANCIAL MONITORING RETURNS</p> <p>These were noted for information.</p> <p>It was noted that the written narrative in support of the Tables would be relayed to Committee members following the meeting.</p>	
FC 19/164	<p>ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES</p> <p>The Director of Finance confirmed that the amendments to Financial Plan supporting the IMTP in relation to the Welsh Risk pool and the resourcing of RTT and the winter plan would be brought to the attention of the Board meeting on January 30th 2020.</p>	
FC 19/165	<p>DATE OF THE NEXT MEETING OF THE COMMITTEE</p> <p>Wednesday 26th February; 2.00pm; Cwm George Meeting Room, Ground Floor, HQ, Woodland House</p>	

**Confirmed Minutes of the
Mental Health and Capacity Legislation Committee
Held on 22nd October 2019 at 10.00am
Coed Y Bwl, Woodland House**

Present:

Chair:

Sara Moseley	SM	Independent Member – Third Sector
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In Attendance:

Julia Barrell	JB	Mental Capacity Act Manager
Eileen Brandeth	EB	Independent Member – ICT
Jeff Champney-Smith	JCS	Chair, Powers of Discharge sub-Committee
Nicola Foreman	NF	Director of Corporate Governance
Akmal Hanuk	AH	Independent Members – Community
Robert Kidd	RK	Consultant Clinical and Forensic Psychologist
Scott McLean	SM	Director of Operations – Children & Women
Amanda Morgan	AM	Service User
Sunni Webb	SW	Mental Health Act Manager
Dr Stuart Walker	SW	Executive Medical Director
Ian Wile	IW	Head of Operations, Mental Health

Secretariat:

Laura Tolley	LT	Corporate Governance Officer
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Apologies:

Steve Curry	SC	Chief Operating Officer
Dr Jane Hancock	JH	Service User
Dr Jenny Hunt	JH	Clinical Psychologist
Kay Jaynes	KJ	Nurse Director – PCIC Clinical Board
Lucy Phelps	LP	Service User

MHCL 19/10/001	Welcome & Introductions	Action
	<p>The Committee Chair (CC) welcomed everyone to the public meeting. The CC explained that she had taken over the role as Committee Chair on an interim basis on behalf of Charles Janczewski who had taken the role as UHB Interim Chair.</p> <p>The Head of Operations – Mental Health, Mental Health Act Manager, Service User, Consultant Clinical and Forensic Psychologist and Chair, Powers of Discharge sub-Committee advised the CC that they had not received papers prior to the meeting. The Director of Corporate Governance apologised and informed the Committee that a similar situation would not occur in future. Hard copies and electronic papers were provided to those members who required them and the CC advised should there be any queries with any of the papers after the meeting members should advise the Corporate Governance Officer.</p>	
MHCL 19/10/002	Apologies for Absence	
	Apologies for absence were noted.	

MHCL 19/10/003	Declarations of Interest The CC declared her interest as Director of Mind Cymru.	
MHCL 19/10/004	Minutes of the Committee Meeting held on 4th June 2019 The Committee reviewed the minutes of the meeting held on 4 th June 2019. The Committee resolved that: (a) the minutes of the meeting held on 4 th June 2019 be approved as a true and accurate record.	
MHCL 19/10/005	Action Log following the meeting held on 4th June 2019 The Committee reviewed the action log following the meeting held on 4 th June 2019. The Committee Resolved that: (a) the Action Log updates were noted.	
MHCL 19/10/006	Chairs Action taken since the meeting held on 4th June 2019 It was confirmed that there had been no Chair's action since the previous meeting.	
MHCL 19/10/007	Patient Story There was no patient story shared at the meeting. The Committee Resolved that: a) a patient story be brought to the next Committee meeting.	LT
MHCL 19/10/008	Mental Capacity Act Monitoring Report The Mental Capacity Act Manager (MCAM) presented the paper and explained the Mental Capacity Act 2005 (MCA) has been in force for 12 years. It was amended to include the Deprivation of Liberty Safeguards (DoLS), which came into force in April 2009. The MCAM advised the Committee that staff training figures remained disappointing especially within medical staff. In response, the Executive Medical Director (EMD) advised he would take this to the Learning & Development team to look at the whole mandatory training package. The Independent Member – ICT (IM – ICT) expressed disappointment that the recent Health & Safety review of the training module was not shown in the report and also questioned if DoLS was used within A&E Departments as a recent HIW inspection suggested the use of DoLS. In response, the MCAM advised the Committee that DoLS was unlikely to	

	<p>be applicable in A&E, the Mental Health Act would be applied if required. The IM – ICT asked if HIW had been responded to. The Director of Operations – Children & Women (DO – C&W) advised the Committee that he would respond to HIW and update the Committee at the next meeting.</p> <p>The Committee Resolved that:</p> <p>(a) the Mental Capacity Act Monitoring Report be noted.</p>	SM
MHCL 19/10/009	<p>Internal Audit Report – Deprivation of Liberty Safeguards (DoLS) Report</p> <p>The EMD introduced the paper and confirmed that an improvement had been made since the last audit and DoLS had received Reasonable Assurance. In relation to Assessment of Urgent Requests the process was identified as good, however, the timeliness required work. The EMD advised the Committee that the Internal Audit Report had not reached the point of getting formal management responses on recommendations, however work on this was underway.</p> <p>The Director of Corporate Governance (DCG) advised the Committee that usual process would be the formal management responses be included within the report before presentation to the Committee, however, on this occasion due to timing, it was brought to the Committee incomplete, therefore it needed to go back through Management Executive's and also through Audit Committee.</p> <p>It was agreed that the Internal Audit report would be brought back to the next Committee meeting for discussion and assurance along with confirmation of which Executive Director was responsible for DoLS.</p> <p>The IM – ICT requested clarification from Internal Audit why the training had been identified as reasonable when clear issues had been identified. In response, the CC confirmed a request for clarification would be made.</p> <p>The Committee Resolved – that:</p> <p>(a) the Internal Audit Report – Deprivation of Liberty Safeguards (DoLS) Report be noted.</p>	SW NF
MHCL 19/10/010	<p>Mental Health Act Monitoring Exception Report</p> <p>The Head of Operations – Mental Health (HO – MH) introduced the report and confirmed it provided the Committee with further information relating to wider issues of the Mental Health Act. The HO – MH explained he was pleased to report that there had been no breaches of the Mental Health Act since 2018 which was a credit to the department.</p> <p>The Committee were advised of an issue with lack of clarity relating to when a s.136 arrest starts in A&E, and there had been conflicting advice between legal and Welsh Government, however, work was underway to gain clarity on this. The CC asked if there was a break in continuity of care for patients because of this. The HO – MH confirmed this would result in a break of continuity of care for the patient and explained the</p>	

importance of having police present at handover for the mental health assessment and for understanding and clarity of why the patient had been taken into hospital.

The HO – MH informed the Committee the Mental Health Department had been very proactive in providing mental health awareness and training. A mental health awareness day was held monthly and the awareness days were advertised via the intranet and social media pages. The HO- MH explained that the future plan was to develop an e-module training session for all UHB staff to complete.

The CC explained without the detailed appendix to the report it was difficult to discuss trends, therefore it was agreed that the detailed appendix would be provided at future meetings.

IW

The Committee Resolved that:

- (a) the Mental Health Act Monitoring Exception Report be noted.

**MHCL
19/10/012**

HIW Mental Health Act Report

The HO – MH introduced the report and confirmed HIW carried out a 3 day inspection in March 2019 within the acute admission wards of Hafan Y Coed.

The HO – MH informed the Committee that the inspection and action plan was agreed at the Quality, Safety & Experience Committee and the HIW Inspectorate team were very impressed with the staff and service provided at Hafan Y Coed. The main areas of concern raised were:

- Estates
- Information for Service Users
- 'Sleeping Out'

It was further explained that whilst C&V were recognised as providing the best system in Wales for 'Sleeping Out' the team continued to think of ways to improve the process as it was not currently satisfactory for patients.

The HO – MH advised the Committee of a number of ongoing concerns within Estates and named the maintenance of the garden/courtyard, lifts and cleaning as examples. The IM – ICT asked who would ensure that the issues are actioned. In response, the HO – MH explained the Estates Department were responsible, however concerns were not currently being addressed. The DCG advised that a link would be made to bring the concerns together and they would be raised at a Management Executive Meeting or the Quality, Safety & Experience Committee.

NF

The CC asked the HO – MH to express thanks to all staff members for the good care given, pass on Committee appreciation and reiterate that the concerns within Estates would be actioned and monitored.

The Committee Resolved that:

(a) the HIW Mental Health Act Report be noted.

**MHCL
19/10/013**

Independent Review of Child and Adolescent Mental Health Service

The DO – C&W introduced the report and advised the Committee that there had been an increased demand for CAHMS therefore the team had increased capacity and he was happy with progress to date. The three immediate responses to increase capacity were:

- Appointment of locum staff, who were initially contracted until January 2020
- Substantive appointments within the CAHMS department had been made
- A digital bespoke service had been implemented

It was explained that the immediate responses had made a great improvement to the service and made it significantly more streamlined.

The DO – C&W informed the Committee that the milestones had been mapped through to the end of the financial year and work was underway to work through to the end of the calendar year.

The CC thanked the DO – C&W for the very helpful report and asked how the service was performing currently against the set targets and how confident was the DO - C&W that targets would be achieved. In response, it was confirmed that there had been a small decrease in October, however an improvement was expected in November and the targets were on course to be met in December due to the increased capacity. The DO – C&W advised the Committee that he was confident the targets would be delivered and sustained.

The EMD advised the Committee that it was previously agreed at the last Board meeting that an update would be provided to the Board in November outlining the improvements to the service.

The IM – ICT explained the report showed the locum capacity drop significantly in January 2020 and asked what plans were in place to address the loss of locums. In response, the DO – C&W explained that it was hoped that the actions put in place would decrease the demand in the service, therefore the need for locums would also decrease, however, the service was well supported by Welsh Government transformation funding therefore funding was in place should locums be required after January 2020.

The Committee Resolved that:

- (a) the Independent Review of Child and Adolescent Mental Health Service report be noted.

**MHCL
19/10/014**

Mental Health Measure Monitoring Report

The HO – M&H introduced the report and explained the following:

Part 1a - 28 day referral to assessment compliance target of 80%

The team had been in and out of compliance over the past 12 months, however, there had been significant investment into Primary Care which had resulted in being compliant with the target and the HO – M&H was confident the performance would be sustained.

Part 1b - 28 day assessment to intervention compliance target of 80%

There had been a data reporting issue as the information retrieved from the PARIS system had not been reliable, however, a more reliable reporting process had been developed and with the changes in the report it had taken the compliance achieved from 58% to 96%.

Part 2 – Care and Treatment Planning Within Secondary Mental Health Services

A multi-disciplinary team and new protocol had been developed to look at after care and treatment plans as the compliance target had not been met.

Part 3 - Right to request an assessment by self –referral

The Committee were informed that the service was compliant in August and September 2019.

Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

The Committee were advised that this area remains 100% compliant.

The IM – ICT asked why there was no data showing for patients under the age of 18 years? In response, the DO – C&W advised he would provide this data going forward.

The IM – ICT also queried within Part 2, a downward trajectory was shown and asked what steps would be taken to help this. The HO – MH explained that was due to the difficulties with the electronic data reporting, however, with the revised reporting process an improvement should be seen and this would be reported into the next Committee meeting.

The Committee Resolved that:

- (a) the Mental Health Measure Monitoring Report be noted.

Care and Treatment Plan Update Report

The HO – MH introduced the report and advised the Committee that the action plan had been created with the Delivery Unit and was broken down into separate areas which focussed on how care and treatment plans

SM

IW

MHCL
19/10/015

were used to meet the goals of the service users. The HO – MH further explained that there had been positive comments on the Delivery Unit having third sector involvement. Therefore a communication had been sent to other third sectors in Cardiff requesting collaborative working and the Committee were informed that MIND had been awarded contracts.

The HO – MH advised the Committee that there had been investment into Substance Misuse Services to investigate current issues and improve the service.

The CC asked how the report related to Children and Young People. In response, the HO – MH advised he would be happy to share learning with the Childrens Clinical Board. The DO – C&W advised the Committee a learning session between the Clinical Boards was imminent.

The Committee Resolved that:

- (a) the Care and Treatment Plan Update report be noted.

**MHCL
19/10/016**

Items for Information / Noting

1. Hospital Managers Power of Discharge Minutes

The Consultant Clinical and Forensic Psychologist (CC –FP) advised the Committee of two incidents outlined in the minutes:

- i) Young Person was discharged when they shouldn't have been, however the group were satisfied with the learning taken from this incident.
- ii) Young Person presented in A&E detained in handcuffs. Since this incident a number of discussions had taken place with South Wales Police as a re-occurring theme was identified where Police Officers were using voluntary assessment rather than arresting under Section 136 / 135.

The CC requested that clarity around arresting under section 135 / 136 be put on an agenda at National Level.

IW

2. Mental Health Legislation and Governance Group Minutes

The HO – MH explained there was a lack of clarity around when proceeding with urgent/emergency treatment, if staff would follow the Mental Health or Mental Capacity Act. Some posters and leaflets were being prepared to assist clinicians.

3. Annual Review of Comments Raised by Members of Power of Discharge

The Committee was advised of a concern about the quality of care and treatment plans, therefore work was being undertaken to address this.

The Committee Resolved that:

- (a) the Hospital Managers Power of Discharge Minutes, Mental Health

**MHCL
19/10/018**

Review of the Meeting

The CC – FP explained he was content that the issues raised with Estates would be escalated.

The IM – ICP expressed disappointment with CAMHS data not including service users under the age of 18 years old and hoped this would be provided at the next Committee meeting.

The IM – C expressed clear understanding of issues within the Mental Health Service.

The DCG reminded Committee members of the need to provide covering reports along with papers and appendices as this gave clear instruction to the Committee of whether assurance or discussion was required or if the reports were for information or noting.

**MHCL
19/10/021**

Items to be raised to the Board / Committees of the Board

There was no other urgent business raised.

**MHCL
19/10/022**

Date and time of next Committee Meeting

Friday 21st February 2020, Coed Y Bwl, Woodland House

**CONFIRMED MINUTES OF QUALITY, SAFETY AND EXPERIENCE COMMITTEE
HELD ON TUESDAY, 17 DECEMBER 2019
COED Y BWL, WOODLAND HOUSE**

Present:

Susan Elsmore	SE	Committee Chair and Independent Member – Local Government
Gary Baxter	GB	Independent Member - University
Michael Imperato	MI	Independent Member – Legal
Dawn Ward	DW	Independent Member – Trade Union

In attendance:

Stephen Allen	SA	South Glamorgan Community Health Council
Sue Bailey	SB	CD&T Clinical Board Director for Quality and Patient Experience
Mike Bond	MB	Director of Operations - Surgery
Karen Bonham	KB	Lead Speech & Language Therapist, Welsh Neuropsychiatry service
Nia Came	NC	Lead for Adult Speech & Language Therapy
Jessica Castle	JC	Director of Operations – Specialist Services
Steve Curry	SC	Chief Operating Officer
Carol Evans	CE	Assistant Director of Patient Safety and Quality
Nicola Foreman	NF	Director of Corporate Governance
Carys Fox	CF	Director of Nursing – Specialist Services
Angela Hughes	AH	Assistant Director of Patient Experience
Abigail Harris	AH	Executive Director of Strategic Planning
Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
Fiona Kinghorn	FK	Executive Director of Public Health
Alun Morgan	AM	Assistant Director of Therapies and Health Science
Hywel Pullen	HP	Assistant Director of Finance
Richard Skone	RS	Clinical Board Director Specialist Services
Matthew Temby	MT	Director of Operations – Clinical Diagnostics and Therapeutics
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Executive Medical Director
Glynis Mulford	GM	Secretariat

Observers:

Sian Passey	SP	Assistant Director of Nursing, Quality, Assurance, Safeguarding & Professional Regulation, Hywel Dda UHB
Adele Roberts		Head of Quality and Patient Care, WHSSC
Alena Ball		Senior Clinical Audit Coordinator

Apologies:

Robert Chadwick	RC	Executive Director of Finance
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QSE 19/12/001	WELCOME AND INTRODUCTIONS The Committee Chair welcomed everyone to the meeting.	ACTION
QSE 19/12/002	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
QSE 19/12/003	DECLARATIONS OF INTEREST There were no interests to declare.	
QSE 19/12/004	MINUTES OF THE COMMITTEE MEETING HELD ON 17 SEPTEMBER 2019 AND 15 OCTOBER 2019 The Committee reviewed the minutes of the meetings held on 17 September and 15 October 2019. The Committee resolved that: a) The minutes of the meetings held on 17 September and 15 October 2019 be approved as a true and accurate record.	
QSE 19/12/005	ACTION LOG FROM 17 SEPTEMBER 2019 AND 15 OCTOBER 2019 The Committee reviewed the action log and noted the following updates: 19/09/008 – Children and Women’s Clinical Board Assurance Report: This item would be brought to a future meeting of the Committee as the Clinical Board was undertaking further work. 19/09/016 - Centralisation of Endoscopy Decontamination: The Decontamination Committee was still reviewing the centralisation of endoscopy decontamination and an update would be brought to a future meeting of the Committee. 19/06/011 – Patient Notification Exercises: ESSURE (Issues with the failure of the process): An item on Hepatitis C Patient Re-engagement was on the agenda for today. There was no further action needed. COMPLETED. 19/06/013 - Ophthalmology Report: Work was being finalised and a report would be brought to a future meeting. 19/06/020 – Cwm Taf UHB Maternity – Cardiff and the Vale Lessons Learnt: The Chief Operating Officer informed Members that it had been agreed with Cwm Taf and Aneurin Bevan UHBs that a further 200 patients would be referred over the course of this year. This was dependant on flows between Cwm Taf and Aneurin Bevan UHBs bringing the total to 400. There was also the potential for a further 180 patients to be directed to Cardiff and Vale UHB.	

