PUBLIC Board Meeting

Thu 30 September 2021, 12:30 - 17:00

Agenda

1. Welcome & Introductions

Charles Janczewski

2. Apologies for Absence

Charles Janczewski

3. Declarations of Interest

Charles Janczewski

4. Minutes of the Board Meeting held on: Public Board 29th July 2021

Charles Janczewski

4 Unconfirmed Public Board Minutes 29.07.21 NF.pdf (19 pages)

5. Action Log – 29th July 2021

Charles Janczewski

5 - Action Log - 29.07.21.pdf (1 pages)

6. Items for Review and Assurance

6.1. Patient Story

Ruth Walker

6.2. Chair’s Report & Chair’s Action taken since last meeting

Charles Janczewski

6.2 Chair's Board Report - September 2021 v4.pdf (8 pages)

6.3. Interim Chief Executive Report

Stuart Walker

6.3 Chief Executive Board Report - Sept 2021.pdf (5 pages)

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6.4. WHSSC Annual Update

Charles Janczewski / Sian Lewis

Presentation

6.5. Corona Virus Report including:

Stuart Walker

- Quality and Safety
- Workforce
- Governance
- Operations
- Public Health

6.5 - Covering Report Corona Virus COVID-19 Update.pdf (2 pages)
6.5.1 COVID update report September 2021.pdf (6 pages)

6.6. Board Assurance Framework

Nicola Foreman

6.6 BAF Covering Report -Sept 2021.pdf (3 pages)
6.6a BOARD ASSURANCE FRAMEWORK - Sept 2021.pdf (28 pages)

6.7. Performance Report

Catherine Phillips / Steve Curry

6.7 Performance report September 2021 (Final).pdf (10 pages)

6.8. Patient Safety, Quality and Experience Report

Ruth Walker / Stuart Walker

6.8 Patient QSE Report - 30.09.21 - FINAL.pdf (15 pages)

7. Items for Approval / Ratification

7.1. NHS Wales Collaborative request for WHSSC to Commission new services:

Abigail Harris

1.Hepato Pancreato biliary surgery

2.Hepato Cellular Carcinoma (HCC) MDT

3. Paediatric orthopaedic surgery

7.1 WHSSC Report - Commissioning Future New Services for Mid South and West Wales.pdf (6 pages)
7.1a Appendix 1 Letter to Kate Eden - Hepto-Pancreato-Biliary Surgery (3).pdf (2 pages)
7.1b Appendix 2 Letter to Sian Lewis - Paediatric Orthopaedic Specialised Surgery (1).pdf (1 pages)

7.2. Director of Public Health Annual Report

Fiona Kinghorn

7.2 DPH Cover Report 2021_UHB Board_FINAL.pdf (3 pages)
7.2a DPH report 2021_FINAL.pdf (77 pages)

7.3. South East Wales Vascular Network Business Case

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Abigail Harris

7.3. South East Wales Vascular Network Business Case Executive Summary.pdf (3 pages)

7.4. South East Wales Acute Oncology Service Business Case

Abigail Harris

7.4 AOS BC Board paper 300921 v3.pdf (7 pages)

7.5. COVID Recovery Schemes – Submission to WG

Catherine Phillips

Geoff Walsh

7.5 COVID Capital projects to WG 15.9.21.pdf (3 pages)
7.5a Appendix 1 - Capital Associated With Covid Recovery.pdf (7 pages)

7.6. SARC Facilities at Cardiff Royal Infirmary

Catherine Phillips

Geoff Walsh

7.6 CRI SARC Interim Solution September 2021.pdf (5 pages)
7.6a SARC Appendix 2.pdf (1 pages)
7.6b SARC Appendix 2.pdf (1 pages)
7.6c SARC Appendix 2.pdf (1 pages)
7.6d SARC Appendix 2.pdf (1 pages)
7.6e SARC Appendix 2.pdf (1 pages)
7.6f SARC Appendix 2.pdf (1 pages)
7.6g SARC Appendix 2.pdf (1 pages)

7.7. UHL CAVOC Theatres contract

Geoff Walsh

7.7 CAVOC UHL Board paper approval of SCP.PM.CA (Sept21 Board).pdf (4 pages)

7.8. Three Yearly Nurse Staffing Act Report

Ruth Walker

7.8 Board 3 yearly Nurse Report SBAR - 2021 09 30 - FINAL.pdf (3 pages)
7.8a Cardiff and Vale UHB - first three yearly WG Nurse Staffing Repo....pdf (13 pages)

7.9. Paediatric Nurse Staffing Levels Report

Ruth Walker

7.9 Paediatric NSA - Board Report Sept 2021 updated 10 9 21.pdf (10 pages)

7.10. Major Incidents Plan

Abigail Harris

7.10 - MIP review 2021-22 - V5.pdf (2 pages)

7.11. Pharmaceutical Needs Assessment

Fiona Kinghorn

Karen May

7.11 PNA Report - Board Committee Sep30th.pdf (3 pages)

7.12. Board Member Champions

Nicola Foreman

7.12 Board Champion and Lead Report.pdf (2 pages)
7.12a BOARD LEADS AND CHAMPIONS updated Sept 21 Appendix 1.pdf (2 pages)
7.12b Board Champions Role Description - Appendix 2.pdf (2 pages)

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7.13. Assurance Strategy

Nicola Foreman

- 7.13 Assurance Strategy.pdf (2 pages)
- 7.13a Assurance Strategy 21-24 - Appendix 1.pdf (19 pages)
- 7.13b Assurance Map Cardiff and Vale UHB.pdf (1 pages)

7.14. Committee / Governance Group Minutes:

1. Audit & Assurance Committee - 6 July 2021
2. Finance Committee - 23 June & 28 July 2021
3. Quality, Safety & Experience Committee - 15 June 2021
4. Strategy & Delivery Committee - 13 July 2021
5. Health & Safety Committee - 30 March 2021
6. Mental Health Capacity Legislation Committee - 20 April 2021
7. Stakeholder Reference Group - 25 May 2021
8. Emergency Ambulance Services Committee (English & Welsh) - 13 & 20 July 2021
9. Local Partnership Forum
10. WHSSC Joint Committee Briefings - 7 September 2021
11. Health Care Professional Forum

- 7.14.1 - Approved Audit Committee Public Minutes 06.07.2021 - V2.NF.pdf (10 pages)
- 7.14.2a CONFIRMED MINUTES OF THE FINANCE COMMITTEE JUNE 23 2021.pdf (7 pages)
- 7.14.2b CONFIRMED MINUTES OF THE FINANCE COMMITTEE JULY 28 2021.pdf (9 pages)
- 7.14.3 PUBLIC QSE MINS 15.06.21 - AF.NF.pdf (13 pages)
- 7.14.4 Public Minutes - SD Committee - 13.07.2021 - V3.pdf (11 pages)
- 7.14.5 Confirmed minutes of HS Committee meeting 30.03.21 JE V2.NF clean copy.pdf (9 pages)
- 7.14.6 confirmed Minutes MHCLC 20.04.21.pdf (10 pages)
- 7.14.7 - Minutes of SRG Meeting - 25 May 2021.pdf (6 pages)
- 7.14.8a ConfirmedminutesEASC13July2021.pdf (12 pages)
- 7.14.8b Cofnodion PGAB wedi eu cadarnhau EASC 13 July 2021.pdf (12 pages)
- 7.14.8c ConfirmedminutesEASC20July2021.pdf (5 pages)
- 7.14.8d Cofnodion PGAB wedi eu cadarnau o'r Cyfarfod Arbennig EASC Special meeting 20 July 2021.pdf (5 pages)
- 7.14.9a LPF minutes 17.06.21.pdf (7 pages)
- 7.14.9b LPF minutes 18.08.21.pdf (7 pages)
- 7.14.10 2021.09.07 JC Briefing v1.0.pdf (6 pages)

8. Items for Noting and Information to Report

8.1. Corporate Risk Register

Nicola Foreman

- 8.1 Corporate Risk Register Covering Report - Sep 21.pdf (4 pages)
- 8.1a Corporate Risk Register Sep 2021 - Board Summary.pdf (1 pages)

8.2. Chair’s Reports:

1. Finance Committee - 28 July & 25 August 2021
2. Audit & Assurance Committee - 7 September 2021
3. Quality, Safety & Experience Committee - 15 September 2021
4. Strategy & Delivery Committee - 14 September 2021
5. Health & Safety Committee - 27 July 2021
6. Mental Health Capacity Legislation - 20 July 2021
7. Stakeholder Reference Group - 22 July 2021
8. Emergency Ambulance Services Committee - 7 September 2021
9. Local Partnership Forum
10. NWSSPC Assurance report - 22 July 2021
11. Health Care Professional Forum

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- 8.2.1a Finance Committee Chairs Report July 2021 Public Meeting.pdf (5 pages)
- 8.2.1b Finance Committee Chairs Report August 2021 Public Meeting.pdf (4 pages)
- 8.2.2. -Audit Chair's Report - 7 September 2021 - v1.pdf (5 pages)
- 8.2.5 - H&S Chairs Report - July 2021.pdf (5 pages)
- 8.2.7 - SRG Chairs Report - 22 July 2021.pdf (3 pages)

8.2.8 Final Chair's EASC Summary from 7 Sept 2021.pdf (3 pages)
8.2.10 - NWSSPC Assurance Report - 22 July 2021.pdf (5 pages)

9. Agenda for Private Board Meeting:

i. Integrated Performance Report

ii. LINC Business Case

iii. Private Committee Minutes

iv. Whitchurch Hospital Disposal

10. Any Other Business

Charles Janczewski

11. Review of the meeting

Charles Janczewski

12. Date and time of next meeting:

Thursday 25th November 2021 via MS Teams

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Unconfirmed Minutes of the Public Board Meeting
Held on Thursday, 29th July 2021 at 12:30 – 17:00
Via MS Teams Live Event

Present:		
Charles Janczewski	CJ	UHB Chair
Ceri Phillips	CP	UHB Vice Chair
Len Richards	LR	Chief Executive Officer
Stuart Walker	SW	Shadow Interim Chief Executive Officer / Executive Medical Director
Abigail Harris	AH	Executive Director of Strategic Planning
Akmal Hanuk	AH	Independent Member - Community
David Edwards	DE	Independent Member - ICT
Fiona Jenkins	FJ	Executive Director of Therapies & Health Sciences
Fiona Kinghorn	FK	Executive Director of Public Health
Gary Baxter	GB	Independent Member - University
John Union	JU	Independent Member - Finance
Michael Imperato	MI	Independent Member - Legal
Mike Jones	MJ	Independent Member – Trade Union
Rachel Gidman	RG	Executive Director of People & Culture
Rhian Thomas	RT	Independent Member – Capital and Estates
Ruth Walker	RW	Executive Nurse Director
Sara Moseley	SM	Independent Member – Third Sector
Steve Curry	SC	Chief Operating Officer
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Carri Watts	LC	Health Inspectorate Wales – Deputy Relationship Manager
Christopher Lewis	CL	Deputy Director of Finance
Daniel Crossland	DC	Deputy Director of Operations Mental Health Clinical Board
David Thomas	DT	Director of Digital & Health Intelligence
Malcolm Latham	ML	Chair - Community Health Council
Sam Austin	SA	Chair of Stakeholder Reference Group
Stephen Allen	SA	Chief Executive Officer - Community Health Council
Vanessa Davies	VD	Health Inspectorate Wales – Head of Reviews
Observers:		
Darren Griffiths	DG	Wales Audit
Ian Virgil	IV	Head of Internal Audit
Marcia Donovan	MD	Head of Corporate Governance
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Joanne Brandon	JB	Director of Communications
Catherine Phillips	CP	Director of Finance
Lance Carver	LC	Director of Social Services, Vale of Glamorgan Council
Susan Elsmore	SE	Independent Member – Local Authority

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		Action
UHB 21/07/001	**Welcome & Introductions** The UHB Chair welcomed everyone to the Public Meeting in English and Welsh. The UHB Chair introduced the Chair of the Stakeholder Reference Group (CSRG). The UHB Chair informed members that the Director of Digital & Health Intelligence (DDHI) had been formally appointed as a Board level director and welcomed him to the meeting. He also welcomed to the meeting the Head of Internal Audit (HIA), the Chief Executive Officer & Chair of the Community Health Council (CEO-CHC) (C-CHC), and the Deputy Director of Operations Mental Health Clinical Board (DDOMH) The UHB Chair welcomed members from Health Inspectorate Wales (HIW) who are also due to present on the agenda	
UHB 21/07/002	**Apologies for Absence** **The Board resolved that:** a) Apologies for absences were noted.	
UHB 21/07/003	**Declarations of Interest** The Executive Director of Therapies & Health Sciences (EDTHS) declared an interest as a Board member of Cwm Taf Morgannwg UHB. Independent Member – University (IM-U) declared an interest as a member of the University and in relation to the agenda item “Positron Emission Tomography Programme (PET) Project Business Case - Letter of Support”	
UHB 21/07/004	**Minutes of the Board Meeting held on:** • **Public Board 27th May 2021** • **Special Board 10th June 2021** • **Special Board 24th June 2021** The UHB Chair reviewed the minutes with the Board with no further matters arising. The Executive Director of Strategic Planning (EDSP) commented that in relation to the minutes from Special Board 24th June 2021, they had	

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	not yet received formal feedback from Welsh Government (WG) regarding the Annual Plan that had been submitted. **The Board resolved that:** a) The minutes of the meeting held on Public Board 27th May 2021, Special Board 10th June 2021 & Special Board 24th June 2021 were approved as a true and accurate record.	
UHB 21/07/005	**Action Log – 27th May 2021** **10th June 2021** **24th June 2021** The Director of Corporate Governance (DCG) reviewed the Action Log and presented the updates to the Board. She confirmed those items which were completed actions, actions being presented on the meeting agenda, and actions that were coming to future meetings. Everything on the current Action Log would be deemed complete by the next meeting. **The Board resolved that:** a) The Action Log updates were received and noted.	
UHB 21/07/006	**Patient Story** The UHB Chair commented that that it was encouraging to see that this item was brought to a Commitee of the Board and such was the feeling of this story that it was reccomended by the Committee that it is also seen by the Board in public. The Executive Nurse Director (END) informed the Board that this story is in relation to a member of staff and demonstrates the importance of looking after staff. She informed the Board that it was a very personal experience recommended by the Mental Health Capaciy Legislation Committee. **The Board resolved that:** a) The Patient Story was noted.	
UHB 21/07/007	**Chair's Report & Chair's Action taken since last meeting** The UHB Chair highlighted the district nursing and community resource teams' services. He stated that throughout the pandemic the district nurse teams, in particular, had provided wrap around services to clusters, nursing homes, care agencies, residential homes and hospices. He reminded the Board that these were very vulnerable areas throughout the first	

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	phase of the pandemic where residents of the homes were most susceptible to the harsher effects of the virus. He highlighted that community resource teams had operated on an integrated basis across Cardiff & the Vale and partnership working with local authority and the third sector in this context in multi-disciplinary teams have been extremely positive and very effective. He stated that they were effective in assisting with early discharges from hospitals, preventing re-admissions, and steering patients back towards full independent living. He wanted to make Members of the Board aware of the great efforts made by both the district nursing teams and the community resource team. **The Board resolved that:** a) The Chairs report was noted. b) The Chair's Actions undertaken during the period were approved.	
UHB 21/07/008	**Chief Executive Report** The CEO highlighted within his report: <u>14,000 voices programme</u> He stated that this is a renewed approach to engage with staff across the organisation with regards to innovation. He added that it is about every member of staff having a part to play and being able to have a view that should be listened to by the Executive team. The Executive Director of People and Culture (EDPC) added that they held their first session on the week commencing 19/07/21 and that this session was about engaging with staff and also linking it in with their culture, improvement, and innovation agendas as well. <u>Green Health Wales</u> The CEO stated that this was a conference launch event for an organisation which will be joining clinical staff across Wales. He highlighted that clinicians from Cardiff & Vale UHB, in particular Fiona Brennan & Amarantha Fennell-Wells, had been instrumental in getting the conference and the launch of the organisation up and running. He stated that this was capitalising on being more sustainable as they were realising more, and have been notified by clinicians, that a lot of their emission contributions were due to the clinical services, how they were provided and the products used to provide them. Thus there was	

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	now a real drive to improve on the Health Board's sustainability ambitions. <u>Health Service Journal Award</u> The CEO stated that the Health Board had received the HSJ Partnership Award for the Dragons Heart Hospital and the links it demonstrated with Archus, Mott MacDonald, Q5, Hoare Lea, BDP, Welsh Rugby Union and countless others in the regional COVID response category for the construction and operation of the Dragon's Heart Hospital. **The Board resolved that:** a) The Chief Executive's report be noted.	
UHB 21/07/009	**HIW Annual Report** HIW – Head of Reviews (HIW-HOR) introduced their annual report and stated that that HIW is the independent inspectorate and regulator of healthcare in Wales and its purpose was to check that people in Wales receive good quality healthcare. The HIW-HOR informed the Board of how they had to adapt their approach throughout the pandemic, where they maintained oversight throughout the pandemic by working with partners & stakeholders, and also ongoing reviews of information and intelligence, which included Welsh Government (WG) COVID-19 reports and scenario modelling, and Public Health Wales COVID-19 surveillance information. To support them in their work they also introduced new ways of working by: • Continuing to discharge statutory functions • Introducing flexible and an adaptable approach with assurance work • Reducing the burden to a system under significant pressure • Maintaining the safety of our staff and peer reviewers • Rapid development of approaches to look at short and long term changes in healthcare provision. The HIW-HOR stated that the development of their quality checks allowed for the majority of them being conducted entirely off-site and that the methodolgy designed aligned with the 3 key areas that they wanted to focus on, namely: • Infection prevention and control • Workforce Governance • Environment of care She informed the Board of the activity they had undertaken in 2020/21 and highlighted the following:-	

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	Remote work: • 90 quality checks within the NHS and Independent Healthcare Settings • 5 follow-up NHS hospitals and 5 IR(ME)R inspections • Handled over 1000 calls through our First Point of Contact (FPOC) service • Dealt with 439 concerns – 36 needing urgent action Onsite inspections: • 23 onsite inspections in NHS and Independent Healthcare Settings, which included: 1 Field Hospital and 8 Mass Vaccination Centres Throughought the pandemic they identified key all Wales themes where: • Overall, good standards of care delivered across Wales during a period of unprecedented challenge • Rapid response from services by adapting environments and introducing new ways of delivery to enable essential services to continue • Services implemented innovative approaches to support patients' physical and mental well-being during the pandemic • Wide range of changes were made to IPC arrangements to support the delivery of safe care • The COVID-19 outbreaks within hospitals during the second wave highlight the need for ongoing robust arrangements to maintain effective IPC, and follow latest national guidance • Staff of all levels demonstrated tireless commitment and flexibility The HIW-HOR highlighted their key findings from the work undertaken in Cardiff & Vale UHB throughout 2021: • Overall quality check findings were positive, with evidence that healthcare environments had been adapted to in response to the challenges of the pandemic • Unannounced inspection within Birchgrove Dental Practice highlighted a number of issues with maintaining staff and patient safety. In particular, these were around compliance with Aerosol Generating Procedures (AGPs) and decontamination following AGPs, which increased the risk of cross-infection with COVID-19. • Within the two mass vvaccinations centres inspected, significant amount of work had been undertaken at pace to provide temporary environments with sufficient capacity to deliver the vaccination programme. HIW were assured that appropriate arrangements were in place to enable each site to function as intended, although some improvements were required to maintain staff and patient safety HIW-HOR stated that there was also special work undertaken in C&VUHB during 2020/21 in Morgannwg Ward in Barry Community	

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	Hospital, T4 and Teenage Cancer Trust in UHW, East 3 & East 4 and the Medical Assessment Unit in UHL. She added that there were also two mental health quality checks in C&VUHB during 2020-2021 – East 12 in UHL and Hazel Ward in Hafan Y Coed and two GP quality checks in C&VUHB during 2020-2021 - Llandaff North Surgery and Ravenscourt Surgery (Vale Group Practice). With regards to dental care, there was one unannounced onsite dental inspection in C&V UHB during 2020-2021 - Birchgrove Dental Practice. **The Board resolved that:** a) The Board noted and received the HIW Annual Report.	
UHB 21/07/010	**Corona Virus Report including:** • **Quality and Safety** • **Workforce** • **Governance** • **Operations** • **Public Health** The report was received by the Board and the CEO introduced the Executive Director of Public Health (EDPH) to provide an update of the Health Board's current Covid position. The EDPH stated that the current position was seemingly improving as the number of: • Cases are reducing overall • Case rates are reducing - remains high in 0 – 19 age group - over 25 group gradually decreasing • positivity in the overarching population is decreasing • 0 –19 age group sits higher at 24%. The EDPH commented that the change in positivity could also be as a result of decreased amount of testing as they are currently in the midst of summer holidays which may cause disruptions in the testing arena. With regards to international travel the numbers had increased. Although test positivity has slightly raised, the EDPH assured the Board that it was relatively low in the overarching picture. She highlighted that there were no significant clusters in Cardiff and the Vale and that Covid was now endemic as they had small clusters in various areas such as workplaces, hospitality venues, students, care homes, etc. The EDPH stated that currently there wasn't anything significant to be cautious about and that previously they hadn't been in this stage where schools have broken up for holidays.	

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	The EDPH highlighted areas of improvement in terms of decrease but forewarned that there are things they are aware of that are ongoing and which (i) could influence the current situation and (ii) make it harder to predict whether this was at a pause and cases may rise again. The EDPH highlighted the areas of concern were: • Variants of concern • Variants of workforce under investigation • Potential vaccine escape • Transmissibility The EDPH also identified other factors which could influence change in the current position such as: • Changes to restrictions – relaxation in August • Students returning home & back to school. The EDPH informed the Board that health and social care staff had been affected by the "Pingdemic" and they have taken action in the health care arena where there are exceptional circumstances **The Board resolved that:** a) The COVID-19 Update Report be noted.	
UHB 21/07/011	**Board Assurance Framework** The DCG highlighted the increase in the financial risk which was due to the uncertainty of the funding in relation to Covid. She also highlighted the Exacerbation of Health Inequalities which was flagged to the Board in a previous meeting, and further that the EDPH and her team had conducted a risk analysis of their current position in relation to this. The END commented that in relation to workforce and the staffing position across the Health Board, the risk was probably higher in Nursing and Midwifery due to reasons such as: • Expanding areas that are opened in order to manage patient flow • Sickness / absence • Staff on maternity leave • Staff unable to work in a clinical environment She stated that Nursing and Midwifery staffing had become a pressure now but assured the Board that she was working with the Chief Operating Officer (COO) and the EDPC to support them with ensuring that they get the right number of staff in. **The Board resolved that:** a) The10 risks to the delivery of Strategic Objectives detailed on the BAF for July 2021were approved	

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	b) The continuing progress which had been made in relation to the roll out and delivery of effective risk management systems and processes at Cardiff and Vale UHB was noted.	
UHB 21/07/012	**Performance Report** The COO stated that the report was set in a continued pandemic context in a system which was under significant pressure. The COO highlighted that, with regards to planned care, the Health Board had met its first milestone in recovering planned care activity to 70% of pre Covid levels in the first quarter of the year. This work was being continued and progressed. The COO also highlighted the pressure being seen in the unscheduled care system which was coming in the context of a number of moving parts: • Growing planned care activity • Re-emergence of some Covid activity • Significance of Non Covid activity. The combination of these is putting further pressure across the system in Primary Care, Mental Health and the hospitals. With regards to Covid, the Health Board was seeing marginal increases in community prevalence. He added that even though admissions were lower the primary care teams and emergency departments remained busy whilst those with suspected Covid were brought in may not convert to being Covid patients. The COO stated that they were admitting 3 – 8 patients every day and were seeing a younger profile of admissions as well as fewer patients progressing to higher levels of care. Currently they have: • 13 patients who were Covid positive • 2 patients were in critical care • 2 patients required a higher level of care In terms of bed use and occupancy the COO stated that this was marginal but highlighted it was on top of a system that had been stretched significantly due to the re-emergence of non Covid activity which compounded the situation making it more difficult. The COO informed the Board that their overall assessment highlighted the following: • 90% of Emergency department attendances as seen in pre Covid times • Admissions had returned to admitting levels as seen in previous non Covid years • Significant increase in the 21 day length of stay patients	

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	The UHB chair queried why the 12 hour waits had suddenly escalated to a level they hadn't been seen since pre Covid times The COO responded that they watch the 12 hour waits very closely. He stated that the current 12 hour wait figure was an indication of the system flow in the Emergency Department (ED) and unfortunately the ED was seen as a barometer for the system functioning and that the upstream and downstream processes culminate in the ED when it is not functioning well. He added that in this case it was a combination of: • Rise in demand back to pre Covid levels • Compromise in processes to be Covid ready • A degree of failure on the flow out of the hospital into other services to keep pace with what is required The COO recognised that this was a very serious situation to be in at the moment and informed the Board over recent weeks they had initiated a senior clinical huddle in the hospital with the most senior clinicians meeting every day at 10:00am to take a system view to try and work through issues but also take a view through a risk and harm lens to mitigate further issues. The COO assured the Board that the best course of action would be to: • Provide supportive measures directly to these departments in the meantime • Work with partners in the system to relieve that on a whole system basis <u>Finance Update</u> The Deputy Director of Finance (DDOF) stated that this was the first occasion that they would be reporting financial performance against the 2021/22 financial plan. He highlighted that WG had informed them that they can assume that they can expect funding for the shortfall on the savings plan of £21.3 million from last year, albeit non-recurrently. They also had a balanced financial plan for 2021/22 and after three months they are reporting an operational surplus of £124k against the plan. The DDOF wanted to highlight two key issues to the Board • Delivery of the plan require the Health Board to achieve a £16m savings requirement - At month 3 they had identified £12.9million savings against that target - Further progress was required on this especially on recurrent schemes • WG had told them to assume all Covid response costs would be funded - Total assessment of Covid costs were £170million	

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	- They were assuming funding to match and therefore had forecast breakeven position (Covid costs would be subject to external review) The DDOF stated that they needed to successfully deliver their financial plan to maintain the underlying deficit position and key to that was the delivery of recurrent savings target. He added that they were doing well against their credit compliance targets and capital resource limit. The DDOF highlighted that they required £3.1million to achieve their savings plan targets but they also required a further £5.9million worth of recurrent savings which could be delivered between months 3 – 12 to ensure the brought forward underlying deficit does not deteriorate. **The Board resolved that:** a) The current position against specific performance indicators for 2021-22 was noted.	
UHB 21/07/013	**Mental Health Operational Update (Presentation)** The COO stated that the presentation would provide the Board with an update on the operational position in Mental Health in the context of the difficulties that the Mental Health Clinical Board (MHCB) was facing in light of Covid. . The Deputy Director of Operations Mental Health Clinical Board (DDOMH) provided a presentation to the Board to inform the Board of the challenges being faced in Mental Health and what these mean for the following categories:- • Health of Their System • Think About Where Their Targets Are • Early Warnings • What Will Be Prioritised In Mental Health The DDOMH demonstrated the footprint of the Mental Health Service via an illustration. He highlighted that: • Primary Mental Health Support Services (PMHSS) - This was the main focus of their tier one targets - Aiming to see people with moderate health problems within 28 days • Primary Care Counselling Service (PCCS) • Primary Care Liaison (PCL) - Cluster based Mental Health workers He commented that clinical risk moved upwards on the spectrum from Primary Care upwards towards In-patient, Tertiary, & Specialist services He highlighted how Covid had impacted upon services.	

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- Tier 0: Protecting frontline services
  - March 2020- 255 referrals (pre pandemic)
  - March 2021- 515 referrals
- Tier 1: were decreasing, now rising
  - Single point of access for PMHSS and counselling
  - Had increased referrals by 300 per month
  - Had cut counselling wait from 6 months to 4-6 weeks
- Tier 2: CMHT Services remaining consistent
- Tier 3: Specialist Services - increasing demands, acuity and risk
- Tier 4: Increasing demands, acuity and risk beyond usual capacity

With regards to Tier 1 targets the DDOMH informed the Board that:
- Tier 1a - 28 day referral to assessment - 80% compliance target - for people with mild to moderate mental health problems
- Tier 1b - 28 day assessment treatment - 80% compliance target

He highlighted that they were breaching on their Tier 1a targets and would cover by
- Recruiting extra staff
- Change internal processes to be more responsive

The DDOMH provided some trajectory modelling on their approach going forward and highlighted that:
- Worst case trajectory April 2022 (based on previous run rate activity- see above)
- Best case trajectory October 2021(based on a current peak and maintenance of DNA rates)
- Modelling suggests over 56 day wait will increase before sudden resolution

He highlighted to the Board that in terms of the wider system to prioritise safety within mental health services:
- The focus must be on preserving CMHTs
- These were the keystone to all MH services
- Currently in the middle of the biggest transformation in 20 years
- On the surface this was structural but behind this was a cultural change.

The CEO commended the DDOMH on the presentation...
He queried if there were patients waiting to get into the system and how do the mental health teams assess the risk of the patient waiting.

The DDOMH responded that primary care liaison workers were critical to this and sat in every cluster. They were very accessible to service users accessing primary care and, in addition, via the online information where people get redirected to i.e. silver cloud aid this.

He added that with regards to those people who sat within the 56 day targets they would be managed/ co-ordinated so that:

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	• They would be made aware of what the routes to service were • Where DNA's were received asking those individuals if they would like quick turnaround appointments • Redirecting individuals of concern to http://www.stepiau.org/ • Providing access to the 24 hour helpline service He stated that the majority of those who were requiring CMHT services were receiving it. However the longer people wait for those services does give rise to concern. In those areas where concerns were growing, they were hoping to invest some of the Covid recovery money to help aid them especially around eating disorders. **The Board resolved that:** a) The Mental Health update was received and noted.	
UHB 21/07/014	**Patient Safety, Quality and Experience Report** The END highlighted that there was a new Patient Safety Incident reporting framework in Wales which was slightly different as it took a phased approach and that they will have more control into the length, depth of the investigation they undertake in relation to the issues. She also highlighted that although the number of concerns had decreased, their response times had not improved: - Still meeting NHS Wales targets - Sitting at 79% - 4% less than previously reported She stated that there was recognition to do more in this area but there was pressure elsewhere in the system to ensure patients were being kept safe. The END also informed the Board of the new visiting guidance which had been of particular interest to members of the public and people had been encouraged to look at the website for further details. She added that they continued to have an open line where people were able to phone in and ensure that they were able to see their loved ones. The END highlighted the level of engagement received around the quality and safety framework was over a thousand members of staff with the final version being taken to the Quality & Safety Committee in September. The END stated that from challenges good practices develop and informed the Board that previously they haven't placed students in their patient experience teams as part of their clinical placements. Throughout the pandemic this was something that they had done and the feedback received was extraordinary. As a result, this was now a placement where they actively placed student nurses and midwives at the moment and medical staff were also looking into this so they	

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	understood the importance of communicating under difficult circumstances. **The Board resolved that:** a) The Integrated Quality, Safety and Experience (QSE) Report was noted.	
UHB 21/07/015	**Risk Management Strategy** The DCG highlighted that whilst this should be reviewed every 12 months, due to the pandemic this was not done in the previous year. That said, the strategy in place was still relevant. She highlighted that they had since had an internal audit review of the strategy and included the recommendations from that review into the current strategy. She informed the Board that the proposed Risk Management Strategy had already been taken to the Audit Committee where it was received and approved for Board recommendation. The DCG highlighted the action plan which detailed how the Strategy would be rolled out over the next 6-12 months. The Independent Member – Finance (IM-F) commented that as Chair of the Audit Committee, the proposed Risk Management Strategy was reviewed by the Committee in depth and it was happy to recommend to the Board that they adopt the proposed Risk Management Strategy presented. **The Board resolved that:** a) The updated Risk Management and Board Assurance Framework Strategy and Risk Management Procedure was approved. b) The Action Plan for the implementation of the revised Strategy and Procedure was noted.	
UHB 21/07/016	**Partnership and Recognition Agreement** The EDPC stated that this was an important document and was part of their regular three year review of any policy. She stated that this was in relation to their partnership working and organisational committments which highlighted the principles around joint working with trade unions, staff and the importance of those negotiations and discussions. She informed the Board that this had gone through the Workforce Partnership Group, and also recommended at the Local Partnership Forum Group. She highlighted the minor changes in the document: • Changes in people's roles	

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	• Name changes • Values and behaviours • Reinforces the importace of early engagement **The Board resolved that:** a) The revised Partnership and Recognition Agreement was approved.	
UHB 21/07/017	**Committee Membership** The DCG stated that the document detailed the Health Board's Committee membership that was to take affect from 1st August 2021 and that it was a requirement of the Board to approve membership of the Committees of the Board. **The Board resolved that:** a) The Membership of the Committees of the Board and specifically the changes detailed within the last column of appendix 1 with effect from 1st August 2021 were approved.	
UHB 21/07/018	**Digital & Health Intelligence Committee:** **a) Terms of Reference** **b) Workplan** The DCG stated that these items were for the Board to receive and ratify and that they had been approved by the Digital & Health Intelligence Committee (DHIC) at the previous meeting. The DCG reminded the Board that all of the Board Committees' Terms of Reference and work plans require final approval by the Board. Independent Member – ICT (IM-ICT) as the chair of the DHIC gave his recommendation for the Board to approve the Digital & Health Intelligence Committee's Terms of Reference and the said Committee's work plan. **The Board resolved that:** a) The changes to the Terms of Reference and Workplan for the Digital and Health Intelligence Committee were approved	
UHB 21/07/019	**Positron Emission Tomography Programme (PET) Project Business Case - Letter of Support** The EDSP informed the Board that the Health Board was being asked to provide a letter of support to WHSSC for this programme business case (PBC).	

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	She highlighted that the PET was a central diagnostic tool in Cancer and, increasinly so, for non Cancer specialties. It was an area where they were also seeing wider range of clinical indications. In Wales there are 3 PET scanners in: • Swansea • North Wales • Fixed unit in UHW – delivered by the university – originanly commissioned with a strong focus in research & development The EDSP stated in terms of the timeline for the PBC, the Welsh Government had published an imaging statement of intent which had progressed the intent for the Health Board to look at PET scanning provisions in UHW. The work would be commissioned and led by WHSSC who have a dedicated programme manager and Archus had been involved with the development of the PBC. She highlighted the recommendations of the preferred option as f: • 4 fixed scanners to be commissioned for Wales – One in Cardiff to replace the exisiting scanner – One in Swansea to replace the mobile scanner – One in North Wales to replace the mobile scanner – One additional scanner to future proof in terms of capacity – location undetermined • Capital cost of £25 Million up until 2025/26 In terms of the case for change,the EDSP highlighted that Wales was currently performing 33% of PET scans per head of population performed in England meaning Welsh patients were not getting the access that they should be in terms of this tool. This tool assisted with making definitive clinical decisions regarding appropriate treatment options at important stages of patient pathways. She added that as a benchmark against England they had 1 scanner per million population and Wales has 0.6 scanners per million population. The EDSP highlighted that the current demand in South East Wales was at 2600 and that the projection through to 2031 it would be at 16,000 demonstrating significant growth. In terms of implications: • There were cost implications associated with staff to deliver services • Positron Emission Tomography Imaging Centre (PETIC) was a partnership between the Health Board and the University	

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	- The asset sits in the Univeristy areas of the building and the University commision them to provide the clinical staff • £1 million revenue cost associated with the team required to develop the business case **The Board resolved that:** **a)** A letter of support to accompany the PBC submission to Welsh Government, addressed to Sian Lewis (Programme SRO) be issued.	
UHB 21/07/020	**Committee / Governance Group Minutes:** 1. Audit & Assurance Committee – 13th May & 10th June 2021 2. Finance Committee – 28th April & 26th May 2021 3. Quality Safety & Experience – 13th April 2021 4. Strategy and Delivery Committee – 11th May 2021 5. Digital Health & Intelligence Committee – 11th February 2021 6. Stakeholder Reference Group – 23rd March 2021 7. Emergency Ambulance Services Committee – 9th March 2021 8. Local Partnership Forum – 16th April 2021 9. WHSSC Joint Committee Briefings – 13th July 2021 **The Board resolved that:** **a)** The minutes outlined within the meeting be ratified.	
UHB 21/07/021	**Corporate Risk Register** The DCG highlighted that her team were now only reporting on risks 20 and above as they had done a lot of work with the Clinical Boards in terms of streamlining the Risk Register and clarifying which risks needing to be reported to the Board. She highlighted that the key themes coming from the top 12 risks were: • Capital assets • Patient safety • Planned care These risks were also cross referenced to the BAF. **The Board resolved that:** a) The Corporate Risk Register and the work which was now progressing was noted.	

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UHB 21/07/022	**Board Effectiveness Survey** The DCG stated that the results had been previously reported to the Audit Commitee as part of the end of year arrangements along with an action plan for the Board and Committees. **The Board resolved that:** a) The results of the Self-assessment Effectiveness Review for 2020-21 were noted.	
UHB 21/07/023	**Chair's Reports** 1. Finance Committee – 26th May & 23rd June 2021 Independent Member – Capital & Estates (IM-CE) informed the Board that they were keeping their focus on operational financial performance and were continuing to review all expenditure related to Covid. The Committee was also regularly seeking assurance on identification of sufficient cost savings programme to impact the financial plan for the year 2. Audit & Assurance Committee – 13th May, 10th June, & 6th July 2021 IM-F commented that a lot of the agenda items discussed were brought to the subsequent Board meetings that followed as they were part of the year end items i.e. annual accounts. 3. Quality Safety & Experience – 15th June 2021 4. Strategy & Delivery Committee – 13th July 2021 5. Digital Health & Intelligence Committee – 1st June 2021 IM-ICT informed the Board that the digital transformation team were building a library of positive feedback to capture good news stories from the user experience in IT and Digital. He added that the Digital Strategy – Case For Investment, time was spent on this during the meetings and recognised the challenge for the DDHI in the amount of money allocated in the budget at the start of the year for the. Although money was made available towards the end of the year it has proven difficult from a strategic perspective to plan improvements in the infrastructure. IM-ICT stated that this will continue to be discussed throughout the year. In regards to Clinical Coding Performance he stated that the department have lost a number of staff which is causing concern in this area. 6. Stakeholder Reference Group – 25th May 2021	

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	7. Emergency Ambulance Services – 11th May 2021 8. Local Partnership Forum – 17th June 2021 9. NWSSPC Assurance Report – 20th May 2021 10. Future Hospitals Committee – 21st July 2021 IM-CE informed the Board that the first meeting of this Committee was held in July, the meeting had good discussions with regards to where they were at in the programme, what needed to be done, and discussing what they would like to gain from the Committee going forward. **The Board resolved that:** a) The Committee Chair reports outlined within the meeting be noted.	
UHB 21/07/024	**AOB** No other Business was discussed	
UHB 21/07/025	**Review of the meeting** The UHB Chair asked if attendees were satisfied with the business discussions and the format of the meeting, and all members indicated that they were happy with the meeting, the updates provided and the meeting format.	
UHB 21/07/026	**Date and time of next meeting:** Thursday, 30th September 2021 Via MS Teams	

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ACTION LOG
Following Public Board Meeting
29th July 2021
(For the meeting 30th September 2021)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
UHB 21/03/018	**Terms of Reference & Work Plan for all Committees of the Board**	The DCG confirmed to bring the DHIC TOR and work plan to a future Board meeting	**29/07/2021**	Nicola Foreman	**COMPLETE** Brought to the July Board meeting – Agenda Item 7.5
UHB 21/05/010	**Board Assurance Framework**	The DCG highlighted that they are due to update the BAF and risk management strategy which will come to the Board in July.	**29/07/2021**	Nicola Foreman	**COMPLETE** Brought to the July Board meeting – Agenda Item 6.6
UHB 21/05/022	**Chairs Reports: S&D Committee**	IM-L informed the Board that the PNA (Pharmaceutical Needs Assessment) would come to the Board in September following the September S&D meeting	**30/09/2021**	Fiona Kinghorn & Karen May	**COMPLETE** On agenda for September Board meeting
Actions In Progress					
Actions referred to Committees of the Board/Board Development					

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Report Title:	**Chair's Report to the Board**								
Meeting:	Public Board Meeting						**Meeting Date:**	September 2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**		x	**For Information**	x
Lead Executive:	Chair of the Board								
Report Author	PA to the Chair								

Background and current situation

This report includes information on the key activities that have taken place since the last Board Meeting on the 29th July 2021.

Chaplaincy at Cardiff & Vale University Health Board

Hospital Chaplains provide spiritual care to the hospital community. They take their place alongside the multi-disciplinary team which seeks to provide holistic care for patients and those close to them.

Spiritual care is that care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener.

The service we offer is confidential and non-judgemental and is available to everyone. We work in a multi-faith context, but it's not just about religion, because even people of no religion, atheists and agnostics sometimes need a listening ear, and Chaplains will make time to visit.

The past months working through the pandemic has been difficult, exhausting, exciting, and rewarding. Although it may seem strange to put these few words in the same sentence it is true. We like all the staff in the Health Board have been under a tremendous strain because of the nature of working in the NHS through a worldwide pandemic.

The early days were difficult as we were initially told by some wards, that we could not visit. The no visitors rule made some staff say we could not enter wards. Although we had all the relevant PPE and fit tested etc, we were by some seen as visitors and not staff members. This is an ongoing issue that we face. The biggest challenge for us then and also at times now is the education of some staff in what we do and the essential service we provide. At times we are turned away from wards, whilst we understand the need to keep areas green, we also have a duty to work holistically and we have seen that others specialities are not questioned about why they are on wards such as Physiotherapists. Yet our roll as spiritual care and religious care providers should be seen as essential as that of any medical speciality.

The roll of a Chaplain being a spiritual care provider, spiritual care consultant, a confidant and a friend was vital during this time. We have been able to share with patients when they could have no family and friends around them. We have been a listening ear and a shoulder to cry on (all be it

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at socially distanced) for both patients and staff. We have had a lot of positive feedback from staff, because we have literally stood alongside them and worked with them side by side. Having a physical presence in front of them has benefited their wellbeing.

Some of the most difficult times have been when we have been visiting patients who were end of life and we have been asked to pass on family and loved one's last words. We have literally stood by bedsides in place of families. Passing on the final words of love and tears.
As part of the wider patient experience team and the bereavement team we have also been assisting with virtual visiting and helped with the follow up bereavement calls to families who have lost loved ones. We have also been able to help by live streaming funeral services of staff members in our Multi faith rooms.

Prior to the pandemic probably about 75-80% of our time had been supporting patients and families, however it was soon apparent that the staff were under so much pressure they needed someone to share with. The percentage of time flipped and we have been spending around 60-70% of time with staff (at the highest peaks). This was due to the fact of having less patients and no visitors into our hospital sights but it was clear that the staff needed our time.

A snap shot of our figures:
November 2019 (prior to the pandemic): 236 **patients** visited plus 66 extra specific religious sacraments given. 70 **staff** contacts (personal conversations/spiritual care & religious care).
May 2020 (during pandemic): 199 **patients** visited. 477 **staff** contacts (personal conversations/spiritual care & religious care).
May 2021 (during pandemic): 376 **patients** visited plus 93 extra specific religious sacraments given. 393 **staff** contacts (personal conversations/spiritual care & religious care).
NB(It is not always about the individual figure or person but the amount of actual time spent with an individual that becomes important)*

The Chaplaincy department would like to thank the executive team for their support of Chaplaincy and Spiritual care. In particular how they were willing to provide space in the Dragons Heart hospital for religious and spiritual needs of all stakeholders of the UHB.

Moving forward into the future we would ask for your continued support and if possible considering the move to extra support of the staff.

Digital update

The D&HI directorate has been busy supporting the organisation as the UHB emerges from the pandemic and begins to focus on recovery and longer – term transition plans outlined in Shaping our future well-being, including shaping our future hospitals, clinical services and community and social care. Much of this work is being supported and co-ordinated via governance arrangements that were proposed in our Digital Strategy (2020-2025). A summary of progress across Digital transformation work over the past six months is set out as follows:

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COMMUNITY CARE:

E-Consent for school flu vaccinations - For the 2021/22 campaign Cardiff and Vale will lead Wales into a new era of e-consenting by parents to the nasal vaccines due to be given to c80,000 children across Cardiff and Vale between September '21 and January '22. This is being achieved through an early exploitation of an Office / Office 365 e-form for clinical record capture.

School Flu Vaccinations - Cardiff and Vale is the first Health Board in Wales to record school vaccinations via the WIS (Welsh Immunisation System). This involves the provision of around 30 Wi-Fi enabled laptops connecting to WIS from primary and secondary schools. Vaccines will start w/c 20/09/21.

Staff Flu Vaccinations - A paper based model of working with stock management challenges is being overhauled within Cardiff and Vale for staff flu administration in 2021. Around 60 devices (Laptops and iPADs) are being provided to occupational health staff, alongside the configuration of the WIS vaccine record system to enable this, which will start during w/c 20/09/21.

PARIS (community healthcare electronic system) reaches 20 million records - Cardiff and Vale proudly boast a clinical record covering PCIC, Mental Health, Community Child Health and Associated Therapies. Recording close to 1,000 case notes an hour, PARIS recently smashed through the 20,000,000 mark for case recordings, recording its highest ever concurrent and unique user volumes.

INNOVATIVE WAYS OF WORKING:

500,000 travel miles saved for patients via Video Consultations - Within September, the CAV UHB will see the 500,000th patient travel mile saved due to the implementation of its Video Consultation initiative. This equates to *140 tonnes* of CO2 having been avoided.

Consultant Connect - Over 1000 calls have been made through the service for telephone advice and guidance since launch.

0365- Mail Migration - Mailboxes migrated to Office 365 100% complete. Portable devices (laptops) migration 100% complete. This facilitates sharing of information/data via the Cloud, meaning greater flexibility.

COUNTINUING TO IMPROVE THE BASICS:

Microsoft Windows 10 Deployment - To date 6500 Win10 deployments have been completed and 1200 devices have been deployed to the Community Teams. There are under 4000 Win7 devices to replace to complete the programme, expected to be complete by end of this calendar year.

Agile Working - The Digital support team continue to support homeworking for over 2000 users they are also implementing agile working within Woodland house. This means that where possible users' Desktop PC's will be replaced with a Win10 laptop which will enable staff to either work from anywhere on the UHB estate or from home.

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Improving Access Points (wi-fi) - Work continues to improve wi-fi access across the CAVUHB estate upgrading and replacing wi-fi access points across main sites and installing new points across community sites (500 to date).

Electronic Test Requesting (eTR) - Pathology Electronic Test Requesting continues to be rolled out across the UHB. The aim of the project is to increase eTR take up to 90% across C&V UHB and Primary care by January 2023 in preparation for the new Laboratory Information Management Systems service to go live. To date usage of eTR has risen to over 72% since April 2021.

PRIMARY CARE:

GP Test Requesting - After a successful pilot of GPTR in Saltmead Medical Practice, Penarth Healthcare Partnership and the Vale Group, this is available to all CAV Practices. Currently 27 practices have been setup and trained for GPTR

Integrated Digital Health and Care Record - Work has progressed with enabling multi-disciplinary teams to share common records, e.g. use of Vision 360 GP clinical record system to allow clinicians to see primary care data at a cluster level. GPs can now access and see community data via the PARIS system.

Electronic Radiology Referrals -This ongoing development makes use of our in-house developed eAdvice platform and will be piloted with GPs initially. This will allow in the first instance GP's to request x-rays for their patients electronically.

OTHER DEVELOPMENTS:

Data to knowledge programme - Year three of the Lightfoot road map is underway with up to 19 new data extracts planned to provide all elective waiting list data, quality and safety data and regional data sets for pseudonymised linkage to social care (Cardiff Council) and WAST data.

Major Trauma System - Following a successful trial in CAV, the locally developed system for the South Wales Trauma Network is being rolled out across all health boards in the network. It captures rich, structured, clinical information for all patients going through the South Wales Trauma Network (SWTN); Avoids paper notes, facilitating sharing and collaboration across the network; Streamlines regulatory submissions on trauma patients by bringing all relevant information together in one place and encourages focus on establishing long-term rehabilitation needs from the day of admission, to ensure the patient gets the care they need, when they need it.

The Digital strategy Roadmap is in the process of being refreshed and will be brought to the Digital & Health Intelligence committee in October and to the UHB Board at a future date.

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

The common seal of the Health Board has been applied to the following documents since the last meeting of the Board.

Seal No.	Description of documents sealed	Background Information
959	12 month lease of Coed y Bwl Meeting Room, Woodland House	A lease between (1) Cardiff and Vale UHB and (2) Q5 Associates
960	Maelfa Wellbeing Hub Construction Contract	A contract between (1) Cardiff and Vale UHB and (2) Wilmott Dixon Construction Limited for the construction of the Maelfa Wellbeing Hub
961	Maelfa Wellbeing Hub - Construction Advisor – Full Business Case Agreement	A contract between (1) Cardiff and Vale UHB and (2) Wilmott Dixon Construction Limited for the preparation of the preparation of the Maelfa Wellbeing Hub Full Business Case
962	Maelfa Wellbeing Hub - Costs Advisor Contract for the preparation of a Full Business Case.	A contract between (1) Cardiff and Vale UHB and (2) Gleeds Costs Management Ltd for the preparation of the preparation of the Maelfa Wellbeing Hub Full Business Case
963	Maelfa Wellbeing Hub - Costs Advisor Contract for the management of Construction Costs.	A contract between (1) Cardiff and Vale UHB and (2) Gleeds Costs Management Ltd for the preparation of the management of costs associated with the Construction of the Maelfa Wellbeing Hub Full Business Case
964	Renewal Lease – 2nd and 3rd Floor Avon House, Penarth	A renewal Lease between (1) Aerion Properties Limited and (2) Cardiff and Vale UHB.

The following legal documents have been signed since the last meeting of the Board:

Date Signed	Description of Document	Background Information
11.08.2021	Licence and Services Agreement between (1) University Hospitals Dorset NHS Foundation Trust (2) Cardiff and Vale UHB and (3) MYWAY Digital Health	An agreement for the development of a structured online, Type 1 Diabetes, education programme.

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05.08.2021	Dilapidations Agreement	A dilapidations settlement agreement between (1) Second Horizon Limited and (2) Cardiff University Health Board UHB following the Health Board's departure from the Global Link Building, Dunleavy Drive.
16.09.2021	Lease of Secondary Car Park at Bayside Mass Vaccination Centre.	A lease between (1) the County Council of the City and County of Cardiff and (2) Cardiff and Vale UHB.

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

Chair's Action was taken in relation to:

Chair's Actions						
Date Received	**Chair's Action Details**	**Background Recommendation Approved**	**Date Approved**	**IM Approval**		**Queries Raised by IMs**
				IM 1	**IM 2**	
28.07.2021	Maelfa Well Being Hub Construction Stage 4 , 5 ,6 - SCP	Approval of Construction contract totaling: £14.061m	29.07.2021	Rhian Thomas	John Union	N/A
29.07.2021	Capital Schemes – Domestic Violence Shower Units and Covid Wards.	Approval of contract with Wilmott Dixon totaling £1,556,832.	29.07.2021	Mike Jones	Gary Baxter	N/A
02.08.2021	Application of UHB Seal Maelfa Wellbeing Hub Construction contract	Application of UHB Seal Approved	02.08.2021	Rhian Thomas	John Union	N/A

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02.08.2021	Application of UHB Seal - Q5 Lease of Ground Floor meeting room	Application of UHB Seal approved	02.08.2021	Rhian Thomas	John Union	N/A
02.08.2021	Purchase of Nucleic Acid consumables	Approval of expenditure totaling £567,312.40	04.08.2021	Gary Baxter	Mike Jones	N/A
05.08.2021	Global Link Dilapidations Settlement Agreement	Approval of expenditure totaling £525,000.00	05.08.2021	Rhian Thomas	John Union	N/A
26.08.2021	Outsourcing of Surgical Procedures	Approval of Expenditure totaling £1,264,802.20	27.08.2021	Rhian Thomas	John Union	N/A
06.09.2021	Application of UHB Seal for Maelfa Wellbeing Contracts: - Costs Advisor (FBC) - Costs Advisor (Construction); and - Construction Advisor (FBC)	Approval of the application of the UHB Seal	06.09.2021	Ceri Phillips	Gary Baxter	N/A
16.09.2021	Approval of Renewal Lease – 2nd and 3rd Floor Avon House, Penarth	Approval of rental value exceeding £500,000.00 over 4 year term.	16.09.2021	Michael Imperato	Rhian Thomas	N/A

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 continued to be followed.

Recommendation:

The Board is recommended to:

- **NOTE** the report

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- **APPROVE** the Chair's Actions undertaken.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	x	Integration	x	Collaboration	x	Involvement	x

Equality and Health Impact Assessment Completed:	Not Applicable

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Report Title:	**CHIEF EXECUTIVE'S REPORT**								
Meeting:	CARDIFF AND VALE UHB BOARD MEETING					**Meeting Date:**	30.09.2021		
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**	✓	
Lead Executive:	**CHIEF EXECUTIVE**								
Report Author (Title):	**EXECUTIVE ASSISTANT TO THE CHIEF EXECUTIVE**								

Background and current situation:

This is the twenty fourth written report being presented and, where appropriate, has been informed by updates provided by members of the Executive Team.

At each public Board meeting, the Chief Executive presents a report on key issues which have arisen since its last meeting. The purpose of this Chief Executive report is to keep the Board up to date with important matters which may affect the organisation.

A number of issues raised within this report may also feature in more detail in Executive Directors' reports as part of the Board's business.

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

Change in Chief Operating Officer
Board members will be aware that our Chief operating officer, Steve Curry, has announced that he will leave us for pastures new in January 2022. His role will be covered in an interim fashion by Caroline Bird - our current Deputy Chief Operating Officer. Caroline is well known to the Board in that Deputy role of course. Steve will be stepping into a Deputy CEO position from 1 October to support me in the Interim CEO role, but also act as a mentor for Caroline.

We will have a future opportunity to wish Steve well before his departure but in the meantime I know you will all join me in welcoming Caroline into the Board team, whilst she and Steve enter a transition period over the next few months.

Celebrating 1 year of the South Wales Trauma Network
In September 2020, the South Wales Trauma Network was established, marking a major step forward in the delivery of emergency care across South Wales, West Wales and South Powys. It now celebrates its one year anniversary. The network which is made up of hospitals, emergency response services and rehabilitation services, ensures patients with life-threatening and life-changing injuries receive the best possible treatment and care.

In its first year, the Major Trauma Centre at UHW has treated nearly 1,300 patients with life-threatening or life-changing injuries, as a result of vehicle incidents, falls, sports injuries and other events.

The South Wales Trauma Network has proven to be an essential life-line to patients experiencing major trauma since it was established. The timely and specialist care offered by

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the network gives patients the best possible chance of recovery. Thanks to the enthusiasm, determination and excellent partnership working between all of the teams involved, we are providing an absolutely essential service to people in critical need, here in Wales.

Patient Safety Day
International Patient Safety day was on 17th September. We ran a packed day to highlight this important event. The theme for this year was "*safe maternal and newborn care*" with a tag line of "*act now for safe and respectful childbirth.*"

James Titcombe OBE, a Nationally-Recognised Patient Safety Campaigner, and author of Joshua's story, joined us to hold a live open session during the day - a real coup for our Q+S team. We also utilised this day to launch the UHB's Quality, Safety and Experience Framework 2021-26 - aligned with the National Framework.

We also ran sessions on Safety Culture, Patient Safety syllabus, National Audit programme, staff engagement and involvement, amongst many others.

Our Enhancing Biodiversity programmes feature on Future Generations site
Our work to enhance biodiversity across the UHB has been featured as a case study by the Office of the Future Generations Commissioner on their website.

Cardiff and Vale University Health Board is working to increase biodiversity and address the climate and nature crises through their estate, while also improving the mental health and well-being of their staff, patients and community. From developing innovative spaces like Our Health Meadow - Ein Dôl Iechyd at its University Hospital Llandough site where they are collaborating with partners to establish an ecological community health park that will enhance biodiversity and help reconnect people with nature; to their Critical Care units planting trees to offset carbon emissions and clinicians reducing emissions through the supply chain; to organising a Green Health conference to encourage others to take part in this work, they are finding new and bold ways to address the challenges facing our current and future generations and contribute to the vision of the Well-being of Future Generations Act.
Read the case study here in English and here in Welsh.

UHL Research Delivery Team recognised at Nursing Times Awards
We're delighted that the University Hospital of Llandough (UHL) Research Delivery Team have made it into the final of the Nursing Times Awards 2021 for 'Team of the Year'.

This new team was created to research and contribute to crucial global Covid-19 knowledge in the midst of the pandemic. They established the team in order to ensure all COVID-19 patients attending our two main hospitals, University Hospital of Wales (UHW) and UHL, could take part in National Clinical trials and receive potentially life-saving treatments. Senior Clinical Research Nurse Zoe Hilton needed to establish a confident, informed and productive team in a short period of time that could deliver innovative and fast-moving COVID19 clinical trials.

Advanced Therapies Wales Programme Updates
Precision medicine has seen increasing progress over the last few decades, with new discoveries and breakthroughs happening more frequently. The Advanced Therapies Wales programme continues to support the development of this sector in Wales by working with colleagues from organisations such as the NHS, academia, commercial and charitable sectors, at both a national and UK level.

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To learn more about the Advanced Therapies work in Wales, read the latest programme updates.

HealthPathways: 200 pathways now live
Cardiff and Vale University Health Board has championed the use of HealthPathways in Wales for well over a year. Now the Health Board is celebrating the publication of 200 live clinical pages which consists of 179 pathways, 6 medication pages, 15 Investigation pages, together with 131 request/referral pages.

Although many people use our secondary and tertiary services, these numbers pale in comparison to the numbers of people who use our primary care services every day.
When someone visits primary care with an issue, they may be referred to specialist care in a secondary care setting. However, if this process isn't standardised, it can create variation in the pathway that patients follow and they may be referred to hospital when they could be treated in the community, or they could end up on a waiting list to see the wrong consultant.

HealthPathways gives clinicians instant access to care pathways and referral information to make sure that patients are offered the right care at the right time, and referred to specialists in secondary care settings only when appropriate. It's the first system of its kind in Wales and a tool that we're very fortunate to have here in Cardiff and the Vale. The aim of HealthPathways is to reduce variation in patients' treatment thereby reducing delays, waiting times, and potential harm.

To date, the platform has been well used by staff across the UHB with over 150,000 views and increasing usage month on month.

Compassionate Community Care in the South West Cluster
I have been delighted to see the progress of the transformation project happening in our South West Primary Care Cluster. As part of the project, which follows the Compassionate Communities Model, support is offered to people with complex needs through four main elements, each of which has a strong focus on linking people to support in their local community.

Firstly, at the project's core is multidisciplinary team working, bringing together partners working across health, social care and the third sector.

Secondly, they have developed an integrated care hub where cluster pharmacists, occupational therapy and social prescribers come together to support patients based on what matters to them. A key element of the hub is to support people recently discharged from hospital.
A third key aspect is Community Development including a team of wellbeing connectors who support social prescribing across the cluster. Community development workers also look to identify support to develop within the community, based on the needs of the local population. Our wellbeing connectors provide a wealth of support to our patients, for example befriending, collecting prescriptions, support for people shielding during COVID pandemic, 'Griefspace' supporting people who have been bereaved, to name but a few.

Saunders Management 08/21/2021 11:13:08

Finally, advance Care planning training is offered to all within our community, helping to support people to make informed decisions about their future care. The work so far has helped to reduce avoidable admissions to hospital, and improved wellbeing among both patients and our

teams working in Cardiff SW cluster. This is especially important as we continue to navigate the challenges of the COVID pandemic and I am incredibly grateful to the team for their great work.

Congratulations to Eye Care Team for HSJ shortlisting
I am delighted to be able to congratulate out eye care team for another award shortlisting. Their project, *Eye care without boundaries: A true shared care vision for patient benefit in Wales,* has been named a finalist in this year's HSJ Awards in the Workforce Initiative of the Year Category. Last year, the team were highly commended in the 2020 HSJ awards for their work to transform glaucoma eye care services by creating a digitised patient record, enabling shared care between optometry and ophthalmology.

I'd like to wish the team the very best of luck as they go through the judging process in the coming weeks and I will be keeping my fingers crossed for them during the award ceremony on the 18th November.

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

The Executive Team contributed to the development of information contained in this report.

