

## Board Meeting - 28 May 2020

28 May 2020, 13:00 to 16:00

### Agenda

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#### Apologies for Absence

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#### Declarations of Interest

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#### WELCOME AND INTRODUCTIONS

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#### Minutes of the Board Meeting held on 26 March 2020

Charles Janczewski



4.1 - Addendum to Board Minutes - 26.03.20.pdf

(6 pages)



4 - CAJ - Board minutes - 26.03.20 NF.final.pdf

(16 pages)

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#### Action Log - 26 March 2020

Charles Janczewski



5 - Action Log - 28.05.20.pdf

(2 pages)

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#### Chair's Action taken since last meeting

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#### STANDING ITEMS

7.1

#### Chair's Report

Charles Janczewski



7.1 - Chairs report NF.AF 21.05.pdf

(5 pages)

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#### Appendix 1



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19.05.2020 - AF.NF.pdf

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#### Appendix 2



7.1.2 - Appendix 2- Governance during COVID 19.pdf

(6 pages)



7.1.3 - Appendix 2a UHB Governance and Delivery  
Arrangements COVID-19 - 30.03.20 Draft 10.pdf

(1 pages)



7.1.4 - Appendix 2b Committee Meeting Schedule  
(002).pdf

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7.1.5 - Appendix 2c Standing Order amendment.pdf

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#### Appendix 3




7.1.6 - Appendix 3 Guidance on Decisions for the  
COVID 19 Board Governance Group revised.pdf

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7.1.4

Becknell Helen  
25/26/2020 10:41:20

Appendix 4

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Chief Executive Report

Verbal  
Len Richards

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Board Assurance Framework

Nicola Foreman

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	7.3.1 - BOARD ASSURANCE FRAMEWORK - Strategic Risks - COVID 19v4 May.pdf	(11 pages)

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8.1

Patient Safety Quality and Experience Report

Ruth Walker

	8.1 - Integrated Board report for 28.05.20 - V4.pdf	(10 pages)
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8.2

Personal Protective Equipment


Ruth Walker

	8.2 - PPE Board Paper Final.pdf	(5 pages)
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8.3

Assurance Reporting on Deaths

Ruth Walker

	8.3 - COVID-19 reporting assurance v1.pdf	(3 pages)
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Testing

Verbal  
Fiona Kinghorn

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Verbal  
Fiona Jenkins

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Resources including Staff and Wellbeing



Martin Driscoll

	8.6 - UHB Board Paper Item 8.6 Resources including staffing and wellbeing.pdf	(8 pages)
	8.6.1 - Wellbeing Resources Guide_A4_v4.pdf	(2 pages)

8.7

The Nurse Staffing Levels for Adult Acute Medical and Surgical Wards following the Bi-Annual Calculation (to include COVID-19 period)

Ruth Walker

	8.7 - Establishment on Wards During COVID-19.pdf	(8 pages)
	8.7.1 - Appendix Summary of required establishments on wards during COVID-19 pandemic.pdf	(8 pages)

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8.8 - Cardiff and Vale University Health Board  
202021 Plan Updated for Boardv2.pdf

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Robert Chadwick



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2020.pdf

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8.9 CV UHB GOLD Patient Capacity Plan  
15.05.20.pdf

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## 9 ITEMS FOR APPROVAL / RATIFICATION

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##### 9.1.1

#### Audit and Assurance Minutes - 3 March 2020

John Union



9.1.1 - Audit Com Mins 03.03.20 - AF.pdf

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##### 9.1.2

#### Finance Committee - 26 February 2020

John Union



9.1.2 - CONFIRMED MINUTES OF THE FINANCIAL  
COMMITTEE February 2020.pdf

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##### 9.1.3

#### Quality, Safety and Experience Committee - 18 February 2020

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#### Joint Committee Brief - 12 May 2020



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John Union



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#### Finance Committee - 29 April 2020

John Union



10.1.2 - Finance Committee Chairs Report APRIL  
2020 Meeting.pdf

(3 pages)

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#### Quality, Safety and Experience Committee - 14 April 2020

Susan Elsmore



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April 2020.pdf

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**11.1.1**

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**13**  
**Date and Time of Next Meeting:**  
Thursday, 28 May 2020  
Woodland House

## Addendum to the Minutes of the Board Meeting on Thursday, 26 March 2020

Due to the exceptional circumstances around COVID-19, a reduced Board met on a quorum basis only. This addendum is therefore provided to capture the questions of those absent from the Board meeting and the related responses.

<b>UHB 20/03/006</b>	<b>REPORT FROM THE CHAIR</b>  <p>Horatio's Garden</p> <p>Stephen Allen, Chief Officer of the South Glamorgan Community Health Council (CHC) commented that the CHC understood that a consultation event took place in relation to the garden design with patients, former patients, non-clinical staff and volunteers. The CHC was not included in the invites to the Consultation event and therefore a briefing from the Health Board was requested on work being undertaken.</p> <p>UHL Telecoms Tower</p> <p>The CHC asked whether this was linked to a sale of NHS property.</p> <p>It was confirmed that the UHB have a lease agreement associated with the tower at UHL, there is no sale in respect of this site.</p>	<b>ACTION</b>  <p><b>AH</b></p>
<b>UHB 20/03/007</b>  <div style="transform: rotate(-45deg); transform-origin: bottom left; font-size: small;">             Bricknell Helen              05/26/2020 10:31:36           </div>	<b>REPORT FROM THE CHIEF EXECUTIVE</b>  <p>The Independent Member - Capital and Estates asked whether there had been any increased funding commitment from Welsh Government to cover Covid-19 response work and the potential impact on the UHB financial status.</p> <p>The Executive Director of Finance confirmed that there had been subject to scrutiny and challenge.</p> <p>The Independent Member - Capital and Estates also asked whether, in terms of monitoring / recording of wider patient safety risks, we would be in a position to accurately report / evaluate statistics post Covid-19, particularly if requested in the future and for the public domain.</p> <p>The Executive Director of Strategic Planning confirmed that patient safety risks are reported into Welsh Government and to the South Wales Local Resilience Forum on a daily basis. She advised that we are also capturing all the good things and things that could be improved through CEDAR which will inform our recovery plan and our agreement about the new ways of working we have introduced in response to COVID-19 that we want to continue.</p>	

	<p>The Independent Member - Capital and Estates asked whether there was any assessment planned on likely impact / delay to IMTP deliverables.</p> <p>The Executive Director of Strategic Planning advised not at this stage and explained that the biggest impact will be on the delivery of elective care which has been stood down. She confirmed that we continue to provide emergency and urgent care in addition to the COVID-19 related activity. Emergency activity is being monitored and has considerably lowered since the Government's social distancing and social isolation measures were put in place, and we want to look at any lessons from this and behaviours we want to continue to encourage.</p>	
<b>UHB 20/03/008</b>	<p><b>PATIENT SAFETY QUALITY AND EXPERIENCE REPORT</b></p> <p>“Sleeping Out” practices in Mental Health Clinical Board</p> <p>The CHC welcomed this needs to be kept under close scrutiny. It commented that the Board agreed this would be monitored by the Mental Health Capacity Act Group at a previous Board Meeting where the then Chair indicated this would be closely monitored. The CHC therefore wish to see where this is now being monitored. In addition, the CHC would welcome an update report as to how many patients have “Slept Out” since the publication of the CHC report back in 2019 until today, and wishes to see the Health Board's action plan in order to reduce this practice to the absolute minimum.</p> <p>The practice of ‘sleeping out’ has been raised as a patient safety risk issue by both the Community Health Council (CHC) and more recently by Healthcare Inspectorate Wales (HIW). 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 this issue. An improvement plan was submitted and accepted by HIW. The implementation of the improvement plan is being undertaken through the Clinical Board QSE Group.</p> <p>The sleeping out statistics are captured every day including ward and clinical reason on the PARIS system and monitored twice weekly at the bed management scrutiny meetings. Since January 2020 –an average of 6.7 patients are ‘sleeping out’ on a daily basis.</p> <p>Discussions are yet to take place as to whether reporting on sleeping out sits most appropriately with the Mental Health Legislation Committee (which has not met since before Xmas), given that it is not a performance committee and the issue is not considered to directly relate to Mental Health Act legislation.</p>	

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### Dermatology Incidents

The CHC commented that it had worked very closely with the Health Board when changes were made at Glamorgan House; as part of this change it was agreed that there would be two ring-fenced beds (single rooms on ward B7) for dermatology patients who required them. The reason was due to their requirement to be isolated and have dedicated shower facilities. The CHC asked for a briefing as to whether these beds are still in place and the frequency of use by dermatology patients. If these beds are no longer in the system, the CHC asked for confirmation of when this change was made, and where these patients currently receive treatment.

We can confirm that currently 2 beds are available for use by dermatology within medicine clinical board however they are not ring fenced specifically to ward B7. Small numbers (between 3 and 5 patient) are admitted to these beds given that we are able to provide intensive day treatment within Glamorgan house thus negating admission to an in-patient bed.

### Ophthalmology Concerns

The CHC remains concerned that patients are not being treated in a timely manner. It acknowledged that the Health Board has similar concerns. The CHC is aware of patients who have been given dates for surgery for them to be cancelled on a number of occasions. The CHC therefore asked to see the Health Board action plan on how it intends to deal with the waiting times for surgery and when it envisages this service will meet its treatment targets.

The demand for ophthalmology services is exceeding capacity and the UHB is currently pursuing a range of options to ensure that patients are seen within appropriate timescales. In December 2019 there were 1,400 new patient referrals in the vetting stage but as at 6<sup>th</sup> March 2020, this had reduced to 360 patients. There are approximately 250 new referrals every week. A number of 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.

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	<p>Commissioning arrangements for out of area boundaries are also being reviewed.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• In addition to this, they are also putting in place systems to ensure that the information accessible to the Appointment Booking Centre is accurate.</li> <li>• Changes have been made to the Patient Management System, to allow staff in Health Records to input a target date.</li> <li>• The service is working very closely with Primary Care colleagues in the transfer of care for some of our AMD and Glaucoma patients initially. The project to deliver activity out of 6 optometry practices (2 within each locality servicing Cardiff and Vale UHB) is underway, the first patients will be seen within primary care in May 2020</li> <li>• This new model will provide significant capacity to address demand issues in three major areas of ophthalmology; glaucoma, medical retina (including wet AMD), and diabetic retinopathy are transferred out of secondary care in to primary care</li> <li>• The demand and capacity for each sub speciality is almost finalised and identified gaps will be highlighted within the Surgery Clinical Board IMTP.</li> <li>• We are in the process of identifying additional day case capacity for our cataract surgery and have secured the funding for a new Cornea/Cataract Consultant to support this.</li> </ul> <p>Since the start of the pandemic, the team had managed to maintain some virtual work with colleagues, however demand had increased therefore conversations were being held with Welsh Government to explore how to move this area forward. Patients were still being treated at the Llanishen site, with a patient risk management plan in place. The pandemic emphasised the need to enhance technology across the UHB. There has been concerns that patients were not attending clinics, therefore, there was a potential for a backlog of patients when the pandemic ends. Clinicians are working very hard to maintain services for non COVID-19 patients.</p>	
<p><b>UHB 20/03/009</b></p> <p>Bricknell Helen 05/26/2020 10:31:36</p>	<p><b>PERFORMANCE REPORT</b></p> <p>The CHC confirmed that its performance team will review the report and produce a report shortly.</p> <p>Out of Hours service</p> <p>The CHC reported having received a number of concerns</p>	



	<p>regarding the service at Barry Hospital being closed more times than it is open and commented that this would be putting additional pressure elsewhere. The CHC asked that it be provided with a breakdown of how many times in the last six months the Barry Out of Hours had been closed / open or on reduced hours. The CHC asked to be advised of the reasons for this, where the service was reduced or closed and as to what communication with patients was undertaken by the Health Board when these changes were made. The CHC added that at no time had it been advised of service changes and sought assurances that this would be rectified in future.</p> <p>The PCIC Director of Ops has been in discussions with Dan Price and, through liaison meetings, shared shift fill rates across GP OOH's. As with other OOH services, the Health Board aims to keep all PCC's open but will flex across these in response to PCC staffing availability. Availability is not driven by affordability, but by the Health Board's ability to recruit OOH practitioners – where there is a National shortage. In the current situation, from mid to late March (Covid) face to face PCC appointments have been minimised and most OOH consultations are taking place remotely. It is likely that this will continue for the foreseeable future.</p> <p>Over the last 6 months (which will include a period in March when Covid related face to face activity will have reduced), Barry PCC has been open 53% of the time on weekdays and 97% of the time at weekends. However, it is important to note that more than half of the weekly PC OOH activity takes place at the weekend when cover is close to 100%.</p>	
<p><b>UHB 20/03/010</b></p> <p>Bricknell Helen 05/26/2020 10:31:36</p>	<p><b>BOARD ASSURANCE FRAMEWORK</b></p> <p>The Independent Member - Capital and Estates asked whether there is any assessment underway of the impact of the COVID-19 response on Risk Management activity, both in terms of increased operational risk and also on the roll-out of the new Risk Management process. She also asked for thoughts on the resulting wider organisational 'risk appetite'.</p> <p>The Director of Corporate Governance advised that Risk Registers are currently being developed for each of the sites (UHL, UHW, Community and the Surge Hospital). These will be reviewed on a weekly basis by the COVID-19 Strategic Group. In addition to this, a Strategic Risk Register will also be developed which will capture the main strategic risks in relation to COVID 19 and its impact.</p> <p>COVID-19 will delay the roll out of the new Risk Management Process but just prior to this hitting us we had received an Internal Audit report which commended the processes and systems which had been put in place. The roll out in terms of consistency etc. will wait until approximately September 2020.</p>	

	<p>The Board agreed a risk appetite in July 2019, and this would have been reviewed in July 2020 to gain a view on our progress against where the Board agreed they wanted the organisation's risk appetite to be. Clearly in this current fast moving environment, our appetite to risk would be very different.</p>	
<b>UHB 20/03/013</b>	<p><b>UHL CAVOC THEATRES STRATEGIC OUTLINE CASE</b></p> <p>The Independent Member - Capital and Estates asked how long it would take, post implementation, to decrease waiting list volume to pre-2016 levels i.e. when decanting possible. Also whether the current cost outlay of outsourcing had been considered as benefit in the business case. In addition she queried what the plans were for the existing, obsolete theatres and in terms of cost control, whether the scope is sufficiently defined / cost assumptions fixed to be comfortable with the assumed spend requirement.</p> <p>The Executive Director of Strategic Planning confirmed that obsolete theatres are already out of commission due to their age and the fact that we were experiencing difficulties with them. She advised that the cost advisers are satisfied with the costs as part of the development of the business case. She also explained that when we undertake benefits realisation assessment, we will include reducing in outsourcing requirements. Our capacity gap is not just theatre capacity, it also relates to specific consultant workforce gaps which we are also addressing. The additional capacity is needed to enable us to keep pace with the growth in demand we are seeing so this is factored into the planning work.</p>	
<b>UHB 20/03/015</b>	<p><b>BOARD ANNUAL PLAN</b></p> <p>The Independent Member - Capital and Estates asked what the timescale is for receipt of guidance and objectives for Board Champions work.</p> <p>The Director of Corporate Governance confirmed that the Board Annual Plan of work will be suspended during this time and this has been agreed with Welsh Government via the Directors of Corporate Governance on an All Wales basis. This will be picked up once COVID-19 is over, alongside guidance and objectives for Board Champion roles and work.</p>	

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## Unconfirmed Minutes of the Board Meeting

Thursday, 26 March 2020 at 1.00pm

Coed y Bwl Room, Woodland House

### Present:

Charles Janczewski	CJ	UHB Interim Chair
Len Richards	LR	Chief Executive Officer
Robert Chadwick (by telephone)	RC	Executive Director of Finance
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Interim Vice Chair
John Union	JU	Independent Member – Finance

### In Attendance:

Nicola Foreman	NF	Director of Corporate Governance
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### Secretariat

Sian Rowlands	SR	Head of Corporate Governance
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### Apologies:

Remaining Board members excused from attending to ensure adequate spacing and comply with social distancing guidance.

UHB 20/03/001	WELCOME AND INTRODUCTIONS	ACTION
Bricknell Helen 05/26/2020 10:31:36	<p>The Chair welcomed everyone to the meeting and started by recognising the considerable challenge currently faced by the Health Board and the NHS.</p>	
	<p>Referring to UHB staff, the Chair noted how fantastic and brilliant they were and recognised how they were caring for our patients, but also were anxious and worried and needed the Board's help to get through this. The Chair stated that staff in all disciplines were very much appreciated and we could only marvel at their dedication.</p>	
	<p>UHB clinicians were leading the way and were being very creative and innovative in a high pressurized environment new to us all. The overall leadership of management and the Executives was impressive and how closely they were working with clinicians and staff to develop delivery plans at pace.</p>	
	<p>The Chair was pleased at how we were working closely with communities to prioritise beds and at the good level of communication across the organisation, recognising in</p>	

	<p>particular the teamwork and cohesiveness across the organisation. The importance of working well with all our partners, including the Local Authority and Third Sector, and the fact that all these organisations have challenges during this time was also recognised.</p> <p>The Chair acknowledged that as Board members we were facing an unprecedented situation but would work together to get through it and thanked everyone for all their efforts.</p> <p>The Executive Director of Finance added that we should also call out other front line staff such as security men helping to move patients, and cleaners, all of which were feeling the strain with staff off due to the need to self-isolate. The Chair agreed and clarified that this was why he had referred to “all disciplines”.</p>	
<b>UHB 20/03/002</b>	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were noted. The Chair commented that in recognition of the exceptional circumstances around COVID-19, a reduced Board was meeting on a quorum basis only.</p>	
<b>UHB 20/03/003</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>The Chair invited Board Members to declare any interests in relation to the items on the meeting agenda, none were received.</p>	
<b>UHB 20/03/004</b>	<p><b>MINUTES OF THE BOARD MEETING HELD ON 30 JANUARY 2020</b></p> <p>The Board reviewed the Minutes of the meeting held on 30 January 2020.</p> <p><b>The Board resolved – that:</b></p> <ul style="list-style-type: none"> <li>a) the minutes of the meeting held on 30 January 2020 be approved as a true and accurate record;</li> <li>b) in terms of matters arising not on the agenda, the Board noted an update from AH that in relation to the IMTP on page 13 of the minutes, correspondence had been received from Welsh Government saying that our IMTP was deemed to be approvable but that due to COVID-19 the current planning situation was suspended.</li> </ul>	
<b>UHB 20/03/005</b>	<p><b>BOARD ACTION LOG</b></p> <p>The Board reviewed the Action Log and noted the majority were completed.</p> <p>19/09/016 Strategic Clinical Services Plan</p>	

	<p>The Chair advised that this was currently on hold and we would regroup when the time was right. It was to be noted that lots of positives in relation to sustainability had come out of the COVID-19 situation.</p> <p>20/01/008 Development of new services around specialised services The Chief Executive Officer updated in terms of the Major Trauma Centre. The Board was advised that the staff had fully delivered and that everything was ready to go but in light of the current environment it was agreed to suspend in its entirety.</p> <p>20/01/016 Recognising and responding to the climate emergency The Board was advised that this was due to be received at the May Board but could be delayed given the circumstances.</p> <p>19/01/005 Business case for relocation of the Links Centre This would be further delayed in light of current priorities.</p> <p><b>The Board Resolved that:</b></p> <p>(a) the action log and updates be received and noted.</p>	
<b>UHB 20/03/006</b>	<p><b>REPORT FROM THE CHAIR</b></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.</p> <p><b>The Board resolved that:</b></p> <p>(a) the Chair's report be noted; (b) the affixing of the Common Seal be endorsed; (c) the Chair's Actions and the signing of legal documents be approved.</p>	
<b>UHB 20/03/007</b>	<p><b>REPORT FROM THE CHIEF EXECUTIVE</b></p> <p>The Chief Executive provided the Board with a verbal update and advised it that the focus the last four weeks and continuing was the COVID-19 pandemic. The whole business had moved to how we prepared for this as a pandemic and the organisational impact.</p> <p>The Health Board had the benefit of knowing what had happened in China, had been keeping a close eye on what was happening in Italy, and Public Health Wales had developed some modelling as to what could happen here. This work had produced a reasonable worst case scenario and if 100% / 75% / 25% of it happened; the graduation was</p>	

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<p>Bricknell Helen 05/26/2020 10:31:36</p>	<p>like this because of mitigations like self-isolation, social distancing, school closure, lockdown and increased regulatory powers to enforce self-isolation.</p> <p>Measures that had seen success in other areas, like Singapore, had been put in place. The Health Board had moved from containment to delay which was what the mitigation was about.</p> <p>The Chief Executive advised that at the 25% of reasonable worst case scenario, so best position, critical care bed capacity would be upwards towards 100, when it currently operates at around 31-35. This was significant and required a high concentration of staff in a very skilled expert area where critical care nurses were in short supply. The challenge was how to create bed spaces equipped with ventilators and appropriately staff these areas.</p> <p>The Board was advised that bed spaces could be created within a cohesive way in the hospital; cardiac, neurosurgery and polytrauma had been set up to take critical care patients. In addition, many elective cases had been cancelled to clear theatres and further free up beds. Urgent procedures would continue but this would enable the release of ventilators from theatre, and areas could then be trained to look after patients in a critical care environment and be available to join the workforce as needed. The Chief Executive explained that the Health Board were fortunate to already have these units to repurpose.</p> <p>Even with these measures it was calculated that the Health Board would still be 200 beds short and therefore Phase one of the plan would be how to create these additional 200 beds. The Board was assured that the UHB had a plan for that and a few more.</p> <p>The Independent Member – Finance queried where these 200 beds would come from. The Chief Executive clarified that they would be general beds which would suffice for what was required.</p> <p>The Chair enquired as to the location of these beds. The Chief Executive replied that they would be in a range of locations but all within our footprint; Barry Hospital and St David's had wards which could be recommissioned. The Dental and Children's Hospitals also had space and Spire hospital beds could also be utilised for urgent surgery from UHW.</p> <p>The Chief Executive explained that we were now working through what beds were staffed and training those staff that currently worked in different disciplines. In addition, St David's and Barry would require new staff as these were new facilities.</p>	
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In terms of isolation, Heulwen ward would be used and there would be a second cohort ward for when this was at capacity, then a third and moving to an isolation zone when necessary. East 2 at UHL would also be reopened to provide cohort space.

The Chief Executive confirmed that the Health Board had the equipment, were doing the training and were engaging with staff, he added that the way clinical and nursing staff had responded was remarkable. An example of this was in how the clinicians decided that A&E required a bigger space and this was achieved in a matter of days by moving fracture clinic to operate out of UHL to accommodate this.

It was explained that the Health Board were seeing a consistent demand profile to Italy so the belief was that we were running 2 weeks behind.

For phase 2 planning, the Health Board was modelling between an additional 600 to 2000 beds on top of the 200. The Director of Transformation and Informatics was looking at how this could be achieved and the afternoon's meeting of the COVID-19 Strategy Group would be considering the proposal to commission the Principality Stadium.

This venue was being considered as it is big enough to provide the 2000 beds with level 4 of the building offering significant large rooms, has 113 smaller potential hospital suites together with facilities on other levels. There was also the pitch area to convert and the staff facilities were excellent.

Other venues had been considered but they did not have the facilities around them to run a 24/7 hospital service.

The Chief Executive advised caution as although this would provide us with a facility, it would not provide us with the staff, or equipment needed and access to oxygen was critical. Oxygen concentrators could be utilised which could be run to two patients so this possibility was also being considered.

Our colleagues with a military background had helped test our thinking and confirmed that the support services were crucial and this venue offered what would be needed in this regard.

The Executive Director of Finance advised that going forward into next year we would need to revisit the governance. The Operational Group chaired by the Chief Operating Officer, the Executive Director of Finance / Finance Department, Board and the Strategic Group all have sight of the proposals. He added that Welsh Government has been very approachable and the focus was on getting the capital in, 2019-20 revenue and final accounts then to look at next year. There had been

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<p>Bricknell Helen 05/26/2020 10:31:36</p>	<p>a need to move quickly and once this position had passed then we would be able to look with Clinical Boards at what was done regarding COVID-19.</p> <p>The Executive Director of Strategic Planning advised that a military liaison officer would be embedded in the coordination team with a view to assisting with logistics and supplies.</p> <p>The Chief Executive commented that the real challenge was around staffing and advised that year 5 medical and year 3 nursing students were being released from colleges early but we would have to consider how we provide adequate supervision. We were also looking at how the Health Board could utilise Healthcare Support Workers and primary care; discussions had started with GPs and was due for consideration at today's cluster meetings.</p> <p>The Chief Executive advised that the facility would not be staffed as beds in a normal hospital situation and that a staffing model had not yet been finalised, but this work was underway. Adverts had been posted and 37 new staff started this morning and 2000 applications had been received. Barriers that caused delay in the appointment process had been removed allowing quick starts, but there was a risk associated with this; the individuals that had been hired all have DBS checks but there may come a time when we would have to start staff prior to the return of the DBS check and remove them if a problem arose upon its receipt.</p> <p>The Chief Executive turned to PPE advising the Board that this was a big issue in the organisation, Wales and across the UK. The Board was assured that Cardiff and Vale were following public health advice in that a graduation of protection was required so that if an aerosol generating procedure was being done that could generate splash, full PPE was required. Otherwise, staff can and should wear aprons and facemasks. Staff would like to wear full PPE in every instance but this is not public health guidance. Naturally staff were concerned but we were following the guidance, producing the evidence (which shows that the difference in effectiveness between full PPE and just a facemask in a non-aerosol generating procedure is just 1%) and involving staff in the discussion but it was clear that we need to encourage confidence regarding this issue. If we were to use the full equipment in every case then we would quickly run out.</p> <p>The Independent Member – Finance queried if anyone not provided with full PPE had contracted COVID-19. The Chief Executive responded that no one had yet claimed this.</p> <p>Turning to testing, the Chief Executive advised that a number of staff were currently self-isolating to the guidance and there was a regime to test them quickly so that they could return to work; 456 had been tested as of today and only 45 were</p>	
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<p>Bricknell Helen 05/26/2020 10:31:36</p>	<p>positive so the rest had been able to return to work. If a staff family member had symptoms then they are tested. The Chief Executive advised that the Health Board were looking to introduce point of care testing as when admissions increased we would want to be able to differentiate at the front door. In addition, an antibody test was being developed to show if a person has already had the virus and an antigen test to show whether a person currently had it.</p> <p>The current figures were: 125 confirmed cases in Cardiff and Vale, 628 all Wales and 350 of these were in Gwent.</p> <p>The Independent Member – Finance asked about planning for the 75% reasonable worst case scenario. The Chief Executive confirmed that this had not yet been done as that would take us to 5,000 beds. However there was overflow potential at the Principality Stadium, we would need to think about closing off corridors but there would be space for nightingale wards and we could also commission another venue but the preference and plan was to only commission the one as this would be easier to staff.</p> <p>The Chief Executive confirmed that we were in a good position with phase 1 and there was a good degree of ownership with the phase 2 planning to achieve the additional 2,000 beds, the only issue would be when we needed more.</p> <p>The Executive team has gone to a 7 day working pattern so there would always be two Executives available, and the Operational Group led by the Chief Operating Officer met daily, including on Saturday and Sunday.</p> <p>The Independent Member – Finance enquired whether COVID-19 was captured on the risk register. The Chief Executive confirmed that it was not yet but this would be discussed at today's Strategy Group. The Director of Corporate Governance explained that as one would expect, the risk position was very fluid with risks being responded to very quickly to ensure the project would be achieved within the necessary timescale. The Chair added that it was important that we reflect as a Board on what decisions were made and why, and the Director of Corporate Governance confirmed that she was looking at this piece of work.</p> <p>The Executive Director of Finance advised the Board that a number of important non clinical steps had also been taken. There was a real concern regarding the wellbeing of staff, 24/7 food was a worry therefore a plan had been pulled together to make this available through Y Gegin. Visiting had stopped with exceptions being made for parents of children in hospital and a single birth partner. Entry / exit points to the hospitals were being closed to ensure proper use of hand sanitisers. The number of housekeepers had been increased to maintain</p>	
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	<p>standards of cleanliness and parking had been opened up to all staff. Showers and changing facilities for staff were being looked at and other wellbeing measures to support staff during this stressful time. The Sports and Social Club would be a designated staff environment to enable staff to rest and recuperate; arrangements were also being made to use hotels to accommodate shift workers and provide them with breakfast and evening meal. A group had also been established to focus on staff wellbeing and its membership included psychologists.</p> <p>The Executive Director of Strategic Planning advised that we were reporting twice daily Sitrep figures into Welsh Government and there was also a coordinating group to capture incoming guidance and information.</p> <p>In terms of the IMTP, the Executive Director of Strategic Planning explained that we were working on different scenarios so until we were through this period we would not know what trajectory we were looking at. There would be positives, enabling us to switch back to usual business. Planned electives would have the most significant impact on our position.</p> <p>The Chief Executive advised that during the last national call with Dr Andrew Goodall, it was confirmed that there would be a change to the Accountable Officer letter to reflect the situation and that a different financial regime was being considered.</p> <p>It was agreed that we would have to ensure effective governance as we go given the unprecedented situation.</p> <p>The Chair invited comments and questions:</p> <p>The Interim Vice Chair queried why the scenarios rose so rapidly. The Chief Executive explained that the rise depended on mitigation success.</p> <p><b>The Board resolved that:</b></p> <p>(a) the Chief Executive's report be noted.</p>	
<p><b>UHB 20/03/008</b></p> <p>Bricknell Helen 05/26/2020 10:31:36</p>	<p><b>PATIENT SAFETY QUALITY AND EXPERIENCE REPORT</b></p> <p>The Chair referred to the Patient Safety, Quality and Experience Report and commented that this paper together with the Performance Report generated the most questions and suggested that as they would not be presented here today, any questions should be put to the relevant Executive and captured, together with responses, in the minutes.</p> <p><b>The Board resolved that:</b></p>	

	<p>a) the content of the report was noted;</p> <p>b) the actions being taken were sufficient.</p>	
<b>UHB 20/03/009</b>	<p><b>PERFORMANCE REPORT</b></p> <p>The Chair advised the same approach in terms of any questions or comments be channelled through the Director of Corporate Governance.</p> <p>The Executive Director of Finance commented in terms of the financial part of the report, we were reporting an overspend of £0.205m for the 11 months to the end of February 2020. A detailed budget forecasting exercise had been undertaken which provided assurance that the UHB would recover the overspend and deliver its forecast break even position by the year end.</p> <p>The Chair acknowledged that good progress had been made.</p> <p><b>The Board resolved that:</b></p> <p>a) the content of the report was noted.</p>	
<b>UHB 20/03/010</b>	<p><b>BOARD ASSURANCE FRAMEWORK</b></p> <p>The Director of Corporate Governance referenced the Board Assurance Framework (BAF) which fed into the normal end of year reporting. She acknowledged that something specific would have been added in relation to COVID-19 but at the time of formulating, we were in ignorance of what was to come.</p> <p>The Director of Corporate Governance advised that the six strategic risks to the organisation detailed in the report remained the same, and the BAF had been updated to reflect discussions with the Executive leads.</p> <p><b>The Board resolved that:</b></p> <p>a) the BAF and progress made in relation to the actions, management and mitigation of the key risks be approved;</p> <p>b) the six strategic risks relating to the delivery of the Health Board's objectives for 2019/20 were appropriately recorded.</p>	
<b>UHB 20/03/011</b>	<p><b>HEALTHY TRAVEL CHARTER ANNUAL UPDATE</b></p> <p><b>The Board resolved that:</b></p>	

	a) progress made since the last update to Board be noted.	
<b>UHB 20/03/012</b>	<p><b>UHW REPLACEMENT PROGRAMME UPDATE</b></p> <p>The Executive Director of Planning advised that this was currently on hold as it was not a top priority for Procurement in the current climate and would be picked up again when possible. Important progress had however been made in that we had met with Welsh Government and written to it outlining the support needed.</p> <p><b>The Board resolved that:</b></p> <p>a) the update on the UHW Replacement Programme be noted.</p>	
<b>UHB 20/03/013</b>	<p><b>UHL CAVOC THEATRES STRATEGIC OUTLINE CASE</b></p> <p>The Executive Director of Planning advised that we were required to bring this business case to Board for approval. The plan which saw two additional theatres in UHL, a permanent new ward and the closure of two old theatres which had always been intended as temporary had taken some time to work through. This would aid the next intended phase of moving all surgery to UHL.</p> <p>The Independent Member – Finance queried whether there would be specific funding for this. The Executive Director of Planning confirmed that there would be a call on All Wales capital and it was helpful that we were ready to go on this even though funding may need to be deferred.</p> <p><b>The Board resolved that:</b></p> <p>a) the Strategic Outline Case for submission to Welsh Government for All Wales capital funding be approved.</p>	
<b>UHB 20/03/014</b>	<p><b>MOVE MORE, EAT WELL PLAN</b></p> <p>The plan had come for final approval, it had already been through all the partnership forums and had been really well received.</p> <p>The CEO commented that the message about getting to exercise even in your home was important and even more so than before.</p> <p>The Board raised a concern regarding what was being done to support the older person in their home and to get the information out to them, particularly if they do not have digital access. The Executive Director of Planning agreed to feed this through to Public Health.</p>	<b>AH</b>

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	<p><b>The Board resolved:</b></p> <ul style="list-style-type: none"> <li>a) the progress to date be noted;</li> <li>b) the draft final Move More Eat Well Plan approach and content be approved;</li> <li>c) the launch of the final Move More Eat Well Plan in March 2020, and its delivery be supported.</li> </ul>	
<b>UHB 20/03/015</b>	<p><b>BOARD ANNUAL PLAN 2020/21</b></p> <p>The Director of Corporate Governance explained that we would normally at this time of year provide the business plan for next year's Board meetings, to include those items that must be covered to meet our statutory duty. The Standing Orders and Terms of Reference are also included and the objective had been to make the Board business more strategic in focus.</p> <p>It was felt important that the Board continue to meet but it was acknowledged that Board business was likely to change given the current pandemic status.</p> <p>The Vice Chair commented that the Health Minister is writing to Vice Chairs to say that PCIC needs to be high on the Board agenda so this is something we would need to look at when normal business resumes.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the Board Work Plan 2020/21 be approved but noting that it will continue to be populated with timescales for the delivery of: <ul style="list-style-type: none"> <li>- Strategies</li> <li>- Annual Reports</li> <li>- Board Champion Reports and be likely to change in light of COVID-19 requirements.</li> </ul> </li> </ul>	
<b>UHB 20/03/016</b>	<p><b>ANNUAL REPORTS FOR COMMITTEES</b></p> <p>The Director of Corporate Governance referred to the Committee Annual Reports and confirmed that it was an end of year requirement that they come to Board. The reports highlighted attendance rates and our statutory responsibilities and the information would feed into the end of year reporting.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the Annual Reports from the Committees of the Board be approved.</li> </ul>	
<b>UHB 20/03/017</b>	<b>BOARD CHAMPIONS UPDATE</b>	

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	<p>The Director of Corporate Governance referred the Board to the updated champion leads. A piece of work around this will need to be done with Board members but this will be taken forward when we are through COVID-19.</p> <p><b>The Board resolved that:</b></p> <p>a) the proposed Board Leads and Champions be approved.</p>	
UHB 20/03/018	<p><b>TERMS OF REFERENCE AND WORKPLAN FOR ALL COMMITTEES OF THE BOARD</b></p> <p>The Director of Corporate Governance explained that all workplans and Terms of Reference were included apart from Mental Health Committee which were with the Committee Chair for review.</p> <p>The Quality, Safety and Patient Experience Committee had held off its review as it is expected that so much will come out of the Cwm Taf quality review that will need to be included.</p> <p>The Director of Corporate Governance commented that following the changes to Committees in response to COVID-19, it would be prudent to reflect whether we have to keep all our current Committees or whether the same frequency of meetings were required. Statutory ones must be retained but there could be an opportunity for a more streamlined and efficient Committee structure.</p> <p><b>The Board resolved that:</b></p> <p><b>(a) the establishment of the following Committees of the Board for 2020-21 be approved:</b></p> <ul style="list-style-type: none"> <li>• Audit Committee</li> <li>• Charitable Funds Committee</li> <li>• Digital Health and Intelligence Committee (Information Governance)</li> <li>• Health and Safety Committee</li> <li>• Mental Health and Capacity Legislation Committee (Mental Health Act requirements)</li> <li>• Finance</li> <li>• Quality, Safety and Experience Committee</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Strategy and Delivery Committee</li> </ul> <p><b>(b) the attached Terms of Reference for the following Committees of the Board be approved:</b></p> <ul style="list-style-type: none"> <li>• Audit Committee</li> <li>• Digital Health and Intelligence Committee</li> <li>• Finance</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Strategy and Delivery Committee</li> <li>• Noting that Charitable Funds Committee will be approved by Charity Trustee</li> </ul> <p><b>(c) the attached Work Plans for the following Committees of the Board be approved:</b></p> <ul style="list-style-type: none"> <li>• Audit Committee</li> <li>• Digital Health and Intelligence Committee</li> <li>• Finance</li> <li>• Strategy and Delivery Committee</li> <li>• Noting that Charitable Funds Committee will be approved by Charity Trustee</li> </ul>	
<b>UHB 20/03/019</b>	<p><b>DECLARATIONS OF INTEREST – BOARD MEMBERS 2019/20</b></p> <p>The Director of Corporate Governance advised that again this fed into the end of year reporting and would be published on the UHB website.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>(a) the attached Board Members Declarations of Interest for 2019/20 be approved;</li> <li>(b) it be noted that the Register will be published on the Health Board's website.</li> </ul>	
<b>UHB 20/03/020</b>	<p><b>AUDIT AND ASSURANCE COMMITTEE</b></p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the minutes of the Audit and Assurance Committee held in December 2019 be ratified.</li> </ul>	
<b>UHB 20/03/021</b>	<p><b>CHARITABLE FUNDS COMMITTEE</b></p> <p>The Director of Corporate Governance advised that as the meeting had not been quorate, some decisions needed to be ratified by the Board.</p> <p>The Chair commented that a lot of good work was being done, particularly to ensure cash was available in the right place when needed and also recognised the impact of the stock market crash.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the minutes of the Charitable Funds Committee held in December 2019 and the decisions reached at that Committee be ratified.</li> </ul>	
<b>UHB 20/03/022</b>	<b>FINANCE COMMITTEE</b>	

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	<b>The Board resolved that:</b> <ul style="list-style-type: none"> <li>b) the minutes of the Finance Committee held in January 2020 be ratified.</li> </ul>	
<b>UHB 20/03/023</b>	<b>MENTAL HEALTH CAPACITY AND LEGISLATION COMMITTEE</b> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the minutes of the Mental Health Capacity and Legislation Committee held in October 2019 be ratified.</li> </ul>	
<b>UHB 20/03/024</b>	<b>QUALITY SAFETY AND EXPERIENCE COMMITTEE</b> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the minutes of the Quality Safety and Experience Committee held in January 2020 be ratified.</li> </ul>	
<b>UHB 20/03/025</b>	<b>STRATEGY AND DELIVERY COMMITTEE</b> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the minutes of the Strategy and Delivery Committee held in January 2020 be ratified.</li> </ul>	
<b>UHB 20/03/026</b>	<b>LOCAL PARTNERSHIP FORUM</b> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the minutes of the Local Partnership Forum held in December 2019 be ratified.</li> </ul>	
<b>UHB 20/03/027</b>	<b>STAKEHOLDER REFERENCE GROUP</b> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the minutes of the Stakeholder Reference Group held in November 2019 be ratified.</li> </ul>	
<b>UHB 20/03/028</b>	<b>EMERGENCY AMBULANCE SERVICES COMMITTEE</b> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the minutes of the Emergency Ambulance Services Committee held in January 2020 be noted.</li> </ul>	
<b>UHB 20/03/029</b>	<b>AUDIT AND ASSURANCE COMMITTEE CHAIR'S REPORT TO BOARD</b> <p>The Independent Member – Finance advised the Board that a</p>	



	<p>significant number of planned internal audits would not now be done in light of COVID-19. However, there were a number of substantial and reasonable assurance reports and only a small number giving limited assurance so he was confident that there would be an overall rating of reasonable assurance.</p> <p><b>The Board resolved that:</b></p> <p>a) the report from of the Chair of the Audit and Assurance Committee be noted.</p>	
<b>UHB 20/03/030</b>	<p><b>CHARITABLE FUNDS COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) the report from of the Chair of the Charitable Funds Committee be noted.</p>	
<b>UHB 20/03/031</b>	<p><b>DIGITAL HEALTH INTELLIGENCE COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) the report from the Chair of the Digital Health Intelligence Committee be noted.</p>	
<b>UHB 20/03/032</b>	<p><b>FINANCE COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) the report of the Chair of the Finance Committee be noted.</p>	
<b>UHB 20/03/033</b>	<p><b>MENTAL HEALTH CAPACITY AND LEGISLATION COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) the report of the Chair of the Mental Health Capacity and Legislation Committee be noted.</p>	
<b>UHB 20/03/034</b>	<p><b>QUALITY, SAFETY AND EXPERIENCE COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) the report of the Chair of the Quality, Safety and Experience Committee be noted.</p>	
<b>UHB 20/03/035</b>	<p><b>STRATEGY AND DELIVERY COMMITTEE CHAIR'S REPORT TO BOARD</b></p>	

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	<b>The Board resolved that:</b> <p>a) the report from of the Chair of the Strategy and Delivery Committee be noted.</p>	
<b>UHB 20/03/036</b>	<b>LOCAL PARTNERSHIP FORUM CHAIR'S REPORT TO BOARD</b> <p><b>The Board resolved that:</b></p> <p>a) the report of the Chair of the Local Partnership Board be noted.</p>	
<b>UHB 20/03/037</b>	<b>STAKEHOLDER REFERENCE GROUP CHAIR'S REPORT TO BOARD</b> <p><b>The Board resolved that:</b></p> <p>a) the report of the Chair of the Stakeholder Reference Group be noted.</p>	
<b>UHB 20/03/038</b>	<b>EMERGENCY AMBULANCE SERVICES COMMITTEE</b> <p><b>The Board resolved that:</b></p> <p>a) the report of the Emergency Ambulance Services Committee be noted.</p>	
<b>UHB 20/03/039</b>	<b>Date, Time &amp; Venue of Next Board Meeting:</b> <p>Thursday, 28 May 2020 Woodland House</p>	

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**ACTION LOG**  
**Following Board Meeting**  
**26 March 2020**

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
<b>Actions Completed</b>					
20/03/006	Horatio's Garden	To provide a briefing to the CHC on the work being undertaken		A Harris	<b>COMPLETE</b>
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	<b>COMPLETE</b> Engagement on hold due to current situation. Revised timetable will be developed with advice from Consultation Institute.
<b>Actions In Progress</b>					
20/03/014	Move More, Eat Well Plan	To ask Public Health how we provide this information to older persons who may not have digital access	28.05.2020	F Kinghorn	The Move More, Eat Well launch has been delayed due to the COVID-19 pandemic. On launching, we will provide information to the third sector, who will be able to liaise with older people.
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	27.03.2020	L Richards	Programme of work delivered but implementation suspended in light of COVID-19
20/01/016	Recognising and Responding to the Climate Emergency	To bring back an action plan to a future meeting	28.05.2020	A Harris	Work on hold due to reprioritising workload. Action plan to be brought back in Autumn and included in COVID19 Recovery Programme.
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	Business case has been approved by Welsh Government and programme for works is being finalised. Work expected to commence end of June – with

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
					completion date in Q1 2021/22. Plan is for Drug and Alcohol Treatment Team to be in new accommodation in the Autumn.
<b>Actions referred to Committees of the Board/Board Development</b>					

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<b>Report Title:</b>	<b>Chair's Report to the Board</b>						
<b>Meeting:</b>	Board				<b>Meeting Date:</b>	28th May 2020	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>		<b>For Information</b>
<b>Lead Executive:</b>	<b>Chair of the Board</b>						
<b>Report Author (Title):</b>	<b>Director of Corporate Governance</b>						

### Background and current situation:

The Chairs report would normally provide a summary of events, activities and meetings which the Chair has taken part in since the previous Board Meeting. However, due to COVID 19 Chairs activities have been very different to normal and this report reflects the Governance which has been in place.