	<p>19/02/008 – PCIC Clinical Board Assurance Report: A report would be presented to Management Executives regarding the two mobile units that needed to be replaced. Action was being taken to address the issues and to provide the service in a different way with long and short term plans being drawn up. Decontamination equipment was being replaced with single use items and patients were being redirected elsewhere. COMPLETED</p> <p>QSE 18/155 – CD&T Minutes - Bone Marrow Transplant Unit: £1m had been spent to make improvements to the Bone Marrow Transplant Unit and work was due to be finished imminently. COMPLETED</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1. The action log and verbal updates be noted 	
QSE 19/12/006	<p>CHAIRS ACTION TAKEN SINCE LAST MEETING</p> <p>No Chair's action had been taken since the last meeting.</p>	
QSE 19/12/007	<p>PATIENT STORY - ELAINE</p> <p>Nia Came and Karen Bonham from the Speech and Language Therapy Service presented the patient story on Elaine and shared the difficulties she encountered around her communication impairment.</p> <p>The Speech and Language Therapy (SLT) service, which is based at the Neuropsychiatry Unit in Hafan y Coed, was described. It is the only tertiary service NHS unit in Wales. A range of services are provided including an in and out patients day unit, rehabilitation and community services. The service supports people who have sustained moderate to severe cognitive emotional, behavioural and psychiatric difficulties arising from Acquired Brain Injury (ABI). The SLT service was engaged in a range of services to support service users and families and also provide assessment of communication difficulties.</p> <p>Elaine's story – Elaine was referred to the SLT service after four years of being at home without help. The service deals with the most vulnerable people within the population who suffer with pre-existing psychiatric issues. Elaine presented with dysphasia and dyspraxia. The SLT service was engaged to help Elaine to regain her confidence and find her new identity following her ABI.</p> <p>A short video was shown where Elaine shared her story.</p> <p>Elaine had written and produced the video and was currently editing the video with the support of the neuropsychiatry SLT service. It took Elaine 10 hours to complete the video. This was part of a series of videos that a small group of patients produced to help staff. A training package had been created by the patients and was delivered to staff. The project was designed to be challenging but the outcome measures demonstrated gains for all those involved and included improvements within individual communication skills, self-confidence, participation and wellbeing. The team found it a privilege to show the video.</p>	

The Chair invited comments and questions:

In response to using technology options to interact from home so patients did not have to travel, it was stated this area was still in its infancy. Video conferencing was used for satellite clinics and in-reach services but currently this consisted of clinical and not therapy intervention and it was recognised that there was a need to do more.

The Chair thanked the team and asked them to communicate to the rest of the team and Elaine how impressed the Committee were with the story. She added that what would be taken from the presentation was how it provided the person with purpose and showed partnership between all involved.

The Executive Nurse Director commented that neuropsychiatry was looked at in the context of mental health and not as a therapeutic service. Further communication would be sent to Elaine and the service on behalf of the Committee.

CLINICAL BOARD ASSURANCE REPORT: CLINICAL DIAGNOSTICS AND THERAPEUTICS CLINICAL BOARD

Sue Bailey, Quality Lead for CD&T presented the report which provided assurance around the improved quality and care outcomes for patients.

Matt Temby Director of Operations, updated the Committee regarding the work the Clinical Board had undertaken in collaboration with Public Health on the "Work Health, My Health". The initiative aimed to provide advice and information on simple steps to make small changes around being more active, eating and drinking healthily and improved wellbeing. The Clinical Board (CB) used its own resources and raised extra funds to look after the physical and mental wellbeing of its staff. A broad set of actions were put in place to help and drive forward some of the projects.

The Executive Director for Public Health stated that the programme was an exemplar of how the system could be rolled out to other CBs and further praised the CB as being the flu vaccination lead with a 65% uptake. The Director of Operations confirmed that he supported the health and wellbeing of staff and in particular provided training opportunities for those who managed staff with health and wellbeing issues.

The Chair invited questions and comments:

The Executive Nurse Director asked if they could share their approach to regulation and compliance. In response it was stated there had been a real shift by inspectorates in raising the bar. Two main factors which impacted were senior management oversight and the timeliness of closing actions. In terms of oversight, the CB had developed a Regulatory Compliance Group and a dashboard was used in the system which allowed the CB to view how services were measuring. The new system in place saw improved metrics.

The Director of Operation confirmed that performance management and Q&S did not previously have a standard to measure QMS data underneath the dashboard. The dashboard provided intelligence to indicate where the problems and challenges were with some predictive nature. There had been a cultural shift in having a day to day visualisation of the dashboard, which encouraged services to make a change and drive improvements.

The Chair asked if the data was available in 'real time'. It was stated the data was collated on a monthly basis but the CB would look at how this could be developed further.

The Executive Director of Therapies and Health Sciences commented that the report provided a good breadth of what the CB undertook, the challenges it faced and how these would be addressed. It pulled a range of different services together and asked that assurance be provided to the Committee that cross Clinical Board working would be strengthened. The Director of Operations – Clinical Diagnostics and Therapeutics responded that this was developing well through the Director of Operations Forum. Each morning the team looked at how they could help another CB. Strong relationships had been developed through cross CB working. The central point would be to support CBs with pathway changes and how this could generate improvements to the whole system through the commissioning framework and joining events.

Independent Member – University queried in regard to workforce, that there were a number of professions that were in shortage across the UK. How was recruitment and retention being managed? In response it was stated that some important work was undertaken with workforce planning principles and the change approach. There was a shift from relying on hard to recruit roles to using a different skill mix and support worker framework. Using staff differently had shown some elements of improvement. There was a need to provide and develop services so that people would want to come and work here. It was highlighted that HEIW could have a significant impact on recruitment as they would be training staff on a Wales only basis and could flag when recommissioning may deteriorate.

It was recognised that incidents year on year had almost doubled in causing service disruption. It was explained that in the last 12 months there had been 13 business continuity events, some of which were outside of the CBs control. The committee were advised that the CB was working with the Business Continuity team and were assured that the CB had grown in sophistication in how to manage these events.

The Assistant Director of Quality and Patient Safety highlighted that the CB had dealt with a number of challenging Serious Incidents and coordinated on some big issues. One of the biggest risks and frustrations was the failure to act on abnormal results and she was looking for an end to end solution from NWIS with a tracking system for requesting reporting. Had there been any progress? It was confirmed that work was being undertaken with NWIS to look at an alternative

	<p>solution so that radiologists could easily flag significant results quickly to a referrer via an electronic platform.</p> <p>The Executive Medical Director asked what were the biggest three quality risks faced by the CB and how would these would be highlighted in the report? In response it was stated there was concern regarding regulatory compliance, radiopharmacy and issues around the sustainability of ongoing estates issues and delays with turnaround times in the reporting of results and results notification.</p> <p>The Executive Medical Director commented on his concerns regarding the escalation process and what he considered should be in place locally. In addition, regarding the delays in reporting there were solutions based in transformation and QI. In regard to the IT situation it was pleasing to see that reporting was now aligned to the national reporting processes where our results could be viewed outside the Health Board, and showed we could work within the national agenda.</p> <p>The Chair thanked the team by being open in terms of responding to colleagues questions and acknowledged the challenges that the CB faced.</p> <p>The Committee Resolved that:</p> <ol style="list-style-type: none"> a) the progress made by the Clinical Board to date and its planned actions be noted; b) the approach taken by the Clinical Board be approved; c) To note the areas to be addressed and some of the challenges faced by the Clinical Board 	
QSE 19/12/008	<p>HEALTH CARE STANDARDS SELF ASSESSMENT PLAN AND PROGRESS UPDATE</p> <p>The Assistant Director of Quality provided an overview of the report and confirmed that its purpose was to recognise the changed approach on self-assessment and the priorities that fall out of these.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> • There had been alignment of Health and Care Standards to established groups and committees within the organisation and it was their responsibility to progress the actions throughout the year. The report was an update based on actions that each group was committed to deliver this year and evidence that most actions had been delivered. • There was a lack of resource in the Clinical Audit team and the Health Board were looking for solutions around this issue. • There was a consultation being undertaken in relation to the Health and Care Standards. Clarity was needed whether this was the main framework to underpin quality and safety within Health Boards and how it aligned with the Quality and Safety Bill. Currently, procedures did not align and would feedback comments to Welsh Government. 	

	<ul style="list-style-type: none"> • Independent Member – Legal suggested the need to focus on issues we should be concerned about due to the amount of information presented. The Executive Nurse Director replied that the focus should centre on key areas of the standards and to monitor what needed to be progressed. Key indicators would be added following the self-assessment in order to demonstrate that we were seeing improvements in key areas over the year. • Independent Member – Legal raised that some of the reports came back each year and suggested that three or four key points be brought back to see how these had progressed. In response it was stated that a report was presented in April 2019 and an update provided six months later. The detail would be in those reports with the maturity of where we were against each standard and also that the Health Board would want to see an increase in maturity by April 2020. • The Executive Nurse Director confirmed that in the future she would bring to the Committee a report on an area of work that was not doing well and the action being taken to address the issue it would also include areas of good practice. <p>The Committee resolved that:</p> <p>a) the progress made against the actions identified in each of the Health and Care Standards be noted.</p>	RW
QSE 19/12/009	<p>POINT OF CARE TESTING</p> <p>Executive Medical Director provided an overview of the Point of Care Testing report. He stated that there were a number of challenges in the department relating to a number of factors and there were a set of significant clinical processes that did not have the right structure and governance in place. Therefore the Committee was being informed and made aware of the challenges faced by the department and asked to provide support to the service on how to manage these issues. The report will also be taken to the next Board meeting.</p> <p>The Chair invited questions and comments:</p> <p>Independent Member – Trade Union commented that this was an opportunity for transformation using the technology available to the Health Board and stressed that the Health Board should not underestimate the concern around capacity and leadership issues.</p> <p>The need for a systematic approach was recognised. It was queried why the services had not been escalated to a committee. It was stated that POCT had been on the radar for a long time and became an acute problem because of the lack of succession planning which was explained. It was acknowledged that the current leader in POCT was excellent but there was a need for a stronger level of governance and leadership to be put in place.</p> <p>The Committee resolved that:</p>	SW

	<ul style="list-style-type: none"> a) Clarification should be obtained regarding the governance reporting arrangements/ escalation route for the PoCT Group on an organisational level. b) Plans are to be put in place to ensure ongoing engagement from all Clinical Boards at the POCT Group. <ul style="list-style-type: none"> 1. a succession plan for a Head of Service/ Clinical Lead should be put in place. 2. Plans shall be put in place to secure sustained funding for the PoCT Dept. 3. Plans shall be put in place to source suitable premises for the PoCT Dept. 	
QSE 19/12/010	<p>UPDATE ON STROKE REHABILITATION AND MODEL WORKFORCE</p> <p>The Executive Director of Therapies and Health Science gave a verbal update on the Stroke Rehabilitation and Model Workforce. The following comments were made:</p> <ul style="list-style-type: none"> • There were no longer any quality issues on the Stroke Rehabilitation Unit. • As part of their plans to move the unit forward the team had reviewed the staffing issues. Work had been undertaken with the lead nurse and lead therapist on the workforce model to move towards a rehab focused unit by using staff in different ways with a different skill mix. An initial meeting with the Medicine CB and CD&T CB would be undertaken and would be discussed in Stroke Strategy Group on Friday, 20 December. Assurance had also been provided by the HIW with a positive report. <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The verbal update be noted 	
QSE 19/12/011	<p>LOCAL CLINICAL AUDIT PLAN UPDATE</p> <p>The Executive Medical Director stated the report provided a summary of the current audits on Tier 1 and Tier 2 national and local audit mandates for 2019/20. It was key to remember that there was no specific cycle and to note there were a number of audits in progress.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) the progress being made against the 2019 / 20 Clinical Audit Plan and the overall clinical audit activity for 2018/19 be noted. 	
QSE 19/12/012	<p>CANCER PEER REVIEW</p> <p>The Executive Medical Director provided a report which summarised the Cancer Peer Review. It was highlighted that the lung report had been omitted from the report but had been received earlier that day. The Teenage and Young Adult report had not been submitted to the UHB but clinical teams were able to take forward actions to improve the service</p>	

	<p>based on verbal feedback. There were actions outstanding against previous reports but there were no concerns to highlight as a risk.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) the contents of the report and the delayed action plans awaited from the Wales Cancer Network be noted. b) It be noted that the reports and action plans will be submitted to the next meeting. 	
QSE 19/12/013	<p>INTERNAL INSPECTIONS</p> <p>The Executive Nurse Director informed the Committee that 109 inspections had been carried out during 2019. There were no areas to be overly concerned about but it was recognised that there were some areas of practice that could be improved. There was learning to be had regarding the audit process itself and change would be introduced by using an electronic platform. An App had been designed to improve the quality and consistency of audit outcomes and the Health Board had started to see improvement following the introduction of the App. Information was being triangulated in a systematic way to inform the Health Board about the inspections. It was realised that more work was needed in this area. The themes that were coming out of inspections, complaints and Serious Incidents needed to be collated so that improvement could be measured and featured in the quality and safety feedback.</p> <p>It was requested that the App be shared with the Community Health Council.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) the content of the paper be noted 	RW
QSE 19/12/014	<p>PATIENT NOTIFICATION EXERCISES IN CARDIFF AND VALE OF GLAMORGAN POPULATIONS: HEPATITIS C VIRUS INFECTION RE-ENGAGEMENT PROJECT</p> <p>The Executive Director of Public Health presented the report and informed Members that some patient notifications exercises (PNE) were led by Public Health Wales. It was explained that over 5000 individuals who had been diagnosed with hepatitis C, but for various reasons had never been linked to care or who had never received follow up investigation or treatment, had been identified through laboratory data searches in Wales. Those patients with an identified General Practitioner (GP) who had provided consent, were contacted and offered treatment as Phase 1 of an on-going re-engagement programme throughout Wales and directed by Welsh Government. The PNE carried out showed commitment to the World Health Organisation (WHO) goal to eliminate Hepatitis C by 2030. The measures outlined by the WHO had been fully complied with.</p> <p>There would be a phase 2 approach in finding patients who were not</p>	

	<p>registered with GPs or were in prison and had fully complied with the piece of work.</p> <p>The Committee resolved that:</p> <p>a) the progress made so far in this exercise be noted and support provided for on-going implementation</p>	
QSE 19/12/015	<p>POLICIES FOR APPROVAL</p> <p>An overview of the policies and procedures were provided to the Committee for approval, these were the:</p> <p>1. Consent to Examination or Treatment Policy</p> <p>The Committee resolved that:</p> <p>a) the Consent to Examination or Treatment Policy be approved; b) the full publication of the Consent to Examination or Treatment Policy in accordance with the UHB Publication Scheme be approved</p> <p>2. Management of a Throat Pack Policy and Procedure</p> <p>The Committee resolved that:</p> <p>a) the policy and procedure for the management of a Throat Pack be approved. b) the chairs action to approve the policy and procedure for the management of a Throat Pack be ratified. c) the full publication of the policy and procedure for the management of a Throat Pack in accordance with the UHB publication scheme be approved.</p> <p>3. Update of Healthy Eating Standards for Hospital Restaurant and Retail Outlets</p> <p>The Executive Director of Public Health introduced the policy, which had also been discussed at a recent Management Executive meeting. It was realised there was more work to be undertaken as it was not completely clear how the market would respond and there was a need to assess the impact in more detail. Therefore the policy would be brought back to the Committee at a later date. A communications plan would be put in place.</p> <p>There was wider discussion on affordability, getting the message right and sharing with the public what the policy was aiming to achieve.</p> <p>The Committee resolved that:</p> <p>a) Progress of the policy be noted b) A revised policy be brought back at a later date.</p>	FK

QSE 19/12/016	<p>NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE GUIDANCE</p> <p>The Executive Medical Director informed the Committee that recently the National Institute for Health and Care Excellence Guidance (NICE) lead had undertaken a stock take of processes in Wales and reported that a well-documented system was in place at the Health Board. The NICE lead also flagged areas where other processes needed strengthening. No benchmarking had been undertaken with other HBs. In the future an all-Wales assessment would be undertaken to further strengthen processes. Technology appraisals were not currently being mandated but this would be addressed in the future. In the meantime, the Health Board should be measured against the process and work on this was currently being undertaken.</p> <p>In regard to CG192 Antenatal and post- mental health, the Executive Nurse Director asked that it be noted that when the Health Board met with Welsh Government on performance indicators, CG192 was an area where concerns were expressed by our staff that there was no post-natal psychology support in place.</p> <p>The Community Health Council queried in regard to NG80 - chronic asthma management, if the report was indicating that diagnostic testing would not be undertaken in primary care and that it was not part of QUAFF. In response it was stated that chronic asthma management was not in QUAFF and there had been a reduction in barometry testing across Wales. The Cardiff and Vale position was that GPs were doing much less barometry testing than they were and this had been raised as an issue.</p> <p>The Committee resolved that:</p> <p>a) The processes in place to consider NICE Guidance and the levels of implementation be noted</p>	
QSE 19/12/017	<p>HEALTHCARE INSPECTORATE WALES ACTIVITY OVERVIEW</p> <p>The Assistant Director of Quality and Patient Safety informed members that the outcome of an unannounced inspection by HIW to the Maternity Unit on 18 November reported with positive feedback. An immediate assurance issue had been identified with resuscitation trolleys and was rectified immediately. A safety notice was issued and the safety team completed a piece of work on this issue. Subject to discussion there would be better solutions across the Health Board. There were also positive outcomes with HIW visits to the Stroke Rehabilitation Centre and Rookwood Hospital.</p> <p>The Committee was made aware of the issues expressed by the Nurse Directors regarding the HIW template. It was deemed to be too bespoke in relation to the issues that arose from the Cwm Taf Review. This has been raised with Welsh Government.</p>	