Recommendation:

The Board is asked to **NOTE** 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 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	✓

Saunders,Nathan 09/24/2021 13:30:26

Equality and Health Impact Assessment Completed:	Not Applicable

Saunders Nathan 09/2/2021 13:30:28

Report Title:	**Corona Virus Update Report**						**Agenda Item no.**	**6.5**	
Meeting:	**UHB Board Meeting**						**Meeting Date:**	**30.09.2021**	
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**		
Lead Executive:	**Chief Executive Officer**								
Report Author (Title):	**Director of Corporate Governance**								

Background and current situation:

The COVID-19 Update Report was approved by Board in November 2020 as part of the proposed changes to Governance arrangements to ensure appropriate reporting on key areas during the COVID 19 pandemic.

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

The attached COVID-19 Report (**Appendix 1**) provides an update since the last meeting in February to the Board regarding the pandemic, and covers key activities in the areas of Quality and Safety, Workforce, Governance, Operations and Public Health.

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

Provision of this report as a standing agenda item for Board ensures transparency of reporting around COVID-19 and ensures robust governance during the second wave of the pandemic.

Recommendation:

The Board is requested to:

- **NOTE** the attached COVID-19 Update 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	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

Saunders,Nathan
09/21/2021 13:30:26

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	X	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

Saunders,Nathan
09/21/2021 13:30:26

COVID 19 – Update Report covering key activities in relation to • Quality and Safety • Workforce • Governance • Operations • Public Health	Month: December 2020
Quality and Safety	Executive Nurse Director/Executive Medical Director

- **Covid outbreak position** – at the time of writing there are no current Covid-19 outbreaks.

- **Investigation of hospital acquired Covid - 19 –** the UHB continues to work with colleagues across Wales, Welsh Government and the Delivery Unit to standardise the investigation of hospital acquired Covid – 19, and the application of the Putting Things Right regulations. An Executive Led Covid - 19 Investigation Oversight Group and Scrutiny Panel has been established. The UHB has launched the 'Safe to move –Saff I Symyd' risk assessment tool. week commencing 6th September. This has been developed to ensure the safe admission and transfer of patients and addresses some of the learning points identified as the results of reviews/investigations of cases of nosocomial Covid-19.

- **Concerns –** Information in relation to the booster programme is currently being prepared for our seldom heard communities about the booster programme

Workforce	Executive Director of People and Culture

The Recovery and Redesign Portfolio Board have now been established to oversee the development and implementation of the Recovery and Redesign (R&R) programmes of work within the Health Board.

Within that Board will sit the Workforce hub who's remit it will now be to ensure the Portfolio delivers the totality of the workforce required and that each project has the right staff with the right skills deployed at the right time to deliver.

A number of schemes have now had approval and recruitment to support the projects is underway ,with around 100+ posts to be recruitment by September. Taking into consideration slippage of projects, teams are well underway and making good progress against the various schemes.

In addition, leads are supported and encouraged to support usage of other posts instead of the norm to improve likelihood of delivery even further.

Saunders Mathew
09/21/2021 13:30:28

Current staff are also supporting schemes where possible, and the use of enhanced pay rates are considered against the merits of each project using a considered method of application.

The risks highlighted are the current increase in COVID admissions, running alongside recovery, with Winter pressures due to come on board and will undoubtedly have an impact on the ability to run recovery schemes.

The Health and Wellbeing of our staff remains a high priority, with various schemes and initiatives focussed on keeping our staff well and build upon the resilience shown during COVID. Its important that we continue to recognise that staff need to rest and re-focus so all attempts are made to encourage staff to use their annual leave adequately throughout the year.

The development of the People and Culture Plan will be key to move forward and is currently in development.

Governance	Director of Corporate Governance

The Health Boards governance arrangements remain 'business as usual' albeit, this will continue to be reviewed in light of an increase in operational pressures across the Health Board, particularly as Winter approaches.

The Health Board's Corporate Governance Directorate continues with its preparation for the impending public inquiry into the Covid-19 pandemic and plans are in place to secure additional resource to bolster the Health Board's response. A junior Covid-19 Response Archivist will be employed in the coming months and the scanning of relevant medical records will be outsourced so that an easily accessible record of all patient notes will be available upon request from the public inquiry.

Updates on the Health Board's preparations for the inquiry continue to be shared with the Management Executive Team and steps have been taken to secure statements from key staff members so that their recollection of the Health Board's response to the pandemic is accurately recorded before memories fade.

Operations including Operational Framework	Chief Operating Officer

The revised Covid-19 operating framework previously presented to Board remains in place, with the first principle being to be 'covid ready'. Operations, working in a 4-6 week planning horizon, continues to be guided by a number of key components focused on minimising the four harms as set out in the national and local framework. Points of note since the last Board include:

Essential services – urgent and emergency essential services continue to be maintained in all areas, including cancer treatments, urgent and emergency surgery and in unscheduled care.

Saunders Nathan
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Unscheduled care – hospital covid demand has increased with approximately 50 covid positive in-patients at the time of reporting. Whilst the numbers are increasing, they remain low by comparison to community prevalence and to the admission volumes seen in the first and second waves. At the time of this report there were 6 patients in critical care with covid – 5 of which had not received vaccinations.

The Chief Operating Officer has worked with services to revise the operating model. We continue to use a 'gearing' approach but, in recognition of the impact of the covid vaccine in this third wave, triggers for escalation have been set against covid presentations and admissions – as opposed to community prevalence. That said, national, regional and local community surveillance data is still tracked and considered.

The non-covid demand increase has continued and there are continuing challenges in remaining covid-ready while accommodating non-covid and planned care demand.

The unscheduled care system is experiencing acute pressure. Access and/or response delays are occurring at a number of points in the system. While USC non-covid demand has returned to previous levels (not greater than previous) and covid admissions remain lower than in previous waves, bed occupancy within hospitals is extremely high. This is resulting in poor hospital and system flow resulting in delays. Data indicates that the high hospital occupancy is being driven by the inability to achieve timely discharge, particularly to Local Authority services. The Health Board is working closely with its partners to improve the situation but, as with other acute providers, this is proving to be extremely challenging.

The Health Board continues to make use of its field hospital replacement facility (Lakeside Wing).

Planned care – the Health Board's Programmes Delivery Director for Recovery is now in post and recovery planning continues at a system level. The Health Board has met its Welsh Government commitment to deliver 70% of pre-covid planned care activity in Quarter 1 and remains committed to achieving 80% by the end of Quarter 2. However, it is worth nothing that the current unscheduled care pressures have resulted in a number of Health Board's and Trusts suspending elective activity across the UK.

Mental Health services – the demand pressures seen within physical health are reflected and further accentuated within our Mental Health services. Whilst general unscheduled care demand has now reached pre-covid levels, demand for adult and children's mental health services is significantly beyond pre-covid levels. This has resulted in services re-prioritising their resource to ensure those in greatest need can access services in the first instance. As a result, access times for lower level mental health and wellbeing services have been prolonged. Significant work is being undertaken to increase access, particularly to adult primary mental health and CAMHS services.

Saunders,Nathan
09/21/2021 11:30:28

Primary care services continue to experience significant pressures in the wake of the second covid wave. Feedback from clinical colleagues suggest the acuity of

primary care presentations may be linked to delayed presentations as a result of lock down. Dental services are working to approximately 50% of pre-covid activity, with optometry being at 80%. The Health Board is supporting a small number of practices with merger and temporary list closure requests but remains in a position where no managed practices are necessary.

GP practices remain activity involved in the mass immunisation programme and have started to prepare for a potential booster programme this Autumn.

Public Health	Executive Director of Public Health

Epidemiology update

Following a slight decline in cases of Covid-19 in the second half of July 2021, cases started to rise again in the Vale of Glamorgan from the first week of August, and in Cardiff from the second week. Rates rose swiftly during August, slowing down temporarily at the end of the month, with cases accelerating again at the start of September. At the time of writing the rate is 453.6 per 100k in the Vale, and 412.1 per 100k in Cardiff (samples to 3 September). This is equivalent to around 85 new cases per day in the Vale, and 215 per day in Cardiff. Incidence rates and test positivity in Cardiff and Vale remain below the Welsh average.

As schools reopen and with the ongoing impact of restrictions being released, it is likely that community cases will rise further.

Trends in test positivity have broadly mirrored those seen in case rates, with positivity highest in the 10-19 year old age group, reaching 32% in the third week of August. Many cases locally at the older end of this age group have been associated with festivals, including over 100 cases in Cardiff and Vale linked to the Boardmasters Festival in Cornwall.

Covid-19 hospital admissions have been increasing slowly since July 2021, though admissions are currently between a fifth and a quarter of the levels seen at the peak of the second wave in January 2021. This is testament to the effectiveness of vaccination at preventing serious illness and hospitalisation, but if current trends persist pressure on the NHS will increase.

Travellers arriving from amber and green countries have increased significantly in number during August, reaching over 4,500 per week arriving in Cardiff and Vale in the most recent week on record. While test positivity rates remain low in this cohort, at less than 1%, as total numbers of travellers have increased, so too have the number of positives. Reassuringly, excluding alpha and delta variant cases, there have been no cases of imported variants of concern (VOC) or variants under investigation (VUI) into Cardiff and Vale in recent weeks.

Saunders Marion
09/21/2021 10:30:28

There are currently three small incidents in hospital settings. There are a small, though increasing, number of incidents in care homes. However, these tend to

involve few cases each. While workplace incidents are becoming more widespread, most also involve few cases.

While the number of deaths attributed to Covid-19 remain low in Cardiff and Vale, the mortality rate rose slightly above the 5 year average at the end of July, but has subsequently fallen.

TTP update
Numbers accessing symptomatic (PCR) testing continued to rise during July and August, and remain high, reflecting the rising case rate and other factors that may be encouraging testing, such as return to school.

Significant changes to isolation requirements for contacts of confirmed cases were introduced on 7th August; from this date, those who are fully vaccinated or under the age of 18 are no longer required to isolate. These changes altered the processes followed by contact tracers and advisors, and rapid work was required to ensure all teams were trained to deliver the new approach. Welsh Government has issued specific guidance for health and social care staff who are identified as contacts, which provide a risk assessment framework aimed at maintaining staffing in as safe a way as possible for patients and colleagues.

Rising case numbers are putting significant pressure on contact tracing services across Wales, and nationally agreed prioritisation processes have been adopted to manage the caseload as efficiently and effectively as possible.

A combination of rising case numbers, and return to school and university, is likely to result in further increases in case numbers in coming weeks. Updated guidance has been issued by Welsh Government to manage risk within these environments. We will closely monitor trends in cases and the impact on critical services and sectors. The Cardiff and the Vale of Glamorgan regional partnership team continue to meet daily during the week to review incident cases and direct appropriate mitigating action.

Our partnership communications teams work collaboratively across the region to share up to date information with local communities, particularly in relation to testing and vaccination.

Vaccination update
To date we have administered over 705,000 vaccinations in Cardiff and the Vale of Glamorgan. Of these 370,000 are first doses and 337,000 are second doses. Almost 80% of the adult population (aged 16+) have now received at least one dose of vaccination. We have vaccinated 70% of young people aged 16-17 years. We continue to offer a variety of approaches (e.g. walk-in clinics and pop up vaccination) to ensure no-one is left behind, including specific sessions in antenatal clinics for pregnant women. Planning for Phase 3 / Booster is underway whilst we await final guidance on booster doses from the Joint Committee on Vaccination and Immunisation (JCVI). Interim guidance on Covid-19 booster vaccination was published on 30 June 2021. On 1 Sept, the JCVI issued advice on third dose vaccination for severely immunosuppressed (e.g. recent organ transplants, leukaemia, advanced HIV). On 3 Sept, the JCVI issued updated

Saunders Agenda 09/21/2021 11:30:18

advice on Covid-19 vaccination of children aged 12-15. We await a final decision on the vaccination of otherwise healthy 12-15 year olds following consideration of the evidence by the 4 UK Chief Medical Officers.

Mass vaccination centres: We have three Mass Vaccination Centres currently operating - Splott, Holm View and Bayside MVCs. Delivery at Pentwyn Leisure Centre has now ceased and it has been agreed with Cardiff Council that Pentwyn will not be used for delivery of the booster vaccination programme. Walk-in vaccination for both first and second doses is available everyday from 10am – 7:30pm at Holm View (Pfizer only) and Bayside MVC (Oxford Astra Zeneca and Pfizer).

Mobile teams: Our Mobile Teams are currently preparing for booster vaccination within care homes and for eligible individuals unable to leave their homes. Mobile teams also continue to vaccinate our vulnerable communities including people from Black, Asian and minority ethnic backgrounds, asylum seekers, sex workers, and those that are homeless and traveller communities. We hold regular session at Mosques to encourage uptake in our local black, Asian and minority ethnic communities.

Primary Care Clusters: A Cluster-based approach will support delivery of the booster programme. The majority of people aged 80 and over will be vaccinated by a GP Practice or Community Pharmacy within their Cluster.

E-forms:
An e-form is available for household contacts (adults and children aged 12+) of people who are immunosuppressed to obtain vaccination.

Communications:
We have recently written to all people who have not attended for their appointment and sent a text to all those who have opted out, to offer the opportunity to attend for vaccination to ensure that no-one is left behind.

Saunders,Nathan
09/21/2021 13:30:28

Report Title:	**Board Assurance Framework (BAF)**								
Meeting:	Board						**Meeting Date:**	30th Sept 2021	
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**	**x**	**For Information**		
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Director of Corporate Governance**								

Background and current situation:

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

Each year the Management Executive Team agree which significant risks will impact upon the delivery of the Cardiff and Vale UHBs Strategic Objectives. Below are those such risks:

1. Workforce
2. Financial sustainability
3. Sustainable Primary and Community Care
4. Patient Safety
5. Sustainable Culture Change
6. Capital Assets
7. Inadequate Planned Care Capacity
8. Delivery of Annual Plan
9. Staff Wellbeing
10. Exacerbation of Health Inequalities in Cardiff and Vale

These risks are all detailed within the attached BAF.

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

The above risks have all been fully reviewed with each Executive Director lead to ensure that the BAF presented is up to date. The BAF includes the controls, assurances and actions the Executive Team are taking to reduce the risks going forward. It also includes which Committees of the Board should be reviewing the individual risks on the BAF in order to provide further assurance to the Board.

Since the last review in July 2021 all risks have remained at the same score with the exception of the risk in relation to Workforce. This risk has increased from a 15 (Extreme) to 20 (Extreme).

Committees of the Board routinely review their risks on the BAF to provide further check and challenge and assurance to the Board when the BAF is presented in full.

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

The Strategic Objectives are mapped to the risks on the BAF so there is clarity which risks impact on the objectives.

Since the last review of the BAF at the July Board the 'lines of defence' have been added to the assurances on the controls provided for each risk. The 'lines of defence' define whether the assurance is: Level 1 - management, Level 2 - Board or Committee or Level 3 Independent Assurance. The purpose of this is to aid the Board to understand the overall levels of assurance on the controls in place to manage each risk.

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

Risk Management continues to develop at Cardiff and Vale Health Board. Significant progress had been made but actions were stalled for a number of months due to COVID-19. Work in this area is now progressing.

A new Board Assurance Framework and Risk Management Strategy was presented to the Audit Committee on 6th July and approved by the Board on the 30th July and changes to the BAF reflect what is in the Strategy.

Assurance is provided by:

- Discussion with Executive Directors on progress being made against the management and mitigation of risks which they lead upon on the BAF.
- Internal Audit providing 'reasonable' assurance.
- Presentation of the risks at the relevant Committees of the Board.

Recommendation:

The Board is asked to:

- **Approve** the 10 risks to the delivery of Strategic Objectives detailed on the attached BAF for September 2021.
- **Note** the continuing progress which has been made in relation to the roll out and delivery of effective risk management systems and processes at Cardiff and Vale UHB.

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

Sarah.EvansNathan 09/11/2021 13:30:26

4.	Offer services that deliver the population health our citizens are entitled to expect	x	9.	Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5.	Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10.	Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	x	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

Saunders Mathan 09/2/2021 13:30:28

BOARD ASSURANCE FRAMEWORK 2021/22 – SEPTEMBER 2021

It is essential that Cardiff and Vale University Health Board is aware of the major risks which could impact upon the delivery of Strategic Objectives as set out in Shaping Our Future Wellbeing and its Annual Plan for 2021/22.

Strategic Objectives	Key Risks Mapped to Delivery of Strategic Objective
1. Reduce health inequalities	• Financial Sustainability • Sustainable Primary and Community Care • Sustainable Cultural Change • Planned Care Capacity • Delivery of Annual Plan 21/22 • Exacerbation of Health Inequalities
2. Deliver outcomes that matter	• Sustainable Primary and Community Care • Patient Safety • Sustainable Cultural Change • Financial Sustainability • Delivery of Annual Plan 21/22 • Exacerbation of Health Inequalities
3. Ensure that all take responsibility for improving our health and wellbeing	• Sustainable Primary and Community Care • Sustainable Cultural Change • Delivery of IMTP • Wellbeing of staff
4. Offer services that deliver the population health our citizens are entitled to expect	• Sustainable Primary and Community Care • Delivery of Annual Plan 21/22 • Planned Care Capacity • Workforce • Financial Sustainability • Exacerbation of Health Inequalities
5. Have an unplanned care system that provides the right care, in the right place, first time.	• Financial Sustainability • Sustainable Primary and Community Care • Patient Safety • Delivery of Annual Plan 21/22 • Exacerbation of Health Inequalities
6. Have a planned care system where demand and capacity are in balance	• Planned Care Capacity • Financial Sustainability • Workforce • Sustainable Primary and Community Care • Delivery of Annual Plan 21/22 • Exacerbation of Health Inequalities
7. Reduce harm, waste and variation sustainably so that we live within the resource available	• Patient Safety • Financial Sustainability • Exacerbation of Health Inequalities
8. Be a great place to work and learn	• Workforce • Financial Sustainability • Sustainable Cultural Change • Wellbeing of staff
9. Work better together with partners to deliver care and support across care sectors, making best use of people and technology	• Workforce • Financial Sustainability • Sustainable Primary and Community Care • Delivery of Annual Plan 21/22
10. Excel at teaching, research, innovation and improvement.	• Workforce • Financial Sustainability • Sustainable Cultural Change • Wellbeing of staff

SandersNarayan 09/21/2021 13:30:28

Key Risks

Risk	Corp Risk Register Ref.	Gross Risk	Net Risk	Change from July 21	Target Risk	Context	Executive Lead	Committee
1. Workforce		**25**	**20**		**8**	Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of People and Culture **Last Reviewed:** 13.09.21	Strategy and Delivery Committee **Last Reviewed:** 13.07.21
2. Financial Sustainability	1	**25**	**15**		**8**	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future. Covid 19 has had a significant impact on the finances of Healthcare in Wales and the UHB has significant financial pressures to now deal with.	Executive Director of Finance **Last Reviewed:** 07.09.21	Finance Committee **Last Reviewed:** 25.08.21
3. Sustainable Primary and Community Care	12	**20**	**15**		**10**	The strategy of "Care closer to home" is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the	Chief Operating Officer **Last Reviewed:** 06.09.21	Strategy and Delivery Committee **Last Reviewed:** 13.07.21

Saunders,Nathan
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						capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.		
4. Patient Safety	2,3,4,7,9 10,11, 13,14,15 16	**25**	**20**		**10**	Patient safety should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	Executive Nurse Director/ Executive Medical Director /Executive Director for Therapies and Health Science **Last Reviewed:** 09.09.21	Quality, Safety and Experience **Last Reviewed:** 15.09.21
5. Sustainable Culture Change		**16**	**8**		**4**	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of People and Culture **Last Reviewed:** 13.09.21	Strategy and Delivery Committee **Last Reviewed:** 14.09.21
6. Capital Assets	15	**25**	**20**		**10**	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.	Executive Director of Strategic Planning, Executive Director of Therapies and Health Science, Executive Director of Finance **Last Reviewed:** 07.09.21	Finance Committee & Strategy and Delivery Committee **Last Reviewed:** 09.03.21

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7. Planned Care Capacity	2,3,4,5,6 7,8,9,14	**20**	**16**		**12**	The impact of COVID 19 has had many consequences to Healthcare and in particular the continuation of the Health Board being able to undertake Planned Care both during the peak of the pandemic and any future peaks. This is due to the need to ensure that there is available capacity should there be a further peak in COVID 19 patients requiring hospital treatment.	Chief Operating Officer **Last Reviewed:** 06.09.21	Strategy and Delivery **Last Reviewed:** 14.09.21
8. Delivery of Annual Plan		**20**	**15**		**10**	The Integrated Medium Term Plan is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress Shaping Our Future Wellbeing, our ten-year strategy. It is based on the health needs of our population, delivering quality services and ensuring equitable and timely access to services and sets out how we will deliver our mission Caring for People; Keeping People Well, and vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.	Executive Director of Strategic Planning **Last Reviewed:** 07.09.21	Strategy and Delivery Committee **Last Reviewed:** 10.11.20
9. Staff Wellbeing		**20**	**15**		**6**	As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately	Executive Director of People and Culture **Last Reviewed:** 13.09.21	Strategy and Delivery Committee **Last Reviewed:** To be reviewed 16.11.21

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10.	Exacerbation of Health Inequalities		**16**	**12**	**New Risk**	**8**	COVID-19 has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). As the granular level data emerges, there is no evidence to suggest that this pattern is not replicated fully at a Cardiff and Vale UHB level.	Executive Director of Public Health **Last Reviewed:** 14.09.21	Strategy and Delivery Committee **Last Reviewed:** 14.09.21

Assurances are categorised into 'lines of defence' as set out in the Health Boards Risk Management and Board Assurance Framework Strategy.

Key:

(1) First Line of Defence – Management level assurance

(2) Second Line of Defence – Board and Committee level Assurance

(3) Third Line of Defence – Independent level Assurance

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1. **Workforce – Lead Executive Rachel Gidman**

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

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

Risk **Date added: 6.5.2021**	There is a risk that the organisation will not be able to attract, recruit and retain a clinical workforce to deliver high quality care for the population of Cardiff and the Vale.		
Cause	• Increased workforce capacity requirement to meet funded establishment and temporary requirements which support Covid-19; temporary bed expansion for COVID-19 and Winter Planning, community testing, mass immunisation programme, Recovery & Redesign Plan. • Requirements of the Nurse Staffing Act and BAPM Standards. • Requirements of medical rotas to flex across the Recovery and Redesign plan. • UK National shortage of registered Nurses, supply is low. • Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, General & Acute Medicine, Histopathology, Radiology, GP) • Changes to Junior Doctor Training Rotations (Deanery). • Brexit/EU settlement scheme. • Workforce demographics/ageing workforce. • Increased turnover of registered Nurses across the organisation. • Sickness absence has increased over the last 12 months. • Operational Pressures has reduced the resilience of some of our staff, which has impacted on their health and wellbeing.		
Impact	Negative impact on quality of care provided to the population. Inability to meet on-going demands of both pandemic and the Recovery & Redesign plan. Potentially inadequate levels of staffing. Increase in agency and locum usage, increased workforce costs. Low morale, reduction in staff engagement and low staff resilience especially in clinical areas. Increase in turnover and sickness absence. Increase in the number of formal employee relations cases. Poor compliance with statutory and mandatory training. Reduced capacity to undertake appraisals, identify development needs, focus on talent management and succession planning.		
Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• Clinical Boards are actively reviewing workforce requirements. • Workforce plans are integrated with Recovery and Redesign plan. • Workforce Hub Steering Group meet weekly to monitor progress of recruitment to deliver the Recovery and Redesign plan. • A central Resourcing Team, supported by the well-established Nurse Resourcing Team is being established. Focusing on improving attraction, recruitment and retention. Overall aim to improve supply and retention.		

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	• A Recruitment & Retention Strategy is being developed, which will align to the People & Culture Plan and the IMTP. • Overseas Nurse Recruitment Campaign is on-going – by November 185 Nurses would have been recruited, with a request to recruit an additional 90 Nurses from overseas. • Re-launched nurse recruitment campaign through social media with strong branding. An event is being held in September and a recruitment planner for the next 12 months is being finalised. • Strong clinical engagement with student streamlining – 201 graduate Nurses have been recruited and are due to start in September and October. The March Cohort is smaller, we are expected approx. 30. • Internal Career Development Scheme for band 5 nurses launched in April 2020 and is being utilised to improve retention. • Nurse Adaptation and Returners Programmes are now business as usual. • Programme of talent management and succession planning. • Ward Accreditation Programme implemented in Medicine Clinical Board. • Medical overseas recruitment strategies reinforced with BAPIO. • Medical Training Initiative (MTI) 2-year placement scheme. • Collaboration with Medacs to fill hard to fill roles, search and selection methods, CV scanning by speciality. • On-going review of medical rotas to flex and increase medical cover capacity. • Increase number of Physician Associates to supplement MDT in a number of Clinical Boards. • Continue implementation of the All Wales Single Lead Employer initiative for Junior Doctors to improve trainee experience and streamline hiring processes. • Link with Welsh Government Campaign *Train, Work, Live* to attract for Wales – GP, Doctors, Nursing and Therapies. • Enhanced overtime provisions for substantive staff, approved by the COO only and aligned to Recovery & Redesign Plan. • Healthy Working Relationships principles are being embedded into our culture, the All Wales Respect and Resolution Policy has been implemented from June which will support the organisation resolve concerns in an effective and timely manner. • Freedom to Speak Up has been relaunched to ensure staff are aware of the way in which concerns can be raised that aren't directly related to their employment. • Nurse Retention Steering Group established with 6 workstreams - aim to improve retention. • Implementation of a new Medical and Dental Bank through a Managed Service. This will increase supply and improve skills availability through a new bank system; dedicated central team; improved technology and a launched locum recruitment campaign. • Effective rostering – an implementation plan has been agreed for Health Roster (Allocate), early adopter wards are currently being trained and will go live in October. By March 2022 the majority of our ward staff will have been trained to effectively roster on Health Roster system. Both the Nurse and the Facilities staff temporary bank will be on Health Roster. Evidence shows that effective rostering will improve fill rates, create capacity and provide financial efficiencies
Current Assurances Saunders,Nathan 09/21/2021 13:30:28	The Workforce Hub Steering Group is well established and meets on a weekly basis to monitor progress with recruitment to enable the delivery of the Recovery & Redesign Plan. The Group provides assurance to the Portfolio Board (1) Central Resourcing Team being established to improve attraction, recruitment and retention. Developing Recruitment & Retention Strategy (1) Deep dive monitoring at Clinical Board and operational level being undertaken monthly to monitor nursing capacity (1) The workforce position for Mass Immunisation programme remains amber as the Registrant workforce remains largely through Bank. Efforts continue to increase bank supply in addition to rolling permanent recruitment campaigns. Some workforce

	turnover being experienced, as expected. Team have developed the workforce requirements for the COVID-19 Booster programme [1]. By November 185 registered Nurses have been recruited to support the Clinical Boards. Approval has been requested to recruit an additional 90 to reduce nursing vacancies [1] Nursing establishments have been reviewed to reflect the current position and requirements over Winter. Progress with recruiting to vacancies is updated by the Clinical Boards on a weekly basis. [1] HCSW went well, another recruitment advert will be placed to fill new vacancies on a permanent basis. Additional HCSW will also be recruited onto the Nurse Bank by the Temporary Staffing Department[1] Workforce metrics will now focus on deep dive analysis – e.g. turnover, statutory & mandatory training, employee relations cases, etc [2] Engagement with local Universities will continue to ensure that graduate Nurses continue to choose Cardiff & Vale as an employer of choice[1] Medical workforce monitoring at Medical Workforce Advisory Group (MWAG) [1] Medical rotas being monitored to ensure flexibility in place (RAG rated system) [1]		
Impact Score: 5	Likelihood Score: 4	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Ability to on-board overseas nurses at pace due to Visa, COVID-19 isolation and red country quarantine requirements. National UK shortage of nurses remains which impacts on local campaigns.		

Gap in Assurances

Actions	Lead	By when	Update since July 21
1. Central Resourcing Team established	RG	From 13.9.2020	Support organisation to attract, recruit and retain.
2. Overseas Nurse Recruitment Campaign	RG	31.03.2022	Approval sought from Board to recruit an additional 90 overseas Nurses.
3. Recruitment & Retention Strategy in development to improve attraction, recruitment and retention.	RG	30.09.2021	
4. Clinical Board Workforce Plans developed to support the Recovery and Redesign Plan.	RG	30.09.2021	Specific plans being developed to support Recovery & Redesign.
5. Nursing establishments reviewed	RW	30.09.2021	On-going compliance with Nurse Staffing Act and will also re-set establishments.
6. New Nurse E-Rostering System being implemented during 2021/22, including Safe-Care Module and improved Bank App. functionality	RG	31.3.2022	All Wales contract has been procured. C&V will now align to all other HB's using Allocate Software. Implementation plan approved and early Adopter wards are currently being trained.
7. Development of the People and Culture Plan, aligned to the 7 themes in Healthier Wales: Workforce Strategy for Health and Social Care	RG	31.12.21	New action

Impact Score: 5	Likelihood Score:2	**Target Risk Score:**	**10 (High)**

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2. **Financial Sustainability – Lead Executive Catherine Phillips**

Across Wales, Health Boards and Trusts set out plans to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing Prudent and Value Based Healthcare. The three year planning process in NHS Wales has been paused but Annual Plans were submitted to Welsh Government at the end of June 21.

Risk **Date added:** 7.09.2020	There is a risk that the organisation will not be able to manage the impact of COVID 19 and other operational issues within the financial resources available.		
Cause	The UHB has incurred significant additional costs arising from managing the COVID 19 pandemic, this includes the non-delivery of savings plans. It also has to manage its operational budget. All additional costs need to be managed within the additional resources made available by Welsh Government to manage the pandemic.		
Impact	Unable to deliver a year-end financial position. Reputational loss. Improvement in the underlying financial position which is dependent upon recurrent funding provided		
Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	Additional expenditure in Managing COVID 19 is being authorised within the governance structure that has specifically been put in place which is reported to Management Executives on a weekly basis. This aligns with the UHB Scheme of Delegation. The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board. Financial performance is a standing agenda item monthly on Management Executives Meeting.		
Current Assurances	The UHB is now assuming an additional funding to help manage the COVID 19 pandemic in line with Welsh Government Resource assumptions. Based upon this assumed additional funding, the financial forecast is now an in year break even position at year end [(3)]. Financial performance is monitored by the Management Executive [(1)]. Finance report presented to every Finance Committee Meeting highlighting progress against mitigating financial risks [(2)].		
Impact Score: 5	Likelihood Score: 3	**Net Risk Score:**	**15 (Extreme)**
Gap in Controls	No gaps currently identified.		
Gap in Assurances	To confirm COVID 19 funding assumptions with Welsh Government for response and recovery. Certainty of COVID 19 expenditure and the management of non COVID 19 operational pressures		

Actions	**Lead**	**By when**	**Update since July 21**
1. Continue to work with Welsh Government to confirm additional funding to manage our recovery response to Covid 19.	CP	31/03/2022	Awaiting confirmation of response funding for the last six months of the financial year Recovery – awaiting feedback on recovery bids submitted with June Annual Plan.

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2. To monitor and control additional expenditure and financial performance to ensure that the year-end forecast is within the resources available.		CP	31/03/2022	This will be reviewed once there is clarity in relation to 1. above
3. To understand the impact of responding to the Covid 19 pandemic has had on the organisations underlying position and that the costs and consequences are reflected within the 2021/22 plan.		CP	31/03/2022	Costs and consequences under constant review and will be reflected in 21/22 plans and beyond. To be completed on confirmation of funding
Impact Score: 5	Likelihood Score:1	**Target Risk Score:**		**5 (Moderate)**

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3. **Sustainable Primary and Community Care – Lead Executive Steve Curry**

The strategy of "Care closer to home" is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of Primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements. Although the underlying actions continue to be progressed it should be acknowledged that the focus has changed due to responding to Covid 19 this will inevitably cause implications for the speed of ongoing action and implementation.

Risk **Date added:** 12.11.2018	The risk of losing resilience in the existing service and not building the capacity or the capability of service provision in the Primary or Community care setting to provide the necessary preventative and responsive services.		
Cause	Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 year age bracket. GP's being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team. Co-ordination of Health and Social Care across the communities so that a joined up response is provided and that the patient gets the right care. Poor consistency in referral pathways, and in care in the community leading to significant variation in practice. Practice closures and satellite practice closures reducing access for patients. Lack of development of a multidisciplinary response to Primary Care need. Significant increase in housing provision		
Impact	Long waiting times for patients to access a GP Referrals to hospital because there are no other options Patients turning up in ED because they cannot get the care they need in Primary or Community care. Poor morale of Primary and Community staff leading to poor uptake of innovative solutions Stand offs between Clinical Board and Primary care about what can be safely done in the community Impact reinforces cause by effecting ability to recruit		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**
Current Controls	Me, My Home , My Community Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care. Development of Primary Care Support Team Contractual negotiations allowing GP Practices to close to new patients Care Pathways Roll out of MSK and MH First Point of Contact Services by Cluster Implement new urgent care Phone First helpline at Primary Care Level (CAV24/7) Implement nationally supported digital supported enablers (Consultant Connect and Attend Anywhere)		
Current Assurances	Improved access and response to GP out of hours service (1) Sustainability and assurance summary developed to RAG rate practices and inform action(1) Three workshops held to develop way forward with engagement of wider GP body in developing future models. Leading to the development of Mental Health and Risk Care Models at scale being implemented. (1)		

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	Second peer review of PCOOH Services undertaken with commendations and exemplars referred to in WG reports[3] Annual Plan submitted to Welsh Government and presented to Board demonstrated a significant orientated strengthening of Primary Care [2] [3] Health and Population Management is tracked through Programme Management Investment decisions are prioritised [1].		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	Actively scale up multidisciplinary teams to ensure capacity Achieving scale in developing joint Primary/Secondary Care patient pathways Recruitment strategies to sustain and improve GP availability and develop multidisciplinary solutions		
Gap in Assurances	No gaps currently identified.		

Actions	**Lead**	**By when**	**Update since July 21**
1. Development of recruitment strategies for GP and non GP service solutions	RG	31/03/2022	GP Support Unit helps with recruitment and finding GP alternatives. The focus on a multi-disciplinary solution continues.
2. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs	AH	31/03/2022	These are being developed through the Public Service Board and Transformation work and progressing well updates will continue to be provided.
3. Second cluster MDT model being developed which builds on the experience of the South West Cluster	SC	31/03/2022	New action

Impact Score: 5	Likelihood Score: 2	Target Risk Score:	**10 (high)**

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4. **Patient Safety - Lead Executives Stuart Walker, Ruth Walker and Fiona Jenkins**

Risk	There is a risk to patient safety: Due to post Covid recovery and this has resulted in a backlog of planned care and an ageing and growing waiting list. Due to increased demand, post Covid 19, of unscheduled care of patients with higher acuity and more complexity which is adding to the pressure within A&E . Due to a 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 post Covid 19 recovery.		
Date added:	April 2021		
Cause	Patients not able to access the appropriate levels of planned care during COVID 19 creating both longer and ageing waiting lists for planned care. Resources re directed to address planned care demand leaving unplanned care/unscheduled care pathways with lower staffing		
Impact	Worsening of patient outcomes and experience, higher death rate.		
Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• Recovery Plans being developed and implemented across all areas of Planned Care • Maintaining Training/Education of all staff groups in relation to delivery of care • Use of Spire Hospital • In-house and insources activity • Additional recurrent activity taking place • Recruitment of additional staff • Workforce hub in place with daily review of nurse staffing by DoN to manage the risk • Hire of additional mobile theatres • Implementation of LCCs to focus upon patient flow within hospital sites. • New Quality and Safety and Experience Framework approved by QSE Committee 14/07/21		
Current Assurances	• Recovery Plans reported to Management Executive, Strategy and Delivery Committee and the Board (1) (2) • CAHMS position reviewed at Strategy and Delivery Committee (2) • Mental Health Committee aware of more people requiring support(2) • Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives (1)		
Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Local Authority ability to provide packages of care and challenge around discharge to care homes		
Gap in Assurances	Discharging patients is out of the Health Boards control		

Actions	**Lead**	**By when**	**Update since July 21**
1. Recovery plan in place and constantly being reviewed	Steve Curry	31.03.22	Plan in place which is continually been reviewed in relation to demand and capacity – see separate risk on BAF: the risk of inadequate planned care capacity
2. Review of hospital acquired COVID 19 and COVID deaths being undertaken	Ruth Walker	30.09.21	Review has commenced early learning shared with operational colleagues and it is informing the development of the recovery plan
Impact Score: 5 **Likelihood Score: 2**	**Target Risk Score:**		**10 (High)**

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5. **Leading Sustainable Culture Change – Lead Executive Rachel Gidman**

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

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust. Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition. Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB.		
Impact	Staff morale may decrease Increase in absenteeism Difficulty in retaining and recruiting staff Potential decrease in staff engagement Increase in formal employee relations cases Transformation of services may not happen due to staff reluctance to drive the change through improvement work. Patient experience ultimately affected. UHB credibility as an employee of choice may decrease		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 (Extreme)**
Current Controls	Values and behaviours Framework in place Task and Finish Group weekly meeting Cardiff and Vale Transformation story and narrative Leadership Development Programme linked in with the launch of the Dragons Heart Institute (DHI) Management Programmes now including a virtual offering. The content will be management skills but will incorporate inclusive management skills. The additionality of data training will be offered by the Summer 2021 Talent management and succession planning cascaded through the UHB Values based recruitment / appraisal – Awareness campaign June 2021 Staff survey results and actions taken Increasing the diversity of the workforce through the Kickstart programme, Apprenticeship Academy, Project SEARCH Patient experience score cards CEO and Executive Director of People and Culture sponsors for culture and leadership Raising concerns procedure/Freedom to Speak Up relaunched in October 2018 and again in June 2021 "Neyber" launched to support staffs financial wellbeing with an emphasis on education – Awareness campaign and training to start in July 2021 Conducted interviews with senior leaders regarding learnings and feedback from Covid 19 Lessons learnt document to be completed by September 30th 2020 looking at the whole system. Discovery learning report completed in the Autumn 2020 Launch in 2021 to coincide with the DHI Proposal for Self-care leadership – Recovery for wellbeing and engagement of staff		
Current Assurances	Engagement of staff side through the Local partnership Forum (LPF) (2) Matrix of measurement now in place which will be presented in the form of a highlight report to Committee (2)		
Impact Score: 4	**Likelihood Score: 2**	**Net Risk Score:**	**8 (High)**

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Gap in Controls	
Gap in Assurances	

Actions	Lead	By when	Update since July 21
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Three Programmes have been developed: (i) Acceler8 (ii) Integr8 (iii) Collabor8 (iv) Oper8 (for Directorate Managers or equivalent) Compassionate and inclusive leadership principles will be at the core of all the programmes	RG	~~01.04.2021~~ 31.10.21	Currently all the leadership programmes are on hold due to the recovery phase of covid. Intensive learning academy bid was successful. Part of the bid incorporates a 10-month leadership programme. The current leadership programmes will be reviewed and will complement the DHI ILA Programmes to restart October 2021 post showcase
2. Showcase	RG	~~31.03.21~~ From Sept 21	Virtual showcase now being considered and linking with the Clinical Service Redesign and exploring catering for bigger numbers Virtual showcase – Engagement for the case for change. The design of the showcase will be aligned with Shaping our clinical services. Approval agreed in ME in Feb 2021. Tender submitted March 2021 and completed May 2021 Launch of preview Virtual Showcase Sept 2021 Whole system launch Winter 2021
3. Equality, Diversity and Inclusion Welsh Language Standard being implemented. Inclusion - Nine protected Characteristics Saunders,Nathan 09/21/2021 13:30:28	RG	From 14.12.20	Equality Strategy Welsh Language Group is taking place on a bi monthly basis with senior leaders across the organisation who can influence this agenda. Actions and milestones in place for all standards Two Welsh Language translators now recruited. – complete and fully operational All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. An emphasis on engagement, leadership and recruitment with be prioritised in 2021 with an action plan / outcome to be achieved. The RACE network will be in place by July 2021, with further networks to be established- Met on the 5th July 2021 The development and dialogue is happening regarding individuals with learning disabilities gaining work experience in a structure approach pl. In collaboration with project Search Aim Sept 2021 classroom base / Jan 2022 placements

			The successful bid to be a direct employer for KICKSTART a WG initiative to assist 16 – 24 year olds to gain employed work for 6 months. Initiative starts April 2021. By April 2021 100 applications received. We now have 200 applicants at September 21
4. CAV Convention	RG	From 12.11.20	Proposing CAV convention conference in the Winter in line with the virtual showcase. Illustrating the clinical groups progression and to formally launch the CAV convention into the health system.
Impact Score: 4	**Likelihood Score: 1**	**Target Risk Score:**	**4 (Moderate)**

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6. Capital Assets (Estates, IT Infrastructure, Medical Devices) – Lead Executive Abigail Harris

The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner. There have also been a number of recent failures in relation to the estate which means that this risk needs to remain at its current net risk score of 20.

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

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	Discretionary capital £0.5m for IT and £1.0m for equipment which enabled purchasing of equipment urgently needing replacement. Business Case performance monitored through Capital Management Group every month and Strategy and Delivery Committee every 2 months.
Current Assurances	The estates and capital team have a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues. Work is starting on the business case to secure funding to enable a UHW replacement to be build(1) (2) The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised (1) The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks (3). Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee (1) (2) IT risk register regularly updated and shared with NWIS (2) Health Care Standard completed annually (3) Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group (1) Strategy and Delivery Committee continue to oversea the delivery of the Capital Programme (2)

Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the 3 services. In year requirements further impact and require the annual capital programme to be funded by capital to be re-prioritised regularly. Traceability of Medical Equipment The Welsh Government current capital position is very compromised due to COVID 19 expenditure which will impact significantly on the Capital Programme of the UHB.		
Gap in Assurances	The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used. Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year		

Actions	**Lead**	**By when**	**Update since July 21**
1. The Estates Strategy requires review and refresh and there is a need to ensure that it is future proof. The scoping of this work to understand what is required will take place before Christmas	AH/CP	31.12.21	It has been agreed that this document will be reviewed in 22/23 but there will be some preparatory work to be undertaken beforehand.

Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**	**10 high)**

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7.Inadequate Planned Care Capacity - Lead Executive - Steve Curry

The impact of COVID 19 has had many consequences to Healthcare and in particular the continuation of the Health Board being able to undertake Planned Care both during the peak of the pandemic and any future peaks of the pandemic. There has been significant disruption to planned care and disruption to the progress which was being made after the first wave of Covid 19. This was further exacerbated by the second cessation of elective activity and despite progress been made planned care has been significantly compounded. The Health Board is now moving into a recovery phase with recovery plans developing and immediate actions taking place.

Risk	There is a risk that there will be inadequate planned care capacity due to the impact of covid 19 resulting in longer and ageing waiting lists and the ability of the Health Board to manage planned care in a timely manner going forward.		
Date added:			
Cause	Covid pandemic resulting in a cessation of elective activity and result of longer and ageing waiting lists.		
Impact	A growing waiting list for planned care activity An ageing waiting list Potential clinical risk associated with delayed access – see risk in relation to patient safety.		
Impact Score: 4	**Likelihood Score: 5**	**Gross Risk Score:**	**20 (Extreme)**
Current Controls	Clinical risk assessments by specialty to prioritise access Following risk stratifications where available i.e. Royal College of Surgeons L1 to L4 classifications Development of 'green zones' to provide confidence for low risk operating environments Increase the use of virtual consultation to avoid person to person contact Securing additional capacity within the private sector Recovery Plans in place Programme Delivery Director appointed to lead Recovery Schemes		
Current Assurances	Growth in 'green zone' activity (1) Surgical audit to provide assurance on outcomes (1) Growth in virtual outpatients activity (1) (2) Growth in diagnostics activity (1) (2) Met Q1 recovery trajectory of 70% pre covid activity		
Impact Score: 4	**Likelihood Score: 4**	**Net Risk Score:**	**16 (Extreme)**
Gap in Controls	Roll out Health Board-wide risk stratification Maximise use of green pathways whilst balancing risk and outcome Virtual platforms need to be rolled out across the Health Board and clinical teams persuaded to make use Contractual arrangements are still under review – need to negotiate a contract to prolong access		
Gap in Assurances	Able to meet the highest priority caseloads – essential services Surgical audit needs to be supported to continue to provide evidence of safe and effective surgery Digital platforms need to roll out further and clinical engagement needs to result in their use		

Actions	Lead	By when	Update since July 21
1 Full assessment of risk to be undertaken	SC	May 2021	Assessment undertaken and presentations given in relation to timescales to achieve activity against various scenarios. Key measure are set out within the Annual Plan Complete

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				Initial bids for planned care which supported recovery schemes have been put into place as per the Annual Plan.
2. Bids for further schemes currently awaiting approval			SC	Sept 2021	Schemes from second rounds of bids awaiting approval
Impact Score: 4	**Likelihood Score: 3**	**Target Risk Score:**		**12 (High)**

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8. Risk of Delivery of Annual Plan 21/22 - Lead Executive – Abigail Harris

The requirement for a three year IMTP remains suspended by Welsh Government due to the Covid 19 pandemic. However, the Health Board are still required to produce an Annual Plan for 21/22 which will reference the last approved IMTP. From 22/23 there will be a requirement to develop a three Year IMTP.

Risk	There is a risk that the Health Board will not deliver the objectives set out in the Annual Plan out due to the challenge around recovering the backlog of planned activity (see separate risk), not taking the opportunity to do things differently and the potential risk associated with the Medium Term Financial position all of which could impact upon delivery of the Annual Plan or future IMTP.		
Date added:	April 20		
Cause	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.		
Impact	The UHB may not be appropriately prepared to manage the consequences of a protracted and disruptive emergency response particularly in terms of: workforce (e.g. many will be exhausted and many will have built up leave) Infrastructure Planned care Unplanned care Financial delivery The benefits of emergency changes may not be adequately captured. There may be learning opportunities missed.		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20 (Extreme)**
Current Controls	• Welsh Government has suspended the IMTP process and Health Boards are working to quarterly operational plans that reflect the current COVID29 situation and the need to re-establish as much of our non-COVID19 activity as possible, recognising the need to continue to provide services in different ways in light of the service transformation that took place in the emergency response phase and the ongoing requirement for social distancing and infection prevention and control measures.		
Current Assurances	Board approved plan in June 21 and submitted to Welsh Government (1) (3)		
Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 (Extreme)**
Gap in Controls			
Gap in Assurances	Board signed off Annual Plan and addendum at the end of June and submitted it to Welsh Government however the Health Board is unsure on the timeliness of money being released from WG Delivering a plan in the context of uncertainty and pressure.		

Actions	**Lead**	**By when**	**Update since July 21**
Monitor implementation of Annual Plan and continue to report through Strategy and Delivery Committee	AH	31/03/22	The HB is still working in an uncertain environment but a winter plan is already being developed.
Winter Plan being developed with partners despite being not requirement for one by WG	AH/SC	31/10/21	Plan to be discussed with Joint Management Executive
Impact Score: 5 **Likelihood Score: 2**	**Target Risk Score:**		**10 (High)**

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9. Impact of Covid19 Pandemic on Staff Wellbeing

As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately.

Evidence

Risk	There is a risk that staff sickness will increase and staff wellbeing will decrease due to the psychological and physical impact of the pandemic. Which together with limited time to reflect and recover will increase the risk of burnout in staff.		
Date added:	6th May 2021		
Cause	• Redeployment with lack of communication / notice / consultation • Working in areas out of their clinical expertise • Being merged with new colleagues from different areas • Increased working to cover shifts for colleagues • Shielding / self-isolating / suffering from / recovering from COVID-19 • Build-up of grief / dealing with potentially traumatic experiences • Lack of integration and understanding of importance of wellbeing amongst managers • Conflict between service delivery and staff wellbeing • Continued exposure to psychological impact of covid both at home and in work		
Impact	• Values and behaviours of the UHB will not be displayed • Operating on minimal staff levels in clinical areas • Mental health of staff will decrease • Clinical errors will increase • Staff morale and productivity will decrease • Job satisfaction and happiness levels will decrease • Increase in sickness levels • Patient experience will decrease • Increased referrals to Occupational Health and Employee Wellbeing Services (EWS) • UHB credibility as an employee of choice may decrease		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20 –(Extreme)**
Current Controls	• Self-referral to wellbeing services • Managerial referrals to occupational health • External support – health for health professionals, recovery college, Mind, Samaritans • Wellbeing Q&As and drop ins (topical workshops) • Wellbeing Support and training for Line managers • Development of range of wellbeing resources for both staff and line manager • GP self-referral • Values Based Appraisals • Chaplaincy ward rounds • Appointment of new Health Intervention Team (HIT) – focus on both immediate reactive interventions and long term preventative • HIT exploring staff needs and gathering qualitative insight from staff • Increase number of wellbeing champions trained • Health and Wellbeing Strategic group • Development of rapid access to Dermatology • Post traumatic pathway service increased to cater for potential demands		
Current Assurances	• Internal monitoring and KPIs within the EHWS(1)		

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	• Wellbeing champions normalising wellbeing discussions (1) • VBA focussing on individual wellbeing and development (1) • Commitment from HIT staff to identify priority areas (1) • Trade unions insight and feedback from employees (3)		
Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 – (Extreme)**
Gap in Controls	• Transparent and timely Communication especially to staff who are not in their substantive role e.g. redeployed, hybrid working • Existing proactive interventions to wellbeing • Health Charity funding for EWS ends in February 2022 which will reduce clinical capacity by 70% • 43% increase in referrals to Occupational Health		
Gap in Assurances	• Organisational acceptance and approval of wellbeing as an integral part of staff's working life • Awareness and access of employee wellbeing services		

Actions	**Lead**	**By when**	**Update since July 21**
1. Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by COVID	NB	Immediate April 2021 – April 2022	Oversees COVID drop in support session 12th and 13th May UHW / UHL CAV a Coffee events on wards - Lakeside & Heulwyn Ward visits and support to staff Signposting of resources and support through EHWS
2. Health Intervention Coordinators (2) conducting research and exploration for long term sustainable wellbeing for the staff of the UHB	NB	Consultation by August 21 Interventions identified by Jan 22 Interventions proposed implementation April 22 - 2023	Consultation commenced across clinical boards Consultation proposed for May-July amongst all bandings of staff – clinical and non-clinical
3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources	NB	Commenced March 21 and continuing	Initial engagement with comms team Use of wellbeing champions to disperse messages Access to senior nurses and ward managers to disperse messages Key action: create Twitter account aimed at staff wellbeing and interaction for informal and accessible information
4. Training and education of management Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers	NB	Post consultation phase	

Impact Score: 3	**Likelihood Score: 2**	**Target Risk Score:**	**6 - Moderate**

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10. Exacerbation of Health Inequalities in C&V – Lead Executive Fiona Kinghorn

COVID-19 has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). As the granular level data emerges, there is no evidence to suggest that this pattern is not replicated fully at a Cardiff and Vale UHB level.

The vision of our Shaping Our Future Wellbeing strategy is that *"a person's chance of leading a healthy life is the same wherever they live and whoever they are"*. Our goal is to reduce health inequalities – reduce the 12 year life expectancy gap, and improve the healthy years lived gap of 22 years. Addressing inequality linked to deprivation is also a clear commitment of both Cardiff and Vale of Glamorgan PSB Well-being Plans 2018-23.

Our focus on reducing inequalities locally in health and wellbeing are underpinned by both 'Prosperity for All' and 'A Healthier Wales'. The Wellbeing of Future Generations Act also sets out Health and Equality as two main goals and the Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Risk	There is a risk that the exacerbation of inequalities due to COVID-19 will reverse progress in our goal to reduce the 12 year life expectancy gap, and improvements to the healthy years lived gap of 22 years.
Date added:	29.07.21

Cause	• Deaths from COVID-19 have been almost double in the most deprived quintile when compared with the least deprived quintile of the population in Wales, and there has been a disproportionate rate of hospitalisation and death in ethnic minority communities
	• In Wales, socio-economic health inequalities in COVID-19 become more pronounced further along the hospital treatment pathway. Based on data from the first few months of the pandemic we can see that inequalities were not particularly pronounced for confirmed cases (unlike England) but the gradient became bigger for admissions, ICU and deaths. This may be related to the idea of staircase effects whereby health inequalities accumulate across the system and the 'inverse care law' whereby people from deprived areas may not seek help until later when their condition has deteriorated, which may be related to accessibility, health literacy and competing demands on their time. The role of the healthcare organisation in flexing to provide effective treatment according to individual need along that pathway is key
	• Health inequalities arise in three main ways, from
	  ○ structural issues, e.g. income, employment, education and housing
	  ○ unhealthy behaviours
	  ○ inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to their particular needs
	• It follows, therefore, that services run by organisations which do not address their own structural issues (nor advocate others to do so), do not support staff and their population to take up healthier, or reduce health-harming, behaviours, and which are not tailored towards reducing inequalities will fail to address the causes of increasing health inequality

Impact	• The key population groups with multiple vulnerabilities, compounded or exposed by COVID-19, include:
	  ○ Children and young people
	  ○ Minority ethnic groups, especially Black and Asian populations
	  ○ People living in (or at risk of) deprivation and poverty
	  ○ People in insecure/low income/informal/low-qualification employment, especially women

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	○ People who are marginalised and socially excluded, such as homeless persons • Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. Underlying chronic conditions, as well as unequal living and working conditions, can in turn increase the transmission, rate and severity of COVID-19 infections • COVID-19 and its containment measures (lockdowns) can directly and indirectly increase inequity across living and working conditions; as well as inequity in health outcomes from chronic conditions. For example, working from home during and post lockdown may not be possible for many service sector employees. Marginalised communities are more vulnerable to infection, even when they have no underlying health conditions, due to chronic stress of material or psychological deprivation, associated with immunosuppression • The longer-term, and potentially largest, consequences for widening health inequalities can arise through political and economic pathways. Areas with higher unemployment have greater increase in suicides; and people living in the most deprived areas experience the largest increase in mental illness and self-harm • This is not simply a social injustice issue, health inequalities are also estimated to cost £3-4 billion annually in Wales through higher welfare payments, productivity losses, lost taxes, and additional illness		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 Extreme**
Current Controls	1. Statutory function The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not been properly complied with, they would have the right to instigate a judicial review claim against the UHB 2. Role as an Employer • In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner • Our Strategic Equality Plan 'Caring about Inclusion 2020-2024' has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes, for example: Recruitment and Selection Policy, Annual Equality Report, Equality reports to the Strategy and Delivery Committee, Reports/Updates to the Centre for Equality and Human Rights, Outcome Report to the Welsh Government Equalities Team regarding sensory loss, provision of evidence to the Health and Care Standards self-assessment, Equality and Health Impact Assessments • All our Executives have taken up a leadership role across the nine protected characteristics specified in the Equality Act 2010 - age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation - our CEO is the lead for race 3. Refocused Joint strategic and operational planning and delivery • Each of our strategic programmes within Shaping our Future Well Being Strategy will need to consider how our work can further tackle inequalities in health. Our Shaping our Future Public Health strategic programme will include a focused arena of work aimed at tackling areas of inequalities where there are gaps, for example healthy weight, immunisation and screening. We will work closely with the 2 local authorities and other partners, through our PSBs and RPB partnerships to		

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	accelerate action in our local communities. This will include building on local engagement to date with our ethnic minority communities during the Covid-19 pandemic. Such focused work will be articulated in 'Cardiff and Vale Local Public Health Plan 2021-24' within our UHB three-year plan • Through our PSB and RPB plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB will further identify collective actions • The Youth Justice Board is planning to implement the recommendations of our Public injecting & Youth Justice HNAs in Cardiff • Cardiff PSB and Cardiff and Vale Substance Misuse Area Planning Board will implement the recommendations of its Needle Exchange programme review to tackle health inequality as part of COVID-19 substance misuse recovery work • Our draft Suicide and Self-Harm Prevention Strategy is currently out for consultation • Action during the pandemic has included a multi-agency approach to Seldom Heard Voices, targeting initiatives towards areas of deprivation e.g. walk in vaccine clinics. This work will continue as we move toward delivery of a booster programme		
Current Assurances	We are in the process of revising a bellwether set of indicators to measure inequalities in health in the Cardiff and Vale population through which we will measure impact of our actions. This will form part of the Annual Report of the Director of Public Health 2020, due to be published September 2021 (1). Examples will potentially include: • The inequality gap in healthy life expectancy at birth in Cardiff and Vale UHB for males, increased from 20.4 years in 2005-2009 to 24.4 years in 2010-2014 • The gap in coverage of COVID-19 vaccination between those living in the least deprived and most deprived areas of Cardiff and Vale UHB, aged 80 years and above, reduced from 8.8% to 8.4% between May and June 2021		
Impact Score: 4	**Likelihood Score: 3**	**Net Risk Score:**	**12 (High)**
Gap in Controls	• Uncertainty around progress of the pandemic due to variants and unpredictability of population behaviours • Unidentified and unmet healthcare needs in seldom heard groups • Capacity of partner organisations to deliver on plans and interdependency of work • Financial support to individuals following ending of the furlough scheme		
Gap in Assurances	• Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales		

Actions	**Lead**	**By when**	**Update since July 21**
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty Saunders,Nathan 09/21/2021 13:30:28	FK/RG	March 2022	Our EHIA processes and training raises awareness of the duty. E-Learning package potentially being developed by Welsh Government and Equality & Human Rights Commission. Work of Seldom Heard Vaccinations Group has demonstrated our commitment to working beyond compliance.
2. Take further actions, to improve COVID-19 vaccination rates (including delivering a	FK/RW	December 2021	Vaccination pop up clinics are being offered within

booster vaccine) in minority ethnic communities and vulnerable groups			communities for black, and minority ethnic and other vulnerable groups, including pregnant women. Regular monitoring of uptake surveillance data to identify areas of low uptake.
3. Review and operationalise the recommendations of the Annual Report of the Director of Public Health 2020, including development of shorter term indicators using routine data		Executive Team	From September 21	Annual Report of the Director of Public Health 2020 to be presented at Board on 30th September 2021, and to partner organisations through October and early November, to seek support for the approach advocated
4. Within the UHB and through our PSB and RPB partnerships, refresh a suite of focused preventative actions to tackling inequalities in health		FK	September 2021	Addressing inequities and promoting prevention is a focus for the Annual Report of the Director of Public Health 2020, which will be launched with partner organisations during the Autumn, and contains a set of recommendations for the UHB and partner organisations. The UHB is also engaged in renewing the Population and Wellbeing Needs Assessments in both Cardiff and the Vale of Glamorgan, which will inform the work of both the RPB and PSB. The Executive DPH is leading directly on the RPB PNA.
Impact Score: 4	**Likelihood Score: 2**	**Target Risk Score:**	**8 (High)**	

Key:

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

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Report Title:	**PERFORMANCE REPORT**								
Meeting:	Board Meeting						**Meeting Date:**	29 July 2021	
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**		
Lead Executive:	Chief Operating Officer and Executive Finance Director								
Report Authors (Title):	Information Manager (029 20 745602) & AD Operations (Performance) (029 21 847549)								

Background and current situation:

The Health Board continues to progress plans outlined in its updated 2021/22 annual plan and 'Planning for Recovery and Redesign' addendum as submitted to Welsh Government in June 2021. These plans are based on three key principles - clinically led, data driven and risk orientated. Specifically, in regard to the latter and relevant to operational performance, our recovery remains centred on patients being seen in order of clinical priority rather than time-based targets.

Workforce, estates, ongoing Infection, Prevention and Control (IP&C) requirements and the prevailing operating conditions are the factors that impact on the speed of our recovery. With regard to the latter, the current position is that the Health Board is experiencing exceptional operational pressures - with the local picture similar to that seen across Wales and the UK. The early summer urgent and emergency care pressures have been sustained, with pressures seen across primary and community care as well as within our emergency department. It is also apparent that there are significant pressures within social care.

Our COVID admissions and occupancy, whilst increasing, remain low but the uncertainty regarding demand and ongoing IP&C requirements to minimise nosocomial spread results in the UHB continuing to operate in an increased level of complexity. Whilst this is a contributory factor, it is mainly the non-covid unscheduled care position, however, that is driving current pressures and a deterioration in the unscheduled care position. An analysis of the data shows that the current difficulties are being driven by our inability to achieve timely discharge of patients – as opposed to it being a demand issue.

In considering this performance report, it is also important to recognise our prevailing operating conditions. We continue to operate within a context of significant uncertainty and with a requirement to remain 'covid ready'. Additionally, there are a further three factors impacting on the speed of our recovery – workforce, estates and ongoing Infection, Prevention and Control (IP&C) requirements.

There has been no change to national requirements since the last report to the Board. Performance and waiting list information continues to be reported with the published information used for management information and to provide assurance against the delivery of the Health Board's plan.

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The current performance report remains a condensed report focusing on a limited number of indicators. The format of the performance report is being reviewed with a view to enhancing the scope as recovery of all services continues.