However in the first instance it is important to pay tribute to the three members of staff who have passed away due to COVID 19 they are:

#### Mr Jitendra Rathod

Mr. Jitendra Rathod, Associate Specialist in Cardio-thoracic Surgery at the University Hospital of Wales. He died on our General Intensive Care unit after testing positive for COVID-19. Jitu had worked in the Department of Cardio-thoracic Surgery since the mid-1990s and came back to UHW in 2006 after a brief stint abroad. He was an incredibly dedicated surgeon who cared deeply for his patients. He was well-liked and greatly respected by one and all. He was a very compassionate and a wonderful human being. His commitment to the specialty was exemplary. He is survived by his wife and two sons.

We will miss him greatly

#### Mr. Gareth Roberts

Mr Gareth Roberts, one of our nurses sadly passed away at Prince Charles Hospital after testing positive for COVID 19.

Gareth had been part of our nursing family since the 1980's and worked across our hospital sites. He retired in December 2014 and re-joined the bank in January 2015.

Gareth was well known by everyone and was an extremely popular, fun-filled and well liked person, always greeting everyone with – 'Hello Cariad' when he saw them.

Staff say he was such a kind and helpful person, and that they learned so much from him. He had a lovely way with relatives and always offered the caring personal side, he was very much an 'old school' nurse.

He is survived by his wife, son and grandson. We will miss him greatly.

## Julianne Cadby

Julianne Cadby, Business Manager at the specialist Child and Adolescent Mental Health Services (CAMHS), passed away after testing positive for COVID-19. Julianne had worked in the specialist CAMHS service for over 16 years but has been with the Health Board for 30 years, first starting as a medical secretary across a range of departments. Julianne was a much loved member of our team, she was extremely warm and caring and would always make time to help and support her colleagues. Her dedication shone through, playing a central role in all that we do in the service and her focus was always on ensuring we are delivering the best service we can for children and young people. Her loss will be felt by all the many colleagues she has worked with over the years. She is survived by her husband Chris, their son Evan and her brother Ian. We will miss her greatly.

Our condolences and thoughts are with their families and friends.

Due to COVID 19 and the requirement to make effective, robust decisions at pace a COVID 19 Board Governance Group was set up. This was (and still is) a Chairs Action Group and the Members of the Group are the Interim Chair, Interim Vice Chair, Chair of Audit Committee and the Chief Executive. The Director of Corporate Governance has also been supporting the Group in terms of advice and ensuring that decisions which have been agreed at the Strategic Group but which require sign off of the Board Governance Group flow through.

This report therefore provides a summary of the decisions which have been taken and the discussions which have happened since its first meeting on 1<sup>st</sup> April.

All Independent Members have received copies of the minutes of the Board Governance Group in addition to the action log and the decision log from the Strategic Group.

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

### a. COVID 19 Board Governance Group Summary

At each of the meetings the CEO has provided an update initially on each of the four hubs. Also at each meeting the decision log from the COVID 19 Strategic Group has been reviewed and where necessary decisions have been ratified. An up to date copy of the decision log is attached at the Appendix1. Below is a summary of other key discussion items with the appendices attached where relevant.

- 15<sup>th</sup> April – Initial Letters of intent signed off by the Group  
Governance arrangements during COVID 19 - Appendix 2
- 22<sup>nd</sup> April – Further letters of intent signed off  
Board Assurance Framework presented – May BAF on Board agenda  
Guidance on decisions approved – Appendix 3
- 29<sup>th</sup> April - Terms of Reference of the COVID 19 Board Governance Group presented and approved – Appendix 4
- 13<sup>th</sup> May – Mitie Invoice approved  
Equipment invoice approved  
RFA's approved for Mott McDonald, Mitie and ESG for works undertaken at

Dragon's Heart Hospital.

20<sup>th</sup> May – Mott McDonald Cost Assessment reviewed and noted

### **b. Fixing the Common Seal / Chair's Action and other signed documents**

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

Approval is required to affix the UHB Common Seal to 1 document listed below in accordance with requirements. A record of the sealing of this document will be entered into the Register kept for this purpose and signed in accordance with Section 8 of the Standing Orders.

Seal No.	Description of documents sealed	Background Information
938	Lease to Cardiff Council. Cardiff Royal Infirmary	Property Surveyor Advice – NWSSP Specialist Estates

The following legal documents have been signed:

Date Signed	Description of Document	Background Information
31/03/2020	Refurbishment of A&E (EU) Pediatrics and Main Resus between CAVUHB and Ian Williams Ltd	Document prepared by Gleeds Advisory Services for the refurbishment of A&E (EU) Pediatrics and Main Resus
02/04/2020	Lease of Star Centre, Splott Road, Cardiff	Document approved by Legal and Risk services for a short term lease of the Star Centre from Cardiff Council to utilise the premises as a testing centre.
14/05/2020	Agreement for Lease	Agreement for Lease between (1) Garrison Barclay Equity Limited and (2) Cardiff and Vale UHB for the potential acquisition of a long term lease to further the Health Board's genomics work.

Chair's Action was taken (and approved by the COVID 19 Board Governance Group) in relation to:

24/03/2020	Approval provided for the construction of the HCID Modular Building
24/03/2020	Works to enable modular build of HCID Unit

<b>31/03/2020</b>	Lease relating to 2 <sup>nd</sup> & 3 <sup>rd</sup> floor Block 14, Cardiff Royal Infirmary, Glossop Road, Cardiff
<b>15/04/2020</b>	Approval was given for the Health Board to extend the terms of two proposed leases from 20 to 25 years to secure development of both sites.
<b>15/04/2020</b>	Approval given for the purchase of HEPA Filtered units at a cost of £185,209.20.

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

The COVID 19 Board Governance Group was set up to ensure robust, effective decision making could take place at pace. This has ensured that due process has been followed and reduced the risk of future challenge particularly regarding expenditure and award of contracts.

### Recommendation:

The Board is recommended to:

- **NOTE** the report
- **ENDORSE** the affixing of the Common Seal
- **APPROVE** the Chairs Actions and signing of legal documents undertaken at the Board Governance Group.

### 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*

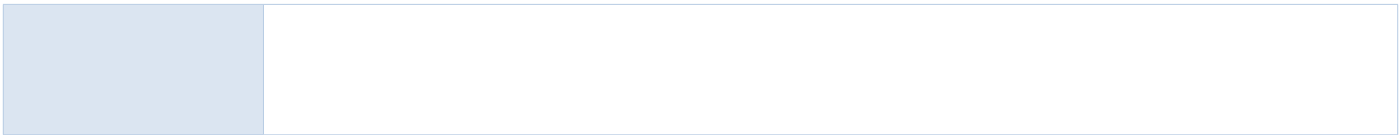
Prevention		Long term		Integration		Collaboration		Involvement	
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**Equality and Health Impact Assessment Completed:**

Yes / No / Not Applicable

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





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Kind and caring  
Caredig a gofudgar

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

Decision Log from COVID 19 Strategic Group									
Date of Decision	Minute Ref.	Decision	Financial Implications	Lead Executive progressing Decision	Does Decision need to be ratified Yes/No	Decision ratified by COVID 19 Board Governance Group/Chairs Action - Minute Reference		Decision Ratified by the Board	
						Date	Minute Ref	Date	Minute Ref
19.03.2020	CV19SG: 20/03/001	Covid-19 Governance Structure Agreed		Len Richards	Yes	01.04.2020	CV19BGG: 20/04/10/006		
19.03.2020	CV19SG: 20/03/002	Restricted visiting parameters agreed.		Ruth Walker	No				
19.03.2020	CV19SG: 20/03/004	200 Bed plan agreed incorporating Barry Hospital, St David's and the Children's Hopsital.		Steve Curry	No				
23.03.2020	CV19SG 20/03/23/013	Agreed that catering facilities would close to the public to allow a 24 hours catering provision to be provided to Staff		Bob Chadwick	No				
26.03.2020	CV19SG 20/03/26/008	Agreement to proceed with Principality Stadium as the field hospital for COVID 19	Significant revenue costs	Jonathon Gray	Yes	01.04.2020	CV19BGG: 20/04/10/006		
26.03.2020	CV19SG 20/03/26/012	Revised Clinical governance structure agreed. A clinical trimvirate to head up UHW, UHL and Stadium sites. Decision made noted at minute: CV19SG 20/03/26/013		Steve Curry	No				
26.03.2020	CV19SG 20/03/26/007	Temporary Re-location of the Paediatric E.D to the Children's Hospital during Covid-19 outbreak.		Steve Curry	No				
30.03.2020	CV19SG 20/03/30/008	Agreement to purchase 150 ventilators (will be dealt with via shared services)	Decision deferred to Shared Services which means costs will be met by WG	Stuart Walker	No				
30.03.2020	CV19SG 20/03/30/005	Agreement to move away from PHW PPE guidance.		Ruth Walker	Yes	01.04.2020	CV19BGG: 20/04/10/006		
02.04.2020	CV19SG 20/04/02/008	Revised Risk Register to be prepared for the 4 clinical hubs.  Top 5 strategic risks for Strategic Group.		Nicola Foreman	No				
06.04.2020	CV19SG 20/04/06/011	Expenditure of £185209.20(inc VAT) approved for HEPA filtered units at Ward 6, Ward 7, Heulwen and UHL West 1	Significant Expenditure.	Bob Chadwick	Yes	15.04.2020	CV19BGG:20/04/15/013		

09.04.2020	CV19SG 20/04/09/004	To offer vulnerable front line staff another role		Martin Driscoll	No				
09.04.2020	CV19SG 20/04/09/006	Not to open Surge Hospital on 12.04.20 but to continue with build and open discussions as to wider use on the understanding that staff resource must follow		Len Richards	No				
09.04.2020	CV19SG 20/04/09/007	All COVID-19 financial documentation to come to Strategic Group for sign off		Bob Chadwick	No				
13.04.2020	CV19SG 20/04/13/009	A reduction in the number of beds to be commissioned at the Dragon Heart Hospital approved. The number of beds to be commissioned will now total 1500 following the decision not to proceed with areas L4 and L6.	The decision could potentially reduce expenditure by £2 million.	Len Richards	No				
13.04.2020	CV19SG 20/04/13/011	Covid - 19 Financial Governance policy approved for expenditure up to £125,000.00	The value of expenditure up to £125k without formal governance team approval will increase, although approval systems are included within the policy.	Bob Chadwick	Yes	15.04.2020	CV19BGG:20/04/15/013		
13.04.2020	CV19SG 20/04/13/011	Retrospective approval of MITIE's appointment given by the group alongside approval of enhanced pay rates for domestic staff appointed by MITIE.	MITIE's costs are likely to be significant although a value is not yet know. It is also likely that the enhanced pay rates could cause controversy as hourly rates are higher than centrally appointed staff members. It should be noted that the Union is aware of the position and Martin Driscoll will put together communication to confirm that overall the enhanced pay is not higher than the package received by centrally employed staff.	Bob Chadwick	Yes	15.04.20	CV19BGG:20/04/15/013		

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16.04.2020	CV19SG 20/04/16/004	Decision agreed to change the bed plans at the Dragon Heart Hospital. The reduction in beds would remain at 500 but the reduction plans had been revised.	The reduction in build cost is likely to be closer to £300k rather than £2million.	Len Richards	No				
16.04.2020	CV19SG 20/04/16/004	The group agreed to secure temporary staff accomodation in Cardiff City Centre at a cost of £55,000.00 plus VAT per month.	A rolling cost of £55,000 for the duration of hire which is yet to be determined.	Bob Chadwick	Yes	22.04.20	CV19BGG: 20/04/22/008		
16.04.2020		Open DHH on 21st April to patients	Operational cost	LR	No				
21.04.2020	CV19SG 20/04/21/009	The group agreed that the Executive Director of Finance could authorise the appointment of two Authorised Persons for the management of the oxygen supply at the Dragons Heart Hospital without formal approval being provided by the Health Boards Authorising Engineer. It was agreed that the Health Board would assume the risks associated with not complying with HTM regulations in this regard.	N/A - Regulatory and health and safety risk.	Bob Chadwick	No				
23.04.2020	CV19SG 20/04/23/009	The group agreed a departure from governmental CPR PPE guidelines.	N/A	Ruth Waler	No				
23.04.2020	CV19SG 20/04/23/011	The group agreed that it would approve the service of a joint extension notice for the FUJI PACS procurement process with all other health boards subject to the proviso that CAVUHB would have the option to extend if the procurement exercise had not conculed in time.	Potential procurement issues	Fiona Jenkins	No				
27.04.2020	CV19SG 20/04/27/0006	The group agreed the DHH Operational Model	N/A	Steve Curry	No				
27.04.2020	CV19SG 20/04/27/007	Bob Chadwick and Martin Driscoll arranged for the urgent appointment of fire officers at the DHH following advice from the fire department and Health and Safety team at an increased cost.	Yes, enhanced salary.	Martin Driscoll	No				
27.04.2020	CV19SG 20/04/27/007	The group approved the DHH financial governance structure for the approval of expenditure.		Bob Chadwick	Yes - approval to provide the SRO authority for expenditure up to £125	06.05.20	CV19BGG: 20/05/06/007		

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27.04.2020	CV19SG 20/04/27/007	The group noted that Jeremy Griffith, the Operations Lead at the DHH was not an employee of the Health Board but appointed with authority to act on the UHB's behalf pursuant to an all Wales Agreement. Similar appointments had been made at other health boards to assist with the establishment of field hospitals.	Yes - salary cost.	Jonathon Gray	No				
30.04.2020	CV19SG 20/04/30/008	The group noted and approved Covid related non-DHH expenditure and approved Advance Payment figures presented by Bob Chadwick	Yes - although the intention is that the costs will be recovered from WG.	Bob Chadwick	Yes - one payment on the schedule for replacement laptops equating to £584,649. WG agreement already received	06.05.20	CV19BGG: 20/05/06/007		
30.04.2020	CV19SG 20/04/30/011	The group noted that the MITIE contract for the provision of Soft FM services would be terminated at the expiry of the 3 month initial contract.	N/A	Bob Chadwick	No				
04.05.2020	CV19SG 20/05/04/005	The group agreed that the Health Board would take over the Population Testing Unit established by Deloitte and PHW at Cardiff City Stadium over the coming weeks.	Yes - staffing cost. Additional costs yet to be clarified.	Fiona Kinghorn	No				
04.05.2020	CV19SG 20/05/04/010	The group authorised the acquisition of 100,000 anti body tests produced by Abbot. Abbot are our current Managed Service Provider for Biochemistry labs, and have a very strong International reputation.	Yes - £450,000.00 plus VAT	Len Richards	Yes	06.05.20	CV19BGG: 20/05/06/007		
11.05.2020	CV19SG 20/05/11/007	The group agreed to support the decision of clinicians to depart from BAPEN guidance on PPE for replacement of NG and NJ tubes and swallow assessments so that they aren't classed as AGP's.	N/A	Fiona Jenkins	No	13.05.20	CV19BGG: 20/05/13/010		
14.05.2020	CV19SG 20/05/11/006	The group approved the temporary re-location of Cardiac Surgery to UHL	Capital and revenue costs to be confirmed.	Steve Curry	No				

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18.05.2020	CV19SG 20/05/18/007	The group approved the purchase of 475 Powered Air Hood Respirators and power units.	£291,019.00 - This would be a replacement cost as equipment would be used in place of face masks and it was assumed thatx the use of the new equipment would provide a cost saving over time.	Ruth Walker	No				
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<b>Report Title:</b>	<b>Good Governance during COVID 19</b>						
<b>Meeting:</b>	COVID 19 Board Governance Group				<b>Meeting Date:</b>	9 <sup>th</sup> April 2020	
<b>Status:</b>	<b>For Discussion</b>	x	<b>For Assurance</b>	x	<b>For Approval</b>	x	<b>For Information</b>
<b>Lead Executive:</b>	<b>Interim Chair of the Board</b>						
<b>Report Author (Title):</b>	<b>Director of Corporate Governance</b>						

## 1.0 Background

It is important that during the COVID 19 period good governance is maintained. However, systems and processes will need to be quicker and more efficient to enable decisions to be made at speed whilst still maintaining good governance and a clear audit trail.

This paper sets out the approach to be taken to ensure good governance, to ensure the Board can maintain its scrutiny and oversight and that decisions are made in the right place at the right time.

The paper also requests the Board to approve a temporary variation from our Standing Orders which provides the legal framework we are required to work within.

## 2.0 Current Situation

### 2.1 Governance Principles

The Board Secretaries Group has framed a number of governance principles that are designed to help focus consideration of governance matters over coming weeks and months.

These are:

- **Public interest and patient safety** - We will always act in the best interests of the population of Wales and will ensure every decision we take sits in this context taking into account the national public health emergency that (COVID-19) presents.
- **Staff wellbeing and deployment** – we will protect and support our staff in the best ways we can. We will deploy our knowledge and assets where there are identified greatest needs.
- **Good governance and risk management** – we will maintain the principles of good governance and risk management ensuring decisions and actions are taken in the best interest of the public, our staff and stakeholders ensuring risk and impact is appropriately considered.
- **Delegation and escalation** – any changes to our delegation and escalation frameworks will be made using these principles, will be documented for future record and will be continually reviewed as the situation unfolds. Boards and other governing fora will retain appropriate oversight, acknowledging different arrangements may need to be in place for designated officers, deputies and decisions.
- **Departures** - where it is necessary to depart from existing standards, policies or practices to make rapid but effective decisions - these decisions will be documented appropriately. Departures are likely, but not exclusively, to occur in areas such as standing orders (for example in how the Board operates), Board and executive scheme of delegation, consultations, recruitment, training

and procurement, audit and revalidation.

- **One Wales** – we will act in the best interest of all of Wales ensuring where possible resources and partnerships are maximised and consistency is achieved where it is appropriate to do so. We will support our own organisation and the wider NHS to recover as quickly as possible from the national public health emergency that COVID-19 presents returning to business as usual as early as is safe to do so.

- **Communication and transparency** - we will communicate openly and transparently always with the public interest in mind accepting our normal arrangements may need to be adapted, for example Board and Board Committee meetings being held in public.

## 2.2 Governance Structure

Attached at the appendix 1 is the Governance Structure which was approved by the COVID 19 Board Governance Group and circulated to the Board. The Structure has been developed to reflect Gold Command despite the organisation not strictly operating under a Gold Command and Control structure.

The Chief Executive, as Accountable Officer, has delegated authority by the Board to make decisions with regard to the management of the health board. Executive Directors have been delegated certain responsibilities and decision making powers through the Board's Scheme of Reservation and Delegation of Powers. These arrangements will remain in place with regard to the ongoing functioning of the organisation. In respect of COVID-19, the Chief Executive will deploy decision making through the established COVID 19 Strategic Group.

## 2.3 COVID 19 Board Governance Group

The COVID 19 Board Governance Group has been set up to ensure that there is appropriate scrutiny and governance over the decision making process during the COVID 19 period and to provide assurance to the Board that this is taking place. The Board Governance Group will also be able to sign off Chairs actions plus other significant decisions (which would normally be presented to the Board) on a weekly basis which would normally require the Chair, CEO and consultation with 2 IMs to take place. All actions approved by this Group will also be ratified by the Board in line with the normal process for Chairs actions.

The COVID 19 Board Governance Group will meet on a weekly basis and the minutes, resultant actions and the decision log of that meeting will also be shared with the whole Board.

The Group comprises the Interim Chair, Interim Vice Chair, Chair of Audit Committee, CEO plus a relevant Executive Director. The Director of Corporate Governance will also be in attendance.

In principle, the current Board scheme of delegation and specifically the matters the Board reserves for its own decision (schedule 1 of the Standing Orders) will remain. However, a number of changes, set out at appendix 3, are required to the Standing Orders during COVID 19 which require the approval of the Board.

## 2.4 COVID 19 Strategic Group

The COVID 19 Strategic Group meets twice weekly on a Monday and Thursday. It is Chaired by the Chief Executive with the Vice Chair being the Medical Director. The meeting also comprises all Executive Directors, Director of Transformation and Information, Director of Corporate



Governance and the Director of Communications. The Group makes decisions about strategic matters. The minutes, action log and a decision log is kept of each meeting. The decision log from the Strategic Group is presented to the COVID 19 Board Governance Group for decisions, which the Strategic Group does not have the authority to authorise, to be approved.

## **2.5 Operational Group**

The Operational Group meets daily, 7 days a week and is Chaired by the Chief Operating Officer. It is attended by the Triumvirate from the Clinical Boards plus other Executive Directors. It reports into the Strategic Group and brings decisions to the Group which require the authority of the CEO and the Executive Directors.

## **2.6 Operational Structure**

The Operational Structure has moved away from the Clinical Board Structure (although these will still remain in place) to a site based structure each led by a Local Co-ordination Centre which is open 7 days a week from 8am – 8pm. The four areas are:

- University Hospital for Wales
- University Hospital for Llandough
- Surge Hospital
- Community

Each site has a triumvirate in place which is led by the Clinical Board Director.

## **2.7 Board & Committee Meetings during COVID 19**

The Board will continue to meet on a bi monthly basis however it will meet on a quorum basis only and draft minutes from the Board on decisions made will be published within 7 days of the Board meeting. Decisions from the COVID 19 Board Governance Group will be ratified by the Board in line with the Chair's actions process.

The arrangements set out at appendix 2 have been put in place in relation to the Committees of the Board. The meetings will all be held at Woodlands House with Skype facilities. Those who attend in person will be required to adhere to social distancing requirements. These arrangements have been previously circulated to the Board and are in line with what the All Wales Board Secretaries Group have agreed with Welsh Government.

The agenda's for the Board and for the Committees of the Board will be kept to a minimum and they will be agreed between the Chair and Executive Lead as per normal arrangements. The Board will not be meeting in person therefore Members of the Public will be unable to attend or observe. Details of how transparency and openness will be achieved are set out in appendix 3 of the report and included as changes required to Standing Orders.

## **2.8 Financial Governance**

Welsh Government has issued financial guidance to NHS Wales organisations given the immediate challenges presented by the COVID-19 pandemic, recognising that routine financial arrangements and disciplines are disrupted and need to adapt on an interim basis. The guidance has been developed to support organisations and provide clarity on expectations for this disrupted period and until organisations return to business as usual arrangements.

A review of the guidance has been undertaken by the Director of Finance and the following agreed by the COVID 19 Strategic Group: XXXX decision to be agreed by the Board

As we are currently bound by the scheme of delegation that is currently in place, the Director of Finance has recommended the following (to exclude the field hospital)

#### Delegation of Revenue authorisation

- UHB Operational Group (Chief operating Officer) delegated to make individual spending commitments up to £125k each
- Anything above this, and all novel and contentious items to be referred to UHB Strategic Group for a decision where the CEO has a delegation up to £0.5m
- All items above £0.5m to be referred to the Board via COVID 19 Board Governance Group or Chairs Action
- All expenditure approved by UHB Operational Group to be reported to UHB Strategic Group for information (along with justification).
- UHB Strategic Group to record all authorised expenditure (including justification) from UHB Operational Group, UHB Strategic Group and the Board.
- This is to cover all revenue expenditure (excluding the field hospital) including equipment, workforce, supplies and services, estates, external contracts and all other revenue expenditure

#### Delegation of Capital authorisation

- UHB Operational Group (Chief operating Officer) delegated to make individual spending commitments up to £125k each
- Anything above this, and all novel and contentious items to be referred to UHB Strategic Group for a decision where the CEO has a delegation up to £1.0m
- All items above £1.0m to be referred to the Board via COVID 19 Board Governance Group or chairs action
- All expenditure approved by UHB Operational Group to be reported to UHB Strategic Group for information (along with justification).
- UHB Strategic Group to record all authorised expenditure (including justification) from UHB Operational Group, UHB Strategic Group and the Board.
- This is to cover all capital expenditure (excluding the field hospital) that falls within this definition including works, IT equipment & medical equipment and all other capital expenditure

It was recommended to the Strategic Group that this authorisation framework be put in place immediately and that it be included within the Governance and delivery documentation so that these arrangements are integrated and visible.

We will of course attempt to recover revenue and capital funding from WG, as appropriate in the new finance regime that will be put in place for 20/21. This cannot however be guaranteed. Notwithstanding this we need to have robust and documented systems in place to evidence the required governance around this and record and justify the decisions made. It is likely that we will get audited on this once this crisis is over.

## 2.9 Risk Management Arrangements

During the COVID 19 period the four sites will maintain an operational risk register of the risks they are managing within their site. The template registers which have been developed need to be able to deal with risks in a quick and efficient manner e.g. what is the risk, what is the action to manage or mitigate the risk who will be doing and by when. The registers will need to be dynamic to deal with a fast moving situation. The registers will be reviewed and updated on a weekly basis and reported into the COVID 19 Strategic Group. A Strategic Risk Register will also be developed which detail strategic risks to the Health Board during the COVID 19 Period. The Strategic Risk Register will be reviewed less frequently but likely to contain such risk as impact upon CIP, delivery of key targets, delivery of IMTP.

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

It is essential that Good Governance is maintained during COVID 19 so that a clear audit trail of decisions which have been made, both financial and none financial, can be demonstrated.

The Health Board still needs to demonstrate its compliance with Standings Orders and Schemes of Delegations so no Group or Director is acting ultra vires but the arrangements set out in this report allow for more flexibility and the efficiency which is required in a fast moving and evolving situation.

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

The arrangements set out in the report provide the Health Board with robust governance arrangements during COVID 19. Risk registers will be kept for the site hubs and a Strategic Risk Register will be developed for the issues the Health Board is dealing with.

### 5.0 Recommendation:

The Board is asked to:

- (a) Note the report setting out the Governance Structure and arrangements during COVID19
- (b) Approve arrangements to the Board and Committees set out at paragraph 2.7 and appendix 2.
- (c) Approve the changes required to Standing Orders set out in Appendix 3 of the report.

### Shaping our Future Wellbeing Strategic Objectives

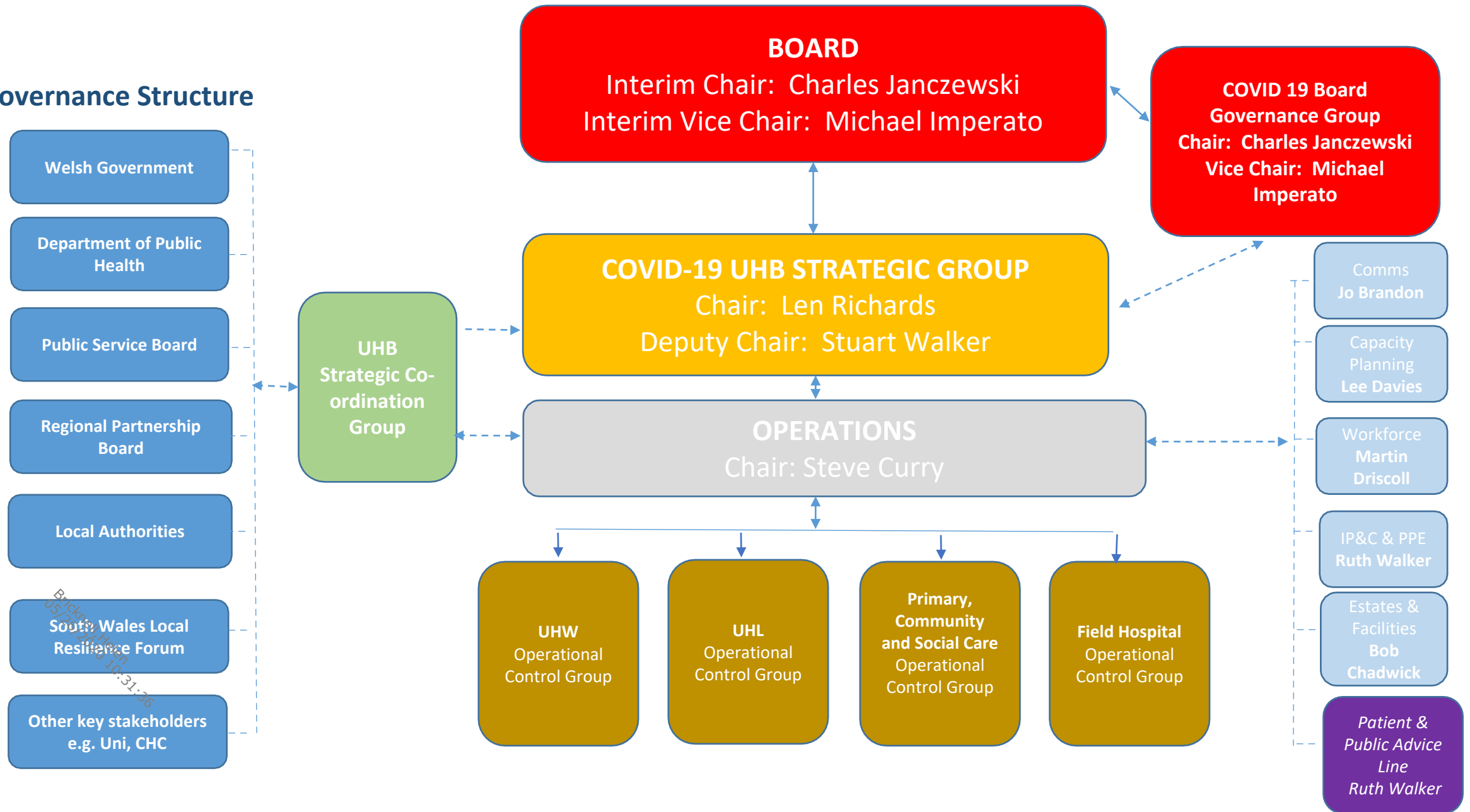
*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

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		9. Reduce harm, waste and variation sustainably making best use of the	

entitled to expect				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			
<b>Five Ways of Working (Sustainable Development Principles) considered</b> Please tick as relevant, click <a href="#">here</a> for more information							
Prevention		Long term		Integration		Collaboration	
<b>Equality and Health Impact Assessment Completed:</b>		Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.					

# UHB GOVERNANCE AND DELIVERY ARRANGEMENTS FOR THE MANAGEMENT OF COVID – 19

## Governance Structure



Committee	Dates of Meetings (March to August)	Actions
Board	26 <sup>th</sup> March 28 <sup>th</sup> May 30 <sup>th</sup> July (AGM)	The Board Meeting on the 26 <sup>th</sup> March 2020 will go ahead as planned. Further decisions will be made with regard to the May and July meetings in due course.
Board Development	30 <sup>th</sup> April 25 <sup>th</sup> June 27 <sup>th</sup> August	Board Development and Briefing Sessions will stay in the diary, but are likely to be used as general briefing sessions for April, June and August, to cover areas such as COVID-19, workforce considerations, safety and quality issues and system governance.
Audit	21 <sup>st</sup> April, 19 May, 28 May	Audit Committee will continue for its April and May Meetings to review the annual accounts, public disclosure statements and assurance for the audit opinion. Where possible the agenda will be reduced and items deferred. These meetings might need to take place virtually.
QSE	14 <sup>th</sup> April 16 <sup>th</sup> June 18 <sup>th</sup> August	The Quality and Patient Safety Committee will take place on the 14 <sup>th</sup> April, but with a shorter agenda. We may need to consider a virtual meeting. June and August dates will be kept in diaries and reviewed
Charitable Funds	17 <sup>th</sup> March 5 <sup>th</sup> May 4 <sup>th</sup> August	Charitable Funds Committee on 17 <sup>th</sup> March will proceed. The 5 <sup>th</sup> May meeting will be cancelled. If Charitable Funds bids are received during the period they will go through the Executive Team as usual and virtual approval will be sought from the Committee as appropriate
DHIC	9 <sup>th</sup> June	The June meeting will be cancelled
Finance	25 <sup>th</sup> March 29 <sup>th</sup> April 27 <sup>th</sup> May 24 <sup>th</sup> June 29 <sup>th</sup> July 26 <sup>th</sup> August	The Finance Committee on 25 <sup>th</sup> March will proceed. April May and June meetings will be held and may need to be on a virtual basis. July and August meetings will be reviewed and remain in diaries at present

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Health and Safety	7 <sup>th</sup> April 30 <sup>th</sup> June	April and June meetings will be cancelled. Reports relating to significant HSE cases or developments will be circulated to committee members for scrutiny
MHCLC	7 <sup>TH</sup> July	To be reviewed and will remain in diaries at present
Strategy and Delivery	12 <sup>th</sup> May 14 <sup>th</sup> July	May meeting will be cancelled. July date will be kept in diaries and reviewed.

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Standing Order	Heading	Proposed Variation for COVID 19
7.1	Putting Citizens First	<p>Variation – The Board is unlikely to meet in person for foreseeable future and so will meet through electronic/telephony means. As a result of this, members of the public will be unable to attend or observe.</p> <p>To facilitate as much transparency and openness as possible at this extraordinary time, the Health Board will undertake to:</p> <ul style="list-style-type: none"> <li>• Publish agendas as far in advance as possible – ideally 7 days</li> <li>• Publish reports as far in advance as possible – recognising that some may be tabled and therefore published after the event. We will also increase our use of verbal reporting which will be captured in the meeting minutes</li> <li>• Produce a written summary of the key components of the meeting to be made</li> </ul>
7.2	Board Plan of Business	Suspended for the foreseeable future
7.2.5	AGM Meeting	Welsh Government have confirmed that AGM are required to be held by end of November 2020.
7.4.3	Notifying and equipping Board Members	<p>We will try our best to publish agendas 7 days in advance.</p> <p>We are unlikely to be able to publish papers at the same time, we will also be making greater use of verbal reporting which will be captured in the meeting minutes.</p>
7.5	Conducting Board meetings Admission of the public, the press and other observers	<p>Variation – The Board is unlikely to meet in person for foreseeable future and so will meet through electronic/telephony means. As a result of this, members of the public will be unable to attend or observe.</p> <p>To facilitate as much transparency and openness as possible at this extraordinary time, the Health Board will undertake to:</p> <ul style="list-style-type: none"> <li>• Publish agendas as far in advance as possible – ideally 7 days</li> </ul>

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		<ul style="list-style-type: none"><li>• Publish reports as far in advance as possible – recognising that some may be tabled and therefore published after the event. We will also increase our use of verbal reporting which will be captured in the meeting minutes</li><li>• Produce a written summary of the key components of the meeting to be made</li></ul>
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## **Guidance on Decisions for the COVID 19 Board Governance Group**

1. Decisions which are reserved for the Board in line with Standing Orders
2. Decisions which have a financial value of over £500k
3. Legal documents and contracts of significance either in value or content
4. Decisions which may be deemed contentious and could cause reputational damage to the Health Board. There may be a need to include patient and staff safety or well-being when appropriate.
5. Strategic decisions which are beyond the authority of the COVID 19 Strategic Group
6. Other decisions which either the Chair, Chief Executive Officer, Executive Directors or Director of Corporate Governance feel should be approved by the COVID 19 Board Governance Group.

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## **COVID 19 Board Governance Group – Terms of Reference**

### **1. Introduction**

This Group has been set up to enable the Board to approve decisions between Board Meetings specifically decisions arising as a result of and relating to COVID 19.

### **2. Constitution and Purpose**

Within current Standing Orders the Chair may take decisions or action on urgent matters which would normally be made at a Board Meeting. This meeting has been developed as a Chair's action group which has the same authority as the Chair has when signing off Chairs actions. The only difference is the way the Chairs actions are being executed in that those involved are meeting virtually.

The Chair and the Chief Executive supported by the Director of Corporate Governance as appropriate may deal with an action or decision on behalf of the Board after consulting with two Independent Members. Such decision should be formally recorded and reported to the next meeting of the Board for consideration and ratification.

### **3. Delegated Powers**

The Board Governance Group can make decisions on behalf of the Board in line with normal process set out for Chair's action within Standing Orders.

Attached at the appendix are decisions which will be presented to the Group from the COVID 19 Strategic Group.

The Group also has authority to make decisions on other urgent matters which would normally go to the Board if that matter cannot wait until the next Board Meeting.

### **4. Membership**

#### **Members**

Chair of the Board  
Vice Chair  
Chair of Audit Committee  
Chief Executive

#### **In attendance**

Director of Corporate Governance

Other Executive Directors who the Chief Executive decides should attend to present on specific issues

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## **Member Appointments**

The membership of this Group shall be determined by the Chair of the Board.

## **Secretariat**

The Secretary to the Group will be determined by the Director of Corporate Governance.

## **Support to Group Members**

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

- Arrange the provision of advice and support to Group Members on any aspect related to the conduct of their role

## **5. Group Meetings**

### **Quorum**

At least three Independent Members plus the Chief Executive Officer or his Deputy must be present to ensure the quorum of the Committee. The Independent Members should include either the Chair or the Vice Chair of the Board.

### **Frequency of Meetings**

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

## **6. Reporting and Assurance Arrangements**

The Group Chair shall:

- Report to each Board meeting on the Groups decisions and other activities via the Chair's report
- Ensure the minutes of each meeting of the Group are presented to the Board meeting and circulated to Independent Members as soon as possible after each 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.

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<b>Report Title:</b>	<b>Board Assurance Framework COVID 19</b>						
<b>Meeting:</b>	Board				<b>Meeting Date:</b>	28 <sup>th</sup> May 20	
<b>Status:</b>	<b>For Discussion</b>	x	<b>For Assurance</b>	x	<b>For Approval</b>		<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Corporate Governance</b>						
<b>Report Author (Title):</b>	<b>Director of Corporate Governance</b>						

#### Background and current situation:

The Board Assurance Framework has been developed to ensure that key risks relating to COVID 19 are managed or mitigated to an acceptable level.

The BAF was presented to the Board last month at the Board development session and it has also been reviewed by the COVID 19 Board Governance Group.

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

These are the seven key risks in relation to current delivery of the objectives of Cardiff and Vale University Health Board. These have all been reviewed by the Director of Corporate Governance or the relevant Executive Director prior to presentation to the Board.

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

The BAF has been updated for May and a new risk has been added which relates to Test, Trace and Protect. This means there are currently 7 key risks on the BAF. All other risks have been reviewed by the relevant Executive and updates made where necessary which are highlighted within the report in red.

There are four other risk registers which sit below the BAF and represent the risks in each of the hubs.

At the next round of Committees each of the risks will also be reviewed in more detail by the relevant Committee in order to provide further assurance to the Board.

#### 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 the seven risks detailed within the BAF are the key risks to the delivery of the Health Board's objectives for 2020/21.