	<p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The level of HIW activity across a broad range of services be noted b) It be agreed that the appropriate processes are in place to address and monitor the recommendations made. 	
QSE 19/12/018	<p>HEALTHCARE INSPECTORATE WALES PRIMARY CARE CONTRACTORS</p> <p>The Assistant Director of Quality and Patient Safety informed members that the report focused on dental and surgery practices. There were two immediate assurance issues in terms of healthcare waste and a robust process was in place around this. Dental practice advisers would work with practices to address the concerns.</p> <p>There was a recurring trend with immediate assurance regarding DBS checks with non clinical staff. Discussions had been undertaken with HIW as their thresholds were higher than Shared Services. The Health Board did not require DBS checks for non clinical staff but this was being requested by HIW.</p> <p>Members were informed that primary care indemnity arrangements now came under the responsibility of the Health Board. The Health Board would therefore see more primary care issues coming through private providers.</p> <p>The Community Health Council will bring a paper to a future Committee relating to their visits to Primary Care Contractors.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) the contents of this report and the inspections undertaken by HIW to GMS and GDS contractors be noted b) they be assured that appropriate remedial actions are being taken by practices in relation to immediate assurance notifications; c) it be noted that there is a robust process in place within the Primary Care Team to manage the receipt of inspection reports and ensure review and follow up by the practice. 	
QSE 19/12/019	<p>ITEMS RECEIVED FROM CLINICAL BOARDS QUALITY SAFETY AND EXPERIENCE COMMITTEE</p> <p>Independent Member – Trade Union observed that the Mental Health Clinical Board was lacking in terms of minutes submitted to the Committee. It was confirmed that the CB had a different approach to minute taking but that the Executive Nurse Director would take the comments back to the CB.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The minutes of the Clinical Boards be noted 	RW

QSE 19/12/020	ITEMS TO BRING TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES <p>Whilst there are no immediate concerns the audit finding that the retention rate had come up high may be referred to another committee or discussed externally to assure the committee that there were strong processes in place to resolve this and to show that due process would be observed.</p>	
QSE 19/12/021	REVIEW OF MEETING <p>The Committee Chair facilitated a review of the meeting. Members confirmed that:</p> <ul style="list-style-type: none"> • There was openness and a very strong performance from the CD&T Clinical Board. Much work had been undertaken and the importance of triangulating processes was highlighted. • It was acknowledged by the Executive Nurse Director to be the most challenging meeting to collate and prepare papers. The processes were changing and she thanked everyone for their patience. <p>The Chair invited the observers to provide comments:</p> <ul style="list-style-type: none"> • It was observed that there was a good structure in place and it was recognised that although the Committee was on a journey it had found a balance between operational and strategic reporting. The strategic element came through strongly and the CBs were picking up on the operational elements. In addition, the patient story presentation was excellent. 	
QSE 19/12/022	DATE AND TIME OF NEXT MEETING <p>Thursday, 18 February 2020 at 9.00am Coed y Bwl Room, Ground Floor, Woodland House, Heath, Cardiff</p>	

Confirmed Minutes of the Strategy & Delivery Committee
Tuesday 14th January – 9:00am – 12:00pm
Executive Meeting Room, Woodland House

Chair:

Charles Janczewski CJ UHB Interim Chair & Committee Chair

Members:

Sara Moseley SM Committee Vice Chair & Independent Member – Third Sector

In Attendance:

Kerry Ashmore	KA	Information Liaison Manager
Steve Curry	SC	Chief Operating Officer
Lisa Dunsford	LD	Director of Operations - PCIC
Martin Driscoll	MD	Deputy CEO / Executive Director of Workforce & Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Fiona Kinghorn	FK	Executive Director of Public Health
Anna Kuczynska	AK	Clinical Board Director - PCIC
Christopher Lewis	CL	Deputy Director of Finance
Sara Moseley	SM	Committee Vice Chair & Independent Member – Third Sector
Len Richards	LR	Chief Executive Officer
David Thomas	DT	Director of Digital & Health Intelligence

Secretariat:

Laura Tolley LT Corporate Governance Officer

Apologies:

Gary Baxter	GB	Independent Member – University
Robert Chadwick	RC	Executive Director of Finance

S&D 20/01/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting in Welsh and English.	Action
S&D 20/01/002	Quorum The CC confirmed that the meeting was quorate.	
S&D 20/01/003	Apologies for Absence Apologies for absence were noted.	
S&D 20/0/004	Declarations of Interest There were no declarations of interest.	
S&D 20/01/005	Minutes of the Committee Meeting held on 29th October 2019	

	<p>The Committee reviewed the minutes of the meeting held on 29th October 2019.</p> <p>Resolved – that:</p> <p>(a) the Committee approved the minutes of the meeting held on 29th October 2019 as a true and accurate record.</p>	
S&D 20/01/006	<p>Action Log following the Meeting held on 29th October 2019</p> <p>The Committee reviewed the action log and the following comments were made:</p> <p>19/06/008 – It was agreed the report on Maximising Prevention in the UHB would be brought to the next meeting in March 2020.</p> <p>19/10/008 – It was confirmed that this action was complete.</p> <p>19/10/010 – It was agreed that the report outlining how development would be monitored to ensure Amplify outcomes were delivered would be brought to the meeting in March 2020.</p> <p>19/10/013 – It was agreed that the Director of Digital & Health Intelligence (DDHI) would provide and update on this action at the meeting in March 2020.</p> <p>19/10/015 – The Chief Operating Officer (COO) explained a number of discussions had been held regarding the potential regionalisation of ambulances due to ambulance response times and pressures on the service. Concern had been expressed about moving to a regional, centralised service and it was proposed that ambulances could only be diverted to Cardiff & Vale UHB (“the UHB”) on an exceptional basis, not routinely and the UHB would have to be informed prior to receiving a patient. An official document confirming this was pending.</p> <p>The Chief Executive Officer (CEO) added that this would become a key discussion in the Chairs meeting as there was a lot of concern surrounding the potential move to centralisation. The CEO explained that no Health Board should be able to send a patient to another hospital without the receiving Health Board first being made aware and this should only occur in exceptional circumstances. This was a crucial point and if a Health Board was unable to take their own patient, they would need to raise their own escalation levels to support pressure. The CEO further explained that the UHB would be the receiving hospital in most cases due to current good performance. The CEO requested that the CC raise the concern through the Chairs meeting.</p> <p>The Executive Medical Director (EMD) requested that the CC ask, during the Chairs meeting, what was the Clinical Governance sign off process for the policy as he was not aware that it had been signed off Nationally.</p>	<p>FK</p> <p>MD</p> <p>DT</p> <p>CJ</p> <p>CJ</p>

	<p>The CC confirmed that this was a great concern for himself and other Independent Members of the UHB due to the significant pressure already on front line staff, therefore he agreed to raise this appropriately.</p> <p>Resolved – that:</p> <p>(a) the Committee reviewed and noted the updated action log following meeting held on 29th October 2019</p>	
S&D 20/01/007	<p>Chairs Action taken since last meeting</p> <p>There had been no Chairs actions taken since the last meeting.</p>	
S&D 20/01/008	<p>Primary Care – Peer Review</p> <p>The COO introduced the paper and confirmed that the second Primary Care Peer review was positive and recognised the good progress made since the previous review.</p> <p>The Clinical Board Director – PCIC (CDB – PCIC) explained that both Multi-Disciplinary Team and Demand & Capacity work was noted as exemplary across Wales along with recognition of good Executive support.</p> <p>It was explained that a decision had not yet been made regarding the Out of Hours Service (OOH) operating out of University Hospital of Wales. This needed to become a priority so that a final decision could be made. The COO added that the team were waiting for a Clinical Board proposal which would go to Management Executives and he confirmed that a decision would not be made until after the Winter period.</p> <p>The CC requested an update and action plan to be brought to the Committee in July 2020.</p> <p>The CBD – PCIC advised that roles would be explored within the OOH as a 24/7 Healthcare model developed with the potential for some roles having the opportunity to work in both areas which would be an exciting prospect.</p> <p>The COO added, more transformation work would be required to signpost people to social needs and other services. The COO further explained that a more integrated approach with health and care services was something that would develop as a 24/7 Healthcare model progressed.</p> <p>The CC congratulated the team on the positive peer review letter and explained it was good to see the progress made.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the Primary Care – Peer Review.</p>	SC
S&D 20/01/009	Excel at Teaching, Research, Innovation & Improvement	

	<p>The EMD introduced the paper and confirmed that a key objective outlined within the report was to convert to a multidisciplinary teaching arrangement. It was also an aim to align processes with patient outcomes which would align with the UHB modernisation.</p> <p>An objective was to have an enhanced working relationship with HEIW, Cardiff University and other stakeholders. The EMD added that the HEIW meeting in the coming weeks had half of it's time allocated to multidisciplinary teaching for the first time.</p> <p>The CC explained that teaching across the UHB needed to be addressed.</p> <p>The Executive Nurse Director (END) requested to bring a report to the Committee on teaching across nursing and midwifery.</p> <p>The Committee Vice Chair & Independent Member – Third Sector (CVC) asked if the timescales on the objectives were ambitious enough and how the report linked with UHW2? In response, the Executive Director of Strategic Planning (EDSP) explained that it was ambitious enough to date, however, when the Joint Research Office was operating, they would need to be refreshed.</p> <p>The CVC also queried the number of highlighted risks within the report. The EMD advised that whilst they were identified risks, they were not unusual for the size of the UHB and he was assured that risks were being addressed in a robust way.</p> <p>Resolved – that:</p> <p>(a) the Committee approved the strategic direction in teaching and research.</p>	RW
S&D 20/01/010	<p>Update on Healthy Travel Charters</p> <p>The Executive Director of Public Health (EDPH) introduced the report and explained that the Committee would recognise the changes and improvements made within the report.</p> <p>The EDPH further advised that the recent staff survey indicated a positive improvement. A charter was being developed with the business sector, third sector and education sector which explored ways that regional support could be provided.</p> <p>The Committee were advised that the Cardiff Council Clean Air Plan had been approved by Welsh Government and would be launched in the coming days. This outlined an ambitious plan to reduce pollution levels within Cardiff, in addition to a Next bike scheme being explored within the Vale of Glamorgan.</p> <p>The CC thanked the team for the good work being carried out within the Healthy Travel Charter.</p>	

	<p>Resolved – that:</p> <p>(a) the Committee noted and supported the introduction of a Healthy Travel Charter to the Vale of Glamorgan.</p>	
S&D 20/01/011	<p>A Long Term Health and Social Care Plan – A Healthier Wales</p> <p>The Executive Director of Strategic Planning (EDSP) introduced the paper and advised the Committee that a number of improvements were being made across the whole system and confirmed that the recently appointed Director of Transformation & Informatics (DTI) would take the lead on moving transformation into the next phase. The DTI would also work on objectives within the UHB strategy and analyse how the UHB were delivering against them.</p> <p>The EDSP informed the Committee of a shared concern amongst Executives in relation to the Welsh Government transformation funding not being received. She added that an announcement addressing this, from Welsh Government, was expected over the coming days.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Long Term Health and Social Care Plan – A Healthier Wales.</p>	
S&D 20/01/012	<p>Ensuring that service provision, quality, finance and workforce elements are aligned and integrated.</p> <p>The END introduced the paper and advised the Committee that an Enhanced Supervision Framework (ESF) had been developed which built a better outcome for patients and reduced costs. These outcomes could be seen within the report.</p> <p>The END advised the Committee that there had been a slight increase in the number of falls reported, however, these have been non-serious, therefore, the risk was controlled.</p> <p>The END added that the ESF had been shared across the UHB, and Cardiff & Vale had been deemed best practice in Wales which was very positive.</p> <p>The CVC commented that the human side of the ESF shone through within the report and explained having staff who know patients and their needs made a significant difference and that was an example of the Health Board Values.</p> <p>The CC welcomed the very positive piece of work undertaken.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the quality, finance and workforce benefits provided by the Enhanced Supervision Framework.</p>	

S&D 20/01/013	<p>Scrutiny of the Capital Plan</p> <p>The EDSP advised the Committee that the Capital Plan was a complex programme of work that was reviewed monthly.</p> <p>The CVC questioned, as it was such a complex programme, how would full assurance be gained that it was monitored appropriately? In response, the EDSP confirmed that two Executives had oversight of the Capital Plan to ensure full assurance was gained.</p> <p>The EDSP advised that the Director of Estates & Facilities would develop an action plan that would be brought to the next Committee meeting.</p> <p>The CC explained that estates was a concern, therefore the paper was good for understanding and provided the Committee with assurance that the Capital Plan was monitored appropriately.</p> <p>Resolved – that:</p> <p>(a) the Committee noted and were assured that the capital programme was being closely monitored.</p>	AH
S&D 20/01/014	<p>IMTP Quarterly Report</p> <p>The EDSP explained that the report was in the format agreed with Welsh Government and had been submitted to Welsh Government for approval.</p> <p>The CEO added that the last Joint Executive Meeting was very positive and the UHB were waiting for a letter from Andrew Goodall to confirm this.</p> <p>The CC requested that the letter be shared with him once received. The CC added that the report drew against key issues which was very useful and gave the Committee the relevant assurance.</p> <p>Resolved – that:</p> <p>(a) the Committee discussed and noted the IMTP Quarterly Report.</p>	LR
S&D 20/01/015	<p>Equality Champions</p> <p>The Deputy Chief Executive Officer / Executive Director of Workforce & Organisational Development (DCEO / EDWOD) introduced the report and explained that an Equality Strategy & Welsh Language Standards Group had been set up to help drive both Equality & Welsh Language forward across the UHB. The DCEO / EDWOD confirmed that he would Chair the group. The terms of reference would be set up after the Committee meeting and the Equality Manager would drive the agenda forward.</p> <p>The DCEO / EDWOD acknowledged the significant amount of work that needed to be undertaken relating to Welsh Language, however, it was confirmed that he met with the Welsh Language Commissioner during</p>	

	<p>December 2019 and demonstrated that the area was being worked on which was seen as positive.</p> <p>The CC queried whether the Equality Strategy & Welsh Language Standards Group planned to send a paper to the Committee going forward to enable assurance to be gained that both aspects were being driven forward across the UHB? In response, the DCEO / EDWOD confirmed that this was the intention and he would be discussing governance around setting up a sub-committee with the Director of Corporate Governance (DCG) outside of the meeting.</p> <p>The CVC added that the paper needed to be moved to a strategic level.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> • The Committee noted and supported the Equality Champions Report with understanding it will be amended slightly. • An updated report would be brought back in May 2020. 	MD/NF
S&D 20/01/016	<p>Developing a Performance Framework Update</p> <p>The Director of Digital & Health Intelligence (DDHI) explained that the mapping of measures for Committees had been completed and work to map nationally was being undertaken.</p> <p>The DDHI informed the Committee that a new Digital Group had been set up to manage the mapping with the aim to map the National Framework and identify lead indicators.</p> <p>The DDHI added that more discussion with Executives would be required to ensure measures were correct.</p> <p>The Information Liaison Manager (ILM) informed the Committee of good progress made with the dashboard. The Quality, Safety & Experience Committee had trialed this in the first instance and this had gone well, therefore, the process would be rolled out with the other Committees.</p> <p>The DDHI explained that Value Based Healthcare was not a performance measure which meant the team may not be able to populate this area onto the dashboard.</p> <p>The EDSP added that Clinicians needed to see the data so they would know where improvements needed to be made.</p> <p>The END commented that live data was extremely important to aid function and the data needed to align to relevant pathways so Clinicians could view the live data and the Board and Committees could see the data strategically.</p> <p>The CC confirmed that the Performance Framework was a key element that was missing for the Committee therefore the initiative was welcomed.</p> <p>The CC requested a progress update be brought to the Committee in May 2020.</p>	DT

	<p>Resolved – that:</p> <ul style="list-style-type: none"> The Committee noted the Performance Framework Update Presentation. 	
S&D 20/01/017	<p>Primary Care Milestones and Delivery against them</p> <p>The DO – PCIC delivered the presentation and confirmed the following:</p> <ul style="list-style-type: none"> Cluster IMTP <p>Workshops had been completed to progress these and the team were waiting for a final, formal publication date from Welsh Government.</p> <p>The EDSP confirmed that this would be raised with Welsh Government at a meeting on 17th January 2020 and asked the Committee to note that the IMTP's brought to the Board meeting at the end of January would be in draft format.</p> <p>The CC explained that the UHB had been given additional time to develop IMTP's this year, however, there would be a tight deadline next year to get all clusters ready, so he asked how the clusters were being encouraged to develop these to ensure the timeframe would be met? In response, the CBD – PCIC explained that the Primary Care Conference in April 2020 would be focussed on showcasing what other clusters have developed and achieved to create ambition across the UHB.</p> <ul style="list-style-type: none"> Preventing Falls <p>Good work had progressed in this area with a reduction in conveyance to hospital. Further clarification from Welsh Government was needed in this area to understand what targets they would like met.</p> <ul style="list-style-type: none"> Access to GP,111 & OOH Service <p>Access standards had been refined and work had commenced on the 111 service. The DO –PCIC added that an Access Forum had been established, which was a requirement.</p> <ul style="list-style-type: none"> Reporting & Escalating <p>An Out of Hours Service escalation tool was already in place and this had been reported to Welsh Government.</p> <ul style="list-style-type: none"> Communication <p>Primary Care Choices launched with a good response and the second phase of the communication plan was in development. The EDSP asked if the communication plan would feature patient and service users? The END confirmed that the Patient Safety team would work with PCIC to develop this.</p>	

	<p>The CC advised the Committee that Health Board Vice Chair had given a clear message to Welsh Government that clarity around measures was needed.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> The Committee noted the Primary Care Milestones and Delivery against them. 	
S&D 20/01/018	<p>Staff Survey Steering Group</p> <p>The DCEO / EDWOD introduced the paper and advised the Committee that a Staff Steering Group had been developed, which consisted of 50 volunteers, to represent Workforce for improvement. The group would track actions that came from staff surveys to ensure they were followed.</p> <p>CAVyour say was developing well and would be published quarterly.</p> <p>The CC confirmed that the paper was very encouraging and welcomed this development.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> The Committee considered the Staff Survey Steering Group Report. 	
S&D 20/01/019	<p>Key Organisational Performance Indicators including Winter Resilience Update</p> <p>The COO informed the Committee that a significant amount of work undertaken was to back fill and it was unfortunate that despite the letter from Andrew Goodall, which advised clinicians on the pension scheme, improvement had not been seen. This was because no confidence in the pension scheme had been gained and clinicians who had stepped away from additional work have gained a good work / life balance therefore they no longer wish to undertake more work.</p> <p>The COO confirmed the UHB were losing 280 cases per month and whilst there were options to mitigate that over the year, these have been unsustainable. This meant the position against the 36 week wait would continue to deteriorate. The COO added that the position was very similar across Wales with some Health Boards in the same position as Cardiff & Vale, whilst others were significantly below.</p> <p>The CC asked if feedback to Welsh Government had been provided? In response, the COO confirmed that the CEO had written to Welsh Government at the start of every month since July 2019 with an update. The EMD added that NHS England shared the same view and had also informed the Government of this. It was further explained that until the situation was resolved through a fundamental change, the position would remain the same.</p>	