Key Issues to bring to the attention of the Board/ Committee:

- Whilst the Health Board continues to monitor the position for key operational performance indicators, prioritisation of need and service delivery continues to be based on clinical prioritisation rather than time-based targets.

- The Health Board is experiencing exceptional operational pressures - with the local picture similar to that seen across Wales and the UK. Our overall assessment shows that the current difficulties are being driven by our inability to achieve timely discharge of patients, as opposed to it being a demand issue.

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

Appendix 1 provides sets out the current performance position for the following areas of performance:

- Unscheduled Care
- Primary Care
- Mental Health Measures
- Cancer
- Elective access – RTT, diagnostics and outpatient follow-ups

Appendix 2 provides the Finance report for the Board.

Note: Commentary and assessment on the latest quality and safety indicators is provided in a separate report from the Executive Nurse Director.

Recommendation:

The Board is asked to **NOTE**:

- The current position against specific performance indicators for 2021-22

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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		6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		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	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Equality and Health Impact Assessment Completed:	Not Applicable

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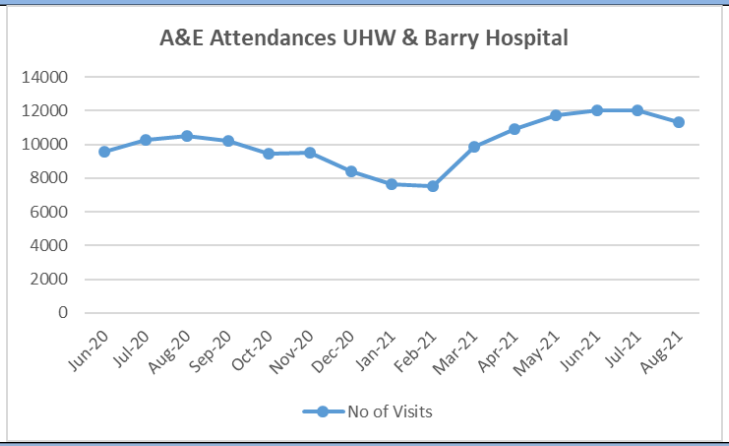
Unscheduled Care

Overview

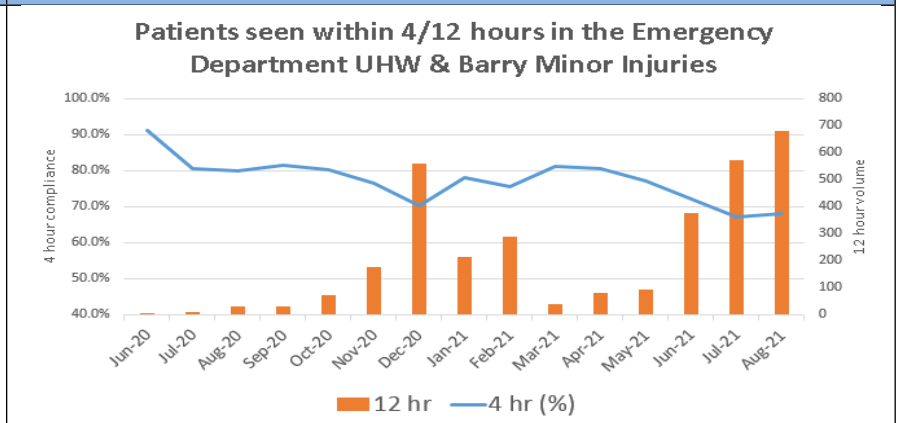
- Emergency Unit attendances reduced slightly in August 2021 (11,330) from July 21 (12,006) a decrease of 6%. Whilst this is 7% higher than 10,526 in August 2020 (NB Covid Period) it remains lower than 12,248 August 2019 (Pre Covid)
- 4-hour performance in EU has deteriorated since March (81.1%) to 68% in August 2021. This compares to 79.9% in August 2020. 12 hour waits have been extremely high in the recent quarter and at their highest (680) in August 2021.
- 80% of Ambulance handovers took place in under 1 hour in August 2021. This compares with 94% in August 2020.
- The percentage of red calls responded to within 8 minutes has improved in August 2021 (72%) the best monthly performance since February 2021.

Performance

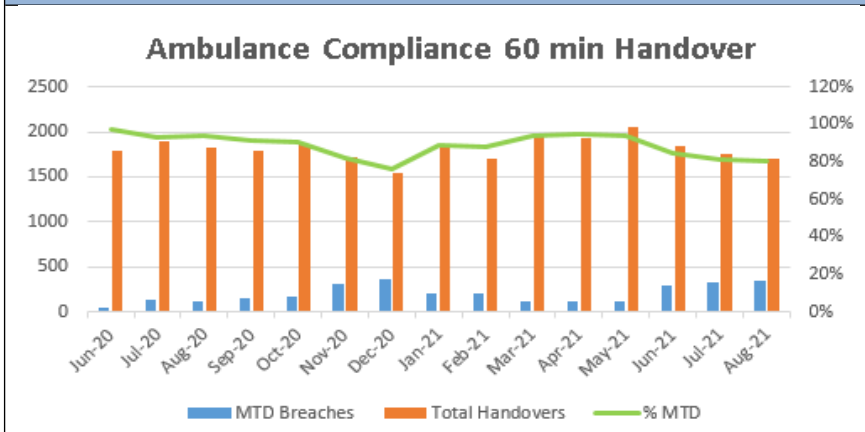
Graph 1: % A&E Attendances



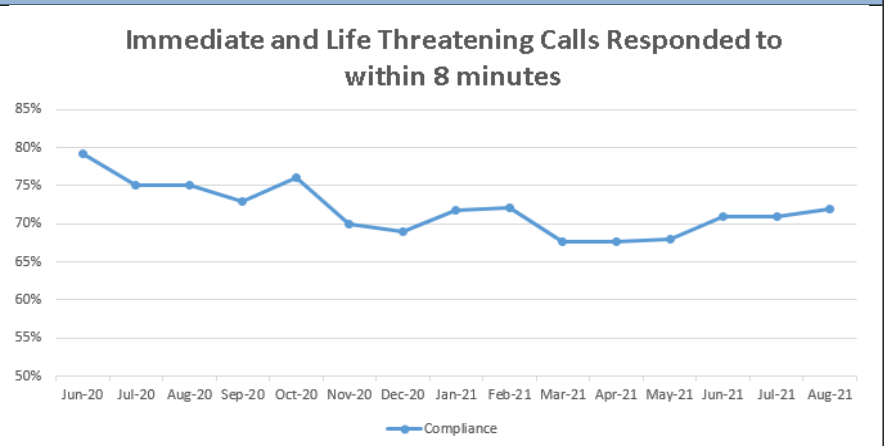
Graph 2: A&E waits – 4 & 12 hours



Graph 3: Ambulance handover > 1 hour



Graph 4: Red calls responded to within 8 minutes



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Primary Care

Overview

In relation to General Medical Services (GMS):

- *Sustainability applications*: The UHB currently has zero formal applications or closed practice lists.
- *Contract terminations*: There have been no contract terminations
- *Directly managed GP services*: The UHB presently has no directly managed primary medical care services

In relation to GP Out of Hours (GPOOHs):

- In August 2021, 86% of patients prioritised as 'emergency' requiring a home visit were seen within one hour.
- In August 2021, 100% of patients prioritised as 'emergency' requiring a primary care centre appointment were seen within one hour, an increase from July 2021 (83%)

Performance

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

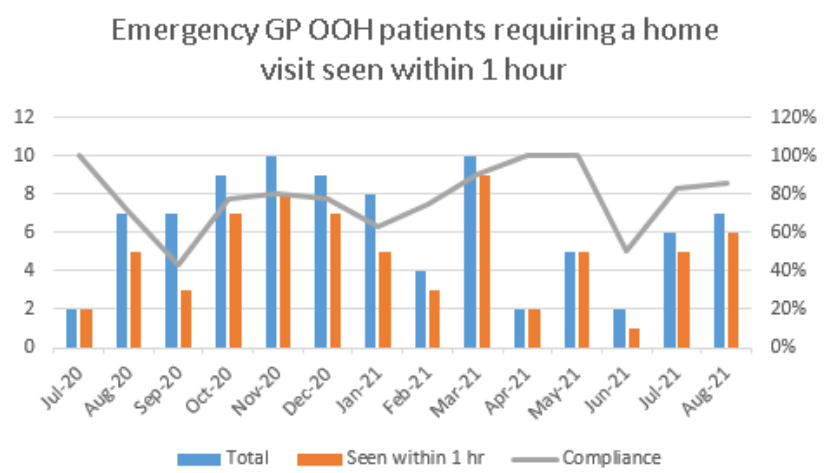
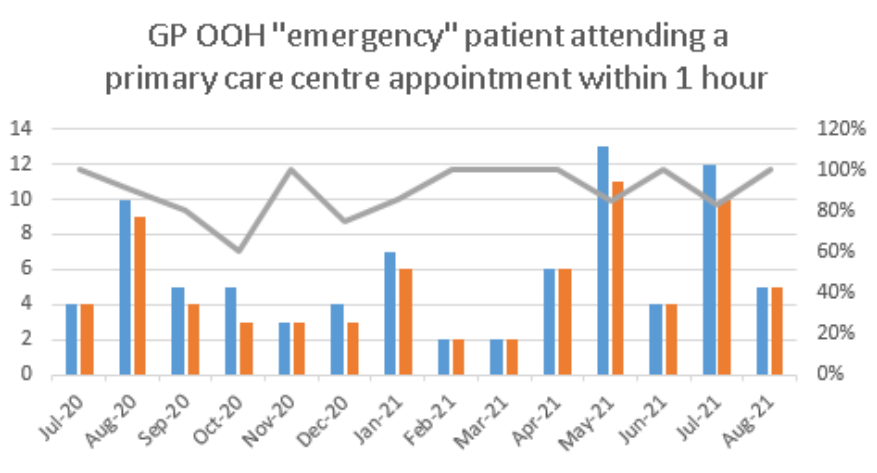


Chart 2: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



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Mental Health Measures

Overview

- Referrals have remained stable during June 2021 (1160) and July 2021 (1087) but remain significantly higher than pre covid levels.
- Part 1a: The percentage of Mental Health assessments undertaken within 28 days is 36% overall, the best performance since October 2020 and 35% for CAMHs in July 2021.
- Part 1b: 93% of therapeutic treatments started within 28 days following assessment at the end of July 2021.
- Part 2: 83% of health board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of July 2021.
- Part 3: 87% of health board residents were sent their outcome assessment report within 10 days of their assessment in July 2021.

Performance

Chart 1: Mental Health Referrals

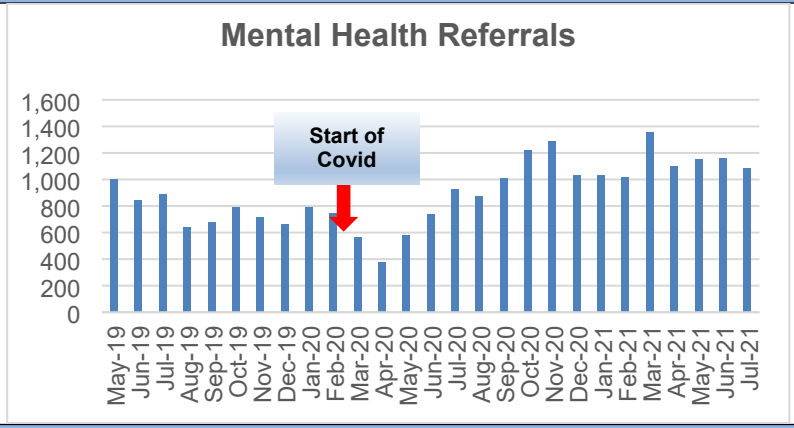


Chart 2: Performance against Mental Health Measures – Part 1a, 1b, 2 and 3

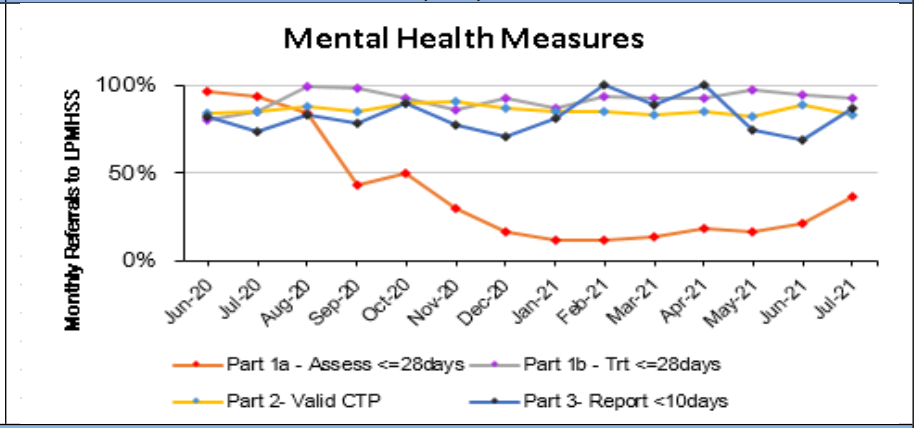
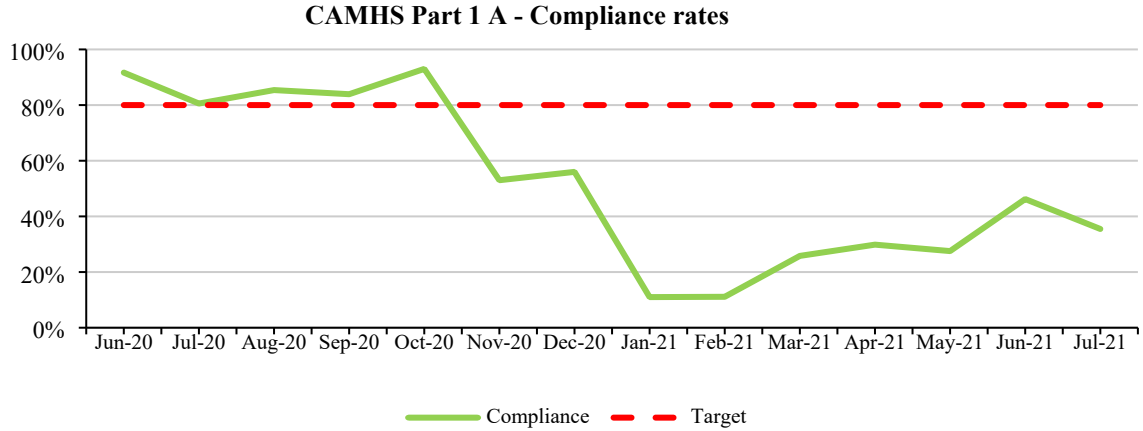


Chart 3: CAMHS Part 1a compliance



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Cancer

Overview

- Referrals for patients with suspected Cancer have returned to pre covid levels. There were 1460 referrals from GPs in July. Incidental findings remain at higher levels than pre covid levels.
- SCP performance in July 2021 is at 68%, the highest monthly performance since October 2020.

Performance

Chart 1: Cancer referrals

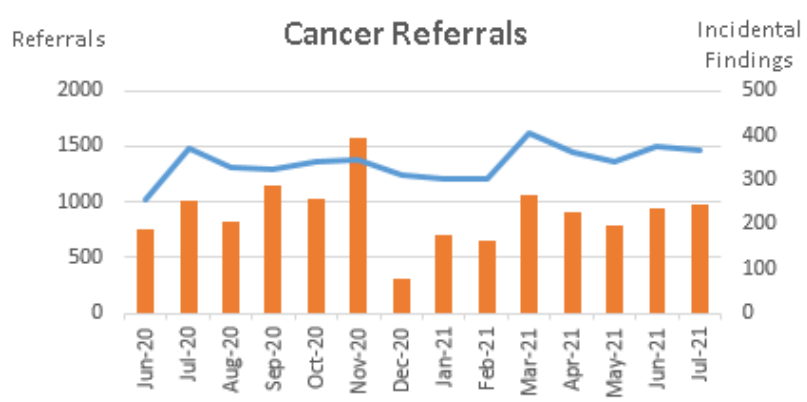
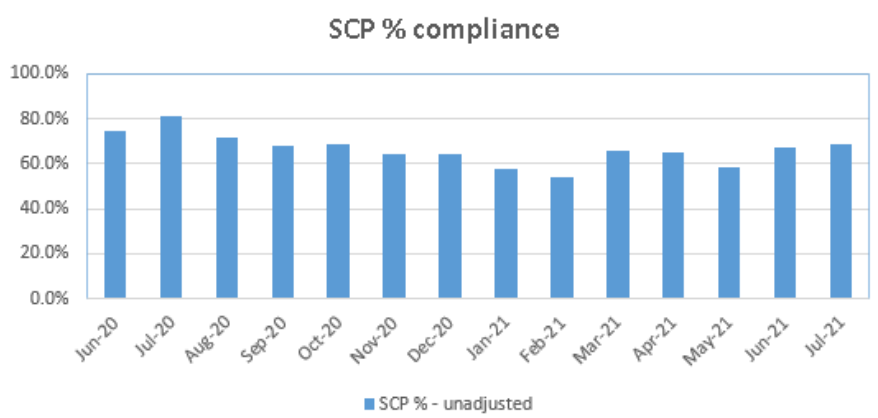


Chart 2: SCP performance



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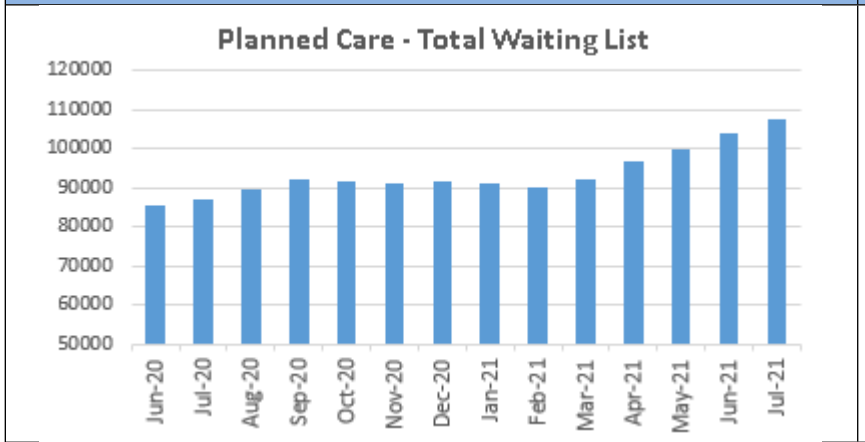
Elective access

Overview

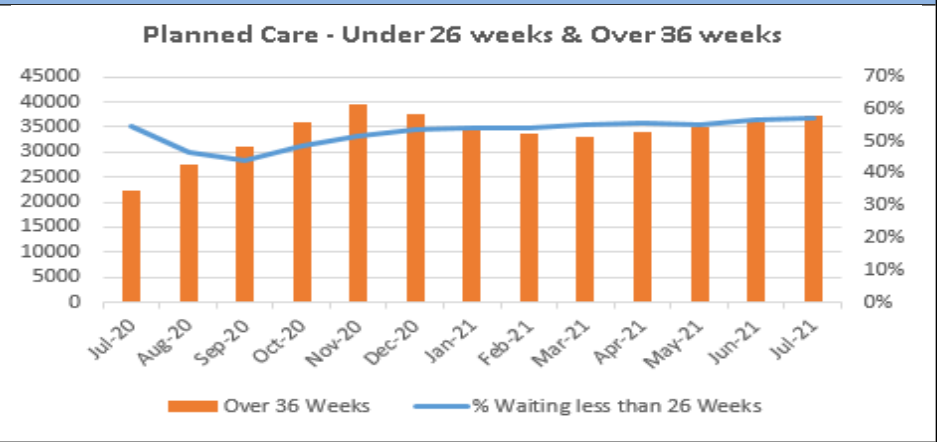
- The overall Referral to Treatment (RTT) waiting list has increased to 107,555 at the end of July 2021, an increase of 3,949 from June 2021. There were 37,311 patients waiting over 36 weeks for treatment for planned care, 1336 more than at the end of June 2021.
- Patients waiting greater than 8 weeks for a diagnostic test have increased since June (5315) to 6147 in July 2021.
- The total number of patients waiting for a follow-up appointment was 171,164 at the end of August 2021. The number of Follow Up patients waiting over 100% beyond their target date has decreased to 43,559 patients and is 25% of the total follow up outpatient waiting list compared to 30% in August 2020.

Performance

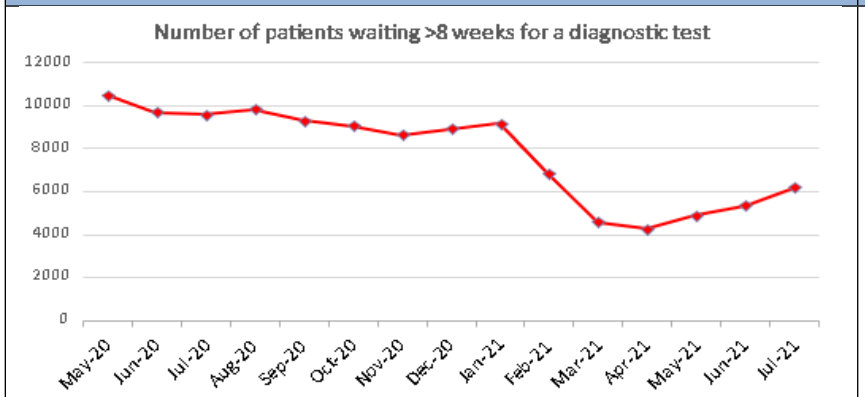
Graph 1: RTT total size of the waiting list



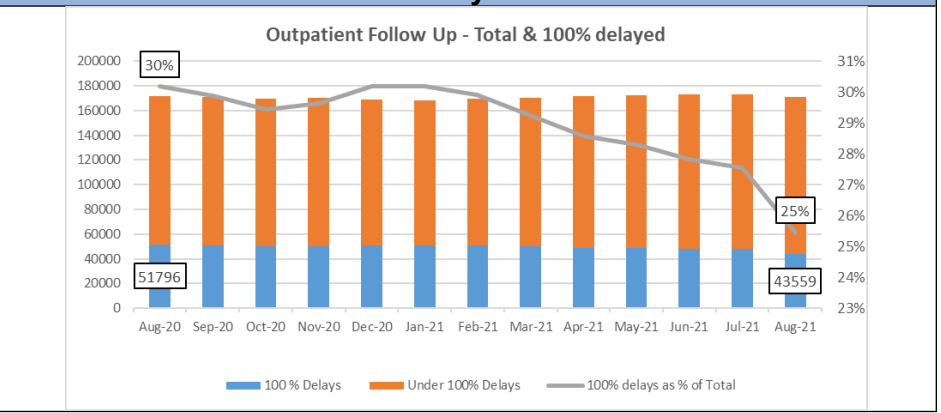
Graph 2: RTT % of patients 26 weeks and number of patients > 36 weeks



Graph 3: Diagnostics > 8 weeks



Graph 4: Outpatient follows ups – Total waiting list and > 100% delayed



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APPENDIX 2 - FINANCE

How are we doing?

After submitting a draft financial plan at the end of March 2021 the UHB submitted a final annual financial plan to Welsh Government the end of quarter 1 2021 following the receipt of further planning guidance. The final plan includes a breakeven year end position.

The Financial Plan sets out the UHB's financial strategy in three parts:

1. Core Financial Plan: Delivering in-year financial stability and maintain the current level of underlying deficit
2. Continuation of non-recurrent response to COVID within available funding
3. COVID recovery and reset (service) within available funding

The brought forward COVID deficit of £21.313m relates to non-delivery of the savings target in 2020/21 that were required to meet demand and cost pressures. This is assumed to funded non-recurrently as per the Welsh Government final annual plan financial principles issued on 26th May 2021.

The reported financial position for the 5 months to the end of August is an operational deficit of £0.091m.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 5 £14.857m Green and Amber savings were identified against the target. £7.534m recurrent schemes have been identified against the £12.0m recurrent element of the target. Further progress will need to be made with a focus on recurrent schemes.

The full year gross COVID forecast moved in the month from £118.732m at month 4 to £117.622m at month 5. The movement in forecast costs, includes an additional £0.800m in respect of Same Day Emergency Care (SDEC), which is offset by reductions against Local Authority Tracing costs, COVID vaccinations, Cleaning Standards and Continuing Healthcare.

Reported month 5 position

The Welsh Government amended the monthly financial monitoring returns to capture and monitor costs due to COVID 19. The financial position reported to Welsh Government for month 5 is a deficit of £0.091m and this is summarised in Table 1.

Table 1 : Financial Performance for the period ended 31st August 2021

	Cumulative Month 5 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	41.744	117.622
Welsh Government COVID funding received / assumed	(41.744)	(117.622)
Gross COVID 19 Forecast Position (Surplus) / Deficit £m	0.000	0.000
COVID FUNDING for Deficit due to non delivery of 2020/21 recurrent Savings	(8.875)	(21.313)
Operational position (Surplus) / Deficit	8.966	21.313
Financial Position £m (Surplus) / Deficit £m	**0.091**	**0.000**

Saunders 09/21/2021 11:19:43

The additional COVID 19 expenditure at month 5 was £41.744m with full year forecast costs totalling £117.622m

The UHB has an operational deficit of £0.091m at Month 5 and is forecasting delivery of it's planned break even position at year end.

Underlying deficit position

The UHB's accumulated underlying deficit brought forward into 2021/22 is £25.3m which reflects the £21.3m shortfall against the recurrent savings 2020/21 target due to the pandemic. This is being offset by non recurrent COVID 19 funding.

Delivery of the UHB's financial plan will ensure that the underlying position does not deteriorate in 2021/22 and further work on identifying further recurrent savings is required to achieve this and leave an underlying deficit of £25.3m to carry forward to 2022/23.

Creditor payment compliance

The UHB's public sector payment compliance performance was 93.8% at the end of August which is just below the statutory target of 95%. Performance improved in August and is expected to continue to improve as the year progresses.

Remain within capital resource limit

The UHB's approved annual capital resource limit was £33.922m at the end of August 2021. Capital expenditure for the first 5 months of the year was £5.688m against a plan of £7.676m. The UHB expects the final 2021/22 capital outturn to be broadly in line with its capital resource limit.

What are the UHB's key areas of risk?

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 5 £14.857m Green and Amber savings were identified against the target. £7.534m recurrent schemes have been identified against the £12.000m recurrent element of the target. Further progress is required with a focus on recurrent schemes in order to maintain the underlying position.

Whilst the UHB has been asked by Welsh Government to assume that all COVID response costs will be funded, these will be subject to external review. This is therefore a risk until this funding is confirmed.

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Report Title:	**PATIENT SAFETY QUALITY AND EXPERIENCE REPORT**	**Agenda Item no.**	**6.8**
Meeting:	**Board Meeting**	**Meeting Date:**	30.09.21
Status:	**For Discussion** / **For Assurance** / **For Approval** / **For Information**		
Lead Executive:	Executive Nurse Director Executive Medical Director		
Report Author (Title):	Assistant Director, Patient Safety and Quality 029 2184 6117 Assistant Director, Patient Experience 029 2184 6108		

Background and current situation:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from July to August 2021.

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:

Safe 2 Move / Saff i Symyd has been launched and is being implemented across the UHB following the learning from COVID deaths.

It is pleasing to note that the Health Boards 30-day performance in responding to concerns has improved by 2% and is currently 81% in comparison to 79% noted in the last Board report

An Internal Audit of Clinical Audit Department arrangements has taken place; early feedback suggests that the report will reflect limited assurance. A business case has been prepared and will be discussed at Management Executives meeting imminently, outlining the investment and resource required to adequately fulfill the Quality Assurance and Clinical Effectiveness function of Patient Safety and Quality.

Saunders,Nathan
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The new national reportable incident process has been received and is being implemented across the Health Board.

The Patient Experience Team has been shortlisted in two PENNA categories this year - 'Support for Families and Care Givers' and 'Team of the Year'.

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

During July to August 2021, the following Nationally Reportable Incidents (Serious Incidents) and No Surprises have been reported to Welsh Government:

Nationally Reportable Incidents		
Clinical Board	**Number**	**Description**
Medicine Clinical Board	2 1	Injurious falls Grade 3 pressure damage
Children and Women	1 1	Neonatal death. Non-recognition of hyponatraemia
Specialised	1	Injurious fall
Mental Health	1	Unexpected sudden death of an inpatient in Adult Mental Health.
TOTAL	7	

No Surprises		
Clinical Board	**Number**	**Description**
Children and Women	1 1	Outbreak of Staph Capitis on NNU. Unprecedented challenges within the maternity service due to a combination of the volume and complexity of cases, opening of T2 for rising Covid-19 positive patients and continued staffing constraints.
Executive	1	Due to the potential for media interest, we reported the inquest of a gentleman who worked as a Health Care Support Worker at UHW and sadly died of Covid -19, following contact with a family member.
Mental Health	1	The victim of an attack in Bute Park, Cardiff on 20.07.2021 was an employee of Cardiff and Vale UHB.
Specialised	1	A Klebsiella MDRO outbreak at Rookwood Hospital.

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How do we compare to our peers?
From 14th June 2021, all Health Boards in Wales changed the way they report their more serious incidents to NHS Wales Delivery Unit (Welsh Government). The changes give more ownership over the process to the reporting Health Boards. Individual organisations are now able to determine level of investigation and timeframe for the completion of the investigation process. This was previously the remit of the Delivery Unit.

Organisations now have 7 days to report a Nationally Reportable Incident (NRI – new term for Serious Incident – SI). This gives us more time to more fully understand the incident to ensure we are reporting appropriately. To support this, in Cardiff and Vale we have devised a Patient Safety Fact Finding Tool which is to be completed by the reporting area and guides the NRI meeting and decision making around external reporting. This is now integrated into the Clinical Boards governance processes and is helping us to report appropriately and within the 7 day timeframe.

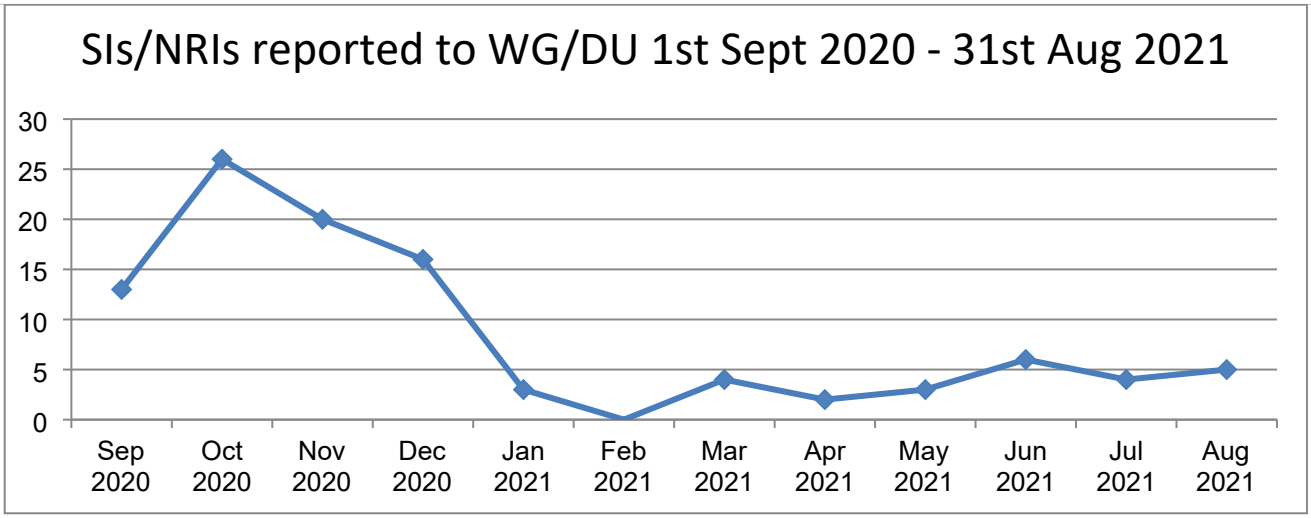
All covid related restrictions to serious incident reporting are fully lifted and we are now reporting anything that is in line with the DU guidance.

- All Never Events
- Inpatient suicides
- Maternal deaths
- Neonatal deaths
- Homicides
- Incidents of high impact / likely to happen again including child related deaths (for local decision)

The closure process has also changed and dependant on whether causative factors are identified as part of the investigation, will determine on the closure form required. Organisations are also now able to downgrade a reported incident if during the process of investigation it is identified that this in fact does not meet reporting criteria.

We hope that this change in practice and the implemented Fact Finding Tool will better enable us to meet the 7 day reporting timeframe with DU and significantly reduce the number of outstanding incidents exceeding their closure due date. It is still early in this process as incidents reported at the start of this change (June) are only now approaching closure due date. This will be monitored by the Patient Safety Team.

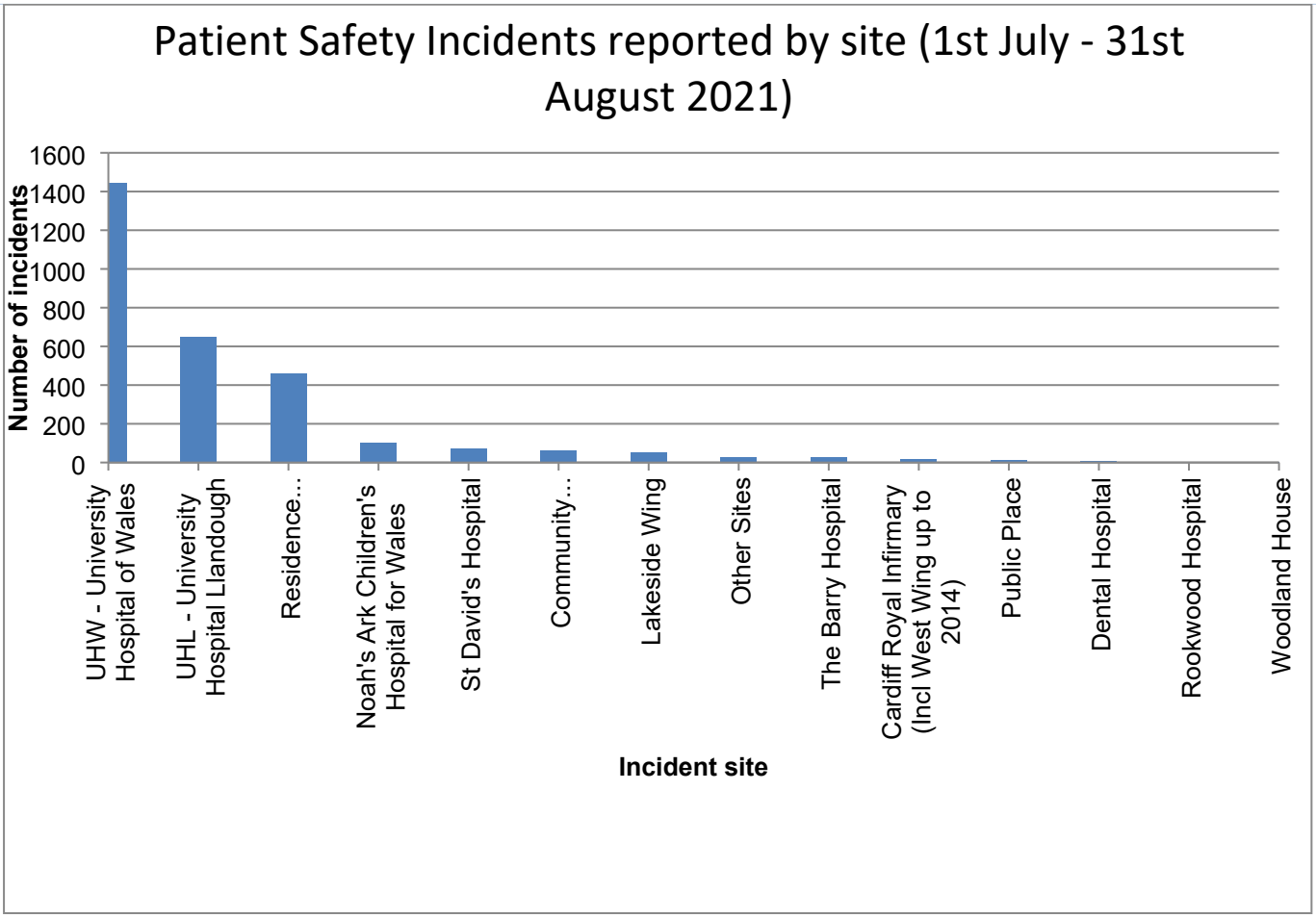
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The above chart demonstrates a spike in Serious Incident (now termed National Incident) reporting in October 2020 following a gradual increase in the previous months following the re-instating of the usual SI reporting criteria in August 2020. In January 2021, Covid-19 related restricted reporting resumed following guidance issued from the Delivery Unit. Restricted reporting continued until 14th June 2021 when the new NRI reporting guidance was issued from the Delivery Unit and the usual external reporting resumed. Despite this, we have not yet seen a significant increase in serious incident reporting following this change. The change in NRI reporting criteria does mean that some incidents which were previously classed as a Serious Incident are not classed as a Nationally Reportable Incident under the new guidance and are for local review and management only. The Patient Safety Team are not concerned that we are missing any incidents as CBs continue to engage and escalate potential NRIs.

At the time of writing the UHB has 49 open Serious/Nationally Reportable Incidents (NRIs).

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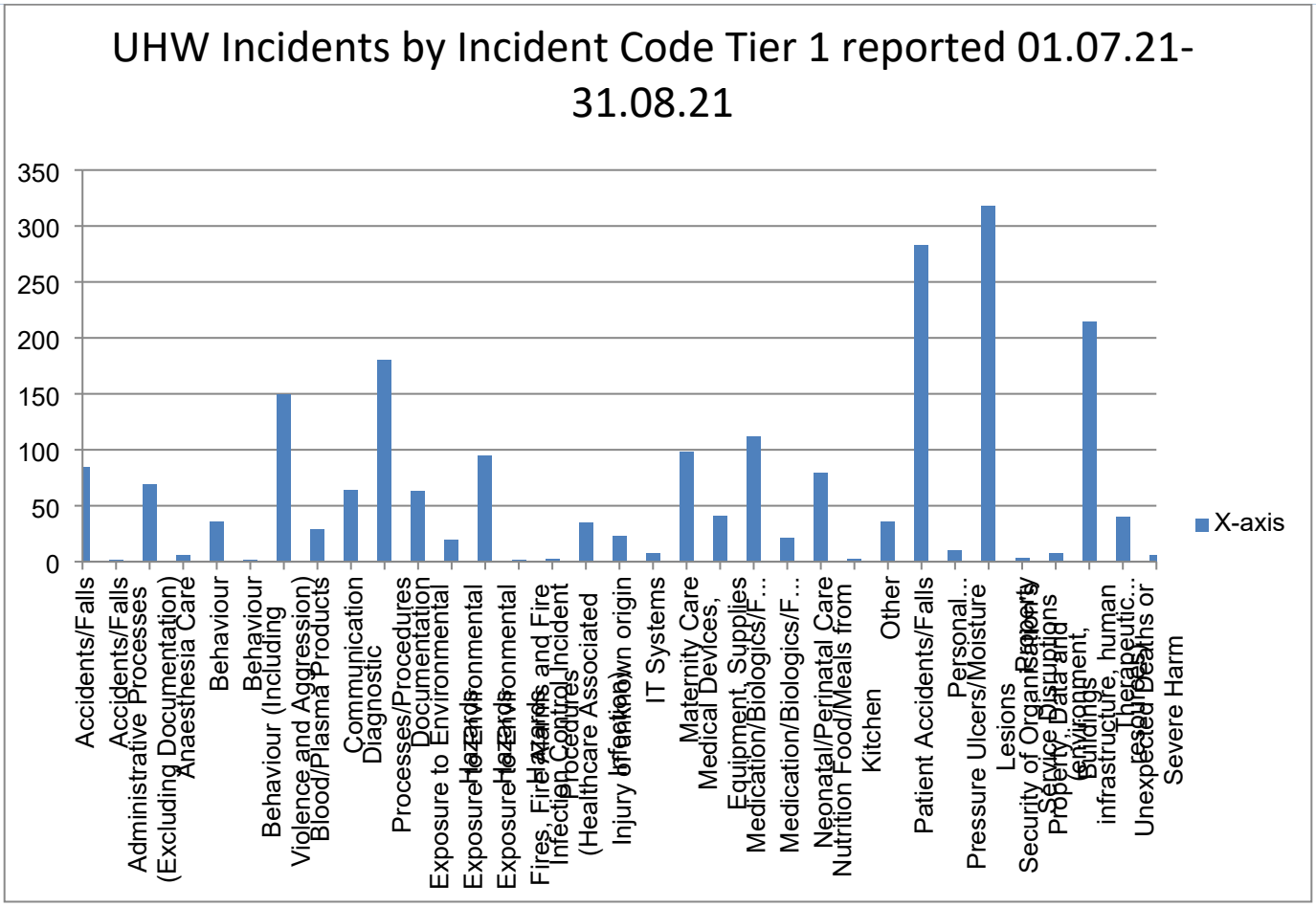


UHW continues to be the highest reporting site with UHL reporting less than half of UHWs incidents. Of the 2134 incidents reported on Datix during that time frame, the majority of these incidents were reported as 'no harm' or 'minor harm'. The top 3 categories were pressure ulcers, followed by falls and staffing shortages.

The UHB has a Pressure Ulcer collaborative established with several work streams underway. A report was presented to the June 2021 QSE Committee.

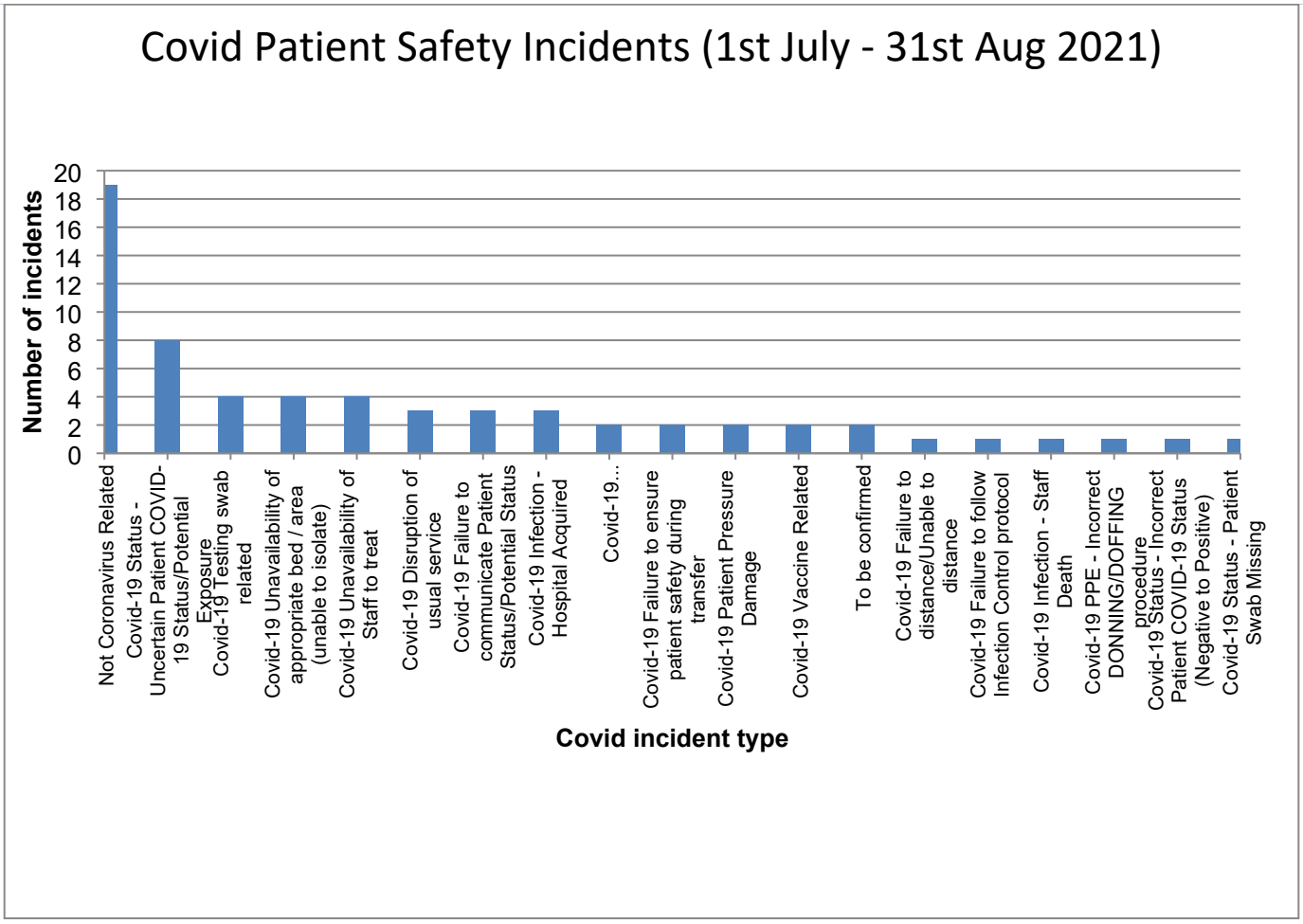
The UHB also has a well - established multi-disciplinary, multi-agency Falls Delivery Group which monitors a range of quality and performance indicators in relation to Falls prevention and management across the whole healthcare system. The Patient Safety team are currently undertaking a Falls Awareness campaign ahead of Falls Awareness Week commencing 20th September.

Saunders,Nathan
09/21/2021 13:30:28



UHL incidents for the same period also feature falls as the highest reported incident but also have ‘behavior’ and ‘violence and aggression’ as number 2 and 3.

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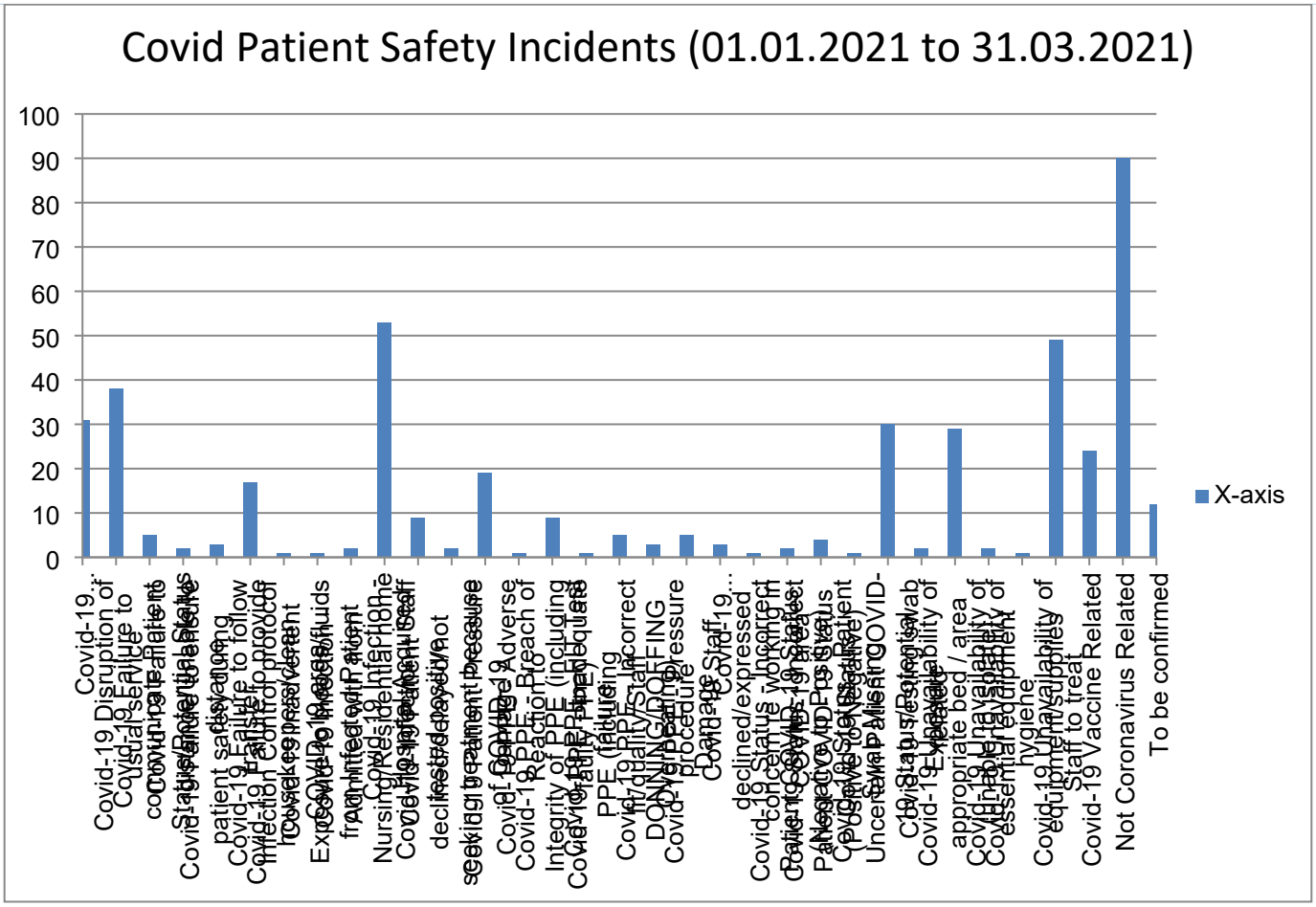


The overall numbers of Covid-19 related incidents still remain low in comparison with the peak of the pandemic; the highest reported category remains ‘not covid related’. This category relates to any incident that results from the challenges associated with providing care during the pandemic. The next highest reporting category was ‘uncertain Covid-19 status – potential exposure’.

In comparison to the start of the year, when the incident numbers were much higher, after ‘not covid related’ the highest reported category was ‘hospital acquired covid’.

A Head of Covid investigations has been appointed to oversee the review of the care of any patient with nosocomial Covid-19. Executive oversight is provided through the established Covid-19 Stakeholder Group and through its sub-group Covid -19 Scrutiny Panel.

Saunders,Nathan
09/21/2021 13:30:28



During week commencing 6th September, the UHB launched it's Safe to Move –Saff I Symud' risk assessment tool. This aims to promote safer admission and transfers of patients in the organisation and has been developed to address the learning identified from nosocomial Covid-19 reviews/investigations.

Saunders,Nathan
09/21/2021 13:30:28

Clinical Effectiveness Committee Feedback

Since the last paper to Board, there has been one Clinical Effectiveness Committee meeting which took place on 11th August, chaired by the Associate Medical Director. The Committee is now well embedded and clinicians are attending to present their National Data and outline work that is being undertaken in relation to continuous improvement.

Five national clinical audits were discussed, the National Lung Cancer Audit was presented by the Clinical Audit Lead. An overview of the registered tier 2 clinical audits was given. NICE and HTW implementation remains challenging due to the lack of resource which has previously been noted.

A presentation was given regarding the Neuraxial Connector Roll-Out Wales – Patient Safety Notice PSA003 & PSA007 and the imminent challenges faced. Patient Safety will support next steps, a Patient Safety Organisational Learning Manager sits on the local task and finish group and will attend the All Wales Meeting to support.

A detailed Clinical Effectiveness Committee update, has been presented to the September 2021 QSE Committee.

It is pertinent to note that an Internal Audit of Clinical Audit Department arrangements has taken place; early feedback suggests that the report will reflect limited assurance. A business case has been prepared and will be discussed at Management Executives meeting imminently outlining the investment and resource required to adequately fulfill the Quality Assurance and Clinical Effectiveness function of Patient Safety and Quality.

Learning from Deaths/Mortality

Progress is being made with the implementation of the Medical Examiners (ME) both within the UHB and across Wales. A selection of medical records are being scanned and sent to the ME Office where a 'stage 1' review is completed. If there are any concerns or queries from the ME the UHB has an agreed process to receive and distribute the report for a stage 2 review, although this is subject to review as learning is generated and processes evolve. There are challenges where the deceased has been treated by more than one clinical team and we need to be sensitive to avoid blame in order to generate learning.

Conversion rates from stage 1 to stage 2 reviews are being monitored to ensure appropriate and consistent referrals from MEs are made back to the Health Boards.

When completed by the relevant clinical teams the stage 2 mortality reviews are received by the Patient Safety and Quality Team to enable monitoring and analysis of themes and trends to support organisation learning which will be reported in to the Mortality Review Group.

It is unknown as to when the statutory date for full implementation of the MEs will be but we are collectively working towards April 2022.

Saunders Nathan
09/11/2021 13:30:26

An All-Wales Framework for mortality reviews has been agreed. This links to the Putting Things Right Framework.

Development of the Datix Mortality Module is ongoing. This is essential for monitoring and reporting, particularly as the volume of mortality reviews by the MEs increase. Key people within the UHB are influencing the development of an end to end process that we will be able to migrate data from into our Mortality dashboard.

There is an average of 2,000 in-hospital deaths in the UHB each year. The conversion rate to stage 2 reviews is expected to be 20-25%. Thus about 400-500 reviews will be required per year. A similar number of people die at home or in care homes/hospices. As yet we do not know the conversion rate to stage 2 reviews. The possible impact on primary care is unknown at present.

Since February 2021, 43 referrals for stage 2 mortality reviews have been received from the ME. Seven have been directed to the COVID Investigation team and 17 stage 2 reviews have been completed.

Learning from these reviews is varied. Some required confirmation of usual clinical practice. Evolving themes include clinician to clinician and clinician to relative communication failures and the impact of visiting restrictions due to the COVID pandemic resulting in some families not being present at the time of death of their loved one.

In addition, a further 13 completed reviews have been completed by Critical Care and Child Health. These involved complex clinical presentations and the reviews demonstrated reflection and learning.

Good practice has also been identified through the mortality reviews and fed back to the relevant clinical team.

Patient Experience

Complaints Management/Redress

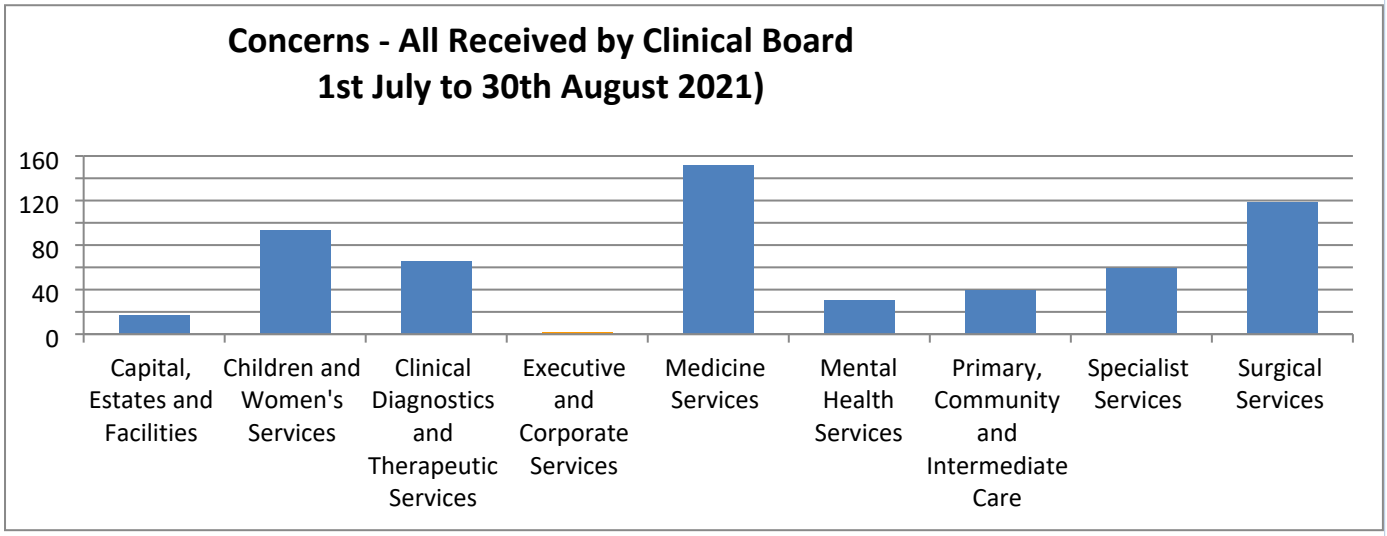
In July and August, 1,033 concerns/contacts were received. This is a decrease when compared to 2,368 contacts received in May and June. This decrease reflects the reduction in the number of enquiries the Concerns Team are having as more people are receiving their COVID-19 vaccinations. It is anticipated that the calls to the COVID vaccination lines will increase in line with the booster programme being launched in September.

When compared to the same period last year, when 506 concerns were received, there has been a noted increase in concerns being raised during July and August this year (580 concerns received).

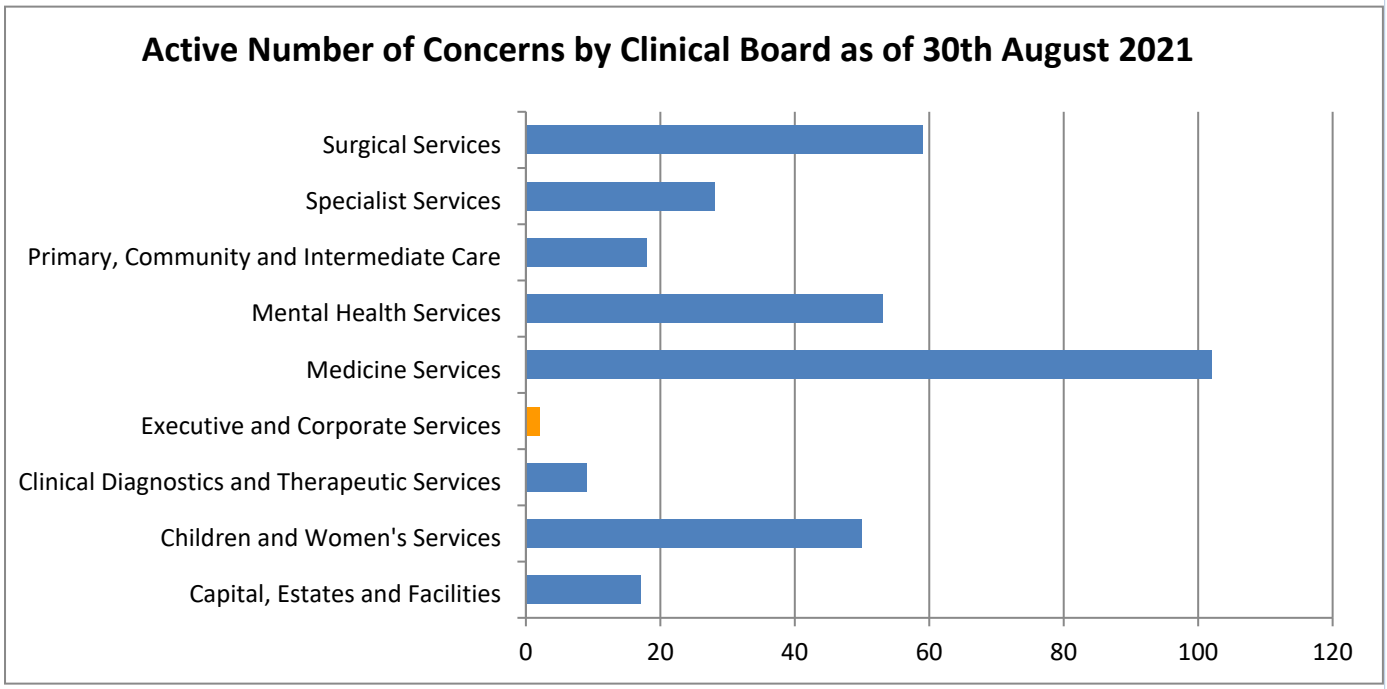
Since the beginning of April, the Concerns Team have been hosting a 7-day booking line (including Bank Holidays) for relatives to arrange a visit which is consistently extremely busy. Approximately 70% of calls result in a visit being arranged**.** The Team work closely with the clinicians to provide advice regarding safe visiting practices and to collate the required contact information.

Stephanie Nathan
09/09/2021 13:30:28

Concerns	Vaccination enquiries	Visiting Calls
580	454	5,035



We currently have 338 active concerns. 30% of the active concerns are logged with the Medicine Clinical Board, with Surgery having the second highest percentage of 17%.



As you will note from the charts above, Medicine Clinical Board receive the majority of concerns and have the highest number of active concerns in comparison to other areas. It should be noted that the EU Directorate has seen a rise in concerns, however, this would be expected based on the significantly higher number of patient contacts and level of activity they experience in conjunction with the rest of Medicine Clinical Board during the pandemic.