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## 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	
<b>Equality and Health Impact Assessment Completed:</b>		<p><del>Yes</del> / No / Not Applicable</p> <p><i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i></p>							



## Cardiff and Vale UHB – COVID 19 Board Assurance Framework (May 2020)

### Principle Risks

Risk	Corp Risk Register Ref.	Gross Risk	Net Risk	Target Risk	Executive Lead	Committee
<b>1. Staff safety and welfare</b>	TBC	25	15	10	Executive Director of Nursing, Executive Director of Workforce and OD	Strategy and Delivery Committee
<b>2. Patient Safety</b>	TBC	25	15	10	Executive Medical Director, Executive Director of Nursing, Executive Director of Therapies and Health Sciences	Quality, Safety and Experience Committee
<b>3. Decision-Making, Financial Control and Governance</b>	TBC	20	12	8	Director of Finance, Director of Corporate Governance	Audit Committee, Finance Committee
<b>4. Workforce</b>	TBC	25	20	10	Executive Director of Workforce and OD	COVID 19 Strategic Group, Strategy and Delivery Committee
<b>5. Risk to delivery of Cardiff and Vale IMTP</b>	TBC	20	20	10	Executive Director of Strategic Planning	COVID 19 Strategic Group, Strategy and Delivery Committee
<b>6. Reputational damage</b>	TBC	16	12	8	Chief Executive and Director of Communications	COVID 19 Strategic Group
<b>7. Test, Trace and Protect (TPP)</b>	TBC	20	15	10	Executive Director of Public Health	COVID 19 Strategic Group, Strategy and Delivery Committee

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## 1. Staff safety and welfare (Lead Directors – Ruth Walker and Martin Driscoll)

<b>Risk</b>	Staff are not, or do not feel properly protected when working with COVID 19 positive or suspected patients, and the wellbeing of staff is not adequately supported.		
<b>Date added:</b>	23.03.2020		
<b>Cause</b>	Lack of adequate personal protective equipment and unnecessary exposure to infected individuals, lack of information on correct PPE usage, inadequate wellbeing support available for staff.		
<b>Impact</b>	Avoidable viral transmission between patients and workforce resulting in increased hospital acquired infection rates, increased staff sickness and potential harm to both staff and patients; higher levels of stress and anxiety amongst workforce.		
<b>Impact Score: 5</b>	<b>Likelihood Score: 5</b>	<b>Gross Risk Score:</b>	<b>25</b>
<b>Current Controls</b>	<ul style="list-style-type: none"> <li>• Appropriate procurement of PPE stocks – locally and nationally</li> <li>• Development of effective distribution of PPE – continuous review and distribution pathway improvement</li> <li>• Appropriate guidance and training to all key staff groups on usage of PPE</li> <li>• Clear segregation of COVID and no- COVID capacity and clear patient pathways to each</li> <li>• Staff Havens set up at UHW and UHL to provide staff rest areas, with food, showers, and bed spaces available.</li> <li>• Staff accommodation provided to enable staff to live locally should they not wish to travel home in between shifts.</li> <li>• Staff testing in place to enable staff to return to work speedily if self-isolating.</li> <li>• Wellbeing advice and guidance developed by clinical psychology lead for ICU.</li> <li>• PPE process established under leadership of Executive Nurse Director with Procurement.</li> <li>• Good stock controls on place</li> <li>• PCIC doubled capacity to meet rising demand.</li> <li>• PHW leading on regional centre for mass test provision.</li> <li>• Head of Procurement took on responsibility for many items of PPE on an All Wales basis.</li> <li>• Through Head of Procurement PPE provided to partners to ensure we maintain system integrity.</li> <li>• Agreed roster to protect over 60 year olds from COVID 19 exposure.</li> </ul>		
<b>Current Assurances</b>	<ul style="list-style-type: none"> <li>• PPE reviewed and discussed regularly at Operations Group (silver) and Strategic Group (Gold), including taking decision to adjust UHB policy, and respond quickly to revised guidance.</li> <li>• PPE issue also escalated through to Welsh Government via the Planning and Response Group and through the South Wales Local Resilience Forum.</li> <li>• CEO daily operations update providing daily information updates for staff.</li> <li>• PPE process independently assessed by Military Liaison Officer</li> <li>• EDPH reviewed process for testing to identify improvements.</li> </ul>		
<b>Impact Score: 5</b>	<b>Likelihood Score: 3</b>	<b>Net Risk Score:</b>	<b>15</b>
<b>Gap in Controls</b>	<ul style="list-style-type: none"> <li>• Risk that demand outstrips supply or stock isn't controlled properly.</li> <li>• Capacity of testing process to meet demand in a timely way for both hospital patient testing and staff testing.</li> </ul>		
<b>Gap in Assurances</b>	<ul style="list-style-type: none"> <li>• Staff or family members not coming forward for testing</li> </ul>		

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Actions		Lead	By when	Update since April
1. PPE and IPC Group established and overseeing guidance implementation.		Ruth Walker	Ongoing	<p>UHB decision to revise policy in light of staff concerns following recommendation from END and EMD. Policy in line with revised WG guidance now issued 02.04.2020</p> <p><b>There has now been a purchase of 475 Powered Air Hood Respirators and power units. The cost of which was approved at the COVID 19 Strategic Group on 18/05/20</b></p>
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		<b>10</b>

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## 2. Patient Safety (Lead Directors Stuart Walker, Ruth Walker and Fiona Jenkins)

<b>Risk</b>	<p>Patient safety may be compromised because of:</p> <p>Future national shortage of COVID treatment capacity (Beds, critical care, drugs, workforce, oxygen, other equipment – ventilators/renal replacement/CPAP) in the event of a second COVID surge</p> <p>Or because some elective services are not currently available for non-COVID patients</p> <p>Or because of sub-optimal workforce skill mix or staffing ratios, related to reduced availability of specific expert workforce groups, or related to the need to provide care to a larger number of patients in relation to a further COVID surge, alongside increasing demand for non-COVID unscheduled care and urgent scheduled care.</p> <p>Or because patients are choosing not to ask for medical help, despite genuine illness, related to PH messaging and awareness of the COVID crisis</p>		
<b>Date added:</b>	March 23.03.2020		
<b>Cause</b>	Patients not able to access the appropriate care because demand is outstripping supply, or patients fail to seek appropriate care in a timely way.		
<b>Impact</b>	Worsening of patient outcomes and experience, higher death rate.		
<b>Impact Score: 5</b>	<b>Likelihood Score: 5</b>	<b>Gross Risk Score:</b>	<b>25</b>
<b>Current Controls</b>	<ul style="list-style-type: none"> <li>Plans developed to continue with expanded critical care and COVID bed capacity within footprint of hospitals, taken alongside patient cohorting in 'non-COVID' areas.</li> <li>Plans developed and deployed to optimise internal acute and critical care capacity with external options having been utilised for significant internal and external surge/field hospital capacity.</li> <li>Internal estates and facilities team deployed to provide infrastructure enhancements to enable internal capacity plan</li> <li>Principality stadium identified as optimal single external expansion site for field hospital accommodation and in active use after surge Hospital plans finalised and approved by Minister</li> <li>National/local procurement processes for under-supplied resources</li> <li>Training/Education of all staff groups in relation to delivery of care to COVID patients</li> <li>Consideration of enhanced PH message re. seeking medical help for all genuine illness when necessary – which have now been utilised</li> <li>Use of Spire Hospital as a dedicated facility for urgent cancer work - ongoing</li> <li>Clinicians asked to reprioritise work at the end of March/beginning of April to ensure those most at risk were prioritised and completed before COVID 19 peak in activity. Now re-visiting the right approach to delivering urgent unscheduled care.</li> <li>Ongoing training and simulations for staff working in unfamiliar areas.</li> <li>Recruitment of additional staff to include medical and nursing students</li> </ul>		
<b>Current Assurances</b>	<ul style="list-style-type: none"> <li>Internal capacity expansion plans commissioned and reviewed regularly at Operational and Strategic Group to ensure right phasing</li> <li>Clarification sought and received from the Director General and Minister of Health &amp; Social care on permission to process at pace with field hospital capacity development</li> </ul>		

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<ul style="list-style-type: none"> <li>Operational Group meeting daily to ensure clinical staff remain engaged in managing phased expansion/area utilisation.</li> <li>Establishment of workforce hubs to ensure that staff are deployed on a competency basis</li> </ul>			
<b>Impact Score: 5</b>	<b>Likelihood Score: 3</b>	<b>Net Risk Score:</b>	<b>15</b>
<b>Gap in Controls</b> .			
<b>Gap in Assurances</b>			
<b>Actions</b>	<b>Lead</b>	<b>By when</b>	<b>Update since April</b>
1. Reconfiguration of COVID/Non-COVID capacity delivery in light of new pandemic modelling projections – ongoing process.	Steve Curry	TBC	Ongoing discussion currently and gearing plans developed. Development of tool to predict pandemic course with Lightfoot.  <b>Plan discussed at COVID 19 Strategic Group</b>
2. Reconfiguration of COVID/Non-COVID workforce skill mix and staffing numbers in light of new pandemic modelling projections	Workforce groups	TBC	Live discussion currently and staffing mix being reviewed in line with action 1 above.
3. Rehabilitation model to be developed for COVID recovering patients	Fiona Jenkins	4 May 20	<b>Completed in draft format developing on line resources to support is implementation</b>
<b>Impact Score: 5</b>	<b>Likelihood Score: 2</b>	<b>Target Risk Score:</b>	<b>10</b>

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### 3. Decision-Making, Financial Control and Governance (Lead Directors – Bob Chadwick and Nicola Foreman)

<b>Risk</b>	There is a risk of poor decisions being made either financial or other due to the speed at which decisions are having to be made which could result in Directors or the Board acting ultra vires or decisions not being signed off through appropriate due process.		
<b>Date added:</b>	23.03.2020		
<b>Cause</b>	The scale and pace of the required system change and expansion in terms of increasing workforce, increasing infrastructure and operational capacity as well as changing clinical pathways and operational practices has meant that decisions have had to be made rapidly and sometimes without legal advice or input. National policy and guidance is being revised regularly as new information becomes available.		
<b>Impact</b>	This may impact the UHB in terms of: <ul style="list-style-type: none"> <li>- Committing unnecessary expenditure</li> <li>- Creating system inefficiency</li> <li>- Having insufficiently robust operational capability and capacity across some expanded areas</li> <li>- Creating lag in communication of change with key stakeholders (staff &amp; partners)</li> <li>- Loss of discipline as we return to business as usual working and the need to maintain our cost reduction programme.</li> <li>- UHB may not be operating within the latest policy or guidance.</li> </ul>		
<b>Impact Score: 4</b>	<b>Likelihood Score: 5</b>	<b>Gross Risk Score:</b>	<b>20</b>
<b>Current Controls</b>	<ul style="list-style-type: none"> <li>• Governance structure established for COVID 19 including the establishment of a Board</li> <li>• Governance report produced by Director of Corporate Governance</li> <li>• Governance Group sign off or retrospectively approve decisions rapidly</li> <li>• All relevant decisions ratified by full Cardiff and Vale Board</li> <li>• Procedures and guidance for expenditure governance and decision making issued by the Executive Director of Finance</li> <li>• Decision logs being maintained for key meetings: Strategic Group (Gold), Operations Meeting (Silver) and co-ordinating hubs (Bronze)</li> <li>• Strategic Central Coordinating Centre established to log and action as appropriate all WG guidance and policies and provide interface with WG Planning and Response Group and South Wales Local Resilience Forum.</li> </ul>		
<b>Current Assurances</b>	<ul style="list-style-type: none"> <li>• Chair and Board members updated regularly and involved in key decisions though Board Governance Group</li> <li>• Regular dialogue with WG officials regarding costs associated with COVID 19 delivery plan.</li> <li>• DHH review being undertaken by KPMG</li> <li>• WG written to by the CEO confirming agreement to proceed with Dragon's Heart Hospital</li> <li>• Legal involvement in contractual issues and retrospective review of initial letters of intent undertaken.</li> </ul>		
<b>Impact Score: 4</b>	<b>Likelihood Score: 3</b>	<b>Net Risk Score:</b>	<b>12</b>
<b>Gap in Controls</b>	<ul style="list-style-type: none"> <li>• Proceeding with contracts on letters of intent</li> </ul>		
<b>Gap in Assurances</b>	<ul style="list-style-type: none"> <li>• Initial letters of intents were not reviewed by solicitors</li> </ul>		

Actions		Lead	By when	Update since April
1. Retrospective review of initial letters of intent being undertaken by Legal and Risk		Nikki Foreman	30 <sup>th</sup> April	<b>Complete</b> - legal advice presented to Board Governance Group
2. Contracts been negotiated between Cardiff and Vale UHB and: <ul style="list-style-type: none"> <li>• WRU</li> <li>• Cardiff Blues</li> <li>• Mite</li> <li>• ESG</li> </ul>		Bob Chadwick	30 <sup>th</sup> May	Mitie and ESG contracts going through procurement to ensure due process is followed. Negotiations with WRU and Cardiff Blues continue.
<b>Impact Score: 4</b>	<b>Likelihood Score: 2</b>	<b>Target Risk Score:</b>		<b>8</b>

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#### 4. Workforce Capacity – Primary, Secondary and Social/Community Care (Lead Director Martin Driscoll)

<b>Risk</b>	There is a risk that the UHB and social care partners' are unable to provide sufficient workforce to cover the expansion in capacity at the Dragon's Heart Hospital		
<b>Date added:</b>	23.03.2020		
<b>Cause</b>	<p>Additional surge capacity in existing hospitals (particularly nursing)</p> <p>Surge hospital requirements (all clinical and ancillary staff groups)</p> <p>Expansion of community testing capacity</p> <p>GP capacity and CRT expansion to meet step-up and step-down demand</p> <p>Impact of ongoing care requirements of COVID-19 survivors in the community (needing long term community nursing and social care)</p> <p>Higher staff absence due to illness and self-isolating requirements.</p>		
<b>Impact</b>	<p>The opening of additional bed capacity will be slower than planned.</p> <p>The roll out of community testing will be slower than planned.</p> <p>Key parts of the health and care system unable to meet patient requirements.</p>		
<b>Impact Score: 5</b>	<b>Likelihood Score: 5</b>	<b>Gross Risk Score:</b>	<b>25</b>
<b>Current Controls</b>	<ul style="list-style-type: none"> <li>Recruitment processes are continuing to secure additional workforce in all staffing areas with a commitment not to recruit social care staff.</li> <li>Changes to medical skill mixing and rostering have increased medical covering capacity.</li> <li>Staff testing in place to enable self-isolating staff to return to work quickly if not Covid 19 positive.</li> <li>Central workforce hub established to lead recruitment.</li> <li>Workforce presence in each of four local coordinating hubs to manage local workforce issues and liaise with central hubs.</li> <li>PCIC expansion of staff testing provision.</li> <li>Reduction in non urgent scheduled work to ensure staff available for redeployment.</li> </ul>		
<b>Current Assurances</b>	<ul style="list-style-type: none"> <li>The pace of demand is not currently exceeding capacity available.</li> </ul>		
<b>Impact Score: 5</b>	<b>Likelihood Score: 4</b>	<b>Net Risk Score:</b>	<b>20</b>
<b>Gap in Controls</b>	<p>Streamlined recruitment processes in place, but relevant staff being DBR checked as necessary.</p> <p>Not all testing capacity is being utilised.</p>		
<b>Gap in Assurances</b>			

<b>Actions</b>	<b>Lead</b>	<b>By when</b>	<b>Update since April</b>
1. Ensure appropriate messaging and communications to increase use of testing and utilise capacity	FK/JB	30 <sup>th</sup> April 2020	Messaging increased to increase testing through Communications Team
2. Ensure DBS checks are followed up here necessary	MD	ongoing	
<b>Impact Score: 5</b>	<b>Likelihood Score: 2</b>	<b>Target Risk Score:</b>	<b>10</b>

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## 5. Risk of Delivery of IMTP (Lead Director – Abigail Harris)

<b>Risk</b>	There is a risk that the Health Board will not delivery the objectives set out in the IMTP due to the lack of a robust recovery plan for COVID 19		
<b>Date added:</b>	April 20		
<b>Cause</b>	The focus of executive and operational efforts is on directing the organisational response creating the operational capacity to meet the immediate acute demand generated by the COVID-19 pandemic.		
<b>Impact</b>	<p>The UHB may not be appropriately prepared to manage the consequences of a protracted and disruptive emergency response particularly in terms of:</p> <ul style="list-style-type: none"><li>workforce (e.g. many will be exhausted and many will have built up leave)</li><li>Infrastructure – decommissioning where appropriate (significant in respect of Principality Stadium)</li><li>Planned care</li><li>Unplanned care</li><li>Financial delivery</li></ul> <p>The benefits of emergency changes may not be adequately captured. There may be learning opportunities missed.</p>		
<b>Impact Score: 5</b>	<b>Likelihood Score: 4</b>	<b>Gross Risk Score:</b>	<b>20</b>
<b>Current Controls</b>	<ul style="list-style-type: none"><li>• CEDAR undertaking work and engaging with staff to illicit good ideas and the positives that can be taken forward into a Recovery Plan</li><li>• Accounting process established to ensure all costs associated with COVID 19 are captured.</li><li>• <b>Delivery Plan for Q1 submitted to Welsh Government on 18.5.20</b></li></ul>		
<b>Current Assurances</b>	Recovery presentation to Board Development 30.04.20 <b>Delivery Plan discussed at Board Governance Group 20.05.20</b>		
<b>Impact Score: 5</b>	<b>Likelihood Score: 4</b>	<b>Net Risk Score:</b>	<b>20</b>
<b>Gap in Controls</b>	Lack of robust Recovery Plan		
<b>Gap in Assurances</b>			

<b>Actions</b>	<b>Lead</b>	<b>By when</b>	<b>Update since April</b>
1. Recovery Plan to be developed to set out path to move to post-Covid new normal, ensuring that the positive changes that have been made in how the UHB organises itself and provides services are preserved.	Abigail Harris	Outline plan by end of April.	Presentation to Board Development 30.04.20
<b>Impact Score: 5</b>	<b>Likelihood Score: 2</b>	<b>Target Risk Score:</b>	<b>10</b>

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## 6. Reputational damage (Lead Directors – Len Richards and Joanne Brandon)

<b>Risk</b>	There is a risk to reputation due to the UHB may producing more hospital beds than the demand requires due to changes in the modelling forecasts resulting in excess expenditure and redundant capacity, or at the other end of the spectrum, the Health Board's plans are inadequate to respond to the demand for services.		
<b>Date added:</b>	08.04.20		
<b>Cause</b>	Due to the changing assumptions about demand and reasonable worst case scenarios in light of new intelligence, it is difficult to accurately predict demand. The pattern of the pandemic will change in response to new interventions – self-isolating, shielding, mass testing (antigen and antibody) so there is a risk that not all of the capacity that has been commissioned will be required.		
<b>Impact</b>	<p>The impact is the over provision of capacity that may not be required in the first phase of the pandemic, and the pandemic could have further peaks that elongate the time required to provide Covid services, which presents a risk in terms of the timeframe for handing the Principality Stadium back to Wales Rugby Union.</p> <p>Critical care bed capacity is not a risk in this context as it will be operationally phased to be activated in response to direct demand.</p>		
<b>Impact Score: 4</b>	<b>Likelihood Score: 4</b>	<b>Gross Risk Score:</b>	<b>16</b>
<b>Current Controls</b>	<ul style="list-style-type: none"> <li>Continuous monitoring by UHB demand and capacity group to track the UHB's actual COVID-19 admissions.</li> <li>Option to offer excess capacity to support regional surge requirements can be tested</li> </ul>		
<b>Current Assurances</b>	<ul style="list-style-type: none"> <li>The Minister and Director General have both been briefed directly by the CEO on the proposed plans and capacity at the Principality Stadium and have endorsed the UHB's proposed plan.</li> <li>Formal letter to Andrew Goodall on 06.04.20 detailing UHB's phased capacity plans.</li> <li>The UHB's actual admissions activity is being closely monitored against both scenarios to identify to which trajectory is the most closely aligns. Strategic Exec Group will be continuously briefed on progress.</li> </ul>		
<b>Impact Score: 4</b>	<b>Likelihood Score: 3</b>	<b>Net Risk Score:</b>	<b>12</b>
<b>Gap in Controls</b>			
<b>Gap in Assurances</b>			

<b>Actions</b>	<b>Lead</b>	<b>By when</b>	<b>Update since April</b>
1. Regular dialogue with WG officials and Ministers and regional CEOs, and key stakeholders.	Len Richards	Ongoing.	<p><b>CEO and Chair in regular and ongoing contact with Welsh Government.</b></p> <p><b>Timeline developed of decision taken at Strategic Group to capture what actions were taken and when.</b></p>
<b>Impact Score: 4</b>	<b>Likelihood Score: 2</b>	<b>Target Risk Score:</b>	<b>8</b>



## 7. Risk that Test Trace and Protect Service will not be ready to operate at required capacity

<b>Risk</b>	The Cardiff and Vale Test, Trace and Protect (TTP) Service is not ready to operate at the required capacity by 1 <sup>st</sup> June 2020		
<b>Date added:</b>	18.5.20		
<b>Cause</b>	<p>Setting up the TTP Service is a complex and substantial partnership endeavour, required to deliver to a challenging timetable; Cardiff Council will host the TTP Service. Risks to delivery include:</p> <ul style="list-style-type: none"> <li>Digital solution not available in time for go live date (National procurement via WG/NWIS – interim local solution may be required)</li> <li>Failure to recruit sufficient staff (either via redeployment or new appointment)</li> <li>Insufficient telephony/IT equipment to support home working model</li> <li>National SOPs not agreed in sufficient time to allow staff training and safe implementation</li> <li>Failure to identify funding to support longer term service delivery</li> <li>Inability to maintain service for up to a year</li> </ul>		
<b>Impact</b>	The TTP Service would not be sufficiently resourced, demand for service would exceed capacity and contact tracing in Cardiff and Vale would be incomplete. This could result in avoidable cases of COVID-19 and an increased R value, meaning that community transmission could escalate, with the consequent risk to population health and demand on health and social care services. It may also necessitate reinstatement of restrictions and controls.		
<b>Impact Score: 5</b>	<b>Likelihood Score: 4</b>	<b>Gross Risk Score: 16</b>	<b>20</b>
<b>Current Controls</b>	<ul style="list-style-type: none"> <li>Partnership group convened, with representation from Cardiff Council, Vale of Glamorgan Council and the UHB to plan service implementation</li> <li>Links established at a National level with Welsh Government, NWIS and PHW to optimise communication and influence service design and digital solution</li> <li>Partner organisations committed to offering staff for at least the first 6 months using a secondment arrangement</li> <li>Service model based on home working, allowing shielded staff to contribute and increase the pool of available staff</li> <li>Student workforce sought through links with HEIW and Environmental Health</li> </ul>		
<b>Current Assurances</b>	<ul style="list-style-type: none"> <li>Draft operational plan submitted to Welsh Government</li> </ul>		
<b>Impact Score: 5</b>	<b>Likelihood Score: 3</b>	<b>Net Risk Score:</b>	<b>15</b>
<b>Gap in Controls</b>	<ul style="list-style-type: none"> <li>Governance arrangements to the PSB and partner organisations to be agreed</li> </ul>		
<b>Gap in Assurances</b>	<ul style="list-style-type: none"> <li>Longer term funding</li> <li>Availability of telephony/IT equipment</li> <li>Availability of National digital platform</li> </ul>		
<b>Actions</b>	<b>Lead</b>	<b>By when</b>	<b>Update since April</b>
1. Governance structures to be agreed	Fiona Kinghorn	20/5/20	New action
2. Shadow TTP Service to be in place to test the SOP	Fiona Kinghorn	26/5/20	New action
<b>Impact Score: 5</b>	<b>Likelihood Score: 3</b>	<b>Target Risk Score:</b>	<b>10</b>

Key:

1-3

Low Risk

4-6

Moderate Risk

8-12

High Risk

15 – 25

Extreme Risk

<b>Report Title:</b>	<b>PATIENT SAFETY QUALITY AND EXPERIENCE REPORT – V3</b>				
<b>Meeting:</b>	Board Meeting			<b>Meeting Date:</b>	28.05.20
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	Executive Nurse Director				
<b>Report Author (Title):</b>	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 March to April 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:

The Board should note the following:

- Patient safety incident reporting rates have fallen, especially at the UHW site as the Coronavirus situation has unfolded. Review of the incidents indicates that the Directorates that usually report the most incidents continue to do so and the categorisation of the incidents being reported is also largely unchanged. The reduction in volume of incidents reported, particularly at UHW, is likely therefore to be related to reduced activity.
- Welsh Government have set out revised requirements relating to Concerns and Serious Incident reporting in view of the Coronavirus pandemic to which the UHB is currently adhering
- In March and April 373 concerns were received and the 30-working day performance for March and April is 81 % and 79% respectively.

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- A Quality, Safety and Experience Group has been established at the Dragon Heart's Hospital and will operate in line with UHB processes and report in to the UHB QSE Committee.
- 

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

### PATIENT SAFETY QUALITY AND EXPERIENCE REPORT

March – April 2020

## Serious patient safety incidents (SIs reportable to Welsh Government)

### How are we doing?

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

Serious Incidents		
Clinical Board	Number	Description
Children & Women	1	Stillbirth.
	1	The UHB retrospectively reported an incident of a baby diagnosed with Erb's Palsy following a birth injury. The boy was born at UHW in 2011. The Health Board admitted liability for the injuries sustained and the settlement was approved by the High Court.
Executive Nurse	2	The Procedural Response to Unexpected Death in Childhood (PRUDiC) process has been initiated following the unexpected deaths of a 15-year-old girl and a 10-year-old boy.
Medicine	3	Three patients fell and sustained significant injuries.
Mental Health	2	Two patients on the same MHSOP ward fell and sustained fractured neck of femurs.
	1	A 17-year-old young person was admitted to Hafan Y Coed whilst awaiting assessment by specialist CAMHS.
	1	A patient recently discharged from the CMHT was arrested for an alleged wounding with intent.
Clients of Community Addictions Unit (CAU) client		

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	2	have died unexpectedly.
	8	Patients have died who had previous contact with Mental Health Services.
	2	2 patients currently receiving care from Mental Health Services were involved in significant deliberate self-harm attempts but have survived.
<b>Primary Care &amp; Intermediate Care</b>	1	An inmate in HMP Cardiff has died unexpectedly. It is believed that he has taken his own life.
<b>Specialist</b>	1	A patient has fallen and sustained a fractured neck of femur which required surgery.
<b>Surgery</b>	1	A patient fell and sustained a fracture neck of femur requiring surgery.
<b>Total</b>	<b>26</b>	

No Surprises		
Clinical Board	Number	Description
<b>Medicine</b>	2	A number of wards in University Hospital Llandough were closed temporarily due to infection outbreaks related to diarrhoea and vomiting and influenza.
	1	A young woman died unexpectedly in the Emergency Unit, UHW following a cardiac arrest. The patient's parents have submitted a concern which is under investigation.
<b>Specialist</b>	1	The Artificial Limb Appliance Service, Posture and Mobility Centre in Treforest was flooded. The centre was closed so staff were unable to conduct assessments for wheelchair users for 4 days.
<b>Total</b>	<b>4</b>	

In March 2020, Welsh Government wrote to Health Boards to set out revised requirements relating to Concerns and Serious Incident reporting in view of the Coronavirus pandemic. From an incidents perspective, they asked that the following be reported as SIs:

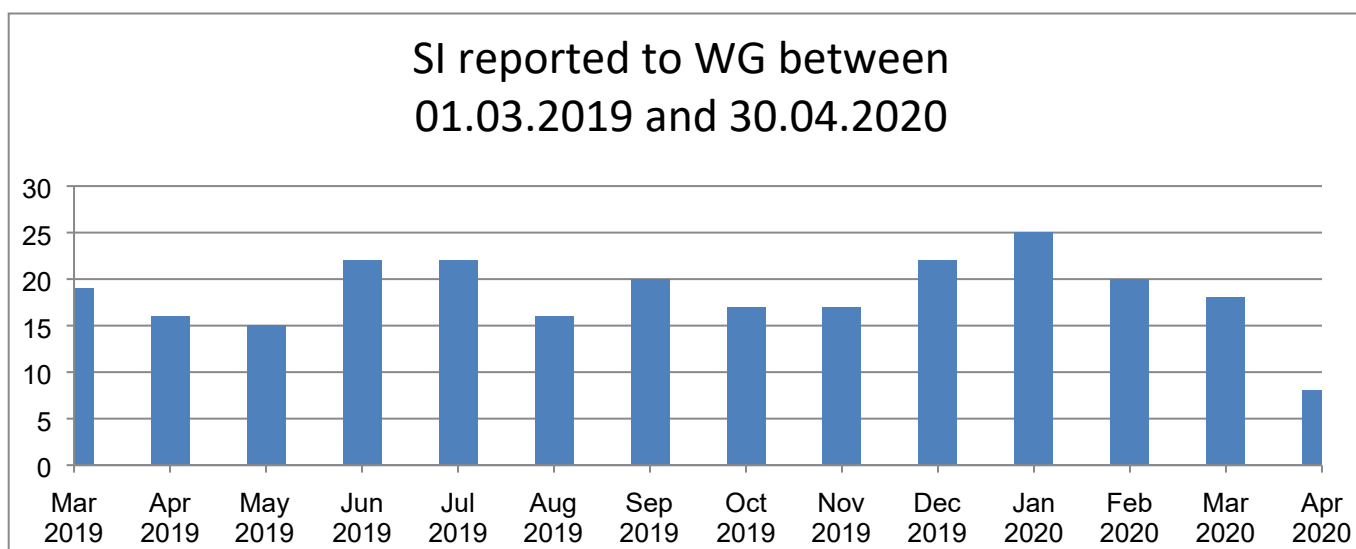
- All Never Events
- Inpatient suicides
- Maternal deaths
- Neonatal deaths

- Homicides
- Unexpected deaths of adults and children
- Human Tissue Authority incidents
- Incidents of high impact that are likely to happen again

They promoted proportionate investigation with a focus on implementing actions to ensure immediate safety.

Welsh Government had already intended to remove the formal 60-day target for closure of SIs as part of their planned revision of the SI framework in NHS Wales. With immediate effect, NHS organisations are required to work towards 60 days as a guide but will not be formally monitored against it.

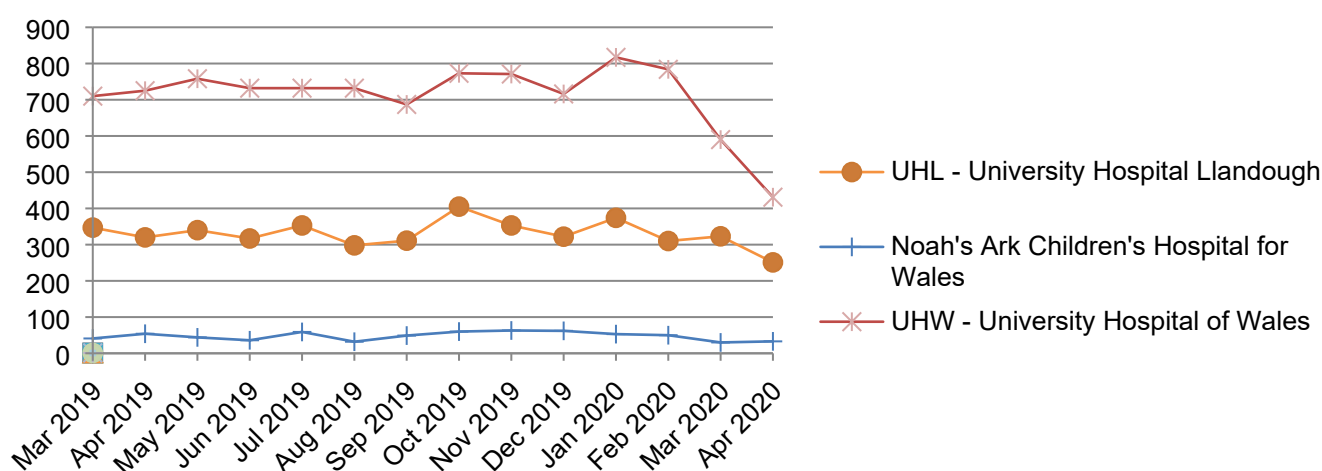
The following graph depicts the number of SIs reported to WG by month since March 2019. Information to compare organisations across NHS Wales is not currently available. The situation will continue to be monitored as the Coronavirus impact on UHB services becomes clear. The UHB continues to report all serious incidents and these are reviewed and monitored in line with internal investigation processes, regardless of whether they are reported to WG or not.



With regards to general incident reporting, it is evident that patient safety incident reporting rates fell, especially at the UHW site as the Coronavirus situation has unfolded. Review of the incidents indicates that the Directorates that usually report the most incidents continue to do so and the categorisation of the incidents being reported is also largely unchanged. The reduction in volume of incidents reported, particularly at UHW, is likely therefore to be related to reduced activity.

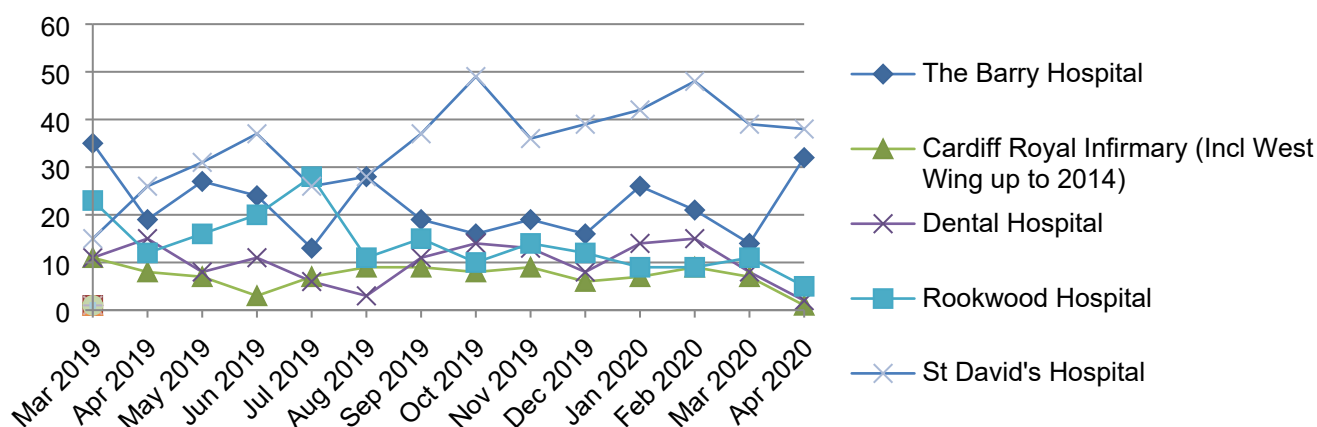
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## Patient safety incidents with incident date March 2019 to April 2020 by main site



Review of incidents on other sites, demonstrates that incidents at Barry Hospital have increased in this reporting timeframe. The incidents are predominantly patient accidents/falls with 24 of the 32 incidents being categorised as such. They are all no or low harm incidents. Sam Davies and St Baruc wards each reported 12 of these incidents. Several patients fell on multiple occasions.

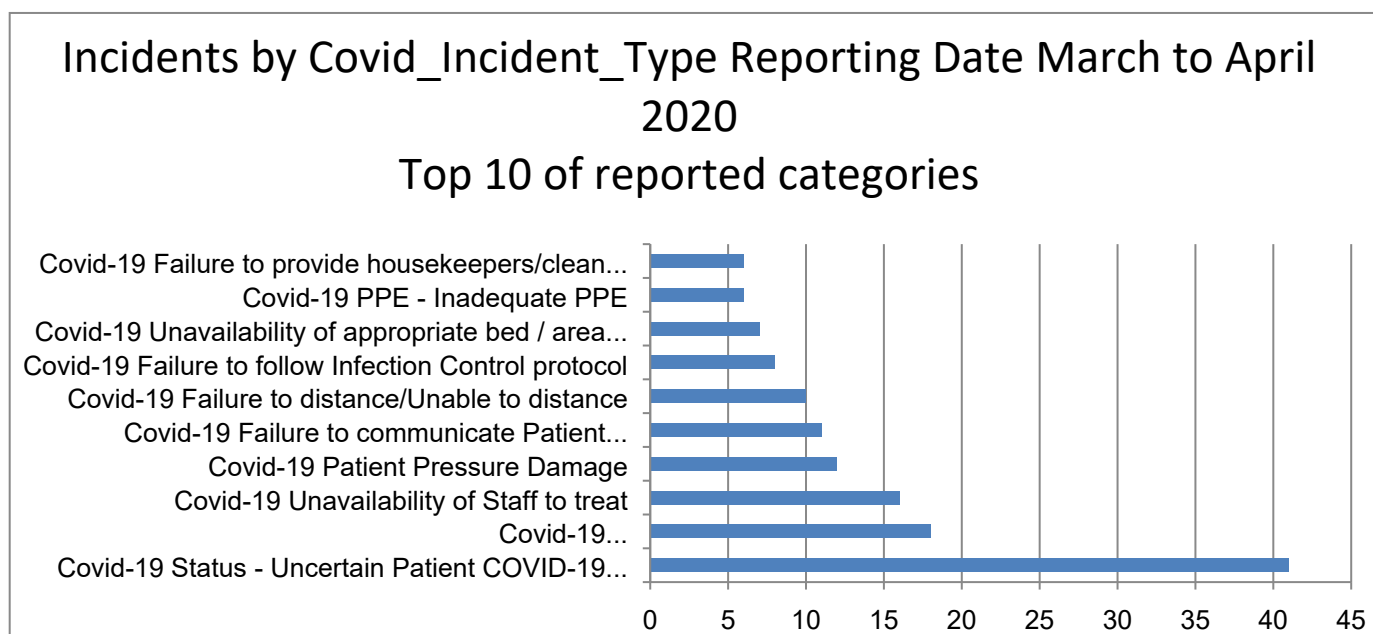
## Patient safety incidents with incident date March 2019 to April 2020 by other sites



As the Coronavirus pandemic has unfolded, it became evident that it was necessary to implement a method to capture Covid related incidents. To achieve this, incident reporters are therefore asked to complete one additional field on the incident form by answering 'yes' or 'no' to the question "Are you reporting an issue related to Coronavirus (COVID-19)?".

All Covid related incidents are regularly reviewed to ensure that themes can be identified and incidents escalated to ensure appropriate action is taken.

Between March and April 2020, 226 incidents were reported where staff selected 'yes, this is related to Coronavirus'. The top 10 themes arising from the incidents are set out in the following graph.



The most frequently reported incident is that of uncertain patient status in relation to Coronavirus. These incidents are reported across the UHB and the causes are numerous. A typical scenario reported is where there is uncertainty about test results impacting upon decisions as to which wards patients should be placed on. This links to 'Failure to communicate patient status' where issues have occurred on transfer of patients between clinical areas. The Patient Safety Team is developing a transfer document with input from the Infection Prevention and Control Team, reinforcing the importance of concise and clear communication.

Aggressive/inappropriate behaviour incidents have been reported whereby patients or visitors have claimed to have Coronavirus and spat at staff or pulled at their PPE. There have also been incidents where staff have reported undesirable behaviour from colleagues. These seem to relate to changing ways of working and heightened infection control procedures taking additional time. The importance of upholding the UHB's values and behaviours is being reinforced in a forthcoming newsletter from the Patient Safety and Quality Department. A wealth of resources on Staff Wellbeing are available on the COVID-19 intranet page and can be accessed [here](#).

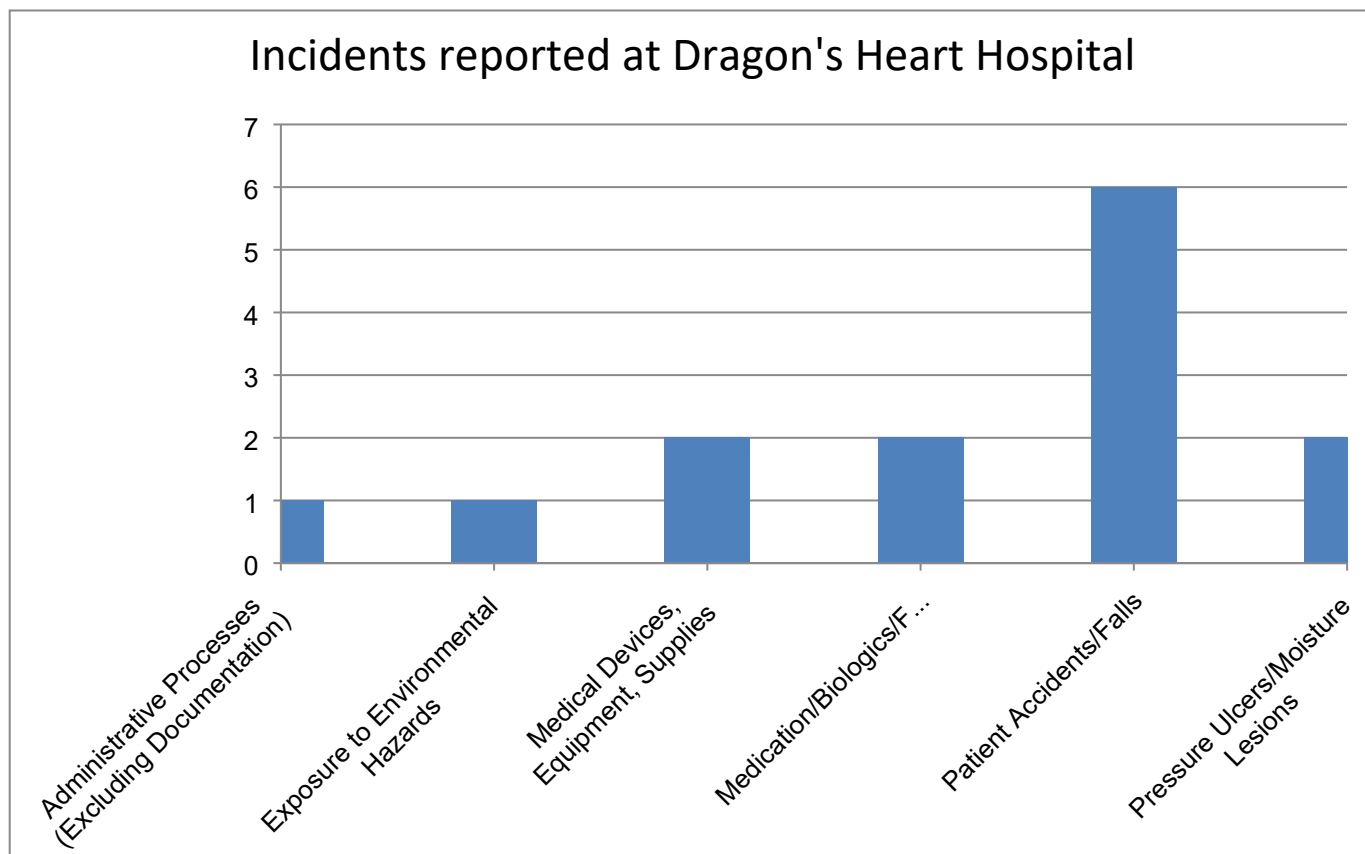
The COVID-19 pages of the UHB's intranet site includes key information for staff around **PPE**. These pages are updated regularly and contain everything staff need to know regarding training and FIT Testing, ordering PPE and donning and doffing. The Medical Education Department are supporting this work. An Occupational Health Pathway is being prepared for staff reporting health problems due to PPE. Wound Healing have prepared guidance to help staff avoid pressure damage from PPE.