	<p>The COO commented that when the issue was resolved the UHB would need to secure individuals who could perform the relevant roles which could take a significant number of months. The CC asked how the UHB could get ahead of this? In response, the COO explained that the UHB had previously gone at risk to secure anaesthetic posts which had resulted in a good impact.</p> <p>The EMD added that as a University Health Board we needed to provide a strong academic offer to attract and retain medical students.</p> <p>The COO explained that during Winter the media reported a position against 68% compliance in England and since December it had become even more challenging. The COO advised that the team continue to look at several options and ways to mitigate risks within the system.</p> <p>The CVC asked if the trend saw more people becoming ill or if there was a failing in the system? In response, the COO confirmed that two patterns had been identified:</p> <ol style="list-style-type: none"> 1. More Major Incidents – This had increased by 8% in December which placed additional pressure on beds. 2. Paediatric Admissions – This area had increased significantly over the past months. <p>The EMD advised the Committee that the patterns seen in Cardiff & Vale were mirrored throughout the UK.</p> <p>The CC commented that this was a very trying time for the UHB as an organisation, and expressed concern for front line staff. The CC requested the team ensure that the appropriate support was provided to staff when required.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> • The Committee noted the Key Organisational Performance Indicators including Winter Resilience Update. 	
S&D 20/01/020	<p>Workforce Key Performance Indicators</p> <p>The DCEO / EDWOD introduced the paper and it was taken as read by all present. The DCEO / EDWOD added that absence had not moved and this was an All Wales picture for the past 8 years, where absence had remained at 5%.</p> <p>The CC requested a 6 monthly report be provided that specifically identified themes and trends.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> • The Committee discussed and noted the Workforce Key Performance Indicators. 	MD

S&D 20/01/021	<p>Terms of Reference</p> <p>The DCG introduced the report and confirmed that it outlined the revised draft Terms of Reference for review and comments before submitting the final Terms of Reference for Board approval at the end of March 2020.</p> <p>The DCG explained changes within the Terms of Reference were based on the Wales Audit Office assessment, therefore an increase in Committee membership had been proposed. It was further explained that the quorum would be 2 members, the EDSP deputies had been taken out as they would only be required to attend in the absence of the EDSP and the DCEO / EDWOD, also the DTI and EMD had been added to the Committee membership.</p> <p>The CC reminded all Committee members that their attendance was a priority before nominating a deputy.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> • The Committee approved the changes to the Terms of Reference; and • The Committee recommended the changes to the Board for approval. 	NF
S&D 20/01/022	<p>Work Plan 2020-21</p> <p>The DCG introduced the report and requested any suggested changes be provided before the final 2020-21 Work Plan was submitted for Board approval at the end of March 2020.</p> <p>The DCG informed the Committee following a discussion with the DCEO / EDWOD, corporate objectives had been removed from the work plan as this caused duplication. The DCG advised the Committee that the corporate objectives should be identified and focussed on within the quarterly IMTP reports.</p> <p>The CC expressed some concern with this change and proposed a meeting be arranged with himself, the DCG, EDSP and DCEO/EDWOD to discuss further.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> • The Committee reviewed and approved the Work Plan 2020-21; and • Subject to further discussion, the Committee recommended the approval to the Board of Directors. 	CJ/NF/ MD/AH NF
S&D 20/01/023	<p>Board Assurance Framework Update</p> <p>The DCG introduced the paper and it was taken as read by all present.</p>	

	<p>The DCG confirmed that Workforce was identified as one of the greatest risks with a score of 15, therefore it would be presented to Board as part of the Board Assurance Framework at the end of January 2020.</p> <p>The DECO / EDWOD explained workforce was a risk, however, the Committee was sighted on what actions were being taken to mitigate the risk.</p> <p>The CC emphasised the importance of scoring being reviewed on a regular basis. In response, the DCG confirmed that all scores are reviewed bi-monthly.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> The Committee reviewed the risk in relation to Workforce to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety. 	
S&D 20/01/024	<p>Staff Flu Policy</p> <p>The EDPH introduced the paper and confirmed it was an update of the policy produced in 2015. The EDPH explained that the vaccination would be offered to all staff, however provision of vaccines was outlined within the policy to explain that this would be given to front line staff / high risk areas in the first instance.</p> <p>The EDPH advised the Committee that the UHB had 57% of staff vaccinated to date, and work was still ongoing to increase this.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> The Committee approved the updated Staff Influenza (Flu) Vaccination Policy. The Committee approved the full publications of the Staff Influenza (Flu) Vaccination Policy in accordance with the UHB Publication Scheme 	
S&D 20/01/025	<p>Any Other Business</p> <p>Resolved – that:</p> <p>(a) There was no other business to discuss.</p>	
S&D 20/01/026	<p>Items to bring to the attention of the Board</p> <p>Resolved – that:</p> <p>(a) Terms of Reference be submitted to the Board for approval at the end of March 2020;</p> <p>(b) Subject to further discussion, the Committee recommended that the approval of the Work Plan 2020-21 be submitted to the Board at the end of March 2020.</p>	<p>NF</p> <p>NF</p>

S&D 20/01/027	Date & Time of next Meeting	
	Tuesday 10 th March 2020, Nant Fawr 1 & 2, Woodland House.	



Minutes from the Local Partnership Forum meeting held on 12 February 2020 at 11am in Coed y Bwl, Woodland House

Present

Mike Jones	Chair of Staff Representatives/UNISON (co-Chair)
Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Ceri Dolan	RCN
Rhian Wright	RCN
Nicola Foreman	Director of Corporate Governance
Chris Lewis	Deputy Director of Finance
Andrew Crook	Head of Workforce Governance
Rachel Gidman	Assistant Director of OD
Caroline Bird	Deputy COO
Fiona Kinghorn	Exec Director of Public Health
Pauline Williams	RCN
Dawn Ward	Independent Member – Trade Union
Peter Hewin	BAOT/UNISON
Steve Gaucci	UNISON
Ruth Walker	Exec Director of Nursing

In Attendance

Keithley Wilkinson	Equality Manager
Nicola Bevan	Head of Employee Health and Wellbeing
Michelle Fowler	Volunteer Services Manager
Helen Palmer	Workforce Governance Advisor (observing)

Apologies

Stuart Walker	Medical Director
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Len Richards	CEO
Lianne Morse	Head of HR Operations
Julie Cassley	Deputy Director of WOD
Stuart Egan	UNISON
Mathew Thomas	UNISON
Fiona Salter	RCN
Janice Aspinall	RCN
Bob Chadwick	Exec Director of Finance
Peter Welsh	Hospital Manager, UHL and Barry

Secretariat

Rachel Pressley	Workforce Governance Manager
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LPF 20/001 Welcome and Introductions

Mr Jones welcomed everyone to the meeting and introductions were made.

LPF 20/002 Apologies for Absence

Apologies for absence were noted.

LPF 20/003 Declarations of Interest

There were no declarations of interest in respect of agenda items.

LPF 20/004 Minutes of Previous Meeting

The minutes of the meeting held on the 4th of December were noted and approved subject to the following amendment:

- Page 2, Clinical Services Plan: the minutes referred to 'Prosperity for All', but Mr Hewin had actually been asking for the timescale for the Rehabilitation Strategy.

In reference to the Move More, Eat Well Strategy, Mr Jones stated that there were notices appearing in canteen area asking staff to not use that area without purchasing food. Mr Driscoll stated that he would follow this up with Mr Lewis and gave assurances once more that these notices would be removed.

Action: Mr Driscoll

(Ms Brandon entered the meeting)

LPF 20/005 Action Log

The Local Partnership Forum noted the action log.

LPF 20/006 Volunteers Framework

Ms Fowler was in attendance to present the Volunteers Framework 2020-23. She advised that this was the 4th iteration of framework. Ms Fowler noted:

- The good working relationship that she had with staff side, and the high levels of trust that had been built up over the years, especially around considering new volunteer roles.
- There is good governance around volunteering, including recruitment checks and training and bespoke safeguarding training has been developed.
- Important work has taken place to engage with younger people and the community. In addition mental health volunteering were recently been taken on by the Volunteer Services team.

Mrs Walker stated that the framework ensures safety of patients and volunteers and that it was important it was used consistently across the UHB.

Mrs Gidman stated that there was an overlap between this work and the work taking place around inclusion and the Apprentice Academy and suggested that it would be good to align them.

Mrs Kinghorn welcomed the efforts to engage more with the community. She stated that there was a need to build stronger links between health and the community, and suggested that existing links with community groups could be built on to draw volunteers from these areas. Mrs Walker

suggested that it would be useful to add a list to the framework of the areas that we currently work in to see where gaps existed and where there could be greater alignment.

Mr Hewin stated that as an Occupational Therapist he saw the value of volunteering and agreed that there was a long-standing relationship and scrutiny with staff side. He was glad that mental health volunteering has been brought into the team. He stated that he was happy to endorse the framework though he was concerned about the phrase peer support as this was also used to recruit staff with lived in experience. Ms Fowler agreed that this role title could be changed.

Miss Ward also endorsed the work, describing it as valuable and saying that it could be transformational. She said that staff side could see the social and ethical benefits of volunteering and if anything she felt that the framework could be bolder because of the good trusting relationship between them. There were a few small points she would like to make about the framework but she suggested that these could be picked up outside of the meeting.

The Local Partnership Forum supported the Volunteers Framework subject to the agreed change around peer support. The Framework would now be taken to the Quality Safety and Experience Committee for final sign off.

LPF 20/007 Local Partnership Forum Work Plan

Mr Driscoll presented the work plan proposed for 2020/21 and asked the Forum if anything had been missed.

Mr Hewin stated that the Forum was particularly interested in the implications for staff in terms of service change etc and that he would expect this kind of thing to be discussed on a meeting by meeting basis. Mr Driscoll reminded him that the work plan was an annual document and that these types of discussions could not be scheduled in advance, however if there were proposed changes to the workforce it would be brought here for discussion as, for example, had happened when the future of Sam Davies Ward was under consideration. However, he emphasised that these conversations needed to take place at a local level first. Mr Hewin wondered whether there should be a mechanism for escalation from the Workforce Partnership Group or from Clinical Board Local Partnership Forums. Dr Pressley reminded him that this was a live document which could be changed in response to issues and that items would be scheduled as needed. Mr Driscoll agreed, but reiterated that local discussions were key - the Local Partnership Forum meets for two hours, six times a year so if there is a need for detailed escalation it may be that a separate meeting would have to be scheduled.

Ms Ward questioned whether or not the workplan reflected the issues that were discussed by staff side when they meet and whether it allowed staff side to share the issues raised with them constructively and collectively. She suggested that perhaps it was timely to have another time out or away day to manage and share the intelligence that the staff representatives received from members. Mr Driscoll referred to the workshops that happened after the last staff survey and stated that this would happen again after the next survey to enable conversations with staff about key issues. He agreed that maybe it was time for the Forum to have another time out and agreed to arrange this with Mr Jones.

Action: Mr Driscoll/Mr Jones

LPF 20/008 Strategic Equality Plan – Themes and Objectives

Mr Wilkinson was in attendance to discuss the draft Strategic Equality Plan and Objectives 2020-24. He explained that the objectives included in the paper were those for all public bodies. The consultation process for the UHB plan had now finished and local objectives would be developed using this feedback. The strategic equality plan would be published by 31 March and the final version would be shared with the Forum.

Mr Wilkinson advised that from the 1st of April 2020 a new socio-economic duty would come into force and that it was necessary to be mindful of this.

Miss Ward acknowledged that the timing of this meeting was not quite right as the final draft was not ready to be shared and suggested that they could meet outside the meeting. She said that it would be good to see more data and noted that there was some difficult reading in the material they were directed to. With regards to socio-economic and ethical direction of the organisation, she wanted to see what we could potentially and realistically achieve. She acknowledged that it was a big piece of work to draw all of this together but she felt that the workforce plan should be based on the projections of this plan.

Mr Hewin said that the values throughout the plan were fundamental to trade unionism but that there was a need to ensure that it flowed through all of the organisation.

Mr Wilkinson noted that the themes which had emerged from the consultation resonated with some of the conversation already held at this meeting, particularly in relation to reaching out to the community.

(Mr Wilkinson left the meeting)

LPF 20/009 Patient Safety Quality and Experience Report

Mrs Walker presented highlights of the Patient Safety, Quality and Experience Report to the Forum:

- With regards to ophthalmology she advised that a detailed paper was going to the Quality Safety and Experience committee and that the UHB was in communication with the families affected. She advised that a considerable number of lessons have been learnt.
- There was good news around falls and fractures.
- The assessment unit remains an area for concern though there have been improvement, especially for surgical patients

Mrs Williams noted that adolescent mental health patients were regularly included in the report and asked if the UHB was acting on this. Mrs Walker explained that although it was part of the pathway for under 18s to sometimes be treated in adult wards it had to be reported as a serious incident even though measures such as having additional staff on duty were in place.

(Mrs Walker left the meeting)

Mrs Kinghorn provided an update on coronavirus. She reminded the forum that IP&C practices are essential for any infectious disease and that handwashing is key. As of 10 February there had been 43,000 cases internationally 99% of which were in China, and there were eight confirmed cases in the UK (none of which were in Wales). Public Health Wales was working closely with Public Health England and modelling was being used to develop plans if it was necessary to scale up the response.

Mrs Bevan asked for guidance from an Occupational Health and staff perspective. It was agreed that this would be picked up outside the meeting with the Public Health team.

Ms Brandon advised that the communication team were working closely with Public Health Wales and that separate guidance would be issued for staff and the public.

LPF 20/010 Chief Executive Update

Mr Driscoll advised that we have now had sight of the month 10 financial report. Steps have been taken over the last couple of months and they were cautiously optimistic that the UHB would meet its plan by the end of the year. This was important to maintain the good relationship which had been built with Welsh Government. He thanked the Clinical Boards and staff for responding to the request to reduce spending and asked for this to continue.

Conversations were starting to take place with Welsh Government around the finance necessary for a core team to develop the Clinical Services Plan. He said there was a lot of work which needed to take place before we could really start to develop workforce plans etc.

LPF 20/011 Performance Update

The Local Partnership Form received a presentation from Ms Bird on performance in the context of winter and unscheduled care. She advised that this was really a stock take position as we are still in the middle of winter. It was important to note that the starting point going into winter this year had been difficult as the situation had not really improved during summer and this impacts on the resilience of staff.

She noted that every year winter is different. A number of unscheduled care initiatives such as 'keep me home', 'right place, right time', 'every day counts' and 'get me home' had been used this year. However it was a challenge every year in terms of the workforce, with recruitment needed to enable the additional schemes.

The data showed that activity had increased and performance had gone down, however, Ms Bird emphasised that we were doing comparatively well compared with the rest of the UK.

Ms Bird noted that each year at the end of the winter period there is a debrief and she asked staff representatives to be involved this year. A further update would be provided to Local Partnership Forum again in October and would include the debrief lessons and plans for next year. She emphasised that there was a real need to make sure that staff are supported formally and informally, and thanked staff for all the work that they are doing, but noted that the real aim was for resilience within the system through new ways of working etc.

LPF 20/012 Tackling Stress in the Workplace

Mrs Bevan was in attendance to present a paper on tackling stress in the workplace. She noted that it involved was a tiered approach, looking not just at individuals and building their resilience but rather:

- Primary/preventative – prevention within the UHB
- Secondary/proactive – building individuals ability to cope
- Tertiary/reactive – recovery support for individuals

Examples of the various tiers were noted.

Miss Ward said that she was disappointed to only see that only 3 Clinical Boards were included in the report. She suggested that the message at the top might be right, but it was not getting through all levels of the organisation. She also suggested that more data would be useful (including how many people were accessing services) and she would like to see more of the preventative agenda included. She stated that the organisation is trying to be transformational and demand was not matched by the resilience of individuals and departments. Mrs Bevan agreed that more data would be useful and advised that they were working on this. She also advised that what was not included was the work going on around nurse retention, and the strategic and leadership work taking place.

Mr Driscoll noted that there was excellent work taking place, but agreed that it was now necessary to add the physical metrics to the narrative in future reports.

(Mrs Williams and Mrs Bevan left the meeting)

LPF 20/013 Workforce and OD Key Performance Indicators

Mr Driscoll advised that sickness was climbing and that we need to ensure we are doing all we can in this area. He indicated that we now have clarity on the unsocial hour's payments, which will not be paid for the first six weeks of sickness but then will be paid after that. Mr Crook would contact NHS employers to follow up communications around this.

Action: Mr Crook

In terms of recruitment, there had been event the previous week which was well supported with over 120 expressions of interest. The UHB had also recruited nine Consultants in the last couple of weeks.

A #CAVYourSay newsletter had been developed to share the work that taken place since the last Staff Survey. The 'A Day in the Life...' initiative was being implemented to enable departments to invite an Executive to spend time with them. 16 departments had responded to the call for invitations and the visits would take place over the next three months or so.

There have been lots of difficulties in getting the right location for the showcase but we now have a likely building which is near to Woodland house and it will be launched in the late spring.

LPF 20/014 Finance Report

The Local Partnership Forum received the report for the period ending 31 December 2019.

Mr Lewis reminded the forum that we had pledged to reach a balanced position by the end of the year. Month nine had been particularly good, though part of that had been seasonal, and this trend had continued through January. However, Mr Lewis emphasised the need to maintain financial discipline over the next couple of months, because while the financial position was improving and the risks were lowering, the margins remained narrow.

LPF 20/015 Items to be brought to the attention of the Board.

There were no items to be specifically brought to the attention of the Board.

LPF 20/016 Any Other Business

There was no other business for consideration by the Forum.