Saunders Memorial
09/12/2021 13:30:16

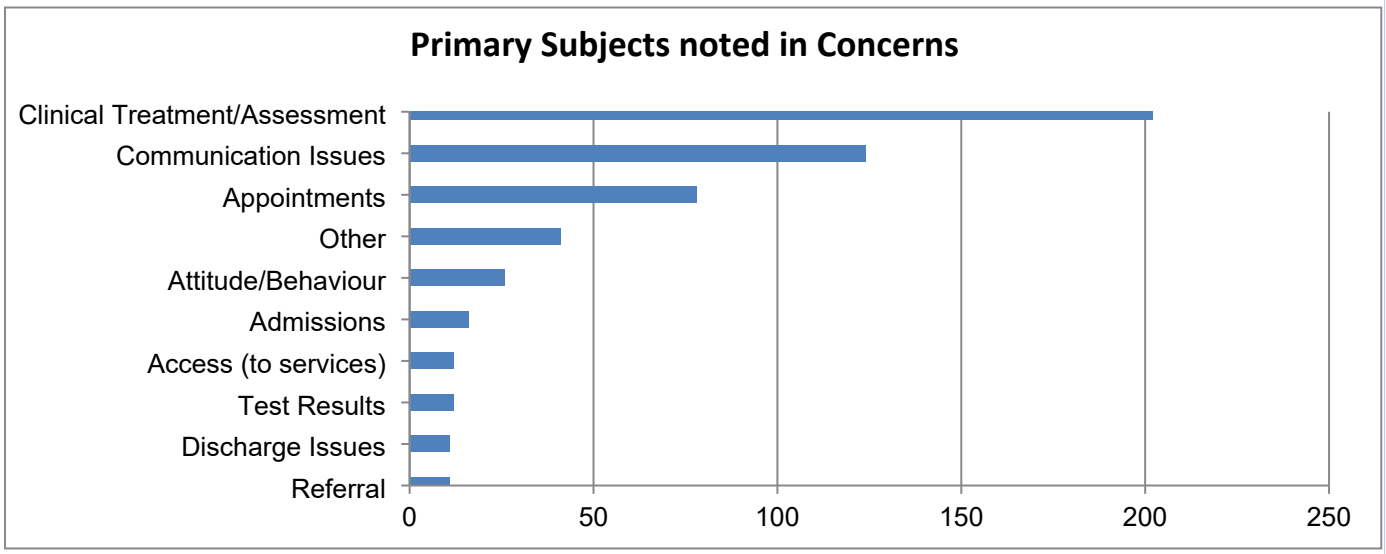
As reported in the last two Board reports, there had been a marked increase in patient's raising concerns relating to delays in follow-up appointments and planned procedures within the Surgical Clinical Board, therefore, following discussions with the Clinical Board to address these

issues, the Directorates are in the process of proactively contacting patients on their waiting lists to provide an update on the current position.

Children and Womens Services have also seen an increase in concerns and following discussions with the Director of Nursing and Directorate Leads, they are in the process of issuing letters to patients/parents on their waiting lists for to provide an update on the current position.

It is pleasing to note that the Health Boards 30-day performance in responding to concerns has improved by 2% and is currently 81% in comparison to 79% noted in the last Board report.

However, it should be noted that, at the time of writing this report, a number of Clinical Boards have made us aware that due to the current extreme clinical pressures and staff availability, they are anticipating a delay in responding to concerns.



As you will note from the above chart, the top themes are consistent with those reported in the previous Board report, however, we have noted a slight reduction in concerns relating to communication. 124 concerns raised during this period, in comparison to 141 raised during May and June. As reported previously, a reduction in these types of concerns was anticipated now that we are able to accommodate some additional visiting, however, communication does remain a theme and is very frustrating for relatives and causes anxiety when they are trying to obtain information on their loved ones current condition. Concerns regarding clinical treatment and assessment have been raised within all Clinical Boards. However a large percentage of concerns logged with Medicine Clinical Board during this period related to Clinical Care and treatment.

As more patients are attending the hospital, we have started to note an increase in concerns relating to insufficient parking at both UHL and UHW sites, particularly the lack of disabled spaces at UHW. Unfortunately, patients are parking in disabled bays when attending appointments and receiving PCN's (Parking Charge Notice). The justification given by those parking illegally in disabled bays is that there is insufficient parking so they either DNA (Do Not Attend) their appointment or risk parking inappropriately. The Estates Department have reviewed disabled parking availability and further promotion of other transport options with increased use of virtual appointments where appropriate help to mitigate the situation.

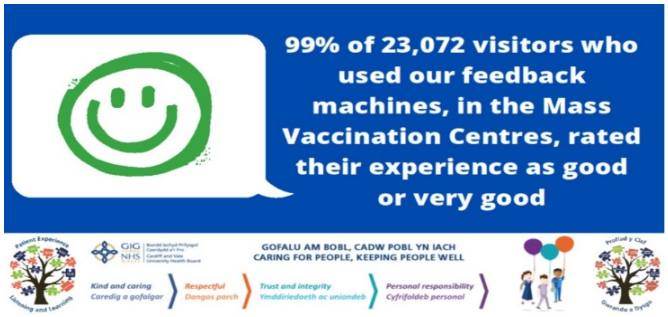
Public Trust Board 09/12/21 13:30 12/15

What are we doing?
The Concerns Team continue to operate a 7-day working rota (including Bank Holidays) which has helped support/facilitate communication between wards and relatives.

The Patient Experience Team have also supported virtual visiting which has helped to allay concerns regarding relatives not being able to visit during this very difficult time. We try to facilitate visiting when possible, on average we received over 600 calls a week. Approximately 70% of these calls result in visiting being arranged.

We ran a mass vaccination enquiry line over seven days. During July and August we received 454 calls. This helpline provides an opportunity for members of the public to be reassured regarding when to expect the vaccine, to be signposted appropriately and facilitate arrangements for patients with more complex needs.

Mass Vaccination Centres
The Team has been promoting essential messages for Mass Vaccination Centres during the summer months to ensure appointments are not missed due to childcare responsibilities. They produced the infographics, posters and social media messages as below.





Week-on-week the experience of those attending Mass Vaccination Centres is recorded with an exceptional number having a positive experience during their visit. We have captured feedback from nearly 24,000 people. **99%** of respondents reported being satisfied with their experience at the Mass Vaccination Centre.

Meet and Greet Service
The meet and greet volunteers are supporting at the Welsh Gender Service, St David's Hospital as services resume.

Since June 2021 the volunteers have supported 1,033 contacts at the Children's Hospital for Wales.

At the Concourse, UHW volunteers gave directions to 3,900 people, of these over 800 were to the main out-patient clinics; they walked 156 patients directly to the clinic/department who needed additional assistance.

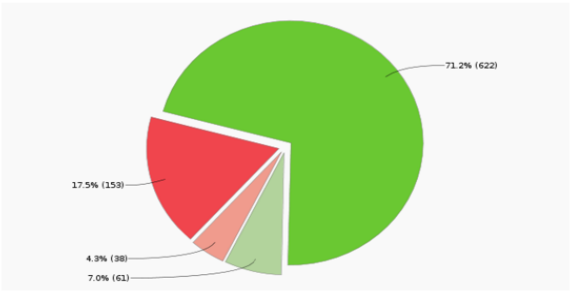
Patient Experience Telephone Survey
On 16th August the Team commenced a Patient Experience telephone survey gathering feedback from patients who have had a recent stay in one of our hospitals. The short survey mirrors the feedback our Patient Experience Support workers use on the wards. This telephone

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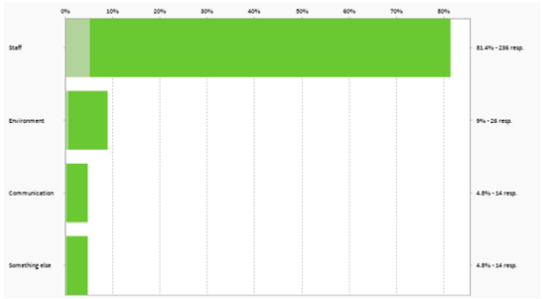
survey is due to close on 3rd September when a full report will be produced alongside reports that are Clinical Board specific.

Happy or Not Feedback Concourse UHW 01/08/21 - 31/08/21

Total results Concourse UHW



Highlights



Feedback from 874 contacts identified that 78% of those attending the hospital were happy with the service provided during their visit. Many positive comments added to responses with those raising concerns re-directed to the Clinical Board where recorded.

Patient Experience Network National Awards (PENNA)
The Patient Experience Team has been shortlisted in two PENNA categories this year. The first category is 'Support for Families and Care Givers' for the work the Bereavement Team have undertaken ensuring that all bereaved families are contacted after a death of a loved one and offered telephone support and signposting during a very difficult time.

Secondly the whole team has also been shortlisted for 'Team of the Year' for the work they have undertaken throughout the pandemic.

The winners will be announced at the virtual Award ceremony taking place over 13th and 14th September.

Recommendation:

The Board is asked to **NOTE** the contents of the Integrated QSE 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

Sandra Mahoney 09/12/2021 11:30:28

		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 / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

		Agenda Item	7.1
Meeting Title	Board Meeting	Meeting Date	30/09/2021
Report Title	Commissioning Future New Services for Mid, South and West Wales		
Author (Job title)	Corporate Governance Manager WHSSC		
Executive Lead (Job title)	Managing Director WHSSC	Public / In Committee	Public

Purpose	The purpose of this report is to inform the Board that the Joint Committee meeting held on the 7 September 2021 supported requests received from the NHS Wales Health Collaborative (*the Collaborative*) for WHSSC to: • Commission Hepato-Pancreato-Biliary Services; • Commission the Hepato-Cellular Carcinoma (HCC) MDT and; • Develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service. This report seeks final Board approval for WHSSC to commission/develop the services.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☒	☐	☐	☒

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.

Recommendation(s)	The Board are asked to: • **Note** the decision of the Joint Committee on the 7 September 2021 supporting the requests received from the NHS Wales Health Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato-Pancreato-Biliary Services, the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery; • **Approve** the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC; • **Approve** that WHSSC develop a service specification for specialised paediatric orthopaedic surgery; and • **Approve** the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint

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	Committee, following development of the service specification, to WHSSC.

Considerations within the report (tick as appropriate)

	YES	NO		YES	NO		YES	NO
Strategic Objective(s)	✓		Link to Integrated Commissioning Plan	✓		Health and Care Standards	✓	
Principles of Prudent Healthcare	✓		IHI Triple Aim	✓		Quality, Safety & Patient Experience	✓	
Resources Implications	✓		Risk and Assurance	✓		Evidence Base	✓	
Equality and Diversity	✓		Population Health	✓		Legal Implications	✓	

Commissioner Health Board affected

Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓

Provider Health Board affected (please state below)

Cardiff and Vale UHB and Swansea Bay UHB

Saunders,Nathan
09/21/2021 13:30:28

COMMISSIONING FUTURE NEW SERVICES FOR MID, SOUTH AND WEST WALES

1.0 SITUATION

The purpose of this report is to inform the Board that the Joint Committee meeting held on the 7 September 2021 supported requests received from the NHS Wales Health Collaborative (the *Collaborative*) for WHSSC to:

- Commission Hepato-Pancreato-Biliary Services;
- Commission the Hepato-Cellular Carcinoma (HCC) MDT and;
- Develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service.

This report seeks final Board approval for WHSSC to commission/develop the services.

2.0 BACKGROUND

WHSSC is responsible, on behalf of the seven Local Health Boards, for commissioning a range of specialised services for the population of Wales. In recognition of this expertise, WHSSC has received correspondence to formally request that WHSSC consider adopting commissioning responsibility for:

2.1 Hepato-Pancreato-Biliary (HPB) Services

Currently the commissioning arrangements for Hepato-Pancreato-Biliary (HPB) Surgery in South Wales are split between Health Boards and WHSSC. WHSSC commissions hepatobiliary surgery service at the University Hospital of Wales, Cardiff providing liver resection surgery for patients with suspected malignant disease of the liver and biliary tree. All other services, including other hepatobiliary surgery or staging procedures, and pancreatic surgery, are funded by the Health Boards and pancreatic surgery is delivered at Morriston Hospital Swansea.

Over the last year, the CEG commissioned the Wales Cancer Network to develop a model service specification to inform the future commissioning of these services.

The model service specification is clear that there needs to be much closer integration between the two services. However, as HPB surgery is already commissioned by WHSSC, it was proposed by NHS Wales Health Collaborative Executive Group (CEG) that the responsibility for pancreatic surgery, should also be delegated to WHSSC – see the Letter to the Chair of WHSSC at ***Appendix 1.***

Saunders Matthews 09/12/2021 11:30:28

Work undertaken on the specification also highlighted the fragility of the Hepato Cellular Carcinoma (HCC) MDT at Cardiff and Vale, and it was agreed that as there is an established interdependency with HPB surgery, and that this would

also benefit from being commissioned through WHSSC - see Letter to Chair of WHSSC at ***Appendix 1.***

2.2 Paediatric Orthopaedic Surgery

Sustainability issues identified within paediatric orthopaedic surgery services in South and West Wales has led to the NHS Wales Health Collaborative requesting WHSSC's assistance to develop a service specification in this area. As WHSSC has a well-established process for developing comprehensive and detail specialised service specifications, the request asks for WHSSC to support to develop a service specification for specialised paediatric orthopaedic surgery. See letter to the Managing Director, WHSSC at ***Appendix 2.***

These services provide a mixture of specialised and non-specialised procedures. It will therefore, be necessary to have service specifications that span the entire range of procedures.

The CEG has agreed to commission two complementary service specifications:

- Non specialised – currently commissioned by Health Boards; and
- Specialised – also currently commissioned by Health Boards, but included in the WHSSC signal of commissioning intent for the 2022/23 Integrated Commissioning Plan.

It is proposed that the non-specialised paediatric orthopaedic surgery which is currently commissioned by Health Boards will be supported by the Welsh Orthopaedic Board. The proposal for the specialised aspect of paediatric orthopaedic surgery is for a service specification to be developed and supported by WHSSC.

Ian Langfield, Associate Programme Director for Tertiary and Specialist Services Planning Partnership, has been asked to liaise with both WHSSC and the Welsh orthopaedic Board to support the development of these documents, and to ensure that the respective processes for approval are fully aligned.

The CEG asked that this work be completed by December 2021.

It is relevant to note that whilst WHSSC has not been asked to commission this service at present, once the work has been concluded the service could be delegated to WHSSC.

3.0 GOVERNANCE AND RISK

The terms of reference for the NHS Collaborative Executive Group (CEG), stipulate that:

Saunders Nathan 09/21/2021 09:28

> *"Decisions made by the Collaborative Executive Group that would have a material impact on services delivered by health boards, trusts or special health authorities, on the content of the Collaborative Team work*

programme will be advisory to the Collaborative Leadership Forum and will be referred back to that Forum for agreement. Where necessary, such recommendations may need to be agreed by individual boards.

The Collaborative Executive Group has no specific delegated authority from statutory health bodies, although Chief Executives may make commitments via the Collaborative Executive Group within the normal limits of their delegated authority".

The request for WHSSC to commission a new service specification could have a material impact on existing service models, therefore the Committee Secretary at WHSSC has liaised with the Board Secretaries at Cardiff and Vale UHB and at Swansea Bay UHB to confirm the most appropriate governance pathway. It was agreed that the decision needs to be formally taken through the Joint Committee to seek support for the change but that final approval is required from each of the commissioning HBs.

The Joint Committee considered the requests on the 7 September 2021 and agreed to support the proposals. This report now seeks final approval from each of the commissioning HB's.

4.0 RECOMMENDATIONS

The Board are asked to:

- **Note** the decision of the Joint Committee on the 7 September 2021 supporting the requests received from the NHS Wales Health Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato-Pancreato-Biliary Services, the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery;
- **Approve** the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC;
- **Approve** that WHSSC develop a service specification for specialised paediatric orthopaedic surgery; and
- **Approve** the delegation of Paediatric Orthopaedic surgery commissioning, which has been considered appropriate by the Joint Committee, following development of the service specification, to WHSSC.

5.0 APPENDICES / ANNEXES

Appendix 1 - Letter from the Chair of the NHS Wales Health Collaborative to Kate Eden, Chair of WHSSC, 29 June 2021
Appendix 2 - Letter from the Chair of the NHS Wales Health Collaborative to Sian Lewis, Managing Director, WHSSC, 29 June 2021

Paul Evans (Pathfinder) 02/11/2021 16:30:28

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Not linked to plan
Health and Care Standards	Effective Care Safe Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Patient Experience (including quality and Satisfaction) Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	WHSSC has a well-established process for developing comprehensive and detail specialised service specifications, which include ensuring effective quality, safety and patient experience.
Resources Implications	Resource implications will be considered as part of any agreed discussions.
Risk and Assurance	Risk assessments are undertaken as part of the programme management process for developing new service specifications, and when commissioning new services.
Evidence Base	The evidence based for proposing that WHSSC take on responsibility for commissioning new services is outlined in the letters from CEG.
Equality and Diversity	No adverse implications relating to equality and diversity have been identified.
Population Health	No adverse implications relating to population health have been identified.
Legal Implications	The governance framework for the NHS Wales Health Collaborative stipulates that if a new service specification could have a material impact on existing service models, the HB's need to be consulted.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Joint Committee	7 Sep 2021	Supported

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09/2021 13:30:28

Cydweithrediad Iechyd GIG Cymru
NHS Wales Health Collaborative

Llawr 1af / 1st Floor
Tŷ Afon / River House
Llys Ynys Bridge / Ynys Bridge Court
Gwaelod-y-Garth / Gwaelod-y-Garth
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Email * Ebost: teri.harvey@wales.nhs.uk

Kate Eden
Chair
Welsh Health Specialised Services Committee
Via Email: kate.eden2@wales.nhs.uk

29 June 2021

Dear Kate

I am writing in my capacity as the chair of the NHS Wales Health Collaborative Executive Group (CEG), to formally request that WHSSC take on the commissioning of Hepato-Pancreato-Biliary (HPB) Surgery in South Wales.

As you will be aware, the commissioning arrangements for these services in South Wales are split between Health Boards and WHSSC, whereas, in NHS England, these services are all commissioned directly as specialised services.

At present, WHSSC commission the hepatobiliary surgery service at Cardiff to provide liver resection surgery for patients with suspected malignant disease of the liver and biliary tree. All other services, including other hepatobiliary surgery or staging procedures, and pancreatic surgery, are funded by the Health Boards. Furthermore, these services are currently split and located on separate sites:

- Hepatobiliary surgery at the University Hospital of Wales, Cardiff
- Pancreatic surgery at Morriston Hospital, Swansea

Over the last year, the CEG commissioned the Wales Cancer Network to develop a model service specification to inform the future commissioning of these services. This was partly in response to a letter from the Deputy Chief Medical Officer, in which he sought advice on the potential to bring the pancreatic and liver surgical teams together into one service, on one site. The model service specification was approved in principle at the May meeting of the CEG.

The model service specification is clear that there needs to be much closer integration between the two services, and in response I will be writing to the Chief Executives of Cardiff and Vale UHB and Swansea Bay UHB, to request that they establish a inter organisation multidisciplinary task and finish group to make recommendations on an appropriate service model which complies with the model service specification.

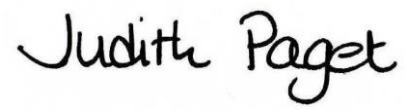
However, it is also clear that HPB surgery is a specialised service, and as such it would be more appropriate for it to be commissioned through WHSSC. Following discussion at CEG, it was agreed that the responsibility for commissioning the services in Cardiff and Swansea should be delegated to WHSSC. The work undertaken on the specification also highlighted the fragility of the Hepato Cellular Carcinoma (HCC) MDT at Cardiff and Vale, and it was agreed that as there is an established interdependency with HPB surgery, this would also benefit from being commissioned through WHSSC.

Papur er Gymraeg
Paper is in Welsh

In order to progress this in a timely and structured manner, I would be grateful if the WHSSC team could prepare a detailed proposal, with timeline, for taking on the delegated responsibility for commissioning HPB surgery and the HCC MDT, for consideration at the next available Joint Committee meeting.

Please let me know if you have any queries, I look forward to hearing from you.

Yours sincerely



Judith Paget
Chair - NHS Wales Health Collaborative

Copy to: Sian Lewis, Managing Director, WHSSC

Saunders,Nathan
09/21/2021 13:30:28

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NHS Wales Health Collaborative

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CAERDYDD / CARDIFF
CF15 9SS / CF15 9SS
Email * Ebost: teri.harvey@wales.nhs.uk

Sian Lewis
Managing Director
Welsh Health Specialised Services Committee
Via Email: sian.lewis100@wales.nhs.uk

29 June 2021

Dear Sian

I am writing to request the support of the WHSSC team in the development of a service specification for specialised paediatric orthopaedic surgery.

At the May meeting of the NHS Wales Health Collaborative Executive Group (CEG), members received a paper (attached), from the Regional and Specialised Services Provider Planning Partnership (RSSPPP), on the current sustainability issues within paediatric orthopaedic surgery services in South and West Wales. Following discussion, it was agreed that service specifications were needed in order to inform the commissioning of these services.

As these services provide a mixture specialised and non-specialised procedures, it will be necessary to have service specifications that span the entire range of procedures. Therefore, the CEG has agreed to commission two complementary service specifications:

- Non specialised – commissioned by Health Boards
- Specialised – currently commissioned by Health Boards, but included in the WHSSC signal of commissioning intent for the 2022/23 Integrated Commissioning Plan

As WHSSC has a well-established process for developing comprehensive and detail specialised service specifications, I am writing in my capacity as chair of the CEG, to request your support to develop a service specification for specialised paediatric orthopaedic surgery. In parallel to this, I will be writing to the chair of the Welsh Orthopaedic Board to request their support to develop a service specification for non-specialised paediatric orthopaedic surgery. I have asked Ian Langfield, Associate Programme Director for Tertiary and Specialist Services Planning Partnership, to liaise with both teams to support the development of these documents, and to ensure that the respective processes for approval are fully aligned.

Please can you confirm that WHSSC team would be able to take this work forward, in order to ensure that there are service specifications in place for these services by the end of this year.

Yours sincerely

Judith Paget

Judith Paget
Chair - NHS Wales Health Collaborative

Report Title:	**ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2020 'Let's leave no one behind in Cardiff and the Vale of Glamorgan' – Tackling inequities and prioritising prevention through recovery from COVID-19**	**Agenda Item no.**	**7.2**
Meeting:	**Board**	**Meeting Date:**	**30 Sept 2021**
Status:	**For Discussion** **X** **For Assurance** **For Approval** **For Information**		
Lead Executive:	**Executive Director of Public Health**		
Report Author (Title):	**Consultant in Public Health Medicine**		

Background and current situation:

This year's statutory Annual Report of the Director of Public Health (DPH) focuses on how Cardiff and the Vale of Glamorgan can emerge positively from the COVID-19 pandemic, with a spotlight on prevention and addressing the inequities exacerbated by the events of the last 18 months. It describes the impact of the pandemic on our population, identifies priority areas for attention and sets out a vision for future partnership working, focus that will enable us to recover strongly and more fairly.

The report is divided in to four main chapters. The first provides and epidemiological description of the impact of the COVID-19 pandemic on the health of the population of Cardiff and the Vale of Glamorgan, and how it has exacerbated existing inequities. This details not only case rates and mortality, but also the effect on service use. It outlines the influence of the determinants of health and begins identifying actions that will help us move positively through the recovery phase, thus setting the agenda and approach of the rest of the report.

The second chapter focusses on the emotional wellbeing and mental health of our children and young people, again identifying the impacts of the pandemic; some are positive, but many are negative. Recommendations are made for the University Health Board (UHB) and partner organisations, with the aim of building supportive environments during recovery, and providing accessible help and care for those who need it.

The third chapter identifies actions, which can begin immediately, that start to address inequities made worse by the pandemic. Four topics are highlighted for focused attention, namely childhood immunisation, screening, healthy weight…'Move More, Eat Well', and air quality.

The final chapter considers how local partners can work together through recovery, in the context of continuing to manage the impact of infections, whilst at the same time learning to live with COVID-19. It proposes a set of collective actions aimed at addressing inequities and embedding prevention in our ways of working, prioritising meaningful engagement with and development of the communities that we serve.

The full report is attached as a separate document. A *Sway* version of the report is being built and will be available via this link

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Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:
The COVID-19 pandemic has had a significant negative impact on the health and wellbeing of the population of Cardiff and the Vale of Glamorgan; in particular, it has exacerbated inequities that affected many vulnerable groups. This has compounded pre-existing ill health and disadvantage, resulting in a syndemic in more disadvantaged communities (i.e. where the effects of the pandemic add to and worsen previous ill health), the effects of which will be evident for decades. The local response to the pandemic has been innovative and coordinated, and we are presented with a once in a generation opportunity to build upon this outstanding partnership working to reset our approach to prevention and tackling inequity. If adopted as a partnership, this approach has the ability to deliver long term improvements in population health and wellbeing, along with the concomitant impacts on effective use of services and reduction in demand.

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

- Financial – the actions required within the report may require investment. However, failure to effectively adopt a preventative approach and tackle inequities will incur long term costs to the UHB and partner organisations
- Legal – The approach described in this report aligns with the Five Ways of Working required by the Wellbeing of Future Generations (Wales) Act. Failure to meet these statutory responsibilites carries legal and reputational risk
- Reputational – failure to adopt a leadership role in improving the health of the population of Cardiff and the Vale of Glamorgan following the pandemic, and reducing the inequities that have been further exacerbated by the impact of COVID-19, carries a significant reputational risk for the UHB

Recommendation:
The Board are requested to:

- **NOTE** the content of the report
- **SUPPORT** the actions identified in each chapter
- **ADVOCATE** for a system wide, partnership approach to addressing inequity and embedding prevention

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

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

Shaping our Future Wellbeing
09/11/2021 13:02:26

				provide an environment where innovation thrives					

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Equality and Health Impact Assessment Completed:	[redacted] / No / [redacted] *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Annual Report of the Director of Public Health
for Cardiff and the Vale of Glamorgan 2020

Let's leave no one behind in Cardiff and the Vale of Glamorgan

Tackling inequities and prioritising prevention through recovery from COVID-19



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

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FOREWORD

Twenty-twenty was a year like no other. The most significant pandemic in over 100 years has impacted all our lives, leading to lockdowns and disruption across the globe, and a toll of illness and death that few would have thought possible in the modern era.

Whilst some found the lockdowns a positive opportunity to become more active, spend quality time with close family, pick up hobbies and connect electronically with friends all over the globe, many have experienced bereavement, social isolation, financial hardship, food poverty and been exposed to other risks such as domestic abuse. Many inequalities affecting our population were evident prior to the pandemic, such as large life expectancy gaps between rich and poor, and clear differences in health status between the two[*], but these concepts can sometimes be difficult to grasp. However, the effects of COVID-19 provided tragic evidence of the real world impact of inequity, translating into an unequal distribution in the rates of infection, hospitalisation and deaths, with greater risk in older people, ethnic minority groups and those experiencing disadvantage. The most significant pandemic for nearly a century has shone a light on the unequal nature of our society.

The collective action witnessed in so many places, and at so many levels, is one of the positives that we can draw from our experience of the pandemic. Local partners innovated and adapted rapidly to ensure critical services remained functional, and staff were amazingly flexible and willing to be redeployed into new roles to ensure this happened at pace. The extraordinary effort of our NHS acute services in managing successive waves of the COVID-19 pandemic was evident, learning to treat a new disease whilst also continuing to care for those who were ill for other reasons. Impressive too were the efforts of staff working in social care, including care homes and domiciliary settings, who worked tirelessly and in challenging conditions to provide care to some of the most vulnerable in our society. Perhaps less publicised, but no less critical, were services run by local authorities that allowed key functions such as refuse collection to continue, whilst also providing new services such as support to those who were shielding. Third Sector organisations also transformed the ways they worked to serve communities and people who were vulnerable, aiming to ensure that people were supported in innovative ways during the lockdown periods. Private sector organisations too kept essential

[*] Public Health Wales Observatory. Measuring inequalities 2016: Cardiff and Vale [pdf]. Public Health Wales NHS Trust: 2016 [cited 2021 September 06] Available from: http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/3653c00e7bb6259d80256f27004900db/c09cfb031cb445f880257ff8002aed48/$FILE/MeasuringInequalities2016_CardiffAndValeUHB_v1.docx

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services running, including food supplies. And of course there were the many stories of individuals, groups and businesses who performed countless acts of kindness to care for those around them, even complete strangers. In emerging from this challenging time, it is this spirit of togetherness that we need to preserve and carry forward.

In this report, I describe some of the evidence we have so far on the toll the pandemic has taken upon the people who live in Cardiff and the Vale of Glamorgan, but also set a positive and ambitious vision for working through recovery in partnership. I identify priorities for focussed attention and advocate for a preventative approach to improve population health and well-being. Our people are our strength, whether living in our communities or working in our organisations and businesses. By working together, starting with the actions identified in this report, we can ensure that we leave no one behind and build a stronger and more equal future.



Fiona Kinghorn, Executive Director of Public Health

Acknowledgements

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INTRODUCTION

This year's Annual Report of the Director of Public Health focuses on how Cardiff and the Vale of Glamorgan can emerge positively from the COVID-19 pandemic, with a spotlight on prevention and addressing the inequities exacerbated by the events of the last 18 months. It describes the impact of the pandemic on our population, identifies priority areas for attention and sets out a vision for future partnership working that will enable us to recover strongly and more fairly.

Chapter 1 describes the impact of the COVID-19 pandemic on the population of Cardiff and the Vale of Glamorgan, and how it has exacerbated existing inequities. It outlines the determinants of health and begins identifying actions that will help us move positively through the recovery phase, thus setting the scene for the rest of the report. In chapter 2 the focus moves to the emotional well-being and mental health of our children and young people, again identifying the impact of the pandemic, some of which is positive but much that is negative. Recommendations are made for partner organisations, with the aim of developing supportive environments and providing accessible help and care for those who need it. Chapter 3 identifies four topics for focussed attention that will begin to address inequity, which partners can start to deliver straight away. Specifically these are childhood immunisation, screening, healthy weight…'Move More, Eat Well', and air quality; actions are identified for each of these priority areas. Finally, chapter 4 considers how we can collectively move forward through recovery, in the context of continuing to manage the impact of infections at the same time as learning to live with COVID-19. It proposes a set of collective actions aimed at addressing inequities and embedding prevention in our ways of working.

In order to describe the effects of the pandemic on our population, it is essential to discuss inequalities. For this to be done accurately, we need to differentiate between inequality and inequity[*]. **Inequalities** in health are gaps in health status between different groups, for example those who live in different areas, or of different ethnicity or socioeconomic status; such differences can be caused by a variety of factors, not all of which are possible to change e.g. inherited characteristics or geographical location. However, health **inequity** is a difference in health that is unnecessary, avoidable, unfair or unjust; such differences are amenable to action and is therefore the term used predominantly in this report.

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[*] Glossary | NICE

Chapter 1 – Epidemiology – the impact of COVID-19 pandemic on inequities in Cardiff and the Vale of Glamorgan

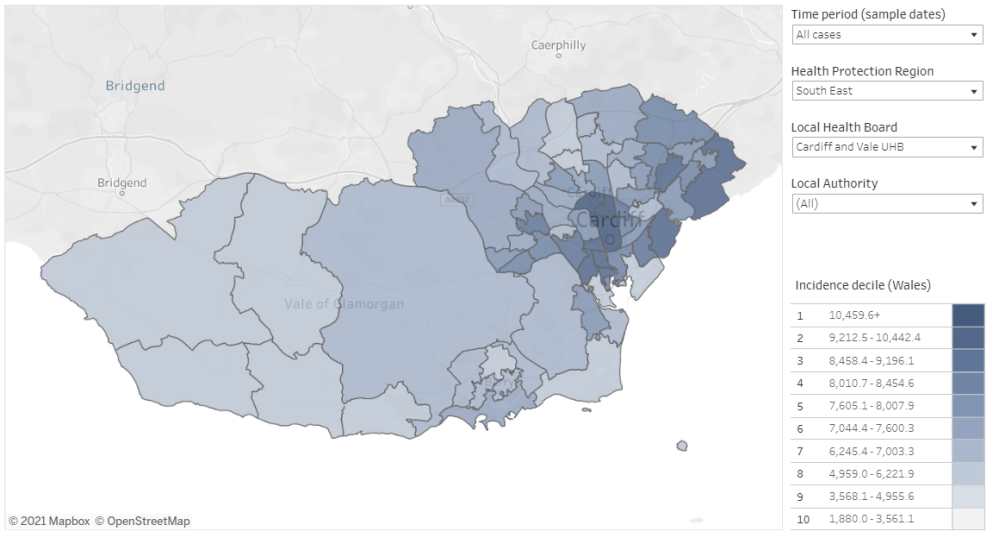
This chapter provides an epidemiological description of the impact of the COVID-19 pandemic on the health of the population of Cardiff and the Vale of Glamorgan, and how it has exacerbated existing inequities. This details not only case rates and mortality, but also the effect on service use. It outlines the influence of the determinants of health and begins identifying actions that will help us move positively through the recovery phase, thus setting the agenda and approach of the rest of the report.

1. THE IMPACT OF COVID-19 IN CARDIFF AND THE VALE OF GLAMORGAN

A. CASES

The rate of confirmed cases of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)[†] per 100,000 population has been variable across Cardiff and Vale University Health Board (UHB) during the period of the pandemic, as shown in figure 1. Western Vale and northern Cardiff show lower rates per 100,000 than areas in the southern and eastern parts of Cardiff. Among the areas with the highest rates have been areas with high student population numbers.

Figure 1: COVID-19, confirmed cases, by Middle Super Output Area of residence, cumulative rate per 100,000 population, Cardiff and Vale UHB, as at 5 August 2021



This map uses the Office for National Statistics' (ONS) middle layer super output areas (MSOAs) as defined by their 2011 boundaries. The case numbers are suppressed for any MSOA where there were fewer than three cases. The colours are defined by the decile an area falls under when ranked by their incidence per 100,000; with the highest 10% of MSOAs in Wales categorised as 1 and the lowest as 10.

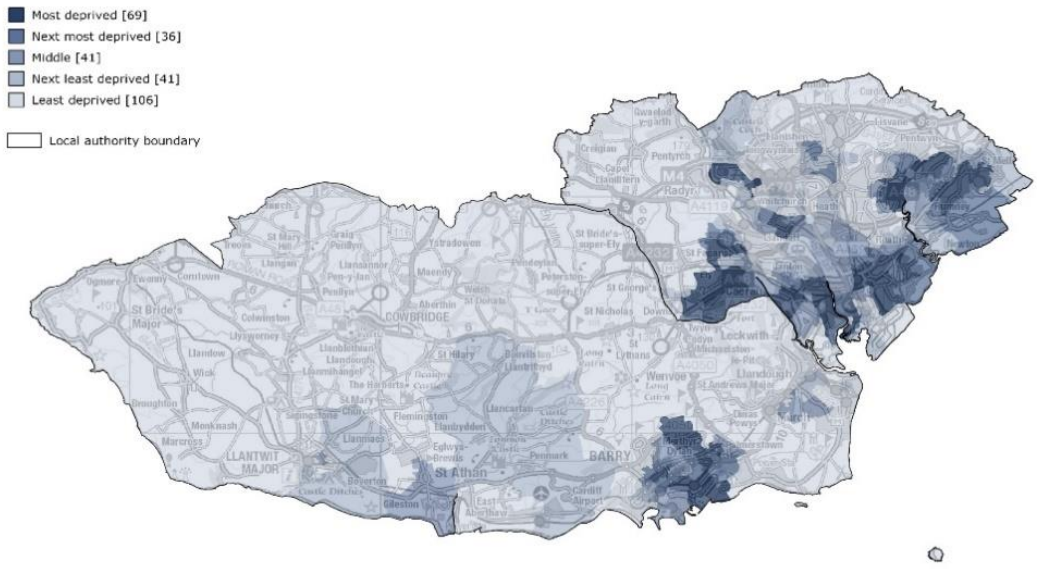
Source: Public Health Wales Rapid COVID-19 virology 2021

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[†]SARS-CoV-2 is the virus that causes COVID-19 (coronavirus disease 2019), the respiratory illness responsible for the COVID-19 pandemic. For brevity, the report will use the term COVID-19 and SARS-CoV-2 interchangeably.

The close association between COVID-19 mortality and geographical area deprivation emerged early on in the pandemic[1]. Although only part of the story, the experience of coronavirus infection in Cardiff and Vale appears to reflect this pattern, as can be seen by comparing with the map of the area showing Welsh Index of Multiple Deprivation (WIMD) (figure 2).

Figure 2: Welsh Index of Multiple Deprivation (WIMD), Cardiff & Vale UHB, 2019



Source: Produced by Public Health Wales Observatory, using WIMD 2019 (WG)

Not everyone living in an area will experience equal SARS-CoV-2 risk, however, and evidence internationally and at UK level[2] indicates the key population groups with multiple vulnerabilities, compounded or exposed by COVID-19 disease, include:

- Children and young people
- Minority ethnic groups, especially Black and Asian populations
- People in insecure/low income/informal/low-qualification employment, especially women
- Those marginalised and socially excluded, such as people who are homeless

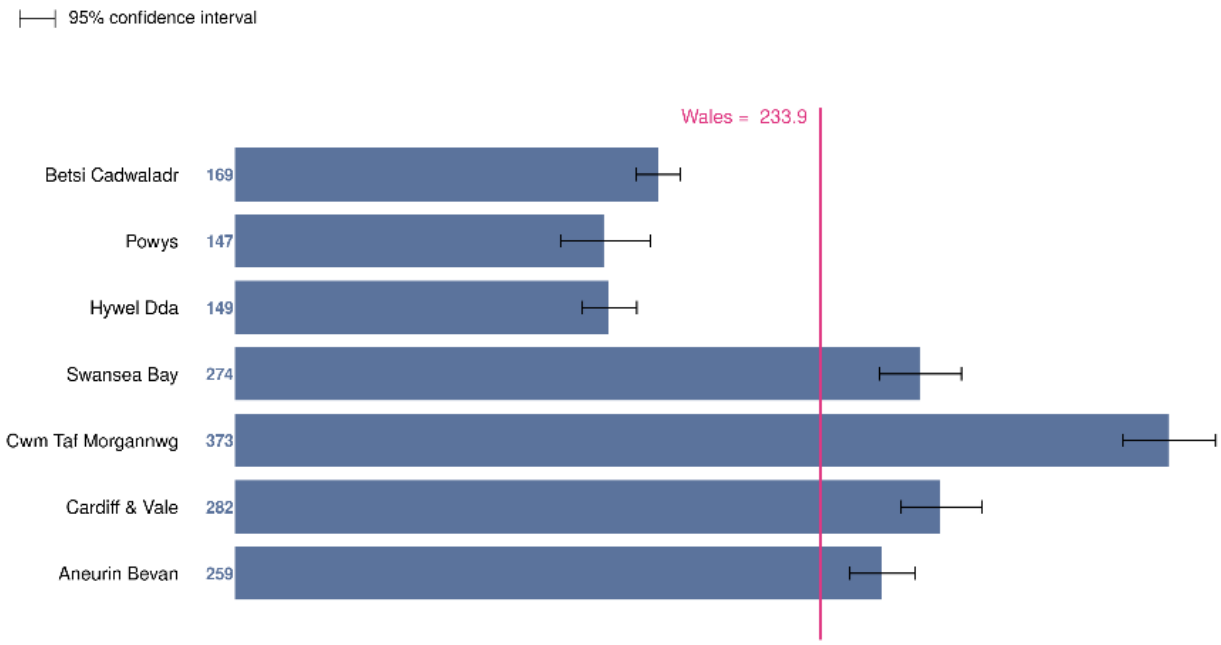
B. MORTALITY

COVID-19 has had a significant impact on mortality in Wales[3]. The following section describe deaths that are attributed to COVID-19 during 2020-21, alongside comparative mortality data from previous years.

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Figure 3 displays the age-standardised death rate, with any mention of COVID-19 on the death certificate, registered between 29 February 2020 up to and including 9 July 2021. The Welsh average death rate was 233.9 per 100,000 persons, all ages: the Cardiff and Vale UHB rate was 282 per 100,000, adjusted for age.

Figure 3: Deaths from COVID-19, age-standardised rate per 100,000, persons, all ages, Wales by health board, week ending 06 Mar 2020 to 09 July 2021[3]



Source: Produced by Public Health Wales Observatory, using PHM & MYE (ONS)

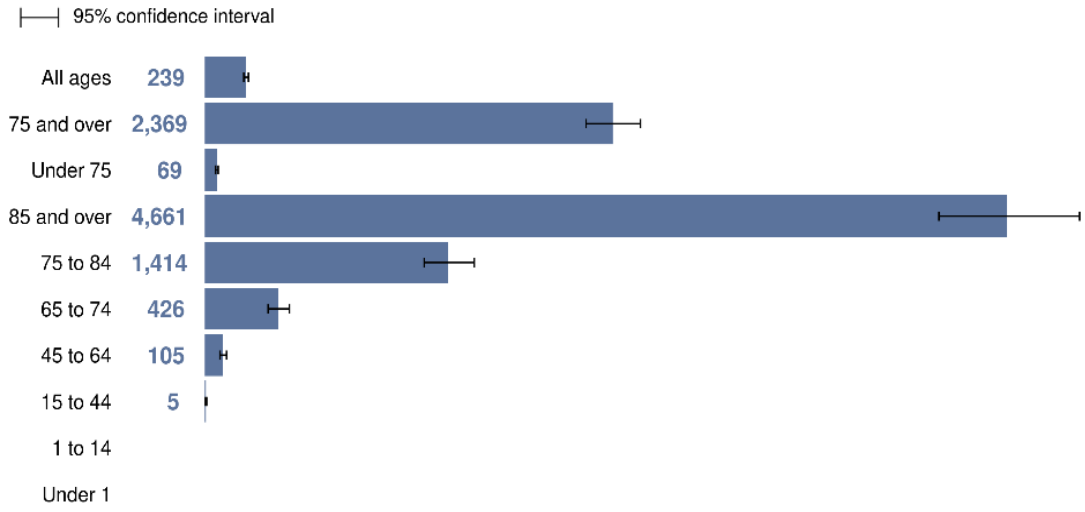
Cardiff and Vale UHB had the second highest aged standardised mortality rate from COVID-19 in Wales and above the Welsh average. In Cardiff, there was an age-standardised rate of deaths from COVID-19 of 313 per 100,000, and in Vale of Glamorgan, the age-standardised rate was 222 per 100,000. Of note, the Cardiff rate is statistically significantly higher than the Welsh average for local authorities for this period and Vale of Glamorgan is just below the average. Reasons emerging for this pattern may include the close association between COVID-19 and underlying health, deprivation, occupation and ethnicity[4].

DEATHS WITH ANY MENTION OF COVID-19: ACROSS AGE GROUPS AND GENDER

Deaths where COVID-19 was mentioned on the death certificate significantly increased with age for the period 29 February 2020 to 09 July 2021 in Cardiff and Vale UHB, in line with Wales. Just over 42% of the total deaths mentioning COVID-19 (511/1,206) in Cardiff and Vale UHB occurred in persons aged 85 and over. Further breakdown in age specific rates per 100,000 are shown in figure 4.

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Figure 4: Deaths from COVID-19 by age group, age-specific rate per 100,000, persons, Cardiff & Vale, week ending 06 Mar 2020 to 09 July 2021[3]



Source: Produced by Public Health Wales Observatory, using PHM & MYE (ONS)

The age-standardised rate for deaths in males is statistically significantly higher than the rate for females during this period across Wales and within Cardiff and Vale UHB. This suggests that males are disproportionately affected by COVID-19 mortality locally, even after adjusting for age, as shown in figure 5.

Figure 5: Deaths from COVID-19, age-standardised rate per 100,000, males and females, all ages, Cardiff and Vale UHB, week ending 06 Mar 2020 to 09 July 2021[3]



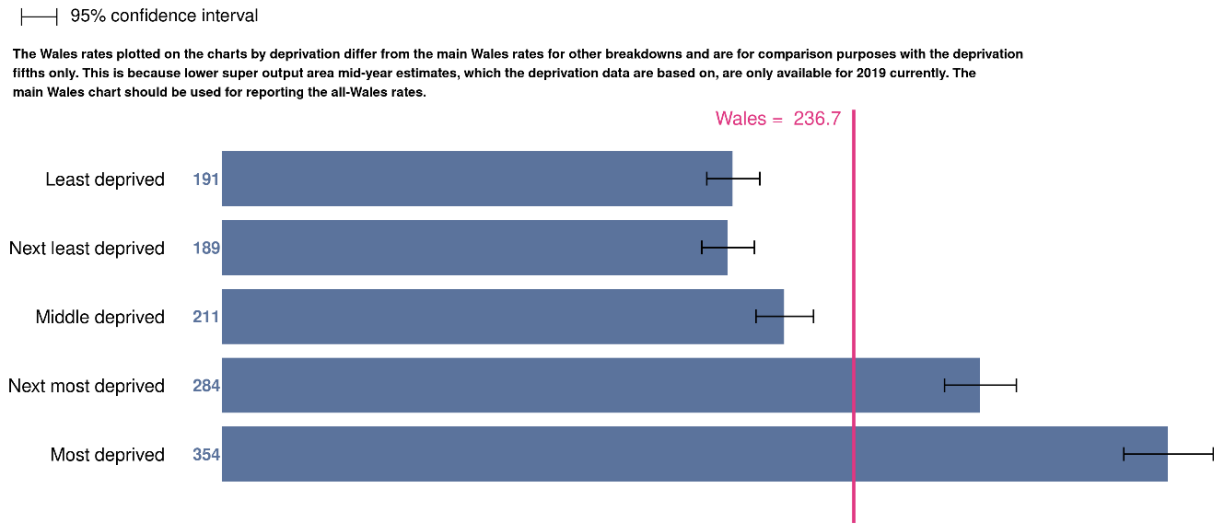
Source: Produced by Public Health Wales Observatory, using PHM & MYE (ONS)

DEATHS WITH ANY MENTION OF COVID-19: ACROSS DEPRIVATION FIFTHS

The association between socio-economic deprivation and deaths from COVID-19 has been analysed at an All Wales level. At deprivation fifth level, the highest age-standardised rate per 100,000 of deaths with any mention of COVID-19 in persons to 9 July 2021 was the most deprived fifth with 354 per 100,000. The next least deprived fifth report the lowest age-standardised rate per 100,000 of deaths from COVID-19 with 189 per 100,000 in the same time period (figure 6). For context, in 2019, around 1 in 4 of Cardiff and 1 in 8 of Vale of Glamorgan Lower Super Output Areas (LSOA) fell in the most deprived fifth of LSOA across Wales[5].

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Figure 6: Deaths from COVID-19, age-standardised rate per 100,000, persons, all ages, Wales by deprivation fifth, week ending 06 Mar to 09 July 2021[3]



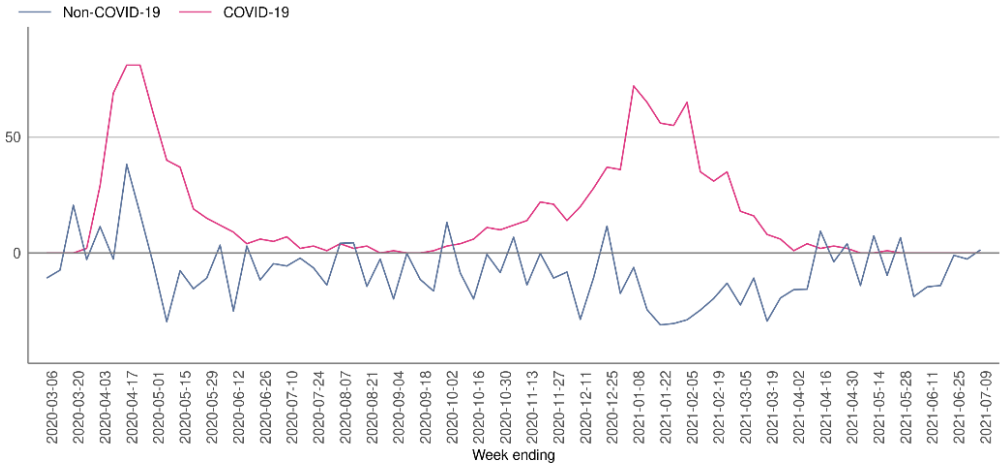
Source: Produced by Public Health Wales Observatory, using PHM & MYE (ONS) & WIMD 2019 (WG)

EXCESS DEATHS: NON-COVID-19 DEATHS AND COVID-19 DEATHS, COMPARED TO FIVE-YEAR AVERAGE

The excess deaths illustrated in figure 7 show how many deaths occurred per week, compared to the 2015-2019 average, in Cardiff and Vale UHB, including deaths which did not mention COVID-19 on the death certificate and deaths where COVID-19 was mentioned. Figures greater than zero mean that there were more deaths in this category in the week shown, compared to the 2015-19 average: below zero, mean there were fewer deaths. Between 6 March 2020 and 9 July 2021 there have been 646 excess deaths in Cardiff and Vale, compared with the 5-year average, peaking for the first wave in the weeks ending 17 and 24 March 2020 and for the second wave in the week ending 8 January 2021.

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Figure 7: Excess mortality, count, persons, all ages, Cardiff and Vale, week ending 06 Mar 2020 to 09 Jul 2021*, compared to 2015-2019 average[3]



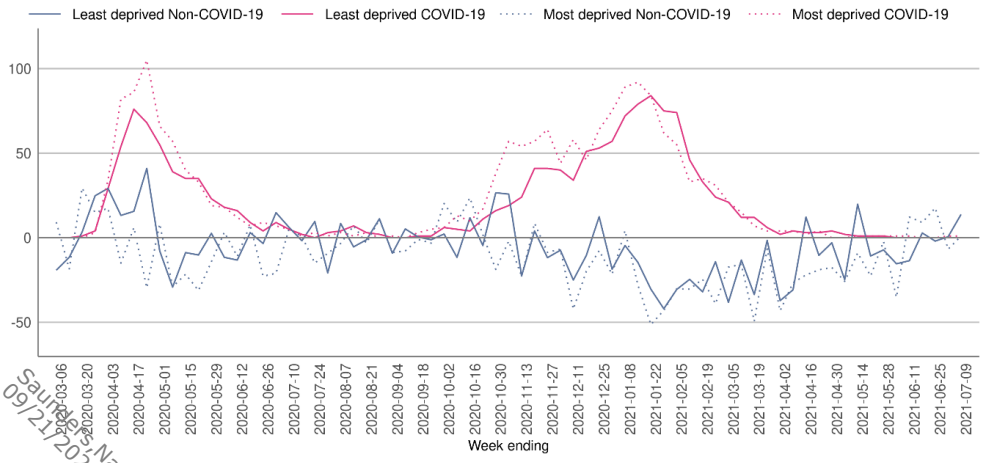
*Week 53 in 2015-2019 has been created (by duplicating week 52 data) for the purpose of comparison to 2020 data.

Source: Produced by Public Health Wales Observatory, using PHM (ONS)

These trends reflect the All Wales and UK pictures. There has been a steady decline in deaths since: there were no COVID-19 deaths in the six most recent week reported (week ending 9 July 2021). At the time of writing, the impact of the third wave on COVID-19 deaths across Wales was uncertain and will be closely monitored.

The difference between the numbers of deaths where COVID-19 was mentioned on the death certificate in the most deprived fifth compared to the least deprived across Wales is shown in figure 8. Analysis of the data is not currently available at Cardiff and Vale UHB level, but there is no evidence to suggest that this pattern would not be replicated at a local level.

Figure 8: Excess mortality, count, persons, all ages, Least & most deprived, week ending 06 Mar 2020 to 09 Jul 2021*, compared to 2015-2019 average



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*Week 53 in 2015-2019 has been created (by duplicating week 52 data) for the purpose of comparison to 2020 data.

Source: Produced by Public Health Wales Observatory, using PHM (ONS) & WIMD 2019 (WG)

C. 'LONG-COVID'

The term 'long-COVID' is commonly used to describe signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post COVID-19 syndrome (12 weeks or more) which are not explained by an alternative diagnosis[6]. Symptoms after acute COVID-19 are highly variable and wide ranging. The most commonly reported symptoms include the following: breathlessness, palpitations, fatigue, abdominal pain, cognitive impairment ('brain fog', loss of concentration or memory issues), joint pain, depression and anxiety.

An estimated 49,000 people living in private households in Wales (1.6 % of the population) were experiencing self-reported 'long-COVID' of any duration, in the four week period ending 4 July 2021[7]. Although no data is currently available for the prevalence of long-COVID in Cardiff and the Vale of Glamorgan, evidence suggests that the prevalence of self-reported 'long-COVID' was greatest in people aged 35 to 69 years, females, people living in the most deprived areas, those working in health or social care, and those with another activity-limiting health condition or disability[8]. The 'Marmot Build Back Fairer - the COVID-19 Marmot Review'[4] noted that the effects of 'long-COVID' are likely to be greater for people in more deprived neighbourhoods because they are more likely to have pre-existing existing health problems and, if they are able to work, are more likely to do so outside the home and in manual jobs. In some cases, they have to continue working despite having 'long-COVID' symptoms. Those who cannot work as a result of 'long-COVID' are more likely to go into debt and those who were already unemployed may face additional challenges such as finding it harder to find employment because of poor health.

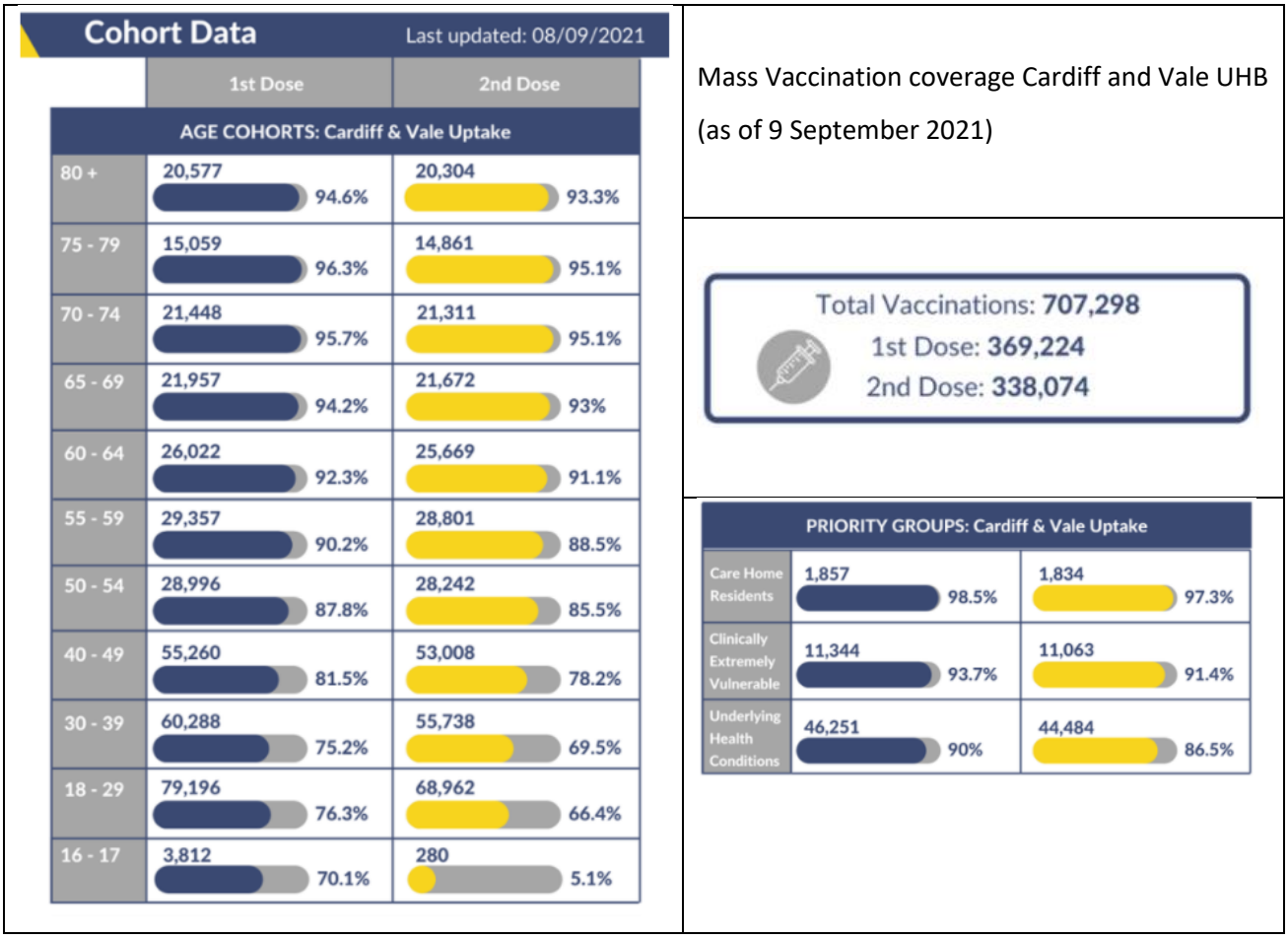
Although there is currently a high degree of uncertainty around 'long-COVID', there is no evidence to suggest that these patterns are not replicated at a Cardiff and Vale UHB level. Research is needed to improve understanding of the prevalence, range, severity and duration of long-COVID to inform optimal clinical management, and support health service planning and delivery. The Welsh Government Technical Advisory Group has started to include estimates of the costs and Quality Adjusted Life Years associated with 'long-COVID' as part of epidemiological and economic modelling[9].

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D. VACCINATION COVERAGE

COVID-19 mass vaccination across Cardiff and Vale UHB, alongside the rest of Wales, has been one of the key success stories of the pandemic. As of 9 September 2021, a total of 707,298 doses had been delivered (figure 9)

Figure 9: COVID-19 Mass vaccination coverage Cardiff & Vale UHB[10]



Source: Cardiff & Vale UHB website September 2021

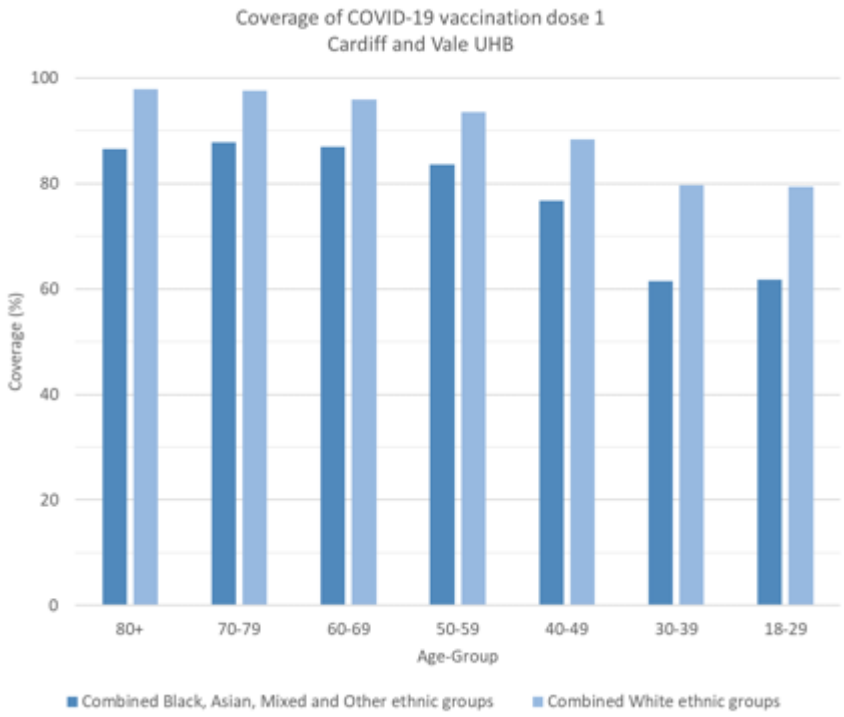
INEQUITIES IN VACCINE COVERAGE

Inequities in COVID-19 vaccination coverage in Wales have emerged, mirroring a trend across the UK. For example, coverage for the combined Black, Asian, Mixed and Other ethnic groups in each age-group was lower compared to the combined White ethnic groups in Cardiff and Vale UHB (figure 10)[11]. The largest inequity in coverage across Cardiff and Vale UHB, as at 5 August 2021 for the first dose, was seen between ethnic groups in adults aged 30 to 39 years. This inequity gap is however lowering across all age cohorts in Cardiff and Vale UHB, as compared to baseline (except 16 to 29 year olds where it has increased); whereas in Wales, this

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inequity persists in all groups aged less than 50. Overall coverage was lowest in those aged 18 to 29 years in each ethnicity grouping, in Cardiff and Vale UHB and in Wales.