Six incidents of inadequate PPE have been reported. The individual incidents are acted upon as required and where themes are identified, they are escalated to appropriate staff for assistance.



Some incidents relate to a '**Failure to follow infection control protocol**'. These incidents highlight the need for handwashing procedures; correct disposal of PPE; adhering to correct levels of PPE for different clinical areas and the importance of maintaining social distance in the workplace. A campaign to raise awareness of and reinforce the need for social distancing has been in place for some time and a clear message is regularly re-inforced via CEO Connects communication channels.

The Patient Safety Team is also monitoring incidents being reported at the Dragon's Heart Hospital (DHH). At time of writing, 14 patient safety incidents have been reported. The categories of incidents are represented in the graph below:



All incidents are reviewed and investigated in line with established UHB policies and processes. A Standard Operating Procedure has been put in place to support staff working at the DHH and the Patient Safety Team are providing support including regular visits. The May 2020, Quality Clinic was held at the DHH.

A DHH Multi-disciplinary Quality, Safety and Experience Group has been established in line with UHB requirements. This will meet on a weekly basis and will report in to the UHB QSE Committee in line with current Clinical Board requirements.

### Regulation 28 reports

Her Majesty's Coroner sent one Prevention of Future Deaths Regulation 28 report to the Health Board in this reporting timeframe.



It followed a jury inquest involving the death of a man in Her Majesty's Prison Cardiff who died by suicide.

The Coroner was concerned that prison healthcare staff did not identify, on review of his records, that he was prescribed anti-depressants in the community and therefore did not receive them in the prison. A re-review of the gentleman's records following the inquest has not identified this information as being documented in the prison records.

The Coroner suggested that it might be useful if the SystmOne software solution contained a red flag to highlight men at risk of suicide or self-harm. The team will raise this suggestion at a forthcoming All Wales Prison Healthcare Meeting, acknowledging that any change will need to engage multiple stakeholders across the health, prison and IT sectors in conjunction with the software provider.

The Coroner raised that SystmOne records should be reviewed when an individual enters the prison. This is acknowledged by the team who have in place a process for an initial and secondary screening assessment. They work in conjunction with prison officers who also have a role in identifying and sharing information appropriately.

## Outcomes of internal and external inspection processes

### Internal observations of care

No Internal Observations of Care inspections took place during this period.

### External Inspections

No external inspections took place during this period.

## Patient Experience

The Patient Experience Team has worked very differently since 1<sup>st</sup> March 2020 and a more detailed paper outlining activity will be shared at the June Quality, Safety and Experience Committee.

### In Summary

- A 7-day service was immediately established with an enquiries line for relatives to contact the team.
- A Bereavement helpline has been set up to support relatives at such a difficult time.
- A chatter helpline to contact those who are vulnerable or need someone to listen.
- Collection and distribution of donated toiletries, nightwear and clothes across the UHB.
- An e-mail and phone line to receive and share messages, photographs and in some cases poems from relatives.
- Virtual Visiting - 280 tablets have kindly been provided by Welsh Government and securely configured by IT with Zoom, News apps, hospital radio and a link to our feedback survey.
- Induction and support for twenty student nurses and Medical staff to support Virtual visiting and collate feedback.

In March 2020 all real time feedback kiosks were removed from use due to infection control

concerns. We have maintained an on-line survey but with limited responses. The total of 340 tablets (60 donated) all have a link to an on-line survey and the Patient Experience Support workers will encourage completion.

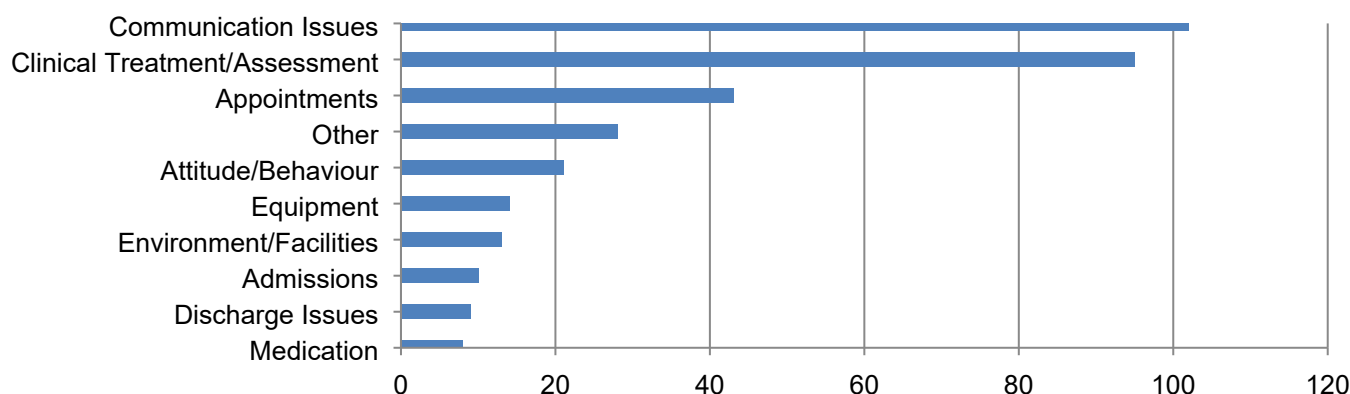
Over the next two months we will be undertaking a series of patient, relative and staff stories to capture feedback at this time.

### Complaints Management/Redress

The central Concerns Team have continued to work in accordance with the Putting Things Right Regulations. In March 2020 a letter was sent to advise anyone who had an active concern with the Health Board, that there may be a delay in responding to their concerns, however we would do our utmost to respond in a timely manner.

In March and April 373 concerns were received and the 30-working day performance for March and April is 81 % and 79% respectively.

### Concerns - Top 10 Subjects March and April 2020



The majority of concerns relate to communication issues and in particular concerns expressed about social distancing and availability of PPE. There has been increased awareness raising across the UHB of social distancing and the need to maintain it in all settings.

The UHB's robust plan about the management of PPE and the plans are in place to fit test, monitor stocks and increase awareness of the appropriate use of PPE in various settings. This information is communicated via the daily CEO connects.

### Recommendation:

The Board is asked to:

- **CONSIDER** 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					
Five Ways of Working (Sustainable Development Principles) considered							
Please tick as relevant, click <a href="#">here</a> for more information							
Prevention		Long term		Integration		Collaboration	
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.						



<b>Report Title:</b>	<b>PERSONAL PROTECTIVE EQUIPMENT</b>				
<b>Meeting:</b>	Board			<b>Meeting Date:</b>	<b>28<sup>th</sup> May 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	X	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	Executive Director of Nursing				
<b>Report Author (Title):</b>	Head of Procurement, Head of health and Safety, Infection Prevention and Control Lead, Assistant Director of Patient Safety and Quality, Head of Patient Safety and Quality Assurance				

### Background and current situation:

Since the arrival of the coronavirus (COVID -19) within the UK we have seen a significant number of pieces of advice and guidance on infection prevention and control and PPE being issued to the UHB from PHE/PHW. We have also received an equitable number of guidance from Royal Colleges/professional bodies. At times this guidance has not been the same which can cause confusion and anxiety to staff. In an attempt to address these issues throughout the course of the pandemic a review of each piece of guidance has been undertaken. This lead to clarification to staff on the appropriate use of personal protective equipment (PPE) according to risk in health and social care settings.

The principle that was set by the UHB that has underpinned the management of PPE within the UHB has been:-

- To keep staff and patients as safe as we are able both physically and emotionally.

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

#### The Board should note:

- The arrangements in place for supply of PPE
- The arrangements that are in place for Fit testing
- The decisions that have been taken in relation to the consideration and implementation of conflicting national guidance on aerosol generating procedures (AGPS)

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

The Health & Safety Executive (HSE) has issued guidance on the adequacy and suitability of PPE and evidence to support its requirements to protect staff and meet the statutory obligations under both the Personal Protective Equipment Regulations and the Control of Substances Hazardous to Health (COSHH) Regulations. Regulation 4 of the Personal Protective Equipment at Work Regulation 1992 states that every employer shall ensure that suitable personal protective equipment is provided to employees who may be exposed to a risk to their health or safety while at work except where and to the extent that such a risk has been adequately controlled by other means which are equally effective.

The COVID-19 pandemic has placed significant pressure on the global supply market in terms

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of a range of products. At the outset of the pandemic the Welsh Government pandemic stock provided much of the PPE across Wales. This pandemic stock is now almost depleted, so the UHB procurement department has been instrumental in sourcing and buying products on a national basis and in addition sourcing products for UHB. This has been a very challenging process that has been managed extremely well, particularly in light of the market conditions. These conditions are unprecedented, and difficult to confirm with any certainty in relation to the reasonable market rate or product supply.

However, during the pandemic period, through the efforts of Procurement Department there has been continuity of supplies of PPE and Respiratory Protective Equipment (RPE) for staff to the required standards, offering the recommended protection factor for Covid-19. The Health & Safety Department has also worked in collaboration with the Procurement Department to ensure any new device meets the required specification.

In order to protect health workers from contracting and spreading COVID-19 and to comply with the "duty to adequately control" under the Control of Substances Hazardous to Health (COSHH) a face fit is required where staff are wearing tight fitting disposable respirators to ensure that they are adequately protected whilst carrying out AGPs. Masks have been one of the more challenging areas to address.

The performance of the mask depends on achieving a good contact between the wearer's skin and the face seal of the face-piece. Healthcare workers facial characteristics vary significantly in shape and size so it is unlikely that one model of respirator will fit everyone. Inadequate fit will significantly reduce the protection provided to the wearer.

Facial hair, stubble and beards make it impossible to get a good seal of the mask to the face. If there are good reasons for having a beard (e.g. for religious reasons), alternative forms of PPE, that do not rely on a tight fit to the face, are required although limited numbers available.

The UHB undertake two basic types of PPE fit testing;

- **qualitative**, where the wearer needs to detect a sweet or bitter tasting solution sprayed into a hood whilst they are wearing the respirator. This is the most frequently used test type, but can be subjective as it relies on the wearer detecting the bitter or sweet taste
- **quantitative**, using a particle counter which measures the ratio of particles inside and outside the respirator. This test is more objective and the UHB has procured two of these machines.

The Health & Safety Executive (HSE) has produces guidance on the requirement for fit testing. All fit tests carried out is undertaken by staff trained to these requirement. Fit tests are necessary for each wearer and each type of mask issued. Pre Covid-19 the UHB mainly used 8855 disposable masks, however due to demand, continuity of supply could not be procured. Therefore to achieve the sufficient supplies of Respiratory Face Masks of FFP3 level of protection, it has been necessary to purchase some alternative types and utilise national stockpiled supplies of 1863 type. As previously stated for each of these type of masks a "Fit Test" is required to ensure the wearer is appropriately protected.

An intense Programme to fit test all staff on the new masks was coordinated by the Patient Safety Department covering both the local areas and centrally, with drop in sessions running through every day over the last 3 weeks (including weekends and Bank holidays). This programme has now been effectively completed. However this is likely to be repeated as

the current masks available (1863) will become exhausted and a further alternative likely. The pass rate of the fit test has varied for each model. Currently the UHB has two disposable models available in quantity which allows for a higher combined pass rate. If an effective fit cannot be achieved with either style of disposable mask an alternative will be sought.

As COVID 19 is to remain with us for a longer period of time and we aim to restart services we recently agreed to the purchase Powered Air Hoods for use by staff in Critical Care and Theatres which will allow staff to reduce the frequency of mask changes and donning and doffing and is reported to be more comfortable in areas where FFP is required.

#### Consideration of National Guidance on the use of PPE for some Aerosol Generating Procedures

Since the beginning of the pandemic, the health service in Wales has noted a dichotomy between sets of National Guidance which could impact both on patient and staff safety. Within the UHB, this has required considered professional discussion and agreement on appropriate interpretation in order to determine implications for clinical practice.

#### PPE requirements in resuscitation

In the UK, Government Personal Protective Equipment (PPE) Guidance published 7<sup>th</sup> April 2020 stated that chest compressions and defibrillation (as part of resuscitation) are not considered AGPs; first responders (any setting) can commence chest compressions and defibrillation without the need for Aerosol Generating Procedures (AGP) PPE while awaiting the arrival of other clinicians to undertake airway maneuvers.

The Resuscitation Council UK (RCUK) guidelines were updated on the 6<sup>th</sup> April 2020, whilst recognising that it is important to always check the latest guidance on DHSC/PHE/PHW/HPS, have advised that full AGP PPE for those as part of the resus/emergency team:

***“All Aerosol Generating Procedure (AGP) Personal Protective Equipment (PPE) must be worn by all members of the resuscitation/emergency team before entering the room. Sets of AGP PPE must be readily available where resuscitation equipment is being locally stored.”***

On the 14<sup>th</sup> April the Welsh CMO and CNO issued a joint statement with regards to the use of **PPE in cardiac/respiratory arrest response for adult COVID19 or suspected COVID19 patients in acute hospital settings**. Given the level of concern expressed by clinicians they stated that it is important that a risk based approach is taken when undertaking resuscitation procedures. These risks must be balanced to consider the safety of staff and the likely best outcome for the patient, and in some circumstances not commencing resuscitation may be the right course of action. Equally not starting resuscitation procedures which may be beneficial to the patient, due to delays in accessing the equipment, must also be mitigated against as far as possible.

Following these discussions, and having reviewed the latest evidence from around the world, RCUK's position on the need for Level 3 PPE to ensure healthcare professionals' safety remains unchanged and consistent with their original COVID-19 Guidance published on 4 March 2020.

Indeed, the discussions between PHE and resuscitation experts strengthened the belief that such protection is necessary, given the aerosol and droplets excretion that typically results from chest compressions. This Guidance should apply in both acute and non-acute hospital settings,



as the risk to healthcare professionals is equivalent in both settings.

The UHB has agreed that during the duration of the COVID-19 pandemic, all patients who suffer a Cardiac Arrest will be treated using the COVID-19 Resuscitation Procedure, and therefore AGP PPE must be worn prior to any chest compressions being commenced

#### PPE requirements in the insertion of nasogastric (NG) and nasojejunal (NJ) tubes

Differing opinions regarding whether the insertion of nasogastric (NG) or nasojejunal (NJ) tubes are aerosol generating procedures (AGP) had resulted in lack of aligned guidance regarding PPE. This in turn led to variation in practice and possibly some reluctance to carry out the insertion procedure thus potentially compromising the nutritional status and recovery of those patients.

The current WHO and PHE position is that the insertion of NG and NJ tubes is not currently included in the PHE list of procedures that should be considered as AGPs.

It is the view of the Microbiology and IP&C departments that we continue to regard NG and NJ insertion as a non-aerosol generating procedure and that staff where PPE in line with current PPE guidance i.e. that they wear, to perform these procedures.

Following a meeting with speech Therapists, Dieticians and Nutritional Nurses and chaired by the Executive Director of Therapies the meeting voted in favour of following the Public Health Wales advice around not reclassifying the insertion of NG and NJ tubes as an aerosol generating procedure.

#### Communication and Education

Anxiety continues to exist in some areas in relation to perceptions of PPE supply and the levels of provision. In response to these anxieties and to support the provision of accurate information a number of actions are undertaken:

- The Covid-19 stores give an update at the daily hub meetings detailing the current supply and highlighting areas of concern
- A PPE tab has been created on the COVID pages on the intranet to ensure all PPE related information can be accessed from one place
- Representation at the Operations Meeting has been increased
- Medical workforce are now providing education around the particular types of PPE required in different settings and how to safely don or put this on
- The Medical Illustration department are developing an animated informative film to explain the difference between aerosol generating procedures and a normal cough.

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## Recommendation:

The Board is asked to **NOTE** the action being taken within the UHB to ensure the timely provision of appropriate PPE to all staff who require it.

## 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*

Reduce health inequalities		Have a planned care system where demand and capacity are in balance	x
Deliver outcomes that matter to people	x	Be a great place to work and learn	
All take responsibility for improving our health and wellbeing		Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
Offer services that deliver the population health our citizens are entitled to expect	x	Reduce harm, waste and variation sustainably making best use of the resources available to us	x
Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	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	
<b>Equality and Health Impact Assessment Completed:</b>	Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								



<b>Report Title:</b>	<b>COVID-19 Death Reporting</b>				
<b>Meeting:</b>	<b>Board</b>			<b>Meeting Date:</b>	<b>28<sup>th</sup> May 2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>x</b>	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Nurse Director</b>				
<b>Report Author (Title):</b>	<b>Head of patient Safety and Quality Improvement Consultant in Public Health Medicine Emergency Preparedness Manager</b>				

#### **Background and current situation:**

Following the identification on 23 April of a significant number of deaths that had not been reported to Public Health Wales (PHW), Welsh Government officials sought assurances from across health boards and trusts concerning the robustness of the current processes for reporting COVID-19 (CV-19) deaths in hospitals.

A written statement and a review document were received from Vaughan Gething MS (formerly AM), Minister for Health and Social Services.

The review mechanism acknowledged the rapid development of information gathering processes that are required to capture timely data to mitigate against the delay in the Office for National Statistics (ONS) reporting and to quickly and accurately inform the public and scientists/decision-makers.

In order to respond to Welsh Government a small group was immediately established to gather intelligence within the UHB. This is a summary of our findings.

Since the first CV-19 related death was reported in a Cardiff and Vale University Health Board (UHB) hospital, all deaths have been scrutinized by the Cellular Pathology Service Manager, cross referenced with positive (+ve) CV-19 tests and recorded in a line list. Initially doctors were asked to phone through details of CV-19 related deaths to Public Health Wales (PHW) for surveillance purposes, but in view of problems experienced locally, it was agreed that the Cellular Pathology Service Manager would provide a summary report from the UHB to PHW on a daily basis. In recent weeks, in an attempt to streamline the process, PHW and NHS Wales Informatics Service (NWIS) have developed an electronic means of notifying COVID-19 deaths in hospital. This is known as the Covid-19 mortality surveillance e-form (the E-form) and is linked to the Welsh Clinical Portal. Cardiff and Vale UHB was the first health board in Wales to start using it and it has been in full use since 13<sup>th</sup> April 2020. Completion of the E-form is now included in the UHB's flow chart for processes to be completed following a death. The manual submission process and E-form submission were continued until there was certainty that E-forms were being completed successfully. The Cellular Pathology Service Manager stopped sending results to PHW on 29/4/20, but continues to compile the daily list for quality assurance purposes.

Prior to the E-form being implemented all +ve CV-19 deaths were telephoned and more latterly emailed to PHW. The E-form uses a specific definition, and only requires deaths to be reported

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where CV-19 has been confirmed with a positive laboratory test and the clinician suspects this was a causative factor in the death. Those with negative tests or no test are not reported.

In addition, the UHB is required by Welsh Government to submit data on the number of in-hospital CV-19 deaths for inclusion in the national dashboard. For this purpose, deaths recorded on the Patient Management System with a +ve test of COVID-19 are sent daily to NWIS.

There is potential for discrepancies in these two data sources due to the different data definitions used (described below) but when combined they will provide greater accuracy.

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

The Board can be assured that the two processes for reporting COVID-19 deaths are robust and deaths have been reported to PHW appropriately. However, because of the variation in definitions used, there will be some differences in the actual numbers reported. For example a death on PMS linked to a positive COVID-19 will be flagged and reported to NWIS. If the certifying professional thinks that patient died of something else but coincidentally had a positive COVID-19 test that didn't contribute to the death and therefore not on the death certificate then this patient will be omitted from the E-report to PHW.

Additionally, if a patient dies in one of our community hospitals and is released directly to a funeral director then this will not be scrutinized via our hospital mortuary arrangements and may be missed from PHW data but will be in the PMS data, although numbers are likely to be small..

The UHB group contributing to this report will continue to work together to cross reference the three sources of data (NWIS, PHW and cellular pathology list) and ensure that cases continue to be reported appropriately, according to required definitions.

The UHB has been commended for being the first in Wales to fully adopt reporting to PHW via the E-Form

NWIS has confirmed that they are happy with the way we have reported deaths so far. The standard for their census is: patients tested positive to COVID-19 and died in a hospital/clinical site have to be counted as COVID-related deaths in table 2 of the situation report.

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

There are two separate counts for CV +ve deaths in NHS Wales. 1. In the physical space in mortuary which are now reported via the E-form to PHW. 2. Via PMS which go to NWIS for the national SITREP. Slight discrepancies in the two sources of data may appear because of the different definitions used.

Furthermore, PHW report the number of deaths associated with area of residence and therefore may not match either figure reported through the counts listed above.

The Chief Statistician for Wales has been asked to provide a whole-system oversight. To contribute to that a data audit has been completed by Information Management and Technology in the UHB which cross-referenced PMS and E-Forms. This will be done on a regular basis to

provide continued assurance that processes remain robust.

If there are changes to the way we report CV-19 deaths following the whole system oversight by the chief statistician the group will make amendments accordingly.

### Recommendation:

The Board can be assured that the UHB is reporting CV-19 related deaths accurately and asked to support any changes to reporting that may be required following a Welsh Government review.

### 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.*

REPORT TITLE:	Resources – includng Staffing and Well-being (Covid-19)							
MEETING:	UHB Health Board Meeting					MEETING DATE:	28 May 2020	
STATUS:	For Discussion	X	For Assurance	X	For Approval		For Information	
LEAD EXECUTIVE:	Executive Director of Workforce & OD							
REPORT AUTHOR (TITLE):	Deputy Director of Workforce & OD							
PURPOSE OF REPORT:								

## SITUATION:

The purpose of this paper is to provide an overview, assurance and an update on workforce resourcing associated with COVID-19; especially in regard to staffing and well-being.

## REPORT:

### BACKGROUND:

The Covid-19 pandemic and the immense demands it is placing upon us represents an unprecedented challenge to the UHB.

In March 2020 the UHB established its COVID-19 governance arrangements for the management of Covid-19. The daily **Clinical Operations Group** is chaired by the Chief Operating Officer and supporting this is the newly established **Workforce Group**, chaired by the Executive Director of Workforce & OD. The Workforce Group has met daily since March in order to directly support and respond to clinical operations. A number of urgent priorities were established through the workforce group:

- Setting up a **Workforce Hub** to recruit locally, at pace, for Clinical Boards
- Issuing clear Guidance for staff and managers
- Providing Staff Well-being resources, advice, occupational health service, Safe Havens, temporary accommodation, extending crèche facilities etc.
- Supporting the design of new medical workforce model and setting up the Medical Workforce Hub
- Supporting the Nursing Workforce Hub; recruiting students, registered and non-registered nursing staff
- Training and induction for temporary workers
- Enabling the Workforce & OD design and model for the Dragons Heart Hospital
- Changing our way of working to support the temporary hubs and hospital site based model
- Close working with trade union partners, local authorities and other agencies

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- Monitoring daily absence levels of Covid-19 related absence
- Ensuring business as usual for pay and terms and conditions
- Liaison with Welsh Government and Workforce Directors across Wales to influence decision making at pace

## ASSESSMENT:

### Recruitment and increasing workforce supply

The Workforce Team has undertaken significant recruitment across a range of essential roles in order to enable the effective operating of our clinical plans.

### External Recruitment:

Roles	No. Offered Temporary Contracts
Administrators	14
Facilities Staff	614
Drivers	15
Pharmacy Porters	8
Runners Pharmacy & Labs	5
HCSW	345
Allied Health Professionals	45
Pharmacy	15
Laboratories	8
Registered Nurses	109
<b>Total</b>	<b>1,178</b>

### Student Nurses/Midwives

Role	Band	No.
Student Nurse-HCSW	Band 4	155
	Band 3	236
Student Nurse-HCSW (Open University)	Band 3&4	11
Student Nurse-HCSW (Flexible Route)	Band 3&4	15
Student Midwife/Midwife Support Worker	Band 4	20
<b>Total</b>		<b>437</b>

- **Registered Nurse – Retirees (temp register)**

The Head of Nurse Resourcing has contacted the Nurses that have been given to Cardiff & Vale UHB by NWSSP and are being deployed into appropriate clinical areas.

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## **Increasing our Medical Workforce Supply (internal and external)**

### **Consultants:**

- 29 part-time Consultants increased their sessional commitments
- 8 trainees/SAS acted up into Locum Consultant roles
- 2 planned Retired Returner appointments returning early on full-time commitments rather than part-time
- 8 additional ad-hoc Locum Consultants cleared and ready to start
- 1 early return from Mat Leave to commence Consultant role
- 10 existing Consultants volunteered for deployment where needed
- Several medical Clinical Academics temporarily converting academic sessions to clinical sessions to assist with clinical pressures
- Prioritizing of permanent consultant recruitment on-going

### **SAS/Higher grade junior doctors/Junior doctors:**

- 34 'as & when' locums appointed
- 15 part-timers increased their hours
- 44 banding changes actioned due to rota changes
- 1 additional rota appointment / banding
- 2 change of specialty
- 2 early appointments (ML/early start date)
- 5 Changes of location to UHW
- 4 extensions to fixed-term contracts
- 6 Fixed-Term Service Appointments made
- 1 additional HEIW placement
- 57 year 5 students enrolled on fixed-term Band 4 contracts
- 35 year 3-4 students enrolled on Band 3 contracts
- 5 further year 4-5 students (EPIC) enrolled on fixed-term Band 3 / 4 contracts
- 39 further year 3-4 students are pending enrolment / contract on Band 3 contracts

### **Rota development**

- 14 new rotas built and implemented
- Support and leadership to the medical workforce hub

### **Medacs placements**

- 10 locum placements: 8 for Emergency Medicine & 2 for Medicine

### **Pending:**

- 17 further 'as and when' locum applications in progress
- 24 existing medical staff volunteered for deployment where needed – 6 deployed to wards & 1 deployed to Llandough

### **Primary Care**

- 38 GP applications received
- 30 interviewed
- 1 redeployed

- 8 more in the process of being redeployed.
- A further 3 GPs will also potentially be redeployed due to changes in availability since recruitment of the 8 GPs above (final decisions to come this week)
- 34 contracts issued to GP Out of Hours/Urgent Primary Care Service

### **Internal Deployment**

A significant number of posts have been filled by our own staff through the Workforce Hub Deployment Process, examples of some of the roles are listed below

- PCIC Staff Testing Administrators
- Ward Administrators
- Procurement Roles
- Pharmacy Assistants
- Ward Sister/Charge Nurse Assistants
- Occupational Health Nurses

### **Operational Workforce Planning**

The UHB Covid-19 workforce plans have been overlaid with the zoning and gearing plans. Our medical workforce has redesigned its rota to reflect our operating approach, building from a core covid 'red' rota to understand how staff can be freed to return to core specialties. Importantly training requirements have been fundamental to building this model, prioritising those who need to complete core competencies to progress their medical training and ensuring clear oversight and supervision of trainees. As noted above, we have successfully appointed 57, Year 5 medical students; 35, Year 3-4 students and a further 39, Year 3-4 students are joining in June.

Similarly, nursing rotas have been adjusted to ensure we meet Safe Staff Nursing requirements across clinical plans. Staff have responded extremely positively to the need to be flexible and have been deployed across zones and sites as required. Nursing numbers have been considerably bolstered by effective recruitment through the UHB Workforce Hub as outlined above. Therapy staff have also been flexible in their rotas and have developed 7 day working to support clinical areas; specifically to support rehabilitation models and Dragons Heart Hospital. Therapy students will come on stream in September 2020 as planned.

The ability to flexibly redeploy staff and recruit at pace has only been possible through effective partnership working with our Trade Union Partners.

### **Staff Well-being**

Staff health and wellbeing is of utmost importance especially at this unprecedented time. The Health Board has been actively listening and proactively enabling facilities and resources to support staff and teams. The Poster at Appendix 1, describes the range of initiatives in place which include:

- Additional psychological support



- Staff Havens to give head space, rest and complimentary refreshments
- Additional showers
- Hotel accommodation

We recognise going forward into the next period it is vitally important we continue to care for ourselves and keep each other well. We are fortunate to have enlisted the support of internal experts in the Occupational Health and Employee Well-being Team and a number of senior Clinical Psychologists within service areas.

[http://nww.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253,172024171,253\\_172024187&\\_dad=portal&\\_schema=PORTAL](http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,172024171,253_172024187&_dad=portal&_schema=PORTAL)

### **Risk Assessment**

The safety of our workforce is fundamental and critical. A risk assessment process is in place for all staff to ensure staff are not placed at greater risks through their deployment in the organisation. This risk assessment has recently been updated to reflect the requirement to support BAME members of staff.

### **Absence Levels**

We are actively monitoring absence levels and continue to work with staff to ensure they are supported when they are sick; able to return to work after a period of illness and supported to undertake homeworking if they require Shielding and are able to do so. The latest data shows we have in excess of 620 individuals shielding on any given day and we are working with line managers, trade union representatives and individuals to better understand this situation. Daily COVID-19 sickness levels are reporting at around 2% in addition to the non-covid absence, however, we believe there is under-reporting in some operational areas and therefore we will continue to monitor this closely.

Daily communications are sent to all staff from the Chief Executive and we have recently launched a new Staff App to help promote good communications with our staff. FAQ's and guidance notes are available via this App and on the Intranet.

[http://nww.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253,172815459,253\\_172815460&\\_dad=portal&\\_schema=PORTAL](http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,172815459,253_172815460&_dad=portal&_schema=PORTAL)

We have robust staff testing processes in place through our Community Testing Units, which have already provided testing for around a third of our total workforce.

### **Looking forward/defining our new normal**

It is clear that Covid-19 will be with us for quite some time to come and we have to continue to support our staff so that they are resilient enough to cope (**ref: Welsh Government: Unlocking our society and economy: continuing the conversation**). Going forward we will be



considering the changes we have made to our culture at pace and how we use the opportunity to continue the new ways of working and align to the **Amplify Strategy**. We should use the learning in our quest to develop a **High Trust/Low Bureaucracy** organisation. We will work with clinicians, staff and patients and use the feedback from Cedar to learn from our actions and preserve our improvement in decision making capability within the organisation and the *Just Do It* approach.

Home working has accelerated at pace over the past 2 months and we should maximize on this by continuing to develop this approach over the medium to long term. The investment we have made in remote working and IT has been considerable and has assisted a more agile and flexible working environment both clinically and corporately.

## RECOMMENDATION:

The Board is asked to **NOTE** the contents of this paper and the assurance provided of the increase in workforce to support Covid-19 and the prioritization of the health and well-being of our staff.

## SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

*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

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click [here](#) for more information

Sustainable development principle: 5	Prevention	Long term	X	Integration	Collaboration	X	Involvement	
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ways of working									
<b>EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:</b>	<p>Yes / <b>No</b> / Not Applicable</p> <p>If “yes” please provide copy of the assessment. This will be linked to the report when published.</p>								



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# WELLBEING

## DURING COVID-19 RESOURCES

During Covid-19 it's important that we all look after ourselves and each other and we have developed a set of resources to help you do this.

### 1 Resources for individuals

#### Bite Size Tips – developed by Dr J Highfield

- Mindful minute
- Am I doing the right thing?
- Am I okay?
- Calm and in control
- End of shift – Wellbeing Checklist
- Self-care tips for NHS staff
- Switch off relax and unwind
- Staff bereavement due to COVID-19, losing colleagues or patients

#### Videos – developed by Dr J Highfield

- Am I okay?
- How to help anxious patients (COVID and NON COVID)
- Switch off, relax and unwind
- Taking care of each other
- When we have to limit what treatment we can offer: Moral Distress
- Witnessing distress
- Witnessing trauma

#### Baker's Dozen – developed by Dr Mark Stacey

- Stress Management toolkit
- 'Baker's Dozen' Videos
- Improving resilience – 30 daily tips for maintaining mental health
- Maximise your day
- Cycle to work
- Working under pressure – tips from frontline staff in the COVID-19 era

#### Online CBT modules via Silvercloud

- Sleep
- Stress
- Resilience

#### Rapid access to extended EWS Psychological Support

##### Stepped Approach

- In reach wellbeing support at Safe Havens, providing informal support and signposting to wellbeing resources:
  - o UHW - Sports and Social Club
  - o UHL - the rehabilitation Day Hospital
  - o Dragon's Heart Hospital
- Psychological first aid and grounding – one session
- Trauma response monitoring – up to three sessions
- Brief psychological support - up to six sessions of counselling or psychological therapy
- Referral to Trauma or Psychiatry services

#### Expanded access to health for Health Professional Wales





## 2 Resources for line managers

In addition to the 'For Individuals' resources, managers can access specific resources designed to support them to deliver their management responsibilities.

### Bite Size Tips – developed by Dr J Highfield

- How to huddle
- Manager's tips
- Managing trauma
- Hospital staff helping the isolated COVID-19 patient
- COVID Buddy
- COVID-19 and Neurological conditions
- Pregnancy and COVID-19
- Helping anxious breathless Covid patients
- Guidance for line managers around grief and loss of colleagues or patients

### Rapid access to psychological support

- Consultation support for managers with issues relating to their managerial role

### Wellbeing Q&A session for managers

## 3 Organisational resources

**Staff Connect App** - provides access to accurate and up-to-date information

**Chief Executive Connects** – COVID-19 daily update

### Parking

- Temporary removal of allocated parking restrictions on site
- Free parking on council owned car parks

## 4 Psychological wellbeing

### Safe Havens

- UHW - Sports and Social Club
- UHL – the Rehabilitation Day Hospital
- Dragon's Heart Hospital

### Rainbow Relaxation rooms

- UHW - Sports and Social club
- UHL – the Rehabilitation Day Hospital

### Induction Package

- Leading for wellbeing
- Wellbeing: self-care and team care

## 5 Physical wellbeing

### Food delivery to Frontline Health Care Workers

- UHW
- UHL
- St David's Hospital
- Barry Hospital
- Rookwood Hospital

### 24/ 7 access to hot food

- Y Gegin - UHW
- Y Gegin - UHL

### Short and long term accommodation

- Mercure Cardiff North Hotel
- Holiday Inn Express - Rhoose
- Mercure Hotel – Newport Road, Cardiff
- Space in the City Aparthotels
- True apartments

### Access to shower facilities

- UHW
- UHL
- Dragon's Heart Hospital

### Free Nextbike membership

### Rapid access to Dermatology consultation

<b>Report Title:</b>	<b>The NurseStaffing Levels for Adult Acute Medical and Surgical Wards following the Bi-Annual Calculation (to include COVID-19 period)</b>				
<b>Meeting:</b>	Board Meeting			<b>Meeting Date:</b>	
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	✓ <b>For Information</b>	
<b>Lead Executive:</b>	<b>Executive Nurse Director</b>				
<b>Report Author (Title):</b>	<b>Deputy Executive Nurse Director</b>				

## Background:

Since April 2018, the Nurse Staffing Levels (Wales) Act 2016, has placed a responsibility on Health Boards to calculate and monitor their nurse staffing levels bi-annually using a triangulated methodology.

On the 24<sup>th</sup> March 2020 the Chief Nursing Officer for Wales issued a letter providing Health Boards/Trust with clarity on what is expected *in relation to the Nurse Staffing Levels (Wales) Act, acknowledging that the pressures associated with managing the COVID-19 pandemic have and will continue to disrupt 'business as usual'*. However recognising the challenges, the CNO highlighted that the responsibility of minimising risk to patient safety through applying professional judgement will remain fundamental across all areas where nursing care is provided or commissioned.

The guidance offered Health Boards/Trusts the flexibility to decide when to undertake the bi-annual calculation of nurse staffing levels on adult acute medical and surgical wards and whether to present their annual report to the Board as planned in May 2020. Whilst this flexibility has been welcomed by Health Boards/Trusts who are under significant pressure during this time, Health Boards are advised to work together and agree the actions that they will take to ensure that they continue to adhere to the 'Once for Wales approach', as it is through this unity that Health Boards/Trusts will have strength and provide greater assurance.

The Chief Nursing Officer emphasises the needs for Health Boards/Trusts to ensure that they keep a record of the actions taken during the COVID-19 pandemic. Processes for collating this information and actions taken should be reflected within the pending Board paper and in the Annual Report due to be presented to the Board in September 2020, as this information will be required within the three yearly report to Welsh Government in April 2021.

In response to the guidance issued by the Chief Nursing Officer and in acknowledgement of the need for Health Boards/Trusts to agree a 'Once for Wales approach' the Nurse Directors have agreed to postpone presenting their Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act, which was due to be presented to their Board in May 2020, until September 2020. In the interim Nurse Directors have agreed to present a paper to their Board in May 2020 to provide assurance on the actions taken to ensure appropriate staffing levels across their Health Boards during the COVID-19 pandemic.

The implications of the CNO guidance for Cardiff & Vale UHB have included:

- The bi-annual calculation in January 2020 of the nurse staffing levels for all adult acute medical and surgical wards was reviewed and establishments under 25(B) were planned.
- However since February 2020, there have been significant changes to the primary purpose of the wards across Cardiff & Vale due to COVID-19.
- Continuing to take 'all reasonable steps' on a continual basis to maintain the agreed nurse staffing level for the 25(B) wards.
- Setting and maintaining Nurse Staffing levels for 'repurposed' COVID-19 wards. The guidance letter from CNO has confirmed that all adult medical/surgical wards being re-designated as 'COVID-19' wards are excluded from the Nurse Staffing Levels Wales Act definition of an adult medical/surgical ward.

### **Situation:**

Coronavirus (COVID-19) pandemic across the UK (and globally) has meant that NHS Wales' is under significant and, potentially, sustained additional pressure, with a direct impact on the nurse staffing resource. Based on patient number modelling data, whilst continuing to take account of the requirements relating to the Nurse Staffing Levels (Wales) Act, there has been a requirement for Cardiff & Vale UHB to review both the 'normal' and the escalation positions for the planned nurse staffing levels within a number of setting where nursing care is provided.

This paper describes Cardiff & Vale UHB plans to ensure that nurse staffing levels are systematically calculated and agreed and to provide an overview of how the nurse staffing levels that are planned will be managed and maintained during the COVID-19 pandemic period.

This SBAR provides information on the nurse staffing levels for the following clinical services:

- Adult medical and surgical inpatients wards (i.e. Section 25(B) wards);
- COVID-19 inpatient wards;
- Critical care;
- Community Hospitals
- District Nursing services;
- Paediatric services;
- Mental health services;
- Newly established Dragon Heart Hospitals.

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

The Executive Nurse Director as the designated professional is providing the Board with the Nurse Staffing levels that have been put in place for the period of January 2020 – May 2020. They come to Board today for the Board to sign off in line with the Nurse Staffing Act requirements. The Board is asked to note the differences in set establishments in some clinical environments which have been made to ensure appropriate staffing levels and skill mix while caring for patients during this COVID-19 period.

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

### Maintaining the Nurse Staffing Levels:

Whilst national work is in place to support Health Boards/Trusts in determining the staffing levels required to support all areas within their Health Boards, there is no clear guidance on calculating core nurse staffing establishments during the period of COVID-19. The Nurse Directors have agreed to follow the 'Once for Wales approach' when calculating and reporting the staffing levels within their Health Boards. This approach takes into account the significant challenges associated with the COVID pandemic while ensuring appropriate staffing levels during this period where capacity needs to be increased, the workforce is under considerable pressure and resources are limited. It is for this reason the Health Board will need to explore a range of options which will include new ways of working, a greater multi-disciplinary approach, increased recruitment, nurses returning to practice, changes to student nurses educational contract and a greater reliance upon health care support workers to support the nursing workforce and ensure that all areas are staffed appropriately.

With reference to the guidance issued by the Chief Nursing Officer, Cardiff & Vale UHB have supported their nurse staffing calculation by:

- **Adult Medical and Surgical Wards (25(B) wards)** – In January 2020 we commenced the bi-annual acuity assessment of the wards classified in Section 25(B) of the Act, however we were prevented from completing this due to the arrival of COVID-19. We subsequently made a decision to continue with the formal calculation of wards who's main purpose remained adult medical and surgical wards throughout the pandemic (Appendix 1)
- **All Clinical Areas where Patients are Cared For (25(A) wards)** – Under section 25(A) of the Act, Health Boards/Trusts still have a duty to consider what establishments they require to meet the needs of patients wherever nursing care is provided or commissioned, ensuring that they provide sufficient nurses to allow nurses time to care for patients sensitively. The Health Board has continued to use their professional judgement and draw on information at a local and national level to inform their decision as to the appropriate staffing levels required for all areas where patients are cared for within the Health Board (Appendix 1)
- **COVID-19 repurposed wards** – Guidance from CNO has confirmed that adult medical and surgical wards that have been repurposed to deal with the COVID-19 pandemic would be considered an exception under the definition of adult acute medical/surgical ward and therefore would not be subject to the prescribed triangulated calculation methodology. However as the Act places responsibility on Health Boards to ensure establishment are maintained to provide sensitive care in all areas where nursing care is provided, the Health Board has ensured this has taken place (Appendix 1)
- **Critical Care Units** - The critical care provision was significantly increased throughout the Health Boards in line with the requirements of COVID-19. The nursing care model for the COVID-19 pandemic is based on the national guidance (Coronavirus: principle for increasing the nursing workforce in response to exceptional increased demand in Adult Critical Care). (Appendix 1)
- **Dragons Hospital** - Cardiff & Vale UHB have since February 2020 established emergency temporary bed capacity within public and private sector partner's premises to meet the



anticipated need for additional capacity as a result of the COVID-19 pandemic. The workforce model is based on an assessment of an extreme situation where it would be necessary to place a specific cohort of patient within these facilities. The best estimate of the number of staff and skills required to meet the needs of the patients within each facility has been undertaken. The nurse staffing model is based on their anticipated acuity/dependency levels as defined within the Welsh Levels of Care workforce planning tool. A workforce model was presented and agreed by Cardiff & Vale UHB in March 2020. (Appendix 1)

- **Community Services** - All nursing services undertaken in a community setting have been reviewed in line with the predicted demands of COVID-19 and some services are now being delivered in a different way. The community teams in Cardiff & Vale have been in formal business continuity since February. This has allowed flexibility within the services to manage increased patient demand and reduced nurse staffing levels (Appendix2). Some of the changes have included:
  - Suspension of non-essential work.
  - Development of a centralised point of referral and multiagency hub to support District Nursing services.
  - Health Visiting services have been rationalised to essential visits and home contacts only and Health Visitors have been redeployed to provide essential support to in-hospital environment.
  - Redeployment of non-essential staff to support District nursing services.
  - Increased our surveillance and support in the community Residential and Nursing homes.
  - Supported out Residential and nursing homes with PPE assessment and supply.
  - Worked in partnership with Independent Hospices to provide a significantly higher number of end of life cases at home.
- **Mental Health Services:** No changes to the current acute mental health services or their nurse staffing levels are required at this time but will be kept under review (Appendix 1). Psychiatric Intensive Care services have faced increased demand over the past 12 months and Welsh Government have allocated transformational funding to increase nurse staffing on the unit alongside an increase in bed capacity. The Mental Health Clinical Board management team and therefore, the Executive Nurse Director have not been able to sign off all the nursing establishments for these areas as they remain non-compliant with section 25(a) of the Act as the professional and service requirements do not meet the financial envelope.
- **Paediatrics / Obstetrics and Gynaecology:** the paediatric inpatient areas in Cardiff & Vale have been reviewed in order to separate COVID-19 and non-COVID. The gynaecology ward has closed and staff redeployed to other areas of the Clinical Board. Emergency gynaecology care has been provided on the obstetric unit. The paediatric Emergency department has also been moved from the general Emergency Department to the paediatric unit in order to support adult front door. The nurse staffing levels for the areas has been calculated in accordance with bed spaces, average occupancy and professional judgement and on a shift by shift basis. Nurses have been deployed from other paediatric services to support the changed nursing care model (Appendix 3)

Cardiff & Vale UHB has a duty under 25(A) of the Act to provide sufficient nurses to allow nurses

time to care for patients sensitively. However, it is recognised that maintaining the nurse staffing levels that have been calculated for all wards/departments/service where nursing care is provided or commissioned has been challenging and will remain a challenge over the months ahead with the expectation that applying professional judgement will be required to minimise the risk to patient safety.