LPF 20/017 Future Meeting Arrangements

The next meeting would take place on Thursday 16th April 2020 at 10 am in room Nant Fawr 1, Woodland House (with a staff representative pre-meeting at 9 am)

**CONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON WEDNESDAY 27 NOVEMBER 2019, NANT FAWR 1,
WOODLAND HOUSE**

Present:

Richard Thomas	Care and Repair Cardiff and the Vale (Chair)
Posy Akande	Carer
Sam Austin	Young Persons Sector
Sarah Capstick	Cardiff Third Sector Council
Liz Fussell	UHB Volunteer
Iona Gordon	Cardiff Council
Shayne Hembrow	Registered Social Landlord Sector
Dean Loader	South Wales Fire and Rescue
Anthony Moyle	South Wales Police
Linda Pritchard	Glamorgan Voluntary Services

In Attendance:

Chris Dawson-Morris	Corporate Strategic Planning Lead, UHB
Colin McMillan	Head of Transport and Sustainable Travel, UHB
Anne Wei	Strategic Partnership and Planning Manager, UHB
Suzanne Wood	Consultant in Public Health Medicine, UHB/Public Health Wales
Keithley Wilkinson	Equality Manager, UHB

Apologies:

Duncan Azzopardi	Cardiff University
Mark Cadman	WAST
Garry Davies	South Wales Fire and Rescue
Zoe King	Diverse Cymru
Paula Martyn	Independent Care Sector
Steve Murray	South Wales Police
Rachel Nugent-Finn	Vale of Glamorgan Council
Geoffrey Simpson	One Voice Wales

Secretariat:

Gareth Lloyd, UHB

SRG 19/50

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and Sam Austin was introduced to the Group as the new member providing a third sector children and young people's perspective.

SRG 19/51 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from Nikki Foreman, Abigail Harris, Angela Hughes and Jon McGarrigle.

SRG 19/52 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 19/53 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 24 SEPTEMBER 2019

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 24 September 2019.

Child and Adolescent Mental Health Services (CAMHS)

The SRG had been sent a link to the September UHB Board meeting papers which included a comprehensive paper on proposals for CAMHS which embed the partnership approach to service delivery.

SRG 19/54 FEEDBACK FROM BOARD

The SRG **RECEIVED** and **NOTED** the agenda of the Board meeting held on 26 September 2019.

The SRG would be sent a link to the papers for the November UHB Board meeting which included the draft minutes of the September UHB Board meeting.

Action: Gareth Lloyd

SRG 19/55 DRAFT SUSTAINABLE TRAVEL PLAN

The SRG **RECEIVED** a presentation from Colin McMillan on the development of the UHB's Sustainable Travel Plan.

The SRG heard of the progress in the development of the plan. Patient environment/safety site audits had been undertaken during summer 2019 and

the results of a staff travel survey were evaluated during the autumn. The Plan was currently being drafted and the final document was due to be published in early 2020.

The SRG was informed that the objective of the Plan is to encourage users out of single occupancy vehicles and into more sustainable forms of transport. The key themes are:

- improved access to sites and improved patient safety/experience;
- increased travel options for staff, patients and visitors with a beneficial impact on the wider community;
- the health benefits resulting from active travel;
- reduced congestion on UHB sites and wider communities;
- reduced carbon dioxide emissions; and
- improved business efficiency (reduced mileage costs).

The SRG was then informed of some of the initiatives that had already been introduced.

- **Park and Ride Services** – The frequency of the UHW service had been increased and the hours extended. There continued to be a steady increase in the number of people using the service with over 400 passengers now using it each day. The Cardiff and Vale Health Charity had funded a Park and Ride service for UHL for 12 months. The service was launched 3-4 months ago to coincide with the commencement of major capital developments on the site which impacted on movement of traffic on the site. The service had initially been well used but usage had recently dropped off. The UHB had approached Cardiff local authority about potentially extending the lease but no commitment had been given. If usage were to increase there would be a case for extending the service beyond 12 months.
- **Public Transport** – The UHB was working with Cardiff Bus and New Adventure Travel to improve the frequency of services to its sites.
- **UHW-UHL Shuttle bus** – The service had been introduced 2-3 months ago. It runs from 07.00hrs to 18.00hrs. Usage of the service is beginning to increase.
- **Cycle to Work Scheme** – The scheme has been running for about ten years and has proved extremely popular. The UHB has increased the number of bike shelters on its sites.
- **Next Bike** – There are two Nextbike stations at UHW and one at Woodland House. It is understood that the Nextbike scheme will be extended to the Vale of Glamorgan and the UHB had received a positive response to an initial expression of interest regarding locating a station at UHL.
- **The UHB is developing a Pedestrian Strategy.** It is focussed on UHW specifically however the Travel Plan addresses safe walking routes on all UHB sites.

- Car Share – There is a formal car share scheme operated via Liftshare, Previous travel surveys have, however, indicated that there are many more informal car sharing arrangements across the organisation.
- Sustainable Travel Hub – The UHB is working with Cardiff local authority and Cardiff Bus on plans for a sustainable travel hub on the UHW site. The hub would include waiting areas, a café and changing facilities. Funding for the hub is yet to be confirmed.

The SRG was then asked to consider:

- The key outcomes or benefits it would welcome from the Plan;
- Recommendations or initiatives to encourage staff, patients and visitors to use alternatives to cars to travel to UHB sites; and
- What have been the most successful sustainable travel initiatives introduced so far?

The SRG then made a number of observations.

- Reducing travel time has a positive impact on physical and mental health and wellbeing.
- The Public Service Boards are signed up to Healthy Travel Charters which have very ambitious targets.
- Local authorities have a statutory responsibility to develop Active Travel Plans. The UHB must align its Plan with them.
- There must be adequate engagement with the public and partners at draft stage.
- Consideration must be given to the equalities issues, for example ensuring the access for those with disabilities
- There is no park and ride located within the Vale servicing UHL. Those wanting to use the UHL service must first travel into Cardiff.
- Public transport in many parts of the Vale especially western Vale is extremely poor.
- The information posters about the UHL park and ride service did not explain it was a Monday-Friday service and did not include the post code of the car park. The site is not familiar to many Vale residents.
- Public transport must be improved as cycling is not a feasible option for many.
- Information on transport options must be accurate and adequate. For example there should be large public transport timetable at UHL and UHW ideally with real time information.
- There must be adequate bus shelters on UHB sites.
- Include information on alternatives to car use on wage slips.
- There is a need to change people's lifestyles and mindset and encourage them out of cars where possible.
- Cycle Training Wales is a charity that reconditions and sells good quality cycles at reasonable prices. This may be a more affordable option for those who are new to cycling.

- The aim should be to reduce the number of people needing to travel to the UHB sites. This could be done by increasing the use of technologies such as Skype and telemedicine. Chris Dawson-Morris explained that the UHB was looking at initiatives to reduce unnecessary outpatient appointments and reduce the number that are held on the UHL and UHW sites.
- Adequate disabled parking spaces and drop off/pick up areas must be provided.
- Volunteers are needed to chaperone disabled people or people with support needs once they have been dropped off.
- Outpatient appointment letters could include details of the park and ride services. Colin McMillan explained that there is a limited amount of characters that can be used on automatically generated appointment letters. Colleagues in IT were, however, looking to see if capacity can be created to include information on sustainable travel.
- The new Wellbeing Hubs and Health and Wellbeing Centres must be easily accessible by sustainable modes of transport. Chris Dawson-Morris confirmed that each of these developments would have its own active travel plan.
- Designated parking spaces are required for certain categories of staff e.g. district nurses.
- Has there been a patient transport survey? Colin McMillan explained that there had not been a patient survey as part of the process for developing the Plan. Previous patient transport surveys had elicited poor response rates.

The SRG enquired whether there would be further engagement once the draft Plan had been produced. If the UHB is trying to influence behaviour, engagement would provide an opportunity to publicise the ambitions and test if the right approaches were being adopted. Colin McMillan agreed to enquire whether the draft Sustainable Travel Plan would be circulated for comment.

Action: Colin McMillan

SRG 19/56 DRAFT CARDIFF AND VALE OF GLAMORGAN MOVE MORE, EAT WELL PLAN 2020-2023

The SRG **RECEIVED** a presentation from Suzanne Wood on the key themes identified in the draft Cardiff and Vale of Glamorgan Move More, Eat Well Plan 2020-2023.

The SRG was informed that the draft Plan was being presented as part of the engagement process that had commenced on 4 November and which would conclude on 15 December 2019. Ten priority areas had been developed:

- Health pre-schools and schools
- Healthy workplaces
- Health environments
- Healthy weight services
- Informed workforce and environment
- Healthy advertising and marketing
- Healthy travel
- Healthy communities
- Refill region
- Healthy and sustainable food procurement.

The SRG engaged in a workshop session to discuss these ten priorities and a number of observations were made.

- There are a wide range of third sector organisations doing fantastic work. Important to make connections with these and the registered social landlord sector.
- Initiatives must not further disenfranchise more disadvantaged communities.
- Must not just focus on the public and independent sectors. Consider pilots in the private sector.
- Ensure food outlets on UHB sites offer healthy affordable options
- Encourage staff to take breaks.
- Continue to encourage work/life balance.
- There is a lot of stress on carers. Many are overweight because they don't have time to eat properly or exercise.
- Exercise opportunities for some groups are being restricted e.g. free swimming sessions for over 60s in leisure centres is limited to specific times which don't coincide to the times when carers can take advantage of these opportunities. Iona Gordon agreed to contact Cardiff local authority and find out why the over 60s swimming classes had become reduced in number at local authority commissioned leisure centres.

Action: Iona Gordon

- Cost also a barrier to exercise e.g. gyms
- Primary schools should do more to encourage children to be confident about walking to schools and staying safe.
- Primary Times could be used to publicise and promote outdoor play opportunities.
- Poverty impacts on what people can afford to eat and whether they can buy the equipment/clothing needed for exercise.

- As people age their appetite often diminishes so they revert to quick and easy ready meals
- Signpost people to organisations that can support them in moving more and eating well.
- The GP exercise referral scheme is a great initiative and needs to be further developed.
- Local authorities have a major role e.g. introduction of integrated transport systems. They should promote the use of public transport to access their services.
- The UHB should provide information about sustainable travel options when inviting people to meetings.
- The UHB should introduce free water refill stations at all of its sites.
- The document is local authority and UHB focussed.
- Staff to take responsibility for promoting the messages within their own organisations.
- Introduce communal fruit bowls in organisations in which staff can put unwanted items.
- Consider e-learning packs to help cascade the messages to other organisations/families/community group.
- Must ensure messages do not patronise.
- Refer to policy during staff training days.
- Encourage staff to walk more e.g. walking meetings
- Extend healthy vending machines.
- Improving physical health improves mental health.
- Could the gyms in fire stations be accessible to staff from partner organisations and the local community?
- Key groups should be targeted e.g. young people, older people, carers etc.

As part of the engagement process, SRG members were encouraged to respond direct to the UHB on four specific questions:

- Are you happy to support the Plan?
- Do you have any comments on the content of the Plan?
- How would you like to get involved in the action areas contained within the Plan?
- Do you have any additional comments to make?

Action: All

SRG 19/57

NEXT MEETING OF SRG

1.30pm-4pm, 29 January 2020, Nant Fawr 1, Woodland House.

It was noted that the meeting would be Posy Akande's last SRG meeting. The Chair thanked Posy for her valued contribution over the past five years and paid particular tribute to the way she had brought a compassionate perspective to meetings.



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
12 NOVEMBER 2019 AT THE NATIONAL COLLABORATIVE
COMMISSIONING UNIT, TREFOREST INDUSTRIAL ESTATE**

PRESENT

Members	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Gary Doherty (Via VC)	Chief Executive, Betsi Cadwaladr BCUHB
Sian Harrop-Griffiths	Director of Planning, Swansea Bay SBUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Jamie Marchant	Director of Primary Care, Community and Mental Health, Powys PTHB
Sharon Hopkins	Chief Executive, Cwm Taf Morgannwg CTMUHB
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
In Attendance:	
Steve Curry	Chief Operating Officer, Cardiff and Vale C&VUHB
Rachel Marsh	Director of Planning, Welsh Ambulance Services NHS Trust
Julian Baker	Director, National Collaborative Commissioning Unit
Shane Mills	Deputy Chief Ambulance Services Commissioner and Director of Quality and Patient Experience
James Rodaway	Head of Commissioning & Performance Management
Ross Whitehead	Assistant Director of Quality and Patient Experience
Jo Mower	Clinical Director National Programme Unscheduled Care (in part)
Stuart Davies	Director of Finance, WHSSC and EASC Joint Committees
Gwenan Roberts	Head of Corporate Services, Cwm Taf Morgannwg UHB (Secretariat)
Chris Polden	ORH Consulting (in part)
Chris Moreton	Head of Finance, National Collaborative Commissioning Unit (Observing)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 19/88	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.</p>	

AGENDA ITEM 1.4

[illegible]

	<p>EASC 19/77 WAST Staff Pipeline WAST had not yet received a response from the provider in relation to the relatively high number of re-sits. A further update would be provided at the next meeting.</p> <p>Handover Delays WAST confirmed that meetings were taking place with health boards in relation to handover delays meeting and escalation arrangements. Further information would be provided at the next meeting in relation to how this would work and the proposals for supporting the cohorting of patients.</p> <p>RED improvement plan Activity had increased and a copy of the plan would be shared with health boards.</p> <p>Good SAM app The Good SAM app had been shared by medical directors and it was agreed to close the action.</p> <p>EASC 19/78 Reference Document on the WAST Relief Gap Emergency Ambulance Service Jason Killens confirmed that he was working on providing a response to the information; this would be received at the next meeting of the Committee in relation to the critical path to meet the commissioning intentions.</p>	<p>Jason Killens</p> <p>Jason Killens</p> <p>Jason Killens</p> <p>Jason Killens</p>
EASC 19/93	<p>MATTERS ARISING</p> <p>There were none.</p>	
EASC 19/94	<p>CHAIR'S REPORT</p> <p>The Chairs report was received by Members. In presenting the report, Chris Turner highlighted his key meetings which had taken place since the last meeting of the Committee.</p> <p>Members NOTED that the Chair had been appointed for a further year and reiterated the opportunity for Members to raise and issues or provide feedback on the effectiveness of the work of the committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's Report. 	Chair

<p>EASC 19/95</p>	<p>ORH DEMAND AND CAPACITY REVIEW</p> <p>Members received the initial findings of the independent emergency medical service Demand and Capacity Review in a private session. Further work would now be discussed at the Demand and Capacity Steering Group and within the Management Group to provide more analysis on the information presented and the identification of the overall efficiencies which could be made in the system.</p> <p>A long discussion took place on the efficiency assumptions included within the Review. Committee members confirmed their support for safe co-horting of patients, particularly in those hospitals that are currently experiencing the highest level of lost hours. Committee members also wanted to ensure that the impact on the whole system was being measured and understood, in order to reduce overall system risk.</p> <p>Reference was also made to the WAST winter plan, and the need to understand the key actions being taken by WAST and net impact of the plan for the system and ambulance performance.</p> <p>Given the immediate need for red performance improvement, with the minimum expectation of achieving 65% at a national level for November the Welsh Ambulance Services NHS Trust were asked to update the Chief Ambulance Services Commissioner on ongoing initiatives and action and a wider assessment of the plans on wider system performance by the following week.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the initial findings • Seek further clarity at the Management Group in line with the queries identified • Receive the final version of the report at the next meeting. 	
<p>EASC 19/96</p>	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioners (CASC) report was received by the Committee.</p> <p>Members NOTED that slippage had been held back on non recurrent funding for:</p> <ul style="list-style-type: none"> • Extra clinical staff in the clinical control centres • Enhanced transfer and discharge service and extend use of the St John Cymru Wales service 	<p>CASC</p>

	<ul style="list-style-type: none"> • Additional front line staff via the following schemes <ul style="list-style-type: none"> - encouraging retire and return - providing more hours part time staff working additional hours - more opportunities for bank staff to become permanent members of staff. <p>Members NOTED that the whole time equivalent (WTE) which could be achieved by January 2020 was 46WTE to be funded non-recurrently from 'A Healthier Wales' allocation. It was noted that the staff would not be permanent but there was sufficient slippage to cover the costs incurred. Funding would be provided on evidence that additional spend had taken place.</p> <ul style="list-style-type: none"> • Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review <p>Members noted that information in relation to the review was now expected no later than the end of January 2020.</p> <ul style="list-style-type: none"> • Management Group <p>The schedule of meetings and the terms of reference would be shared with the Members.</p> <ul style="list-style-type: none"> • RED Performance requirements <p>The update report was included in the WAST provider report received. EASC members were very concerned that, although the provider report indicated red performance continued to exceed 65%, doubts were raised about the ability to achieve this in November.</p> <ul style="list-style-type: none"> • AMBER Review <p>The Amber Review Implementation Programme is due to be completed at the end of November 2019. An end of programme review will be undertaken. Discussions are ongoing around the outstanding actions and the next steps.</p> <ul style="list-style-type: none"> • Update on Mental Health Staff Clinical Desk <p>The Mental Health access review, due to report in early 2020, is moving into a data collection phase in winter 2019, with three Police forces, 111, general practitioner out of hours services (GPOoH), the Welsh Ambulance Services NHS Trust (WAST), frequent attenders, I CAN (https://awyrlas.org.uk/ican - I CAN is a campaign to improve the support available to people with mental health problems) and emergency departments all collecting the same information for 2 months.</p>	<p>CASC</p> <p>Carol Shillabeer</p>
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<p>EASC 19/97</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER UPDATE</p> <p>The Welsh Ambulance Services NHS Trust team (WAST) gave an overview of the following areas; Members NOTED:</p> <ul style="list-style-type: none"> • Serious Adverse incidents (SAI) – being reviewed at the Serious Case Incident Forum; latest information showed that 80% of incidents were at Aneurin Bevan and Swansea Bay UHB areas; additional information was requested in terms of the common themes of the SAIs (in more detail than handover delays) which would be reported to the Welsh Government • Coroners Activity: since January 2019 a further 207 requests for information have been received • Longest Waits: regular reviews been undertaken and a table of waits over 12 hours included; numbers were worsening although the longest waits were reducing • Demand: increasing by 1.56% overall but in the red category by 7.5%; this needed to be further analysed • Red Performance: maintained about the 65% national target but variation in performance in Hywel Dda and Powys health board areas • Amber response times / Amber Review: Strong correlation between Amber waits, resource allocation and notification to handover lost hours; internal WAST Amber Delivery Group established • Handover lost hours = 12% of available resources daily • Winter Planning: reported that WAST had been working on its tactical winter plans over last 6 months • Resources: working with ORH on Demand and Capacity Review to clearly identify the gap between the budgeted establishment and the number of staff to fill rosters • Service Changes: the launch of the South Wales and South Powys Major Trauma network and its significance for the WAST service • All Wales Transfer and Discharge Service: there remains a commitment to develop a single all Wales service and to be included in commissioning intentions • Electronic patient clinical records: outline business case submitted to the Welsh Government in June 2019 • IMTP 2020/2023: will be submitted to the EASC at the January 2020 meeting. <p>Members NOTED the work in relation to winter planning undertaken. Members identified some inaccuracies in the information and agreed to discuss with the WAST team outside of the meeting.</p>	<p>Jason Killens</p>
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	<p>Red call and triage categorisation was discussed in detail and Members felt it was important to better understand the reasons, Rachel Marsh agreed to provide further information from a deep dive as soon as possible. Each health board area felt it would be most beneficial to receive locality based information.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update from the provider service • Receive further information from a deep dive on red call and triage categorisation. 	<p>Members</p> <p>Rachel Marsh</p>
EASC 19/98	<p>PROGRESS REPORT ON NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)</p> <p>The progress report on NEPTS was received which was presented by James Rodaway. Members noted that the collaborative approach planned was being delivered with positive progress; a story board was also planned to include within the integrated medium term plan.</p> <p>Members were reminded of the initial internal audit report limited assurance findings and the potential to re audit in the future. Members noted that it was anticipated that all health boards would be involved by the end of the financial year.</p> <p>The report outlined the good progress made and the work currently underway to transform Non-Emergency Patient Transport Services in Wales; deliver the Ministerial expectations and implement the 2015 business case "the Future of NEPTS in Wales".</p> <p>Members RESOLVED to: NOTE the report.</p>	
EASC 19/99	<p>REGIONAL ESCALATION</p> <p>Stephen Harray provided an oral update on the work in relation to regional escalation and discussed the options available.</p> <p>Members noted that handover delays had significantly increased over the past 12 months from a baseline of 4,500hours lost per month to over 8,000 and were continuing to increase. Each health board areas had different issues and pressures to manage and Members NOTED that relationships between handover delays, staff availability, activity and ambulance performance. The safe cohorting of patients was discussed at length, it was agreed that this should be discussed at the Chief Operating Officers meeting along with proposals for changing regional escalation arrangements.</p>	