Figure 10: Percentage coverage COVID-19 vaccine by age and ethnic groups: Cardiff and Vale UHB 1st dose, 5 August 2021[11]

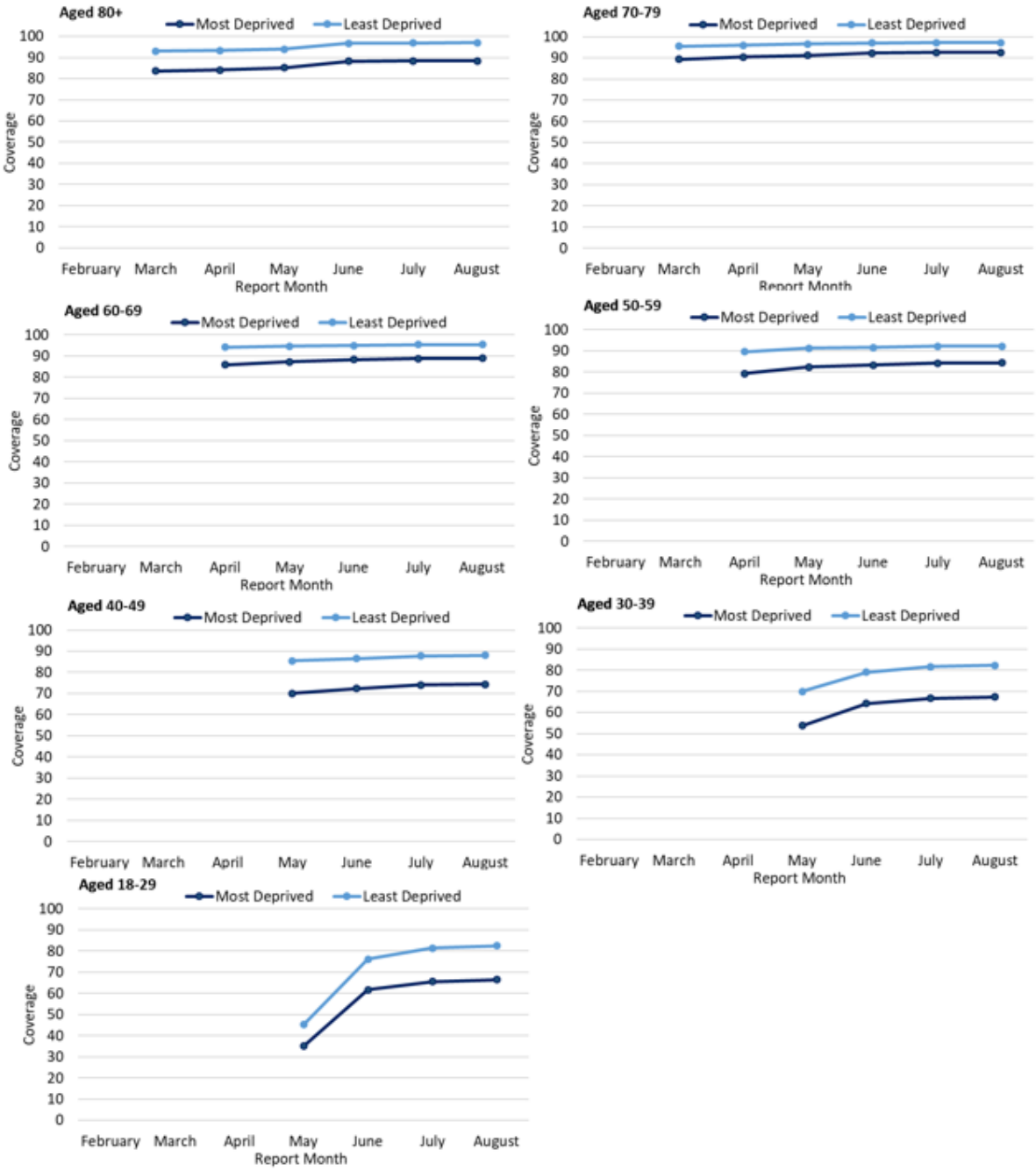


Source: Public Health Wales (VPDP and CDSC), Digital Health and Care Wales (DHCW) and Swansea University (SAIL)

Inequities have also been identified between adults living in the most and least deprived areas of Wales. These gaps have narrowed for age groups over 50 years, as can be seen in the figure 11. The inequity gap for one dose between those living in the most deprived and least deprived quintiles of areas in Cardiff and Vale UHB was at its highest in the 18-29 age group, showing a 16.0% difference, as at 5 August 2021. Although action is underway to address these inequities with partners, through the Seldom Heard Voices Group and the Cardiff and Vale Test, Trace and Protect Ethnic Minorities COVID-19 Operations Sub Group, a review of the coverage in these groups once this phase of the mass vaccination programme is completed must be a priority.

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Figure 11: Trends in coverage (%) of at least one dose of COVID-19, by vaccination age group and WIMD quintile of deprivation of area of residence, Cardiff and Vale UHB, 7 July 2020[11]



Source: Public Health Wales (VPDP and CDSC), Digital Health and Care Wales (DHCW) and Swansea University (SAIL)

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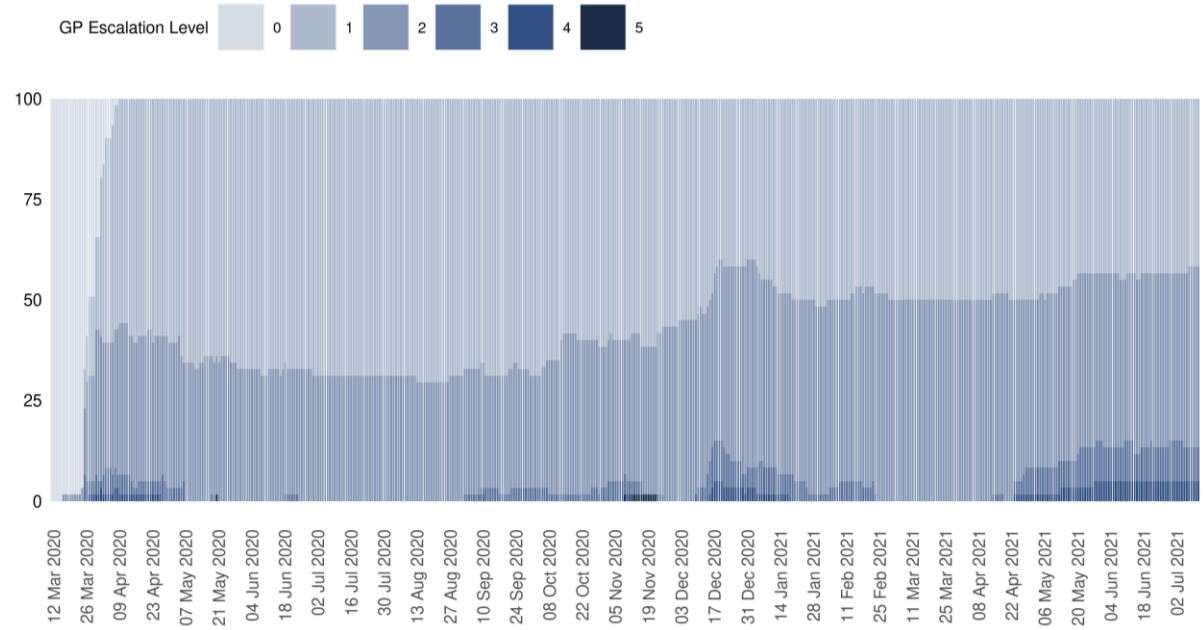
2. SERVICE USE

A. PRIMARY CARE

Over 90% of patient contact with the NHS takes place in primary care and so local primary and community services have been at the frontline during the pandemic. Since March 2020, Welsh GP practices submit daily 'levels' reflecting the balance between the number of contacts and their capacity to meet demand and maintain services.

In line with the All Wales reports, the percentage of GP practices submitting a level 3 or 4 (indicating a high number of contacts and reduced staffing levels, affecting service delivery and patient safety) in Cardiff and Vale UHB was around 5-7% during early April 2020. Lower levels were recorded in Cardiff and Vale UHB compared to the All Wales rate between May-August 2020 (Figure 12). Since September 2020 there have been two peaks, both showing 10% of practices experiencing level 3-5, one in mid-December and the other starting in late April 2021 and continuing through May. There was a 12 day period in late November 2020 where the UHB experience a level 5 (or practice closure) rate of 1.7%.

Figure 12: GP escalation levels, percentage, Cardiff & Vale, 11 Mar 2020 to 11Jul 2021[3]



Source: Produced by Public Health Wales Observatory, using COVID-19 data hub (DHCW)

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The extent to which increased acute pressures will have impacted on practice staff capacity to deliver their full range of primary prevention roles is difficult to quantify in the short term. General Practice plays a central

role in cervical screening, for example, and a description of the impact of the All Wales decision to pause population screening programmes in the first wave of the pandemic is detailed further in chapter 3.

Public Health England has identified a resurgence in Human Immunodeficiency Virus (HIV), Sexually Transmitted Infections (STI) and hepatitis tests and diagnoses, and an increase in hepatitis C virus (HCV) treatment initiations, from June 2020, following the easing of national lockdown restrictions[12]. This may reflect a partial recovery in service provision and demand and they note a critical need to evaluate the impact of these changes on health inequalities, as HCV, HIV and many STIs predominantly affect socially disadvantaged and/or marginalised groups who already experience poor health outcomes, including people who inject drugs and experience homelessness, and certain Black and Asian ethnic minorities.

A study in Canada estimated that type 2 diabetes screening decreased by 4.5% in one region between March to November 2020, anticipating delayed diagnoses, increased mortality, and increased health care costs as a result[13]. Given Cardiff and Vale region has one of the most ethnically diverse populations in Wales[14], and the prevalence of type 2 diabetes is approximately three to five times higher in ethnic minority communities than in the white British population[15], the likely impact of failing to diagnose type diabetes locally demonstrates a need for urgent proactive remedial action focussed on our ethnic minority communities.

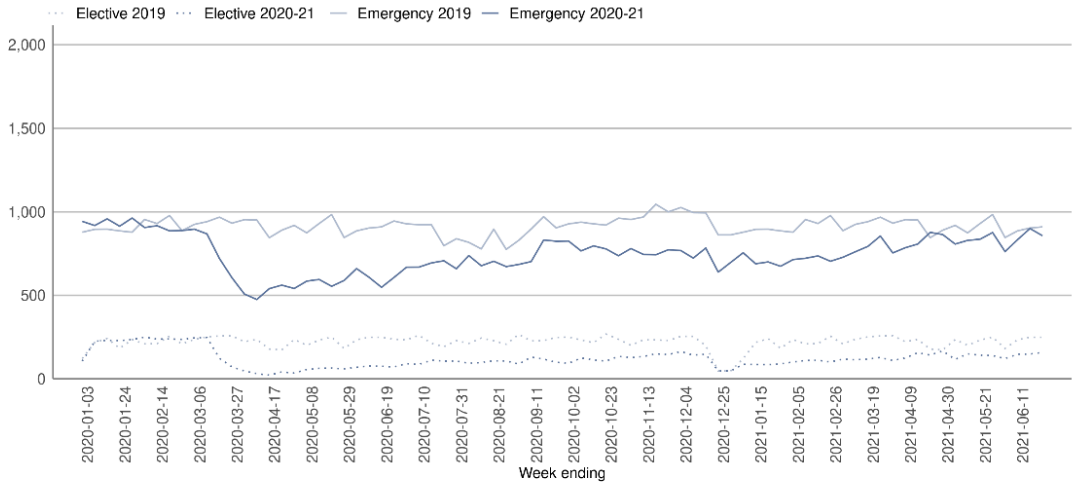
B. HOSPITAL ADMISSIONS BY WEEK, COMPARING 2020-2021 WITH 2019

After week ending 6 March 2020, a significant fall was recorded in 2020 emergency admissions across the Welsh NHS, but they have steadily increased since that time (to 11 June 2021). A similar trend is reflected in elective admissions, and while the numbers and rates were lower than emergency admissions, the falls in elective admissions were greater, proportionally, than the falls in emergency admissions. The apparent gap in elective admissions in particular during the pandemic is likely to demonstrate increasing levels of unmet need. Figure 13 shows Cardiff and Vale UHB elective and emergency admission rates from March 2020 to June 2021 compared to 2019. Current data suggest that Cardiff and Vale UHB emergency admissions levels in June 2021 were returning to levels comparable to those of June 2019, whilst a gap remains for elective admissions.

A similar pattern exists in Emergency and Outpatient Department Attendances both at All Wales and local levels.

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Figure 13: Weekly hospital admissions, count, persons, all ages, Cardiff and Vale, 2020-21 compared to 2019*[3]

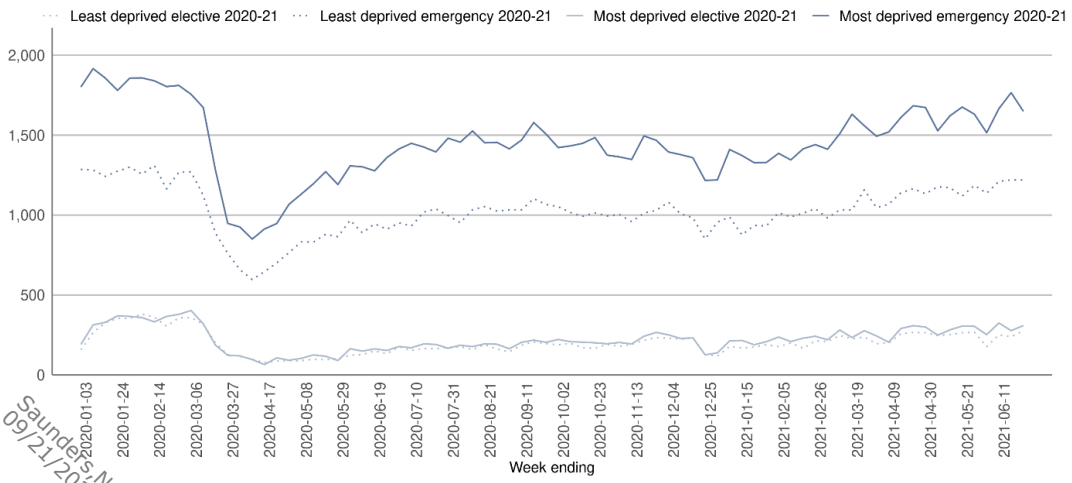


*Week 53 in 2019 has been created (by duplicating week 52 data - week ending 27/12/2019) for the purpose of comparison to 2020 data.

Source: Produced by Public Health Wales Observatory, using PEDW (DHCW), MYE (ONS)

Characteristics of this unmet need are revealed further in figure 14, which shows clearly a higher rate of in-patient hospital emergency admissions in people from the most deprived compared to the least deprived fifth at an All Wales level, but no apparent difference for elective admissions. There is no evidence to suggest that these patterns are not replicated at a Cardiff and Vale UHB level. These data suggest evidence for the 'inverse care law' whereby people from deprived areas may not seek help until later as an emergency, when their condition has deteriorated, which may be related to accessibility, health literacy and competing demands on their time[16].

Figure 14: Weekly impatient hospital admissions, count, persons, all ages, Least & most deprived, Wales, 2020-21[3]



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*Week 53 in 2019 has been created (by duplicating week 52 data - week ending 27/12/2019) for the purpose of comparison to 2020 data.

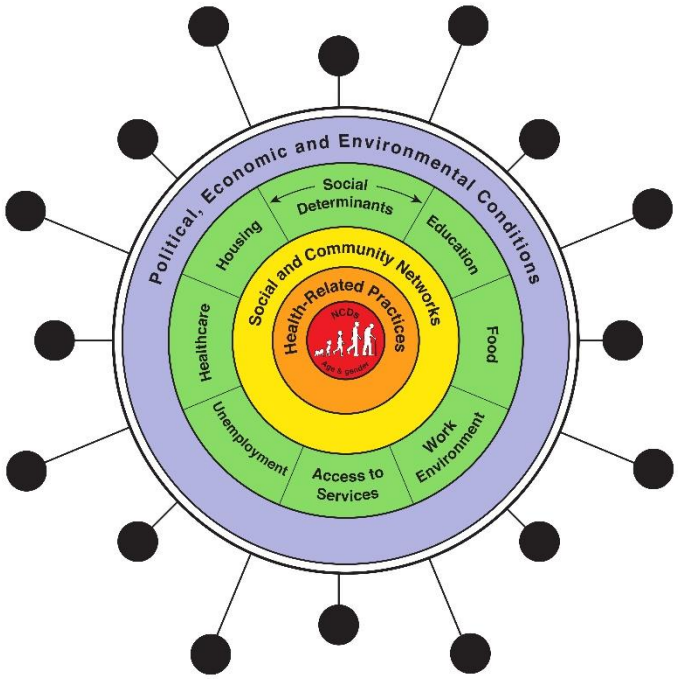
Source: Produced by Public Health Wales Observatory, using PEDW (DHCW), MYE (ONS) & WIMD 2019 (WG)

3. WIDER SOCIAL DETERMINANTS

Social inequalities in risk factors account for more than half of inequalities in the major Non-communicable Disease (NCD), especially for cardiovascular diseases and lung cancer[17]. Similarly, but contrary to commonly held belief, communicable disease pandemics are not the "great leveller", but are also experienced unequally, with higher rates of infection and mortality among the most disadvantaged communities[18].

Borrowing Singer's term 'syndemic', research suggests that the interplay between non-communicable and infectious disease have contributed to the impactful nature of COVID-19 pandemic of 2020/21[18]. A syndemic exists when risk factors or comorbidities are intertwined, interactive and cumulative—adversely exacerbating the disease burden and additively increasing its negative effects (figure 15). It is argued that for the most disadvantaged communities, COVID-19 is experienced as a syndemic—a co-occurring, synergistic pandemic that interacts with and exacerbates their existing NCDs and social conditions.

Figure 15: The syndemic of COVID-19, non-communicable diseases and the social determinants of health[18]



Source: Adapted from Singer and Dahlgren and Whitehead

Two key areas can illustrate the complexity of interactions between the COVID-19 and wider health determinants: employment and housing.

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A. EMPLOYMENT – YOUR OCCUPATION, IF YOU CONTINUED WORKING – AND YOUR SUBSEQUENT LOSS OF INCOME

Understanding workers' role in the pandemic shines a light on the differential experience of different groups. For example, occupation plays a role - employees whose work is critical to the coronavirus response, and who often continued face-to-face work during lockdowns, are classed as critical workers in Wales[‡]. Critical workers are more likely to be women, and the available data indicates that more than half of employees of Bangladeshi ethnicity are critical workers, and half of Black, African, Caribbean and Black British employees are critical workers[19]. As a critical worker, being unable to work from home would mean being more exposed to the circulating virus and infection risk. Furthermore, it has been shown that shift work is associated with a higher likelihood of being admitted to hospital with confirmed COVID-19[20].

Approximately three quarters of adults, aged between 16-64 years are employed (Cardiff 74.5% and Vale of Glamorgan 74.4%[21]). Levels of employment in Wales, in line with UK, showed a slight decline over the course of the pandemic, gradually falling from 74.6% in May 2020 to 72.1% in August 2020. There was little change until January 2021 but the rate has been increasing to March 2021[3]. The Welsh rates are different for males and females; in March 2021, the unemployment rate for males was 5.8% (UK 4.9%) and for females, the unemployment rate was 2.6% (UK 4.5%).

Around 230,000 people in Wales were employed in industries that were told to close after the initial COVID-19 outbreak, representing around 16% of the total workforce[22]. Employees in those industries are more likely to be women, young and from a minority ethnic background. Furthermore, a higher proportion of employed disabled people (Equality Act 2010 definition) work in industries told to close (16.6% compared to 14.7% of non-disabled employees). Although it is highly likely that most businesses will have closed at least initially, some will have changed their business models to continue to operate (e.g. selling takeaway food instead of operating as a restaurant) so the long term impact of these differential experiences as we enter the third wave are not yet clear.

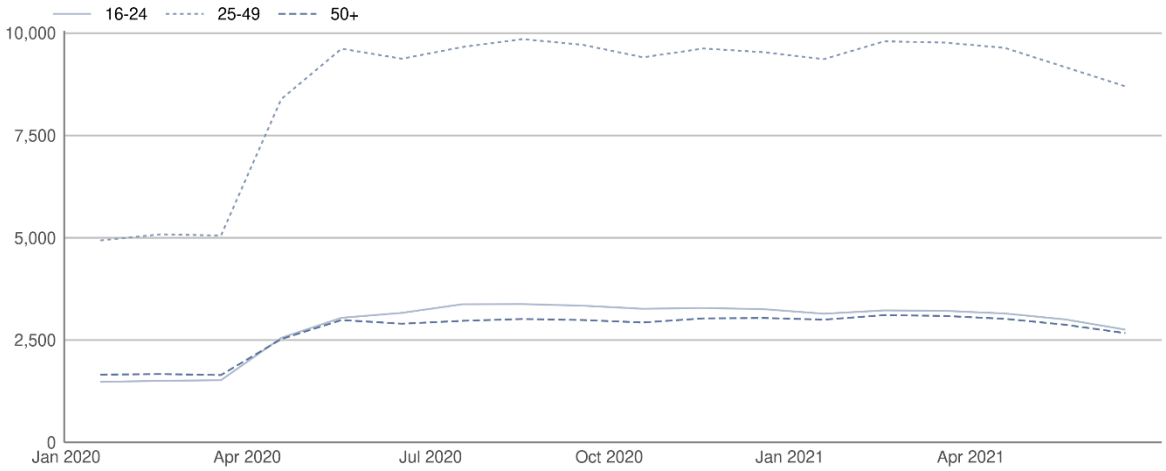
All Welsh local authorities generally follow the same pattern of a sharp increase in Universal Credit and Job Seekers Allowance during April/May 2020, with a stabilisation, and then latterly a slight fall, as illustrated in figure 16 for broad age bands within Cardiff. In parallel with the rest of Wales, the number of claimants locally has not yet returned to pre-pandemic levels; in June 2021, across all age groups, the claimant count in Cardiff

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[‡] This includes health and social care workers, teachers, people working in supermarkets and many more occupations. The Welsh Government provides guidance on the types of work that fall within the definition of critical workers who are eligible for access to childcare provision. A wider definition is used for COVID-19 testing purposes.

was 67% higher than the March 2020 level, and in Vale of Glamorgan, it was 76% higher than the March 2020 level.

Figure 16: Universal Credit and Job Seekers Allowance claimants*, count, persons aged 16+, Cardiff, Jan 2020 to June 2021



* All data are rounded to the nearest 5 and may not sum precisely to total figures

Source: Produced by Public Health Wales Observatory, using claimant count data (ONS)

3,385 young people aged 16-24 year olds (of which 64% were male) were claiming Universal Credit and Job Seeker's Allowance between January – May 2021 across Cardiff and Vale of Glamorgan. These data do not reflect the period of the phasing out of the furlough scheme across the UK, which began in July 2021 and will be completed by the end of September 2021. Given the numbers of young people claiming Universal Credit and Job Seekers Allowance locally and the clear evidence of the links between poverty and longer term adverse health outcomes[23], this pattern is a cause for concern, particularly if it becomes sustained.

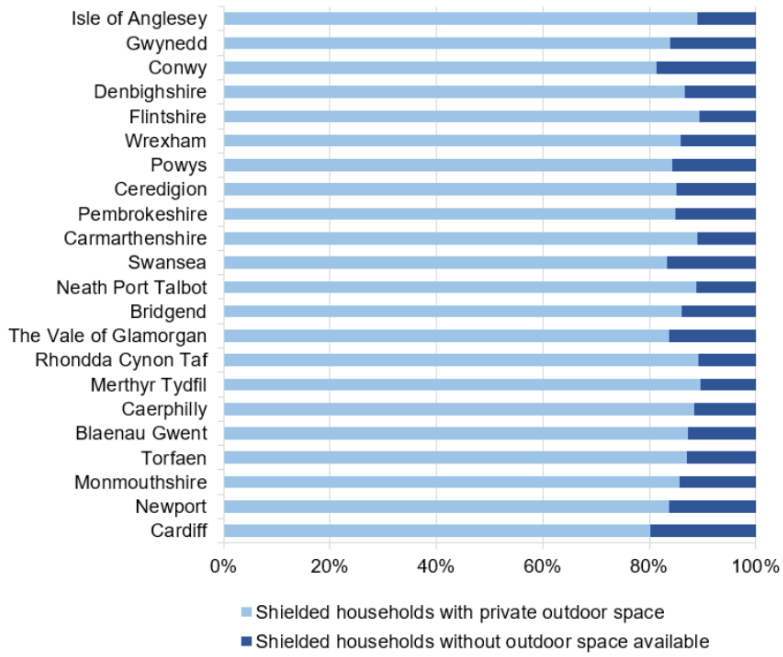
HOUSING – WHERE YOU LIVE, YOUR ENVIRONMENT, WHO YOU LIVE WITH

Overcrowded living conditions and poor-quality housing are associated with higher risks of mortality from COVID-19 and these are more likely to be located in deprived areas and experienced by people with lower incomes[24]. Furthermore, marginalised communities, such as people who are homeless, are more vulnerable to infection even when they have no underlying health conditions, due to chronic stress of material or psychological deprivation, associated with immunosuppression[25]. Although further research is required to fully understand this, it is likely that these factors have contributed in part to the higher mortality risk seen in many ethnic minority groups when compared to the white population[24].

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The mental health impacts of COVID-19 are discussed in more detail in chapter 2 but, of relevance to residency, research has shown there were significant associations between access to residential outside space and well-being. People with access to shared outside space or no outside space are more psychologically distressed compared to people with private outside space[26]. At an All Wales level, six in seven households with a shielded person resident had access to a private outdoor space during the first lockdown (85.8%). (The term 'shielded households' includes at least one member who is clinically extremely vulnerable to developing serious illness if they are exposed to coronavirus because they have a particular serious underlying health condition). In a 2020 survey, one in five of households with at least one clinically extremely vulnerable resident in Cardiff did not have access to a private outdoor place (figure 17). Both Cardiff and Vale of Glamorgan had lower rates than the Welsh average for shielded households having access to a private outdoor place (Vale of Glamorgan 83.8%; Cardiff 80.1%), but Cardiff had the lowest percentage across Wales. Although shielding in Wales was paused on 31 March 2021, these individuals continue to be advised to take extra precautions to keep themselves safe from coronavirus.

Figure 17: Shielded households with access to private outdoor spaces in Wales, June 2020[27]



Source: Welsh Government, 2020. Ordinance Survey green spaces data and NWIS Shielded Patient List data

Taking into account the syndemic nature of the current COVID-19 pandemic - the complexity of interactions between COVID-19 and the wider social determinants – there are opportunities to build upon excellent partnership working in Cardiff and Vale of Glamorgan during the pandemic to further address the direct and indirect harms caused by the pandemic. For example, preventing further coronavirus transmission from a confirmed case does not merely require the passing on of instructions about isolating. A fully multi-agency approach is required. Partners need to continue to engage with groups more at risk of infection, to understand

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their barriers to isolation (and, potentially to vaccination), to build trust in the systems from their perspective and to focus on how the system can support them through this period and beyond, whilst increasing opportunities for building their resilience.

SUMMARY

- The COVID-19 pandemic has had, and continues to have, a direct and differential impact on communities within the Cardiff and Vale UHB area, evidenced by 'long-COVID' and premature mortality rates. Poorer outcomes are associated with underlying health conditions and disability, levels of deprivation, housing conditions, occupation, income and being from an ethnic minority community
- As well as the obvious direct impacts, the pandemic has had substantial indirect impacts on health services in Cardiff and Vale UHB (in line with the rest of Wales) which has limited access to prevention, diagnosis, treatment, and rehabilitation, and has been compounded by disruption to hospital admissions, primary care and community services. Evidence is emerging not only that this disruption follows a socio-economic gradient but that long term impacts will be felt for years to come
- As a syndemic - a co-occurring, synergistic pandemic that interacts with and exacerbates their existing Non Communicable Diseases and social conditions - the long term health and well-being consequences of the COVID-19 economic crisis are likely to be similarly unequally distributed - exacerbating heath inequalities for individuals from poorer and disadvantaged backgrounds, ethnic minority groups and deprived communities

RECOMMENDATIONS

SHORT TERM

- Continue to improve ways to facilitate those who are hesitant in taking up their offer of COVID-19 vaccination to do so, including the autumn booster campaign
- Clearly communicate the support available for those who need to isolate. This important because of the additional burden this can impose on more disadvantaged groups
- Ensure equitable access to 'long-COVID' support and care, including for children
- Ensure that all partners take account of inequities when planning their recovery strategies e.g. robust processes should be in place to ensure clinical prioritisation of elective procedures; and access to treatment should be prioritised by clinical need rather than by length of wait
- Ensure that primary care has sufficient resourcing and support in the recovery period, particularly for Winter 2021/22

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LONGER TERM

- Building on existing engagement plans, co-develop with communities and organisations a comprehensive communication and engagement programme to identify and implement acceptable, feasible and effective mitigation measures to reduce transmission of COVID-19 and other infections
- Use emerging evidence on the effective control of COVID-19 in hospitals and other health and social care settings to inform the next generation of buildings, and to enable renovations of existing spaces to make them respiratory-infection safe
- Partners should advocate Welsh Government to support the global vaccination programmes needed to control the pandemic, reduce the risk of the emergence of new variants, and reduce the need for travel restrictions

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Chapter 2: Children and young people: Striving to support a generation's emotional well-being and mental health.

This chapter focusses on the emotional well-being and mental health of our children and young people, again identifying the impacts of the pandemic; some are positive, but many are negative. Recommendations are made for partner organisations with the aim of building supportive environments during recovery and providing accessible help and care for those who need it.

WHY THIS IS IMPORTANT

> **"Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life."**[28]

Our early years are the most formative in our lives in terms of our emotional and mental health, determining our future well-being. We do not all start on a level playing field. Studies show that having adverse childhood experiences (ACEs) leads to lower well-being in adulthood. For example, having four or more ACEs means that your likelihood of having low mental well-being is almost five times greater than if you have zero ACEs. The greater the number of ACEs[29], the greater the likelihood of lower well-being in adulthood.

Pre-pandemic, children and young people had already started from different places in terms of their well-being. Cardiff and Vale of Glamorgan School Health Research Network (SHRN) data (from young people aged 11 to 16, sampled between September and December 2019) showed that males were most resilient across most well-being indicators as compared to females, who in turn were more resilient than those who described themselves as neither male nor female[30] (table 1).

Whilst Cardiff and Vale of Glamorgan children aged 11 to 16 had the highest life satisfaction of all Health Boards in Wales in 2019 (alongside Swansea Bay), with 82% rating their life satisfaction as 6 or above[30]; this still means that 18% or 1 in 5 reported that they do not have good life satisfaction.

In terms of socio-economic deprivation, national all-Wales SHRN data showed that those aged 11 to 16 with lower Family Affluence Scores (FAS) (lower affluence), also had the lowest life satisfaction scores (71% rated their life satisfaction as 6 or above); whereas those with the highest FAS (highest affluence) had the highest life satisfaction scores (86% rated their life satisfaction as 6 or above)[30]. In Cardiff and Vale of Glamorgan, the lower affluence group had a lower percentage than national average (68%) who rated their life satisfaction as

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6 or above; whereas for higher affluence groups this was higher at 87%[31]. Therefore, the gap between high and low affluence life satisfaction was greater in Cardiff and Vale of Glamorgan (19%), as compared to the national average (15%). These figures are based on responses from 15,913 11 to 16 year olds from 25 schools in Cardiff and Vale of Glamorgan.

Table 1: SHRN responses by Gender, Cardiff and Vale of Glamorgan, 2019[30]

	% who rated their life satisfaction as 6 or above*	Mean Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)**	% who felt lonely at least some of the time during last summer holidays	Mean loneliness score***
C&V average	82	24	29	5
Male	87	25	21	4
Female	78	23	35	5
Neither word describes me	47 [40,55]	19 [18,20]	64 [56,71]	6 [6,7]
Welsh average	81	24	31	5
Male	86	25	24	4
Female	77	23	38	5
Neither word describes me	48	19	61	6

Source: School Health Research Network (SHRN)

***** *The life satisfaction scale ranges from 0 (worst possible life) to 10 (best possible life)*

*** SWEMWBS scores range from a low of 7 to a high of 35, where higher scores reflect more positive mental well-being*

**** UCLA 3-item loneliness scale scores range from 3 (less frequent loneliness) to 9 (more frequent loneliness)*

IMPACT OF THE PANDEMIC - WHERE WE ARE NOW

The COVID-19 pandemic has had a noticeable impact on our children and young people, and their families. Whilst the risk to children and young people of contracting COVID-19 and having a serious consequence is low, the impact on their emotional and mental health due to the COVID-19 restrictions and school closures has been high. This section explores children's feelings during the pandemic, their families' experiences, the impact of social networks, the impact of educational settings as a setting of support, and community and clinical support.

A. CHILDREN'S FEELINGS DURING THE PANDEMIC

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From a Welsh perspective, the Children's Commissioner for Wales ran an online survey for those aged between 3 and 18, for 2 weeks in May 2020. The findings culminated in the report 'Coronavirus and Me'[32]. Overall,

there were over 23,700 responses and the results were mainly analysed at an all-Wales level. Table 2 outlines how respondents felt during the COVID-19 pandemic.

Table 2: How have you been feeling during the Coronavirus Crisis? Wales – level results, May 2020[32]

	Most of the time		Some of the time		Not very often	
Age	**7-11**	**12-18**	**7-11**	**12-18**	**7-11**	**12-18**
Happy %	66	50	29	40	5	10
Worried %	10	14	37	41	53	44
Sad %	7	16	35	41	59	43
Safe %	90	78	8	18	1	4

Source: Children's Commissioner for Wales Survey

Looking at the results, secondary school children were less happy, worried more, were sadder, and felt less safe than primary school children. Of concern, 4% of 12-18 year olds did not feel safe very often.

The Children's Commissioner for Wales asked the same online survey question 'how have you been feeling during the Coronavirus crisis?' over 9 days in January 2021. Over 19,700 children and young people aged 3-18 in Wales respondents and the results are shown in table 3[33].

Table 3: How have you been feeling during the Coronavirus Crisis? Wales – level results, January 2021[33]

	Most of the time		Some of the time		Not very often	
Age	**7-11**	**12-18**	**7-11**	**12-18**	**7-11**	**12-18**
Happy %	59	39	34	44	7	17
Worried %	11	20	39	43	50	37
Sad %	8	22	41	45	51	33
Safe %	86	70	12	24	2	6
Lonely %	14	28	35	38	51	34

Source: Children's Commissioner for Wales Survey

What is noticeable is that again, secondary school children appear to feel worse across all categories, as compared to primary school children. It is also striking that respondents' results were much more negative than the May 2020 survey. This is a potential indication that as the duration of the pandemic increased, children and young people in Wales tended to feel less happy, worry more, felt sadder and less safe. The factor that had the biggest impact on how the children and young people felt was not being able to see friends during the COVID-19 pandemic (71% of 12-18 year olds cited this as their main reason)[33].

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A proportion of children and young people experienced increased stress during the pandemic, affecting their emotional well-being. This translated into health-harming behaviour for some, which might include substance misuse[34]. Children who are high risk or very high risk of emotional or behavioural problems (based on Strengths and Difficulties Questionnaire (SDQ) scores[§]), became even more so after the first lockdown. In a UK study, this increased from 61% to 68% with high or very high SDQ scores. Unemployed young people or those not in education or training also had poorer well-being scores.

In Wales in January 2021, children and young people (aged 7 to 18) who were disabled were more likely to feel sad 'most of the time' (23%), as compared to their non-disabled peers (15%)[33]; they were also more likely to feel lonely 'most of the time' (41% versus 21%). Children from ethnic minority backgrounds in Wales aged 12-18 were more likely to feel lonely 'most of the time' (34%), as compared to their white peers (28%). Furthermore, the same cohort were less likely to feel safe 'most of the time' (63%) as compared to 71% of their white peers.

B. FAMILY EXPERIENCE DURING THE PANDEMIC

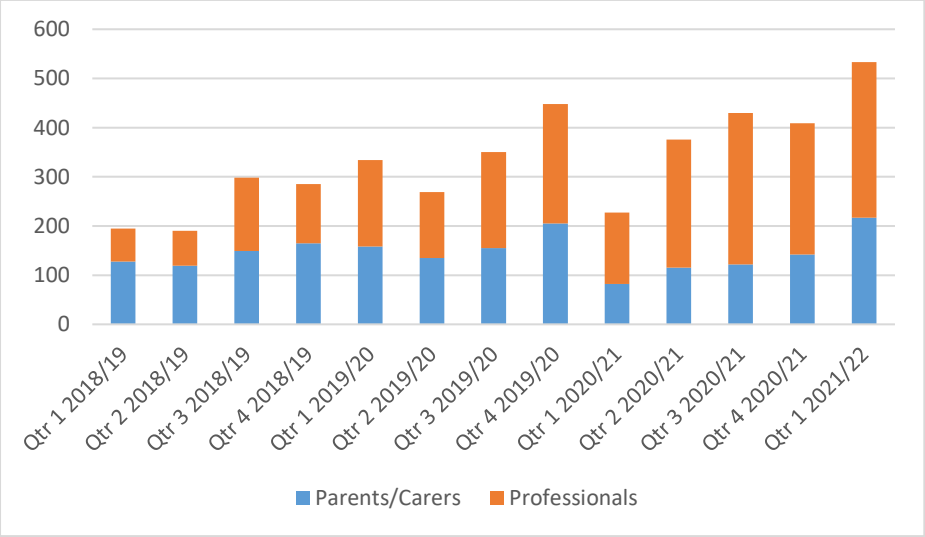
A UK online survey conducted by Ipsos Mori in October 2020 with 1,000 parents of 0-5 year olds, found that most parents (63%) reported that they have been able to spend more quality time with their child over the period of the COVID-19 pandemic to date[35]. The vast majority of these parents (83%) say that they are likely to continue to spend more quality time with their child in the future. In contrast, this positive experience was not universal. Parents who experienced financial difficulties during lockdown or who did not live with a partner were more likely to say that they spent less quality time with their child since the start of lockdown (13% and 16% respectively, compared with 9% average). International research, from a variety of countries concluded that the mental well-being of children whose parents struggled with the pandemic was lower than those children whose parents did not struggle[34]. Parental stress for those with babies increased; this was particularly pronounced in young parents and those from lower socio-economic groups. Some UK helplines experienced an increase in calls following lockdown, as compared to pre-pandemic levels; for example the National Society for the Prevention of Cruelty to Children (NSPCC) experienced a 32% increase in calls[34]. This research also found that parental sense of control has a large impact on the well-being of their children. Children were more resilient in their well-being if their parents had the skills to know how to communicate with them, or the parents had financial and mental health support.

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[§] SDQ scores provide a total difficulty score (between 0-40), and a further breakdown of these results into four areas (emotional distress, behavioural difficulties, hyperactivity and attention difficulties and difficulties getting along with other children). Higher scores predict that a young person is under emotional strain.

Parental support is therefore key to positive emotional and mental outcomes for their children. Parenting skills courses are offered to those in need across Cardiff and the Vale of Glamorgan. In the Vale of Glamorgan, the Families First Advice Line noted that during 2020/21 the top issue for their calls was child emotional and mental health (28% of a snapshot of 254 cases that year). When lockdown was introduced, calls from parents and carers reduced; however, as the months passed, calls from professionals have increased (figure 18).

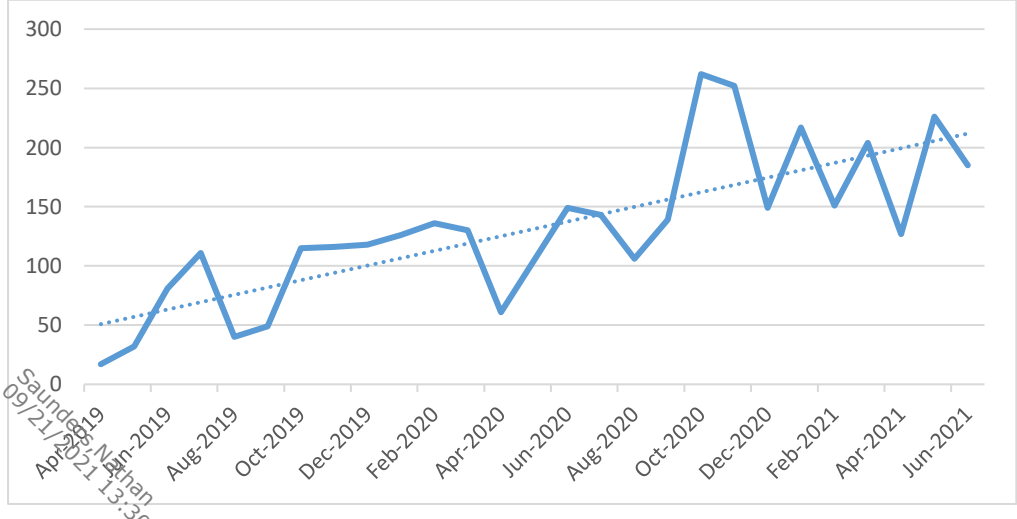
Figure 18: Number of calls by professionals and parents/carers to FFAL, Vale of Glamorgan – April 2018 to June 2021



Source: Vale of Glamorgan Council

Of particular note in Cardiff, family help referrals have increased by 81% over the last year (2020/21) compared to 2019/20 (figure 19). In addition, the complexity of cases in Cardiff has increased with most families now requiring the full 12 week follow up.

Figure 19: Family help referrals (April 2019 to June 2021), Cardiff



Source: Cardiff Council

C. THE IMPACT OF SOCIAL NETWORKS

The impact of social networks on the emotional and mental health of children and young people is a mixed picture. Based on children and young people's feedback to the Children's Commissioner for Wales' survey, the top concern for children was missing their friends, with 71% of 12 to 18 year olds citing this in January 2021[33]. Internationally, many children also reported loss of social support from friends and school[34]. However, others noted some positive aspects of the COVID-19 restrictions, such as spending more time with family and less peer pressure. Furthermore, some international studies discovered that relief from bullying was a positive outcome of home schooling. When asked by the Children's Commissioner, the majority of 12 to 18 year olds would be confident to ask for help with their emotional or mental health from their friends or family (81% stated 'yes'), the only source of support that had greater than 50% stating 'yes'[33]. This highlights the importance of friends and family for support in uncertain times.

D. THE IMPACT OF EDUCATIONAL SETTINGS ON SUPPORT

In terms of early years' settings, Swansea University and Children in Wales launched a survey at the end of 2020 to develop a better understanding of the impact of the COVID-19 pandemic on Early Childhood Education and Care (ECEC) provision. This showed that 11% of these settings across Wales have had to close due to a confirmed COVID-19 case in children or staff, causing disruption to the lives of children, families and staff. Thirty seven percent of settings have struggled to stay viable during the pandemic[36]. For older children and young people, the Children's Commissioner for Wales reported that school or college closing was the third top change that had the biggest impact on young people aged 12 to 18, with 46% stating this[33].

International research demonstrated that increased social isolation and loneliness was experienced by young people due to lack of attendance at school[34]. School/education closure has increased worry for children regarding educational attainment and support from friends and staff members, as well as reduced access to counselling and safeguarding services. Virtual learning also put strain on children. School closures particularly affected those who were already disadvantaged and dependent on schools for free school meals.

In Wales, digital inclusion was an issue before, and the COVID-19 pandemic has compounded it, with some households experiencing 'data poverty' where they either cannot afford the technology or ongoing costs of broadband/data or there is low connectivity due to poor reception[37]. This can lead to difficulty accessing online learning.

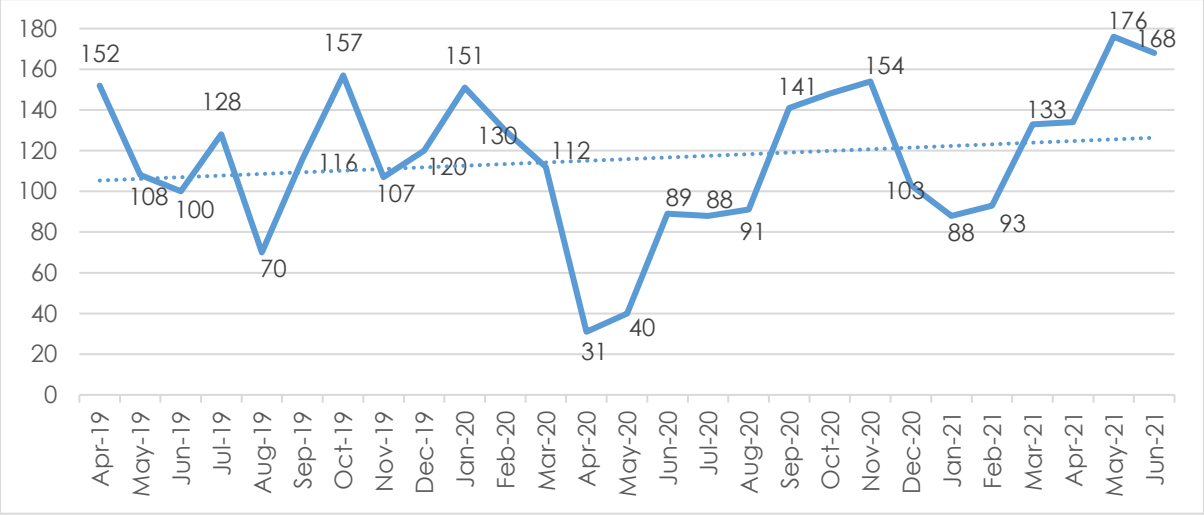
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E. THE IMPACT OF COMMUNITY AND CLINICAL SERVICES ON SUPPORT

Community support services for children and young people, such as group activities, youth clubs and sport centres were closed during lockdown, and therefore reduced the social support that was available.

In terms of clinical support services, referrals into specialist Child and Adolescent Mental Health Services (CAMHS) took a dip as lockdown was introduced. Once schools reopened in September 2020, referrals into the service increased by 108%, with more complex presentations of children and young people, and with higher risk of suicide or self-harm (figure 20).

Figure 20: Specialist CAMHS referrals from April 2019 to June 2021



Source: Cardiff and Vale UHB

HOW WE ARE ADDRESSING THE EMOTIONAL AND MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE

There is a substantial amount of partnership working both regionally and nationally in Wales to enhance and support the emotional and mental health of children and young people. The voice of children and young people is paramount, and is part of Cardiff's Child Friendly City approach and the Vale of Glamorgan's Public Services Board organisations' adoption of the United Nations Convention of the Rights of the Child. Further engagement of children and young people in well-being service development will be our future ambition.

In March 2021, Welsh Government launched their 'Framework on Embedding a Whole-School Approach to Emotional and Mental Well-being', which recognised the importance of schools in the mental well-being of children[38]. In Cardiff and Vale UHB, an implementation lead is working with schools to complete an assessment of their activities and processes in place to promote good mental health in pupils and staff. This

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assessment tool will be piloted across 12 schools in September 2021, with a view to evaluation in the forthcoming months. Key learning will be shared with schools in order to develop future practice.

Formal emotional and mental health support services for children and young people in Cardiff and Vale of Glamorgan are provided through a variety of different mechanisms and organisations. The ability to text, phone, video call or have face to face support is being provided through Cardiff and Vale UHB, both local authorities and the third sector. The Regional Partnership Board (RPB), Starting Well Sub-group's vision is to have a fully integrated model of care to support the emotional and mental health of children and young people.

The 'Nurturing, Empowering, Safe, Trusted' (NEST) Framework was devised through extensive work with young people, parents, carers and staff from a range of school and children's services across Wales, and launched in May 2021. It is a planning tool for RPBs to ensure a 'whole system' approach for developing mental health, well-being and support services for babies, children, young people, parents, carers and their wider families across Wales[39]. NEST uses the 'No Wrong Door'[40], approach and puts the child or young person at the centre, using the system to build a 'nest' of support around them, with the services they need shifting to meet their needs. In Cardiff and the Vale of Glamorgan, a self-assessment of NEST/No Wrong Door is underway through the Starting Well sub-group of the RPB, to be completed by 31 August 2021.

SUMMARY

- Supporting the emotional well-being and mental health of children and young people is a key priority, with the early years in particular being a crucial period of development, and ACEs having a detrimental effect on adult mental health
- Poor life satisfaction is relatively common in children and young people - 1 in 5 young people reported poor life satisfaction prior to the pandemic in Cardiff and Vale of Glamorgan. Poor life satisfaction was more common in those who were female, describe themselves as neither male nor female, or were experiencing deprivation. These inequalities in well-being have been exacerbated in the last year, particularly for children from ethnic minority backgrounds, those who are disabled and those from disadvantaged backgrounds in Wales
- Although lockdown has been a positive experience for some because of increased time with family and respite from social pressures, there is growing evidence that the cumulative effects of school closures, move to online learning and social isolation, as well as concerns about COVID-19 have had a negative

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effect on the emotional and mental health of our children and young people. Lockdown also increased exposure to childhood adversity for some

- The pandemic has led to increased demand and complexity for mental health services and crisis intervention for children and young people locally
- A whole system approach is needed to support their emotional health and mental well-being, using children and young people's voices, and including specialist services for those who need them. The education sector is well placed to offer significant elements of this, but all local and national partners can play their part, with a focus on preventative measures such as building resilience and adopting behaviours that maintain and improve emotional and mental well-being, with the aim of helping children and young people to live happier and healthier lives

RECOMMENDATIONS

- Use the voice of children and young people in the NHS, local authority and third sector to design services.
- Embed family support needs where children and young people are currently experiencing inequities due to the COVID-19 pandemic; for example ethnic minority groups, those who are less affluent and those with a child who is disabled
- Partners in education and health need to draw on the learning from the 'whole school approach to mental health' pilot, so as to adopt the recommendations in education settings to further enhance support for our children and young people
- All local partners that provide emotional and mental health support to children and young people need to adopt the NEST/No Wrong Door approach in order to develop an integrated system of support for our children and young people, as an upstream well-being model of recovery, and not a medical model
- For more complex cases, multi-professional teams are needed that support both parents and children on the road to improved mental well-being outcomes, with reduced risk of suicide or self-harm

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Chapter 3 – Amplifying Prevention

This chapter identifies actions that can begin immediately, which will start to address the inequities made worse by the pandemic. Four topics are highlighted for focused attention, namely childhood immunisation, screening, 'Move More, Eat Well', and air quality.

CHILDHOOD IMMUNISATION

WHY THIS IS IMPORTANT

Vaccines are a safe and important way to protect children and young people from infectious diseases. By vaccinating our youngest population and creating herd immunity, we are not only protecting children from serious diseases but also helping to protect families and the wider community who cannot have vaccines. Building herd immunity means that a large proportion of the community or population becomes immune to a disease (either through vaccination or previous infection), making the spread from person to person unlikely. As a result, the whole community is protected – including those who may not be able to get vaccinated, for example due to their age or co-morbidities. Vaccinations prevent up to three million deaths worldwide every year, and since introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people have either been eradicated or are seen extremely rarely. Other diseases like measles and diphtheria have been reduced by up to 99.9%. If people stop having vaccines, or if coverage of vaccines falls to below target levels, it is possible for infectious diseases like these to quickly spread again.

IMPACT OF THE PANDEMIC - WHERE WE ARE NOW

Between 2019 and 2020, (i.e. prior to the pandemic), there was variation in the uptake of childhood immunisation in Wales by Health Board and Local Authority[41]. Although uptake of scheduled immunisation in the youngest children in Cardiff and Vale UHB is high (above 90% for children aged 1 year of age), the proportion of children and young people in Cardiff and the Vale of Glamorgan who are up to date with scheduled vaccinations at ages 1, 2, 4, and 15 is the lowest across Health Boards in Wales, and below the target of 95%. There is also variation between Local Authority areas and between areas of socioeconomic deprivation. Across all age groups in Cardiff and Vale, there is an association between children living in more socio-economically deprived areas and lower vaccination uptake. A greater proportion of children living in the least deprived groups are up to date with their vaccination schedules, whereas uptake is lower in the most deprived groups (figure 21). Socioeconomic inequities in immunisation coverage in Cardiff and Vale UHB continue to be smallest in the youngest children, with the gap widening as scheduled immunisation age increases, for example, the inequity gap in coverage for children aged fifteen years in 2019-20 in Cardiff and Vale UHB was 16.1%. A large number of factors are likely to affect uptake of immunisations. Previously

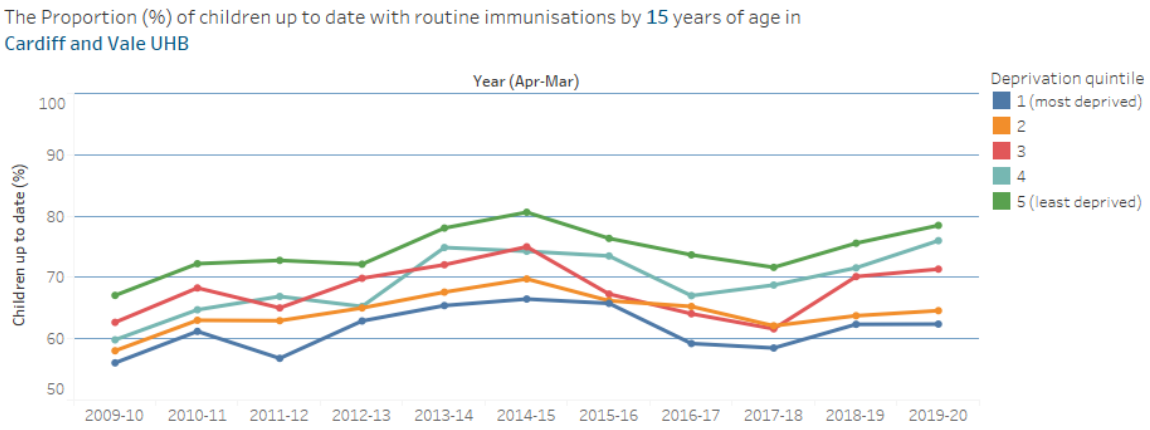
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published studies from other countries report that ethnic group and religious group, family mobility, family size, child age, socioeconomic status, geography and rurality as well as service delivery method can all influence the likelihood of children receiving routine immunisations.

Figure 21: Proportion of children up to date with routine immunisations by 1, 2, 4 and 15 years of age[41]



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Source: Vaccine Preventable Disease Programme (VPDP) and Communicable Disease Surveillance Centre (CDSC): Inequalities in Uptake of Childhood Immunisations 2019-20

The vast majority of the childhood immunisation programmes in Wales have continued as an essential service during the coronavirus pandemic. Appropriate assurance to parents, carers, children and young people, and infection prevention and control measures were put in place by Primary Care practices where most scheduled vaccinations are delivered. The school-delivered human papillomavirus (HPV) immunisation programme and opportunistic mumps, measles and rubella (MMR) catch up sessions for teenage children were suspended after the closure of schools on 20th March 2020. Catch up sessions for HPV were arranged by the school nursing service once schools reopened, and the service is currently working to ensure that as many young people as possible are protected so that no one is left behind.

Monthly enhanced immunisation reports provided by the Public Health Wales Vaccine Preventable Disease Programme have been used to monitor the impact of COVID-19 on uptake of routine childhood immunisations across Wales[42]. Data suggests that the pandemic has had a both a direct and indirect impact upon the timeliness of vaccination uptake in young children and infants. There has been a notable impact on the 4 in 1 vaccination due at 3 years and 4 months of age in Cardiff and the Vale of Glamorgan. Across Wales, 75% of children due their 4 in 1 vaccine from 01/07/2019 to 30/06/2021 received their 4 in 1 vaccine within 3 months after it was due. In Cardiff and Vale, uptake of the 4 in 1 within 3 months of due date was lower than the Welsh average with 69.7% uptake in Cardiff and 82.6% in the Vale of Glamorgan. Uptake ranged by Primary Care Cluster from 53.6% in City and Cardiff South to 90% in Eastern Vale. Timeliness of vaccinations tends to decrease over the winter period whilst GP practices are prioritising influenza vaccination sessions. Practices have also been participating in the delivery of the COVID-19 vaccine since January. The impact of this extra workload on general practices in combination with COVID-19 restrictions may result in further decreases in timeliness. Uptake will be monitored closely to ensure children are caught up over the subsequent months and are protected against vaccine preventable disease.

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SUMMARY

- Long-term trends in childhood vaccination uptake in Cardiff and Vale UHB remain fairly static with uptake consistently below 95% across the majority of scheduled immunisations
- Inequities in immunisation coverage during 2019 to 2020 remain across all age groups, with the gap widening as scheduled immunisation age increases
- The COVID-19 pandemic has impacted upon the timeliness of vaccination, particularly amongst pre-school aged children, and children of secondary school-age who would have received their HPV vaccination as part of the school-based immunisation programme
- There are some signs of recovery from data recently published showing uptake in the latest quarter has improved in some areas, but there is work to do to ensure that children receive their scheduled vaccinations at the appropriate time to ensure that individuals, families and communities are fully protected against vaccine preventable diseases

RECOMMENDATIONS

- With partners, target interventions with parents, children and young people to explore their views about immunisation, access to appointments and reasons for vaccine hesitancy
- With local authorities, drive forward increased uptake within communities, by increasing access to vaccinations within community-based settings (e.g. Well-being Hubs, cluster clinics) and reach (e.g. provide information to pre-school employees and encourage them to prompt those with unknown or incomplete vaccination history on entry to pre-school settings)
- Work with Primary Care Practices and Primary Care Clusters to provide evidence based recommendations to increase uptake and reduce inequities across socioeconomic groups.
- Find ways to improve how Primary Care practices notify unscheduled immunisations to the Child Health system in a timely manner
- Ensure that healthcare professionals have the information they need to engage with parents around vaccination e.g. uptake data, immunisation updates, signposting to pertinent resources
- Make improvements and efficiencies to how consent is obtained from children and young people and their parents/guardians for vaccinations undertaken in school settings
- Support the routine immunisation programme with a range of revised communications campaigns

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SCREENING

WHY THIS IS IMPORTANT

The world-leading national NHS screening programmes save lives improves health and enables choice. For example, every year across the UK around:

- 5,000 deaths are prevented by cervical screening[43]
- 2,400 bowel cancer deaths are avoided through screening[44] and
- breast screening prevents 1,300 women dying of breast cancer[45]

IMPACT OF THE PANDEMIC - WHERE WE ARE NOW

Public Health Wales Screening Division manages the eight national population based screening programmes, delivered in partnership with Health Boards. Following the Welsh Government's announcement on 13 March 2020 of plans to suspend non-urgent outpatient appointments and non-urgent surgical admissions and procedures in order to redirect staff and resources to support the response to COVID-19, the breast, bowel, cervical, diabetic eye and abdominal aortic aneurysm adult screening programmes were temporarily paused. Antenatal, newborn bloodspot and newborn hearing screening programmes continued to be offered throughout the pandemic.

As the numbers of COVID-19 cases started to reduce in May 2020, adult programmes were gradually re-introduced, taking a risk assessed approach through the period June to August 2020. Changes to the ways the services were delivered, e.g. incorporating social distancing, have further reduced capacity but all screening programmes continued to be offered through the second peak of the pandemic and subsequent lockdowns. The precise impact in terms of screening programme suspension or delay, e.g. potential loss of sight due to a missed screen, is unknown. However, modelling has suggested that when cancer screening has been suspended, routine diagnostic work deferred, and only urgent symptomatic cases prioritised for diagnostic intervention, there would be between 281 and 344 additional deaths from breast cancer, and 1445 to 1563 additional deaths for colorectal cancer over 5 years in the UK[46]. Latest estimates at a Wales level suggest that the adult programmes will take between 10-48 months to recover.

The data available up to the end of March 2020, show a mixed picture in Cardiff and Vale UHB – bowel screening uptake has increased from 56.4% to 61.0%; cervical screening uptake has decreased marginally to 71.6% from 71.8% and breast screening coverage has increased slightly to 68.8%. However, there have been significant reductions in coverage in diabetic eye screening (from 68.3% to 58.4%) and uptake in abdominal

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aortic aneurysm screening (from 78.4% to 69.0%). This can largely be attributed to the pause in services that began in March 2020 so should be interpreted with caution. The pause meant that some people invited towards the end of the financial year were unable to be screened before clinics were cancelled and the services temporarily suspended, and others did not have the opportunity to rearrange appointments or be offered a second appointment as required. For the year up until December 2020, uptakes for both programmes compared favourably to the previous year. These local trends reflect the national picture. Further breakdown of coverage/uptake at local authority level is show in table 4.