In addition to the responsibilities set out under 25(A), for wards that retain their 25(B) status the expectation is that the nursing management structure continue to apply their professional judgement to maintaining the nurse staffing levels and take all reasonable steps to mitigate the risk to patients on those wards. The proposed new nursing ratios required to support the revised treatment plans and clinical models is a significant move away from the Health Boards current levels and derogation from section 25(A) and 25(B) of Nurse Staffing Levels (Wales) Act. However it must be noted that varying from the nurse staffing level does not constitute a lack of compliance with the Act.

Therefore under section 25(A) Staffing levels for all inpatient wards across the Health Board have been calculated to ensure that they can provide the level of care required for the patients within each area. This has been a dynamic process which has been reviewed daily. The process to monitor and maintain the Nurse Staffing levels that has been put in place include:

- Formation of the Nurse staffing Hub aligned to the COVID-19 operational Centre
- A Director of Nursing was deployed to the Nurse Staffing Hub to oversee the deployed nurse staffing and staffing requests to assess and balance the risk across the Health Boards.
- The Senior Nurse on call rota was enhanced to provide senior nurse cover between the hours of 1600 – 2200 hours each day to cover the transition from day to night cover.
- Clinical Boards undertake a morning huddle where nurse staffing is discussed and the information provided to the Nurse Staffing Hub and reviewed four times per day.

In order to support this, the UHB have implemented new ways of working to meet the unprecedented demands that the Health Boards has been experiencing. This has required an extremely flexible approach to the deployment of nursing teams across the Health Boards to ensure the correct repurposed clinical areas are maintained in line with the changing demands for COVID-19 to include:

1. Critical care beds (ventilated patients)
2. Non- Invasive ventilation beds (NIV/CPAP) required to staff the increased
3. Community Hospital beds
4. Creation of Dragons Heart Hospital beds
5. General Ward beds (which will be staffed at a reduced Registered Nurse ratio in order to achieve the increased demand as described above)

Some of the other actions that have been taken to maintain the required nursing (and other healthcare professionals) staffing levels and ensure all areas are staffed in accordance with agreed staffing levels since February 2020 include:

- Recruitment of registered nurses (including those on temporary NMC register and retired) into fixed term contracts and onto the Bank. 100 Registered Nurses have been recruited and 19 have withdrawn.
- Significant recruitment of HCSW into fixed term and Bank contracts. 229 HCSW have been recruited.
- 'Recruitment' of second and third year student nurses who have 'opted-in' to the national

scheme to employ them as Band 3 and Band 4 HCSW

- Refresher training in critical care for registered nursing staff who have previously worked in Critical Care Units
- Training in basic critical care for registered staff who could be deployed into critical care areas from services that have been suspended during the pandemic response
- Refresher training for registered nursing staff who are employed in clinical services that have been suspended during the pandemic response
- Refresher training in ward processes for registered nursing staff who are employed in non-clinical roles and who would be deployed into direct care giving roles in the event of escalation.

### **Escalation:**

Throughout the heightened pandemic, consideration has also been given to the continuing review and adjustments to the planned rosters at varying levels of escalation in line with the pandemic response. It is recognised that the nurse staffing levels at times of increasing escalation within both the COVID-19 and the non-COVID wards could mean significantly different nurse staffing level than have previously been agreed within this Health Board. These nurse staffing levels would be adopted only after key triggers have been reached and the move to them would be agreed through the pandemic response command structure, and would include the Executive Nurse Director leading the decision making process.

- In the acute sites' wards, the total number of both COVID-19 positive and non-COVID patients will be a key trigger. In addition, the number of COVID-19 patients requiring CPAP intervention will impact significantly on the decisions about the required nurse staffing levels.
- Linked to patient numbers, the need to use the Dragons Heart Hospital site will impact significantly on the nurse staffing level that it is possible to maintain across the existing hospital sites, as Registered Nurses and Health Care Support Workers be deployed to these facilities. The potential need to deploy acute hospital nursing staff into these facilities would be a key trigger for adjusting the staffing levels within the acute sites.
- In critical care services, the key trigger to move to a 'team' approach to caring for patients would be if the number of patients requiring invasive ventilation rises above the number of critical care nursing staff we have available to care for them on a 1:1 basis, 24 hours a day.
- All decisions are monitored through the Covid-19 Operational Hub and Nurse Staffing Cell.

As described earlier all Nurse Staffing levels are reviewed, risk assessed and planned on a continual basis throughout the day between the Clinical Board structure / site and Nurse Staffing Hub.

### **Mitigating the risks:**

Within Cardiff & Vale there has been considerable attention paid to supporting flexible planned and agreed rosters with a particular emphasis on various ways of mitigating the risks through the creative use of the workforce.

The approach being taken to creating these 'wrap-around' teams include:

- Plans to deploy of some AHP staff (both Registered and support staff) into the direct care teams to either form part of the 24/7 care team or to supplement the teams through their

specific expertise in e.g. respiratory care.

- Operating Theatre Practitioners have been deployed to ward areas to support the care provided to patients.
- Therapist (both Registered and support staff) placed into COVID-19 areas to enhance the care of patients through practical support such as feeding, mobilisation and discharge.
- Registered Health Visitor and School nurses redeployed into clinical roles.
- Putting in place as 'standard' additional 'support' roles that currently exist in only a small number of wards e.g. Ward Administrator, Ward Housekeeper.
- Putting roles in place to coordinate supplies of PPE and other key supplies for wards centrally within each site.
- Effective use of the recently issued HEIW Delegation Framework to ensure that the whole workforce is working prudently- 'only doing what only they can do'.

### Ongoing / Further Assessment:

As the COVID-19 burden begins to reduce, the Health Board has commenced a capacity planning exercise to identify the safest way in which elective surgery and cancer services can be restarted. As a result of this re-purposing of clinical areas to provide green zones, there will be a requirement for the nurse staffing to be recalculated. Whilst this will be undertaken after this paper has been approved by the Executive Board, a paper will follow with the revised nurse staffing establishments for further approval.

### Recommendation:

The Board sign off the Nurse Staffing establishments that have been calculated, based on revised modelling during the COVID19 outbreak, while recognising the risks associated during this time.

### 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	
<b>Equality and Health Impact Assessment Completed:</b>		Yes / No / Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>							



Appendix: Summary of required establishments on wards during COVID-19 pandemic

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
UHW	Heulwen Seasonal Ward	31	28,85	22,74	51,59	28,85	22,74	51,59	Seasonal ward total 31 beds (Heulwen South and North combined) pre covid from 23rd March ward changed to covid suspected ward reduced total beds to 20 maintained establishment due to covid and AGP acuity.
UHW	B2 Seasonal Ward	18	15,21	11,37	26,58	15,21	11,37	26,58	B2N seasonal ward moved to A6S April 20 to accommodate suspected covid patients
UHW	A1	38	30,69	17,06	47,75	30,69	17,06	47,75	No Change
UHW	A6S	17	16,21	11,37	27,58	16,21	11,37	27,58	A6S moved to B2N April 20 and continued to care for stroke patients
UHW	B7	38	32,26	17,06	49,32	32,26	17,06	49,32	B7 change to covid AGP step up to ITU March 23rd, beds reduced flex dependent on clinical need / ICU capacity est was the same but 1:1 nurse patient ratio
UHW	A7	38	32,26	19,44	51,7	26	19,44	45,44	A7 RN establishment increase to support Covid step down ICU patients 23rd March
UHW	C6	38	32,26	20,71	52,97	26,79	20,71	47,5	C6 RN establishment increase to support Covid patients 23rd March
UHW	C7S	38	52,17	28,43	80,6	17,76	8,3	26,06	C7 open as a Covid ward on Friday 20th March - staffed by surgical nurses . Previous to this C7 was a medical Endocrine ward ( 19 beds)
UHL	East 6	30	20,9	17,06	37,96	20,9	17,06	37,96	No Change
UHL	East 7	29	0	0	0	20,9	17,06	37,96	Closed end March 20 in response to covid
UHL	East 4	30	20,9	17,06	37,96	20,9	17,06	37,96	No Change
UHL	Gwenwyn	8	0	0	0	11,51	2,78	14,29	Tempoary closure to support Covid end March 20.

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
UHL	CFU	7	12,11	2,78	14,89	12,11	2,78	14,89	No Change
UHL	West 6	29	20,9	14,21	35,11	20,9	14,21	35,11	No Change
UHL	West 1	28	20,44	13,89	34,33	20,44	13,89	34,33	March 23rd became suspected covid ward flex beds as per clinical need maintained establishment.
UHL	East 2	33	20,9	17,06	37,96	0	0	0	Opened to support covid March 23rd combined gwenwyn and Anwen staff
UHW	B5	27	29,89	15,48	45,37	29,89	15,48	45,37	No change
UHW	T5	19	29,81	13,33	43,14	29,81	13,33	43,14	No change
UHW	B4H	27	39,13	15,99	55,12	39,13	15,99	55,12	No change
UHW	TCT	8	18,22	5,69	23,91	18,22	5,69	23,91	No change
UHW	SSSU	33	36,13	13,23	49,36	29,4	11,73	41,13	since Nov 2019 SSSU has been staffed at weekends so the establishment has changed since Sept 2019 ( winter pressures). However due to reduced elective and emergency work over the COVID period this work has reduced and staff have been sent to support Critical care
UHW	SAU	13 spaces	23,74	11,25	34,99	23,74	11,25	34,99	No Change
UHW	C4N	25	0	0	0	18,5	20,41	38,91	Closed as amalgamated with B4
UHW	B4N	29	30,66	19,9	50,56	30,66	19,9	50,56	No Change



Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
UHW	C3/CCU	8&10	28,82	5,69	34,51	35,96	9,54	45,5	1st April 2020 C3 closed and CCU relocated to A4South 8 Level 2 beds
UHW	C5	37	28,63	18,68	47,31	31,92	8,53	40,45	1st April 2020 Cardiothoracic amalgamated with Cardiology C5 opened as COVID/ Suspected COVID for medicine
UHW	B1	38	29,89	10,56	40,45	29,89	10,56	40,45	No Change
UHW	CRITICAL CARE	frequently changing	frequently changing	frequently changing		191,4	16,86	208,26	GRU expanded their footprint to open capacity across the 3rd floor (into old CCU and C3) and Level 3 beds utilised on T4/CITU. Establishment flexed up/down with capacity demands. Staff relocated from across UHB (80 staff at the beginning released from all areas to support ITU) increased therapy support to meet the needs of the capacity demand. Redeployed staff due to current capacity are incrementally being released back to their own areas on the premise if there is a second peak they will be released again
UHW	B6	38	0	0	0	27,67	17,05	44,72	The ward closed on the 23rd March in preparation for re-opening for additional covid capacity. Ward has remained closed. Trauma take moved to UHL- staff used to support the move to UHL and to staff C7 Covid ward requirement
UHW	C1	23 (19 at weekend)	0	0	0	22,08	12,64	34,72	30th March C1 closed during COVID and activity moved to UGG Obstetrics
UHL	Anwen	11	15,53	8,66	24,19	7,8	4,5	12,3	DUE TO COVID THIS WARD CLOSED AS a Breast surgery WARD ON 27TH MARCH 2020. It has reopened as a Trauma ward for 23 patients on the 10 April
UHW	Duthie	24 was 18 pre COVID	22,93	11,37	34,3	16,48	8,54	25,02	pre COVID was a 18 beded Colorectal ward on the on the 23rd march due to covid , Duthie bed capacity has been increased to 24 and the case mix has changed to medical gastro/ Surgery
UHW	A2	38	33,89	15,48	49,37	33,89	15,48	49,37	No Changes to establishment . A2 has changed from an upper GI liver ward to an elective surgical ward on 1st May
UHW	B2	19	16,48	8,53	25,01	16,48	8,53	25,01	B2 is a vascular surgical ward- no changes
UHW	A1Link	23	22,93	8,54	31,47	22,93	8,54	31,47	A1 link is an emergency surgical admissions ward - no changes



Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
UHL	CAVOC	51	38,49	14,21	52,7	38,49	14,21	52,7	no changes to establishment . Purpose of ward has changed from orthopaedics to trauma for the pupose of COVID
UHW	A5N&S	19	0	0	0	8,53	15,98	24,51	A5 north closed on Friday 20th March as a surgical ward - the staff transferred to ward C7 to open a COVID positive ward
UHW	A5 Urology	19	0	0	0	8,53	15,98	24,51	A5 north closed on Friday 20th March as a surgical ward - the staff transferred to ward C7 to open a COVID positive ward
UHL	West 4	22	15,21	11,37	26,58	15,21	11,37	26,58	No Change
UHL	West 5	29	0	0	0	9,58	20,9	30,48	Closed as a Orthopaedic surgical ward on 10th April. Staff have since moved to West 3 to reopen as a trauma ward
UHW	A6N	19	0	0	0	14,21	19,32	33,53	A6N was a regional spinal unit. It closed on the 25th March to prepare for COVID capacity which has not yet been required . The staff have moved to staff ward A3 link
UHW	A3Link	26	19,32	14,21	33,53	20,9	8,53	29,43	On the 25th March A3 link changed from a trauma ward to a combined trauma and spinal ward
HYC	Alder	5 (+4)	13,13	14,41	27,54	13,13	14,41	27,54	4 beds added to make isolation area for patints awaiting test results but unable to isolate due to their Mental Health from 30th March 2020. Flexibility has been added within the PINE staffing establishment to cover if needed. Uplift from WG through transformation fund for Alder for 2020/21 of 4 wte HCSW posts
HYC	Ash	10	11,73	23,29	35,02	11,73	23,29	35,02	No Change
HYC	Beech	17	13,13	12,19	25,32	13,13	12,19	25,32	No Change
HYC	Cedar	15	18,75	13,41	32,16	18,75	13,41	32,16	No Change
HYC	Elm	12	11,8	15,13	26,93	11,8	15,13	26,93	No Change

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
HYC	Hazel	10	10,44	15,12	25,56	10,44	15,12	25,56	No Change
HYC	Oak	17	11,13	11,19	22,32	13,13	12,19	25,32	No Change
HYC	Maple	13	12,4	12,69	25,09	12,4	12,69	25,09	Reduction of 2 beds to create
HYC	Willow	17	9,4	11,69	21,09	12,4	12,69	25,09	No Change
HYC	Pine	10	27,13	9,04	36,17	12,13	5,04	17,17	Closed as Alcohol Detox ward on to be become COVID positive ward on 30th March 2020. Has returned to accepting Detox and releasing staff back to other wards and their community teams from 7th May.
UHL	East 10	16	24,94	40,04	64,98	9,47	17,38	26,85	Became Covid Positive Ward on 30th March 2020. Combined with East 12 on 6th April. (Extra staff were brought in from community teams to bolster staffing and hence the high numbers of staff in total.
UHL	East 12	16	0	0	0	9,47	16,66	26,13	Became Covid Positive Ward on 6th April combined off duty with E10, staufs now changed to Step Down Ward with ability to return back to COVID positive ward
UHL	East 14	16	0	0	0	10,17	21,32	31,49	No Change
UHL	East 16	16	0	0	0	10,17	21,32	31,49	No Change
UHL	East18	16	0	0	0	11,92	18,59	30,51	No Change
Comm	Park Road	14	12,47	10,07	22,54	12,47	10,07	22,54	Reduction of 2 beds to create isolation area for patients awaiting COVID result
Comm	Phoenix	8	9,96	8,05	18,01	9,96	8,05	18,01	No Change

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
Llanfair	Meadow	10	10,44	10,98	21,42	10,44	10,98	21,42	No Change
Llanfair	Dafodill	16	9,47	16,16	25,63	9,47	16,16	25,63	No Change
Barry	St. Barrucs	15	15,33	22,43	37,76	15,33	22,43	37,76	No Change
UHW	Midwifery/Delivery	N/A	312,21	87,87	400,08	312,21	87,87	400,08	No Change
UHW	Theatre Nurses	N/A	11,33	0	11,33	11,33	0	11,33	No Change
UHW	Gynaecology Outpatients	N/A	14,8	4,39	19,19	14,8	4,39	19,19	No Change
UHW	Colposcopy	N/A	4,95	2,44	7,39	4,95	2,44	7,39	No Change
CRI	SARC	N/A	0	0	0	0	0	0	No Change
UHW	NICU/SCBU	32 cots	106,32	11,64	117,96	106,32	11,64	117,96	No Change
UHW	PICU	7 ITU/4 HDU	62,38	2,37	64,75	62,38	2,37	64,75	No Change
UHW	Jungle/Island/TCU	35	54,15	11,62	65,77	54,15	11,62	65,77	No Change
UHW	Seahorse & CIU	8 flat spaces	9,18	2,78	11,96	9,18	2,78	11,96	No Change

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
UHW	Pelican	6	16,08	0	16,08	16,08	0	16,08	No Change
UHW	Children's Outpatients	N/A	5,08	4,73	9,81	5,08	4,73	9,81	No Change
UHW	Gwdihw/Bumblebee	37	52,51	13,09	65,6	52,51	13,09	65,6	No Change
UHW	Rainbow	13	36,41	7,79	44,2	36,41	7,79	44,2	No Change
UHW	HPV Vaccination Programme	N/A	0	0	0	0	0	0	No Change
C&W	School Nursing	N/A	19,49	2,13	21,62	19,49	2,13	21,62	No Change
C&W	CCNS	N/A	28,37	24,08	52,45	28,37	24,08	52,45	No Change
C&W	Special Schools	N/A	6,02	1,61	7,63	6,02	1,61	7,63	No Change
C&W	Special Needs Health Visiting	N/A	4,2	0	4,2	4,2	0	4,2	No Change
C&W	Looked After Children	N/A	4,2	0	4,2	4,2	0	4,2	No Change
C&W	Youth Offender Team	N/A	1	0	1	1	0	1	No Change
C&W	Continence Service	N/A	2,04	0	2,04	2,04	0	2,04	No Change

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
C&W	Immunisation Team	N/A	6,19	2,21	8,4	6,19	2,21	8,4	No Change
C&W	St David's Outpatients	N/A	0	0	0	0	0	0	No Change
C&W	Health Visiting	N/A	84,55	8,67	93,22	84,55	8,67	93,22	No Change

Bricknell Helen  
05/26/2020 10:31:36

## CARDIFF AND VALE UNIVERSITY HEALTH BOARD

### SERVICE DELIVERY IN 2020/21

This paper sets out the approach to the delivery of services in 2020/21 across the system, incorporating our response to Covid-19 demand and looking beyond this to the renewal of our system.

*Shaping Our Future Wellbeing* remains our strategy and has guided the approach throughout. We have delivered on the first three phases of our Covid-19 response. The objective during the first part of this financial year, phase four of our plan, is to minimise harm to our population during an anticipated prolonged period of Covid-19 prevalence within the community, we are implementing this fourth phase. It is also essential we look beyond this to the future of our system and set in place conditions which allow teams to transform our system in line with our strategy and the national approach set out in *A Healthier Wales*.



This plan is divided into two sections:

**Section One-** This section provides a brief overview of the delivery of Phases 1-3 of the organisation's response to Covid-19 and sets out our approach and plans for Phase 4 (the next 6-12 months).

**Section Two-** This Section describes the work we will be undertaking to renew our system.

Bricknell Helen  
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## SECTION 1

### **PHASES 1-3**

The coronavirus pandemic reached the UK in February and cases of Covid-19 began to emerge in Cardiff and Vale in early March. Initial modelling at UK and Wales level identified the potential for an extreme surge event, with a substantial peak in cases, hospitalisation, critical care requirement and deaths.

A three phase plan was rapidly put in place in order to mitigate the impact of the anticipated surge in demand:

- Phase 1 – Repurposing capacity and zoning
- Phase 2 – Commissioning additional capacity within UHB facilities
- Phase 3 – 'In extremis', commissioning capacity outside UHB facilities

Further information on these plans is provided in [Appendix1](#)

Delivered During Phase 1-3

A 1500 Bed facility at the Dragons Heart Hospital	Over 400 additional Beds for Cohorting of patients	Expansion of the Critical Care Unit to 85 Beds a 124% increase	700 Urgent Cancer and other procedures delivered at Spire Hospital	460 Patients Discharged Home
55 Patients Stepped down from Critical Care	5169 Staff Tested	3665 Returned to Work	Recruited 1007 Additional Staff	

The impact of the 'lockdown' measures implemented by the UK Government on the 23<sup>rd</sup> March has significantly altered the nature of the virus spread and as a result there has been a clear change in the course of anticipated demand. Consequently we altered planning assumption from a single surge event to a longer-term, undulating model. In this scenario coronavirus remains prevalent in the community for many months with periods of higher Covid demand. Given we believe the majority of the public remains susceptible, the potential still exists for substantial surges in demand. In addition there is growing evidence locally and nationally of increased mortality over recent weeks, which may only partially be directly attributable to Covid-19.

In the next phase, it is therefore necessary to both plan for varying levels of Covid demand and restore a wider range of non-Covid service delivery in order to prevent broader harm to our population.

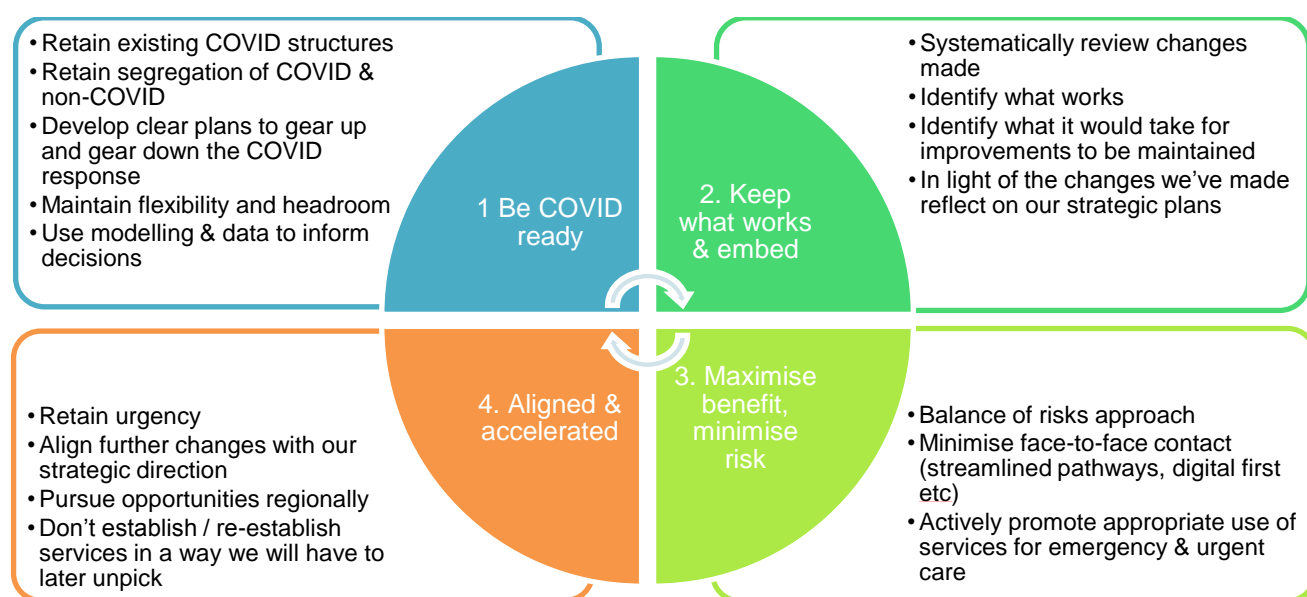
### **PHASE 4**

#### **Design Principles**

*Shaping Our Future Wellbeing* remains our strategy and has guided the approach through the first three phases. The strategy is fully aligned with A Healthier Wales. Indeed we have seen an acceleration in the delivery of the strategy over the last month, e.g. virtual appointments, rapid discharge, single points of entry, enhanced cluster working, greater community integration, enhanced partnership with social care and perhaps most importantly a culture that has empowered front line staff to act with confidence at pace.

As part of this fourth phase we have established some clear principles which allow us to remain vigilant to the threat of Covid-19, ensure we reduce harm for both Covid-19 and non-Covid patients, continue to transform at pace and focus on the long term.

**Figure 1: Design Principles**

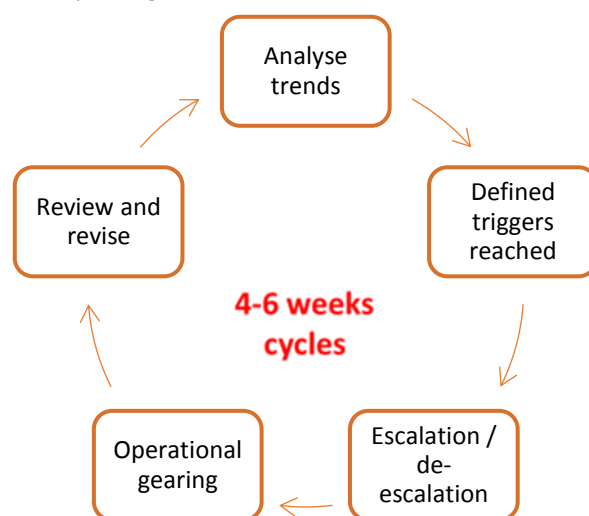


## Operating Model

The situation NHS Wales now faces is uniquely challenging. Not only is demand expected to be highly volatile but the delivery of services will need to significantly alter to account for the risk of transmission. In response to this we have developed an operating model designed to be highly adaptable and provide for both Covid and non-Covid patient groups. It is anticipated that, even with the earliest warning system, it will only be possible to plan up to 4-6 weeks ahead. We will therefore need to operate within rolling six week planning cycles, informed by data and modelling, and 'gear' the service provision to appropriately respond to the changing levels of demand.

We have, in collaboration with Lightfoot, established a suite of information to monitor trends and predict demand levels in different scenarios. Planning assumptions from these scenarios are set out later in this document.

*Figure 2: Operating Model*





## Gearing

We anticipate periods of undulating Covid demand over many months, with the potential for extreme surges. It is likely this will mean different responses are required at different times. To support this we have defined three levels of Covid escalation – Significant (Yellow), Substantial (Amber) and Severe (Red). The UHB is currently at Yellow escalation. The intention is to report the status daily at the operational group meetings and, using the early warning system described earlier, project the forecast for the next six weeks. The strategic group will use these forecasts to trigger an escalation / de-escalation. This will provide a common basis for planning services (Covid and non-Covid) and help get into an operational rhythm.

	Post-COVID	Significant (current level)	Substantial	Severe	In extremis
COVID daily attendances	0	0 – 50	50 – 100	100 – 200	> 200
COVID daily admissions	0	0 – 25	25 – 50	50 – 100	>100
COVID patients in hospital	0	0 – 250	250 – 500	500 – 1000	>1000
COVID critical care	0	0 – 35	35 – 75	75 – 150	>150

The necessary segregation of Covid, non-Covid and Covid-free, combined with unpredictable and undulating demand means, not only will overall bed demand be higher, but it will also be necessary to reserve significantly more headroom and adaptability into the system than would previously have been the case, in addition to the reduced effective capacity within the green zones. To mitigate this it will be essential to provide alternatives to hospital admission, step-down patients at the earliest opportunity and maintain resilience in primary, community and social care. The Dragon's Heart Hospital (DHH) is expected to play an important role in this regard, offering significant "step-down" capacity for Covid patients in the recovery phase of their illness or with a ceiling of treatment, plus the option to provide support to care homes. Again, the DHH can support the region / South Wales in restoring non-Covid activity.

## Primary and Community Care

In Primary Care contracted providers in General Medical Services, Dental and Ophthalmology have moved to cluster models, with 'red' practices and single cluster sites open. Rapid expansion of virtual appointments has taken place, with all GPs moving to a telephone triage first model and practices buddying to provide support. Contractors have adhered to social distancing requirements through both physical measures but, significantly, rapid roll-out of remote consultation working. Pharmacy services had also delivered rapid transformation, maintaining continuity of care through effective medicines management as well as maintaining common ailment services and working collaboratively to ensure effective supplies of palliative medicine in the community. The establishment of Community testing

centres initially for patients and then for staff has enabled significant number of staff to return to work.

In relation to the contractor services, there will be a need for the next stage to be agreed at a national level with the respective clinical leads. Phase 4 however will continue the new ways of working to ensure patients have access to advice and services, through triage and use of technology but seeing patients when face to face appointments are appropriate.

Whilst discussions are ongoing, some of the key areas for GMS that are being considered within the Health Board are:

- Active management of chronic conditions
- Responsive urgent care with access to diagnosis and management of acute problems
- Timely diagnosis of new problems with access to appropriate consultation type, access to diagnostics eg imaging and endoscopy
- Proactive management of vulnerable groups including shielded patients, care home residents, palliative care.
- Essential prevention work including childhood immunisations

In relation to dental and optometry services, the aim will be to implement a phased, risk-based approach to re-establish services to meet population needs. This will include prioritising care for at risk groups, and people with symptoms/ more urgent needs. This approach will be based on risk to minimise the possibility of transmission of COVID to patients and staff.

For dental this is likely to include:

- Urgent dental centres will continue to treat people with symptoms of COVID who need Urgent/ Emergency treatment and all patients who require aerosol generating procedures
- Re introduce routine dental care based on risk this could include treatments for dental conditions causing pain and other dental symptoms for patients who do not have symptoms of COVID-19 .
- Increase availability of treatment for patients who are currently being treated for orthodontics to manage issues or potential issues arising from their care.

For optometry this is likely to include:

- General Ophthalmic services.
- Eye Health Examination services.
- Low Vision service provided (with careful consideration for this vulnerable group of patients).

For community services, there will be a need to provide increased reablement support to avoid people deconditioning, increased daytime services, including palliative and falls. For the district nursing teams this will include chronic conditions management and support, proactive monitoring and support for housebound, wound clinics, continence clinics.

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## Mental Health

From early surveys and existing knowledge we can plan on the basis of a reasonable assumption that we will need to expand certain elements of Mental Health services. In the main, this is likely to be around the lower tier services model to allow the minimum and earliest intervention possible. This response should include a wide population based approach as well some more targeted and specialist services, with a particular focus on primary care. As a starting point, the following services should be considered for early expansion:

<b>Tier 0</b>	Mental Health and Well Being General Advice and Support / On Line Low Level Interventions / Book Prescriptions / Debt and Benefits Advice / CALL enhancement / step towards support move to single triage for OOHs / Population mental health and wellbeing on line guidance and products via PHW and CALL
<b>Tier 1</b>	Mental Health and Well Being Targeted Advice and Support / Primary Care Support and Assessments / On Line Low Level Interventions / Debt and Business Advice
<b>Tier 2</b>	Psychological Interventions Including on line suicide prevention / Support for Schools
<b>Tier 3</b>	Trauma Services / Specialist Psychological Interventions
<b>Tier 4</b>	Detox

We have developed a more detailed Mental Health services plan, to guide the development of the service over the next period, in line with Together for Mental Health.

## Streams

In recognition of the risk the virus presents it is necessary to separate patient groups and provide appropriate levels of protection to these individuals and the staff who care for them. This is important both to reduce actual risks and to provide greater confidence in services to patients using them and clinicians working within them. We have identified five distinct patient streams based upon their Covid status:

Stream		Definition
RED stream	Confirmed C19+	Has had +ve test in past 14 days
PURPLE stream	Suspected C19	Symptomatic, not confirmed
ORANGE stream	Non-COVID	Asymptomatic, does not meet green stream criteria, e.g. emergency
GREEN stream	COVID-free	Planned activity, meets green stream criteria
BLUE stream	C19 Recovered	>14 days post confirmed +ve

Aligned to this approach we are zoning acute facilities in order to safely provide services to both Covid and non-Covid patients.

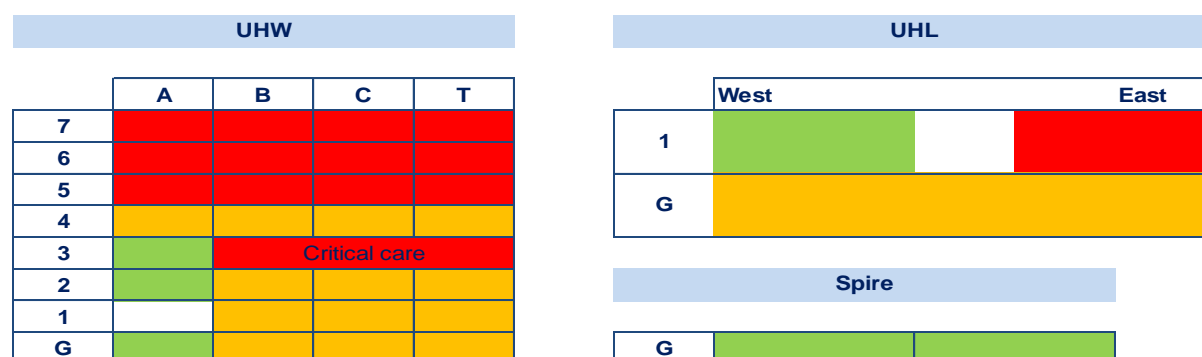
## Green Zones

As described in appendix 1, we have for the past few weeks been segregating Covid +ve, Covid suspected and non-Covid patients. In addition the Spire hospital and the Short Stay Surgical Unit (SSSU) at UHW have been used as 'Covid-free' facilities to provide essential and urgent operating. Utilising the RCS definitions we are prioritising the recommencement of the remaining level 2 surgery, with the intention to shortly expand that to level 3 surgery. Local audit data, international evidence and national guidance all strongly indicate that, in order to provide safe surgery, it is necessary to provide dedicated, 'Covid-free' environments with strict admission criteria. We are therefore in the process of re-configuring the UHW and UHL sites in order to provide such facilities, in addition to that available at Spire.

These green zones are intended to operate as a 'hospital within a hospital', including separate access, facilities, processes and staffing. We anticipate, for example, that staff in green zones will not move between areas and will wear suitable levels of PPE to reduce the risk of staff transmitting the virus to patients (rather than the other way around). This approach is strongly supported, indeed has been designed, by our clinical teams.

We have rapidly reviewed the options to achieve this and has agreed the revised configuration below for the two main sites. This is being operationalised over the coming week, with the intention to commence this model from w/c 18<sup>th</sup> May. As part of this the exact details of the theatre and ward provision are being reviewed, however the implications of enhanced theatre cleaning between cases and the requirement to increase the spacing of ward beds is expected to mean significant reductions in effective capacity relative to the pre-Covid baseline.

**Figure 3: Simplified schematic of site zoning**



The fundamental objective of establishing these green zones is to protect patients whilst re-commencing core services. To support this we have a systematic clinical audit process in place to capture the outcomes of all surgical procedures.

We clearly have a role in providing services to patients outside of Cardiff and Vale and are in active dialogue with WHSSC and other Health Boards (Swansea Bay in particular) on the support we can offer through these green zones to ensure time critical services (e.g. thoracic, upper GI and hepatobiliary surgery) can recommence across South Wales.

Throughout phases 1-3 we continued to deliver activity at Spire Hospital as a Green Site, with a spot contract in place from 23<sup>rd</sup> March enabling over 700 patients to have received their treatments to the beginning of May. We will now be enhancing the number and range of procedures we provide at the site.

## NHS activity carried out in the Independent Sector (IS)

Spire Hospital, Cardiff	Cancer surgery	Non Cancer surgery	Outpatients (incl Treatments)	Endoscopy	Cardiology	Total
NHS Cases from 23/3 to 15/5	132	18	650	74	-	874
Projected to end of Q1	108	102	810	157	60	1,237
<b>Total</b>	<b>240</b>	<b>120</b>	<b>1,460</b>	<b>231</b>	<b>60</b>	<b>2,111</b>

### Complex and Tertiary Elective Surgery

We have a significant role providing complex and tertiary elective surgery for the population of South Wales. To support this we have undertaken a demand and capacity analysis for level 2 and level 3 surgery (using the RCS definitions), which is summarised in appendix 2. The conclusion is we will likely have the internal capacity for level 2 surgery (through extended operating days) and the *physical* theatre capacity to meet the ongoing level 3 demand. However, fully utilising this capacity (i.e. 7 days/week) will require the recruitment of more theatre staff and more beds than originally planned in the green zones. Therefore, in order to provide for level 2 and level 3 surgery (including the backlog), it is anticipated it will be necessary to continue to utilise Spire for the remainder of the financial year.

Further plans are also being developed to provide for some level 4 surgery and enhance the scope or range of tertiary services - in support of other Health Boards – but this again will be dependent upon ongoing access to Spire and may ultimately require additional physical theatre capacity.

### WORKFORCE

Our workforce plans overlay with our zoning and gearing plans. Our medical workforce has redesigned its rotas to reflect our operating approach, building from a core covid 'red' rota to understand how staff can be freed to return to core specialties. Importantly training requirements have been fundamental to building this model, prioritising those who need to complete core competencies to progress their medical training and ensuring clear oversight and supervision of trainees. We have successfully appointed 57, Year 5 medical students; 40, Year 3-4 students and a further 40, Year 3-4 students are joining in June.

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Similarly nursing rotas have been adjusted to ensure we meet Safe Staff Nursing requirements across our plans. Staff have responded extremely positively to the need to be flexible and have been deployed across zones and sites as required. Our nursing numbers have been considerably bolstered by effective recruitment through the UHB Workforce Hub. We have recruited over 100 registered nurses to the Bank as well as 290 Health Care Support Workers. In addition, we have appointed over 400 student nurses on fixed contracts since April and a number of retired nurses who have positively responded to the Welsh Government advertisements and call to action. Our Therapy staff have also been flexible in their rotas and have developed 7 day working to support clinical areas; specifically to support rehabilitation models and Dragons Heart Hospital. Therapy students will come on stream in September 2020 as planned.

The early recruitment of medical and nursing students will help bolster and back-fill for non covid activity.

Significant recruitment has also taken place across a range of essential roles in order to enable the effective operating of our plans.

#### Additional Temporary Staff Recruited

Role offered	Total
Administrator	12
Catering	52
Catering - Ward Based	16
Catering Supervisor	2
Communications Team Manager Band 5	1
Driver	19
Housekeeper	199
Housekeeper - NIGHTS	6
Housekeeper/ Porter	4
Housekeeping & Catering	139

Nurse - Swabbing	1
Porter	74
Porter - Pharmacy	7
Porter/Security	4
Porter/Waste	5
Proner – ITU	8
Runner - Pathology	2
Runner - Pharmacy	1
Security Officer	2
Physiotherapists	35
Dietician	1
Occupational Therapists	3
Pharmacy	14
Labs	7
Registered Nurses approx.	100
HCSW	290
<b>Grand Total</b>	<b>1,007</b>

The ability to flexibly redeploy staff and recruit at pace has only been possible through effective partnership working with our Trade Union Partners.

### Staff Well-being

Our staff health and wellbeing is of utmost importance especially at this unprecedented time. The Health Board has been actively listening and proactively enabling facilities and resources to support staff and teams. This includes staff havens to give head space, rest and complimentary refreshments, additional showers, hotel accommodation and additional psychological support. We recognise going forward into the next period it is vitally important we continue to care for ourselves and keep each other well. The following link provides details of many initiatives and tools available. We are fortunate to have enlisted the support of our Occupational Health and Employee Well-being Team and a number of senior Clinical Psychologists within service areas.

[http://nww.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253,172024171,253\\_172024187&\\_dad=portal&\\_schema=PORTAL](http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,172024171,253_172024187&_dad=portal&_schema=PORTAL)

The safety of our workforce is fundamental to our organisation. A risk assessment process is in place for all staff to ensure staff are not placed at greater risks through their deployment in the organisation. This risk assessment has recently been updated to reflect the requirement to support BAME members of staff.

We are actively monitoring absence levels within the organisation and continue to work with staff to ensure they are supported when they are sick; able to return to work after a period of illness and supported to undertake homeworking if they require Shielding and are able to do so. The latest data shows we have in excess of 550 individuals shielding on any given day and we are working with line managers, trade union representatives and individuals to better understand this picture. Daily COVID-19 sickness levels are reporting at around 2% in addition to the non-covid absence, however, we believe there is under-reporting in some operational areas and therefore we will continue to monitor this closely.

Daily communications are sent to all staff from the Chief Executive and we have recently launched a new Staff App to help promote good communications with our staff. FAQ's and guidance notes are available via this App and on the Intranet.

We have robust staff testing processes in place through our Community Testing Units, which have already provided testing for around a third of our total workforce.