<p>EASC 19/100</p>	<p>DEVELOPING A NATIONAL EMERGENCY DEPARTMENT QUALITY AND DELIVERY FRAMEWORK (EDQDF) FOR THE NHS IN WALES</p> <p>Dr Jo Mower gave a presentation on the development of the EDQDF and the phases undertaken to date. Members thanked Jo Mower and Julian Baker for their work to date and felt that the story board was very useful to provide a support of the work and highlight the next phase. Members were offered the opportunity of receiving health board specific sessions if required.</p> <p>A wider based discussion took place on unscheduled care following the presentation and the following issues were noted:</p> <ul style="list-style-type: none"> • Clear actions agreed from the last workshop (good representation at workshop) • Clear on the actions for escalation • Flexible deployment of ambulances • Need for regional actions • Need to address local issues in house • Importance of reliable data • The impact of the Welsh Government meeting on the repatriation of patients • Aim to capture information in particular for areas agreed <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the presentation • Thank the team for their work to date and receive a further update on progress in the summer of 2020. 	<p>Julian Baker</p>
<p>EASC 19/100</p>	<p>FINANCE REPORT</p> <p>Members received the Finance Report which was presented by Stuart Davies and breakeven position.</p> <p>Members NOTED the plan to use the underspend and how the WAST resources would be deployed and looking at how the work could be completed by the end of January.</p> <p>Members NOTED that the allocation of the 'A Healthier Wales' 1% funding and would be provided in detail to the Management Group.</p> <p>Members RESOLVED to: NOTE the report.</p>	<p>Stuart Davies</p>

EASC 19/102	<p>AMBULANCE QUALITY INDICATORS</p> <p>The Committee received the report on Ambulance Quality Indicators (AQIs).</p> <p>In presenting the report, Ross Whitehead gave an overview of the key issues which had also been discussed earlier in the meeting including call answering times, conveyance attendances, red performance and handover delays. Members noted that the WAST team were discussing specific issues with the health boards directly.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the overview of the last quarter's AQIs. 	Ross Whitehead
EASC 19/103	<p>EASC GOVERNANCE UPDATE</p> <p>The governance update report was received and presented by Gwenan Roberts.</p> <p>Members NOTED the following:</p> <ul style="list-style-type: none"> • Officers at the Welsh Government had been revising the model Standing Orders for health board, NHS Trusts and the Welsh Health Specialised Services Committee circulated as a Welsh Health Circular WHC 2019/027 • Model Standing Orders had been produced for EASC for the first time and were presented to the Committee for endorsement and onward adoption at each health board • All health boards were required to incorporate and adopt the latest review into each local health board Standing Orders to form Schedule 4.2 • Previous direction from the Minister in relation to changes to voting arrangements and the importance of all health board to provide the name of the nominated deputies for the Committee. • Model Standing Financial Instructions were being reviewed by a task and finish group led by the Directors of Finance and would be presented to the Committee in the final draft stage. • The Cwm Taf Morgannwg would continue to host the EAS Committee and support the reporting through the CTMUHB Quality and Safety Committee and the CTMUHB Audit and Risk Committee. • The revisions, supporting appendices and glossary to the Standing Orders • The Risk Register would be reviewed in detail following the discussion at the development session for presentation early in 2020. 	<p>All</p> <p>Stuart Davies</p> <p>James Rodaway</p>

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • ENDORSE the model Standing Orders for approval at all health boards to meet the requirements of the Welsh Health Circular. 	
EASC 19/103	<p>ALIGNMENT OF EASC COMMISSIONING INTENTIONS WITH INTEGRATED MEDIUM TERM PLANS (IMTPs)</p> <p>Members received the report and a presentation on the Commissioning Intentions.</p> <p>Members noted the approach was in line with the NHS Planning Framework and An All-Wales Review of NHS IMTPs for 2019–22 referenced the positive observations around the collaborative commissioning arrangements for EASC. Members discussed the lessons learned and that the detail would be discussed at the EASC Management Group.</p> <p>The proposed approach to the Commissioning Intentions for EASC commissioned services and their alignment with Welsh Ambulance Services NHS Trust (WAST) and Health Board Integrated Medium Term Plans (IMTPs) was discussed in detail. Financial assumptions were discussed and the level of recurrent funds that would be made available would be consistent with the allocation letter when issued. A non recurrent sum would need to be reserved to support the transitional changes required from WAST. This would be confirmed in due course.</p> <p>It was AGREED that the Chief Ambulance Services Commissioner write to the Chief Executive at WAST as soon as possible clarifying the commissioning intentions of EASC for the next year.</p> <p>Following discussion Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the proposed approach to the Commissioning Intentions for EASC commissioned services and their alignment with Welsh Ambulance Services NHS Trust (WAST) and Health Board Integrated Medium Term Plans (IMTPs). • ENDORSE the content of presentation on the 2020/21 Commissioning Intentions. 	

AGENDA ITEM 1.4

EASC 19/104	<p>FORWARD PLAN OF BUSINESS</p> <p>Members received the forward plan of business which will need to include and annual plan and IMTP approval.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Forward Plan • AGREE that the Chair and the Chief Ambulance Services Commissioner review the Forward Plan for future meeting. 	<i>ALL</i>
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ANY OTHER BUSINESS		
EASC 19/105	There was none.	
DATE AND TIME OF NEXT MEETING		
EASC 19/106	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 28 January 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.	Committee Secretary

Signed
Christopher Turner (Chair)

Date

Report Title:	Audit and Assurance Committee – Chairs Report					
Meeting:	Board Meeting				Meeting Date:	27.03.20
Status:	For Discussion		For Assurance		For Approval	
					For Information	X
Lead Executive:	Chair, Audit and Assurance Committee					
Report Author (Title):	Corporate Governance Officer					

Background and current situation:

To provide the Board with a summary of key issues discussed at the Audit Committee held on 3 March 2020.

KEY ISSUES TO BRING TO THE ATTENTION OF THE BOARD:

INTERNAL AUDIT PROGRESS AND TRACKING REPORT

An overview of the progress report on the Internal Audit Plan was presented and the following was highlighted:

- There were a few reports due to be finalised but a few remained outstanding as the team had encountered delays due to staffing issues. The Infection, Prevention and Control Report was in draft. Pieces of work around the Surgery Clinical Board had progressed but there were setbacks in accessing some of the wards.
- It was confirmed that 10 audits had been completed. There was no rating for the Digital Readiness Report as the IT Strategy had not been completed and was asked instead to undertake a position report. The Internal Audit report and its findings would be presented at a future meeting.
- Regarding delivery of 2019-20 Audit Plan, 10 pieces of work are in progress and will be reported in the April committee. The forecast for an overall opinion remained positive for 2019/20. In regard to GDPR and cyber security these had been removed from the plan as the Information Commission Officer (ICO) had undertaken an audit and the outcome of this work could provide assurance
- The KPIs had increased with a delay of five reports. Therefore the compliance rating had reduced from 80 to 69%.
- The Internal Audit Plan for 2020/21 was in the early stages of being put together and would be presented at the April Committee meeting for formal sign off.
- Adjustments to the plan had been made and the Head of Internal Audit was happy with the deferral of audits and considered this would not affect the opinion. In summary, 29 internal audits had been completed and a further 17 reports will come through the system.

LIMITED ASSURANCE REPORTS

Two Limited Assurance Reports were presented to the Committee:

Consultant Job Planning Follow-up – A number of actions had taken place such as bench marking and revision of the Job Planning Policy. The Policy will be taken to the Medical Leadership Group for comments. A centralised IT solution has been sought and is being procured. Training and licences will be available for staff. It was stated that job planning is an annual process and will take two years to implement. A progress report will be brought to a future meeting before another internal audit would be undertaken.

Tentacle IT System – The system was being moved across to PMS with immediate effect and by the first week of May the system will be operational and submitted to rigorous controls. Further steps had been taken who can access the system and confirmed that some of the recommendations would be superseded. A Management Digital Board had been set up which was a decision making body and would challenge any systems that has been set up. Further checks would be made through finance, procurement and the Charitable Funds Committee.

WELSH AUDIT OFFICE AUDIT PLAN

The Wales Audit Office provided an overview of the Audit Plan and went through several key points:

- Exhibit 2 reviewed the financial audit risks and the key risks to preparations of the financial statements. The Statutory Financial Duty is on a three year limit.
- The Health Board is in a much better financial position but because of the rolling three years WAO had to take into account the previous year's account which will be breached again. This will present another qualification but acknowledged the Health Board is online for a break even this year.
- Ministerial Direction relating to pension tax was described. The pay schemes initiative had been implemented in England where it was required to pay compensations for clinicians as they can be held harmless to help address service delivery. These additional costs would be tested to confirm whether the Health Board has disclosed and accounted for them correctly. The Director for NHS Wales would be closely monitoring this.
- The Welsh Government will meet the costs as a one off for this year. In regard to the ISA 260 the Committee may want a paper from the finance team confirming how the leasing account positions will be addressed. This is significant for next year's accounts resulting in a tax increase.
- The performance audit work to be undertaken will start over the summer months. The two mandatory pieces of work is on Unscheduled Care and a governance review of the WHSCC arrangements.
- The Committee was informed that the Audit Fee had reduced by £20k.

YEAR END POST PAYMENT VERIFICATION REPORT

The Post Payment Verification Manager informed Members of the restructuring they have undertaken in their service and the drive to move the operational work forward to be more robust nationally. Practices with amber and red ratings and repeat offenders had been discussed with the Counter Fraud Service with local and national meetings being held. It was confirmed that across the patch errors have reduced significantly and with the drive over the past few years indications showed that recoveries are decreasing annually.

Regarding misunderstanding in practices relating to processes and procedures, training sessions had been undertaken with GMS practice managers, with over 30 managers in attendance. The ophthalmic training evening was well attended which triggered training with Specsavers employees. Relationships with the Primary Care Team were good and the quarterly meetings were very helpful with a robust mechanism in place.

TRACKING REPORTS

The Director of Corporate Governance presented the following tracking reports which highlighted the inspections undertaken and completed actions and was pleased to note the high number of recommendations completed on the internal tracker:

- Regulatory Tracking Report
- Internal Tracking Report
- External Tracking Report

DECLARATIONS OF INTEREST AND GIFTS AND HOSPITALITY TRACKING REPORT

Members were informed that the number of declarations received had increased to 983. This was an upturn from 25% last month to 40% this month. Work had been undertaken with the Improvement and Implementation team to look at any gaps. Members were informed that the IT delays encountered was due to the current manual system. This would be replaced by using an electronic form which could be populated on ESR. There was a backlog of forms that was proactively being worked on. This work would move across to role of the newly established Risk and Regulation Team.

It was explained that the 0.2% which is rag rated red on the table related to individuals who had a higher conflict of interest and governance arrangements and measures are in place.

TERMS OF REFERENCE AND COMMITTEE WORKPLAN

The Director of Corporate Governance presented the draft Terms of Reference as end of year arrangements and the Workplan which was aligned to the Terms of Reference.

COMMITTEE ANNUAL REPORT

The draft Annual Report was presented to the Committee and confirmed that the report provided assurance on the work undertaken during the year 2019/20 as set out in the Terms of Reference.

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	

3.	All take responsibility for improving our health and wellbeing		8.	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology					
4.	Offer services that deliver the population health our citizens are entitled to expect		9.	Reduce harm, waste and variation sustainably making best use of the resources available to us					
5.	Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10.	Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives					
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>									
Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>							

Report Title:	Charitable Funds Committee – Chairs Report					
Meeting:	Board Meeting				Meeting Date:	26.03.2020
Status:	For Discussion		For Assurance		For Approval	
					For Information	X
Lead Executive:	Chair, Chairtable Funds Committee					
Report Author (Title):	Corporate Governance Officer					

Background and Current Situation:

To provide the Board with a summary of key issues discussed at the Charitable Funds Committee held on 17th December 2020.

Board members will wish to note that due to the March meeting not being quorate, there are a number of decisions set out in this report that the Board is being asked to ratify.

Key Issues to bring to the attention of the Board/ Committee:

- **Financial Review of Delegated Funds**

The Committee approved the implementation of a policy that any unrestricted funds that have been dormant for two full financial year are transferred to general reserves, approved that all restricted fund holders that have dormant funds be requested for expenditure plans and approved the consolidation of all funds that are deemed to be general reserves. The Committee agreed the timing of this would be managed considerably due to the current pressure the organisation was facing with the COVID-19 outbreak. As Committee Chair, I was content with this, but request that the Board ratify this.

- **Events Planner 2020**

The Committee approved the Events Planner 2020, in the knowledge that this would inevitably change due to the COVID-19 outbreak. It was agreed that the Committee would be sighted on the new planner in due course.

- **Health Charity Strategy**

The Committee welcomed the Health Charity Strategy and recommended it be sent to the Board of Trustees for approval. As Committee Chair, I was content with this, but request that the Board ratify this.

- **Health Charity Annual Report**

The Committee approved the Health Charity Annual Report.

- **Patrons Protocol**

The Committee approved the new patrons protocol which would provide the Committee with the relevant assurance that individuals were clear of their responsibilities and obligations when becoming a patron.

- **Sustainable Staffing**

During this meeting, the Committee approved to fund the permanent appointment of three positions within the Health Charity to enable its continued growth and development. As Committee Chair, I was content with this, but request that the Board ratify this.

- **Change Account**

The Committee reviewed the ongoing relationship between the Health Charity and the Change Account. Some concern was raised due to lack on engagement from the Change Account, therefore the Committee agreed to review the relationship in 6 months' time in the hope that an improvement in engagement would be seen.

- **Horatio's Garden Update**

The Committee welcomed a report on Horatio's Garden but were concerned that there may be a request for additional significant funding to allow the development of the Neuro Garden. The Committee requested a detailed report be provided at the next meeting which outlined the full costs of the garden to date, and the potential further costs for the Neuro Garden.

- **Committee Annual Report 2019-20**

The Committee reviewed the Annual Report 2019-20 and recommended it be taken to the Board for approval. As Committee Chair, I was content with this, but request that the Board ratify this.

- **Committee Terms of Reference 2020-21**

The Committee reviewed the Terms of Reference 2020-21 and recommended they be taken to the Board for approval. As Committee Chair, I was content with this, but request that the Board ratify this.

- **Committee Work Plan 2020-21**

The Committee reviewed the Work Plan 2020-21 and recommended it be taken to the Board for approval. As Committee Chair, I was content with this, but request that the Board ratify this.

- **Health Charity Financial Position**

The Committee were provided with a routine update on the Health Charity's Financial Position but were advised that Investment in the Stock Market had significantly decreased due to the current COVID-19 outbreak. The Committee were assured that the appropriate external advice was being sought, and the appropriate monitoring and decisions would be made.

Shaping our Future Wellbeing Strategic Objectives

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.							

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Report Title:	Digital Health & Intelligence Committee – Chairs Report					
Meeting:	Board Meeting			Meeting Date:	26/03/2020	
Status:	For Discussion		For Assurance		For Approval	
					For Information	X
Lead Executive:	Chair, Digital Health & Intelligence Committee					
Report Author (Title):	Corporate Governance Officer					

SITUATION

To provide the Board with a summary of key issues discussed at the Digital Health & Intelligence Committee held on 4th February 2020.

- **Digital Strategy – Update on Progress**

The Committee were advised that the strategy remained in development and a final version would come to the June meeting. The Committee were pleased to hear engagement had progressed well and the strategy had been received positively across the organisation.

- **Data Repository Governance**

The Committee were disappointed to hear that a response remained outstanding from Welsh Government. This was being escalated appropriately and the Committee are expecting an update at a future meeting.

- **Digital Mobile Strategy**

The Committee were encouraged to see the first draft of a Digital Mobile Strategy and were advised the focus of the strategy was for Community Staff to be able to use any mobile device of their choice. The Committee are expecting to approve the final version of the strategy at a future meeting.

- **Committee Annual Report 2019-20**

The Committee reviewed the Committee Annual Report and recommended the Annual Report be reported to the Board for approval.