Table 4: Percentage uptake/coverage for each screening programme, Cardiff and Vale UHB and constituent local authority areas, 2019-20

	Wales	Cardiff and Vale UHB	Change from 2018-19	Cardiff	Vale of Glamorgan
Bowel -Standard 60%	61.5	61.0	4.6	59.4	64.2
Breast[**]- Standard 70%	72.3	68.8	+0.3	66.7	73.8
Cervical [††] - Standard 80%	73.2	71.6	-0.2	70	76.4
Abdominal Aortic Aneurysm (AAA) - Standard 80%	71.9	69	-9.4	68	71.1
Diabetic Eye – Standard 80%	60.3	58.4	-9.9	54.2	68

Source: Public Health Wales Screening Division 2021

Cardiff and Vale UHB level data for 2019-20 is not yet available for the newborn hearing and newborn bloodspot screening programmes. However, the national picture has been positive, as thanks to strong partnership working between Health Boards, Public Health Wales and parents, these two programmes continued throughout 2020. Nationally, newborn hearing screening uptake remained consistently high between July 2019 and February 2020 at over 99% each month. This dropped slightly in March 2020 and then again in April 2020 to 89.4%. However, uptake rapidly recovered to pre-COVID-19 levels from May 2020 onwards. All babies that were not screened in hospital at the start of the pandemic have been offered

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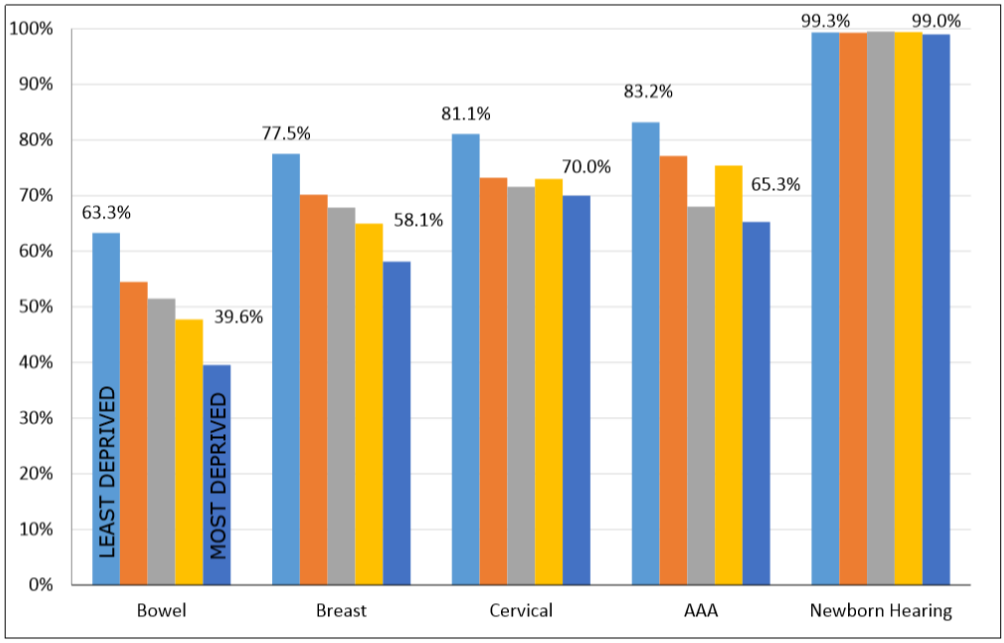
[**] Breast screening uptake for the latest completed round

[††] Proportion of women aged 25-64 who have had a cervical smear test in the last 5 years

screening through the programme or via colleagues in audiology. Prior to April 2020, coverage of newborn bloodspot screening nationally was generally high, consistently at or above 96% each month. This dipped to 93% in April 2020, although there was a quick recovery in coverage from May 2020 onwards.

Pre-pandemic, the evidence from across Wales shows decreased participation in all adult screening programmes as deprivation increases. Inequity is not seen for newborn hearing and newborn bloodspot screening programmes, however, where uptake is high across all groups. Coverage/uptake for Cardiff and Vale UHB for 2017-18 is shown in Figure 22, broken down by deprivation quintile. Analysis of data for Cardiff and Vale UHB demonstrates that uptake/coverage generally decreases as deprivation increases. However, the trend for cervical screening is less straightforward; whilst coverage is highest amongst the least deprived quintile and is lowest in the most deprived quintile, it is similar in quintiles 2 and 4, which is a similar pattern to that seen in previous years.

Figure 22: Percentage uptake/coverage for each screening programme by deprivation quintile, Cardifff and Vale UHB, 2017-18



Source: Public Health Wales Screening Division 2019

Inequalities within adult population screening uptake/coverage are evident locally between the Cardiff and Vale UHB clusters, as illustrated in table 5 (each cluster is coloured separately). The clusters with lower uptake/coverage reflect previous analysis of deprivation at cluster level, showing Cardiff City and South, Cardiff South West and Cardiff East clusters to have over 43% of their patients living in the most deprived fifth of areas in Wales[47]. Furthermore, data from Welsh Index of Multiple Deprivation 2019 show that some

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ethnicities may be over-represented within our more disadvantaged populations: for example, 35% of people identifying from a Black, African, Caribbean or Black British ethnicity, have a likelihood of living in the most deprived 10% of Lower Super Output Areas in Wales[48].

Table 5: Clusters ranked from lowest to highest uptake/coverage in each adult screening programme in Cardiff and Vale UHB, 2019-20

Ranked uptake/coverage (lowest to highest)	Bowel	Breast	Cervical	Abdominal Aortic Aneurysm (AAA)	Diabetic Eye
1	City & Cardiff South	City & Cardiff South	City & Cardiff South	City & Cardiff South	Cardiff South West
2	Cardiff South East	Cardiff East	Cardiff South East	Cardiff South West	Cardiff West
3	Cardiff South West	Cardiff South East	Cardiff South West	Cardiff East	Cardiff South East
4	Cardiff East	Cardiff South West	Cardiff East	Cardiff South East	Cardiff North
5	Central Vale	Central Vale	Central Vale	Central Vale	Cardiff East
6	Cardiff West	Cardiff North	Cardiff North	Eastern Vale	City & Cardiff South
7	Eastern Vale	Cardiff West	Cardiff West	Western Vale	Central Vale
8	Cardiff North	Eastern Vale	Eastern Vale	Cardiff West	Western Vale
9	Western Vale	Western Vale	Western Vale	Cardiff North	Eastern Vale

Source: Public Health Wales Screening Division 2021

The gap between uptake/coverage between clusters in Cardiff and Vale UHB was at least 20% for each adult population screening programmes during 2019-20, revealing significant inequities in the potential to benefit from participation in screening. These gaps are detailed in table 6 for each adult screening programme.

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Table 6: Percentage gap between cluster with the highest and lowest percentage uptake/coverage for each screening programme in Cardiff and Vale UHB, 2019-20

2019-20	Bowel	Breast	Cervical	AAA	Diabetic Eye
Percentage gap between clusters with the highest and lowest uptake/coverage in each adult population screening programmes	20.8%	23.5%	20.6%	24.9%	24.5%

Source: Public Health Wales Screening Division 2021

Reducing mortality from bowel cancer has been a focus for the UHB and partners, and bowel screening rates have improved during 2019-20, despite the pandemic. This is likely to have been helped by the introduction of the simpler liquid faecal immunochemical test (FIT), which requires individuals to submit only one sample rather than three. Increasing the uptake of bowel screening remains as a key action however, as early identification aids treatment outcomes. The National Bowel Cancer Audit 2020 found that 50% of patients that presented as an emergency underwent curative treatment compared to 69% of those referred through a GP and 86% of those referred through screening[49].

SUMMARY

- Maternal and child population screening programmes continued uninterrupted during 2020, and uptakes remain very high, thanks to strong partnership working between Cardiff and Vale UHB (in particular, midwifery and audiology colleagues), Public Health Wales and parents
- All adult screening programmes nationally have suffered an interruption to service during the pandemic's first wave, but all recommenced within 6 months
- A reduced number of venues having been available for screening service use in the community, particularly for AAA, Diabetic Eye and Newborn Hearing Screening. This shortage may become more challenging again as arts and sports venues being used start to open up more widely for their usual function
- Pandemic interruption has impacted two adult screening programmes in particular in Cardiff and Vale UHB, Abdominal Aortic Aneurysm and Diabetic Eye, showing a 9.4% and 9.9% drop in uptake respectively compared to the previous year. This is in line with other Health Board areas
- Cardiff and Vale UHB uptake/coverage for all adult population screening programmes is ranked 'second lowest' compared to other Health Boards, apart from breast screening[‡‡], for which it is ranked 'the lowest' compared to other Health Boards

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[‡‡] at the latest screening round at 30th April 2021

- Uptake/coverage across all adult screening programmes, show a gap of at least 20% in rates between the highest and lowest Cardiff and Vale UHB clusters, with City and Cardiff South cluster having the lowest uptake in all adult programmes apart from Diabetic Eye screening, where uptake was above average
- Bowel screening has seen a 4.6% increase in uptake in Cardiff and Vale UHB compared to 2018-19, slightly higher than the All Wales increase of 4.2%. However this still means that locally nearly 4 in 10 adults aged 60-74 did not take up their offer during 2019-20

RECOMMENDATIONS

SHORT TERM

- Partner organisations to identify new community venues from which to offer screening services
- Partners to engage in specific clusters and with local communities to update stakeholder networks, communicating in new ways developed in response to COVID-19, and addressing in particular Seldom Heard Voices
- Build on learning from the pandemic and focus targeted screening work through the Engagement Coordinator (Health/Ethnic Minorities) based in the Cardiff Council Cohesion and Engagement Team, covering Cardiff and Vale of Glamorgan areas

LONG TERM

- Develop a systematic focus on inequity in areas with low uptake, to establish and share good practice for GPs, local authority and third sector agencies working at cluster level, e.g. awareness campaigns in primary care, to support promotion of, and access to, screening for older adults approaching 60 (bowel), younger women aged 25-49 (cervical), women aged 50-70 (breast), men aged 65 (AAA) and people with diabetes (eye) as priority target populations, engaging with communities and building trust at local level
- Work with Public Health Wales and local partners to implement a strengthened population screening inequalities approach, ensuring that tackling inequity in uptake/coverage is built into all our work, e.g. raising awareness of screening in partner agency workplaces

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MOVE MORE, EAT WELL

WHY THIS IS IMPORTANT

Preventing obesity is a complex challenge as there are many contributing factors. Action is required at both an individual and community level, within settings as well as through the creation of healthy and sustainable food and physical activity environments, to enable people to make healthy choices. There is growing recognition that a whole systems approach involving a wide range of stakeholders from across the local system will help to tackle obesity[50]. Fundamental to the approach is a shared vision and collective action that is led by many partners involving local communities.

Most recent Child Measurement Programme data shows that just over three quarters of 4/5 year olds in Cardiff and Vale are a healthy weight (76.7%) with differences at a local authority level between Cardiff (75.6%) and the Vale of Glamorgan (80.1%)[51]. Whilst compared to other health boards Cardiff and Vale has the highest prevalence of healthy weight children, still, too many of our children are starting school overweight or obese. Childhood obesity impacts on our children's physical health, social and emotional well-being as well as their self-esteem, with consequences experienced at a both a young age and into adulthood. Previous data releases have also demonstrated differences in the prevalence of overweight and obesity amongst 4/5 year olds relating to factors such as deprivation and ethnicity[52] highlighting some of the inequities that exist.

Latest National Survey for Wales data shows that 43% of adults in Cardiff and 36% in the Vale of Glamorgan are a healthy weight[53]. Previous data releases have also shown differences at a sub local authority level, indicating that across Cardiff and Vale there are pockets of communities where the percentage of adults achieving a healthy weight is far less. This is also reflected in data relating to adult fruit and vegetable consumption and the levels of adults meeting physical activity guidelines[54]. For the people that live in these communities, in our most disadvantaged areas, the risk of developing chronic disease is significantly increased.

With the release of Welsh Government's Healthy Weight: Healthy Wales Strategy in 2019 outlining the long-term strategy to prevent obesity in Wales[55], there has never been a more opportune time to tackle obesity. Within Cardiff and Vale, the Move More, Eat Well Partnership Plan developed by Cardiff Public Services Board (PSB), the Vale of Glamorgan PSB and the Regional Partnership Board (RPB) (Cardiff and the Vale) provides a regional response to how we can encourage people to be more active and to have a healthier diet. Our Vision is clear, '*People in Cardiff and the Vale of Glamorgan will move more and eat well*'. Of the 10 priority areas for action identified, 'Healthy Communities' includes action focused within communities most in need[56]. Across Cardiff and the Vale, there are already well-established and innovative delivery mechanisms in places

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through the work of Food Cardiff, Food Vale, Sport Cardiff and the Vale Healthy Living Team. Key to realising the vision of the Plan, and in order to achieve system level change, is a continued strong partnership approach to drive forward delivery that aligns and embeds action.

An Equality Health Impact Assessment (EHIA) undertaken against the Move More, Eat Well plan highlighted some specific population groups (such as people of different genders and people of different race, nationality, colour, culture or ethnic origin) where further work to ensure engagement and adequate support to meet needs may be necessary. Action is underway to gather relevant insight from the population groups identified, to understand relevant enablers and challenges to eating well and moving more.

IMPACT OF THE PANDEMIC – WHERE WE ARE NOW

The impact of COVID-19 has been greater for those experiencing obesity and multiple health conditions. Obesity is a consistent factor for hospitalisation, admission to intensive care and death[57].

Whilst the impacts of the pandemic are still emerging, there is recognition that the potential economic impacts, as well as social isolation and mental health impacts relating to lockdowns and social distancing measures, are likely to have affected people's ability to eat well and be physically active. Emerging national and local survey data collated throughout the pandemic period highlights that some population groups have been, or have the potential to be, adversely affected more than others have.

Public Health Wales's 'How are we doing in Wales?' bi-weekly public engagement survey has included questions relating to physical fitness and weight since January 2021[58]. Of those questioned since this time, 43% of adults said their physical fitness is worse now than before the pandemic. Individuals from disadvantaged communities, females and those aged 35-54 were more likely to report worse physical fitness. 40% of adults said their weight had increased since the pandemic. Females and younger adults were more likely to have gained weight but differences by deprivation level were not significant.

The 2020 Ask Cardiff Survey found that respondents from least deprived areas were more likely to report that they had been walking more than they were before the start of the pandemic[59]. Most respondents stated they were eating the same amount of fruit and vegetables as they were before the pandemic. However, those living in the most deprived areas were around three times more likely than those in the least deprived areas to state they were eating fewer fruit and vegetables. Those identifying as disabled were most likely to report

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that they were eating fewer fruit and vegetables. In addition, one in ten respondents reported they had eaten smaller meals, or skipped meals completely because they could not afford food, with respondents who identify as disabled, those under 35, and those living in the Southern Arc of Cardiff being those most likely to report they had not been able to afford food. Of those reporting that they had been unable to afford or get access to food, more than half-cited lack of income as a barrier. Analysis into the impact of the Coronavirus pandemic on communities in the Vale of Glamorgan also highlighted affordability of food. 46% of the referrals received by Vale Food Bank during 20/21 (part year) were as a result of low income (including those who are unemployed) and an increase from 38% in the previous year[60].

Conversely, for some of our population, the impact of the pandemic and measures have been positive. For example, for some of our population, physical activity levels have increased. The increased appreciation of the importance of physical activity was also highlighted as a significant positive impact by a recent Health Impact Assessment of the 'Stay at home and social distancing policy in Wales'[61].

The importance of supporting the health and well-being of the workforce has been brought very much to the' fore during the pandemic, particularly within the public sector where many employees have been part of the front-line response to COVID-19, taken on new and different roles and adapted at pace to new ways of working. As part of recovery, a focus on workforce well-being is key[57], and in contributing to well-being, there is an opportunity to drive forward action to ensure that the food and physical activity offer in workplace settings supports and enables employees to make healthy choices.

SUMMARY

- As a complex public health challenge, tacking obesity requires a whole systems approach
- Within the context of the supportive national strategic policy framework provided through Healthy Weight: Healthy Wales, the opportunity presents locally to tackle obesity and drive forward the Move More, Eat Well Plan across the partnership through embedding and aligning action across the system
- Overweight and obesity levels amongst 4/5 year olds is affected by factors relating to deprivation and ethnicity
- Differences in the level of adults that report being a healthy weight, eat five portions of fruit and vegetables a day and meet recommended levels of physical activity exist between the most and least deprived areas of Cardiff and the Vale
- The pandemic is likely to have affected people's ability to eat well and be physically active. Emerging national and local survey data has highlighted population groups, particularly those from disadvantaged

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communities as being most adversely affected with physical activity levels being lower, fewer fruit and vegetables being consumed and the ability to afford food being affected

- Focused action in communities and targeted at those most in need is being taken forward through Move More, Eat Well action
- The pandemic has highlighted the need to care for the workforce. Opportunities to support people to move more and eat well within a post COVID working environment could be achieved by seizing opportunities to align action as part post COVID workplace health

RECOMMENDATIONS

- Through the Move More, Eat Well Plan partners should drive forward action to improve the food and physical activity offer in public sector workplaces as part of our approach and focus on workplace health post COVID
- Use insight gathered through specific work with population groups identified through the Equality Health Impact Assessment (EHIA) and other population engagement approaches taken across the local partnership, to help shape engagement approaches and local interventions that meets needs, and enable people to eat well and be physically active
- Focus Move More, Eat Well Plan action in communities most affected by the pandemic, for example more disadvantaged communities, using strengths-based approaches. Build on the focused approach to directing action through the 'Healthy Communities' priority area of the plan by joining up and targeting action across other priority areas (e.g. educational settings, healthier advertising and marketing, informed workforce and population) within those communities, and with the population groups, most affected

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AIR QUALITY

WHY THIS IS IMPORTANT

HOW AIR QUALITY AFFECTS HEALTH

The quality of the air we breathe directly affects our health. A number of different air pollutants can cause problems, but two in particular - particulate matter (PM) and nitrogen dioxide (NO_2) - are of concern. In addition, carbon dioxide (CO_2) emissions are a potent greenhouse gas, causing climate change.

Particulate matter are small particles of pollution in the air. The primary transport-related source is from vehicle exhausts, particularly diesel engines. Dust from brakes and tyre wear are also sources of particulate matter in all vehicle types, including electric vehicles.

Across the UK, around 80% of NO_2 measured at the roadside is estimated to be due to road transport. The commonest source of transport-related nitrogen dioxide is diesel engines, although petrol vehicles produce a small amount. Electric vehicles produce none. HGVs, LGVs and buses make up around half the emissions, with private cars and taxis the remainder. Newer diesels produce much less NO_2 than older diesels.

Other significant sources of pollution include domestic solid fuel, aviation and shipping, and agriculture and industry in and beyond Wales, along with natural sources.

Short-term effects of air pollution include exacerbating existing heart and lung conditions. Most people will not experience short-term ill-health effects from exposure to the concentrations of air pollution typically found in Cardiff and Vale, but susceptible individuals and population groups may be affected on occasions when air pollution is elevated. More vulnerable population groups include those with existing lung or heart conditions, and children and older people.

Long-term effects of air pollution include increased rates of lung disease and cardiovascular disease and cancer, and an association with type 2 diabetes. Polluted air is estimated to cause an equivalent of around 40,000 deaths each year across the UK, with average life expectancy estimated to be reduced by 7-8 months due to air pollution.

There is no known safe level of exposure to particulate matter air pollution, or for short-term exposure to NO_2. The effects of exposure increase the longer someone is exposed.

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AIR POLLUTION AND INEQUALITIES IN CARDIFF AND THE VALE

Prior to the pandemic, emissions of NO_2 in some areas of Cardiff were projected to exceed EU legal limits. Detailed modelling, commissioned by Cardiff Council, identified that the average level in Castle Street would exceed the statutory 40 µg/m^3 level.

In the Vale of Glamorgan NO_2 levels are generally lower. Windsor Road in Cogan, Penarth had previously been identified as a local air quality management area (AQMA) due to elevated levels of NO_2, but these fell and remained low, and the AQMA designation was revoked in 2019 on this basis.

An association has been identified in Wales between higher NO_2 levels and deprivation, with more deprived areas having higher levels of the pollutant[62]. Furthermore, people in more deprived areas are more likely to have chronic conditions (e.g. lung disease such as chronic obstructive pulmonary disease, COPD), which make them more susceptible to pollution, including higher rates of emergency healthcare utilisation[63]; respiratory disease is a leading contributor to inequality in life expectancy based on deprivation in Wales[64]. Households in more deprived areas are less likely to own vehicles, thus contributing proportionately less to air pollution. There are therefore three dimensions to inequality in air pollution in Wales.

This issue was highlighted in the 2017 Cardiff and Vale Director of Public Health report, *Moving Forwards*[65], with a number of recommendations made in the report.

Given the overlap in Cardiff between areas of higher deprivation and ethnic minority communities, it is also likely that people living in areas with greater ethnic diversity experience higher levels of air pollution.

INTERVENTIONS TO REDUCE AIR POLLUTION

Interventions to improve air quality include avoiding unnecessary journeys by private car; encouraging more people to walk, cycle and take public transport, especially for shorter journeys; and encouraging take up of electric vehicles (while noting that electric vehicles still cause particulate matter pollution due to tyre wear). Encouraging walking and cycling has wider benefits too, to physical and mental well-being, social cohesion, employee sickness absence, and footfall in shopping areas.

Due to the modelled levels of air pollution in Cardiff, a Clean Air Plan for the City was developed in 2019[66], and approved by Welsh Government for implementation. The measures in the Plan included a bus retrofitting programme, taxi mitigation measures, city centre public transport improvements and a new active travel

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package. This complements an ambitious Transport White Paper which describes an ambitious vision for travel in the City.

Detailed modelling undertaken for the Plan suggested that if the measures are successfully implemented, this will decrease inequities due to air pollution in the City. Broader improvements to public transport through the development of the Cardiff Metro scheme, and the development of a segregated Cycleway network across the City should also encourage a modal shift and improve air quality. Healthy Travel Charters have been launched in both Cardiff and the Vale, committing signatory organisations to take action to support staff and visitors to travel more sustainably.

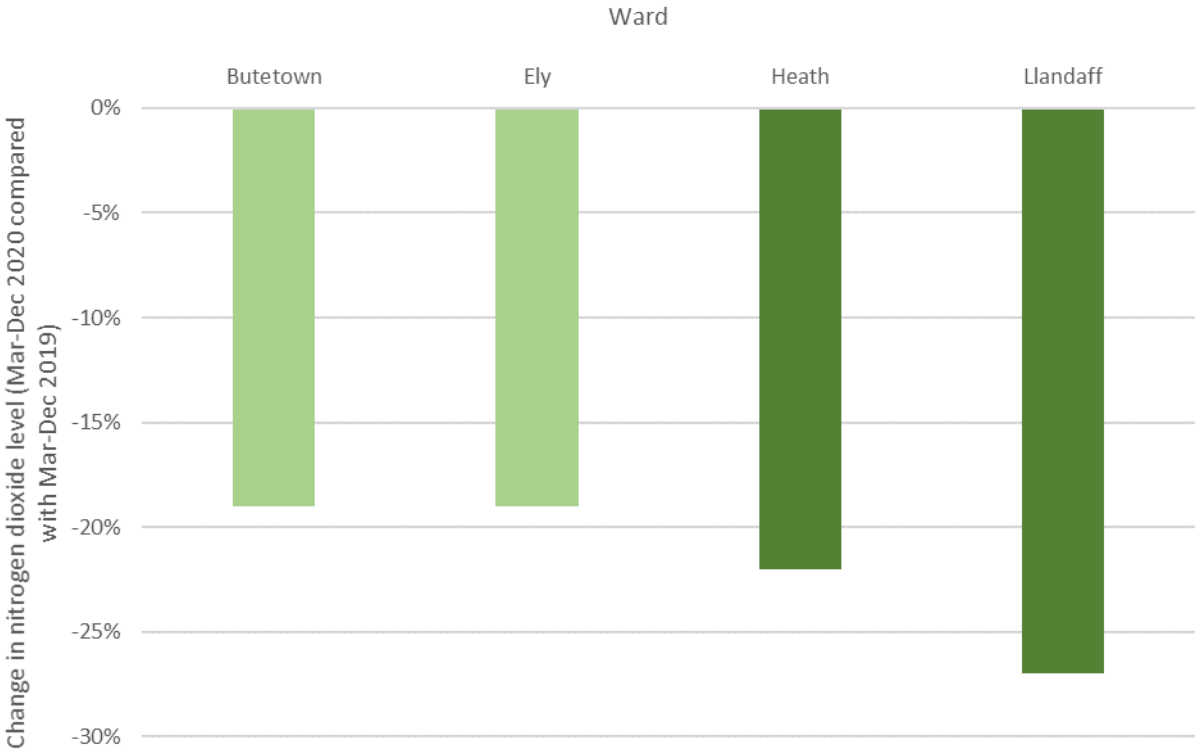
Welsh Government has also committed to introducing a Clean Air Act for Wales in the 2021-26 Programme for Government[67]. Plans for 20mph to become the default speed limit in Wales in built-up areas have the potential for indirect reductions in pollution, with more people choosing to travel on foot or by cycle if roads are perceived as safer.

IMPACT OF THE PANDEMIC - WHERE WE ARE NOW

Following the first lockdown due to the COVID pandemic in March 2020, there was a marked reduction in air pollution in central Cardiff of 40% compared with the average for the time of year (14.4 µg/m^3 compared with 23.9 µg/m^3 average at Frederick Street; personal correspondence with Shared Regulatory Services). Comparing a longer time period across select wards in Cardiff, there were reductions in pollution across the City as a result of the lockdowns and changes in travel patterns (figure 23).

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Figure 23: Improvements in air quality in Cardiff following COVID-19 lockdowns



Source: Shared Regulatory Services

This was associated with a decrease in car travel to work and shopping centres, and an increase in walking and cycling during this period. It is notable that reductions appeared larger in less deprived areas, although this was not a systematic analysis by deprivation; this is likely to be due to a higher proportion of working adults being able to work from home in these areas. However, that improvements are also seen along a regressive social gradient is of concern if we want to narrow the health inequity gap.

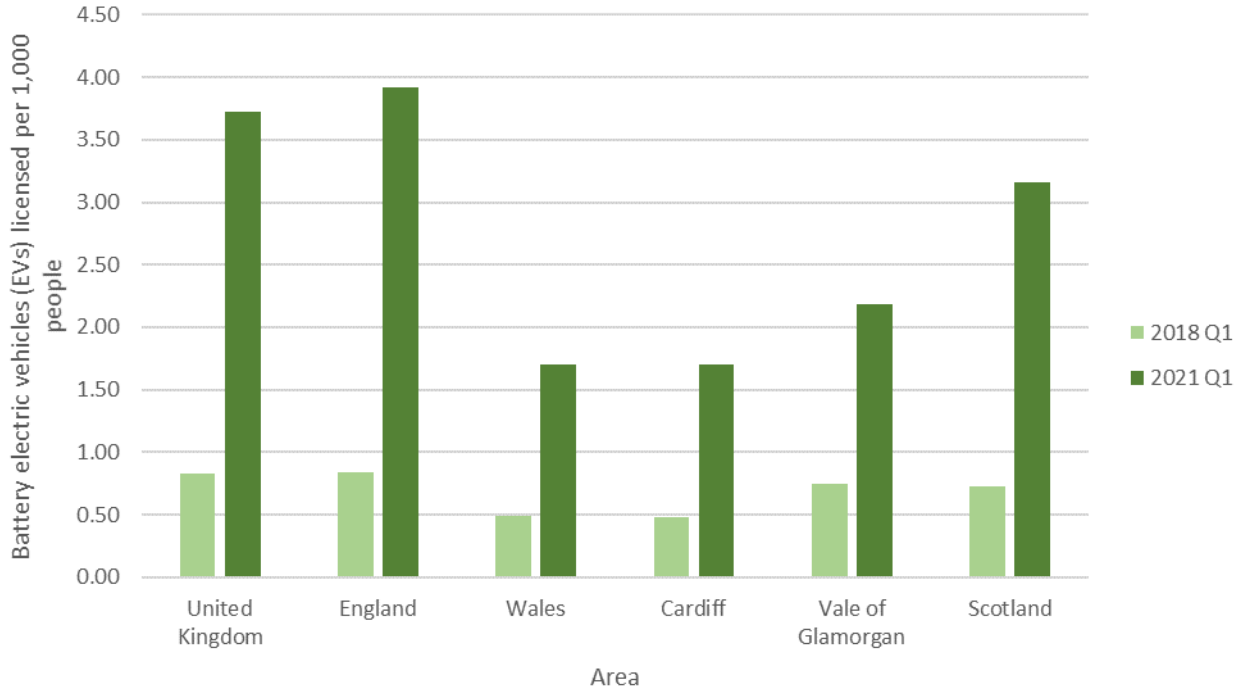
It is currently unclear what medium- and long-term travel patterns will look like as we move out of the pandemic; current surveys of businesses in the City and more broadly across the UK suggest a 'hybrid' work pattern will emerge which would see people commuting to work on fewer days each week. Welsh Government has also set a target of 30% of employees working at or near home[67]. This has the potential to 'lock in' some of the gains in air quality, but those patterns are far from assured. In broad terms, hybrid work is more likely to be an option for people in higher paying work, with lower paid, retail and manual professions less likely to have this option. It is unclear whether this will reverse some of the previous inequities described above, with a reduction in pollution generated by the least deprived groups.

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The switch to electric vehicles (EVs) has so far been slow in Wales compared with the rest of the UK (figure 24). Uptake in Cardiff is similar to the Wales average, but significantly behind the England and UK rate; uptake

in the Vale is above the Wales average but still well below the UK average. Uptake is dependent in part on having a reliable and comprehensive charging network, and should accelerate as charging infrastructure becomes more widespread and more EV models are available. Until up-front price parity is achieved with fossil fuel cars, adoption is likely to be proportionally higher among less deprived groups initially; this has the potential to reduce previous inequities, with fewer NO_2 emissions generated on average by less disadvantaged groups. However, this may also require a switch to ultra-low emission light and heavy goods vehicles to see a significant impact.

Figure 24: Uptake of battery electric vehicles (EVs) in selected areas across the UK, 2021 compared with 2018



Source: Department for Transport data, analysed with 2020 mid-year estimates from StatsWales

In Cardiff, the Clean Air Plan approved in 2020 is now being implemented, with major changes to City Centre transport.

SUMMARY

- Air pollution is a major cause of avoidable ill health and deaths, with petrol and diesel-fuelled transport a major contributor

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- Across Wales, there is an association between higher levels of air pollution, and deprivation. People living in more deprived communities are also more likely to be susceptible to air pollution; and less likely to have access to a car
- Increasing levels of walking, cycling and clean public transport use, reducing unnecessary journeys, and switching to electric vehicles, will reduce NO_2 emissions
- There are significant co-benefits to tackling air pollution, with improved levels of physical and mental well-being, road injuries and fatalities, and reduced carbon emissions
- Cardiff is currently implementing a Clean Air Plan to improve air quality in the City, and has published an ambitious Transport White Paper setting out a vision for sustainable travel in the City
- Lockdowns imposed during the COVID-19 pandemic reduced NO_2 levels significantly as traffic volumes fell, but future patterns of work and transport use are not yet clear

RECOMMENDATIONS

- Cardiff Council
    - Complete implementation of the Cardiff Clean Air Plan, and monitor its impacts, particularly on air pollution in more deprived communities
    - Implement the Transport White Paper, including integrated ticketing between different travel modes
    - Promote the use of e-cargo bikes to reduce 'white van' last mile deliveries
- Cardiff Council and Vale of Glamorgan Councils (in conjunction with Transport for Wales and Welsh Government)
    - Accelerate roll out of new walking and cycling infrastructure, making the Integrated Network Maps a reality
    - Roll out a comprehensive electric vehicle (EV) charging network across Cardiff and the Vale
- Cardiff PSB and Vale of Glamorgan PSB
    - Continue to champion and support the shift to less polluting forms of travel
    - Complete implementation of the Healthy Travel Charter commitments within the three year deadline, and sign up to the Level 2 Charter when complete
- Cardiff Council, Vale of Glamorgan Council and Public Health Wales
    - Improve detail and availability of publicly-available air quality data, to increase engagement and awareness of air quality issues
- Cardiff and Vale UHB

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- Use the building of the new Cycleway 1.2 in Cardiff to the University Hospital of Wales (UHW) site during 21/22 to promote a modal shift in commutes by staff living in Cardiff
- Sign up to the Level 2 Healthy Travel Charter as implementation of the current Charter nears completion

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Chapter 4 – Ways of working through recovery

This final chapter considers how local partners can work together through recovery, in the context of continuing to manage the impact of infections, whilst at the same time learning to live with COVID-19. It proposes a set of collective actions aimed at addressing inequities and embedding prevention in our ways of working, prioritising meaningful engagement with and development of the communities that we serve.

Partners in Cardiff and the Vale of Glamorgan are rightly proud of the way that all organisations worked together towards the common goal. Partnership structures were developed rapidly and have persisted and strengthened throughout. This has led to the unprecedented level of seamless partnership working that has been fundamental to the COVID-19 response. A key examples of this is Cardiff and Vale Test, Trace and Protect (TTP) which is an integrated service involving Cardiff Council, Vale of Glamorgan Council, Shared Regulatory Services, Cardiff and Vale UHB, Public Health Wales and the Cardiff and Vale Local Public Health Team[68]. Coordinated partnership working has enabled partners to effectively manage the risk of COVID-19 infection across the population. Part of this too is our successful mass vaccination programme; led by the UHB, close working with both Councils has been essential in identifying and offering mass vaccination venues and delivering the ongoing service model. We must preserve this new found confidence in strong partnership working to ensure impact as we move through the pandemic recovery phase.

WHAT SHOULD BE THE FOCUS FOR ATTENTION IN THE RECOVERY PHASE?

Box 1 [69, 70]

The Four Harms of the COVID-19 Pandemic

1. **Direct harm from infections and complications** – including the ongoing risk of infection and the consequences of those infections, such as long COVID.
2. **Indirect harms caused by overwhelming of services, including the NHS** – which has direct impact on the care received by patient and clients. Importantly it includes the impact of these experiences on health, social care and other key worker staff, recognising the potential long term mental health impacts such as post-traumatic stress disorder, depression and anxiety.
3. **Indirect harms from non-COVID illness, due to limited seeking/availability of 'non-essential' health services.** This includes delays in elective care and long waiting lists. The full impact of this are starting to be recognised, with some describing a 'deconditioning pandemic'. Among the effects of deconditioning are the impacts of social isolation and lack of physical activity on older people in particular, where shielding protected them from the immediate threat of COVID-19 infection, but has increased risks associated with dementia, falls and heart disease.
4. **Indirect socio-economic and other societal harms, including economic impacts** – this includes increased unemployment, child poverty, youth unemployment and exposure to Adverse Childhood Experiences

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All sectors and services are planning their recovery and much is already in place to address the four harms of the COVID-19 pandemic. These harms will present a challenge for many years (box 1). This chapter will not detail recovery plans, but will instead consider what we can do collectively and how we can work differently, to amplify the efforts of individual organisations in responding to these harms.

Potential areas of focus for collective action can be identified from the experience of disaster recovery across the world. Two reviews by the King's Fund examine this and identify a number of consistent themes[71, 72]. From these it is clear that the most successful responses involve a **whole system approach** to recovery, and that emerging from the pandemic successfully will require planning for the **long term** (10 -15 years) alongside a clear understanding of the **needs of individuals and communities**. The reviews identify the following key priorities:

- **Putting mental health and well-being at the forefront of recovery efforts**. Whilst almost everybody will have felt some symptoms of stress and anxiety during the pandemic, these symptoms may persist for a significant proportion, and in some will cross the threshold for accessing mental health services. Adults and children both need to be considered, but it is important not to medicalise unnecessarily, instead ensuring that all have access to local and community activities that facilitate people coming together and strengthen community cohesion and resilience.
- **Ensuring communities are not left behind.** Developing resilience within communities means listening to people and addressing inequities, and supporting 'community-led recovery'.
- **A step change on inequalities and population health.** Recovery plans must aim to redress the social-economic drivers of this inequity, ensuring that we 'level up' in the process and include sustained action on prevention.
- **Make collaboration work.** The most successful recovery efforts are those where a conscious effort is put on collaboration across sectors, agencies, organisations and services.
- **Prioritising workforce well-being.** Front line staff and key workers are at increased risk of developing mental health problems during the recovery phase; the usual methods of support are often not enough, and staff need to be given the time, space and resources to recover
- **Embedding and accelerating digital change.** Digitally enabled services developed in all sectors during the pandemic are a positive asset for the future and can continue to improve access and efficiency, but care must be taken to ensure this does not compound disadvantage and inequity.

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Action is already in place to address elements of these across our local and regional partnerships and within organisations, and earlier chapters of this report identify specific actions that also contribute, but a collective

focus on key areas would further enhance recovery efforts. These are summarised in the following ways of working.

WAYS OF WORKING TO ENHANCE RECOVERY

ALONGSIDE OUR COMMUNITIES

Communities are not only those defined by location, but also by shared identity, interest or circumstance[71]. Other groups may emerge who do not fit into this framework, such as working age men and women, and some may be more likely to be overlooked.

It is recognised that engagement with communities is essential to help identify those in need and to inform the design of action and services to best meet the needs of the population. In recovering from the pandemic we need to work alongside our communities, including them as an equal partner. This is difficult to do well, but there are examples of successful engagement where communities have been asked what they want to see, and more acceptable and accessible services have been designed as a result, which have led to better outcomes. To be effective in the recovery phase, we need a range of ways to engage that are inclusive and ongoing.

A recent Cardiff and Vale Regional Partnership Board (RPB) commissioned report describes the experience of consultation from the perspective of both the commissioner and recipients[73]. Although there are positive experiences, the description of the limitations of consultation and engagement to date are surprisingly similar on both sides. The work to develop a Citizen Engagement Framework, which is being led by Cardiff Third Sector Council (C3SC) and the third sector, has begun to explore how to design and deliver an effective and sustainable approach to engagement; this could be expanded beyond the RPB remit to include the wider Public Service Board (PSB) arena.

Our organisations and partnerships should also aim to support communities to use and develop their resources in a way that promotes community cohesion and growth. Approaches such as asset-based community development (ABCD)[74] might be considered to mobilise people to identify and address the issues that matter to them. The critical role of community organisations, such as sports and social clubs should be recognised and their survival supported.

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'Community groups and grassroots organisations play a critical role in creating and maintaining those human connections that are essential for recovery'[69]

Partner organisations can also work in ways that support local resources. An example of this is the use of social prescribing. Social prescribing enables practitioners in primary care settings to refer people to a range of local services to support their health and well-being[75]. The approach takes a holistic approach and supports individuals to take greater control of their own health and well-being. Third sector groups and organisations often deliver the activities involved, which include things like volunteering, arts activities, befriending, gardening and sports. There is also a role for individuals, where ordinary people can act as 'community connectors' and use their local knowledge to link citizens to information and resources which can assist with their needs. When implemented well, social prescribing has the power to reduce the risk of illness and therefore demand on healthcare service.

ENSURING PRIORITY FOR THOSE MOST IN NEED

In order to address inequity, there is a need to ensure those who are disadvantaged are prioritised. The causes of disadvantage are many and variable, as are the solutions to addressing this disadvantage. Although challenging, unless services commit to identifying and addressing inequity, there is a risk that any service model may perpetuate or exacerbate it. This report has identified some of the communities that have been impacted by inequity, including our ethnic minority communities. The use of Equality Health Impact Assessment can be a useful tool to help inform service development, driving a systematic approach that considers potentially vulnerable groups and identifies inequity. In time, with the development of more robust engagement mechanisms, these assessments should be supported by evidence that flows directly from effective community engagement.

ENRICHED WITH THIRD SECTOR SUPPORT

Third sector organisations are diverse in nature, ranging from very small to national in size. Some are formally constituted whilst others are informal. However, all share the feature of being embedded in local communities, often with a deep understanding of, and connection with, the populations that they serve. Experience through the pandemic showed how local people mobilised to support their neighbourhoods, and third sector organisations proved agile and innovative in addressing needs. A recent report has highlighted the work of volunteers in Cardiff and the Vale of Glamorgan through successive lockdowns[76]. In the recovery phase it will be vital to embed third sector organisations within the partnership approach, not only to facilitate engagement (as already discussed), but to use their flexibility and innovation to help shape and deliver our future vision and tackle inequity. A strengthened third sector could increase the reach to people who are excluded, deliver asset based community development, supporting co-design and integration of services, and provide prevention activities[77].

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TOGETHER AS A COMMUNITY OF ANCHOR INSTITUTIONS

Anchor institutions are 'large, public sector organisations that are unlikely to relocate and have a significant stake in a geographical area'[78]. Their size, scale and reach mean they influence the health and well-being of communities. This influence can be directed positively in a number of ways, including as an employer, via procurement, the use of their capital and estates and supporting environmental sustainability. The impact of anchor organisations can be amplified by working together and encouraging others to adopt similar practices; ideally with a shared purpose around a mission and taking a place based approach. Such a community of anchor organisations across Cardiff and the Vale of Glamorgan would facilitate opportunities to share learning and best practice, and to drive forward positive change.

SETTING GOALS AND MEASURING THE CHANGE

A set of measures need to be identified which will enable partners to monitor progress in addressing a focussed set of inequities. The UHB has adopted a set of bellwether indicators for population health (box 2), and it is proposed that these form the basis of our collective measurement of inequity. Services could also develop measures to allow inequity to be systematically monitored at a smaller scale. A wider set of outcome measures are monitored at the level of our Public Service Boards

Box 2

Immunisation

- % of children up to date with scheduled vaccines by 4 years of age
- % of adults who have had 2 doses of COVID vaccine

Move More, Eat Well

- % of children aged 4/5 years who are a healthy weight
- % of adults who are a healthy weight

Tobacco

- % of adults who smoke

Inequalities

- Gap in healthy life expectancy at birth between the most and least deprived (slope index of inequality) – PHWO advise will be updated by end of 2021

Environment

- Annual mean NO_2 in Cardiff (Castle Street) and the Vale (Windsor Road Penarth)

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TAKING THE FIRST STEPS FORWARD AND LEAVING NO ONE BEHIND

'To prevent perpetuating the socioeconomic crisis, inequities and related vulnerability post-COVID-19, equity needs to be placed in the heart of the short and longer term response and recovery, building on the unique assets and commitment towards a healthier, more equal and prosperous Wales'[69]

Local partners are well placed to build on existing joint working, including both our RPB and PSBs, and we are now presented with a once in a generation opportunity to work even more collaboratively to improve population health and reduce inequalities. The work of the RPB is organised around life stages, 'starting, living and ageing well', which recognises that no single organisation has the answer, and also the critical importance of the environment in which people live and the wider determinants in influencing the health of individuals. It is shifting its thinking to focus on how, by working together and with closer involvement of the users of services, RPB member organisations can have a greater impact on the health and well-being of the population. This is emphasised by the 'people and places' element of the approach. The 'ways of working' proposed in this chapter will further strengthen the partnership and build resilience for the future, an approach that is in line with the sustainable development principle set out in the Well-being of Future Generations (Wales) Act[79].

The pandemic response has already provided examples of exactly this type of approach being adopted locally (box 3 and 4), and more of which are shared in the *Sway* version of the report. They are by no means the only examples, but they serve to illustrate what was achieved under the most challenging of circumstances, and the resource and energy that exists in our local communities when we collectively gather round an issue to address it.

We are therefore proposing that in order to emerge stronger and more fairly from the pandemic, local partners should work collaboratively with local communities to address inequity and strengthen prevention. This should start with the actions identified in chapter 3, and build into a system wide approach.

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Box 3

Case study 1: COVID-19 Food Response Task Group

The coronavirus pandemic resulted in huge challenges for Cardiff's local food system, with many people struggling to afford or access good food. These challenges saw our population come together, with organisations, communities and public bodies providing an enormous response in a time of great need. To coordinate, expand and amplify this incredible response, Food Cardiff, an organisation working strategically to make healthy and sustainable food a defining characteristic of where people live, convened the COVID-19 Food Response Task Group. The group consisted of Food Cardiff, Cardiff Council, Cardiff Third Sector Council (C3SC), FareShare Cymru, Cardiff and Vale University Health Board (UHB), Cardiff Business School and Cardiff Foodbank. The task group set-up a network of Anchor Organisations (AOs) to co-ordinate volunteer responses to provide resources and act as a point of call to other organisations, community groups or grassroots movements in their local area. Where possible, AOs also act as Food Response Partners to receive, store and distribute food to individuals and families who need it. This network has enabled a strong coordination pathway, streamlining access to food and resources, communication and funding.

C3SC, a Third Sector Support Wales (TSSW) partner, represented the third sector and voluntary groups through providing links to anchor organisation and local groups who have facilitated access to food and other services during the pandemic. The task group provided a forum work through any barriers encountered by member organisations and the communities they represent, resulting in solutions to meet any gaps including enabling the supply of culturally adequate food.

Box 4

Case study 2: Move More, Eat Well Grant Scheme

As part of the Cardiff and Vale UHB's 'Caring for People, Keeping People Well' strategy, the Health Board has been working collaboratively on the More Move, Eat Well 2020-2023 plan. This plan aims to bring people together to improve their health and well-being through physical activity and healthy eating.

The More Move, Eat Well plan involved the allocation of a total of £46,800 grants to fund new third sector activities and support increased physical activity and/or healthy eating within communities across Cardiff and the Vale of Glamorgan. In partnership with Glamorgan Voluntary Services and C3SC, a Move More Eat Well grant scheme was created to fund third sector projects. The grant scheme, which was launched on 4th March 2020, saw organisations overcome the challenges of the coronavirus pandemic to adapt and deliver flexible projects.

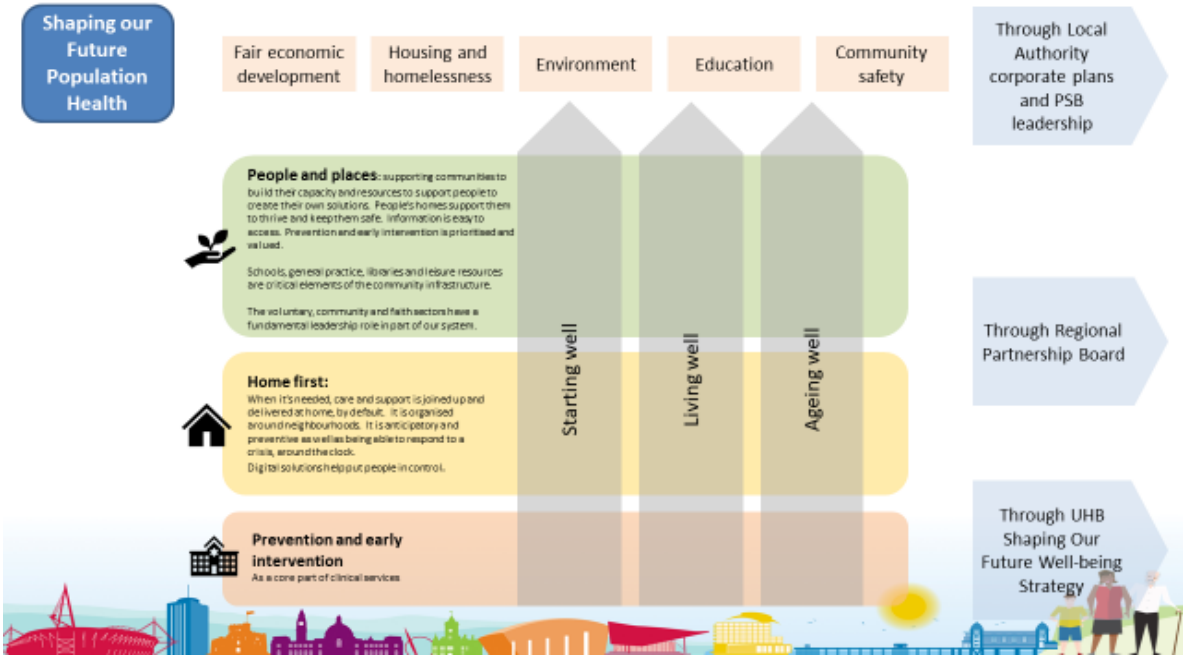
C3SC administered this grant scheme providing promotion, advice, guidance and support, along with overseeing direct communications with applicants including application decisions through the creation of a virtual grant scheme panel. The scheme is yet another example of the collaborative response to COVID19,

which helped inspire communities to improve their health and well-being through a range of community based projects.

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Shaping our Future Population Health (SOFPH) is being developed as system which identifies and addresses current and future population health issues, improving health, preventing ill health, and reducing health inequities among residents and communities in Cardiff and the Vale of Glamorgan (figure 25). It builds upon the RPBs life course approach of 'Starting Well, Living Well and Ageing Well', with a focus on strengthening a sense of place. Like areas such as Wigan[80], we are proposing that partners should commit to a collective vision of addressing inequity and developing a culture where prevention is everybody's business. We invite partners and the community to help shape and develop this approach and ensure that we leave no-one behind.

Figure 25: Shaping Our Future Population Health



Source: Cardiff and Vale Regional Partnership Board.

SUMMARY

- The COVID-19 pandemic has exposed and exacerbated the inequalities and inequities that are present in our communities
- A collective partnership approach, working truly alongside our local communities, is required to halt and reverse this trend, ensuring that we 'level up' in the process
- There are strong existing partnership arrangements in place in Cardiff and the Vale of Glamorgan on which to build
- Third sector organisation are well placed to support and develop this approach, and enrich the relationship with communities
- Immediate actions are identified in earlier chapters of this report which can begin this approach

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- We invite partners and the community to help develop our collective approach to 'Shaping Our Future Population Health' in order to address inequalities and embed prevention as everybody's business

RECOMMENDATIONS FOR PARTNER ORGANISATIONS

SHORT TERM

- Agree to adopt the 'ways of working' identified in this report
- Support the development of the Citizen Engagement Framework and expand its remit to include wider elements of the PSB engagement agenda
- Support third sector community groups and organisations, as a significant resource for health and well-being, to ensure their survival in the short term and sustainability in the future
- Promote the use of Equality Health Impact Assessment to inform design of new or remodelled services

LONGER TERM

- Embed the 'ways of working' across the partnerships and work constructively as a community of anchor organisations
- Engage with Shaping our Future Population Health, and agree a collective vision to address inequalities and promoting prevention
- Further develop measures for monitoring inequities and well-being among the population
- Support and fund third sector organisations to develop community-led recovery approaches across Cardiff and the Vale of Glamorgan
- Work with the range of third sector organisations to meaningfully engage and work with communities in Cardiff and the Vale of Glamorgan who are facing challenges as they recover from the pandemic

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CHAPTER 5: UPDATE ON DPH REPORT 2019

SUMMARY OF RECOMMENDATIONS

Who	Key Messages
Public	• Plan early for retirement ensuring you consider existing or new activities that are purposeful and meaningful to you • Find out if your employer offers a retirement planning course and start planning, ensuring you understand your pension and have planned for your financial needs for retiring • If you find it difficult to use technology and access the internet, find out how you can get support to get connected by visiting your local library or Council hub • Join a group, volunteer or try a new activity, as these are great ways of meeting people and making social connections. Your local library or hub can help you find activities • Be aware of the potential triggers for loneliness. If you are in contact with older people. 'Make every contact count' and ask them if they would like to know more about how to make social connections and help them to find out what is available in their local community • Take part in community consultation processes when new development is planned for your local area and the Local Development Plans are being drafted
Welsh Government	• Develop a national campaign to raise awareness about loneliness to compliment the 'Connected Communities. A strategy for tackling loneliness and social isolation and building stronger social connections.' • Develop more detailed guidance around the design of age-friendly spaces and communities addressing the needs of older people in urban planning and design • Develop stronger and clearer planning policies and guidance which will facilitate the provision of a wider range of homes for older people, set clear targets for levels of provision and promote the use of quality

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	design standards such as Lifetime Homes or HAPPI (Housing our Ageing Population Panel for Innovation) to ensure housing for life is available across tenures • Enable older people to able to access advice and information to guide them in moving home, whether purchasing or renting, including specialised financial advice and help to declutter and pack up their homes, and also get advice about maintaining their homes if they are not moving
Cardiff and Vale of Glamorgan Public Services Boards	• Advocate for the development and implementation of age-friendly policies across public services • Map the risk factors for loneliness and isolation and identify geographical areas to target interventions across Cardiff and the Vale of Glamorgan • Support those with low levels of digital literacy through involvement with the Digital Communities project targeting those most in need of support. • Sign the Digital Inclusion Charter and implement its six principles • Implement principles of 'Age Friendly Communities'
Cardiff and Vale of Glamorgan local authorities	• Undertake community engagement with older people as part of the local development plan review process and local developments • Include specific policy in local development plans to address the needs of older people, to include urban design standards such as the Age-friendly World Health Organisation checklist and housing requirements for older people including intergenerational developments • Apply urban design standards and accessibility criteria when redesigning existing infrastructure, for example increasing timing on light controlled pedestrian crossings to 0.8m/sec to make it safer to cross at slower speed • Create partnership opportunities to further advance planning and design opportunities for older people through progressing a World

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	Health Organisation Age Friendly approach in both Cardiff and the Vale of Glamorgan
Cardiff and Vale University Health Board	• Promote the Royal College of General Practitioners 'Tackling Loneliness. A community action plan for Wales' amongst primary care colleagues and partners to raise awareness of loneliness and advise how lonely patients can be identified and supported • Ask patients about social connections during their appointments in primary or secondary care and signpost them to social prescribers or community organisations when needed • Incorporate urban design principles for older people when designing new buildings or redeveloping existing buildings, both in community and acute sites

Workplaces and employers	• Develop an age-friendly framework for the organisation, which incorporates the adoption of Ageing Better's guide to become an age-friendly employer, or uses the Welsh Government toolkit
	  • Be flexible about flexible working
	  • Hire age positively
	  • Ensure everyone has the health support they need
	  • Encourage career development at all ages
	  • Create an age-positive culture
	• For employers of physically demanding job roles, consider how jobs can be adapted or assistive technology used to support people in their employment when needed
	• Support employees to ensure transition to retirement is well planned. Provide holistic information on financial planning, healthy lifestyles, volunteering opportunities, learning opportunities and activities
	• Offer retirement courses for employees to be able to receive specialist advice and information, at various stages in their employment, nor just when they are close to retirement age
	• Seek support from Business Wales on training and skills development for your workforce

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	• Encourage all staff to 'make every contact count' and ask older clients and service users if they would like support to make social connections, and to be aware of triggers for loneliness • Raise awareness of the opportunities and resources available in local communities to tackle loneliness and isolation. Promote www.Dewis.wales using accessible and appropriate communication tools for older people • Support the provision of 'Time Credits' schemes to encourage older people to take up volunteering opportunities • Use intergenerational activities to bring older and younger people together to learn from one another, tackle loneliness and improve community connections • Promote volunteering opportunities for older people in the local community using methods such as fliers, posters and the local press alongside digital promotion

These actions focussed on ways in which we can contribute to ageing well into the future. The COVID-19 pandemic has impacted the level of activity that has been possible in these action areas, but we have made some excellent progress against the recommendations nonetheless.

WHAT WE DID / OUTCOMES

MESSAGES TO THE PUBLIC

- The Wales Centre for Public Policy (WCPP) has published a report 'The role of communities and the use of technology in mitigating loneliness during the pandemic'. May 2021. The role of communities and the use of technology in mitigating loneliness during the pandemic | WCPP. The WCPP has also produced a number of films to support this work
- Local authorities have been providing technology and support during the pandemic for older people to be able to get online
- Cardiff Hubs adapted groups and activities during the pandemic enabling people to connect on line. These activities include physical activity classes and 'Goldies' singing groups which continue to be delivered on line. Face to face services are beginning to start up again enabling people to meet in person https://cardiffhubs.co.uk/

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- Many third sector organisations adapted their activities to make them available online and many older people took up the opportunity to take part in activities
- Walking Friends developed and many older people joined – guided social walks in Cardiff and Vale of Glamorgan. Opportunities for volunteering walk leaders will also be offered

WELSH GOVERNMENT

- Welsh Government is working with stakeholders on an action plan for the delivery of and updated version "Age Friendly Wales: Our Strategy for an Ageing Society" which is reflective of the impact of COVID-19. Priority areas within this strategy highlight the importance of community participation (including digital inclusion and the promotion of volunteering), and older workers (including promoting the re skilling of older workers and actively encouraging age friendly workplaces)
- Campaign: Let's face loneliness in Wales together – one connection at a time. Welsh Government backed the fourth Great Winter Get together campaign https://gov.wales/lets-face-loneliness-wales-together-one-connection-time
- Planning Policy Wales Edition 11 was published in February 2021. This states that development proposals must make provision to meet the needs of older people, assist in the delivery of cohesive communities and ensure housing meets the requirements of older people

CARDIFF AND THE VALE OF GLAMORGAN PUBLIC SERVICES BOARDS (PSBS)

- Vale of Glamorgan PSB have recruited a Digital Engagement and Volunteering Officer to expand Timebanking across the Vale of Glamorgan, with the aim of supporting and developing a range of voluntary sector groups to provide members of the public with digital volunteering opportunities. The post will also promote volunteering to members of the public and increase the number of people volunteering in the Vale of Glamorgan, specifically focusing on digital methods of engagement
- Cardiff and the Vale of Glamorgan Councils are leading PSB action towards gaining World Health Organisation Age Friendly status

CARDIFF AND VALE OF GLAMORGAN LOCAL AUTHORITIES

- Cardiff Council began the review of its Replacement Local Development Plan (LDP) with a consultation on its vision, issues and objectives. One of the objectives includes proving a diverse mix of housing, including responding to the needs of older people
- Older people have had an opportunity to comment on the consultation for the Cardiff LDP

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- In July 2021, Cardiff Council launched its Wellbeing Support Service, providing short term, one-to-one mentoring to those that need it, helping them to access the right support. The service seeks to boost customer's health and well-being and mitigate some of the negative impacts of the COVID-19 pandemic

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

- Adaptation of Making Every Contact Count training for virtual delivery to UHB employees and partner organisations
- Commitment to work with PSB partner organisations on Healthy Workplace Principles as part of Move More Eat Well
- Social prescribing approaches well embedded in some primary care clusters
- Commissioning of a social prescribing project took place in 2020, to work in primary care across Cardiff and Vale

WORKPLACES

- Centre for Ageing Better produced a new report on the impact of the pandemic on those with health conditions. They have also provided a webinar (recording available on their website) on the importance of health, work and ageing, and what employers and government need to do to ensure that all employees are supported at work. https://www.ageing-better.org.uk/events/health-work-healthy-ageing-webinar
- Many volunteering opportunities were created during the pandemic, within employers and voluntary groups

PARTNER ORGANISATIONS

Designing and delivery of new opportunities for healthy social activities, including free access to different group activities in Cardiff and Vale of Glamorgan for a trial period via partner organisation or self-referral. It is also planned to offer Making Every Contact Count Training to the referring organisations to maximise the impact of these schemes.

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ABBREVIATIONS

ACEs	Adverse Childhood Experiences
CAMHS	Child and Adolescent Mental Health Services
EV	Electric Vehicles
HPV	Human Papillomavirus Virus
LSOA	Lower super output area
NCD	Non-communicable disease
MMR	Measles, Mumps and Rubella
NEST	Nurturing, Empowering, Safe, Trusted Framework
PSB	Public Service Board
RPB	Regional Partnership Board
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SHRN	School Health Research Network
UHB	University Health Board
WIMD	Welsh Index of Multiple Deprivation

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SOUTH EAST WALES
VASCULAR NETWORK

Programme Business Case

GIG CYMRU NHS WALES

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Executive Summary

1.1 Overview

This programme business case seeks approval to redistribute and invest in vascular services across adult pathways of care within the South East Wales region covering four Health Board populations: Aneurin Bevan University Health Board (ABUHB), Cwm Taf Morgannwg University Health Board (CTMUHB), Powys Teaching Health Board (PTHB) and Cardiff and Vale UHB (CAVUHB). The aim is to ensure a unified service which will underpin the creation of a safe, sustainable, equitable service for the population that is in line with the rest of the UK.

The case sets out the challenges currently facing services across the region and describes the model of care underpinned by a network specification and standards of care needed to deliver a fit for purpose, sustainable regional service. It articulates current and predicted demand, the transfer of activity and sets out requirements to support centralisation and meet recognised standards which will deliver a sustainable service for the region and improve patient outcomes.

There has been a multi-professional and multi-disciplinary approach used to formulate this case. All stakeholders have been engaged and there has been a clear steer to ensure that this process has been clinically led with facilitation from managerial teams. Where necessary external bodies have been asked to inform the business case.