## **QUALITY AND SAFETY**

Our focus on quality, safety and the patient experience extends across all settings where healthcare is provided. What really matters for our patients carers and citizens must be central to our decision making, so that we can use our time, skills and other resources more wisely.

In the next year, we plan to further develop our QSE systems so that they allow CVUHB to provide the safest and highest quality clinical care in Wales, which is at least comparable with the best in the UK. In doing this we hope that it will allow us:

- to give CVUHB Board the right escalation and assurance framework
- to align that framework with the operational, financial and workforce reporting process, in an integrated way at Board level
- to give appropriate escalation and assurance to our external regulatory stakeholders

There are a number of high level areas that we will particularly focus on:

- Development of a Quality, Safety and Patient Experience Framework for 2020-2025.
- Implementation of the Health and Social Care (Quality and Engagement) (Wales) Bill and the Quality and Safety plan for Wales
- Agreement of a Human Factors Framework
- Preparation for the Medical Examiner Role in 2021
- Learning from Deaths Framework
- Creating a culture where data is used to drive improvement

In keeping with our normal day to day QSE arrangements we continue to focus on;

### **Quality and Safety:**

- Monitoring of patient safety incidents
- Mortality rates
- Infection, prevention and control processes and the maintenance of current trajectories for improvement against WG targets
- Currently we are focusing our continued efforts, in partnership with the Health and Safety department on the continued provision of appropriate Personal Protective Equipment (PPE) to our staff during the Covid-19 pandemic.

### **Patient Experience:**

- To continue the management of concerns in accordance with the Putting Things Right Regulations 2011
- Thematic analysis of concerns in conjunction with analysis of the real time, retrospective, proactive, reactive and balancing elements.
- Learning from concerns, redress cases and claims through robust investigation, identification of root causes and monitoring of actions taken.
- Review of the sustainability of a 7 day Enquiry/ Concerns line
- To understand what it feels like to be a patient using our services through
- Development of short on line surveys



- Develop APPS
- We will have in excess of 400 managed tablets where we can host patient experience feedback questionnaires as well as providing patients with access to virtual visiting, news sites and activity apps
- The development of a library of patient, carers and relative's experiences will be a focus with thematic analysis of anthologies of stories
- Support of those who are bereaved through our follow up service
- Supporting people who are lonely and isolated through the volunteer led befriending service
- Delivering prehabilitation patient information so that they feel confident to use our services, their time in the preparation/ waiting list is active rather than passive to promote their well-being and evaluating the use of the "nudge" methodology.
- Use of virtual focus groups to listen to patients experiences and identify what matters to them.

## REHABILITATION

The Cardiff and Vale University Health Board Rehabilitation model (February 2020) was developed within the context of local and national strategies aiming to put the patient/citizen at the centre of care. It is designed to help people live well. It was co-produced with patients, citizens and our multidisciplinary clinical staff, and illustrated in relation to our model citizen "Wyn", inclusive of physical and mental health. The aim of the model is to empower patients to take control and responsibility for their ongoing health and wellbeing, equipped with skills and knowledge to manage their ongoing rehabilitation needs. The model is still applicable in the post Covid-19 period, though the demands and circumstances have changed, which have been reflected in this update.

During the period of Covid-19 social isolation and lockdown rehabilitation needs have been hindered for many. In addition there is a new cohort of people recovering from the virus, who have rehabilitation needs. We therefore also need to address the needs of Wyn's wider family who have not received treatment or care during the pandemic. The difference with this Covid-19 Rehabilitation model is that many patients recovering from the virus begin their rehabilitation journey in hospital, and at the higher tiers of need, with the most severely impacted by Covid-19 receiving critical care (i.e. Specialised rehabilitation). Though consistent with our overarching model, the aim will be to step down rehabilitation through the lower tiers to enable Wyn to live independently. During the period of lockdown we have missed the contribution that communities and third sector partners can bring to supporting Wyn.

Once again we have again drawn on UK and international evidence, and the learning we have gained through the pandemic. There is an opportunity to work collaboratively to rebuild services on a better, more co-operative model. This includes the strengthening of multidisciplinary working across our health and care system, maximising the use of workforce skills, as well as the step change in embracing digital technology.

Our Model for Rehabilitation has 5 Tiers, these illustrate the different types of rehabilitation that may be offered. In the recovery from Covid-19 the model is presented from the higher tiers to lower, as patients with the virus, are likely to have received care in this sequence as they progress their rehabilitation journey.

Those who have had their rehabilitation interrupted by the pandemic, but not have Covid-19, will access rehabilitation at the tiers appropriate for them. Not everyone will go through every Tier, but Tier 1 remains the goal for all, to help people live well.



**Tier 5 - Specialised Rehabilitation:** e.g. Critical Care, Tertiary rehabilitation (Rookwood), or specialised neurological rehabilitation provided in community settings.

**Tier 4 - Specialist Hospital Rehabilitation:** e.g. Post critical care Covid ward with CPAP, tracheostomy, psychological or ambulatory needs.

**Tier 3 - Supported Rehabilitation:** e.g. Hospital step down in Covid ward, or a non Covid ward, or a Covid rehabilitation programme in the community.

**Tier 2 - Primary Care Support:** e.g. Using technology and on-line resources, including “Attend Anywhere”, and a bespoke digital set of resources to support rehabilitation, getting back to provide face-to-face care as needed and when possible for both physical and mental health.

**Tier 1 - Health and Wellbeing:** e.g. A range of community “assets” to help Wyn thrive and maintain his level of rehabilitation and independence. Mindful that these will only become available as lockdown and social isolation ease

## DATA- MODELLING AND GOVERNANCE

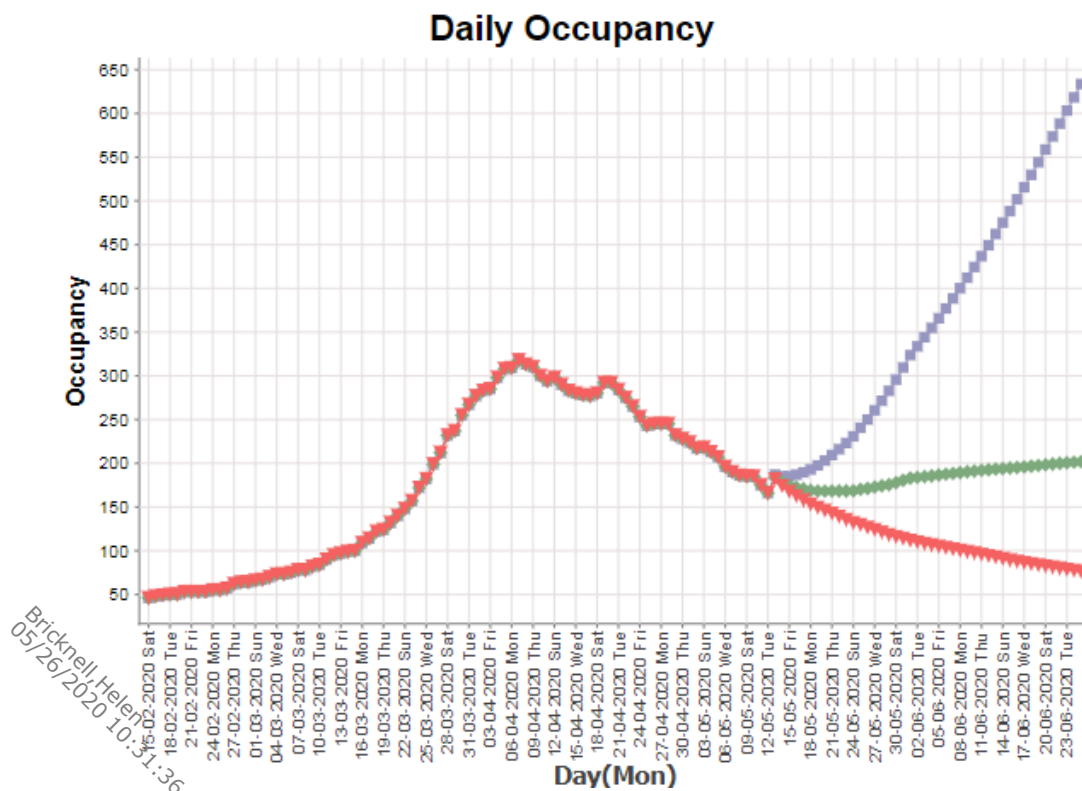
We want our system decisions to be data driven. As we have set out we have clear processes in place for zoning our estate, flexing and growing our workforce and understanding our equipment need. We also know that unlike in traditional practice these elements will be in constant flux, as we have showed in our approach to gearing we also know that our demand requirements will also fluctuate.

Therefore in considering our approach to understanding demand and how we utilise our system needs to take into account a broad range of factors.

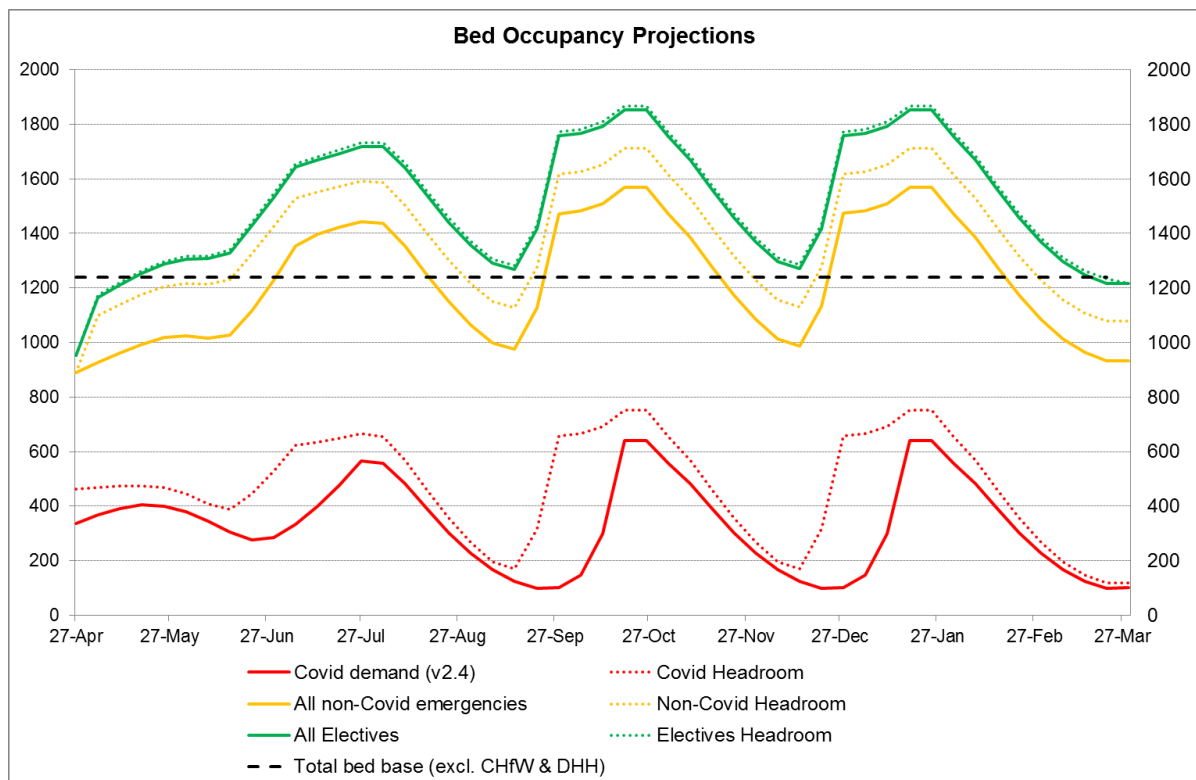
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Strategic	Strategic	Tactical	Operational
Population Data	Early Warning System	Modelling and Forecasting	Key Capacity Indicators
Susceptible group	Government policy consultation rates	WG models	ED attendances
Confirmed cases	Public compliance	Local scenario planning	Admissions
Test volumes	Public mobility (Google)	Cluster modelling	% to ITU
Deaths	Infection rate (R) estimates		LOS Total
	GP / 111		LOS ITU
	Ambulance data		Covid & Non-Covid
			bed occupancy

The UHB, working with Lightfoot, has developed a model for predicting admissions and occupancy for Covid based upon different scenarios for the infection rate, R. An example of this is shown below for R at 0.8, 1.1 and 1.7. This is being used to support the short and medium term capacity planning for Covid, based upon scenarios.



The UHB's approach is to work to 4-6 week planning cycles, responding in an agile fashion to the changing Covid demand profile. Given the uncertainty in both Covid and non-Covid activity it is not possible to provide meaningful projections beyond 4-6 week time horizons however it is possible to model different scenarios and test the implications for capacity and service provision. The graph below is an example of this, utilising the v2.4 Covid model (extended to year-end), and a return to 80% of non-Covid activity. This demonstrates the potential need for additional bed capacity in a high Covid scenario and again the value of a protected Covid-free facility at Spire.



## Performance Management

Absolute transparency has been a fundamental pillar of our delivery arrangements throughout our response to the pandemic. Being open with frontline staff on demand modelling, emerging plans and changing policy environments. This has allowed our staff to lead the response, cohorting, capacity and zoning plans have all been driven locally by our teams within the principles we agreed together.

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For the Health Board traditional forms of performance management for our teams have limited value as we work through phase 4 and 5 of our plans. Typically we would profile activity and hold to account against that profile, however any profile produced is likely to have a very limited lifespan as we flex workforce, estate and equipment to respond to three forms of demand; Covid, non-covid unscheduled care and elective care.

We recognise this provides a challenge in delivering appropriate performance management to Welsh Government. It is appropriate that Health Boards are held accountable to the Welsh Government. Welsh Government have a key role in ensuring equity across the population, helping to allocate resources and supporting opportunities to join up services across our wider public sector system.

Therefore we need a balanced performance management process which provides clarity to frontline teams on expectations, provides appropriate assurance and allows us across our Cardiff and Vales System Partners and nationally to identify opportunities to flexibly and proactively allocate resources.

The proposed approach is therefore one of absolute transparency coupled with utilisation of live data.

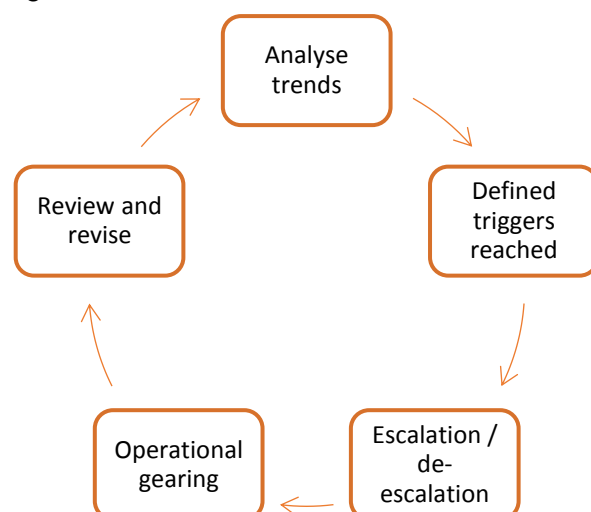
- Firstly we will provide a clear and transparent set of operating principles for our teams. These have been set out in this paper as we describe our design principles, zoning and gearing arrangements.
- Secondly, we will openly use our live data systems to understand predicted demand across our system. This will allow our frontline teams to understand expected activity but also allow partners regionally and nationally to see how we are responding to demand and spot proactively opportunities to make changes across our pathways and services
- Thirdly, we will continue to define our Cardiff and Vale Outcomes framework, this will provide a clear and transparent approach to longer term measures focussing on value and population outcomes, giving assurance on the delivery of our strategy

## GOVERNANCE

The COVID-19 Board Governance Group was established in April 2020 to scrutinise the decisions of our Strategic Group and provide support to the Chief Executive and Executive Directors to allow those decisions to progress quickly but within a governance framework with appropriate audit trail. This meeting was developed as a Chair's action group which has the same authority as the Chair has when signing off Chairs actions. The difference is the way the Chairs actions are being executed in that those involved are meeting virtually to enable robust discussion and scrutiny of decision being made. The membership of the group is the Chair, Vice Chair, Audit Committee Chair and Chief Executive. The Group is also attended by the Director of Corporate Governance.

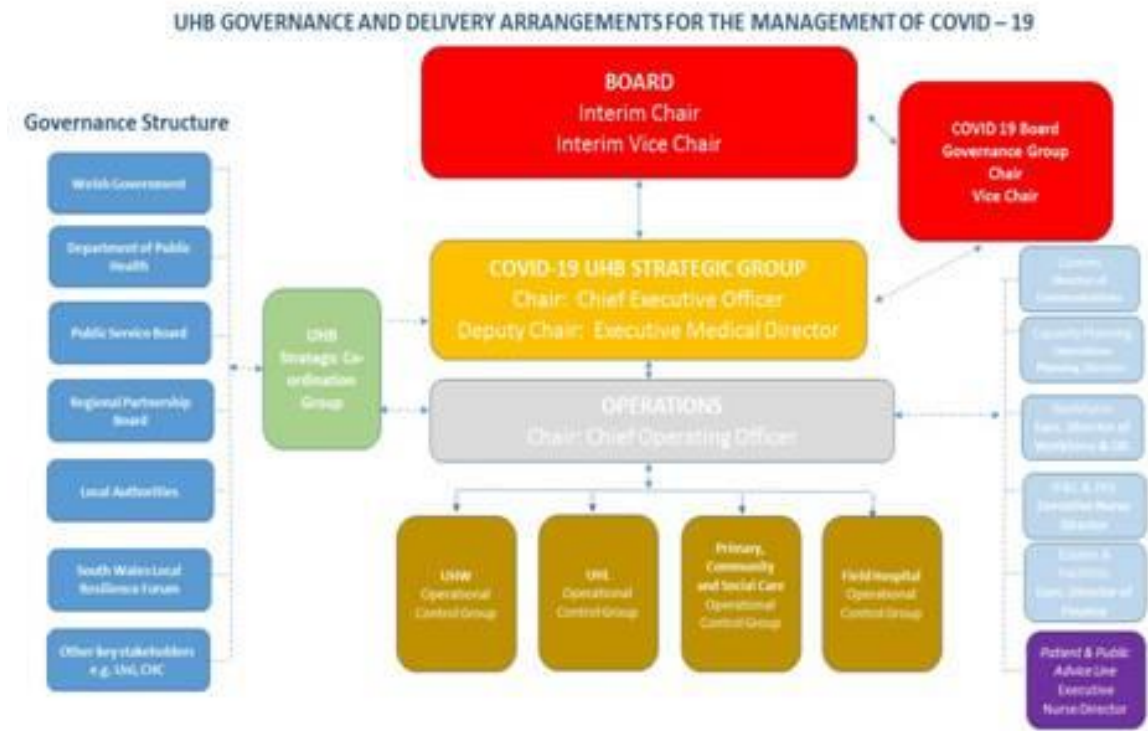
Such decisions are formally recorded and reported to the next meeting of the Board for consideration and ratification.

Its remit is as follows:





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



## FINANCE

The Welsh Government wrote to the UHB on 19<sup>th</sup> March 2020 to inform it whilst it had an approvable plan, it had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID 19. The main focus of the UHB is managing the impact of COVID 19, which will inevitably come with a significant cost.

The UHB is incurring significant additional expenditure as a result of COVID 19. The costs of the Dragon's Heart Hospital are significant, especially the set up costs which allow for significant expansion. In addition, the UHB is incurring additional costs to cover sickness and absence and to resource the additional COVID 19 hospital capacity that has been generated.

COVID 19 is also adversely impacting on the UHB savings programme with substantial underachievement against the annual savings plan. It is not anticipated that this will improve until the COVID 19 pandemic passes.

Elective work has significantly been curtailed during this period as part of the UHB response to COVID 19 and this has seen a reduction in planned expenditure.

The net expenditure due to COVID 19 is being captured in revisions that have been made to the monthly financial monitoring returns. The net COVID 19 costs for month 1 are assessed at £38m of which £33m relates to the Dragon's Heart Hospital.

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## EVALUATION AND CONSTANT FEEDBACK

Throughout the delivery of our plan we have put in place a process to constantly capture the views of our staff. Working with our partnership body, Cedar, a research collaborative with Cardiff University we have installed a staff feedback survey. Feedback from the survey is provided collated and provided on a weekly basis to our Operations Group to enable our response incorporate the views of frontline staff.

We have also commissioned a number of pieces of work to capture the transformation happening in our system again working in partnership with Cardiff University.

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## SECTION 2

### PHASE 5- SYSTEM RENEWAL

There will be no hard stop to our response to Covid-19 but a transition to a renewed and refreshed Cardiff and Vale health and care system. Therefore it is important we maintain a focus on our long term ambition through this year. We have built a platform of sustained delivery, there has been continued improvement in the performance of our health system and we have demonstrated operational grip. We now need to move from this foundation of delivery to tangible transformation of services for our communities, focused on delivering improved outcomes for people and better value for the system. This can only be achieved by working in partnership to common objectives.

The predominant focus of phases 1-4 has been the delivery of health services to our population. We know that to transform our services we need to work at a system level. Therefore the fundamental principle for phase 5 of our plan is to **Think System**.

Our system is complex with intricate relationships between the Health Board and other NHS providers, locally, regionally and nationally; between Regional Partnership Board organisations and across the wider Public Services Boards arena. Therefore phase 5 will be a Cardiff and Vale Plan to articulate the outcomes we need to achieve and the partnerships required to deliver them. Central to this will be the Regional Partnership Board Area Plan which will be refreshed to capitalise on our experiences of the last few months which have shown we can deliver at pace. There have been some key elements to our ability to deliver successful transformation;

- Urgency
- Clarity of purpose
- Clear operating principles
- Freedom for frontline staff to act and the time to do it
- Removal of constraints
- The ability to act and sense make
- No pilots- make the change, if it doesn't work- stop

The challenge is also there to be bold. Whilst we have clear narrative in our Regional Partnership Board Area Plan and the Health Board's Shaping Our Future Wellbeing this is an opportunity to reshape our approach to delivery, rethink how we use the collective grant and transformation funding and our wider Cardiff and Vale pound to focus on population outcomes, regardless of where they are delivered in the system. We can galvanise partners around a common vision for a truly integrated whole health and care system which is focused on the needs of our communities and outcomes that matter to people at different stages of their lives:

- Starting well: from birth to 21
- Living well: working age adults
- Ageing well: older people

This approach recognises that there are many determinants to health and wellbeing and health services alone won't enable people and communities to thrive.

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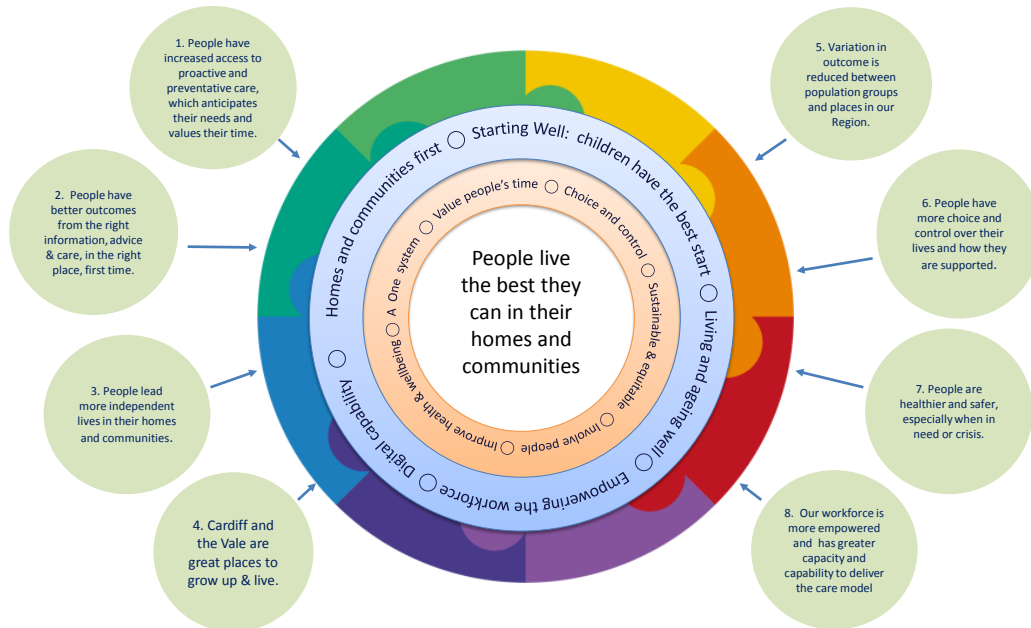


## Phase 5 Principles



Regional Outcomes Framework (draft): each outcome can only be achieved by partners working together

Our system level outcomes: what we aim to achieve by focusing on our priority themes



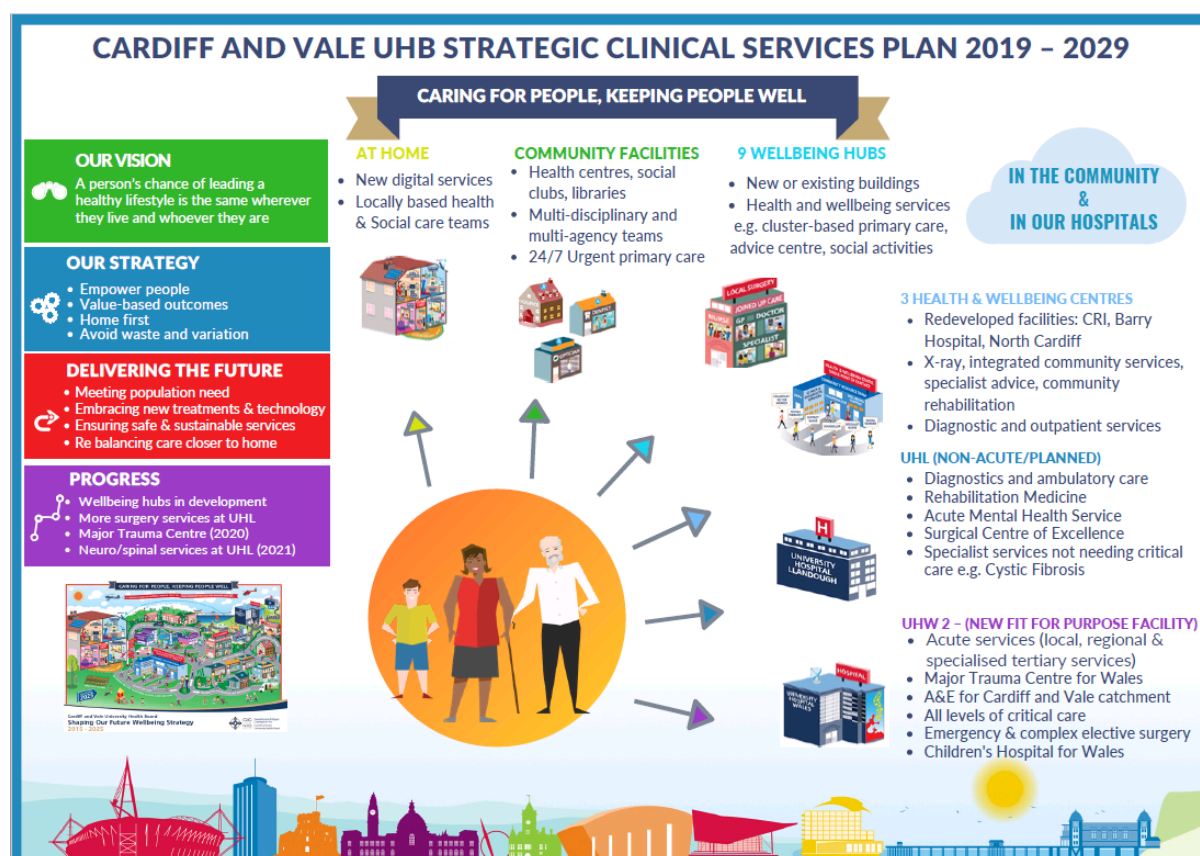
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## CLINICAL SERVICES

There are clearly elements of this plan which will be delivered by us as a health board. In our approved IMTP for 2020/23 we set out 6 priorities for the organisation. These remain extant

1. Primary Care: Continue to sustain and transform Primary and Community Based Services to enable people to remain healthy and independent at home.
2. Unscheduled Care: delivering a resilient and high performing system.
3. Planned Care: meeting standards and achieving outcomes that matter.
4. Cancer Service: delivering the single cancer pathway and improved outcomes.
5. Achieving Financial Balance and embedding value based approaches.
6. Mental Health: continue to transform and improve our services focusing on home first models, co-produced with those who use our services.

We have also developed a clinical services plan thought to 2029 which will guide our decision making and provide a clear framework to our frontline teams in arranging services.



As we have set out in this document, there has already been a significant amount of service transformation across our system. We need to continue to build on this change with pace and urgency. Therefore we need a dual effort which allows us to deliver change in our operational service, for example urgent care, outpatients, whilst also considering the longer time life course pathways and outcomes we want for our system.

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In this way, the 5<sup>th</sup> phase of our plan will allow us to focus on transferring the energy of change triggered by the Covid-19 pandemic into a long term sustainable system.

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## APPENDIX 1: Phases 1-3

### Phase 1 – Repurposing and Zoning

Within a two week period the Health Board repurposed and reconfigured a large proportion of its facilities in order to maximise the bed capacity available for Covid-19 patients:

- a receiving ward for 'suspected' Covid-19 patients was put in place on both hospital sites
- a zoning plan was established to provide segregated ward capacity for confirmed Covid-19 patients on floors 5-7 at UHW and the East wing of UHL
- the critical care footprint at UHW was extended to the fourth floor, to allow the existing unit on the third floor to be dedicated for Covid-19 patients

These changes meant the Health Board had a total of 85 critical care beds available plus over 300 ward beds dedicated for cohorting/zoning of non-ventilated Covid-19 patients. In addition a number of service moves were made to allow expansion of essential services, for example the fracture clinic at UHW was transferred to UHL, and a single-unit model for paediatric emergencies put in place at the Children's Hospital in order to allow the expansion of the Emergency unit footprint.

### Phase 2 – Additional capacity

In the second phase the UHB identified suitable areas outside of its normal adult bed capacity to expand the available bed base. This included vacating Owl ward in the Children's Hospital for Wales, re-commissioning one ward at Barry and one at St David's, converting the physiotherapy outpatients in UHW and an area alongside East 4 and 6 in UHL into additional ward areas. In total this additional capacity provides for a further 200 inpatient beds, with the option to utilise Owl ward for further critical care expansion.

### Phase 3 – In extremis

In the event that demand substantially exceeds the capacity available a surge hospital has been constructed in the Principality Stadium - the Dragons Heart Hospital. If the demand for ventilated capacity exceeds that already identified in phases 1 & 2 there are established plans in place to utilise theatres at UHW and UHL for up to 50 additional ventilated patients.

### Further Changes

Significant change has also taken place in Primary Care alongside this phased plan. Contracted providers in General Medical Services, Dental and Ophthalmology have moved to cluster models, with 'red' practices and single cluster sites open. Rapid expansion of virtual appointments has taken place, with all GPs moving to a telephone triage first model and practices buddying to provide support.

The establishment of Community testing centres initially for patients and then for staff has enabled significant number of staff to return to work.

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Through a workforce hub rapid recruitment of additional staff alongside support to enable retired staff and students to on-board has been delivered. A staff wellbeing programme has also been delivered.

We have also changed the operating model for the organisation, with a move to four central coordinating hubs; UHW, UHL, Primary and Community and the Dragons Heart Hospital. These hubs provide agility to be able to rapidly respond to site issues, particularly in relation to workforce, PPE and equipment.

This captures a sense of the activity to date in relation to Covid-19. Whilst this has taken place we have also maintained a programme of essential services, delivering emergency surgery, cancer treatment and other care, with utilisation of theatre capacity at Spire in the private sector.

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## APPENDIX 2: Level 2 Surgery Demand and Capacity

Specialty	Demand per week			Backlog		
	Level 2	Level 3	Level 2 & 3	Level 2	Level 3	Level 2 & 3
Neurosurgery	5	5	10	24	36	60
Vascular	2	2	4	0	18	18
Upper GI	4	4	8	15	25	40
Liver	4	5	9	20	44	64
Lower GI	8	8	16	40	83	123
Gynaecology	4	4	8	10	137	147
Head & Neck (major)	4	4	8	0	50	50
Endocrine	4	8	12	15	59	74
Urology (Non Robotic)	15	30	45	40	406	446
Urology (Robotic)	4	0	4	5	0	5
Head & Neck (Robotic)	1	0	1	0	0	0
Head & Neck (Non Robotic, short stay)	5	10	15	0	84	84
Ophthalmology	3	0	3	60	0	60
Breast	10	0	10	0	20	20
Spine	2	6	8	40	40	80
Cardiac & Thoracic	12	2	14	20	20	40
Orthopaedics	0	0	0	0	429	429
	87	88	175	289	1451	1740

### Green Zones – Potential Capacity once fully operational

Spire					
Speciality	Theatre days per week	Cases per Day (12 hour day)	Cases per Week	Length of Stay	Bed Requirement
Breast Cancer	2.00	2.00	4.00	2.00	1.3
Lower GI	3.00	2.00	6.00	2.00	1.9
Gynae	2.00	2.00	4.00	2.00	1.3
Urology	1.00	2.00	2.00	2.00	0.6
ENT	1.00	2.00	2.00	2.00	0.6
Ophthalmology	1.00	6.00	6.00	2.00	1.9
Spines	2.00	2.00	4.00	2.00	1.3
AV Fistula	1.00	2.00	2.00	2.00	0.6
General Surgery	1.00	2.00	2.00	2.00	0.6
<b>Total</b>	<b>14.00</b>		<b>32.00</b>		<b>10</b>

UHW					
Speciality	Theatre days per week	Cases per Day (12 hour day)	Cases per Week	Length of Stay	Bed Requirement
Neurosurgery	5.00	2.00	10.00	5.00	7.9
Vascular	2.00	2.00	4.00	5.00	3.2
Upper GI	5.50	1.50	8.25	5.00	6.5
Liver	9.00	1.00	9.00	6.00	8.6
Lower GI	8.00	2.00	16.00	5.00	12.7
Gynaecology	4.00	2.00	8.00	3.00	3.8
Head & Neck (major)	4.00	2.00	8.00	4.00	5.1
<b>Total</b>	<b>37.50</b>		<b>63.25</b>		<b>48</b>

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SSSU (UHW)					
Speciality	Theatre days per week	Cases per Day (12 hour day)	Cases per Week	Length of Stay	Bed Requirement
Endocrine	3.00	4.00	12.00	2.00	3.8
Urology (Non Robotic)	11.50	4.00	46.00	2.00	14.6
Urology (Robotic)	2.00	2.00	4.00	2.00	1.3
Head & Neck (Robotic)	0.50	2.00	1.00	2.00	0.3
Head & Neck	4.00	4.00	16.00	2.00	5.1
Ophthalmology	1.00	3.00	3.00	1.00	0.5
<b>Total</b>	<b>22.00</b>		<b>82.00</b>		<b>26</b>

UHL					
Speciality	Theatre days per week	Cases per Day (12 hour day)	Cases per Week	Length of Stay	Bed Requirement
Breast	5.00	2.00	10.00	3.00	4.8
Spine	7.00	2.00	14.00	3.00	6.7
Cardiac & Thoracic	13.00	1.00	13.00	6.00	12.4
Orthopaedics	0.00	0.00	0.00	0.00	0.0
<b>Total</b>	<b>25.00</b>		<b>37.00</b>		<b>24</b>

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<b>Report Title:</b>	<b>Cardiff and Vale UHB Emergency Response to COVID-19</b>					
<b>Meeting:</b>	<b>Board</b>				<b>Meeting Date:</b>	28.05.2020
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	✓	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>						
<b>Report Author (Title):</b>	<b>Executive Director of Strategic Planning</b>					

## Background and current situation:

During January 2020 the scale of the impact of COVID-19 was becoming evident and the outbreak was declared a Public Health Emergency of International Concern by the World Health Organisation (WHO) on 30<sup>th</sup> January. In response to this, and in line with the preparations being put in place by the Welsh Government as part of a four nations approach, the Health Board started to establish its emergency preparedness plan. On 11<sup>th</sup> March 2020 WHO declared the rapidly spreading outbreak a global pandemic. By this time, the Health Board had developed plans to create additional surge capacity to enable the organisation to respond to the level of demand that was predicted at this time. The guidance from Welsh Government was to plan for 'reasonable worst case scenario', with the early scientific modelling indicating that the Health Board could need up to 2000 additional beds to meet COVID-19 demand, including a significant expansion of critical care capacity. The Health Board quickly developed plans to expand capacity to the levels initially indicated, through creation of surge capacity within our hospital footprint, the development of a surge hospital and securing the full use of Spire Hospital capacity.

With a rapidly changing global picture, the modelling of demand projections has been updated on a regular basis, with acknowledgement that this analysis only provides a guide for planning, with real lived experience playing out differently in several areas.

The actions taken by the four UK Governments, including strict social distancing requirements, with full lock-down measures introduced in the UK on 23<sup>rd</sup> March, and the public's response, have resulted in a significant flattening of the COVID-19 infection trajectory, and as a consequent significantly lower levels of demand than initially predicted.

The Health Board is now moving into the next phase of operational delivery to enable our urgent non-COVID activity to resume in addition to the essential service provision that continued during the first pandemic peak.

The objective of the initial emergency response plan was to minimise the harm caused from COVID-19.

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

The Health Board's emergency response to COVID-19 ensured that a robust plan was in place to meet the potential demand of the reasonable worst case scenarios that were used to inform planning in the early stages of the pandemic.

The whole organisation adapted very quickly to put the emergency response plan into action, and the achievements of our staff have been truly extraordinary. The transformation seen in how we deliver services has been on a scale never before seen in the NHS – with many of the changes being very much aligned with the direction of travel set out in Shaping Our Future Wellbeing and A Healthier Wales. Our work also helped shape national policy in many areas, for example, in relation to the protocols on the use of PPE, visiting policies, and models for community testing.

We now responding to the need to plan the 12 – 18 months, and potentially longer, as COVID-19 remains present in our communities. The actions taken in the emergency phase have prepared us well as we move into the next phase of our response plan. The details of the plan for this next phase are included in the Q1 plan for 2020/2021. There are some lessons to be learnt and these are informing our ongoing planning and operational delivery.

## **Assessment and Risk Implications (Safety, Financial, Legal, Reputational)**

The Health Board was very swift to react to the need to establish an emergency response to the COVID-19 pandemic. The emergency response plan included the following key actions, which are detailed in the GOLD capacity plan attached in Annex 1:

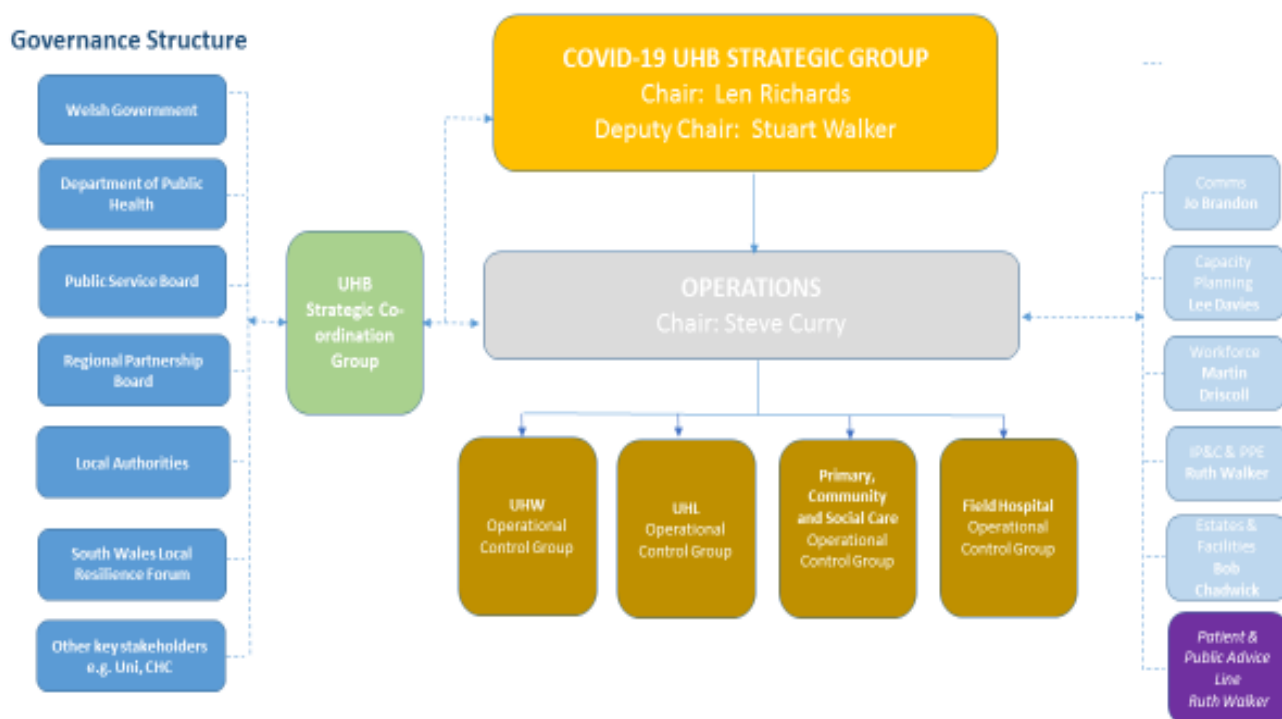
- The creation 200 additional surge hospital beds, with oxygen provision, across our hospitals footprint.
- With support from Welsh Government, transformed the Principality Stadium into a surge hospital capable of accomodating up to 1500 patients, with oxygen provision, and facilities to enable direct admissions should the Emergency Department at UHW be overwhelmed with COVID-19 demand.
- The critical care capacity was increased to 85 beds from 28, and increase of 124%.
- The procurement team secured the provision of the huge volume of Personal Protective Equipment required to keep our staff, and those of our key partners, safe. The team also ensured that all of the equipment was secured to enable the phased opening up of the surge capacity.
- The workforce team led on the recruitment of 1050 new members of staff to support operational delivery of our services. Wellbeing services were also provided for staff recognising the very challenging conditions many of our staff were working in.
- We established two Community Testing Units to initial test members of the public with COVID-19 symptoms in the containment phase of the Government's response, switching to staff testing, with over 5200 staff tested (and staff from key partners), and 3700 able to return to work quickly following a negative result. The rapid expansion of testing to enable residents and staff in care homes to be tested in response to evolving Government policies and plans.
- The Digital Team supported the mass mobilisation of home working and roll-out of technology to support virtual patient consultation for outpatients and GP appointments, with 95% of GP appointments taking place virtually – either via telephone or video consultations.