- **Committee Terms of Reference 2020-21**

The Committee reviewed the Terms of Reference and recommended they be reported to the Board for approval.

- **Committee Work Plan 2020-21**

The Committee reviewed the Committee Work Plan 2020-21 and recommended it be reported to

the Board for approval

- **Digital Transformation Progress Report**

The Committee were advised of the following key areas within the transformation progress report;

- Patient Knows Best – the portal was being formalised, there were some Information Governance concerns however these were being addressed;
- Data to Knowledge – There had been some Information Governance issues with Lightfoot which Lawyers were looking to resolve;
- Welsh Government Funding – £3 million had been received which allowed the migration from windows 7 to windows 10 and also funded investment into infrastructure;
- Office 365 – Expectations were being managed around the deployment of Office 365. A presentation would be going to Management Executives as using this system would have huge benefits to the organisation and it would revolutionise remote working. The EMD added that the roll out of Office 365 was a key winner and the UHB needed to get it implemented ASAP.
- WCIS – The UHB maintained its position and continued to resist the move to the WCIS National System as Cardiff & Vale systems were currently ahead of the National System, therefore, moving to this would be a step backward for the UHB.

- **Joint IMT Risk Register**

The Committee were advised of two significant risks outlined in the register which were:

- Software End of Life
- Cyber Security

Due to Health Board restrictions being implemented, as an interim measure the DDHI confirmed that the team were looking at external support to provide this service rather than recruitment into Cyber Security posts.

- **IMT Audit Assurance**

The Committee were advised that an action plan was in progress and were informed that a number of actions related to Cyber and due to funding restrictions, targets have not been met in that area, therefore reasonable explanations would be given to the auditors.

- **Subject Access Requests – Improvement Plan**

The Committee were encouraged to note that Subject Access Request compliance had continued to increase and this area would be continually monitored.

- **Information Governance Compliance**

The Committee were pleased to note that in comparison to other Health Boards, the performance of the UHB would rank at the top and this position should be sustained.

- **Clinical Coding Performance Data**

The Committee were extremely encouraged to note that the improved position on Clinical Coding Performance Data has been sustained and the UHB performed considerably higher than peers within this area.

- **Minutes for Noting**

The Committee noted the minutes of the Capital Management Group Meeting.

Shaping our Future Wellbeing Strategic Objectives

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5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>							



Report Title:	FINANCE COMMITTEE KEY ISSUES REPORT					
Meeting:	Board Meeting			Meeting Date:	26th March 2020	
Status:	For Discussion		For Assurance	For Approval	For Information	X
Lead Executive:	Robert Chadwick, Executive Director of Finance					
Report Author (Title):	John Union, Vice Chair of Finance Committee					

Background and current situation:

To provide the Board with a summary of key issues discussed at the Finance Committee held on the 25th February 2020.

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

At month 10, the UHB reported an overspend of £0.989m which was broadly in line with plans to reach a breakeven position at year end. Budget holders have been requested to seek further financial improvements and get to as good a position as possible so that the residual financial risk can be managed in the final 2 months of the year and the approved IMTP delivered. To support this the UHB has taken action to slow down discretionary pay and non pay expenditure.

Assurance is provided by the scrutiny of financial performance undertaken by the Finance Committee and the UHB's plans to recover the year to date deficit and deliver a break even position by the year end. These are reviewed on a monthly basis.

Assessment and Risk Implications

Finance Report as at Month 10 and Updated Financial Forecast

The report updated the Committee on the UHB's financial performance to month 10.

The UHB's approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP) includes a balanced financial plan for 2019/20.

The Committee was informed that the UHB had reported a cumulative overspend of £0.989m against the plan at month 10 which was an improvement of £0.231m on the position reported at

the end of December and that the remaining overspend was expected to be recovered by year end through the delivery of identified remedial actions.

It was emphasized that the management of operational pressures, including the Welsh Risk Pool was the key financial risk facing the UHB and in this context the UHB had taken action to slow down discretionary pay and non pay expenditure to strengthen mitigating actions to deliver a break-even position at year-end.

An updated presentation was made to the Committee on the UHB's Plans to Deliver a Break Even Position. The plans which had been reviewed following month 10 included a risk adjusted financial forecast based upon Clinical Board financial forecasts; the recognition of corporate opportunities and unavoidable corporate risks; and the identification of risks requiring management. The risk adjusted forecast had improved in month 10 primarily as a result of the confirmation of additional funding to cover digital costs and slippage on corporate budgets.

It was acknowledged that the delivery of break-even was not without risk and in overall terms this has been assessed at circa £0.500m at the end of January.

The Committee noted that the UHB's Public Sector Payment Compliance performance continued to exceed the 95% target, that capital expenditure was broadly progressing as planned and that cash plans were currently on target with the UHB not expecting to request additional cash support in 2019/20.

2020/21 IMTP

A verbal update was provided to the Committee on the UHB's Draft Financial Framework to support the 2020/21 – 2022/23 IMTP.

It was noted that Welsh Government feedback was generally positive and had acknowledged that the plan was approvable subject to the UHB making progress in the identification of specific schemes to meet the 2020/21 savings target and clarification of the plans for Winter and RTT.

Cost Reduction Programme and Cross Cutting Theme

The report updated the Committee about the UHB's progress against the savings requirement of £29.145m for 2019/20.

Recurrent and non recurrent schemes totaling £29.145m had been identified as Green or Amber as at 31st January 2020. The recurrent impact of schemes was forecast to be £18.645m and in this context the Committee noted a concern that further recurrent schemes need to be identified to ensure that the UHB starts 2020/21 in the best possible position.

Risk Register

The 2019/20 & 2020/21 Finance Risk registers were presented to the Committee.

It was highlighted that 3 of the risks identified on the 2019/20 Risk Register were categorized as

extreme risks (Red) namely:

- Reduction in the £36.3m underlying deficit b/f to 2019/20 to the IMTP planned £4m c/f underlying deficit in 2020/21.
- Management of budget pressures including month 10 overspends of £3.660m, £1.653m and £1.622m reported respectively in the Medicine, PCIC and Surgery Clinical Boards.
- Management of nursing position which was £2.857m over budget at month 10.

The following 3 risks identified on the 2020/21 Risk Register were categorized as extreme risks (Red):

- Reduction in the £11.5m underlying deficit c/f to 2020/21 to the IMTP planned £4m c/f underlying deficit in 2021/22.
- Management of budget pressures.
- Delivery of the 3.5% CIP (£29m)

Finance Committee -Terms Of Reference,

The Finance Committee reviewed changes to the Finance Committee Terms of Reference and recommended the changes to the Board for approval.

Finance Committee - Annual Report

The Finance Committee reviewed and approved the 2019/20 Annual Report of the Finance Committee on the basis that it would be updated to include attendance at the February meeting.

Finance Committee - Annual Workplan

The Finance Committee reviewed and recommended Director approval of the 2020/21 Finance Committee workplan on the basis that it would be flexed to reflect changes to the IMTP timetable.

Recommendation:

The Board is asked to:

- **NOTE** this report.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities

6. Have a planned care system where demand and capacity are in balance

2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information			
Prevention		Long term	X
		Integration	
		Collaboration	
		Involvement	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.		



Report Title:	Mental Health Capacity and Legislation Committee Chair's Report					
Meeting:	UHB Board			Meeting Date:	26.03.2020	
Status:	For Discussion		For Assurance		For Approval	
					For Information	x
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Corporate Governance Officer					

Background and current situation:

The Mental Health Capacity and Legislation Committee held its last meeting on 21 February 2020. This report provides the Board with a summary of the key issues discussed at that meeting.

KEY ISSUES TO BRING TO THE ATTENTION OF THE BOARD:

INTERNAL AUDIT REPORT – DEPRIVATION OF LIBERTY SAFEGUARD (DOLS)

The Committee was informed that the direction of travel had changed since the Internal Report was published and now related to the Liberty Protection Standards (LPS) that will be implemented this year. There was a hold on the internal audit recommendations as some of them will not be relevant after the publication of an impending Welsh Government paper. The LPS will supersede the DoLS internal audit recommendations. The service may change within Cardiff and Vale local authorities to be assessed once the new standards are implemented. LPS training will be undertaken in March and an agreement put in place with both authorities as part of the MCA and DoLS meeting that previously existed. A review of the multi-stakeholder service is to be undertaken but is dependent on the content of the LPS. The Vale of Glamorgan is responsible for coordinating the training and they had also assessed the DoLS work over the last year and found that the provision of DoLS is correct.

MENTAL HEALTH ACT MONITORING EXCEPTION REPORT

The Mental Health Act Manager (MHAM) presented the report and was pleased to note that there had been no unlawful detentions since July 2018 but highlighted that the percentage of inpatients was high. The use of Section 136 remained an ongoing issue and has been escalated to the Welsh Government (WG) legal team as it is important to establish when an assessment started. The work with the Crisis Care Concordat allowed the UHB to work with the police to better understand some of the issues as the police wanted to disengage with patients at an earlier pathway.

SECTION 135/136 PARTNERSHIP ARRANGEMENTS: POLICE MENTAL HEALTH CRISIS CONCORDAT - UPDATE

Members were informed that relations and discussions has improved. The Director of Operations, Mental Health would be chairing the Concordat Group from March 2020. The paper set out what

the group will cover, highlighted the gaps and what is needed going forward. The local group would report to the national group and advised that work will be undertaken by the third sector and Local Authority.

MENTAL HEALTH MEASURE MONITORING REPORT

Referrals has been rising over the last year with a reduction in numbers for mental health assessments. This reduction will permit the Clinical Board to ascertain the right size for the service going forward. The measure, which is combined for adults and children, fell off in January. The CAMHS contribution showed the activity levels are not great enough to influence the overall measure compliance because of the adult numbers. The current position for Part 1a is over 90% compliant. Part 1b is 100% compliant. Part 2, which centred around the Care and Treatment Plan work within the Delivery Unit has decreased to 70%. The measure rose from 70% to 85% in February but is anticipated to be compliant at 90% in March. Both Part 3 and 4 are compliant.

MENTAL HEALTH MEASURE MONITORING REPORT - CAMHS

The Committee was informed that in terms of the measures the Health Board has been non-compliant since 2019 and has drifted in and out of compliance over the period. The new approach focussed on capacity to meet demand which also worked upstream into societal and community levels. The UHB anticipated to be 50% compliant for Part 1 by mid-February and the latest figures suggested we are over 50% compliant and that this figure could increase to over 80% compliance by the end of February/March. An update from the teams will be brought to the Board and Committee with the first phase of the plan. After the first phase of work the plan would centre on the sustainability of the service. Other work would continue to integrate the services that had been repatriated and other projects linked to the Welsh Government Delivery Unit Development.

CARE AND TREATMENT PLANS UPDATE REPORT

It was confirmed that the report placed emphasis on training and looked at the audit on the care and treatment plans and how they can be improved. This has been sense checked and delivered by the Delivery Unit Team. In terms of compliance for care and treatment plans in place, the overall measure is at 70%. In February this would be 85% and the trajectory for the March position is that progress will increase to 90%.

POLICIES FOR APPROVAL

An overview of the policies and procedures were provided to the Committee for approval, these were the:

1. Department of Liaison Psychiatry Operational Policy
2. Approval of Review of Receipt of Applications for Detention Under the Mental Health Act 1983 Policy
3. Restraint in the Care Management of Adults with Impaired Mental Capacity

COMMITTEE ANNUAL REPORT 2019/20

The Director of Corporate Governance presented the report to the Committee and confirmed that the report provided assurance that the work undertaken during the year 2019/20 reflected the requirements set out in the Committee's Terms of Reference.

COMMITTEE TERMS OF REFERENCE AND WORKPLAN

The Committee reviewed the Terms of Reference and discussed the purpose and role of the Committee, noting further changes will be required. Members agreed to review the ToRs and feed comments back to the Director of Corporate Governance. Therefore it was agreed the workplan will be approved subject to realignment with changes made to the Terms of Reference.

RECOMMENDATION

The Board is asked to:

- NOTE the contents of this report

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration	x	Involvement	x
Equality and Health Impact Assessment Completed:	Not Applicable								

Report Title:	Quality, Safety and Experience Committee Chair's Report					
Meeting:	UHB Board				Meeting Date:	27.03.2020
Status:	For Discussion		For Assurance		For Approval	For Information x
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Corporate Governance Officer					
Background and current situation:						
<p>The Quality Safety and Experience Committee held its last meeting on 18 February 2020. This report provides the Board with a summary of the key issues discussed at that meeting.</p>						
KEY ISSUES TO BRING TO THE ATTENTION OF THE BOARD:						
PATIENT STORY - MULTI AGENCY CARE PATHWAY FOR PATIENTS WITH MULTI DRUG RESISTANT TB						
<p>A presentation on patient B was provided relating to their resistance to multi drug tuberculosis therapy and the cross directorate collaboration involved in the patients care. The extensive prior planning led to a range of health care professionals and agencies, external to the Health Board, working together to implement a care plan that supported patient B. The good news story to take from the presentation was that because of the good work undertaken by Patient B's treatment team, the patient had come to trust the staff so that their care was successfully transferred to the community and the patient's inpatient stay was reduced. There was collaborative working across health care professionals and agencies which prioritised the public health agenda.</p>						
CLINICAL BOARD ASSURANCE REPORT: MEDICINE CLINICAL BOARD						
<p>A report on the Clinical Board provided detail on the clinical governance arrangements in relation to the Medicine Clinical Board. The report centred on Shaping Our Future Wellbeing (SOFW) and collaborative working with patients. The report addressed healthcare standards, demonstrated the good practice that was occurring in the Clinical Board and focused on the quality improvement standards that were important to 'Wyn'.</p>						
HEALTH INSPECTORATE WALES ASSESSMENT UNIT UPDATE REPORT						
<p>The Committee was informed that there had been improvements and changes made to the Assessment Unit and to the Surgical Clinical Board in relation to TACU which were making a difference. It was acknowledged that there was still work to do and the Clinical Board is scrutinising the environment by recognising the issues surrounding patient flow and the need for patients to be placed in the right place first time. This was tied into the Length of Stay (LOS) work and the frailty project. It was noted that the changes and improvement plan could not be undertaken by the Medicine Clinical Board alone.</p>						
NCEPOD – KNOW THE SCORE – PULMONARY EMBOLISM REPORT						

The Executive Medical Director (EMD) gave an overview of the report and provided a UHB reflection against the internal report and other national reports. The appendices highlighted the Health Boards (HB) robust management for embolism work and the NCEPOD recommendation checklist and our response to this.

NATIONAL CLINICAL AUDIT UPDATE

The Committee was provided with an update on the National Clinical Audit. The EMD provided a summary of the data contained in the National Confidentiality Inquiry into Suicide and Safety in Mental Health and confirmed that the latest data for 2017/18 was presented and published in January 2020.

In regard to maternity the Committee was alerted that the HB had a maternal death during the week and it was emphasised that there was nothing to suggest there were any concerns about her care.

The Oesophago-Gastric Cancer Review highlighted that the Health Board is largely in line with national performance. In the Welsh system the HB were doing well but the rest of Wales was not. Regional work needed to be undertaken and the Health Board was leading on this with colleagues in Swansea.

The National Emergency Laparotomy Audit showed a clear issue with access to critical care.

FRACTURE OF NECK FEMUR NATIONAL AUDIT UPDATE

The EMD provided an update through a presentation. The report highlighted concerns with the high mortality rate in the 2018 data and the EMD also commented on the robust process that had been put in place to address this. The report included the review undertaken in relation to inpatient deaths after hip fracture and some discussion took place on the outcomes of the more up-to-date review. The EMD's presentation commented on data not set out in the report which was live until the end of October 2019 and the Committee was presented with slides which displayed a Dashboard presentation of the review.

CANCER PEER REVIEW AND LUNG PEER REVIEW

A report was provided summarising the Cancer Peer Reviews. It was highlighted that the lung report had been omitted from the report but had been received earlier that day. The Teenage and Young Adult report had not been submitted to the UHB but clinical teams were able to take forward actions to improve the service based on verbal feedback. This was to be managed locally by speciality services and solid tumour services. This was to be taken by the leadership teams to MDT and Clinical Boards. Work is also being undertaken with Velindre to take child services forward.

An Executive Cancer Board was being put in place which would be chaired by the EMD. This Board would sit below and report into the QSE committee.

OPHTHALMOLOGY INSOURCING INCIDENT OVERVIEW

Members were informed that the Health Board had contacted affected patients formally with the outcome of the Root Cause Analysis.

There had been regular communication with Strategic Health Solutions (SHS) and the reviews had been looked at chronologically and forwarded to SHS but these had been returned. Communication was ongoing and it was confirmed that this would not affect the patients contacted.

The demand on this service was growing and it was explained that this was a national issue. A capacity and demand profile was needed to meet the requirement of the service and it was recognised that there was a national shortage of ophthalmologists. The risks were calculated and learning had been embedded in the new procurement process. In terms of clinical oversight, the EMD scrutinised the clinical elements and had put in some additional checks.

HEALTH INSPECTORATE WALES (HIW) ACTIVITY OVERVIEW

Members were informed that since the last report there had been no announced or unannounced visits. In regard to the Maternity Report, a robust improvement plan had been submitted to meet the recommendations. The second phase of the Maternity Review will be undertaken over two days and interviews will look specifically at governance arrangements in the organisation.

Since writing the report the END informed that two visits had been undertaken by HIW at two clinical areas in Hafan y Coed. A few issues had been raised alongside positive feedback. One issue had been raised previously regarding Sleeping Out.

POLICIES FOR APPROVAL

An overview of the policies and procedures were provided to the Committee for approval, these were the:

1. Optimising Outcomes Policy;
2. Laser Risk Management Policy;
3. Procedure and Policy for the Pregnancy Testing of Girls of Child Bearing Age (who are menstruating) Before Procedures and Treatments;
4. South Wales Trauma Network Clinical Guidelines

ANNUAL COMMITTEE WORKPLAN

Members were informed that the Terms of Reference would require significant changes due to ongoing work with Quality Improvement, the outcome of the Health and Social Care Act, the Cancer Governance Structure and the Maternity Review which were key issues that needed to be incorporated within the Terms of Reference. The Committee agreed that the Terms of Reference would be brought back to the September Committee and at that point the work plan for the Committee would be realigned to the Terms of Reference.