1.2 Case for change

Vascular disease accounts for 40 per cent of deaths in the UK and is as common as both cancer and heart disease. Vascular services aim to prevent death from aortic aneurysm, prevent stroke from carotid artery disease and prevent lower limb amputation from peripheral arterial disease and diabetes. The total number of patients likely to need a vascular procedure across South East Wales is approximately 1250 each year and there are a number of factors which indicate that this will increase. These include:

- An ageing population
- An increase in obesity
- An increase in diabetes

It is recognised that services within the South East Wales region are fragile. This is driven by:

- Workforce constraints
- Population needs
- Replicated services across the health system

This picture is reflected across the UK and in order to meet these challenges the Vascular Society of Great Britain and Ireland (VSGBI) and NCEPOD set out recommendations for the way in which services should be organised and delivered, to deliver safe and sustainable care for patients and staff.

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The fundamental rationale for the changes set out within this business case are to ensure we create a service that is safe, sustainable and in line with national recommendations and the rest of the UK.

The region is already seeing the impact of fragile services and the consequence of managing these challenges in extremis. Indeed, the risk to patients requiring emergency surgery and interventional radiology was deemed too great to be delivered out of hours by the three individual units in the region and therefore a centralised out of hours emergency service was put in place in 2001 at the University Hospital of Wales.

In September 2020 CTMUHB lost its interventional radiology service. As a result, an urgent temporary change was put into place and patients requiring interventional radiology and vascular surgery transferred to University Hospital of Wales. This led to a change in care model without robust appropriate process, public engagement and financial governance.

Both the Vascular and IR workforce is at risk with a number of staff nearing retirement. In addition to this the workforce is becoming more specialised and there is a shortage nationally. It is highly likely that a system without a centralised model will not attract high quality candidates to the area.

Whilst the two remaining units do not perform poorly, services in their current configuration are not sustainable and do not meet the minimum population recommendations for improved outcomes. Therefore, if this business case is not approved it is highly likely that vascular services will fail to deliver the safe quality of care our population has come to expect.

This case very clearly tries to address these issues through clinical and corporate partnership between the Health Boards within the region. The aim being to protect both patients and staff. Clearly it is important to plan and implement the vascular network before further services start to fail. This is even more important given the impact of the pandemic.

A Full copy of the Business Case and Appendices is available via the following link: https://cavuhb.nhs.wales/about-us/governance-and-assurance/board-meetings/2021-22/

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Report Title:	South East Wales – Acute Oncology Service business case – **AGENDA ITEM 7.4**							
Meeting:	Board					**Meeting Date:**	30.09.21	
Status:	**For Discussion**		**For Assurance**		**For Approval**	**x**	**For Information**	
Lead Executive:	Abigail Harris, Executive Director of Strategic Planning							
Report Author (Title):	Jonathan Watts, Head of Strategic Planning							

Background and current situation:

The South East Wales Collaborative Cancer Leadership Group (CCLG) comprises five organisations- Cardiff and Vale UHB, Aneurin Bevan UHB, Cwm Taf Morgannwg UHB, Powys LHB (Associate) and Velindre NHS Trust (VNHST).

At the request of the CCLG organisations have worked collaboratively to develop a business case to improve Acute Oncology support in the provider settings of each organisation. Whilst VNHST have led the day to day development of the business case it is important to note that this is a 'regional' business case and not a VNHST business case.

The executive summary of the business case is attached as **annex 1** of this paper and a copy of the full business case and appendices can be found via the following link below:

https://cavuhb.nhs.wales/about-us/governance-and-assurance/board-meetings/2021-22/

CCLG has no formal governance or decision making powers across organisational boundaries and therefore the business case was merely endorsed by the CCLG in May 2021 with the request that it be taken through individual Health Board and Trust governance structures in order to be formally approved.

The current investment profile of this business case for Cardiff & Vale UHB is shown below;

Post/Year	Year 1 2021/22	Year 2 2022/23	Year 3 2023/24	Year 4 2024/25
	£'000	£'000	£'000	£'000
C&V	136	486	537	537
Regional/Specialised	68	176	218	218
Total	**204**	**663**	**755**	**755**

N.B. The Velindre regional / Specialised posts are based on the phasing as per main business case / C&V phasing based on estimated recruitment as worked through with the C&V AOS team / Above phasing may vary between financial years

The business case was considered internally by the Health Boards business case advisory group (BCAG) on the 7th July 2021. BCAG approved the business case noting the following -

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1. Clarity is required from VNHST regarding the regional governance arrangements regarding implementation of the new service model.
2. There remains outstanding work on the benefits component of the business case (appendix D of the business case).

Due to the size of the 2021-22 (year 1) investment this can be approved by the Health Board Executive team (provision was made in the UHBs 21-22 financial plan when it was developed).

Board are however asked to approve 'in principle' this business case and note that there is an ambition to include investment requirements for future years in the UHBs financial plan moving forward.

This ambition will ultimately be subject to scrutiny in future years planning cycles (which will in turn be reliant upon more information on phases two and three and benefits being reviewed and refined- as per BCAGs comments above.

The current investment profile of this business case means that future years investment need may return to Board for support (or not) due its potential size falling outside existing schemes of delegation. It was thus deemed appropriate to seek Boards support *in principle* of the case at this stage.

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

Reviews of clinical oncology services in South East Wales have consistently highlighted the lack of adequate, specialist and responsive oncology support for patients in acute secondary care settings. These include inpatients and patients presenting within emergency and urgent care pathways. This Acute Oncology Service business case seeks to address this shortfall and ensure that patients across South East Wales are able to receive timely specialist clinical inputs.

In addition Welsh Government retain a key interest in the transformation of cancer services and regional CEOs have recently been asked to collectively respond to a number of queries raised by the Deputy Chief Executive NHS Wales. Assurance on the progress being made in the development of this business case formed a key component of the response.

The financial model developed recognises :-

- That each Health Board (HBs) starts from a differential baseline and operates subtly different care models. The consequent investment requirement for each organisation reflects the differential baselines and models of care. Despite this, the respective investments are broadly similar between organisations.
- That there is a collective responsibility to invest in the operational hub support provided by Velindre to each of the HBs
- That there is additional investment required at Velindre to organise and develop the AOS from a patient data collection and management perspective.

The four HBs have agreed that the joint investment in Velindre will be based on respective cancer incidence rates until the end of 2022-23 when a utilisation review will inform further consideration of appropriate contribution shares.

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

In response to the observations made by BCAG on the 7th July (see background section) conversations have taken place with VNHST on both points. VNHST recognise that both points rest with them to lead on (in collaboration with partners).

At this moment in time actions to address either points have yet to take place, nor appear planned.

This could have placed the Board in a position of having to approve a business case which spans multiple years of investment when it was unable to receive assurance as to how implementation across the region will be managed or, what the quantifiable measures are that will be used to support understanding on whether the service development is delivering the desired benefits (or not).

Supporting the business case *in principle* will allow the UHB to continue to work with VNHST to address the outstanding areas knowing Board are supportive of the strategic direction described in this paper whilst also continuing with implementation where appropriate.

Recommendation:

Board are asked to;

APPROVE *in principle* the business case with the following caveats:

1. Phases two and three investment being subject to additional business cases submissions to the UHBs internal business case advisory group (BCAG) for scrutiny and support (or not) and subsequently to Board where schemes of delegation require.

2. No resources are released to VNSHT to support the implementation of the regional element of the business case (years two onwards) until the UHB management executive team are satisfied with the regional implementation governance arrangements put in place by VNHST.

3. For point two (above) to be able to happen that the outstanding work on the benefits section of the business case is completed by VNHST in collaboration with partner Health Boards.

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

1.	Reduce health inequalities	x	6.	Have a planned care system where demand and capacity are in balance	
2.	Deliver outcomes that matter to people	x	7.	Be a great place to work and learn	
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	

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5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	x	Integration		Collaboration	x	Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / **Not Applicable** *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Executive Summary

BACKGROUND

This single, regional business case is presented on behalf of Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, Cwm Taf Morgannwg University Health Board and Velindre University NHS Trust. Its purpose is to present a clear set of proposals and investment requirements to enhance Acute Oncology Services (AOS) across South East Wales. In doing so it seeks to present the compelling case for change, a robust options appraisal to assess alternative approaches to implementation, and a set of financial proposals to provide organisations with an estimated level of additional investment required to secure the proposed improvements across the anticipated 3 year timeframe to fully roll out of the clinical model. All of this has been underpinned by an extensive stakeholder engagement exercise combining organisational and professional representation.

Acute Oncology (AO) patients broadly fall into three groups: those whom a first presentation of cancer is suspected in an emergency setting; those with a known cancer who present as an emergency with complications of their treatment; and those with a known cancer who present as an emergency with cancer progression or acute complications of co-morbidities.

AO ensures that cancer patients receive the care they need quickly and in the most appropriate setting. It brings a multitude of benefits to patients, clinicians and the wider system through improved communication, timely access to expert advice, improved patient experience and cost savings through more appropriate use of investigations, early discharge and admission avoidance. (*Acute oncology: Increasing engagement and visibility in acute care settings*. Royal College of Physicians. Oct 2020)

Management of AO challenges the whole health and care system across South East Wales, from primary and community care to tertiary specialist service. However, the scope of this business case is the presentation, triage, assessment and management of patients in an acute setting.

CASE FOR CHANGE

In South East Wales, it is estimated that, AOS patients account for 10,000 admissions per year, many of whom have long lengths of stay (average of 9.4 days), which consumes a total of 93,535 bed days. This has a significant impact on an unscheduled care system that is already under pressure.
Further evidence of the scale and impact of AO is set out below:

- 80% of cancer patients presenting to emergency departments are admitted (compared to 25% of non-cancer patients);
- 20% mortality rate within 30 days of referral to AO and 70% mortality rate within 12 months of referral;
- 60% of Metastatic Malignancy of Undefined Primary Origin / Confirmed Carcinoma of Unknown Primary (MUO/CUP) patients are discussed at multiple multi-disciplinary team (MDT) meetings, 40% do not have any MDT discussion, and only 30% receive any oncology treatment;
- 60% of patients on combination immunotherapy treatment have severe autoimmune reactions;
- 80% mortality rate within 12 months following a diagnosis of Metastatic Spinal Cord Compression (MSCC).

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The National Standards for AOS (2016) were developed to provide a framework for NHS Wales to plan and deliver high quality services for people with cancer (either know or yet to be diagnosed) who present acutely. These standards covered four areas including: the AOS team; rapid assessment for acutely presenting patients; AOS team review of patient management; and information. A Peer Review (2018) of these standards highlighted a range of gaps in the service, including insufficient nursing and oncology presence in Health Boards across the region. This continues to be the case, making the current AOS in Wales an outlier in comparison to other AOS services in the UK: with limited specialist nursing, the service is potentially unsustainable in terms of clinical governance requirements for nurses to work independently; and the variable and inconsistent oncology advice mean there is little support to manage the more complex patients. The much needed investment in AOS would deliver a service broadly comparable to that provided by other centres (such as The Christie NHS Foundation Trust, The Clatterbridge Cancer Centre, as well as smaller sites like North Devon District Hospital) which currently have significantly more nurses per site, sessions for oncology and acute medicine, and run immunotherapy and MUO/CUP services.

A number of strategic drivers reinforce the need to improve and enhance AOS across South East Wales including: Peer Review (2018) noted above; the Quality Statement for Cancer (2021) has a specific requirement under the Safety theme to ensure that fully integrated Acute Oncology Services are available in all acute hospitals; and the Nuffield Trust review (2020) of planned changes to non-surgical tertiary cancer services across South East Wales noted the limited investment in AOS in South Wales, particularly compared to the rest of the UK, as well as the paucity of accurate data and made several recommendations on acute oncology support in Health Boards.

PROPOSAL

A regional clinical model has been developed which places stronger emphasis on the specific needs of AOS patients, whilst complementing local wider unscheduled care management with a primary focus on ambulatory pathways as an alternative to inpatient admission.

Enhanced nursing will help manage initial presentations, support ambulatory pathways and act as the key worker throughout acute oncology pathway; specialist oncology advice on the ground at Health Boards will provide face to face clinical reviews, as well as education and training for the wider team. Supported by a dedicated virtual advice service, this will allow consistent and timely opinion no matter where patients are admitted. Further specialist support and local enhancements to ambulatory pathways, will mean the most vulnerable cancer patients are appropriately supported and cared for, with acute hospital admission only where absolutely necessary.

To deliver the proposed clinical model across South East Wales there is a need to invest in the service so that the current gaps can be addressed and the anticipated benefits realised. An option appraisal has been undertaken to evaluate alternative approaches to implementing the model across South East Wales along with an assessment of the likely investment requirements and associated benefits.

The fully implemented preferred option for delivering the required improvements to AOS across the region, requires additional annual investment, across the three Health Boards in the region of £2.55m. It is anticipated that it will take three to four years to fully implement the proposals, with a phased build-up of resources and investment.

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EXPECTED BENEFITS

There are significant service quality and safety benefits for patients who have access to a structured AOS in terms of their experience and outcomes. AOS ensures continuity and consistency of care where

they would otherwise experience significant delays in diagnosis and treatment. Offering specialist oncology support outside the cancer centre, enable patients to access treatment at a location convenient to them.

To help quantify the benefits, empirical evidence from other centres and systems across the UK who have successfully implemented an AOS model that reflect the proposed approach in South East Wales has been used. Benchmarking with these centres demonstrates significant opportunities for admission avoidance (in the range of 40-60%) and length of stay (3–4 days).

The existing AOS service has already achieved some reductions in length of stay but additional investment will support admission avoidance through staff availability (for rapid assessment of patients), oncology advice, and hot clinics, as well as some further reductions in length of stay.

Therefore, the quantifiable benefits that have been applied are 25% admission avoidance and 10% reduction in length of stay. These have been clinically endorsed and applied to the baseline position in each Health Board to assess the potential improvement and the impact it could have in freeing up acute capacity.

Whilst these benefits are unlikely to be cash releasing, the analysis shown that the scale of this opportunity is in the order 30,000 bed days, or the equivalent of almost 90 freed up beds across the region, with a value of £4.5m, which if released could be used to support the needs of other service areas within acute hospital settings.

RISKS

There are significant challenges around the implementation of a regional clinical model, across different Health Boards and multiple sites within those Health Boards. The AOS remains a regional service within which there is an aspiration to secure equity of access for patients to a common service standard wherever they live and therefore a requirement to secure full implementation. However, it is recognised that Health Boards have different baseline positions in terms of current service and acute configuration, and all face challenging funding constraints which limit the ability to support service developments including AOS. Allied to this, as a largely people based service, there will be challenges in staff recruitment and deployment. To address these factors organisational specific implementation plans and associated resourcing profiles have been developed and aligned to meet each Health Boards' needs, priorities and constraints.

CONCLUSION

The development of this business case and the work that sits behind is the result of a multi-organisational, multi-professional collaboration across South East Wales, underpinned by strong clinical leadership and considerable stakeholder engagement. This degree of collaboration is reflected in the governance structure to support the implementation and delivery of the service, and will ensure the founding principles of equity of access and shared ownership remain central to the service.

Investment in AOS at this crucial time for the NHS would have a huge impact both for those patients presenting acutely with a known or as yet undiagnosed cancer, and the Health Boards receiving them.

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"The impact upon the patient journey and quality of life is notable; particularly where progressive symptomatic needs are able to be met rapidly whilst keeping the patient in their preferred place of care beside their families."

Report Title:	**COVID Recovery Schemes – Submission to WG – AGENDA ITEM 7.5**								
Meeting:	UHB Board						**Meeting Date:**	30/09/2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**	√	**For Information**		
Lead Executive:	Director of Finance								
Report Author (Title):	Director of Capital Estates and Facilities								

Background and current situation:

The purpose of this paper is to provide an update the Board on the submission that has been made to Welsh Government for capital funding of £13.32m to support COVID Recovery plans as detailed in Appendix 1, and to seek approval to progress the Same Day Emergency Care (SDEC) project at risk to the value of £1.98m. This could result in the UHB having to utilise the contingency funding within the Discretionary Capital Programme, and identify slippage on other schemes in order to support the first phase of the SDEC scheme which is estimated at £800k for this financial year.

The Board will be aware of the proposed COVID recovery plans developed by the Clinical Boards, many of which, require changes to the infrastructure and associated capital funding. Whilst the management Executive have approved a small number of priority schemes, there is insufficient Discretionary Capital available to progress all schemes.

WG issued an email on 11th August 2021 requesting that Health Boards/Trusts to high level, prioritized list of capital schemes that could be delivered by 31 March 2022. The list was to be submitted by close of play Monday 16 August. Given the timescales it was not possible to seek formal Board approval prior to submission, however, Management Executive were advised via the Chief Operating Officer. WG also asked for information within the return to enable them to understand how each of the schemes delivered linked to the following areas:

- Capital works linked to the provision of additional capacity (e.g. infrastructure work linked to mobile diagnostics);
- Covid streaming works on hospital sites; and
- Additional endoscopy facilities

No formal feedback has been received from WG although it is recognized by WG that there is a need to identify Capital funding to support the UHB recovery Plans.

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

- The UHB had little time to submit the information required by Welsh Government and were therefore unable to gain formal approval prior to the submission date.
- A number of the schemes identified will support the winter pressures plan

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- ME have agreed to progress with a number of the schemes via the discretionary capital programme to ensure delivery within the timescales required. Should WG approve the funding requested this will be re-provided into the discretionary capital programme.
- ME have considered the risk associated with not progressing the SDEC project and the impacts this would have on the EU during the winter period and proposed that the first phase is a priority for the service delivery.
- In order to deliver these works a direct order with a contractor from the UHB Building Framework will be required with a negotiated, not to exceed figure, agreed. This process has been discussed with procurement colleagues and approved as a compliant route.

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

The UHB have been working to develop a number of schemes to identify solutions, costs and anticipated delivery periods. Some of the schemes are a little more advanced than others in terms of the level of detail and therefore the information is more robust, whilst for other schemes a number of assumptions have been made in order to determine a cost. These will need to be developed as more information is provided on the scope of the project.

Appendix 1 identifies all schemes agreed between the Chief Operating Officer and the leads for Estates, Medical Equipment and IM&T for submission to Welsh Government to seek capital funding support to deliver these projects.

As the schemes develop, there will be a requirement to procure contractors and equipment ahead of confirmation of the funding to ensure that the UHB is best placed to ensure delivery at the earliest opportunity to support the clinical services. Any quotations or tenders required will be managed via the procurement department and appropriate approvals will be obtained in line with SFIs and governance requirements.

The SDEC scheme is considered critical to support the winter planning proposals and provide future efficiencies across the unplanned care service. Management Executive have recommended that this project is delivered as a priority, although, there is insufficient funding in the discretionary capital contingency funding to support the full scheme at £1.98m. However, the first phase of the scheme with a budget cost of £800k could be managed within the current discretionary capital contingency allowance. In committing to this project, the Board is approving the £800k from the 2021/22 discretionary capital budget with the remaining £1.18m being included in the 2022/23 budget, should WG funding not be made available.

Recommendation:

The Board is asked to:-

- **SUPPORT** the COVID Recovery Schemes included within Appendix 1
- **APPROVE** the development of the schemes and procurement as necessary, which will be undertaken in line with SFIs.
- **APPROVE** the appointment of contractors or suppliers, subject to Welsh Government approval of the funding required.

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- **APPROVE** the progression of the SDEC and the appointment of Knox and Wells to undertake the works in line with procurement advice received. The budget cost for the project being £1.98m with phase one being £800k.

- **NOTE** Welsh Government approval will be required to enter into contract for the works

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	√	Long term	√	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Priority	£m (inc. VAT)	High level scheme description including narrative around potential benefits and reference to regional / partnership schemes with other organisations where applicable.
Estates and Facilities		
Mobile Theatres Planned Delivery – October 2021	£0.15	The provision of two additional mobile theatres is necessary due to the reduced availability of theatre capacity through zoning and changes in service delivery during the pandemic. These theatres will be used for ophthalmology, including cataracts, and will afford the UHB the opportunity to begin addressing the backlog and reduce clinical risk within this service. This model is proposed as a bridge to the longer-term regional solution which is currently in discussion. A mixed workforce model, including the use of temporary staff, will be used to increase speed of delivery. Recovery revenue funds have already been confirmed by Welsh Government for the hire of these theatres. This capital approval is sought for the enabling works for connection to the units which are being leased from Vanguard and are due to arrive on site in October 2021. The infrastructure works required includes electrical supply, water supply, drainage connection, IT fibre optic and medical gases. These works are required to be complete prior to the delivery of the units. Please note request for related equipment below.
Mobile Theatre - Ophthalmology Surgery Equipment Planned Delivery – October 2021	£0.47	Additional equipment to facilitate the Mobile Theatre work within ophthalmology. Whilst the mobile theatres come equipped they do not provide speciality specific equipment thus this will ensure that the additional volume of patients who require treatment are able to be accommodated. In addition, there is a requirement to increase vitrectomy equipment to facilitate recovery and provide fit for purpose equipment for the fluorescence lists. The benefits include reduce waiting times for ophthalmology patients, addressing of the current backlog, reduced clinical risk is group of patients and improved access to theatres.
Mobile Endoscopy	£0.10	The UHB is engaged in regional (with Cwm Taf) and local planning to provide endoscopy through the hire of a fully staffed mobile unit. A location at University Hospital Llandough has been identified and approval is requested for service connections to support the mobile unit. These include electrical supply, water supply, drainage connection and IT fibre optic.

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Planned Delivery – September 2021		Delivery of this scheme will ensure that the recent progress in endoscopy activity can be accelerated and reduce the impact of seasonal variation and staff leave. Approval will facilitate a reduced clinical risk through helping to ensure delivery of key cancer diagnostic waiting times targets.
Same Day Emergency Care – Phase 1 Planed Delivery – October 2021	£1.98	The provision of a dedicated Surgical SDEC will facilitate a revised pathway for surgical patients who are suitable for same day emergency care, significantly reducing the need for attendance at EU and providing a patient centred approach. This is considered to be the first phase of redesign that will help improve the untenable position in the Assessment Unit which has been noted as a patient experience and safety risk. Delivery of the SDEC aligns with the aims of Six Goals for Urgent and Emergency Care, particularly the delivery of Great Hospital Care. The target for delivery of this scheme is October 2021 and is the key component of the surgical unscheduled care model within UHW. This project has been identified as essential in helping to reduce admissions, decrease length of stay and improve primary and secondary care communication / interfacing for surgical patients. The proposed plan is for the conversion of the former physiotherapy suite at UHW which is immediately adjacent to the surgical assessment unit and the ideal location for the SDEC. The planned space, however, does not have mechanical ventilation which will be required to supply and extract from treatment areas and consulting rooms. The plan also includes capital costs for IT including monitors, screens, computers, etc.
EU Cubicles Planned Delivery – October 2021	£0.11	Learning from the most recent wave of the pandemic has led to a proposal to provide cubicles in the EU department – Majors and Streaming. This will allow greater flexibility for the emergency department to stream patients which will be essential during winter as respiratory presentations increase and there is additional pressure on ensuring clear, consistent and safe processing of patients attending the emergency department. The installation of these cubicles has been noted as the key enabler for the EU to improve patient flow and reduce the risk of IP&C issues. The model proposed will allow clear monitoring of patients and ensure that staff are deployed more efficiently. The current cubicles rely on curtain tracks and as a result limit their use.

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		To ensure that flow through the department is maximised the construction of solid partition walls with door and viewing panels is necessary and will satisfy IP&C requirements.
AU Screens Planned Delivery – October 2021	£0.11	Similar to the proposed changes in EU, the use of flexible screens in AU will help to alleviate the significant pressure on medical assessment space whilst providing much improved IP&C compliance. Through the provision of screens, combined with the movement of surgical patients to the new SDEC, the department will be able to facilitate an increased provision of medical assessment space. During the most recent wave of the pandemic, trolley capacity was often reduced due to concerns about IP&C and a need to provide appropriate division in these areas. Installation will help facilitate the safe processing, assessment and onward care of medical patients. The model proposed will allow clear monitoring of patients and ensure that staff and deployed more efficiently.
Gynae Treatment Room Planned Delivery – September 2021	£0.45	Operating theatre capacity is significantly constrained due to covid zoning, service reorganisation and staffing. The conversion of the gynae outpatient area in to a treatment room will allow a number of simple gynae procedures to be undertaken outside of the operating theatre environment and help the organisation deliver its commitment to reach 100% of pre-covid activity by Q1 2022. This activity will be provided from non-theatre staff within the gynaecology team for which Welsh Government recovery revenue funding has already been confirmed. The capitals costs include the reconfiguration of the space to ensure functional suitability and the equipment required to provide the clinical service.
Fracture Clinic - adults Planned Delivery – January 2022	£3.75	Adult fracture clinic has been displaced to allow the expansion of EU to support the streaming of patients. This means that Fracture Clinic is now based within the Elective Orthopaedic outpatient space which significantly reduces the UHBs ability to recover the orthopaedic waiting list position. The current and future demand for EU indicates that the use of the previous Fracture Clinic area will be required permanently for EU, as a consequence, a new location for fracture clinic is required. Fracture Clinics are traditionally located adjacent to EU and benefit from the use of emergency diagnostic services. The expansion of EU has resulted in consideration of the fracture clinic being located on the floor above the diagnostic suite which is currently the general outpatient department.

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		This option considers relocating outpatient clinics which are suitable to move off site including audiology and remodelling the area to accommodate the fracture clinic. This would include a lift to take patients to the diagnostic suite. Allowance has been made to undertake works on a building adjacent to the UHW site to accommodate the displaced OPD and to then convert the existing space for fracture clinic. Delivery of a new fracture clinic is pivotal in releasing capacity in CAVOC and reducing the growing waiting list in addition to provide sufficient capacity within EU and AU to delivery safe unscheduled care pathways. It should be noted that the details of this scheme and still in development with a final solution being discussed with clinical colleagues and therefore an estimate of cost is provided here.
Fracture Clinic – paeds / AU EU Redesign Planned Delivery – January 2022	£1.50	As with adult fracture clinic, the paeds facility was displaced to allow for EU expansion and is now being delivered out of the physiotherapy gym and adjacent areas in the Children's Hospital for Wales – an area that is not big enough, does not provide adequate space by patients and families, and is impacting on other paediatric services. The current proposal is to provide a modular building in an area outside the existing EU department and reconfigure to create space for paediatric fracture clinic. Delivery is a particularly important to ensure the adult and paediatric fractures clinics can remain separate, which was not the case before covid. The benefits of delivering the scheme include improved access for paediatric patients, improved patient and staff experience, provision of fit for purpose facilities and improved organisation of paediatric areas in EU. Furthermore, the ability of the paediatric physio department to recover services post pandemic will be significantly reduced unless paeds fracture clinic can be relocation. Any proposal will ensure that there is capacity available for future redesign of the EU department as necessary to facilitate. It should be noted that the details of this scheme and still in development with a final solution being discussed with clinical colleagues and therefore an estimate of cost is provided here.
Physio Outpatients Planned Delivery Date	£0.30	The physio outpatient department which provided services for patients in the North Cardiff area was displaced at the start of the pandemic to allow the conversion of the area to provide additional inpatient capacity.

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– October 2021		The area has now been identified as the most suitable location for the SDEC and as a result, alternative accommodation will be required to enable physio to reopen as an outpatient department. The UHB have developed an options appraisal identifying a number of options with the preferred solution being the utilisation of the former PSA Buildings at the back of the UHW site. If successful, this would enable the service to operate from this site for the next 5-10 years. Delivery of this scheme will enable a return to high levels of physiotherapy which will be essential for the transformed pathways that are being developed to support the large number of patients who are waiting for surgical intervention.
Virtual Village – UHL Planned Delivery Date – November 2021	£0.20	The UHB is looking to provide 2 areas. 1 at UHW and 1 at UHL to support an expansion of remote consulting. Each of the facilities would have soundproof booths with the appropriate IT infrastructure and equipment to allow the clinical staff to hold virtual clinics with patients, whilst being onsite. The aim is for the organisation to maintain at least 33% of outpatients occurring virtually and this scheme will help to facilitate that goal.
POAC Planned Delivery Date – March 2022	£2.00	Pre-assessment has become increasingly integral to the delivery of surgical services during the pandemic. Due to the development of the Lakeside Wing, and the expansion of the POAC service to support the revised elective pathway, a new or refurbished facility is required to develop a central pre-operative assessment centre. Currently POAC is located in main outpatients which limits the expansion of outpatient activity that will be central to recovering elective waiting times. As clinics are now returning and the expectation is that more patients will be seen through the POAC, there is a requirement for a facility that can cope with the current and projected demands. The UHB are considering the necessity to have such a facility on the Acute site or whether it could be provided in a community setting. Benefits of delivery the scheme will include reduced waiting lists, delivery of pre-hab for cancer patients, improved outcomes through pre-surgery optimisation, improved cancer treatment times, decreased length of stay and reduce on the day cancellations of surgery.
Spinal	£1.90	Spinal services have been relocated to UHW as part of the service reconfiguration which allowed Cardiothoracic to move to UHL and centralised spinal services on the same site as the MTC.

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Planned Delivery Date – March 2022		There is a requirement to provide a space for spinal procedures, outpatients and administrative space – most likely through development of a small facility in an existing modular building on the UHW site. As the procedure requires fluoroscopy facilities, the facility will need appropriate protection in the structure including lead lining of the room, appropriate air conditioning and the cost includes the equipment, including a microscope. Benefits of delivery included reduced waiting list, improved theatre throughput, co-location of spinal services on one site.
Equipment		
Paediatric Ventilators – RSA Planning Planned Delivery Date – September 2021	£0.10	As a level 3 bed provider the organisation is planning to meet any potential surge in admissions through the predicted increase in RSV. Medical engineering has worked to ensure that available equipment has been sourced through central teams and therefore the only outstanding capital requirement is for 3 paediatric ventilators. Ensuring these ventilators are available will help ensure the organisation is able to increase capacity and support the national RSV plans which is considered essential for the coming months.
Transperineal prostate biopsy service Planned Delivery Date – October 2021	£0.07	As part of the transformation work ongoing in Urology there is a desire to move to Ultrasound guided transperineal prostate biopsy which has a greatly reduced complication rate compared to the current transrectal procedure which has a greater risk of infection related complications and sepsis. This will reduce avoidable bed occupancy creating additional capacity to support COVID recovery programmes.
Digital		
Mobile and Community Access	£0.13	Spread across four schemes there is a requirement to support the digital agenda in the current year to support transformation and a focus on providing services in the community: 1. Devices for the development of community locations for the development of out of hospital services 2. Mobile devices for community mental health teams

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Planned Delivery Date – October 2021		3. Mobile access to facilitate support for families of mental health patients 4. Support to virtual consultations Benefits include delivery of care closer to home, improved communication with mental health patients and strengthening of community delivery services

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Report Title:	**DEVELOPMENT OF INTERIM ISO ACCREDITED SARC FACILITIES AT CARDIFF ROYAL IINFIRMARY – AGENDA ITEM 7.6**								
Meeting:	UHB Board						**Meeting Date:**	30/09/2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**	√	**For Information**		
Lead Executive:	Director of Planning								
Report Author (Title):	Director of Capital Estates and Facilities								

Background and current situation:

The purpose of this paper is to seek approval from UHB Board to develop an interim ISO Accredited Forensic Medical Examination facility at CRI, submit a funding request to WG and subject to WG approval award the contract to E T & S Construction to undertake the works. The interim solution requires the expansion of the existing SARC footprint to create separate adult and paediatric forensic examination suites.

In discussion with WG colleagues the scheme has been designed and tendered in order to submit the costs for the proposal. The total out-turn costs £579,215 plus VAT @20% (£102,259) being £681,474. The works element being £504,805 plus VAT @ 20% (£100,961) being £605,766, which would be the value of the order to the successful contractor. The remainder of the costs relate to fees, non-works costs and equipment.

In October 2023, there will be a requirement for all forensic examination facilities to be accredited to ISO 15189. In order to achieve this accreditation, there will be a requirement to have the facilities updated to the required standards by early 2022 to allow sufficient time for the accreditation audits and visits to be undertaken.

The case for change is set out in appendix 1 which sets out the rationale for the development of interim ISO accredited forensic medical examination facilities for the Sexual Assault Referral Centre (SARC) located at CRI.

The UHB submitted a Strategic Outline Case (SOC) for the development of a new SARC facility on the CRI site which was endorsed by Welsh Government on 2nd March 2020 and the UHB have commenced the Outline Business Case process. This scheme will also include the redevelopment of the former links building and it is anticipated that this programme will run for several years, hence the reason for the interim solution.

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

- **Welsh Government have agreed the way forward in relation to the interim solution recognising that the programme for the long term solution is way beyond the requirement for an accredited facility**

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- **The procurement of the preferred contractor has been undertaken in conjunction with the UHB procurement department via LOT2 of the local construction framework**

- **The requirement to complete this work in early 2022 to allow sufficient time for the accreditation process to progress prior to the implementation in October 2023.**

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

The interim solution has been designed and developed with the involvement of the service providers including the SARC manager, clinical lead, South Wales Police Accreditation advisor and the lead for the All Wales SARC Services at Gwent Police.

Following the signed off design, a formal tender was undertaken via the UHB construction framework and following evaluation, ET&S Construction were selected as the preferred contractor.

The design was undertaken by the Capital Estates and facilities in house design team which minimized the fees element of the business case.

The cost forms as appendix 2 have been submitted to WG along with the tender documentation and returns which have been scrutinized by NWSSP Specialist Estate Services. WG have confirmed that they do not require a Business Justification Case and that they are keen to support the interim solution whilst the long term plan is developed.

The form of contract to be used will be NEC short form contract which is the most suitable for small and uncomplicated of this nature.

Recommendation:

The Capital Management Group are asked to:-

- **SUPPORT** the proposal to provide an interim SARC facility to meet the appropriate forensic accreditation standard

- **APPROVE** the appointment of ET&S Construction to undertake the works which were competitively tendered amongst the UHB framework contractors. The value of the works £605,766 Inclusive of VAT. All subject to formal approval of the funding by Welsh Government

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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	√	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:	Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Kind and caring / Caredig a gofalgar — Respectful / Dangos parch — Trust and integrity / Ymddiriedaeth ac uniondeb — Personal responsibility / Cyfrifoldeb personol

Appendix 1

DEFINITION OF A SARC HUB AND SARC SPOKE, AGREED THROUGH THE SOUTH WALES SARC PROGRAMME

SARC Hub: 'A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector. This should include an acute forensic examination with referral pathways in place to local services to support follow up care'.

In addition, the Hub should provide an acute health needs assessment which includes emergency contraception (with access to emergency Intrauterine Device (IUD) fitting) and Sexually Transmitted Infection (STI) risk including HIV and Hepatitis B with management and the provision of medication at first attendance where indicated.

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Emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals.

SARC Spoke: 'A dedicated facility to provide immediate and on-going client care within the context of a partnership arrangement between police, health and the third sector but does not provide forensic medical examinations'. The spoke should also provide support for victims engaged in criminal justice proceedings. A hub would also house a spoke facility for the local community.

Service Specification	Hub	Spoke
Twenty-four hour access to crisis support, first aid, safeguarding, specialist clinical and forensic care and ongoing support in a safe place	X	
The SARC has a core team to provide 24/7 cover for a service which meets NHS standards of clinical governance, the European Working Time Directive and agreed forensic standards	X	
Dedicated forensically approved premises and a facility with decontamination protocols following each examination to ensure high quality forensic integrity and a robust chain of evidence	X	
Access to forensic medical examiners (FME) and other practitioners who are appropriately qualified, trained and supported and who are experienced in sexual offences examinations for adults and children. Clients should also be able to choose the gender of the forensic examiner for their clinical examination.	X	
The forensic practitioners should be managed by health with joint funding from Health and Police to meet both health and forensic needs of the victim	X	
The medical consultation including risk assessment of self harm, together with an assessment of vulnerability and sexual health.	X	
There is immediate access to emergency contraception, post- exposure prophylaxis (PEP) or other acute, mental health or sexual health services. Follow-up as needed is coordinated through the spokes to local services	X	
Appropriately trained crisis workers to provide immediate support to the victim and significant others where relevant	X	X
Co-ordinated interagency arrangements are in place, including local third sector service organisations supporting victims and survivors.	X	X
Safeguarding boards (for children and adults) through will work with the Commissioning bodies to support the delivering of appropriate care pathways and standards across the service model.	X	X
Minimum dataset and appropriate data collection procedures in each SARC to ensure quality improvement and service user safety (including involvement with audit and risk management)	X	X
Access to support, advocacy and follow up through an independent sexual violence advisor (ISVA) service, to all victims, locally based, including support throughout the criminal justice process, should the victim choose that route		X
Access to appropriate therapeutic support for adults and children to support recovery from the trauma and trauma responses, provided by suitably qualified therapeutic professionals e.g. counsellors		X

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Business Justification Case

Trust/Health Board:	Cardiff and Vale University Health Board
Hospital/Site:	University Hospital Llandough, Cardiff
Project Title:	SARC CRI
Project No:	**1**
Option No:	1
Option Title:	
Prepared by:	Cardiff and Vale University Health Board
Date:	July 2021

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Project Title :	SARC CRI
Option No:	1
Option Title:	0

BASIS OF ESTIMATING

Healthcare Capital Investment Document Version 2

Main Contract Procurement Method:	Framework
Main Contract Standard Form and Option:	NEC A
Proposed start on site:	TBC
Proposed Completion Date:	15 WEEKS AFTER COMMENCMENT

Capital Cost Summary

Ref	Cost Centre		Net £	VAT @ 20% £	Gross £
5	Works Cost (BJC2)		504,805	100,961	605,766
6	Fees (BJC3)	8.45%	42,656	8,531	51,187
7	Non-works Costs (BJC3)		7,700	1,540	9,240
8	Medical Equipment Costs (BJC2)		24,054	4,811	28,865
9	***Forecast Project Out-turn Cost (Pre VAT Recovery)***		579,215	115,843	695,058
10	Recoverable VAT (BJC5)			13,584	13,584
11	**FORECAST PROJECT OUT-TURN COST**		579,215	102,259	681,474

	Works Cost (BJC2)	5	504,805

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Project Title:

Project Title :	SARC CRI
Option No:	1
Option Title:	0

Accommodation	Functional Size	Functional Unit m2/Nr etc.	Gross Floor area (GFA) m2	Cost/m2 GFA £/m2	N/A/C	Works Cost £	Equipment Cost £
SARC ETS							
Preliminaries					N	55,795	
Building Ph1					N	171,874	24,054
Mechanical ph1					N	139,585	
Electrical Ph1					N	67,071	
Building Ph2					N	33,422	
Mechanical ph2					N	20,439	
Electrical Ph2					N	16,619	
Price increases due to COVID19 and BREXIT							
TOTAL						**504,805**	

2. Equipment Costs

Total (gross) floor area	381		24,054
Less: Abatement for transferred equipment 0 %			0
			24,054
Works Cost - to BJC1 Summary		504,805	
Equipment Cost - to BJC1 Summary			24,054

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Project Title :	SARC CRI
Option No:	1
Option Title:	0

CAPITAL COSTS: FEES AND NON-WORKS COSTS

2	Fees	£	% of Works Cost
	Health Board		
	a. Health Board Liaison Project Manager)	0	0.00%
	b. In House Project Sponsorship)	0	0.00%
	c. Business Case Writer)	0	0.00%
	d. OPS(Band 6 Isolations))		
	)		
	External)		
	e. External Project Manager)		
	f. Cost Advisor)	0	0.00%
	g. Health Planner)		
	h. Architect)	26,502	5.25%
	I. Civil and Structural Engineer)	0	0.00%
	j. Building Services Engineer)	13,882	2.75%
	k. Principle designer)	2,272	0.45%
	l. Supervisor(s))		
	m. VAT Advisor)		
	Total Fees to BJC1 Summary	42,656	8.45%

3	Non-Works Costs	£	% of Works Cost
	a. Land purchase costs and associated legal fees	0	0.00%
	b. Statutory and Local Authority charges		0.00%
	c. Planning and Building Control fees	2,200	0.44%
	d. Other;		
	Provision of Oxygen Tanks	0	0.00%
	BMS/IT/Telephone interface		0.00%
	Asbestos	5,000	0.99%
	IT/Telecom's infrastructure & Wi-Fi		0.00%
	Commissioning		0.00%
	Wayfinding	500	0.10%
	Service Isolations	0	0.00%
	Total Non-Works Costs to BJC1 Summary	7,700	1.53%

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Project Title :	SARC CRI	
Option No:		1
Option Title:	0	

PROJECT CASHFLOW FORECAST

Proposed start on site: TBC

Proposed completion date: 15 WEEKS AFTER COMMENCMENT

	Year	0	1	2	3	3	Total
	Financial year	2018/19	2019/20	2020/21	2021/22	2022/23	
	Works Cost				504,805		
3	FEES				42,656		
4	Non-works Costs				7,700		
5	Equipment Costs				24,054		
6	-						
7	VAT						
	Recoverable VAT						
	Total	0	0	0	579,215	0	0

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Project Title :	SARC CRI
Option No:	1
Option Title:	0

RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (i.e. prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
	£	£	%	£
Works Cost	504,805	100,961	0%	0
Fees	42,656	8,531	100%	8,531
Non-works Costs	7,700	1,540	66%	5,053
Equipment Costs	24,054	4,811		0
		0		0
Total			£	13,584

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Project Title :	SARC CRI
Option No:	1
Option Title:	0

Notes

1. Works costs are based on the tender returns
2. Works to be carried out in a Single Phase
3. Contingency/Risk is based on a percentage of tender sum
4. Fees are based on actual cost to BJC and agreed cost for the construction stages
5. Construction programme is to be 15 weeks
6. VAT Recovery is based on Fees only - this is following discussion with Health Board VAT advisor

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Report Title:	**CAVOC Theatres at UHL – Award of Works Contract – AGENDA ITEM 7.7**								
Meeting:	UHB Board						**Meeting Date:**	30/09/21	
Status:	**For Discussion**		**For Assurance**		**For Approval**	**x**	**For Information**		
Lead Executive:	Director of Finance								
Report Author (Title):	**Director of Capital Estates & Facilities**								

Background and current situation:

The purpose of this report is to seek approval from the Board to enter into formal contract with Willmott Dixon to undertake the supply chain partner (SCP) duties for the development of the Outline Business case (OBC) for the proposed redevelopment and new build of CAVOC theatres at UHL.

The Project out turn cost identified in Strategic Outline Case (SOC) approved by the Board on 26th March 2020 and endorsed by the Minister on 23rd March 2021 was £23,547,778 inclusive of VAT, with the SCP cost for OBC duties being £645,069.04 inclusive of VAT. The figures include the anticipated costs associated with surveys or investigation works that would be required to inform the early design process in order to give more robust costs for the OBC.

The costs do not include any costs associated with working restrictions due to Covid 19, Client Changes or any identified or unforeseen risk materialized. Additional costs would be subject to Project Managers Instruction and could increase the target cost accordingly, resulting in the original order value increasing throughout the duration of the contract, requiring an uplift in order value. Any increases in the order value will be approved in line with the Standing Financial Instructions.

In addition to the formal appointment of the SCP, the UHB have undertaken a selection process to appoint Gleeds Management Services as Project Managers and Gleeds Cost Management as Cost advisors at £52,323.46 and £21,472.00 inclusive of VAT respectively to provide the UHB team with the required specialist support during OBC.

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

- The Board have previously approved the SOC for the proposed development which included the procurement strategy for the appointment of the Supply Chain Partner and Project Manager to progress the business case and project delivery in line with the Designed for Life Building 4 Wales Framework. The National Framework does not include for Cost Advisors and in agreement with local procurement the UHB have utilised the SBS Framework and identified the preferred supplier as Gleeds Cost Management Services.

- The UHB have received endorsement of the SOC and a recommendation submitted to the Health Minister includes the acceptance that the Health Board will be required to

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appoint SCP, Project Manager and Cost Advisor. This was confirmed in an email from Ian Gunney on 24th March 2021

- The contracts for the appointments will be NEC 3 in line with the National Framework as mandated by Welsh Government for the SCP and Project Manager, with the SBS contract utilised for the Cost Advisor.

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

The procurement strategy for the appointment of the Supply Chain Partner and Project Manager were prescribed under the Welsh Government 'Design for Life – Building for Wales' framework which is managed by National Wales Shared Services Partnership – Specialist Estate Services. The framework is mandatory for all NHS capital schemes with a value of £12m total outturn cost.

As the Cost Advisor appointment was outside the scope of the Design for Life framework a mini competition was undertaken with local procurement utilising SBS framework Lot 4 Quantity Surveyor

The OBC procurement identified that the commissions were awarded to:

Supply Chain Partner - Willmott Dixon
Project Manager - Gleeds
Cost Advisor - Gleeds Cost Management Services

The principal of the framework is that the team selected at OBC stage continue to work as partners through the FBC and the construction phases, although new contracts are signed at the beginning of each of the stages. In addition, the supplier's performance is monitored throughout each stage and there is opportunity for the UHB to end the commission on completion of any phase.

To ensure that the UHB and the wider Health economy demonstrate value for money, the design packages are market tested and reviewed by the cost advisor in order to develop the anticipated out turn costs including the contract target costs for inclusion in the OBC and then FBC

The SOC submitted to WG requested approval of £23,547,778 for all project stages. The cost forms submitted as part of the business case process are included in **Appendix** 1 which identifies the following fees required by the respective advisors to develop the OBC.

		OBC Costs	
SCP	Willmott Dixon	£645,069.04	Procurement DFL Framework (Shared Services)
PM	Gleeds Management Services	£52,323.46	Procurement DFL Framework (Shared Services)
CA	Gleeds Cost Management	£21,472.00	Procurement SBS Framework (via in house procurement)
		£718,864.50	

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Recommendation:

The Board is asked to:

APPROVE the appointment of Willmott Dixon Construction as the Supply Chain Partner for the project with the initial commission to deliver the Outline Business Case with an order value of £645,069.04 inclusive of VAT. The commission will be let under the terms and conditions set out in the standard form of contract NEC3 option C Target cost contract as determined by the WG NHS 'Designed for Life - Building for Wales Framework'.

APPROVE the appointment of Gleeds Management Services as Project Manager for the project with the initial commission to deliver the Outline Business Case with an order value of £52,323.46 inclusive of VAT, under the terms and conditions set out in the standard form of contract NEC3 Professional Services contract as determined by the WG NHS 'Designed for Life - Building for Wales Framework'.

APPROVE the appointment of Gleeds Cost Management as the Cost Advisors of the project with the initial commission to deliver the Outline Business Case with an order value of £21,472.00 inclusive of VAT, following the procurement via the SBS Framework. The SBS contracts will be utilised in relation to this appointment.

NOTE that the OBC costs may increase over the duration of the contract as a result of the need to undertake surveys and site investigations, submission of planning or building regulation etc. this may require the initial value of the order to increase during the OBC development programme.

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	

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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:	Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*								

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Report Title:	**Three-yearly Nurse Staffing Levels (Wales) Act report to Welsh Government – AGENDA ITEM 7.8**							
Meeting:	**Development Board**					**Meeting Date:**	30/9/2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**	✓	**For Information**	
Lead Executive:	**Executive Nurse Director**							
Report Author (Title):	**Deputy Executive Nurse Director**							

Background and current situation:

The Nurse Staffing Levels (Wales) Act [2016] became law in March 2016, and had a phased commencement. The Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively. Section 25A of the Act relates to the Health Board's overarching responsibility which came into effect in April 2017. This required Health Boards to ensure they had robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations. Section 25B&C identifies wards where there is a duty to calculate nurse staffing levels using a prescribed methodology and maintain nurse staffing levels.

Section 25E of the Nurse Staffing Levels (Wales) Act (2016) requires Health Boards to submit a three yearly Nurse Staffing Levels Assurance Report to Welsh Government. In April 2021, the Board received a *caveated* three yearly report. The enclosed report contains the finalised incident data relating to reporting period 6th April 2018 – 5th April 2021.

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

The attached report outlines:

- Whilst compliance to the Act has been achieved over the three year period, the final reporting period (Apr 2020-Apr 2021) saw significant disruption due to the COVID-19 pandemic.
- The UHB has continued to implement new ways of working in order to respond to the unprecedented demands experienced throughout the pandemic. This has required an extremely flexible approach to the deployment of nurses during COVID-19.
- In February 2021 the UHB Internal Audit department undertook a formal review of the UHB's compliance with the Nurse Staffing Levels (Wales) Act throughout 2020-21. The report provided substantial assurance in its compliance with the Act.

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

The Three Yearly Report enclosed:

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- Provides assurance to Welsh Government that the Health Board has discharged its overarching responsibility to provide sufficient nurses to care for patients sensitively during the period 2018-2021.
- Outlines the significant changes that took place through the three year period, particularly the 2020-21 due to COVID-19 pandemic.
- Indicates the number of wards included in Section 25B&C, across the three year reporting period.
- Indicates the impact of not maintaining the nurse staffing levels and any harm that has occurred (six incidents of harm occurred during this reporting period where is a link to staffing levels)
- Provides assurance that the Designated Person has discharged their duty in calculating the number of nurses required in adult in-patient medical and surgical wards ensuring the prescribed methodology has been used.

Recommendation:

The Board is asked to approve the Three Yearly Report for 2018-2021, prior to submission to Welsh Government.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	/	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	~~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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	Three-Yearly Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016: Report for Welsh Government
Health board	Cardiff & Vale University Health Board
Reporting period	The reporting period required by Welsh Government is 6th April 2018-5th April 2021. The initial caveated report (submitted May 2021) included data relating to serious incidents closed by 28th February 2021 in line with the 6 monthly serious incident reporting timeframes. This final report being submitted to the Board and then Welsh Government in September 2021 now includes all Serious Incident data that occurred up to the 5th April 2021.

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Requirements of Section 25A	The Nurse Staffing Levels Act (Wales) 2016 states that Health Boards have an overarching responsibility to provide sufficient nurses to care for patients sensitively. This duty applies to all areas that provide nursing services, including commissioned services. These considerations are informed by professional judgement and national standards where available. In line with Section 25A of the Act, the Executive Nurse Director has determined that a review of nurse staffing levels across all clinical areas in order to provide assurances that the guiding principles of the Act are considered. This involved robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisation. The process of determining the staffing levels across the Health Board is well established. Wards that are included in 25B&C undertake the bi-annual acuity audit and triangulate that information with their professional judgment of the ward, patient population and staff currently in post and a distinct number of patient outcomes that are generally regarded as being nurse sensitive. In addition, the Executive Nurse Director requests all clinical areas outside of 25B&C to undertake a review of their staffing in line with this timetable to provide assurance of compliance with 25A. Throughout 2018-19 and 2019-20, the agreed process of signing off establishments within the Health Board have been followed within the specified timeframe, from Ward Sister to Board Director level. This process evidences the consistent approach in the agreement of establishments that the Health Board considers will meet reasonable requirements. In order to monitor that the Nurse Staffing levels were maintained, all Clinical Boards had a version of a daily safety briefing whereby senior teams determine staffing requirements and manage risk continually over the 24 hour period. Over the three year reporting period, the Health Board has strengthened its strategic nursing workforce planning arrangements. A nurse resourcing team has been established to support efforts to secure the provision of nurse services. This team has coordinated an overseas recruitment programme and return to practice nurses. Similarly, as part of the pandemic response in 2021-2021, the UHB supported the recruitment of nurses that obtained temporary registration with the Nurse and Midwifery Council. The Health Board also worked in partnership with local Universities to employ student nurses to deploy to wards as Health Care Assistants. This helped strengthen the Health Board's capability to provide sufficient nursing staff to meet the significant ward changes and reconfigurations. In 2020-21, the usual schedule of calculation and reporting was affected by the challenges posed by the COVID-19 pandemic. The first annual calculation in 2020, which was due to be presented to Board in May 2020 was impacted upon. A letter received by the Chief Nursing Officer date 24th March 2020, provided Executive Nurse Directors with clarity and assurances in relation to the Covid-19 pandemic. Whilst the Health Board undertook the formal acuity assessment in January 2020, this information was not validated by the All Wales Informatics programme and therefore the nurse staffing levels were calculated predominantly using professional judgment. Where possible professional judgement continued to be supplemented by a review of quality indicators.

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	Between March and April 2020, a number of wards under section 25(B) were changed / repurposed for COVID-19. An exception paper was subsequently presented to Board in 28th May 2020 providing assurance in the changes to nurse staffing calculation aligned to the service and operations reconfiguration required at the time. Throughout the COVID-19 period, the Health Board has recorded the staffing levels on each ward on a monthly basis to provide assurances and these were monitored through the COVID-19 Local Control Centres (LCC's) on a 4 times daily basis through a dynamic risk managed basis using professional judgment. This information was presented to Board in the Annual Assurance paper in September 2020. As the Health Board progressed to realign and recover services within the unprecedented context, the ward establishments were constantly reviewed to ensure the staffing levels reflected the changing requirements of repurposed wards (for the time period May 2020 to Jan 2021). An exception report was provided to Board in July 2020 which provided information on the revised establishments required going forward, however, it was acknowledged that this position would continue to evolve as the Health Board continued to realign essential services through uncertain times. Considering the changing landscape the Health Board have had to flex capacity at pace, under significant pressures and with limited resources. This had led the Health board to explore new ways of working which includes e.g. use of allied health professionals to support the nursing teams. Due to the significant challenges faced by Health Boards in the management of COVID-19, the Welsh Government left it to the discretion of each Health Board to decide whether to proceed or cease work on the bi-annual recalculation of adult medical and surgical wards. In accordance with the 'Once for Wales' approach Nurse Directors agreed that their organisations would defer the bi-annual audit and subsequent calculations of nurse staffing level until July 2020. This bi-annual calculation audit was subsequently presented to Board in November 2020, following formal sign off of the 25B ward establishments. As the COVID-19 pandemic continued throughout the year, there have been significant changes of wards throughout the Health Board in order to respond to the NHS Wales COVID-19 Operating Framework: quarter 2, 2020-2021.Throughout this period, the Health Board has recorded the staffing levels on each ward on a monthly basis to provide assurances that they were being monitored through a professional judgment lens and this information was presented to Board in the Annual Assurance paper in September 2020. In October 2020 The Chief Nursing Officer for Wales issued a follow up formal letter providing further clarity, reflecting the changes organisations had been required to make to patient pathways/ designation of wards across their acute sites. This made particular reference to the definition of wards for inclusion/exclusion under Section 25B of the Act, and the expectations upon Health Boards in relation to calculating the nurse staffing levels in such wards.

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	This monthly reporting of staffing levels has continued through to March 2021 and includes which would have been the January 2020 re-calculation period. A decision was made on an All Wales basis that the formal acuity assessment normally carried out in January be cancelled due to the COVID-19 / winter pressures being experienced at the time. In response to the cancellation of the January audit and in order to provide assurances that the calculation of Nurse Staffing levels have been undertaken for the first half of this calendar year, it is anticipated that Cardiff and Vale will undertake a further formal calculation of the 25B areas through May 2021 and present as an exception report to Board in June 2021. The Chief Nursing Officer letter of 24th March 2020 specifically referenced the disruption that the Covid pandemic would cause to the ongoing work to extend the Act's second duty to paediatric inpatient wards. In October 2020 Welsh Government advised that the coming into force date for the extension has been postponed provisionally until October 2021. The Nurse Staffing Programme Team and the paediatric workstream have devised a suite of supportive mechanisms to prepare Health Boards for the extension of the second duty of the Act. Following a consultation process during the Autumn of 2020, the Statutory Guidance has been revised to include paediatric inpatients. Within Cardiff & Vale, there are two paediatric ward areas that the Act will effect and we currently record the nurse staffing levels and patient flow data once a day in line with adult services. A monthly visualizer is received from the nurse staffing programme. In preparation for the first key milestone of undertaking the triangulation calculation for the nurse staff levels in August 2021 we have completed a number of practice triangulation's using the current available data sets. These sessions have been facilitated by the All Wales Paediatric Nurse staffing lead and have included our wards sisters and staff currently working on the wards. The sessions have been very useful in helping identify any gaps in data or knowledge prior to the actual submission date. In addition to this an implementation plan has been developed to ensure the Health Board is on track to meet all the required milestones. As a Health Board we continue to be represented on the All Wales Paediatric Nurse Staffing group which supports the extension of the Act and is in the process of developing operational guidance document to support the extension. Cardiff & Vale UHB continues to be represented on each of the work stream groups within the All Wales Nurse Staffing Programme and is actively contributing to the development of evidence based workforce planning tools in preparation for further extension of the second duty of the Act to other areas in the future. A position paper will be provided to the Executive team prior to formal reporting of paediatrics within the Act		
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Date annual assurance report of compliance with the Nurse Staffing Levels (Wales) Act presented to Board	May 2019	September 2020	May 2021
Number of adult acute <u>medical</u> inpatient wards where section 25B applies	20	20	18
Number of adult acute <u>surgical</u> inpatient wards where section 25B applies	18	18	11
Number of occasions where the nurse staffing level recalculated in addition to the bi-annual calculation for all wards subject to Section 25B	6	0 (up until February 2020 when COVID-19 created significant impact, resulting in movement of multiple wards)	COVID-19 created significant impact, resulting in the reconfiguration or movement of multiple wards and increase/decrease in bed capacity to accommodate different zones / patient streams, see below.
Changing the purpose of the adult acute medical and surgical wards to	As described earlier in this report, the unprecedented challenges faced by the COVID-19 pandemic meant that wards were constantly being changed and repurposed in response to the demands faced at the time. As a direct result the staffing establishments were constantly reviewed. This takes into account the current operational service planning and delivery, with the introduction of 'Green and Red' zones / streams of patients.		

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support the management of COVID or opening new COVID wards.

Stream		Definition
Red stream	Confirmed C19+	Has had +ve test in past 14 days
Purple stream	Suspected C19	Symptomatic, not confirmed
Amber stream	Non-covid	Asymptomatic, has not self-isolated, e.g. emergency
Green stream	Covid-free	Asymptomatic, meets green stream criteria (e.g. self-isolated for 7 days)
Blue stream	C19 recovered	>14 days post confirmed +ve

The workforce came under considerable pressure and resources were limited. It is for this reason the Health Board explored a range of options which included 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 were staffed appropriately.

Within the constantly changing environment set out by the COVID-19 pandemic, the Health Board continued to monitor the re-purposing of clinical areas and any changes to normal service provision in line with local and National context. It relied heavily on the use of professional judgement, to both calculate and operationally maintain nurse staffing levels within the clinical areas. Assurance was given through 2020-21 that the Health Board maintained its duty to consider the establishments required to meet the needs of patients wherever nursing care was provided, particularly as the normal purpose of the wards was subject to change.

Guidance from CNO confirmed that adult medical and surgical wards that were repurposed to deal with the COVID-19 pandemic could 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 placed responsibility on Health Boards to ensure establishment were maintained to provide sensitive care in all areas during the pandemic, the Health Board continued to monitor the COVID-19 exception wards to provide assurance that the Health Board maintained oversight that these areas were staffed safely, with the reliance on professional judgment.

Throughout the pandemic, the Health Board established emergency temporary bed capacity within public and private sector partner's premises to meet the anticipated need for additional capacity. The workforce model was 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

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	required to meet the needs of the patients within each facility had been undertaken. The nurse staffing model was based on their anticipated acuity/dependency levels as defined within the Welsh Levels of Care workforce planning tool. In order to support critical provision, all nursing services undertaken in a community setting were reviewed in line with the predicted demands of COVID-19 and some services were delivered in a different way. This allowed flexibility within the services to manage increased patient demand and reduced nurse staffing levels. Some of the changes have included: o Suspension of non-essential work. o Health Visiting services rationalised to essential visits and home contacts only and Health Visitors have been redeployed to provide essential support to in-hospital environment. o Redeployment of non-essential staff to support District nursing services. The paediatric inpatient areas were also reviewed in order to support the repurposing of services through the pandemic. The gynaecology ward has closed and staff redeployed to other areas of the Clinical Board. Emergency gynaecology was provided on the obstetric unit. The paediatric Emergency department was 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 were 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. In addition to the responsibilities set out under 25(A), for wards that retain their 25(B) status there was an expectation 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 was a significant move away from the Health Boards normal levels and deviation 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 did not constitute a lack of compliance with the Act.
The process and methodology used to inform the triangulated approach	The Nurse Staffing Levels (Wales) Act 2016 requires that all wards included in section 25(B) must calculate the number of Nurses using a triangulated approach utilising three sources of information. The information triangulated is both qualitative and quantitative in nature. The process and methodology used has been detailed in annual assurance reports, each of which are contained in this report. Under normal circumstances a record of this process is documented for each clinical area using an All Wales Recording Template. These record details of the overall findings of the workforce planning tool, any evidence from the quality indicators for that recording period and a summary of the professional judgement of the team. The areas of responsibility in the sign off the nurse staffing levels in wards where Section 25B&C apply are presented to ensure that the professional opinions across the service are considered. The

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	Health Board was able to successfully undertake the bi-annual calculation (presented in November 2020) from the acuity data captured in June 2020, However, as described above, due to the exceptional context of COVID-19 and the continual change to clinical areas, the Health Board has recorded the staffing levels on each ward on a monthly basis to provide assurances that they were being monitored through a professional judgment lens.