## Operational Delivery and Governance:

The Health Board quickly established a new operating model for the organisation, with the Executives meeting twice weekly in the COVID-19 Strategic Group (Gold command), with daily Operational Meetings (Silver) chaired by the Chief Operating Office, or Executive Director from the Office of Professional Development (medical, nursing and therapies and health science directors), and four co-ordinating hubs meeting regularly throughout the 24 hour period (UHW, UHL, surge hospital and primary, community and mental health).

In addition to this 'cells' were establish to oversee IPC and PPE issues, workforce issues – including staff wellbeing, capacity planning, communications, estates and facilities. In addition to this a patient and public advice line was established. A Strategic Co-ordination Group was also established with the Emergency Planning lead to ensure overarching co-ordination and links with the external planning and operational arrangements, in particular the Welsh Government's Planning and Response Group and the South Wales Local Resilience Forum, both of which meet on a twice weekly basis. This helped to ensure that the Health Board was working with the latest guidance or policies, recognising the speed with which these were being updated and replaced. Regular briefings have been provided to the Community Health Council and key stakeholders. Daily SITREPS have been provided to Welsh Government through direct reporting and through the Local Resilience Forum.

### UHB GOVERNANCE AND DELIVERY ARRANGEMENTS FOR THE MANAGEMENT OF COVID – 19



A COVID-19 Board Assurance Framework was produced reflecting the risks to the organisation posed by the pandemic, and setting out the mitigations to manage the risks. These are summarised in Annex 2 and have been regularly reported through to the Board via the revised meeting structures that were established.

### Financial Impact:

The Welsh Government wrote to the UHB on 19<sup>th</sup> March 2020 to inform it whilst it had an approvable plan, it had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID 19. The main focus of the UHB is managing the impact of COVID 19, which will inevitably come with a significant cost.

The UHB is incurring significant additional expenditure as a result of COVID 19. The costs of the Dragon's Heart Hospital are significant, especially the set up costs which allow for significant expansion. In addition, the UHB is incurring additional costs to cover sickness and absence and to resource the additional COVID 19 hospital capacity that has been generated.

COVID 19 is also adversely impacting on the UHB savings programme with substantial underachievement against the annual savings plan. It is not anticipated that this will improve until the COVID 19 pandemic passes.

Elective work has significantly been curtailed during this period as part of the UHB response to COVID 19 and this has seen a reduction in planned expenditure.

The net expenditure due to COVID 19 is being captured in revisions that have been made to the monthly financial monitoring returns. The net COVID 19 costs for month 1 are assessed at £38m of which £33m relates to the Dragon's Heart Hospital.

### Recommendation:

The Board is asked to receive assurance that the organisation's emergency response to COVID-19 was exceptionally well executed, responded to needs of the local population and was in line with national requirements.

#### Shaping our Future Wellbeing Strategic Objectives

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:		Yes / No / <u>Not Applicable</u>							

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Annex 1  
GOLD Capacity and Emergency Response Plan Summary

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Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol



## Annex 2 COVID-19 Board Assurance Framework Summary

### Principle Risks

Risk	Corp Risk Register Ref.	Gross Risk	Net Risk	Target Risk	Executive Lead	Committee
1. <b>Staff safety and welfare</b>	TBC	25	15	10	Executive Director of Nursing, Executive Director of Workforce and OD	Quality, Safety and Experience Committee
2. <b>Patient Safety</b>	TBC	25	15	10	Executive Medical Director, Executive Director of Nursing, Executive Director of Therapies and Allied Health Professionals	Quality, Safety and Experience Committee
3. <b>Decision-Making, Financial Control and Governance</b>	TBC	20	12	8	Director of Finance, Director of Corporate Governance	Audit Committee
4. <b>Workforce</b>	TBC	25	20	10	Executive Director of Workforce and OD	COVID 19 Strategic Group
5. <b>Risk to delivery of Cardiff and Vale IMTP</b>	TBC	20	20	10	Executive Director of Strategic Planning	COVID 19 Strategic Group
6. <b>Reputational damage</b>	TBC	16	12	8	Chief Executive and Director of Communications	COVID 19 Strategic Group

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# CARDIFF & VALE UHB - COVID-19 GOLD CAPACITY PLAN

	PHASE 1		PHASE 2		Phase 3		TOTAL
UHW	Cohorting	Beds	Additional Capacity	Beds	Inextremis	Beds	
<b>Inpatients</b>							
COVID Inpatients	Series of internal Ward moves to provide dedicated IP cohort capacity - all of Levels 6 & 7 - by 06.04.20	211	ChHfW - Use of vacated & reing fenced wards	51			
	B5 N & C5N	38	Move Gynae capacity to release additional dedicated ward - 23 initially 06.04.20 increasing to 31	31			
COVID Assessment/Suspected IP	Heulwen Ward for COVID-19 assessment	28					
			Physio Gyms	35			
			HCID Unit - Modular Build by 08.05.20	10			
<b>Total COVID Dedicated Ward Beds</b>		<b>277</b>		<b>127</b>			<b>404</b>
<b>Other</b>							
A&E			Fracture Clinic vacated to provide addional A&E expansion capacity				
<b>Critical Care</b>							
COVID Inpatients	Series of internal Ward moves to provide dedicated cohort capacity on L3	44	Creating dedicated COVID ventilated capacity in theatres (recovery)	30			
	Continued ward moves to create expanded critical care capcity on L3 (CITU & C3N)	21					
Non- COVID ITU	T4 vacated to accommodate non-COVID critical care	18					
			Additional ward expansion into other ward areas	25			
<b>Total Critical Care Beds</b>		<b>83</b>		<b>55</b>			<b>138</b>
<b>Total COVID Dedicated Beds - UHW</b>		<b>360</b>		<b>182</b>			<b>542</b>
<b>UHL</b>							
<b>Inpatients</b>							
COVID Inpatients	E2 - For COVID-19 Cohorting	31					
	E4 - For COVID-19 Assessment & Cohorting	30					
	E6 - For COVID-19 Cohorting	31					
COVID Assessment/Suspected IP	W1 - For COVID-19 assessment	28					
			Infill Void between E4 & E6	16			
<b>Total COVID Dedicated Ward Beds</b>		<b>120</b>		<b>16</b>			<b>136</b>
<b>Critical Care</b>							
COVID Inpatients	Move of LTV unit to Gwenwyn to vacate critical care for COVID by 06.04.20	7	Creating dedicated COVID ventilated capacity in theatres (CAVOC & Main - recoveries)	31			
<b>Total Critical Care Beds</b>		<b>7</b>		<b>31</b>			<b>38</b>
<b>TOTAL COVID DEDICATED BEDS</b>		<b>127</b>		<b>47</b>			<b>174</b>



<b>COMMUNITY HOSPITALS</b>						
Barry Community Hospital (Step-Down)			Morgannwg Ward - Barry* (Non-Covid)	23		
St Davids Hospital (Step-Down)			Recommision Glan Ely Ward - St David's*	23		
Principality Stadium					Field Hospital - phased approach planned	
					Phase 1 - 21.04.20	335
					Phase 2 - 07.05.20 - up to	1165
<b>TOTAL ADDITIONAL COMMUNITY BEDS</b>				<b>23</b>	<b>Total</b>	<b>1500</b>
<b>TOTAL CRITICAL CARE BEDS</b>		<b>90</b>		<b>86</b>		<b>176</b>
<b>TOTAL DEDICATED COVID WARD BEDS</b>		<b>397</b>		<b>166</b>		<b>1500</b>
<b>TOTAL DEDICATED COVID BEDS</b>		<b>487</b>		<b>252</b>		<b>2239</b>
<b>Key enabling schemes</b>						
<b>Staff Wellbeing</b>						
	Staff Havens at UHL and UHW: on-site rest and food facilities					
	Staff overnight hotel accommodation					
	Free car parking					
	Installation of dedicated shower facilities at UHW & UHL					
	24/7 access to hot and cold food and drinks					
<b>Training</b>						
	Ongoing PPE and IP&C training					
<b>Recruitment</b>						
	Fast track recruitment of all clinical and ancillary staff - ONGOING					
<b>Access, estates and facilities</b>						
	Further Public access restrictions and enhanced IP&C measures					
	Further visiting restrictions in place					
<b>Primary &amp; Community Services</b>						
	Cluster Respiratory Hubs established					
	CRI Hot Respiratory Clinic established to support OOHs					
	Cluster model in place for GDS & CDS					
	Cluster Optometry hubs established					
	Continuity plan in place for supply of medicines					
	Community Testing Units - doubled capacity on existing site, established 2nd and plan for 3rd					

#### Key

	Completed
	In progress
	Ready to execute
	Implementation plan in development
	Feasibility Testing

\*Community Hospital Beds have been designated as non-Covid capacity but available for flexible capacity if required

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**CONFIRMED MINUTES OF THE AUDIT COMMITTEE  
HELD ON MONDAY, 3 MARCH 2020  
CEFN MABLY ROOM, GROUND FLOOR, WOODLAND HOUSE  
MAES Y COED ROAD, HEATH, CARDIFF CF14 4HH**

**Present:**

John Union	JU	Chair – Audit
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
Jonathon Gray	JG	Director of Transformation and Implementation
David Thomas	DT	Director of Digital and Health Intelligence
Mike Usher	MU	Wales Audit Office
Ian Virgil	IV	Interim Head of Internal Audit
Stuart Walker	SW	Executive Medical Director
Glynis Mulford	GM	Secretariat

**Apologies:**

Eileen Brandreth	EB	Independent Member - ICT
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AC: 20/03/001	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting.	
AC: 20/03/002	APOLOGIES FOR ABSENCE	
	Apologies for absence were noted.	
AC: 20/03/003	DECLARATIONS OF INTEREST	
	The Chair invited Members to declare any interests in the proceedings. None were declared.	
AC: 20/03/004	MINUTES OF THE AUDIT COMMITTEE HELD ON 3 DECEMBER 2019	
	The Committee reviewed the minutes of the meeting held on 3 December 2019.	
	<b>The Committee resolved that:</b>	
	The Committee received and approved the minutes of the meeting held on 3 December 2019.	

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**AC: 20/03/005 ACTION LOG FOLLOWING THE LAST MEETING**

The Committee reviewed the Action Log of the meeting held on 3 December 2019, and noted that the following amendments should be made:

**AC: 19/12/013 – Declarations of Interest and Gifts and Hospitality Tracking Report:** The Declarations of Interests and Gifts and Hospitality Form will be updated as of 1 April 2020 to ensure definitions were clear.

**AC: 19/12/015 - Internal Audit Tracking Report:** To provide robustness to the system a sample of recommendations would be reviewed.

**AC: 19/12/017 - Declarations of Interest Report:** In the last report brought to committee non-compliance stood at 75%. The report for this meeting showed a further reduction to 60%. There was a robust escalation system in place for those staff members who were non-compliant, as people had a duty to declare extra work. The Communications Team had publicised and made people aware of the Health Board's policy on receiving gifts and not declaring.

**The Committee resolved – that:**

- a) the action log be amended and noted.

**AC: 20/03/006 CHAIRS ACTION TAKEN SINCE LAST MEETING**

No actions have been taken.

**AC: 20/03/007 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:

- There were a few reports due to be finalised which remained outstanding as the team had encountered delays due to staffing issues. A contractor had been employed to address the outstanding reports.
- 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. The Digital Readiness Report was not rated as the IT Strategy had not been completed and the IT department was asked to prepare a position report. This would feed into the Audit Plan for 2020/21 and a formal assurance piece of work would be presented at a future meeting.
- With regard to the 2019 Audit Plan, 10 pieces of work were in progress that would be reported at April / May committees.

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- The forecast for an overall opinion remained positive for 2019/20 and the only foreseen pressure could be the Tentacle IT Limited Assurance audit. 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. Although it was acknowledged that the outcome from the ICOs audit could place pressure on the individual domain it was noted that this would not impact the overall opinion.
- The KPIs had increased with a delay of five reports as management did not respond to the 15 day deadline. The compliance rating had reduced from 80 to 69%.
- Meetings had been undertaken for the development of the Internal Audit Plan for 2020/21 over the past few weeks and the team were in the early stages of putting the plan together for formal sign off in April.
- The adjustments to the plan were explained and the Head of Internal Audit was happy with the deferral of audits and he considered that this would not affect the opinion. In summary, 29 internal audits had been completed and 17 further reports were to come through the system.

**The Committee Resolved that:**

- a) the Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports be considered;
- b) updates to the Internal Audit Plan were considered and approved; and
- c) the adjustments to the Internal Audit Plan be agreed.

**AC: 20/03/008 CONSULTANT JOB PLANNING FOLLOW-UP: LIMITED ASSURANCE REPORT**

The Head of Internal Audit introduced the report. He stated that an audit was completed in 2018 and received a Limited Assurance rating. The purpose of the follow-up was to review progress against the agreed actions. It was agreed that some of the recommendations would be placed on hold so that they could have time to be implemented. A further follow up was carried out over the period October – December 2019. The findings highlighted that the actions completed were on the lower scales. In regard to the fundamental actions of completing job plans and annual reviews this had not progressed and had deteriorated further with the audit providing an additional Limited Assurance rating.

The Executive Medical Director (EMD) commented that the audit would provide the same results if the same tests were undertaken. Many consultants had job plans in place which were recorded in a variety of formats and stored in different places. It was realised that this needed to be centralised and he proposed a fundamental 'root and branch' change in job planning:

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- The first component was benchmarking which the audit report provided. The job planning policy had also been revised. It was explained that the Welsh national contract was unclear and open to local interpretation and varied in how it was interpreted. An organisational view was being defined of what the detail was and what needed to be included.
- The policy had been taken to Medical Leadership for comment and subject to this would go forward to Clinical Directors and the Local Medical Committee where a joint meeting would be held with the British Medical Association. Advice would be sought to ensure that the final product was fit for purpose.
- There was a need for a centralised IT solution and training of staff. Licences needed to be in place which were being procured.
- An engagement exercise was needed to get on board with a systematic and uniform approach to job planning. This would follow on from delivery of the policy.
- In terms of managing expectation, it was explained that job planning was an annual process and if done correctly would be completed in December. It was also confirmed that the cycle of job planning took 18 months. This would be delivered in teams and by December 2021 everyone's annualised job plan should be up-to-date. This would take some resource and plans were to be presented at HSMB. This would also be presented to Medical HR for resource assistance.

The Chair asked for comments and questions:

- Independent Member - Trade Union asked if consultants had an opportunity to see the policy. It was confirmed that the Clinical Director Group includes leaders across the organisation and that the policy would be taken through the consultation body.
- Independent Member - Trade Union commented that two years was a long process. The EMD stated he had undertaken this type of change several times and the process had taken two years. In response to how much of a challenge this presented, it was stated that the timescale had been pushed back from the Medical Leadership team and he had experienced the same challenge and comments when the change was being implemented in England. It was commented this did not benefit either side and there was a need to develop sustainable work plans.
- The investment plan would be taken to HSMB and full support had been received from the Executives and CEO who understood that a cultural piece of work needed to be undertaken.
- The Head of Internal Audit confirmed that the follow-up review would be built into the audit plan and would look at achievable milestones to ensure that progress was being made. It was agreed that an update on progress would be provided to the Committee in February 2021 with a projected timeline.
- The Chair confirmed that he fully understood the timescale and had the full support of committee.

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## The Committee Resolved that:

- a) The Limited Internal Audit Report be noted

AC: 20/03/009

## TENTACLE IT SYSTEM: LIMITED ASSURANCE REPORT

The Head of Internal Audit informed members that the IT system was developed in-house and was a system for reporting on cancer patients. The auditors had considered governance arrangements, system outputs and business continuity. The main reasons for the Limited Assurance were described in the report but specifically because the system was not fully compatible with the single cancer pathway. It was highlighted that system was due to be replaced within the next 18 months.

The Director for Digital and Health Intelligence made reference to the plan to change the system in light of what had been raised and he confirmed that it was being fast tracked. It was emphasised that the bigger plan may negate some of the recommendations. The following comments were made:

- The Tentacle system would be put on the PMS system immediately as the single cancer pathway was driving a number of initiatives and would be implemented within the next 8 weeks. By the first week of May the system would be operational and subjected to rigorous testing and controls.
- Interim steps had been taken to reduce who could access the data by verifying the authenticity of system users and the use of data sharing would be curtailed.
- It was confirmed that there a user acceptance training programme would be rolled out so that users could operate and access the system appropriately.
- The use of silo systems, that had been traditionally employed across the Health Board, would be eliminated and this was being addressed through the Digital Strategy.
- The newly formed Digital Management Board (DMB) had been established as a decision making and scrutiny body. Further checks would be made through finance, procurement and the Charitable Funds Committee.
- The Director for Transformation and Implementation (DfTI) confirmed that it had been very helpful to work on this case and he added that the Digital Readiness paper indicated that there were eight different places where decisions were made. Stones had been turned over and the report clarified that many of the issues were being challenged.
- There was a digital voice through the DMB which was engaging with Clinical Boards. There would be a single point where these systems would come together. A huge amount of work had been done and the team had addressed the recommendations as a transformational piece of work.
- The Chair asked how the recommendations would be checked, in response it was confirmed that this would feed into the Internal Audit Tracker and a number of actions would be superseded and

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reflected in the tracker. All Limited Assurance reports would be followed up in the new financial year.

- Independent Member – Trade union asked, although the paper explained the position, where the DMB sat alongside the Clinical Boards. The DfTI explained that they were fortunate to work with the Executive Finance Director (EFD). It was acknowledged that there was less funding than was needed for ICT and the DfTI was working closely with the EFD to increase the finance to 1.7% of the budget over time. The challenge this posed was acknowledged but it was realised that it was necessary to build a stable platform going forward.
- The Chair asked whether monies had been received from the Transformation Fund. Members were informed that there were other monies they had been successful in securing in the short term but this type of funding was not recurrent.

**The Committee Resolved that:**

- a) The Limited Internal Audit Report be noted.

AC: 20/03/010

**WELSH AUDIT OFFICE AUDIT PLAN**

Mike Usher and Anne Beegan, Wales Audit Office (WAO) provided an overview of the Wales Audit Office Audit Plan. The following comments were made:

- Exhibit 2 looked at financial audit risks and the key risks to preparation of the financial statements.
- The Statutory Financial Duty was on a three year limit. The Health Board was in a much better financial position but because of the rolling three year period, WAO had to take into account the previous year's accounts which would be breached again. WAO advised Members that there would be another qualification but acknowledged that the Health Board was on course for a break even position this year.
- Reference was made to the Ministerial Direction relating to pension tax. The pay schemes initiative had been implemented in England where it was a required pay scheme 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.
- This was a work in progress and new for this year. Welsh Government would 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 to confirm how the leasing account positions would be addressed. This was significant for next year's accounts and would result in a tax increase.
- The performance audit work to be undertaken was described and would start over the summer months. Two mandatory pieces of work would be undertaken on Unscheduled Care. The full scope on this topic had yet to be determined. There would

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also be a governance review of WHSSC arrangements and that report would be published in early spring.

- Due to efficiencies in the audit approach and working with the finance team, the Audit Fee would be reduced by £20k.

**The Committee resolved that:**

- a) The Wales Audit Office Audit Plan be noted.

**AC: 20/03/011 YEAR END POST PAYMENT VERIFICATION REPORT**

Scott Lavendar, Post Payment Verification Manager presented the report and informed Members that there had been restructuring in their service. A big drive had been undertaken to move the operational work forward to be more robust nationally. Practices with amber and red ratings had been discussed with the Counter Fraud Service. Regarding repeat offenders, discussion had taken place with the Counter Fraud Manager with local and national meetings being held. It was confirmed that errors had reduced significantly and with the drive over the past few years indications showed that recoveries were 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. Relationships with the Primary Care Team were good and the quarterly meetings were very helpful with a robust system in place.

**The Committee resolved that:**

- a) The Post Payment Verification report be noted.

**AC: 20/03/012 DECLARATIONS OF INTEREST AND GIFTS AND HOSPITALITY TRACKING REPORT**

The Director of Corporate Governance provided an overview of the report. 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 the gaps in the process. Members were informed that the IT delays encountered were due to the current IT system place. The process would be replaced by using an electronic form which could be populated on ESR. There was a backlog of forms that were proactively being worked on. This work would move across to the newly established Risk and Regulation Team.

Independent Member – Trade Union acknowledged that the declarations of interest work was being embedded across the Health Board and asked how the conflicts of interest were being checked. In response it was stated that 0.2% was R.A.G rated red as those individuals had a higher conflict of interest; the governance arrangements and measures in place were explained.

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**The Committee resolved that:**

- a) the ongoing work being undertaken within Standards of Behaviour be noted and
- a) the Declarations of Interest, Gifts, Hospitality & Sponsorship Register be noted.

**AC: 20/03/013 REGULATORY COMPLIANCE REPORT**

The Director of Corporate Governance provided an updated report from the last meeting which highlighted and summarised inspection outcomes. Inspections were being tracked and it was acknowledged that further improvements could be made. The tracker provided clarity on the external bodies that inspect the Health Board. The details and results of inspections could be found in the reports from the inspections which had taken place. The Governance team were tracking all the recommendations and other elements were also tracked through other venues, such as the Health and Safety Committee. It was recognised that this was a step forward but it was also noted that the governance team would want to continue to improve.

The DCG explained how the recommendations matched across the Clinical Boards by feeding into the tracker. This highlighted where the CBs were against their compliance requirements and the dashboard signalled where we were with the level of compliance and when an inspection was due.

**The Committee resolved that:**

- a) the inspections which have taken place since the last meeting of the Audit Committee in December 2019 and their respective outcomes be noted.
- b) the continuing development of the Legislative and Regulatory Compliance Tracker be noted.

**AC: 20/03/014 INTERNAL AUDIT TRACKING REPORT**

The Director of Corporate Governance presented the Internal Audit tracking report and Members reviewed the completed actions. New reports were added after each Committee meeting and it was confirmed that the 2017-18 and 2018-19 recommendations had decreased significantly.

**The Committee resolved that:**

- a) the tracking report which is now in place for tracking audit recommendations made by Internal Audit, be noted; and
- b) the progress that will be seen over the coming months in the number of recommendations which are completed/closed be noted.

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**AC: 20/03/015 WALES AUDIT OFFICE TRACKING REPORT**

The Director of Corporate Governance presented the External Audit tracking report and informed Members that the information presented reflected the position up to 21 February 2020. Any new actions would be added accordingly.

**The Committee resolved that:**

- a) The progress which has been made in relation to the completion of WAO recommendations be noted

**AC: 20/03/016 AGREE ANNUAL REPORT TIMETABLE AND PLANS**

The timetable and plans regarding the Annual Report which was taken to the Executive Team was presented to deliver final end of year arrangements. This was the same process as last year but changes to the timescales from Welsh Government meant the Performance Report had to be completed at the same time.

**The Committee resolved that:**

- a) the proposed timetable and approach for the Annual Report 2019-20 be reviewed and approved

**AC: 20/03/017 TERMS OF REFERENCE**

The Director of Corporate Governance presented the draft Terms of Reference and end of year arrangements.

**The Committee Resolved that:**

- a) the changes to the Terms of Reference for the Audit and Assurance Committee were approved; and
- b) changes made to the Terms of Reference be recommended to the Board for approval.

**AC: 20/03/018 COMMITTEE WORKPLAN**

The Director of Corporate Governance presented the draft Workplan which was aligned to the Terms of Reference.

**The Committee Resolved that:**

- a) the Work Plan 2020/21 was reviewed;
- b) the Work Plan 2020/21 was approved;
- c) the Work Plan 2020/21 be recommended for approval to the Board of Directors.

**AC: 20/03/019 COMMITTEE ANNUAL REPORT**

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The draft Annual Report was presented by the Director of Corporate Governance and it was confirmed that the report provided assurance to the Committee on the work undertaken during the year 2019/20, as required by the Committee's Terms of Reference.

**The Committee Resolved that:**

- a) The draft Annual Report 2019/20 of the Audit and Assurance Committee was reviewed; and
- b) the Annual Report be recommended to the Board for Approval.

**AC: 20/03/020 ITEMS FOR NOTING AND INFORMATION**

The Committee received the following Internal Audit reports for information:

- 1. Budgetary Control
- 2. Brexit Planning
- 3. Safeguarding Adults and Children
- 4. Freedom of Information Reviews
- 5. C&W Clinical Board Consultant Annual Leave
- 6. Medical Staff Study Leave
- 7. Control of Contractors
- 8. Digital Readiness

**The Committee resolved that:**

- a) Items for information were noted

**AC: 20/03/021 ITEMS TO BRING TO THE ATTENTION OF THE BOARD / COMMITTEE**

There were no items to bring to the attention of the Board / Committee.

**AC: 20/03/022 DATE OF THE NEXT MEETING OF THE COMMITTEE**

Tuesday, 24 April 2020, 9.00am – 12.00pm Cefn Mably Room, Ground Floor, Woodland House, Heath, Cardiff CF14 4HH

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**CONFIRMED MINUTES OF FINANCE COMMITTEE  
HELD ON 26<sup>th</sup> FEBRUARY 2020  
CWM GEORGE MEETING ROOM, WOODLAND HOUSE**

**Present:**

John Union	JU	Chair, Independent Member – Finance
Charles Janczewski	CJ	Interim Chair (Board)
Dr Rhian Thomas	RT	Independent Member - Capital & Estates
Abigail Harris	AH	Executive Director of Strategic Planning
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Len Richards	LR	Chief Executive
Nicola Foreman	NF	Director of Corporate Governance
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer

**In Attendance:**

**Secretariat:**

Paul Emmerson	PE	Finance Manager
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**Apologies:**

Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Ruth Walker	RW	Executive Nurse Director

<b>FC 19/166</b>	<b>WELCOME AND INTRODUCTIONS</b>  The Chair welcomed everyone to the meeting.	<b>ACTION</b>
<b>FC 19/167</b>	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were noted.	
<b>FC 19/168</b>	<b>DECLARATIONS OF INTEREST</b>  The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
<b>FC 19/169</b>	<b>MINUTES OF THE FINANCE COMMITTEE MEETING HELD ON 29<sup>th</sup> JANUARY 2020</b>  The minutes of the meeting held on 29 <sup>th</sup> January 2020 were reviewed for accuracy and were agreed as a true and accurate record.  <b>Resolved – that:</b>	

	The minutes of the meeting held on 29 <sup>th</sup> January 2020 were approved by the Committee as an accurate record.	
<b>FC 19/170</b>	<p><b>ACTION LOG FOLLOWING THE LAST MEETING</b></p> <p><b>The Finance Committee was advised that there were no outstanding Actions.</b></p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> that there were no outstanding Actions.</p>	
<b>FC 19/171</b>	<p><b>CHAIRS ACTION SINCE THE LAST MEETING</b></p> <p>There had been no Chairs action taken since the last meeting.</p>	
<b>FC 19/172</b>	<p><b>FINANCE REPORT AS AT MONTH 11</b></p> <p>The Deputy Director of Finance presented the UHB's financial performance to month 10 and highlighted that the UHB had reported a year to date deficit of £0.989m which was an in month improvement of £0.231m and in line with expectations and the profile to reach break even at year end.</p> <p>In addition the committee was informed that the cost pressure associated with the Welsh Risk Pool was now incorporated within the year end forecast break-even position. In response to a query from the Interim Board Chair (CJ) the Deputy Director of Finance confirmed that the UHB had received no additional funding to cover the cost and added that the UHB had been advised of a significant reduction to the additional cost. Further detail within the presentation on plans to deliver a break even position.</p> <p>The number of measures on the Finance Dashboard which were RAG rated Red had not changed in month and 4 measures remained 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 income was broadly balanced in month and there was a cumulative over-recovery for the year to date. Previous pressures against non pay budgets had continued in month and the underspend against pay budgets also continued in month 10.</p> <p>Turning to table 14 of the written report, the Deputy Director of Finance confirmed an in month overspend of £0.182m against delegated budgets which was an improvement on the trend established in the first nine months. The overspend against delegated budgets was offset by a surplus against central budgets which was in line with the plan to break even. It was noted that the</p>	

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<p>Bricknell Helen 05/26/2020 10:31:36</p>	<p>management of operational pressures within delegated budgets remained the key risk to achievement of the UHBs financial plan.</p> <p>The Committee was reminded that as a consequence of the shortfall of c £7.5m against recurrent savings targets the UHB's underlying deficit going into next year was £11.5m and this was reflected in the 2020/21 IMTP.</p> <p>It was noted that the UHB's PSPP performance fell marginally in month, however cumulative performance 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 January was 52% of the UHB's approved Capital Resource Limit which reflected the confirmation of funding in the second half of the year 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 £2.0m to £0.5m in month.</p> <p>The Finance Committee Chair (JU) asked if there were any areas where performance was not going to plan and the Deputy Director of Finance confirmed that any issues would be drawn out in the presentation on Plans to Deliver a Break Even Position.</p> <p><b>ASSURANCE</b> was provided by:</p> <ul style="list-style-type: none"><li>• 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.</li></ul> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> that the UHB has an approved IMTP which includes a balanced Financial Plan for 2019/20;</p> <p>The Finance Committee <b>noted</b> the £0.989m deficit at month 10;</p> <p>The Finance Committee <b>noted</b> the key risks in delegated budgets and the Welsh Risk Pool.</p> <p>The Finance Committee <b>noted</b> the plan to deliver a break even position by year end.</p>	
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<p><b>FC 19/173</b></p>	<p><b>PLANS TO DELIVER A BREAK EVEN POSITION (presentation)</b></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 January as follows:</p> <ul style="list-style-type: none"> <li>• The UHB position had improved by £0.289m in January primarily as a result of performance against Central Budgets. Clinical Board performance had generally continued to improve upon the trend established in the preceding months.</li> <li>• A full savings programme was in place and although some schemes remained in amber status the position had improved by £0.9m in month.</li> <li>• At month 10 Clinical Boards were reporting a cumulative overspend of £8.900m which was £0.636m higher than the original forecast. The surplus against Central Budgets was £0.618m better than expected leaving the UHB's deficit £0.018m above the forecast profile to reach breakeven at the end of January.</li> <li>• Clinical Board Recovery actions are back loaded which remained a risk if Clinical Board performance continued at the rate established in the first 10 months of the year.</li> <li>• In recognition of the deterioration in the forecast position for Women and Children at month 10 the Risk Adjusted Delegated Budget Forecast had been increased by £0.638m. This increase was offset by the confirmation of additional funding in respect of the South Wales Plan and digital costs and slippage against corporate budgets and the Hospital at Night scheme. As a consequence the UHBs risk adjusted profile had fallen by £0.670m in January from a deficit of £0.633m to a surplus of £0.037m.</li> <li>• The Committee was also informed of that the UHB had recently received an update from the Welsh Risk Pool which indicated that following a further review of liabilities which would be settled in 2019/20 that the additional cost that the UHBs were required to cover had reduced significantly and that the UHBs share had fallen from c£1.5m to c £0.6m. The Deputy Director of Finance added that the reduction in UHB liability to the Welsh Risk Pool would potentially be offset by the cost of recent flood damage suffered by ALAS where the loss of stock was being assessed. The UHB Interim Board Chair (CJ) emphasized the UHB's responsibility to replace stock to maintain the established service without compromising patient safety.</li> <li>• There were still some risks to the delivery of a break even position as follows; 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</li> </ul>	
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	<p>the UHB is not holding a contingency; Clinical Board improvement plans where delegated budgets need to break even .</p> <p><b><u>Comments were received as follows:</u></b></p> <ul style="list-style-type: none"><li>• In reply to a query from the Independent Member – Estates (RT) the Deputy Director of Finance indicated that the deterioration of the overspend in Women and Children at month 10 was unlikely to be recovered in February and March and that this had been built into the forecast position.</li><li>• The UHB Interim Board Chair (CJ) asked how the UHB’s cost containment plans were progressing. In response to the Director of Finance indicated that the plans remained in place. In the context of patient safety the committee was informed that there was no restriction on either the recruitment to posts that directly impacted on patient care or the use of agency nursing where required to maintain safe levels of cover.</li><li>• The Director of Finance noted the amendments to Clinical Board Financial Forecasts and confirmed that the strength of financial forecasting would be picked up at performance reviews so that a balanced approach to the management of financial risk could be carried forward.</li><li>• The Finance Committee Chair (JU) asked for confirmation of the process for writing off flood damaged stock and the Committee was informed that the extent of damage would be assessed by service areas.</li></ul> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the plans and actions required to deliver a break even position in 2019/20.</p>	
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<b>FC19/174</b>	<p><b>CLINICAL BOARDS IN ESCALATION</b></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. It was noted that the Clinical Board had provided a reasonable level of assurance that it would meet its forecast year-end financial position</p> <p>The Chief Operating Officer confirmed that the focus had now shifted towards 2020/21 as the year end approached.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the actions being taken to manage financial performance</p>	
<b>FC19/175</b>	<p><b>COST REDUCTION PROGRAMME (CRP) AND CROSS CUTTING THEME</b></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"> <li>• At 31<sup>st</sup> January 2020 £16.614m of schemes had been identified as Green or Amber against the devolved 2% savings target of £16.345m, leaving a surplus of £0.269m. £14.313m of the identified schemes were recurrent.</li> <li>• Schemes totalling £13.505m had been identified as Green or Amber against the corporate savings target of £12.800m target as at 31<sup>st</sup> January 2020 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.</li> </ul> <p>The Committee was reminded that there was a £7.5m shortfall against the 2019/20 recurrent CRP target and this was reflected in the £11.5m underlying deficit carried forward by UHB in the 2020/21 IMTP.</p> <p>The Finance Committee was asked to note that none of the CRP measures had a detrimental impact upon patient safety or service delivery.</p> <p>Turning to the 2020/21 Cost Reduction Plans the Assistant Director of Finance provided a verbal update and highlighted that:</p> <ul style="list-style-type: none"> <li>• As at 27<sup>th</sup> February 2020 £11.860m had been identified as Green or Amber against the devolved 3.5% 2020/21 savings target of £29.000m. In addition £9.2m of red pipeline schemes had been identified.</li> </ul>	

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	<ul style="list-style-type: none"> <li>Welsh Government had confirmed that the shortfall against the 2020/21 was a concern in respect of the 2020/21 IMTP and that the UHB was expected to provide Welsh Government with an update on the level of schemes identified on the 13<sup>th</sup> March 2020.</li> </ul> <p>The UHB Interim Board Chair (CJ) noted that the CRP target for the PCIC Clinical Board was consistent with the overall UHB target and asked for assurance that this approach would enable the Clinical Board to respond to the challenges set out in Shaping Our Future Wellbeing. In response the Chief Executive indicated that the recirculation of resources from CRPs allowed the UHB to reshape services in line with UHB priorities and the Deputy Director of Finance added that estimates of prescribing and continuing health growth had fed into the 2020/21 IMTP.</p> <p>The Independent Member – Estates (RT) asked whether CRPs were aligned with the UHBs strategic objectives and the Executive Director of Strategic Planning indicated that a number of the programmes e.g. reducing length of stay and outpatient follow ups supported the UHBs objective of making the best use of resources by minimizing harm, risk and variation.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the progress against the £29.145m UHB savings requirement for 2019/20.</p> <p>The Finance Committee <b>noted</b> the progress against the £29.000m UHB savings requirement for 2020/21.</p>	
<b>FC19/176</b>	<p><b>RISK REGISTER</b></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"> <li>Reduction in the £36.3m underlying deficit b/f to 2019/20 to the IMTP planned £4m c/f underlying deficit in 2020/21.</li> <li>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.</li> <li>Management of nursing position which was £2.857m over budget at month 10.</li> <li></li> </ul> <p>The Finance Committee was also 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 had recently been revised down from £1.5m to £0.6m and was included in the UHB's year end forecast position</p>	

	<p>Turning to 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"> <li>• Reduction in the £11.5m underlying deficit c/f to 2020/21 to the IMTP planned £4m c/f underlying deficit in 2021/22;</li> <li>• Management of Budget pressures;</li> <li>• Delivery of the 3.5% CIP (£29.0m)</li> </ul> <p>Two further risks relating to the management of internal investments within the £3m investment reserve and commissioning risks were also included on the Register.</p> <p>The Finance Committee Chair (JU) queried the reduction in risks identified on the 2020/21 Risk Register in comparison to the 2019/20 Risk Register and the Chief Executive also asked whether the risk around the management of the nursing budget and cardiac surgery outsourcing should be added to the 2020/21 Register. The Assistant Director of Finance indicated that the number of risks included was in part due to the timing of risks which emerged during the year and added that the risks around the nursing budget and cardiac surgery outsourcing would be considered before the Register was submitted to the next Finance Committee.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the risks highlighted within the 2019/20 risk register.</p> <p>The Finance Committee <b>noted</b> the value of risk associated with the 2019/20 Welsh Risk Pool overspend where the UHB share had been revised to £0.6m.</p> <p>The Finance Committee <b>noted</b> the risks highlighted within the 2020/21 risk register.</p>	
<p><b>FC19/177</b></p>	<p><b>FINANCE COMMITTEE – TERMS OF REFERENCE</b></p> <p>The Director of Corporate Governance indicated that the Finance Committee Terms of Reference (TOR) were last reviewed in February 2019 and approved by the Board in March 2019. The Committee was asked to consider a small number of changes to the TOR which included expanding the membership to 4 Independent members.</p> <p><b><u>Comments were received as follows:</u></b></p> <p>The UHB Interim Board Chair (CJ) suggested that advising the UHB Board on meeting it's statutory obligations should be included within the section outlining the purpose of the Committee and added that</p>	

	<p>monitoring the UHB's underlying deficit should also be included within the Committee's delegated powers.</p> <p>In the context of the Committee's delegated powers the Deputy Director of Finance advised that the primary responsibility to scrutinise submissions to be made in respect of revenue or capital funding and the service implications of such changes rested with the Capital Management Group and the Business Case Approval Group (BCAG).</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>approved</b> the changes to the Terms of Reference for the Finance Committee.</p> <p>The Finance Committee <b>noted</b> that the Terms of Reference would also be amended for the comments received.</p> <p>The Finance Committee <b>recommended</b> the changes to the Board for approval.</p>	
<b>FC19/178</b>	<p><b>FINANCE COMMITTEE – ANNUAL WORKPLAN</b></p> <p>The 2020/21 Workplan for the Finance Committee was introduced by the Director of Corporate Governance to provide members of the Finance Committee with the opportunity to review the Work Plan for 2020/21 prior to presentation to the Board for approval.</p> <p>The Finance Committee considered the draft workplan and agreed that the workplan would need to be flexed to reflect changes to the IMTP timetable.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>reviewed</b> and <b>approved</b> the 2020/21 Work Plan subject to revision to reflect changes to the IMTP timetable;</p> <p>The Finance Committee <b>recommended</b> approval of the workplan to the Board of Directors.</p>	
<b>FC19/179</b>	<p><b>FINANCE COMMITTEE ANNUAL REPORT</b></p> <p>A paper summarising how the Finance Committee has met its Terms of Reference during the financial year was introduced by the Director of Corporate Governance.</p>	

	<p>The Finance Committee considered the report and agreed that it should be amended to reflect attendance at the February meeting.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>recommended</b> the report for Board <b>approval</b> subject to an amendment to reflect attendance at the February meeting.</p>	
<b>FC19/180</b>	<p><b>2020/21 IMTP FINANCIAL PLAN</b></p> <p>The Director of Finance provided the Committee with a verbal update on the UHB's Draft Financial Framework to support the 2020/21 – 2022/23 IMTP.</p> <p>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.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the feedback on the progress of the 2020/21 IMTP.</li> </ul>	
<b>FC 19/181</b>	<p><b>MONTH 10 FINANCIAL MONITORING RETURNS</b></p> <p>These were noted for information.</p>	
<b>FC 19/182</b>	<p><b>ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES</b></p> <p>No other items to bring to the main Board.</p>	
<b>FC 19/183</b>	<p><b>DATE OF THE NEXT MEETING OF THE COMMITTEE</b></p> <p><b>Wednesday 25<sup>th</sup> March; 2.00pm;</b> Cefn Mably Meeting Room, Ground Floor, HQ, Woodland House</p>	

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**CONFIRMED MINUTES OF QUALITY, SAFETY AND EXPERIENCE COMMITTEE  
HELD ON TUESDAY, 18 FEBRUARY 2020  
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:**

Charles Janczewski	CJ	Interim UHB Chair
Rhian Thomas	RT	Independent Member - Estates
Steve Curry	SC	Chief Operating Officer
Barbara Davies	BD	Lead Nurse Specialised Medicine ( <i>Patient Story</i> )
Carol Evans	CE	Assistant Director of Patient Safety and Quality
Nicola Foreman	NF	Director of Corporate Governance
Yvonne Hester	YH	Clinical Nurse Specialist TB Control ( <i>Patient Story</i> )
Angela Hughes	AH	Assistant Director of Patient Experience
Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
Geraldine Johnstone	GJ	Director of Operations, Medicine Clinical Board
Aled Roberts	AR	Clinical Board Director, Medicine
Gillian Spinola	GS	Senior Nurse Specialised Medicine ( <i>Patient Story</i> )
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Executive Medical Director
Hywel Pullen	HP	Assistant Director of Finance
Sian Griffiths	SG	Consultant in Public Health Medicine
Glynis Mulford	GM	Secretariat

**Observers:**

Stephen Allen	SA	Community Health Council
Urvisha Perez	UP	Wales Audit Office
Aaron Fowler	AF	Head of Corporate Governance

**Apologies:**

Robert Chadwick	RC	Executive Director of Finance
Abigail Harris	AH	Executive Director of Strategic Planning
Fiona Kinghorn	FK	Executive Director of Public Health

QSE 20/02/001	<b>WELCOME AND INTRODUCTIONS</b>  The Committee Chair welcomed everyone to the meeting.	<b>ACTION</b>
QSE 20/02/002	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were noted.	
QSE 20/02/003	<b>DECLARATIONS OF INTEREST</b>  The Chair invited Committee members to declare any interests in relation to items on the agenda. The following declarations of interest were received and noted:  Committee Chair and Independent Member – Local Authority declared an interest as Chair of the Regional Partnership Board.	
QSE 20/02/004	<b>MINUTES OF THE COMMITTEE MEETING HELD ON 17 DECEMBER 2019</b>  The Committee reviewed the minutes of the meetings held on 17 December 2019.  <b>The Committee resolved that:</b>  a) The minutes of the meeting held on 17 December 2019 be approved as a true and accurate record.	
QSE 20/02/005	<b>ACTION LOG FROM 17 DECEMBER 2019</b>  The Committee reviewed the action log and noted the following updates:  <b>QSE 19/12/009 - Healthcare Standards Self-Assessment Plan and Progress Update:</b> Updates would be reported as part of the standard reporting process in line with the workplan. There was nothing of note to report to the meeting.  <b>QSE 19/12/014 – Internal Inspections:</b> In regard to sharing an ‘App’ designed to improve the quality and consistency of audit outcomes with the Community Health Council. The Executive Nurse Director informed the Committee that the Internal Inspection arrangements were being reviewed and that she had shared a proposed way forward with the Executive team. The new approach would be brought to a future meeting.  <b>QSE 19/12/019 – Healthcare Inspectorate Wales Primary Care Contractors:</b> The Community Health Council confirmed that a paper relating to their visits to Primary Care Contractors would be brought to the December 2020 meeting.  <b>QSE 19/09/008 – Children and Women’s Clinical Board Assurance Report:</b> The Chair requested this be brought to the April 2020 meeting.	RW           SA           CH

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	<p><b>QSE 19/09/016 – Centralisation of Endoscopy Decontamination:</b> It was explained that this covered future proofing decontamination. The report commissioned by the Executive Team had been received which was currently being worked through and would be taken to a future Management Executive meeting. <b>COMPLETED</b></p> <p><b>QSE 19/12/010 – Point of Care Testing:</b> Set in process a chain for POCT to be allocated to a Clinical Board. <b>COMPLETED</b></p> <p><b>The Committee resolved that:</b></p> <p>a) The action log and verbal updates be noted</p>	
<b>QSE 20/02/006</b>	<p><b>CHAIRS ACTION TAKEN SINCE LAST MEETING</b></p> <p>No Chair's action had been taken since the last meeting.</p>	
<b>QSE 20/02/007</b>	<p><b>PATIENT STORY - MULTI AGENCY CARE PATHWAY FOR PATIENT WITH MULTI DRUG RESISTANT TB</b></p> <p>Barbara Davies - Lead Nurse Specialised Medicine, gave a presentation on patient B who was resistant to multi drug Tuberculosis therapy and the cross directorate collaboration involved in the patients care.</p> <p>The patient had a history of poor compliance and posed a public health risk in the community. The Health Board had a duty of care under the public health agenda to manage the patient's treatment. There were also concerns regarding the patient absconding. The patient would require up to two year's treatment and the Multidisciplinary Team did not know how long the patient would require secondary care. There were anticipated challenges which needed to be planned for which included securing third party support. The preparations with the multi-disciplinary team prior to admission was key and links were fostered with the family who met with secondary care staff. This produced a successful outcome for the patients care. Standard Operating Procedures were agreed and put in place prior to admission.</p> <p>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 patient has been fully compliant with the treatment plan and was discharged from hospital after 13 weeks rather than the anticipated 2 years. Treatment had since taken place in the community and the patient had also received daily supervised treatment from the TB team with support from their GP, Out of Hours and pharmacy.</p> <p>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 their inpatient stay was reduced. There was collaborative working across health care professionals and agencies which prioritised the public health agenda.</p>	

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	<p>Thanks were extended to Gillian Spinola Senior Nurse Specialised Medicine and Yvonne Hester, Clinical Nurse Specialist TB Control who attended the meeting and also to the rest of their team for supporting the strategy to manage the situation.</p> <p>The Chair invited comments and questions:</p> <p>Independent Member – Legal asked how complicated was the Public Health Order application made to court and was this a difficult process. It was confirmed that Public Health was instrumental in taking the application forward and the Medicine Clinical Board had a good relationship with the Public Health Consultant who understood the health, family and public implications of the situation. It was further explained that Patient B's lifestyle involved significant travelling which brought other challenges. This type of court order had not been encountered by the Health Board previously, it was therefore important that the team had gone the extra mile to have a relationship with the patient to ensure that the Order was granted. Technology had helped in the process and the patient was fully involved with everything and felt that he could trust the staff.</p> <p>Independent Member – Trade Union confirmed that she understood the complexity around consultation and engaging with Patient B, but queried what support was available for staff? In response it was stated that there was an exceptional ward manager who was willing to meet the patient to ease the journey to admission. Lessons had been learnt from their previous admission and a significant amount of time had been invested in preparation to ready staff members for the patient's admission. The Medicine Clinical Board now had a model template to work from.</p> <p>The Chair commented that the story showcased the Health Board's values in action, particularly the development of a relationship of trust with the patient. The staff went above and beyond considering the circumstances.</p> <p>A commendation was sent from the Committee to Andrew Brown, the Ward Manager of A7, who won the Mentorship Award at this year's Nurse of the Year Awards.</p> <p>Thanks was also extended to the Community Staff who were working closely with Public Health Wales as this was not a role they had undertaken before and it was noted that they had performed extremely well.</p> <p>The Chair raised a question in regard to the management of Corona Virus as the presentation had touched on public health issues. The Executive Medical Director confirmed that this would be discussed outside the meeting.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The patient story be noted</p>	
<p>QSE 20/02/2008</p> <p>Bricknell Hester 05/26/2008 10:31:36</p>	<p><b>CLINICAL BOARD ASSURANCE REPORT: MEDICINE CLINICAL BOARD</b></p> <p>Aled Roberts, Clinical Board Director Medicine, Geraldine Johnstone,</p>	

Director of Operations, Medicine Clinical Board and Rebecca Aylward, Director of Nursing Medicine 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'.