COMMITTEE ANNUAL BUSINESS REPORT

The Annual Report was presented to the Committee and it was confirmed that the report provided assurance to the Committee that it had undertaken the work listed in its Work Plan during 2019/20 as required by the Committee’s Terms of Reference.

RECOMMENDATION

The Board is asked to:

- NOTE the contents of this report

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration	x	Involvement	x
Equality and Health Impact Assessment Completed:		Respectful gof parch	Trust and integrity Ymddiriedaeth ac uniondeb	Personal responsibility Cyfrifoldeb personol					
		Not Applicable							

Report Title:	Strategy & Delivery Committee – Chairs Report					
Meeting:	Board Meeting			Meeting Date:	26.03.2020	
Status:	For Discussion		For Assurance		For Approval	For Information X
Lead Executive:	Chair, Strategy & Delivery Committee					
Report Author (Title):	Corporate Governance Officer					

SITUATION

To provide the Board with a summary of key issues discussed at the Strategy & Delivery Committee held on 10th March 2020

- **Are we Improving the Health of the Population? (*Maximising Prevention in the UHB*)**

The Committee received a very informative presentation from the Executive Director of Public Health which explained whilst the overall health of the population of Cardiff and Vale was good and improving, there were some areas of concern, in particular persisting inequalities in health. The Committee were assured that a broad suite of indicators were monitored regularly through a variety of mechanisms and these were also reported into the Public Service Board and Regional Partnership Board.

- **Capital Programme Action Plan – Structure and Governance Update**

The Committee received a detailed report which demonstrated how complex the Capital Programme was. The Committee were assured that the Capital Management Group scrutinised all schemes on a monthly basis.

- **Strategic Equality Plan- Caring about Inclusion 2020-2024**

The Committee approved the Strategy Equality Plan and agreed it would be monitored through the Strategic Equality Group and by the Committee on a six monthly basis.

- **Update on CAHMS Strategy**

The Committee welcomed an update on the CAHMS Strategy and were advised that it had been a challenge to deliver and meet targets in Primary Care CAHMS due to the extraordinary demand in the service for the past 2 years. The Committee were advised that the 80% target unfortunately had not been met, it was a realistic position that the target would be met in 12 months' time. It was agreed a further update would be provided to the Committee in 6 months'

time which would include further understanding in relation to the 52 week wait on neurodiversity, which was a concern.

- **Committee Annual Report**

The Committee reviewed and recommended the Committee Annual Report 2019-20 to the Board for approval.

- **Employment Policies**

During this meeting, the Committee adopted the revised NHS Wales Pay Progression Policy and noted that the NHS Wales Employment Break Scheme had been rolled forward.

- **Ensuring that service provision, quality, finance and workforce elements are aligned and integrated**

The Committee welcomed a report which detailed a very positive piece of work undertaken for the Major Trauma Network. The Committee felt that the work was a very good example of the UHB working competently, in an integrated way and were encouraged to note that due to the success of the programme, the core principles had been adopted to other programmes.

- **Key Organisational Performance Indicators**

The Committee noted the Key Performance Indicators and acknowledged that Unscheduled Care continued to be extremely challenging and difficult, with the evolving situation of COVID-19 some of the unscheduled care capacity needed to be re-purposed to assist with COVID-19 planning.

- **Workforce Key Performance Indicators**

The Committee discussed and noted the Workforce Key Performance Indicators and were assured that given the current COVID-19 position, absence rates would be carefully monitored.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X		
Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information					
Prevention	Long term	X	Integration	Collaboration	Involvement
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable If “yes” please provide copy of the assessment. This will be linked to the report when published.				

presentation from the Assistant Director of Finance which clearly demonstrated how quality, finance and workforce elements were aligned through the work of the Business Case Approval Group.

Report Title:	Local Partnership Forum Chair's Report						
Meeting:	UHB Board				Meeting Date:	Mar 2020	
Status:	For Discussion		For Assurance		For Approval		For Information x
Lead Executive:	Executive Director of Workforce and OD						
Report Author (Title):	Workforce Governance Manager						

Background and current situation:

The UHB has statutory duty to “take account of representations made by persons who represent the interests of the community it serves”. This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these.

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of Workforce and OD. Members include Staff Representatives (including the Independent Member for Trade Unions) and the Executive Team and Chief Executive. The Forum meets 6 times a year.

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

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

The Local Partnership Forum of the UHB held its last meeting on 12 February 2020. This report provides Board with a summary of the key issues discussed at that meeting.

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

Assurance is provided by ensuring alignment of Local Partnership Forum agendas with the purpose of the Forum as set out in the Terms of Reference:

For Consideration:

- The Local Partnership Forum approved the proposed work plan for 2020-21. It was agreed that the Forum would have a Time Out to discuss the future workforce agenda
- The Equality Manager was in attendance to discuss the draft Strategic Equality Plan and Objectives 2020-24. The final plan will be published by 31 March and the final version will be shared with the Forum. From the 1st of April 2020 a new socio-economic duty will come into force and it is necessary to be mindful of this in developing the Plan.

For Communication:

The Forum received a presentation from the Deputy COO on performance in the context of winter and unscheduled care. She advised that this was really a stock take position as we are still in the middle of winter. It was important to note that the starting point going into winter this year had been difficult as the situation had not really improved during summer and this impacts on the resilience of staff. Each year at the end of the winter period there is a debrief and staff representatives have been invited to be involved this year. A further update will be provided to Local Partnership Forum again in October and will the debrief lessons and plans for next year. Ms Bird emphasised that there is a real need to make sure that staff are supported formally and informally, and thanked staff for all the work that they are doing, but noted that the real aim was for resilience within the system through new ways of working etc.

The Head of Employee Health and Wellbeing was in attendance to present a paper on tackling stress in the workplace. She noted that it involved was a tiered approach, looking not just at individuals and building their resilience but rather:

- Primary/preventative – prevention within the UHB
- Secondary/proactive – building individuals ability to cope
- Tertiary/reactive – recovery support for individuals

Examples of the various tiers were noted. The next step will be to add the physical metrics to the narrative in future reports.

The Local Partnership Forum supported the draft Volunteers Framework 2020-23 which will now go to the Quality Safety and Experience Committee for final sign off. The good relationship between the Volunteer Services team and staff representatives was noted, and the value of the work done by volunteers acknowledged. Important work has taken place to engage with younger people and the community and this will continue to be developed.

For Appraisal:

LPF received the Finance Report, Workforce KPI Report and Patient Safety, Quality and Experience Report for December 2019.

Recommendation:

The Board is asked to:

- **NOTE** the contents of this report

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	X

3.	All take responsibility for improving our health and wellbeing		8.	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4.	Offer services that deliver the population health our citizens are entitled to expect		9.	Reduce harm, waste and variation sustainably making best use of the resources available to us	
5.	Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10.	Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>					
Prevention		Long term		Integration	
				Collaboration	X
				Involvement	
Equality and Health Impact Assessment Completed:		Not applicable			

Report Title:	Stakeholder Reference Group Report							
Meeting:	UHB Board				Meeting Date:	27 th March 2020		
Status:	For Discussion		For Assurance		For Approval		For Information	X
Lead Executive:	Abigail Harris							
Report Author	Richard Thomas, Chair of Stakeholder Reference Group							

SITUATION

The following report provides Board with a summary of the key issues discussed at the Stakeholder Reference Group (SRG) meeting held on 29 January 2020.

REPORT

BACKGROUND

This is a report provided to the Board by the Chair of the UHB SRG.

ASSESSMENT

The SRG considered the following.

Draft Sustainable Travel Plan

The SRG was informed that the Sustainable Transport and Travel Group had received a presentation on the initial draft Travel Plan. Although well received, the Group had expressed concerns that the staff survey response had been low and that no patient/visitor survey had been undertaken. The comments made by the SRG and its offer to assist with any further engagement exercise had been noted.

Draft Cardiff and Vale of Glamorgan Move More, Eat Well Plan 2020-2023

The SRG was informed that the Plan was being finalised and would be launched in March 2020 following sign off by the Public Services Boards.

Antimicrobial Stewardship

The SRG received a presentation from Federica Faggian on initiatives to change prescribing practice to prevent the development of resistance to antibiotics. The SRG was informed about antibiotics and the processes that can lead to antimicrobial resistance which is increasing at a faster rate than antibiotic development. In the relatively near future it may not be possible to treat even simple infections with antibiotics. It was estimated that there may be 10 million deaths per year attributable to antimicrobial resistance by 2050 which would be more than from cancer. Antimicrobial stewardship is a system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness. The UHB has an Antimicrobial Management Group that has managed to influence antibiotic use and the SRG was informed of the different strategies that had been used. The SRG was asked for its views on ways to engage with the public and other stakeholders to support this work. It suggested that prescribers need to be empowered with the confidence not to prescribe. Increasing awareness of the issues and the need for behavioural change could be promoted through training of front line UHB staff and staff from partner organisations. The SRG could help with getting messages out to the public via third sector and other networks. Everyone has the responsibility for promoting antimicrobial stewardship messages but it would be helpful if social influencers became involved.

Draft Clinical Services Plan

The SRG received a presentation from Abigail Harris on the draft Clinical Services Plan (CSP) that was currently being tested internally within the UHB. The UHB was working with the Consultation Institute on the development of a comprehensive external engagement programme but this was an opportunity to keep the SRG updated on progress and seek its early views. The SRG suggested that the UHB should pre-empt potential reasons that people may give for opposing the proposals and consider how it would

respond. Access to and parking at UHL is likely to be a big issue and it would be important to work with both local authorities to provide a more co-ordinated plan for sustainable travel across the region. The CSP will have to be more public facing once the external engagement commences e.g. it should use story-telling and examples to illustrate simple, tangible benefits to 'Wyn'. The 'plan on a page' is too focussed on buildings. Key messages should be 'bite-sized'. Convincing people of the benefits of the provision of GP beds might be difficult as in the past health providers have closed similar facilities citing patient safety. The UHB should work with care homes to ensure patients receive the care they need whilst they are there noting that residential care home registrations would have to change to enable them to be more flexible in the nature of care that they can provide.

Major Trauma Centre (MTC)

The SRG received a presentation from Vicky LeGrys on the roll-out of the Major Trauma Network (MTN) and establishment of the MTC at UHW. The SRG was asked what it thought the public and other stakeholders would be most interested in to inform the UHB's communication plan as it nears the launch of the MTN. The SRG highlighted the need to provide accommodation at UHW for relatives. It suggested that it might be difficult to explain what constitutes Major Trauma to the general public and how the service would differ from what people expect to be available already. Communications should focus on the improved patient outcomes and compliance with the 98 standards for a MTC.

Annual Quality Statement

The SRG received a presentation from Ann Jones on the development of the UHB's Annual Quality Statement (AQS) 2019/20 and was asked for its views on the style and content. The SRG suggested that the AQS was visually impressive but too focussed on Cardiff with insufficient information on initiatives in the Vale of Glamorgan.

SRG Terms of Reference

The SRG was informed that the new Standing Orders confirm that SRG members must not serve more than five years consecutively. Liz Fussell and Richard Thomas would therefore be attending their final SRG meetings in March. The process of recruiting new members and a selecting a new Chair would begin immediately. An interim Chair would be appointed on the basis that new members may wish to be considered for the role of Chair. Two other changes are that SRG agendas will henceforth be published in English and Welsh and SRG members will have to confirm their eligibility to continue as members in writing on an annual basis.

RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time						10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives				
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>										
Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓	
Equality and Health Impact Assessment Completed:		Not Applicable								



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board / NHS Trust Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	28 January 2020

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<http://www.wales.nhs.uk/easc/easc-meeting-agenda-and-papers-28-januar>

CHAIR'S REPORT

Members **NOTED** that the Chair attended the all Wales Chairs Peer Group meetings and Ministerial meetings and the programme of visits with the Chief Ambulance Services Commissioner to all health boards was continuing.

Members **NOTED** that the Chair had recently attended his appraisal meeting with the Minister which had been positive but also recognised the many challenges facing the service.

EASC INTEGRATED MEDIUM TERM PLAN (IMTP)

The draft National Collaborative Commissioning Unit (NCCU) IMTP was received by the Committee. Stephen Harrhy gave an overview of the report and emphasised that the Members were asked to approve the EASC element of the plan and to note any EASC related content contained within the wider plan. Members were also informed of the financial discussions to date.

In relation to the financial position, following discussion, Members agreed:

- The Welsh Ambulance Services NHS Trust (WAST) IMTP figures for 2020/21 would be consistent with the details set out in the Welsh Government allocation letter
- Health Boards agreed **in principle** to fund up to a maximum of £1.8m in additional revenue on a non-recurrent basis for 2020/21. This was the amount that Members would expect to be reflected in the WAST IMTP and presented as such. The draw down from this funding would be made conditional on the delivery of resources in line with the delivery plan and provided to WAST when the expenditure had been incurred.
- The agreement in principle was subject to a detailed implementation/delivery plan being signed off which should include, at both a national level and by health board level, a suite of benefits measures / key performance indicators that demonstrated how the additional funding would be linked to improved outcomes.

James Rodaway provided Members with a high level overview of the content of the plan which had been developed in line with the commissioning intentions previously approved.

Members **NOTED** that the supporting appendix had been developed for inclusion in health board IMTPs to ensure consistency and alignment. James Rodaway was thanked for the work involved in preparing the plan.

Members **NOTED** the NCCU IMTP and **APPROVED** the EASC element; **APPROVED** the financial information subject to the agreed principles above; and **SUPPORTED** the WAST IMTP subject to the points listed above.

DEMAND AND CAPACITY REVIEW (FINAL)

The final version of the Demand and Capacity Review by ORH was received. Stephen Harrhy reminded Members of the work to date and thanked the team at WAST for the cooperation and commitment to work together to deliver the final report. Members noted the high quality of the report and the importance of the next steps in terms of the implementation stage as it was reported that this would also be subject to the scrutiny of the Ministerial Ambulance Availability Taskforce.

Members were aware that the information had been included in the IMTP and clear recommendations for implementation on a health board by health board basis. It was noted some minor adjustments needed to be made to local data and this would be resolved outside of the meeting.

Members **APPROVED** the ORH Demand and Capacity Review and **NOTED** that the implementation would be managed by the EASC Management Group and would be included within the terms of reference of the Ministerial Ambulance Availability Taskforce.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- **National Transfer Service for Critically Ill Adults** – Members noted the work underway.
- **Ministerial Ambulance Availability Task Force** – Members were aware of the work to date and noted the 5 key elements included in the Minister's written statement
 - Implementation of recommendations from a recently commissioned independent "Demand and Capacity" review
 - rapid delivery of alternative pathways and community-based solutions to prevent avoidable conveyance to emergency departments
 - optimisation of the ambulance patient handover process
 - improvement in Red performance, and
 - build on progress made by the Amber Review Implementation Programme.

- **Ambulance Quality Indicators (AQIs)** – Members noted that the next release of AQIs would take place on 29 January <http://www.wales.nhs.uk/easc/ambulance-quality-indicators> and the anticipated position in relation to lost hours at handover and the deterioration in red performance.
- **Performance dashboard** – Members noted that work was continuing on extending the local measures.
- **Emergency Medical Retrieval and Transfer Service (EMRTS):** Progress made on the review of the commissioning framework – Members noted that the Air Ambulance Charity was experiencing difficulties in recruiting pilots in relation to 24/7 working. The Chair of EASC and the CASC would be meeting with the service to discuss the situation in the next few weeks and would report back at the next meeting.
- **Mental Health update** – Carol Shillabeer gave an update on progress in relation to working with the Police and the categorisation of mental health calls to its service. Members noted that the diversity of calls and that helpful data was being collected for further analysis. The work would continue to seek a Once for Wales solution and would be considered by the Ministerial Ambulance Availability Taskforce.

NON-EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS) PROGRESS REPORT

The progress report in relation to the NEPT service was received. James Rodaway presented the report. Members noted that the Quality and Delivery Framework had been in place since October 2019 and that good representation from all health boards had been seen at the NEPTS Delivery Assurance Group which monitored the progress against the Framework and the commissioning intentions.

Work was continuing on improving efficiency in terms of the operational practice. Members noted that a quarter of bookings were still being sent by Fax and a large number of appointments booked on the day. Members noted that every provider was quality assured and Members felt it was a positive improvement and plans were in place for the roll out across all health board areas.

PROVIDER ISSUES

The Welsh Ambulance Services NHS Trust (WAST) gave an overview of the following areas; Members **NOTED**:

- **Performance** – it was expected that the January Red performance would be slightly higher than the All Wales target of 65% which would be an improvement from the previous two months. Members noted that demand was less in January 2020 than December 2019.
- **Serious Adverse Incidents (SAIs)** – Members were concerned to note that increased levels of harm had been recorded primarily in two health board areas. A small team from EASC were meeting with staff from WAST to further review SAIs and applying thresholds across Wales and this would be discussed further at the EASC Management Board.

- **Recruitment** – WAST were aiming in their IMTP to increase staffing levels by a minimum of 136 with the vast majority being in post by the end of quarter 3. Members noted that service changes such as the commissioning of the new Grange University Hospital, potential changes to A&E departments and vascular services within NHS Wales would potentially raise the number beyond 136 this would require extra training capacity being secured by WAST. However, the difficulties that had been experienced in recruiting staff in the numbers planned to date were noted.
- **Commissioning Intentions** – Members received the report and noted that the EASC Management Group would be developing a detailed delivery plan for the intentions and the recommendations from the Demand and Capacity Review.

FINANCE REPORT

Members **received** the Finance Report and noted the breakeven position.

EASC GOVERNANCE UPDATE

Members welcomed the new format for the reports which mirrored the approach of the host body. The Risk Register would be reviewed in detail in line with the changing arrangements at the host body and progress would be presented at the next meeting. The evaluation of the sub groups would be presented at the next meeting; Members felt that the Committee itself should also receive an annual report in order to assess efficiency of the arrangements and assist in planning for the future.

Private Session

Members held a private session to receive the minutes from the In Committee meeting held on 12 November 2019.

Key risks and issues/matters of concern and any mitigating actions

- Handover delays and red performance
- WAST staff recruitment

Matters requiring Board level consideration and/or approval

- Inclusion of EASC IMTP in each health board's plan

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	10 March 2020			