Aled Roberts highlighted the key actions from the report:

**Emergency Department:** The National Emergency Department Quality and Delivery Framework for NHS Wales and the Health Board was included in the three adopter sites that support the framework. There was a huge amount of work around the framework which focussed on improving clinical outcomes within the Emergency Department (ED). This work sought to improve experience and the quality of care and to improve engagement and value for money for ED funding through innovation, improvement and adoption of good practice

**Early Adopter Site:** The Health Board (HB) was one of the first early adopter sites to trial what good triage looked like and was currently piloting the Rapid Assessment Triage Zone. The HB would direct patients to this area during the day between 11am and 6pm. The average triage time in the Rapid Assessment Triage Zone was around 13 minutes, this was previously 30 minutes. Compliance time reduced from 260 minutes to 196 within the pilot zone and it was felt that the pilot was improving patient experience.

The HB was the only early adopter site that had a Welsh Ambulance Service Trust (WAST) electric stretcher to reduce delays and other HBs had been asked to follow our lead. A record was kept of immediate releases that had been accepted or declined and this model had also been shared as good practice.

**Benchmarking:** The HB had been approached by NHS Benchmarking who were interested in the HB's two hourly safety huddles as NHS Benchmarking and were intending to use it as an example of good practice. The format was now standard for best practice in UK. Happy or Not machines had been installed across all ED sites and a weekly report was received and reviewed by teams each week.

**Frailty:** The Frailty Team were looking at people attending at the front door who did not need to be admitted to the hospital and who could be supported by social services or in other ways. The HB were working closely with local authority partners at both the UHW and UHL sites to assess and place patients appropriately to avoid lengthy admissions and complex care where this wasn't needed.

**Staff and Resources:** The Clinical Board experienced challenges around recruitment and the retention of registered nurses. There was previously approximately 120 band 5 registered nurse vacancies for the wards. This year was a different position and improvement had been

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made to reduce vacancies to 57. This required a tremendous amount of effort from recruitment. A significant amount of nurses and skilled nurses were recruited from overseas and supported by the Adaptation Programme. It was highlighted that five agency nurses had taken on substantive posts. The recruitment and retention of staff would remain a focus for the Clinical Board.

The Chair invited comments and questions:

The Chair commented on the low appraisal rating. It was stated that the new system of Value Based Appraisal (VBA) would make a difference as it would be easier to obtain staff engagement. The VBA was being piloted and the feedback was positive.

Independent Member – Trade Union asked whether the FIT frailty service was a winter only scheme and if it represented value for money. Members were informed that the work at the UHL site was new this winter and an MDT team consisting of medical, nursing and therapy colleagues was working at the front door with the aim to get people out of hospital and back to their home with the appropriate care. UHW teams were more experienced and on average discharged two people a day to their home and significant savings were made on the time people spent in hospital but also in terms of bed days. For the UHL site this was a new project and the team there were discharging one person per day. In terms of outcomes, the aim of the scheme was to avoid unnecessary time spent in hospital where care could be provided in the community with the right care in place.

Stephen Allen – Community Health Council asked to meet with the Clinical Board to help understand the Frailty issue and FIT process.

The Chief Operating Officer confirmed that the impact of the scheme was reported on at page 18 of the report. He added that the overall length of stay showed improvement, particularly for patients staying over 14 days and he confirmed that there was some evidence available that more than one factor contributed to this dynamic. The pilot was started in January and looked at the front door in UHL. It had been noted in previous months two admissions had been avoided but in the month of January 2020, 21 unnecessary admissions had been avoided.

The Chair confirmed that the Health Board was supported by Local Authority partners and highlighted that the provision of social care was a key element for the improvement of patient flow through the system. The Clinical Board Director confirmed that none of the work undertaken was without engagement with social care and partnership working.

Independent Member – Legal asked whether the pathway impacted on the HB's relationship with the Local Authority or whether the relationship was working because of pathway. The Chair confirmed that there was a social care presence on the wards. In response it was stated that the partnerships were evolving as demand increased and that everyone wanted to help flow and avoid prolonged admission. It must therefore evolve across different pathways with a single point of access, with social

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care operating within the team. Partners both, Local Authority and Third Sector were crucial in this and it was emphasised that collaborative working had been key to the project's success.

Executive Director of Therapies and Health Sciences informed the committee that the Deputy CMO had written to all Health Boards asking that they ensure what was reflected nationally was also reflected locally. She highlighted that many of the Clinical Board clinicians were leading on this work and influenced what was occurring nationally. There had been great work on respiratory and stroke. Evidence was given to the Cross Party Group on stroke and HIW had commended Dr T Hughes for his work on stroke, his leadership on staffing and his work looking at future proofing the HB by working with trainees to help the current staffing issues across Wales. The Cross Party Group would be presenting their findings in the near future and a report would be going to Welsh Government. The team were also commended for the reduction of injurious falls on the wards and reducing harm from falls.

Assistant Director for Patient Safety and Quality asked, in regard to the graph showing a reduction on the outpatient waiting list, if the data had improved in relation to the specialities where there had been challenges admitting urgent patients and also, if improvements had been made with medical engagement. It was acknowledged that work still needed to be undertaken but that the position was improving. The Quality and Safety meetings were attended by physician colleagues but plugging everyone into the meeting was quite difficult.

The Executive Nurse Director informed the Committee that she had briefed the Independent Members about the recent Coroner's Inquest and asked the Clinical Board members what was the biggest learning to take from the inquest and what actions had taken place. It was confirmed that there had been issues around documentation as there had been two different observation charts and there was a need to amalgamate both. Further work was also needed on the early warning scores and this had already started. The nurse had escalated her concerns but maybe her voice was not heard and this had been reflected on. Clinician colleagues between paediatrics and emergency medicine who work closely together would be reflecting on the outcomes.

The Chair summarised that it was a pleasure to read the report and felt it was accessible to the lay person. It was transparent around the good things that had been done and showed great leadership in UK best practice.

**The Committee Resolved that:**

- a) the progress made by the Medicine Clinical Board to date and its planned actions be noted; and
- b) the approach taken by Medicine Clinical Board be approved.

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<p><b>QSE 20/02/009</b></p>	<p><b>HEALTH INSPECTORATE WALES ASSESSMENT UNIT UPDATE REPORT</b></p> <p>The Executive Nurse Director informed the Committee 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 was scrutinising the environment and recognised 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 and it was noted that the changes and improvement plan could not be undertaken by the Medicine Clinical Board alone.</p> <p>The Chair invited comments and questions:</p> <p>Independent Member – Trade Union commented that some of the recommendations from the Community Health Council were really basic and there was a need for decisive and clear action to put these things right. It was stated that some changes had been put in place and it was hoped that this position would not become standardised. This was the HB's bottleneck and the Independent Member – Trade Union was comfortable that action had been taken to address the standard things but could not accept that this was an environment that was fit for purpose. In response it was stated that the improvement plan completes the actions asked for by HIW. But the question remained whether we were paying sufficient attention to the LOS work and flow of patients through our service.</p> <p>The Chief Operating Officer confirmed that the Assessment Unit could not be divorced from the whole patient pathway and the issues were well established and well known on a national and international basis. At points in the system these pathways produce less desirable points of pressure. On the point of ownership, the patient flow pathway could not be owned by everyone so the Medicine CB had therefore taken ownership. The COO was encouraged that they had not taken a mechanical approach by fixing one point and moving the risk to another part of the system. Continuous improvements could be made by working with the Health Board's partners but this would take time.</p> <p>Stephen Allen – Community Health Council (CHC) commented that it was positive to see changes implemented and he added that patients were providing feedback that they had seen improvements with facilities to make patients comfortable during their stay. The CHC would like to work with the CB and the LA to see if the patients could see what was being done and to allay some of the patient concerns. It was acknowledged that more work was needed around patients and staff in the AU.</p> <p>The Executive Nurse Director commented that a multiagency approach to patient flow and improvements could be reviewed as part of Board Development and further conversation was needed with the executive team.</p>	<p>RW</p>
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	<p>The Director of Nursing for Medicine added that the Clinical Board had produced a CB staff newsletter and that they would circulate this to the Committee members.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The progress with implementation of the improvement plan be noted and</li> <li>b) The committee considered that sufficient progress had been made to improve quality, safety and experience in this area.</li> </ul>	RA / GM
<p><b>QSE</b> <b>20/02/0010</b></p>	<p><b>NCEPOD – KNOW THE SCORE – PULMONARY EMBOLISM REPORT</b></p> <p>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. The Executive Medical Director directed the Committees attention to items 2, 3, 9 and 13.</p> <p>2. The National scoring system and performance against this was fairly modest and national performance generally was very modest. This did not assess our patients on pulmonary embolism and was undertaken as standard clinical practice. Our compliance was poor and nationally the compliance was poor.</p> <p>3. In regard to CT angiogram reporting the marker should be shown and this was being picked up by the CDT team. This was on the HB's agenda and was being addressed.</p> <p>9. This showed the process by which we flag up regular findings. It was recognised internationally as a very significant quality area and flagged up as a significant risk. The EMD was not assured by the process as it flagged up abnormal results and carried a degree of risk and the CDT Board was aware of the EMD's concerns. The implementation of the national solution for Wales would partially resolve the issue but there was also a need for radiological reporting and the EMD would like to see a more robust process in place to flag up all unexpectedly abnormal results.</p> <p>13. This work was flagged as being at the high end of intervention for pulmonary embolism. The HB was not yet compliant but conversations had taken place to set up the service as part of the treatment networks. This was at the forefront of interventional technology and the EMD did not consider this as a failure and he confirmed that the HB's position was in line with other centres. An expert in the field had been appointed and governance work was ongoing to ensure that the HB would soon be compliant.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the assurance provided by the NCEPOD report Pulmonary</li> </ul>	

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	Embolism: Know the Score and the NCEPOD recommendation checklist be noted.	
<b>QSE 20/02/011</b>	<p><b>NATIONAL CLINICAL AUDIT UPDATE</b></p> <p>The Executive Medical Director provided the Committee with an update on the National Clinical Audit. He flagged 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 which showed the following:</p> <p>Cardiff and Vale UHB had the second lowest suicide and homicide rate of any Health Board in Wales and had the second lowest in the UK. In contrast if you dug down into the figures and compared Wales' 7 Health Boards to the 44 regions in England and 17 regions in North Ireland or Scotland, out of the 68 regions Cardiff and Vale UHB came 44th. The question to ask was whether we were happy with the outcome. It was emphasised this encompassed the entirety of services for the population.</p> <p>One of the headlines from the report was that 47% of patients in Wales had their last contact with Mental Health Services within seven days of their death. It was important that Mental Health Services lead the way in multi-stakeholder conversations.</p> <p>In regard to maternity the EMD alerted the Committee that the HB had a maternal death during the week. He highlighted that there was nothing to suggest there were any concerns about her care.</p> <p>The Oesophago Gastric Cancer Review showed in the outcome data that the Health Board was 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.</p> <p>The National Emergency Laparotomy Audit showed a clear issue with access to critical care.</p> <p><b>The Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>The assurance provided by the recent National Clinical Audit results be noted;</li> <li>the assurance provided in relation to the actions undertaken in response to the raised mortality rate highlighted in the National Hip Fracture Database be noted; and</li> <li>It be noted that, as a result of the recent publication dates in the above audits, action plans are currently in development.</li> </ol>	
<b>QSE 20/02/012</b>  Bricknell Helen 05/26/2020 10:31:36	<p><b>FRACTURE OF NECK FEMUR NATIONAL AUDIT UPDATE</b></p> <p>The Executive Medical Director provided an update through a presentation. The report highlighted that the issue of concern related to the high mortality rate in the 2018 data and also flagged up the robust process undertaken to address this. The report showed the review undertaken in relation to inpatient deaths after hip fracture and some initial discussion on the outcomes of the more up-to-date review. The</p>	

	<p>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:</p> <p>The Health Board was in the lower quartile and worsening in one measure of the review; the proportion of hip fracture injuries whilst an inpatient. The END stated that there was a correlation with patients falling who had a longer LOS. The EDTHS emphasised that we were outliers in LOS. The time to operation and mortality for 30 day rate had both reduced and therefore we were no longer outliers for this measure.</p> <p>The main KPI related to our performance against UK wide performance and provided a clear comparator to where the HB were and the comparative performance data highlighted the things the HB were good at. There had been a significant change. The data also showed the delivery of best practice and confirmed that anaesthesia and surgery were improving.</p> <p>The LOS was stable and significantly longer than the UK national LOS.</p> <p>The headline data highlighted that the previous information had been reviewed and a team had been put in place to manage it. The team were based in MDT care across the frailty pathway and the data showed that there had been significant improvements but it was acknowledged that there was still work to do.</p> <p>The EDTHS commented that there was a need to reduce older patients LOS in an unfamiliar environment and to do a piece of work in supporting our ward services in order to reduce fractures to the neck of femur.</p> <p>Independent Member – University asked if the data had been consistently double the average of the national figures or is it double of the UK figures. In response it was stated this was UK data and some measures were different and it was agreed that the current LOS was longer than what was aimed for.</p> <p><b>The Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>The UHB position in relation to the National Hip Fracture Database in 2018, in particular the 30 day mortality rate, be noted and;</li> <li>the assurance provided by the 2019 National Hip Fracture Data and the improvements that have been implemented to date be noted.</li> </ol>	
<p><b>QSE 20/02/013</b></p> <p>Bricknell Helen 05/26/2020 10:31:36</p>	<p><b>CANCER PEER REVIEW AND LUNG PEER REVIEW</b></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 based on verbal feedback. This was to be managed locally by speciality</p>	

	<p>services and solid tumour services and was to be taken by the leadership teams to MDT and Clinical Board. Work was also being undertaken with Velindre to take child services forward.</p> <p>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.</p> <p>The Chair asked for all slides to be shared with the Committee.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the report be noted; and</li> <li>b) it was agreed that appropriate assurance has been provided in relation to the trends, themes and resulting actions, including the plans to address areas of concern.</li> </ul>	SW
QSE 20/02/014	<p><b>OPHTHALMOLOGY INSOURCING INCIDENT OVERVIEW</b></p> <p>The Executive Nurse Director informed the Committee that the Health Board had contacted affected patients formally with the outcome of the Root Cause Analysis.</p> <p>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. SHS was again reminded and the RCAs resent. Communication was ongoing and it was emphasised that this would not affect the patients contacted.</p> <p>The CB was thanked for taking learning from insourcing so that it would not to be repeated. The service had gone out to procure again.</p> <p>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. The COO added that the profile was not in balance for ophthalmology as it was recognised 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.</p> <p>The END commented that the learning and processes would be embedded across the whole of Wales.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the contents of the report be noted and the actions being taken be supported.</li> </ul>	
QSE 20/02/015	<p><b>HEALTH INSPECTORATE WALES (HIW) ACTIVITY OVERVIEW</b></p> <p>The Assistant Director of Patient Safety and Quality provided an update. Since the last report there had been no announced or unannounced</p>	

	<p>visits. In regard to the Maternity Report, a robust improvement plan had been submitted to meet the recommendations. There would be a second phase of the Maternity Review which would entail two days of interviews that would look specifically at governance arrangements in the organisation.</p> <p>HIW would embark on an announced visit in March to Cardiff North CMHT and pre-work would be carried out ahead of the visits. The report on SRC in Rookwood had been published on the HIW website.</p> <p>Since writing the report the END informed that two visits had been undertaken by HIW at two clinical areas in Hafan y Coed where a few issues had been raised alongside positive feedback. One had been raised previously regarding Sleeping Out. Assurance would be brought back to the Committee once the report had been published.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the level of HIW activity across a broad range of services be noted and</li> <li>b) it be agreed that the appropriate processes are in place to address and monitor the recommendations.</li> </ul>	RW
QSE 20/02/016	<p><b>POLICIES FOR APPROVAL</b></p> <p>An overview of the policies and procedures were provided to the Committee for approval, these were the:</p> <p><b>1. Optimising Outcomes Policy</b></p> <p>The policy had been adopted by the HB in 2013 to systemically support weight management in elective surgery. Smoking and weight management had been integral prior to surgery and there had not been any changes made to the policy itself and only minor changes had been made to procedure.</p> <p>Preoperative smoking cessation referrals and weight management support were part of the elective surgical pathways and more was to be done to ensure that this was available across the HB.</p> <p>Stephen Allen – CHC asked if there was enough capacity for referrals. In response it was stated that within smoking cessation there was capacity but with weight management support could be delayed. This had to be reviewed on a case by case basis.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The updated Policy be approved;</li> </ul> <p><b>2. Laser Risk Management Policy</b></p> <p><b>The Committee resolved that:</b></p>	

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	<p>a) Laser Risk Management Policy and Procedure be approved.</p> <p>b) the full publication of the Laser Risk Management Policy and Procedure in accordance with the UHB publication scheme be approved.</p> <p><b>3. Procedure and Policy for the Pregnancy Testing of Girls of Child Bearing Age (who are menstruating) Before Procedures and Treatments</b></p> <p><b>The Committee resolved that:</b></p> <p>a) the Policy for the Pregnancy testing of girls of child bearing age who have commenced menstruation before procedures and treatments be approved.</p> <p>b) the full publication of the Policy and Procedure in accordance with the UHB Publication Scheme be approved.</p> <p><b>4. South Wales Trauma Network Clinical Guidelines</b></p> <p>The Committee could take assurance that the governance arrangements around the guidelines were robust. There would be no additional resources as these were not new processes but the guidelines were being consolidated.</p> <p><b>The Committee resolved that:</b></p> <p>a) The South Wales Trauma Network Clinical Guidelines be approved.</p>	
QSE 20/02/017	<p><b>ANNUAL COMMITTEE WORKPLAN</b></p> <p>The Assistant Director of Patient Safety introduced the report and confirmed that there had been no significant changes to the workplan.</p> <p>The Director of Corporate Governance responded to a query from the Interim Chair of the Board who to a queried why there were no Terms of Reference accompanying the workplan. The Director of Corporate Governance stated that there were a number of areas which would require significant changes 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 therefore it would be 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 work plan for the Committee would be realigned to the Terms of Reference.</p> <p><b>The Committee resolved that:</b></p> <p>a) the Work plan 2019/20 was reviewed;</p> <p>b) the Work plan 2019/20 be approved subject to further review in September 2020 and aligned to the revised ToR; and</p>	NF

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	c) the work plan be recommended for approval to the Board of Directors for use until September 2020.	
<b>QSE 20/02/018</b>	<p><b>COMMITTEE ANNUAL BUSINESS REPORT</b></p> <p>The Director of Corporate Governance presented the Annual Report 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.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the draft Annual Report 2019/20 of the Quality, Safety and Experience Committee was reviewed; and</li> <li>b) the Annual Report be recommended to the Board for approval.</li> </ul>	
<b>QSE 20/02/019</b>	<p><b>ITEMS RECEIVED FROM CLINICAL BOARDS QUALITY SAFETY AND EXPERIENCE COMMITTEE</b></p> <p>The ADPSQ highlighted the huge staff engagement Mental Health Clinical Board had for lessons learnt but there was less engagement in their regular quality and safety meeting. There were no minutes received from the Medicine Clinical Board.</p> <p>Independent Member – Trade Union noted that Capital and Estates was not a Clinical Board but a Service Group and a report was not provided regarding quality and safety. The END said that she would take this away to consider in the context of a new workplan.</p> <p>EDTHS stated that all CBs should have an agenda item for medical equipment but the templates were not the same. Medical Equipment needed to be discussed as new legislation would be coming into place. In response the END confirmed that the agenda was standardised to healthcare standards and in regards to medical devices, CBs had the freedom to discuss what they felt needed to be focussed on but she realised that this was a recurring theme. The EDTHS requested that the agenda template be reissued with a message to raise the concerns flagged regarding medical equipment.</p> <p>In regard to the Mental Health CB the Interim UHB Chair asked what patient involvement do other CBs undertake in their meetings. In response it was stated that CBs were able to take their agenda forward to include what was important to them. An example was provided that the directorates in Children and Women engage in a Group but there was a variety of different approaches taken.</p> <p>The following minutes from Clinical Board Quality Safety and Experience Sub Committees were noted:</p> <ul style="list-style-type: none"> <li>• Children and Women – 22.10.19</li> <li>• Clinical Diagnostics and Therapeutics – 13.11.19 and 11.12.19</li> <li>• Mental Health – 17.10.19 and 21.11.19</li> </ul>	CE

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	<ul style="list-style-type: none"> <li>Specialist Services – 19.09.19, 11.10.19 and 22.11.19</li> </ul> <p><b>The Committee resolved that:</b></p> <p>a) The minutes of the Clinical Boards be noted</p>	
<b>QSE 20/02/020</b>	<p><b>ITEMS TO BRING TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</b></p> <p>The Committee Chair asked for items to go forward to the Board / other Committee meetings:</p> <ul style="list-style-type: none"> <li>The END highlighted that there had been continual raising of Unscheduled Care Pathway and Length of Stay;</li> <li>The HIW report feedback; and</li> <li>An update on audit work which had not been detailed in previous Committees which provide upward assurance.</li> </ul>	
<b>QSE 20/02/021</b>	<p><b>REVIEW OF MEETING</b></p> <p>The Committee Chair facilitated a review of the meeting. Members confirmed that:</p> <ul style="list-style-type: none"> <li>Although timings were on the agenda the Chair felt additional time was needed for the Clinical Board reports. The additional time was needed to give the public assurance that our services were safe and the Chair confirmed that she would meet with CHC offline to discuss this.</li> <li>The meeting and minutes should be made available to the public in a more user friendly format. This should be addressed through the communications team.</li> <li>Independent Member – Estates – It was positive to see, as a new member, how supportive and positive the comments had been to move things along as it was an extensive agenda.</li> <li>The Assistant Director of Patient Safety confirmed that the Peer Review Group would look retrospectively at a set of committee papers to assess how the committee could make them look more public friendly and facing.</li> <li>It was noted that some attendees had wrestled with the number of papers and wondered how to prepare for the meeting. In response it was stated that it was not expected that IMs would need to read all policies and documents provided that they were satisfied that scrutiny had been undertaken during the drafting and agreement of the documents.</li> </ul>	
<b>QSE 20/02/022</b>	<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>Tuesday, 14 April 2020 at 9.00am Coed y Bwl Room, Ground Floor, Woodland House, Heath, Cardiff</p>	

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## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – MAY 2020**

The Welsh Health Specialised Services Committee held its latest public meeting on 12 May 2020 with a 'consent agenda', as described on the WHSSC website. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

<http://www.whssc.wales.nhs.uk/2020-21-whssc-joint-committee>

### **Minutes of Previous Meeting**

The minutes of the meeting of 10 March 2020 were taken as read and approved.

### **Action log & matters arising**

Members noted there were no outstanding actions or matters arising.

### **Chair's Report**

The Chair's Report, including approval of appointment of the Vice Chair and ratification of two Chair's Actions, was taken as read.

### **Managing Director's Report**

The Managing Director's report, including updates on the South Wales Major Trauma Network and ATMPs, was taken as read.

### **Commissioning Welsh Independent Sector Hospitals Capacity**

A paper providing an update on the progress in commissioning Welsh independent sector hospitals capacity on behalf of Health Boards for the period of the COVID-19 situation was taken as read.

### **Commissioning Specialised Services during the COVID-19 Pandemic**

The Director of Planning summarised a paper providing a description of the proposed WHSS Team approach to commissioning specialised services during the next phase of the COVID-19 pandemic that reflected the approach of the Welsh Government Framework for Recovery; Leading

Wales Out of the Coronavirus Pandemic, the joint CMO/CNO Framework of Ethical Values and Principles for Healthcare Delivery as well as the output of the CEO group provided to the NHS CEO. Members acknowledged that even the delivery of essential services would need to recognise a balance of risk for patients, where the risk of harm arising from COVID-19 infection would need to be understood and taken into account by all parties when taking decisions on clinical treatment. The proposed approach received support from members.

### **Adult Thoracic Surgery for South Wales – Consultant Workforce Cover for the Major Trauma Centre – Detail of Joint Committee Decisions**

A paper providing the detail of the decisions made at the July 2019 Joint Committee meeting regarding thoracic surgery consultant workforce cover for the major trauma centre and clarifying the agreed handling of the expected Society of Cardiothoracic Surgery Guidelines on the management of thoracic trauma was taken as read.

### **WHSSC Corporate Risk and Assurance Framework**

A paper providing an update on the WHSSC risk management framework as at 29 February 2020 and the approach being taken to risk management during the COVID-19 pandemic was taken as read.

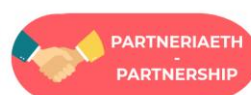
### **Financial Performance Report – Month 12 2019/20**

A paper that set out the financial position for WHSSC for the 12th month of 2019-20, including a reported under spend of £6.5m for the year, was taken as read.

### **Other reports**

Members also took as read the update reports from the following joint sub committees and advisory groups:

- Management Group;
- Integrated Governance Committee;
- Quality & Patient Safety Committee;
- All Wales Individual Patient Funding Request Panel; and
- Welsh Renal Clinical Network Board.



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<b>Report Title:</b>	<b>Audit &amp; Assurance Committee – Chair's Report</b>					
<b>Meeting:</b>	<b>Board Meeting</b>				<b>Meeting Date:</b>	<b>28.05.2020</b>
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
					<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Chair, Audit &amp; Assurance Committee</b>					
<b>Report Author (Title):</b>	<b>Corporate Governance Officer</b>					

## SITUATION

To provide the Board with a summary of key issues discussed at the Audit & Assurance Committee held on 21<sup>st</sup> April 2020.

### Internal Audit Progress and Tracking Report

The Committee were advised that the current pandemic had a significant impact to complete work outlined in the work plan, however the audit reports that were in draft format were due to be completed. Given the current situation, the Committee made the decision that audit reports in draft format would be presented at the next meeting, and the final reports be presented when possible, at a later date.

The Committee were encouraged to hear that work was being undertaken to complete the audit plan and subsequently deliver the Head of Internal Audit Opinion, enough audits had been carried out to provide sufficient coverage across the eight domains to complete this. The Committee were advised that the Head of Internal Audit opinion would be a reasonable assurance rating.

### Declarations of Interests, Gifts and Hospitality Tracking Report

The Committee were extremely pleased to see the continued improvement within this area and to note that the backlog of forms had been cleared.

The Committee were advised that due to the current pandemic, all communications regarding declarations of interest had stopped, however work was being undertaken so declarations were continually monitored, and to date, no declarations had been received that raised concern.

### Regulatory Compliance Tracking Report

The Committee were informed that there were no visits ongoing at present, there were planned visits for June / July 2020, however it was anticipated, given the current circumstances, these would not take place.

The Committee requested a report outlining all regulatory visits and sign off procedures for Ysbyty Calon Y Ddraig be presented at a future meeting for assurance purposes.

### **Internal Audit Tracking Report**

The Committee were advised that activity had slowed due to the pandemic, however, were encouraged to note the decrease in outstanding recommendations which was positive.

It was explained that Internal Audit and Corporate Governance would be collaboratively working together to review recommendations to ensure they were still relevant and had not been superseded.

The Director of Corporate Governance advised the Committee, with the appointment of two new Risk & Regulation Officers, work would be undertaken for 'response training' to ensure that all management responses provided on the tracker contained enough detail to allow transparent reporting.

### **Wales Audit Office Tracking Report**

The Committee were advised that activity had slowed due to the pandemic, however, were encouraged to note the decrease in outstanding recommendations from 90 to 48 which was positive.

### **Review the Risk Management System**

The Committee were pleased to note the significant progress that had been made within this area and were encouraged to see a strategy and agreed risk appetite, along with systems in place to manage risks.

The Committee were advised that the next phase of work to be undertaken after the pandemic would be consistency in scoring across the UHB.

In relation to COVID-19, the Committee were encouraged to note that risk registers had been developed for the four hubs and these would be presented at the Board Governance Group and at the Board Meeting at the end of May 2020.

The Committee noted that within the six key risks, one risk had been slightly amended from 'Planning Recovery' to 'Risks to Cardiff & Vale IMTP'.

### **Annual Internal Audit Plan**

The Committee were advised that the Annual Internal Audit Plan had been produced following discussions with all Executives, UHB Chair and Chief Executive Officer.

The Committee approved the plan, but with the acknowledgement that it would need further adjustment and amendment to reflect the emerging risks coming from COVID-19. Based on this, the Committee have requested an update on the plan at the next meeting which would detail any changes made to the plan to date.

The Committee were pleased to note that work was being undertaken with Shared Services to

access potential additional support through agencies to catch up with work required after COVID-19.

## Internal Audit Reports

The Committee were pleased to note the following Internal Audit Reports:

- |                               |             |
|-------------------------------|-------------|
| • CD&T Laboratory Turnarounds | Substantial |
| • UHB Core Financial Systems  | Substantial |
| • Risk Management             | Reasonable  |

## Annual Audit Plan – Impact of COVID-19

The Committee were informed that all audit work had been suspended for the time being due to COVID-19, however, were pleased to hear work was being undertaken to capture learning from the pandemic on an All Wales Level.

Wales Audit Office informed that in terms of accounts, the timetable had been altered, in addition to the performance report had been delayed to allow key staff to focus on current challenges. It was also explained that FRS 16 – Leases, Change in Accounting Standards had been deferred for one year, into 2021-22 which was extremely helpful as this work would require a significant amount of work from all Health Boards across Wales.

### 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	
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<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>
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<b>Report Title:</b>	<b>FINANCE COMMITTEE KEY ISSUES REPORT</b>					
<b>Meeting:</b>	Board Meeting			<b>Meeting Date:</b>	28th May 2020	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
					<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Robert Chadwick, Executive Director of Finance</b>					
<b>Report Author (Title):</b>	<b>John Union, Vice Chair of Finance Committee</b>					

### Background and current situation:

To provide the Board with a summary of key issues discussed at the Finance Committee held on the 29th April 2020.

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

The UHB's financial position improved again in March in line with the profiled plan to reach break-even at year end. Budget holders had previously been requested to maintain financial improvements to manage the residual financial risk in the final month of the year so that the approved IMTP delivered. Plans were flexed in March to respond to the additional operational demands arising as result of the COVID 19 virus and an additional £1m revenue funding was secured from Welsh Government to cover the increase in net cost arising as a result of the change to plans.

The UHB delivered a balanced position in line with the 2019/20 financial plan supporting the approved IMTP. The draft reported financial position for the twelve months to the end of March 2020 is a surplus of £0.058m.

At the beginning of 2019/20 the UHB had a brought forward underlying recurrent deficit of £36.3m. This has now reduced to £11.5m.

This reflects a satisfactory outcome to what was a very challenging financial year.

Assurance is provided by the scrutiny of financial performance undertaken by the Finance Committee and the delivery of a balanced position at the year end. This will now be subject to external verification by the Wales Audit Office.

### Assessment and Risk Implications



## Finance Report as at Month 12

The report updated the Committee on the UHB's financial performance to month 12.

The UHB's approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP) included a balanced financial plan for 2019/20.

The Committee was informed that the UHB's provisional year end revenue outturn was a surplus of £0.058m which was broadly in line with the break-even position previously forecast. Furthermore the UHB had stayed within its Capital Resource limit and achieved its creditor payment compliance target. The Committee was asked to note that the reported results were all provisional at this stage as the draft accounts were to be finalized and would be subject to External Audit scrutiny when completed. It was noted that whilst the reported position was subject to finalization and verification that it was not expected to materially change. It was highlighted however that despite achieving a surplus in 2019/20 the UHB still breached its statutory break even duty by £36.667m over the three year period.

In addition the Committee was advised that at the beginning of 2019/20 the UHB had a brought forward underlying recurrent deficit of £36.3m. This had been reduced by £24.8m to £11.5m in year, albeit this was £7.5m higher than planned;

## Risk Register

The 2020/21 Finance Risk register was presented to the Committee.

It was highlighted that 4 of the risks identified on the 2020/21 Risk Register were categorized as extreme risks (Red) namely:

- 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)
- COVID-19 impact on financial plan

In addition, the extreme risks on the Dragon's Heart Hospital (DHH) sub set risk register were noted as being:

- Financial Plan impact of DHH
- Cost exceeding forecast ranges due to unforeseen factors.
- Damage and alteration to the stadium driving reinstatement costs above the current projected provision.

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## 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	
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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.*



<b>Report Title:</b>	<b>Quality, Safety &amp; Experience Committee – Chair’s Report</b>					
<b>Meeting:</b>	<b>Board Meeting</b>			<b>Meeting Date:</b>	<b>28.05.2020</b>	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
					<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Chair, Quality, Safety &amp; Experience Committee</b>					
<b>Report Author (Title):</b>	<b>Corporate Governance Officer</b>					

## SITUATION

To provide the Board with a summary of key issues discussed at the Quality, Safety & Experience Committee held on 14<sup>th</sup> April 2020.

## PCIC Patient Story

Due to the ongoing and changing developments regarding COVID-19, the Committee agreed that the PCIC Clinical Board would present their Patient Story and Assurance Report to a future meeting.

## Mortality Review – Learning from Deaths

The Committee received an informative report from the Assistant Director of Patient Safety and Quality and were pleased to note an improved area within Level 1 compliance, a significant improvement had been seen within Critical Care with an increase from 66% to 100% compliance in January 2020. The Committee were encouraged to hear overall the Health Board was at 80% compliance.

The Committee were informed that throughout the ongoing pandemic, the UHB had sufficient mortuary capacity, over weekends mortuaries were full therefore the UHB had moved into extra capacity arrangements, however this was due to undertakers being unavailable to collect bodies.

The Committee were encouraged to note that the Patient Safety team had refreshed communication to staff across the UHB around End of Life, focusing on the following areas:

1. Sensitively have conversations with patients around DNAR/CAR on arrival to hospital
2. How to help families remain in contact with loved ones who are critically ill

and were pleased to hear of two new services that had been set up which were:

1. Helpline for the Public on patients
2. Bereavement Helpline – The team were contacting all patients who are bereaved, paying particular attention to COVID-19 patients.

Bricknell Helen  
05/26/2020 10:31:36

These had been very well received and the Committee are looking forward to hearing about further developments regarding possible virtual visiting and patients receiving messages from relatives.

The Committee were provided with assurance that the appropriate safeguards were in place to ensure patients fully understood questions relating to DNAR/CAR on admission to hospital.

The Committee were advised that the UHB is continuing to carry out religious rituals within 24 hours, in particular for patients of Jewish and Muslim faith and were pleased to hear that the religious communities had been very appreciative and understanding of the current situation and the difficulties this presented.

### **Ophthalmology waiting times and the management of Patient risk**

The Committee were advised that ophthalmology waiting times had seen significant improvement and there had been a decrease from 4000 patients waiting for treatment to 300-400. Work is still being undertaken in this area with a successful virtual service being implemented.

During the pandemic, patients are still able to receive treatment at the Llanishen site, with a patient risk management plan in place. The Committee noted a concern that some patients were not attending clinics, therefore, there was a potential for a backlog of patients when the pandemic ends.

### **Exception Reports – Key Issues**

The Committee were informed that the current focus was on management of COVID-19 patients and patients waiting for care.

The Executive Nurse Director advised the Committee of an All Wales concern around PPE and informed them of the sad loss of two colleagues.

The Committee were encouraged to hear that in the event of a colleague dying from COVID-19, an assessment would be undertaken to identify where they were working at the time.

### **Annual Quality Statement**

The Committee agreed that due to the ongoing pandemic and the current pressure on services, the Annual Quality Statement would be brought to a future meeting.

### **Items for Noting & Information**

The Committee noted the following item:

- UHB self-assessment and improvement plan against the Cwm Taf HIW/WAO governance review

The Committee fully support the UHB to do whatever was required to increase capacity in this area to ensure colleagues are able to carry out their duties safely.

## Any Other Business

The Committee were advised that the National Clinical Audit Plan had been stood down by Welsh Government, however, were encouraged to note that work would continue to be undertaken with Clinical Audit Teams to ensure data was still inputted, although it was not a priority.

### 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	
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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.*