Section 25E (2a) Extent to which the nurse staffing level is maintained

As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.

		2017/2018	2018/19	2019/20	2020/21
Extent to which the required establishment has been maintained within wards under section 25B	**Required establishment (WTE) of S25B wards prior to commencement of the Acts second duty (March 2018)**	**RN: 1176**			
		HCSW: 541			
	Required establishment (WTE) of S25B wards calculated during first cycle (May)		**RN: 1176**	**RN: 1127**	**RN: 1028**
			HCSW: 541	**HCSW: 530**	**HCSW: 452**
	WTE of required establishment of S25B wards funded following first (May) calculation cycle		**RN: 1176**	**RN: 1127**	**RN: 1028**
			HCSW: 541	**HCSW: 530**	**HCSW: 452**
	Required establishment (WTE) of S25B wards calculated during second cycle (Nov)		**RN: 1176**	**RN: 1127**	**RN: 1107**
			HCSW: 541	**HCSW: 530**	**HCSW: 560**
	WTE of required establishment of S25B wards funded following second (Nov) calculation cycle		**RN: 1176**	**RN: 1127**	**RN: 1107**
			HCSW: 541	**HCSW: 530**	**HCSW: 560**

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	The number of wards under section 25B is likely to have changed during the reporting period. For more details of individual wards and their calculated nurse staffing levels, refer to the annual assurance reports: • 2018-2019 • 2019-2020 • 2020-2021
Extent to which the nurse staffing levels are maintained within Section 25B wards	When the second duty of the Nurse Staffing Levels (Wales) Act 2016 (the Act) came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E, and health boards were using a variety of e-rostering and reporting systems. During the reporting period 2019/20, all health boards/trusts in Wales worked as part of the All Wales Nurse Staffing Programme to develop a consistent approach to capturing quantitative data on a daily basis (in lieu of a single ICT solution) to enable each organisation to demonstrate the extent to which the nurse staffing levels across the health board. For the 2018/9 and 2019/20 annual reports, this health board - together with all other health boards/trusts in Wales, provided narrative to describe the extent to which the nurse staffing levels have been maintained in order to meet its statutory reporting requirement under Section 25E of the Act. During the reporting period 2020/21 all health boards/trusts in Wales have begun to implement and use the NWIS delivered enhancements to the NHS Wales Health and Care Monitoring System (HCMS). In light of this development, made available to Health Boards/Trusts across Wales on 1st July 2020, organisations have had access to a consistent approach to capturing quantitative data on a daily basis to enable each organisation to demonstrate the extent to which the nurse staffing levels across the health board have been maintained in areas which are covered by Section 25B/C of the Act. Unfortunately, due to the evolving nature of the COVID-19 pandemic and the significant impact upon normal everyday operational delivery the Health Boards ability to capture this data has been limited. Looking forward, NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. It is anticipated that during the next reporting period (2021-2024) a once for Wales informatics system will be developed and will support Health Boards/Trusts in meeting the reporting requirements of the Act and the Once for Wales approach will ensure consistency. Discussions continue on a national basis to identify the national system and the Nurse Staffing Programme team is working with providers to ensure the system is able to support NHS Wales in collating the data required to inform the reporting requirements

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Process for maintaining the nurse staffing level for Section 25B wards	The monitoring of nurse staffing levels within Cardiff and Vale is the responsibility of all nurses and operational leads throughout the system and the Health Board continually encourages staff to raise any concerns they have regarding nurse staffing levels through the normal reporting mechanisms. In 2018-19 and 2019-20 the Health Board monitored and maintained its nurse staffing levels through a daily 'critical staffing meeting' which reported and managed gaps in the nurse staffing on a daily basis. This process enabled the deployment of nurses across the system and escalated any concerns through to the Executive Nurse Director. Within the time frame of this Annual report (6 April 2020 – 5 April 2021) the normal mechanism for maintaining the nurse staffing levels has been significantly disrupted by the COVID-19 pandemic, however 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 an evolving dynamic process reflecting the challenging operational context, which has been reviewed daily. As a result of moving away from a once daily critical staffing meeting prior to COVID-19, the Health Board implemented a revised approach to maintain the scrutiny of nurse staffing to include: • Formation of the Nurse staffing Hub aligned to the COVID-19 operational Centre / Local Command Centre (LCC) • 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 – 2000 hours each day to cover the transition from day to night cover. • Clinical Boards undertake a morning huddle where nurse staffing if discussed and the information provided to the Nurse Staffing Hub and reviewed four times per day. Wider efforts to support the maintenance of staffing levels have included: • The re-deployment of nurses from areas that experienced a reduction in workload (eg. Outpatient clinics) • Supporting the capability of nursing teams to care for patient sensitively by increasing the availability of Allied Health Professional on wards (eg increasing availability of dietetics support workers to wards at meal times). • Increasing the availability of training for 'off ward' nurses to return to wards. In order to support this, the Health Board 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.

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Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in Section 25B wards April 6th 2018 – April 5th 2021					
Patients harmed with reference to quality indicators and complaints (*) which are classified as serious incidents and reported centrally	**Total number of closed serious incidents/complaints during last reporting period**	**Total number of closed serious incidents/complaints during current reporting period.**	**Total number of serious incidents/complaints not closed and to be reported on/during the next reporting period**	**Increase (decrease) in number of closed serious incidents/ complaints between reporting periods**	**Number of (closed) serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor**
• Hospital acquired pressure damage (grade 3, 4 and unstageable).		129	0		2

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• Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).		63	9		4
• Medication related never events.		1	1		0
• Complaints about nursing care resulting in patient harm (*) (*)This information is not required for period 2018/19	0	0	0	0	0

Section 25E (2c) Actions taken if nurse staffing level is not maintained

Actions taken when the nurse staffing level was not maintained in Section 25B Wards	In 2018-2020, any incidents whereby the nurse staffing levels were not maintained, were escalated through to the Executive Nurse Director via the daily critical staffing meeting. Assurance was provided that all reasonable steps had been taken to mitigate and reduce the risk within the clinical area. These incidents were recorded via the Datix incident management system and monitored through the patient safety team when reviewing patient safety incidents. Throughout the time frame for 2020-21, 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 and the Health Boards ability to maintain the correct staffing

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	levels. It was recognised that the nurse staffing levels at times of increasing escalation within both the COVID-19 and the non-COVID wards meant significantly different nurse staffing level than have previously been agreed within this Health Board. Even though the agreed staffing levels were reported on a monthly basis, these levels changed within the challenging operational context on a day today, hour by hour basis. The issues relating to deviated staffing levels were often complex and multifaceted (i.e. increased absence, repurposing of wards, increased critical care demand etc). As described above, the Nursing Hub aligned to the 4 times a day Local Command Centres assumed responsibility for the continual assessment of nurse staffing levels. The ability for this process to escalate within the Health Board was aligned to the escalation plan set out in the Operational Framework included in the Act. To maintain operational services within unprecedented times, any significant changes to the nurse staffing levels across the clinical areas 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 For any incidents (above) where the failure to meet staffing levels were considered to be a factor, these incidents are reported to Welsh Government as part the normal reporting procedure. Within the organisation, all injurious falls are investigated using the Root Cause Analysis principles and reported to the MDT falls delivery group for lessons learned.
Conclusion & Recommendations	This report outlines the Health Board's compliance with the Nurse Staffing Levels (Wales) Act, across the first three-year reporting period. The report highlights the unprecedented challenges that the Health Board has faced through the pandemic and the subsequent disruption to the schedule has been indicated. The report outlines the work that has continued through this time and provides assurance to the Health Board that Nurse Staffing levels have continued to be calculated and monitored through 2020-21. For any incidents (above) where the failure to meet staffing levels were considered to be a factor, these incidents are reported to Welsh Government as part the normal reporting procedure. Within the organisation, all injurious falls are investigated using the Root Cause Analysis principles and reported to the MDT falls delivery group for lessons learned.

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Report Title:	**NURSE STAFFING LEVELS REPORT TO COMPLY WITH THE NURSE STAFFING LEVELS (WALES) ACT 2016**	**Agenda Item no.**	**7.9**
Meeting:	Board Meeting	**Meeting Date:**	30.09.2021
Status:	**For Discussion**	**For Assurance**	**For Approval** / **For Information** /
Lead Executive:	**Executive Nurse Director**		
Report Author (Title):	**Director of Nursing- Children & Women's Clinical Board**		

Background and current situation:

The Nurse Staffing Levels (Wales) Act [2016] became law in March 2016, and had a phased commencement across adult medical and surgical wards. The second duty of the Nurse Staffing Levels Act has been extended. Section 25B(3)(C) will apply to paediatric inpatient wards in October 2021. Work has been undertaken, using the requisite evidence-based workforce planning tool, to calculate the nurse staffing levels for paediatric wards.

The Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively. Section 25A of the Act requires Health Boards to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations.

The Nurse Staffing Levels (Wales) Act [2016] requires the Board to designate a person to be responsible for calculating the nurse staffing level in settings where section 25B of the Act applies. As of October 2021, 25B requires Health Boards/Trusts to calculate and take reasonable steps to maintain the nurse staffing level in paediatric acute medical and surgical wards. Health boards/Trusts are also required to inform patients of the nurse staffing level on those wards. The Executive Nurse Director in Cardiff and Vale University Health Board is the designated person and this report asks the Board to consider and;

- note the progress in ensuring compliance with Section 25a of the Act in ensuring sufficient nurses to care for patients sensitively
- note the paediatric ward areas that now fall under the requirements of 25b(3)(c)
- receive and agree the nurse staffing level for paediatric wards.

Our Health Board mission, "Caring for People, Keeping People Well", describes our vision being that a person's chance of leading a healthy life should be the same wherever they live and whoever they are. To enable the delivery of this aim we need a healthy and engaged workforce that is productive, efficient and flexible. The nursing and midwifery workforce is one of the largest sectors of the workforce and ensuring that the right people with the right skills are in the right place is fundamental to a good patient experience and satisfactory outcomes.

The Nurse Staffing Level (Wales) Act [2016] became law in Wales in March 2016. The Act requires health service bodies to make provision for an appropriate nurse staffing level wherever nursing

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services are provided, and to ensure that they are providing sufficient nurses to allow them time to care for patients sensitively. This requirement extends to anywhere NHS Wales provides or commissions' a third party to provide nurses.

Building on the work undertaken across adult medical and surgical wards, the Health Board has contributed to the development of supporting Operational Guidance for Paediatric Wards. This, alongside Statutory Guidance released in 2017, have informed the paediatric programme of work.

Responsibility for meeting the requirements of the Act applies to staff at all levels from the ward to the Board, with the Board and Chief Executive Officer being ultimately responsible for ensuring the Health Boards'/Trusts' compliance with the Act. Responsibility is delegated to officers to undertake specific functions detailed within the Act on the Board's behalf and to provide advice and assurance.

The Director of Workforce and Organisational Development (OD) is required to ensure that:

- Workforce planning for a continued supply of required staff assessed using the Welsh planning system
- Active recruitment in a timely manner at local, regional, national, and international level
- Programmes of continuous professional development for staff retention strategies that include consideration of the NHS Wales staff survey results
- Well-being at work strategies that support nurses in delivering their roles

The Director of Operations is responsible for developing, implementing and reviewing the organisation's operational framework that will need to describe the processes that are required to:

- enable the use of appropriately skilled, temporary (bank or agency) nursing;
- effectively manage the temporary use of staff from other areas within the organisation;
- effectively manage the temporary closure of beds; and
- provide guidance on when changes to the patient pathway as a means to maintaining nurse staffing levels might be considered and deemed appropriate.

In addition to being described within the Health Board/Trust operating framework, these processes should also be reflected in the Board's escalation policy and business continuity plans.

The Director of Finance is responsible for:

- ensuring that the nurse staffing level is funded from the Health Board's/Trust's revenue allocation and that it takes into account the actual salary points of staff employed on the wards where section 25B applies.

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

In light of the extension of the second duty of the Nurse Staffing Levels (Wales) Act. Section 25B(3)(C) will apply to paediatric inpatient wards from October 2021. Work has been undertaken, using the requisite evidence-based workforce planning tool, to calculate the nurse staffing levels for paediatric wards. This paper provides evidence of the application of the process and the nursing establishments required to allow compliance with requirements of the Nurse Staffing Levels (Wales) Act [2016].

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ASSESSMENT AND ASSURANCE

- **Preparation**

The Health Board instituted a paediatric work stream to bring together the key operational staff who will be central to ensuring compliance with the Act.

One of the key requirements of this group has been to undertake its' first bi-annual audit of patient acuity and dependency. The Health Board participated in the development of the Paediatric Welsh Levels of Care Audit Tool.

The results of these audits have been fed back to clinical teams via several mechanisms.

  - To the Clinical Board senior nursing teams
  - To Ward Sisters via their formal meetings
  - Individual or groups of Ward Sisters, including team meetings

The All Wales Paediatric Project Lead for the work has supported the Health Board to present both the results and the implications of the Nurse Staffing Levels (Wales) Act 2016 to several forums.

In addition to the preparation described above the Health Board will inform patients and carers of the nurse staffing levels and date of agreement on information boards at the entrance to wards. The template included in the Paediatric Operational Guidance will be used (appendix 1) and the FAQ document will be made available to patients.

- **Section 25a – Duty to have regard to proving sufficient nurses**

The Health Board has an overarching duty to provide sufficient nurses to care for patient sensitively. This duty applies to all areas that provide a nursing service included commissioned services. The standards and evidence that have been considered in determining the numbers of nurses required is indicated below.

- **Section 25b**

Sections 25b&c require Health Boards to calculate the nurses staffing levels using a prescribed method of calculation. Paediatric inpatient wards are now included in this section of the Act. A paediatric inpatient ward is defined as

An area where patients receive active treatment for an injury or illness requiring either planned or urgent medical or surgical intervention, provided by - or under the supervision of - a consultant physician or surgeon. Patients on these wards will be aged 0-17, however individuals up to their 18th birthdays may receive treatment in an adult inpatient ward on occasions where professional judgement deems it to be more appropriate based on the clinical needs of the patient while also taking into consideration the existing risk assessment protocols as well as the right of the child/guardian to take part in the decision.. Patients are deemed to be receiving active treatment if they are undergoing intervention(s) for their injury or illness prescribed by the consultant, and/or their team, and/or advanced practitioners.

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The Statutory Guidance includes a detailed list of exclusions (appendix 3).

Triangulated Approach to Calculating Nurse Staffing Levels

For those wards included in section 25b the Health Board must calculate the number staff of using a triangulated approach (figure 1). This approach utilizes three sources of information:

- **Professional judgement** – the Clinical Board Nurse Director in conjunction with the Ward Sister/ Charge Nurse and Lead and Senior Nurses should use their knowledge of the clinical area to inform the levels of nurse staffing. The Operational Guidance provides detailed descriptions defining professional judgment. Included in this description is a suggestion that data on, compliance with mandatory training, vacancy and sickness rates, temporary staffing usage, bed occupancy and patient experience outcomes may be of use in supporting this aspect. These judgements are included in appendix 5 & 6
- **Patient acuity** - use the prescribed evidence-based workforce planning tool to understand the level of acuity and activity that can influence nurse staffing numbers. The tool used to determine the acuity of each patient is the Paediatric Welsh Levels of Care
- **Quality indicators** – there should be consideration of quality indicators that are particularly sensitive to care provided by a nurse as part of the calculation. To reduce the burden of measurement, quality indicators that have an established data source have been detailed as a minimum data set within the Act and Statutory guidance. The indicators are:

- **Extravasation/Infiltration injuries** any extravasation or infiltration injury that the patients suffered whilst on the ward.
- **Pressure ulcers** - total number of hospital acquired pressure ulcers judged to have developed while a patient on the ward; and
- **Medication errors** - any error in the preparation, administration or omission of medication by nursing staff (this includes medication related never events).
  Staff & Patient Experience

Figure 1 - Triangulated approach for calculating nurse staffing levels within medical and surgical wards.



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The process should be informed by the opinions of the Ward Sister and senior nurse team before the designated person determines the staffing levels (Standard Operating Procedures for this process described in appendix 4).

An uplift of 26.9% is applied once the nurse staffing levels have been determined. The agreed roster does not include the 1 WTE Ward Sister who is in a supervisory role.

Following this process the nurse staffing levels for wards included in section 25B are detailed below:

Ward	WTE	Agreed roster								
Island	62.32			Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		Early	RN (Band 6)	2	2	2	2	2	2	2
			RN (Band 5)	7	7	7	7	7	7	7
			HCSW	2	2	2	2	2	2	2
		Late	RN (Band 6)	2	2	2	2	2	2	2
			RN (Band 5)	7	7	7	7	7	7	7
			HCSW	2	2	2	2	2	2	2
		Night	RN (Band 6)	1	1	1	1	1	1	1
			RN (Band 5)	8	8	8	8	8	8	8
			HCSW	2	1	2	1	1	2	2
Gwdihw	65.16			Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		Early	RN (Band 6)	1	2	2	2	2	2	2
			RN (Band 5)	6	9	9	9	9	9	6
			HCSW	2	3	3	3	3	3	2
		Late	RN (Band 6)	1	2	2	2	2	2	2
			RN (Band 5)	6	9	9	9	9	9	6
			HCSW	2	3	3	3	3	3	2
		Night	RN (Band 6)	1	1	1	1	1	1	1
			RN (Band 5)	6	7	7	7	7	7	7
			HCSW	2	2	2	2	2	2	2

Recommendation:

The Board is asked to note the extension of the second duty of the Nurse Staffing Levels (Wales) Act [2016] to include paediatric inpatient wards

The Board is asked to approve the nursing establishments in compliance with requirements of the Nurse Staffing Levels (Wales) Act [2016].

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	

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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 / **Not Applicable** *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Appendix 1 Ward based template to inform patients of the Nurse Staffing Establishment

GIG CYMRU NHS WALES | Staff Nyrsio Nurse Staffing

Ward Name



The number of nurses and healthcare support workers (HCSW) that are needed to care for you each morning, afternoon and night time.

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	Nurse							
	HCSW							
Afternoon	Nurse							
	HCSW							
Night time	Nurse							
	HCSW							

The hospital needs to make sure that you know how many nurses/HCSW are needed on the team to take care of you and the date this number was decided

THE TOTAL NUMBER OF NURSES/ HCSW NEEDED ON WARD TEAM

The date the number of nurses/ HCSW needed was decided:

In addition to the nurses and HCSW's, you may see other healthcare staffing on the ward who will work with the nurses to take care of you. For example, a play specialist or physiotherapist.

If you want to know more, you can ask the nurse looking after you.

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Appendix 2 Paediatric wards currently excluded from section 25B&C

Exclusions: The following care settings are not considered to fall within the definition of 'paediatric inpatient wards'.

- acute admission/assessment units that have short term admissions for assessment purposes that are demonstrably different to paediatric inpatient wards
- paediatric intensive care units which are separately located
- high dependency units which are separately located
- day case units which are separately located
- neonatal units
- specialised oncology units
- specialised cardiac wards
- specialised renal dialysis units and renal wards
- mental health units
- learning disability units
- paediatric outpatient units

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Appendix 3

BI-ANNUAL ESTABLISHMENT REVIEW STANDARD OPERATING PROCEDURES

For more detailed information and advice on the process and method of determining the nursing establishment please refer to the ***Nurse Staffing Levels (Wales) 2016 Operational Guidance***.

Acuity audit
Data from the most recent acuity audit should be used to inform the process.

Professional judgment
The Paediatric Operational Guidance provides detailed descriptions defining professional judgment. Included in this description is a suggestion that data on, compliance with mandatory training, vacancy and sickness rates, temporary staffing usage, bed occupancy and student feedback may be of use in supporting this aspect.

Quality Indicators
Quality Indicators to be considered as part of the triangulation process.

Extravasation/Infiltration injuries	any extravasation or infiltration injury that the patients suffered whilst on the ward.
Pressure Ulcers	total number of hospital acquired pressure ulcers judged to have developed while a patient on the ward; and
Medication errors	Any error in the preparation, administration or omission of medication by nursing staff (this included medication related never events)
Staff & Patient Experience	

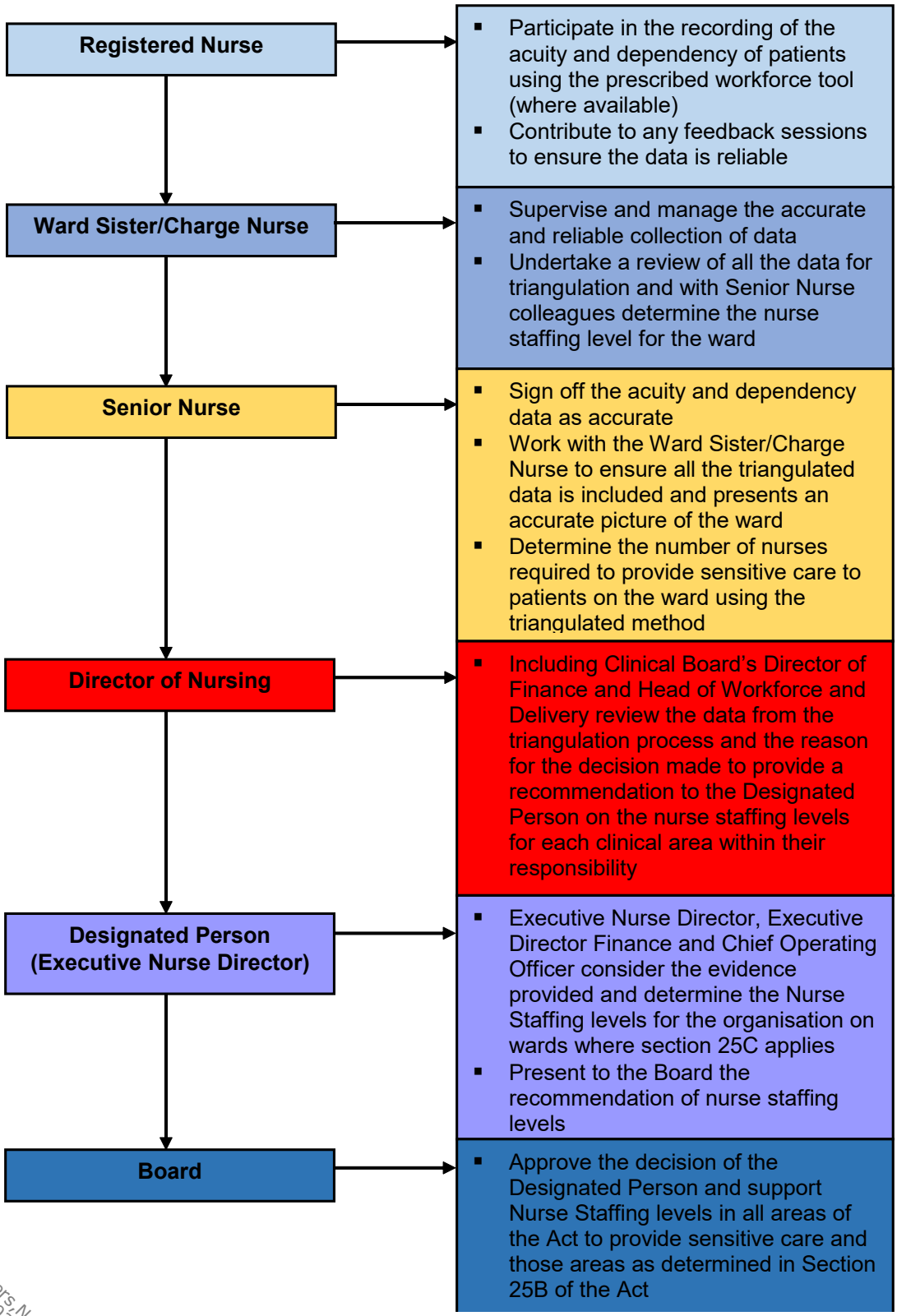
This data will be available for extraction from the Clinical Dashboard. The Corporate team will support Clinical Boards in this process if required.

Calculation Periods

March Calculation	Quality Indicators for the period	July-December
September Calculation	Quality Indicators for the period	January-June

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Sign-off Process - Areas of Responsibility for Individuals



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Report Title:	**Approval of 2021 / 22 Major Incident Plan AGENDA ITEM 7.10**								
Meeting:	**UHB Board**						**Meeting Date:**	**30/09/21**	
Status:	**For Discussion**		**For Assurance**		**For Approval**	**x**	**For Information**		
Lead Executive:	**Executive Director of Strategic Planning**								
Report Author (Title):	**Head of Emergency Preparedness Resillience and Response (EPRR).**								

Background and current situation:

Annual review of existing plan.

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

Nil of note. Routine review of existing plan to ensure it remains relevant and accurately reflects current legislation, best practice and reflects any lessons identified in previous incidents.

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

Consultation has taken place to ensure that the policy/procedure meets the needs of our stakeholders and the UHB. The consultation undertaken specific to this document was as follows:

- The document was shared with the Clinical Boards and key action card holders.

Where appropriate comments were taken on board and incorporated within the draft document *:*

Compliance to be monitored by EPRR Strategic oversight group.

The primary source for dissemination of this document within the UHB will be via the intranet and clinical portal. The external publication of the full document will be restricted as it contains information that could result in a threat to the security of the UHB or a risk to the health and safety of employees, patients or visitors. The title of the document only and the Equality and Health Impact Assessment will be published on the UHB Internet with a statement advising that anyone seeking further information should make a request in accordance with the requirements of the Freedom of Information Act.

Please use the following link to Access the Major Incident Plan:

https://cavuhb.nhs.wales/about-us/governance-and-assurance/board-meetings/2021-22/

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Recommendation:

The Board is asked to:

- **APPROVE** the 2021/22 Major Incident Plan
- **APPROVE** the restricted publication of the 2021/22 major Incident Plan in accordance with the UHB Publication Scheme.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	X	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes

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Report Title:	**Pharmaceutical Needs Assessment (PNA)**						**Agenda Item no.**	**7.11**	
Meeting:	**PUBLIC BOARD MEETING**						**Meeting Date:**	**30/09/21**	
Status:	**For Discussion**		**For Assurance**		**For Approval**	√	**For Information**		
Lead Executive:	**Fiona Kinghorn, Executive Director of Public Health**								
Report Author (Title):	**Karen May, Head of Medicines Management Primary Care**								

Background and current situation:

Welsh Government has changed the way in which applications from pharmacies, dispensing appliance contractors and dispensing doctors to provide pharmaceutical services are made and determined by introducing pharmaceutical needs assessments or PNAs. The NHS (Pharmaceutical Services) (Wales) Regulations 2020, came into force on 1st October 2020 and place a statutory duty on each health board to publish its first PNA by **1st October 2021**. This paper presents the first PNA for Cardiff & Vale UHB for approval.

The 2020 regulations set out that the PNA:

- Considers the health needs of Cardiff & Vale UHB's resident population and those who may be temporarily in its area, both now and in the five year lifespan of the PNA;
- Considers how the provision of pharmaceutical services can meet those health needs;
- Maps the provision of pharmaceutical services within the Health Board's area;
- Identifies the provision of pharmaceutical services outside Cardiff & Vale's area for example elsewhere in Wales and also in England;
- Identifies any gaps in the provision of pharmaceutical services now and in the lifespan of the PNA; and
- Turns those gaps into specific current and future needs for pharmaceutical services.

The following services fall within the legal definition of pharmaceutical services:

- Essential, advanced and enhanced services provided by pharmacies and dispensing appliance contractors, and
- The dispensing service provided by some GP practices.

In addition, the PNA will also include services provided by other providers for example hospital and prison pharmacies.

Once the PNA is published it will be used by the UHB to determine applications from pharmacy contractors and dispensing appliance contractors who wish to open new premises or relocate existing premises to meet an identified need. It will also be used to determine outline consent and premises approval applications from dispensing doctors.

The aim of introducing Pharmaceutical Needs Assessments to Wales is to bring about a long term, cost effective and sustainable system which would afford patients appropriate access to pharmaceutical services. It aims to provide contractors with increased certainty, reducing

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business risk and allowing them to invest in delivery of wider services. There is an expectation that this will afford more consistent provision of services to a higher standard.

Subsequent PNAs must be published within 5 years as a minimum.

Process

Cardiff & Vale UHB set up a PNA Steering Group to oversee the drafting of a robust pharmaceutical needs assessment that complies with the requirements of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 and the needs of the local population. The group were supported by PCC CIC (PCC CIC are a company that has experience of drafting PNAs in England and assisted in the drafting of the Welsh regulations) who were responsible for drafting the PNA. The Chair of the Steering Group was the Head of Medicines Management Primary Care and the members were representatives from Primary Care, Pharmacy, Public Health, Local Medical Committee (LMC), Communications team, Finance, Planning, Community Health Council (CHC) and Community Pharmacy Wales, as well as Pharmacy project management support.

A public/patient survey was circulated to the UHB population in January/February to determine how they use pharmacy services and this received 311 responses. All Community Pharmacies completed an All Wales PNA questionnaire and all 106 pharmacies in Cardiff & Vale responded. The one dispensing doctor also completed a PNA questionnaire. This information was used to inform the draft PNA. The regulations set out the minimum requirements of the PNA.

The draft PNA, was approved at the Strategy & Delivery Committee on 11th May and underwent a public consultation between 21st May and 20th July 2021. Consultees identified within the regulations were provided with a link to the PNA directly, and also the draft PNA was hosted on the UHB website and social media communications advertised its availability.

11 responses to the consultation were received which were considered and the PNA updated accordingly where appropriate. Some matters raised by respondents are outwith the PNA, and so responses were restricted to matters pursuant to the PNA.

The development of the PNA took place in the context of the COVID 19 pandemic and some responses to the public/patient survey and to the consultation reflected experiences and pressures impacted by that.

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

The overall response to the consultation has not identified a current or specified future need for additional pharmacy services. No concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision has been missed and the main conclusions are agreed with.

Based upon the information available at the time of developing the PNA, including the Local Development Plan, no current or future gaps in the provision of pharmaceutical services were identified, such as would require an additional pharmacy within the lifetime of the PNA.

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

It is important that the PNA identifies where there are specific gaps in pharmaceutical services and that this is proportionate, so as not to destabilize the existing pharmacy establishment by identifying a need where an additional pharmacy is not warranted, which could lead to closures. It is important that the process undertaken meets the requirements as set out in the regulations.

There is a risk in not having an approved PNA in line with the regulatory timescales, which require the PNA to be made available and published on the UHB website by 1st October 2021.

Recommendation:

The Board is requested to: Approve the Pharmaceutical Needs Assessment for publication.

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

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention		Long term	√	Integration		Collaboration		Involvement	√

Equality and Health Impact Assessment Completed:	Yes *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Report Title:	**Board Lead and Champion Roles – AGENDA ITEM 7.12**								
Meeting:	Board						**Meeting Date:**	30.09.21	
Status:	**For Discussion**	**x**	**For Assurance**		**For Approval**	**x**	**For Information**		
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Director of Corporate Governance**								

Background and current situation:

In accordance with Standing Order 1.4.12 the Chair will ensure that individual Board Members are designated as lead roles or 'champions' as required by Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operation in accordance with the requirements set by the LHB, the Welsh Ministers or others. In particular no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board Member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board Members for that particular aspect of Board business.

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

Board Lead and Champion Roles were last approved by the Board in September 2020. Since that time there has been a number of changes on the Board. It should also be noted that Welsh Government have issued a new Welsh Health Circular which removed a number of the previous Board Champion roles.

As part of the Board Development session held in August a proposal was made for each of the Board Champion roles now required under the Welsh Health Circular 2021/002 in addition to this a Role Description was also described to provide clarity for those undertaking the roles.

Once approved each Independent Member 'Champion' will be linked in with an Executive Director to agree a plan to ensure that the role is fulfilled.

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

Attached at Appendix 1 is a proposed schedule of Board Leads and Champions also attached at Appendix 2 is a proposed Board Champions Role Description to ensure that the role and responsibilities are clearly defined.

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Recommendation:

The Board is asked to:

(i) Approve the proposed Board Leads and Champions set out in Appendix 1.
(ii) Approve the Board Champion Role Description set out at Appendix 2.
(iii) Agree that where the Champion Role is allocated to an Independent Member that they will work with the relevant Executive Director to form a plan to fulfil the role.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration	x	Involvement	x

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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BOARD LEADS AND CHAMPIONS

The Health Boards Standing Orders state that the Chair is required to ensure that individual Board Members are designated as lead roles or 'champions' as required by Welsh Government Health Circular 2021/002 or as set out in statutory or other guidance. In addition to the ones set out by Welsh Government, statute or other guidance the Board has also identified some local areas where an Executive Director or Independent Member Lead is required.

Role	Executive/Non-Executive	Statutory	Proposed Board Member
Fire Safety	Executive		Rachel Gidman, Executive Director for People and Culture
Emergency Planning	Executive	Yes	Abi Harries, Executive Director for Strategic Planning
Caldicott	Executive		Meriel Jenny, Interim Executive Medical Director
Violence and Aggression	Executive		Rachel Gidman, Executive Director for People and Culture
Infection prevention and control	Non-Executive		Akmal Hanuk, Independent Member Community
Armed Forces and Veterans	Non-Executive		Fiona Jenkins, Executive Director of Health Science and Therapies
Mental Health	Vice Chair		Ceri Phillips, Vice Chair
Equality	Non-Executive		Sara Mosely, Independent Member Third Sector
Children and Young People	Executive & Non-Executive	Yes	Ruth Walker, Executive Nurse Director Rhian Thomas, Independent Member Estates
Putting Things Right	Executive & Non-Executive	Yes	Ruth Walker, Executive Nurse Director Charles Janczewski, Chair
Raising concerns	Executive or Non-Executive		Mike Jones, Independent Member Trade Union

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Welsh Language	Executive		Rachel Gidman, Executive Director of People and Culture
Older Persons	Non-Executive		Gary Baxter, Independent Member University
Wellbeing of Future Generations Act	Non-Executive		Charles Janczewski, Chair
Social Services and Wellbeing (Wales) Act	Non-Executive		Susan Elsmore, Independent Member Local Authority

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Board Champions – Role Description

1 The principal responsibility of a Board Champion

1.1 In addition to their responsibilities as a Board Member, the Board Champion will take a lead in an area of responsibility defined by Welsh Government or as set out in any statutory or other guidance and work with the Executive Team and other staff to help develop strategy and policy.

2 Representing the Board

2.1 To take a lead responsibility in a defined area of the business

2.2 To be consulted on the development of strategy and policy in relation to the defined area prior to consideration by the Board or Committee of the Board

2.3 To attend project Groups, working groups or action groups and offer a Board member's perspective to the meetings

2.4 To contribute to learning events

3 Working with Staff

3.1 To support the Executive Director or Lead Officer in the defined area in the preparation of strategy and policy papers

3.2 To offer advanced level of scrutiny on proposals prior to consideration by the Board or Committee of the Board

3.3 To support joint working between Board members and staff

3.4 To ensure that Board members roles and responsibilities do not cross in to the operational duties of the staff

All Champions can do the following things:

- Be clear about their role
- Advise on best practice
- Review and influence
- Review policies and procedures
- Create awareness – internal / community
- Scrutinise / critique e.g. Board reports
- Raise standards on materials
- Target areas for review / promotional activity
- Help to embed

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- Keep their areas on the agenda at senior level
- Raise profile of Cardiff and Vale UHB
- Point of contact for support and advice
- Network – other organisations

Champions cannot do the following things:

- Change the law
- Change people
- Feel fully responsible for their area
- Be experts
- Make decisions for others
- Please everyone
- Solve all issues relating to their area
- Change things over night
- Provide legal advice
- Replace a policy

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Report Title:	**Assurance Strategy 2021-24**							**Agenda Item no.**	**7.13**
Meeting:	**Board**							**Meeting Date:**	**30/09/21**
Status:	**For Discussion**		**For Assurance**		**x**	**For Approval**	**x**	**For Information**	
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Director of Corporate Governance**								

Background and current situation:

At the April 21 Meeting of the Audit and Assurance Committee approval was given to develop an Assurance Strategy for the implementation of a Framework of Assurance.

The paper in April described that the organisation had a number of tools which provided assurance but no overarching strategy which pulled those tools together to give an overall view on assurance.

At the July 21 Meeting of the Audit and Assurance Committee the Committee recommended approval of the attached Strategy to the Board.

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

The attached Assurance Strategy, Appendix 1, has been developed to aid the Board in identifying overall assurance but also identifying areas of weakness and duplication.

Attached at Appendix 2 is an example of how an Assurance Map could be developed to provide an overall view of assurance for the Board. It will also indicate where there is duplication and maybe where those resources could be better targeted elsewhere.

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

Implementing the Assurance Strategy will improve the overall governance of the organisation and the assurance provided to the Board by identifying gaps or limited assurance. This in turn will enable better targeting of resources in order to obtain assurance where required.

Recommendation:

The Board are requested to **approve** the attached Assurance Strategy 2021-24.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	x	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	~~Yes / No /~~ Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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

Cardiff and Vale University Health Board Assurance Strategy					
Document Reference No:	C&V UHB TBC	**Version No:**	1	**Previous C&V UHB Ref No:**	N/A
Document Type:	Corporate Strategy			Non-Clinical	
Issue Date:	Xxxx 2021				
Implementation Date:	Xxxx 2021				
Review Date:	Xxxx 2022 (1 year post issue date).				
Documents to be read alongside this policy:	• Standing Orders • Scheme of Reservation and Delegation • Standing Financial Instructions • UHB 024 - Risk Management Procedure • UHB 435 - SOP Managing Concerns • UHB 043 – Raising Concerns (Whistleblowing Policy) • UHB470 – Risk Management and Board Assurance Framework Strategy				
Executive Summary:	This strategy sets out the UHB's approach to the Assurance Strategy. For more information on the Assurance Strategy please contact the Director of Corporate Governance: Nicola.Foreman@Wales.nhs.uk				

Disclaimer

The latest version of this document is located on the UHB's intranet. Please check the review date and if there are any doubts contact the author.

Proprietary Information

This document contains proprietary information belonging to Cardiff and Vale University Health Board. All or any part of this document should not be reproduced without the permission of the Document Owner.

Author/Reviewer:	Director of Corporate Governance
Document Owner:	Director of Corporate Governance
Accountable Executive:	Director of Corporate Governance
Consultation method/time period:	
Consultees:	
Approved by:	
Date approved:	
Scope:	UHB Wide

Engagement has taken place with:

Name	Title	Date Consulted

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Version Control Table

Version	Issue Date	Summary of Amendment
1	25.11.2021	New Strategy to be approved by the Board in

		November 2021

Important Note:
The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'uncontrolled' and, as such, may not necessarily contain the latest updates and amendments.

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Introduction

1. Assurance is term that is often used although not always fully defined. Within the NHS it has become an ever increasingly important concept. The introduction over a decade ago of the requirement for the Chief Executive, on behalf of the Board, to write and publish an Annual Governance Statement, made sure public sector organisations were able to demonstrate that they are properly informed about the totality of their risks. Put simply they needed to have confidence in their governance framework.

2. Over a number of years organisational failures, within both the public and private sector have been attributed to poor governance or failings in risk management. The response to this has been heightened control in these areas via legislation and publications of governance codes. Yet the failures continue to happen and therefore concentration has shifted to assurance and how Boards of Directors know what is being undertaken in their name.

3. The Health Board understands the challenges that large and complex organisations face when developing robust governance, risk management and assurance systems that are both proportionate and fit for purpose.

Aim

4. The aim of this strategy is to ensure that there is a common understanding throughout the Health Board of what is meant by assurance and its importance in a well- functioning organisation.

5. Assurance is underpinned by a number of elements: a robust governance framework with clearly defined and understood strategic objectives, a developed maturity in relation to risk management and effective internal controls. Assurance is about getting the right balance of strategy, risk and control. It is acknowledged that it is never possible to provide complete and absolute assurance and as such the concept of reasonable assurance is adopted.

Our Assurance Vision

6. Our vision is to ensure an assurance system exists that adds value to the Health Board by eliminating duplication of effort and resources, reducing the burden of bureaucracy and providing a central point of expertise in relation to governance, risk management and assurance.

7. We aspire to provide guidance on how to assess the value of assurance more widely across the Health Board. The promotion of a better understanding of assurance should lead to improved knowledge of the systems and processes in place. This should in turn lead to an improvement in the assurance tools used in the Health Board and the ability the Health Board has to address identified gaps.

The Assurance System

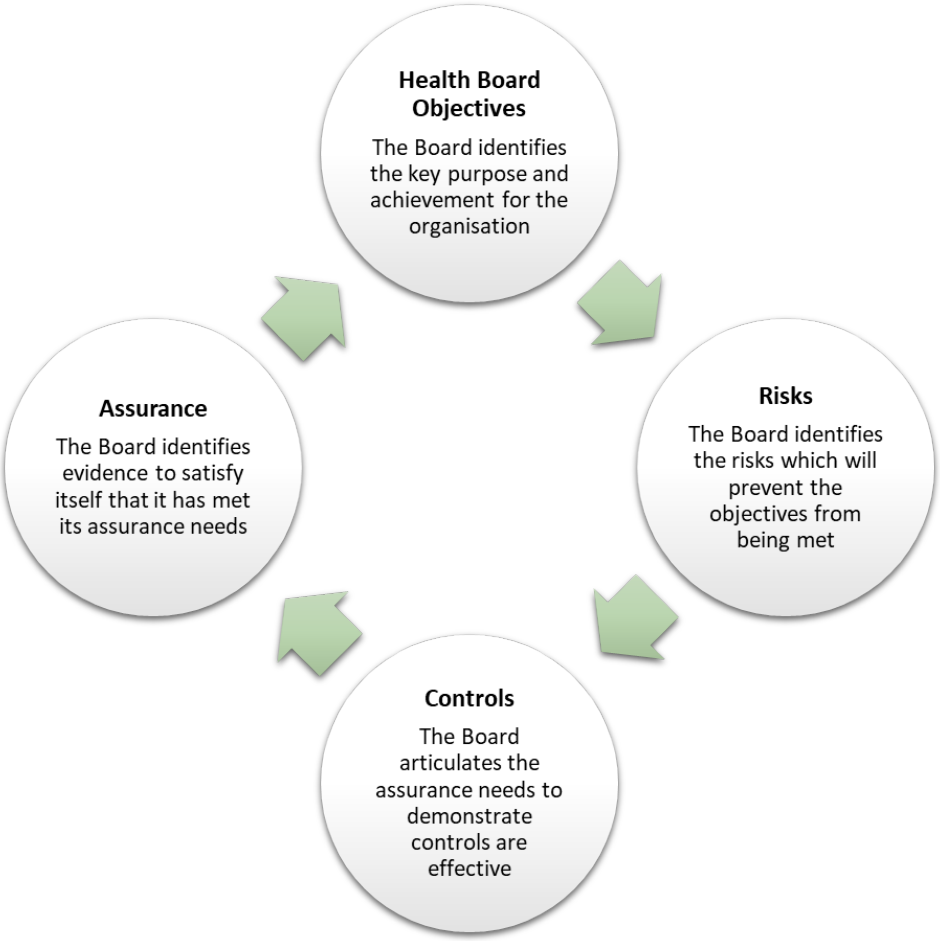
8. The assurance system will enable the Board and senior management to review the corporate governance, risk management and internal control framework and address any weaknesses identified.

9. It is the policy of the Health Board to ensure that there is a robust methodology for enabling evidence based assurance to be provided to the Health Board on the key risks and the key controls within the organisation as well as stakeholders as required and at the appropriate levels.

10. The methodology is based on the principles of assurance in relation to risk management as defined by the HM Treasury Orange Book, Management of Risk – Principles and Concepts. These principles, which have been expanded to cover all areas of governance, and the method of application within Cardiff and Vale University Health Board, can be found at Appendix 1.

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11. The following diagram summarises a model of assurance within the NHS, considered applicable for the Health Board



Benefits of an Assurance System

12. An assurance system achieves a number of benefits:

- Provides confidence in the operational working of the Health Board.
- Maximises the use of resources available in terms of audit planning, avoiding duplication of effort.
- Ensures assurances are appropriately gathered, reported and that the governance structure is working as intended
- Identifies any potential gaps in assurances relating to key risks and key controls, and that these are understood and accepted or addressed as necessary
- Supports the preparation of the Annual Governance Statement within the Annual Report and regular assurance reports to the Audit and Assurance Committee.

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Implementation of the Assurance Strategy

13. The implementation of this strategy will be achieved through clear leadership, effective delivery and defined roles and responsibilities. Roles and responsibilities in relation to assurance within the Health Board can be found in Appendix 3. This document applies to all areas of activity within the Health Board. All employees of the Health Board, including individuals employed by a third party, by external contractors, as voluntary workers, as students, as locums or as agency staff are required to comply with any requirements in relation to assurance noted within this Strategy.

14. The Director of Corporate Governance acts as a champion for this area, providing support across the Health Board.

15. All members of the Health Board will be involved in the evaluation of assurance, except where delegated to Committees of the Board.

16. The Health Board will ensure that the appropriate infrastructure in terms of Committee and individual responsibilities is in place to facilitate the embedding of the Assurance Strategy. The Corporate Governance Directorate will deliver education and training across the organisation on an on-going basis, ensuring that guidance follows best practice.

Types, Sources and Levels of Assurance

17. There are three types of assurance that can be sought: verbal, written and empirical. All can be of use depending on the circumstances. Each will be valued differently depending on other factors. There are many sources of assurance, examples of which can be found in Appendix 2.

18. The Health Board has defined the overarching Lines of Defence (levels of assurance) within its Risk Management and Board Assurance Framework Strategy as noted below:

Level 1 – Operational (Management)
Level 2 – Oversight functions (Board or Committees)
Level 3 – Independent (Audits / Reviews / Inspections etc.)

19. Supplementary assurance processes developed within the Health Board will have their levels of assurance cross matched using the overarching levels set out above.

20. Management has the primary responsibility for providing assurance on the adequacy of risk management and internal control, which is often subject to challenge from the oversight functions for example the Audit and Assurance Committee. It is however essential that there are robust frameworks in place to support the managerial assertions about the adequacy and effectiveness of internal control.

21. Independent assurance is used to confirm management assertions and is often seen as of highest value. This is however dependent on many other factors as noted below.

Assurance Values

22. Regardless of the type, source and level of assurance there are a number of issues that impact on its value, all of which need to be considered:

Age – the time elapsed since assurance was obtained, this may erode the value of assurance.

Durability – whether it endures as a permanent assurance on an historical matter e.g. Auditors Report on Financial Statements, or loses relevance over passage of time e.g. clinical audit.

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Relevance – the degree to which assurances aligns to specific area or objective over which it is required.

Reliability – trustworthiness of the source of assurance.

Independence – the degree of separation between the function over which assurance is sought and the provider of assurance.

23. The value of assurances used for the Board will be assessed by the Corporate governance Directorate.

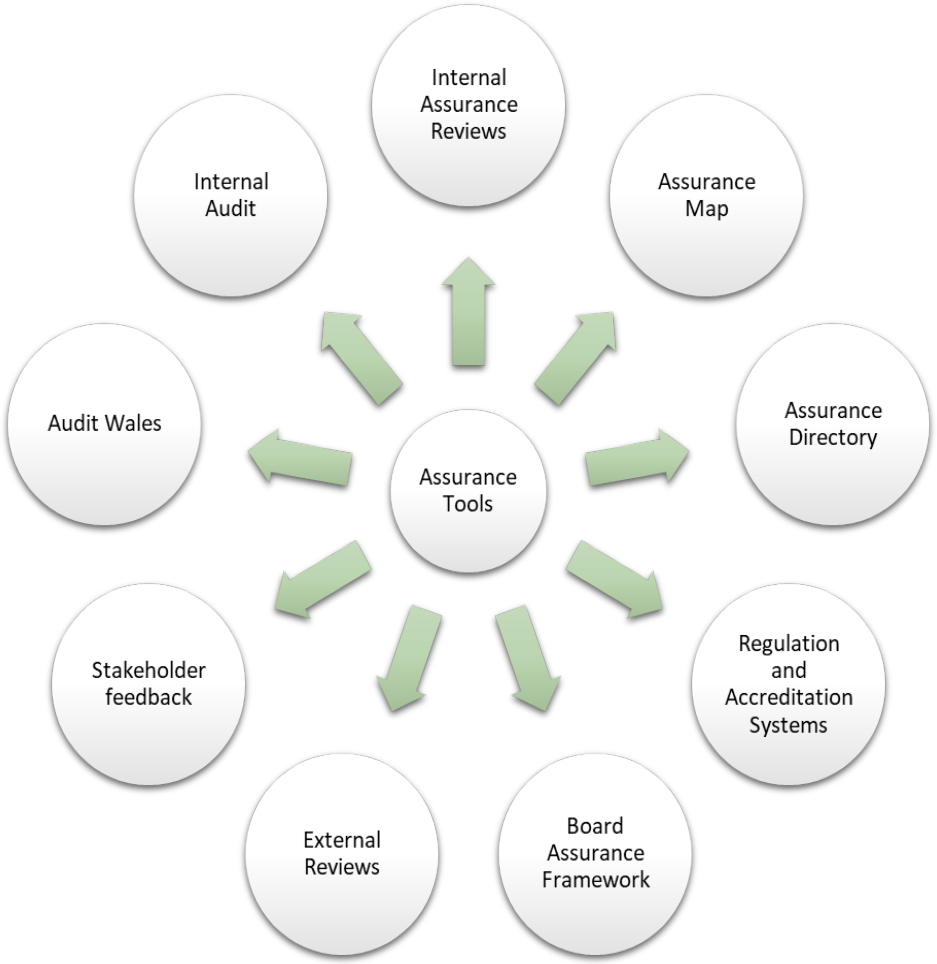
Assurance Reporting / Use of the Assurance Information

24. The various mechanisms and tools described in the strategy will enable the assurance process and the assurance information that is produced as a result to be assessed in terms of value and enable any gaps in assurance identified to be reported, at an appropriate level, and addressed, where considered necessary.

Assurance Tools

25. A number of mechanisms, known as Assurance Tools, will be used as part of the methodology for providing evidence based assurance.

26. There are various assurance tools which feed into the overall system of assurance. Through the mapping of sources of assurance, issues can be identified relating to gaps in control or gaps in assurance, and duplication of effort. Where the need for additional control measures or assurances are recognised, these will be reported through an appropriate mechanism, e.g. addition to risk register, performance reporting, or the Board Assurance Framework.



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Assurance Directory

27. An Assurance Directory is a central register of assurances, detailing the types and value of assurance. This will maintained by the Corporate Governance Directorate. The

information held within the Directory is used to create a map of assurances.

Assurance Map

28. An Assurance Map is created in order to obtain clarification in relation to assurance currently provided. There is more than one purpose for such a map and this will depend on who wants the map and why. One map should not be everything to everyone and therefore a number of different maps at various levels can be produced. Assurance Maps can be used at different levels and for different reasons as determined by need. The starting point can also vary depending on purpose.

29. Gaps, including where assurance has been provided but is deemed to be insufficient and duplications of assurance can be identified and addressed thereby consolidating assurance and reducing the amount of irrelevant information provided. Assurance maps will be created and maintained by the Corporate Governance Directorate.

Internal Assurance Reviews

30. Internal assurance reviews may be undertaken in any area of the Health Board and are one of the ways the Health Board assures itself that relevant standards, regulation and other requirements including best practice are being met. Whenever internal assurance reviews are undertaken, terms of reference are prepared and agreed by all parties. The Corporate Governance Directorate provides support for such reviews. E.g. Health and Safety Review.

Internal Regulation and Accreditation Systems

31. Internal regulation and accreditation systems ensure that suitable evidence exists to support adherence with regulation and accreditation standards. The Risk and Regulation Team track Legislative, Regulatory and Alerts compliance which is then reported to the Audit and Assurance Committee.

Board Assurance Framework

32. The Board Assurance Framework, an NHS requirement, sets out the strategic objectives, identifies risks in relation to each strategic objective and the controls to mitigate these risks. The details of the assurances on the effectiveness of these controls are also included. As such gaps in controls and assurances can be identified and acted upon. This forms an integral part of the risk management reporting system. This document is then used as a tool for further discussion in relation to the levels of assurance received and required at Board and Board Committee level as set out in the Risk Management and Board Assurance Framework Strategy. The Board Assurance Framework also provides the starting point for the Health Board to record the risks in relation to the strategic objectives that then link and are cross referenced to the Corporate Risk Register.

Internal Audit

33. Internal Audit is an independent objective function which can help the Health Board accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, internal control, and governance processes. The scope of reviews are agreed in advance with relevant Executive Directors and Management Executive, and the annual Internal Audit plan agreed by the Audit and Assurance Committee. Contingency days may be built into the Internal Audit plan to allow for any issues identified where review or further assurance may be required.

Clinical Audit

34. Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery and improve the overall quality of services.

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Audit Wales

35. The Auditor General is the statutory external auditor of most of the Welsh public sector. This means that he audits the accounts of county and county borough councils, police, fire and rescue authorities, national parks and community councils, as well as the Welsh Government, its sponsored and related public bodies, the Senedd Commission and National Health Service bodies.

    The Auditor General's role includes examining how public bodies manage and spend public money, including how they achieve value in the delivery of public services. The Auditor General publishes reports on that work, some of which are considered by the Welsh Parliament's Public Accounts Committee

Stakeholder Feedback

36. Valuable assurance is provided to the organisation through feedback from stakeholders, including patients, visitors, our staff, and partner organisations. The views of our patients are captured through various including patient safety visits. Additionally, internal feedback processes provide additional sources of assurance, including:
    - Surveys carried out with patients and staff
    - Reactive risk processes, such as complaints, claims, inquests or incidents
    - Monitoring and compliance information received from other organisations such as the Community Health Council (CHC) an Independent watchdog and Healthcare Inspectorate Wales (HIW) an independent inspectorate and regulatory of healthcare in Wales.

External Reviews

37. The Corporate Governance Directorate administer the coordination and evaluation of recommendations arising from external agency visits, inspections and accreditations and the process for disseminating and performance managing the implementation of actions arising from the recommendations and providing assurance against them.

Training

38. There is no mandatory training associated with this policy. Ad hoc training sessions based on an individual's training needs will be defined within their annual appraisal or job plan.

Monitoring Compliance

39. Compliance with the document will be monitored in line with the key principles and applications as set out in Appendix 1 as summarised below.

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and
System of internal control/effectiveness of assurance strategy	Internal audit of Board Assurance Framework	Head of Risk and Regulation	Annual	Audit Committee

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Review

40. This policy will be reviewed in 3 years, unless best practice dictates the need for an earlier review.

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41. The Assurance Strategy forms a key component of the wider Health Board governance framework and links closely to the Risk Management and Board Assurance Strategy.

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42. Equality Impact Assessment

C&V UHB aims to design and implement services and policies that are fair and equitable. As part of its development, this Strategy and its impact on staff, patients and the public have been reviewed in line with the Cardiff and Vale's Equality Impact Assessment. The purpose of the assessment is to improve service delivery by minimising and if possible removing any disproportionate adverse impact on employees, patients and the public on the grounds of race, socially excluded groups, gender, disability, age, sexual orientation or religion/belief.

The equality impact assessment has been completed and has identified impact or potential impact as "no impact".

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Appendix 1: Assurance Principles and Application

Assurance Principle	Application within the Health Board
1. Planning to gain assurance Overall assurance will only be gained if there is a strategy for obtaining it. The Assurance Strategy should be approved by the Board and the Audit and Assurance Committee. Supporting processes for obtaining assurance should be embedded into existing processes.	An Assurance Strategy, which reflects the assurance system in operation within the Health Board and therefore the supporting processes, has been approved at Board Level after consultation with the Audit Committee. The Assurance Strategy has been prepared to align with the other key strategies such as the Risk Management and Board Assurance Framework Strategy.
2. Making explicit the scope of the assurance boundaries To form an overall opinion the scope of the processes need to include the whole of the organisation's governance, risk and performance management lifecycle. Whilst this does not reflect the need to review every risk and internal control it should cover: Assurance on the Risk Management Strategies and how these work in practice (the extent to which line managers review the risks and controls within their responsibility and maintain dynamic risk and performance management arrangements) Assurance on management of risks and controls themselves. Assurance on the adequacy of the assurance processes.	The Corporate Governance Directorate will be responsible for ensuring that there is adequate assurance on the risk management system and the risks / controls themselves. The overall Assurance and Risk Management system is subject to Annual Audit.
3. Evidence The evidence supporting assurance should be sufficient in scope and weight to support the conclusion and be: - Relevant - Reliable - Understandable - Free from material misstatement - Neutral / free from bias - Such that another person would reasonably come to the same conclusion All evidence does not carry the same weight and should be weighted in accordance to independence and relevance. Evidence may be flawed in terms of both quality and quantity, leading to limitations in the assurance that can be provided.	The Corporate Governance Directorate will define 'what good evidence looks like', ensuring that the details within this principle are adhered to.

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Appendix 1: Assurance Principles and Application

(continued)

Assurance Principle	Application within the Health Board
4. Evaluation The objective is to evaluate the adequacy of: - the governance and risk policies and strategies to achieve their objectives; - the risk management processes designed to constrain residual risk to the risk appetite; - Identify limitations in the evidence provided or in the depth or scope of the reviews undertaken - Identify gaps in control and / or over control and provide the opportunity for continuous improvement - Support the preparation of the Annual Governance Statement as part of the Annual Report.	The independent review of all key areas will be co-ordinated by the Corporate Governance Directorate. The Audit and Assurance Committee will approve the internal and external audit plans. Gaps and duplications in assurance will be identified by the development of an assurance map, the responsibility for which falls within the remit of the Corporate Governance Directorate. A directory of sources of external assurances will be maintained. This will populate, in part, the assurance directory, which will also contain internal sources of assurance. Central reviews of evidence held will be undertaken by the Corporate Governance Directorate. Training and guidance will be provided across the Health Board to enable Clinical Boards and Corporate Directorates to be the first line of evidence assessment.
5. Reviewing and Reporting Assurances are reported from many different sources within an organisation and therefore the Assurance Strategy needs to define stages where assurances will be evaluated and opinions reported through the various layers of management to the Health Board. Assurance opinions need to be reported clearly and worded so as to clearly communicate the scope and criteria used in arriving at those conclusions.	The Assurance Strategy makes it clear that assurances for the Health Board will be assessed in terms of value by the Corporate Governance Directorate. Training and education will be undertaken across the Health Board in relation to reporting of assurances.

Source: *The Orange Book (Management of Risk – Principles and Concepts), HM Treasury (2004)*

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Appendix 2: Sources of Assurance (examples only)

Source	Assurance Scope	Assurance Process	Type	Level
Audit Wales	Financial accounts and	Financial audit and review reports	Written	3 - Independent Assurance
Internal Audit	All areas related to corporate governance, risk management and internal control. Will be limited by number of days in audit plan and expertise of staff	Head of Internal Audit Opinion and individual review reports. Scope of reviews agreed in advance with relevant Executive Directors. Internal Audit Plan agreed with Audit and Assurance Committee	Written	3 - Independent Assurance
Clinical Audit	Area under review, defined by the Clinical Audit Plan	Report to Quality, Safety and Effectiveness Committee with oversight through Audit and Assurance Committee	Written	1 - Operational Assurance / 3 - Independent Assurance
Audit Committee	All areas related to corporate governance, risk management and internal control, as determined by Terms of Reference	Report to Health Board annually through Annual Report to the Board and update to Health Board via issue of minutes after each meeting and Chairs report to the Board	Written and Verbal	2 - Oversight function
Management Executive	All areas related to corporate governance, risk management and internal control	Report relevant areas to Health Board	Written or Verbal	1 - Operational Assurance
Other Accreditation Systems	Restricted to area of accreditation	Report to relevant Committee and regulatory compliance tracked through Audit and Assurance Committee	Written	3 - Independent Assurance
Integrated Performance report	Specific to identified targets, internal and external, for finance, performance, quality and workforce	Reports to relevant Committees of the Board culminating in integrated report to Board	Written	1 – Operational Assurance 2 – Oversight function

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Walkabouts	Specific to area of visit	Reports to Patient Safety and Experience Team	Empirical	1 - Operational Assurance
Information Governance Toolkit	Specific to area of responsibility	Reports to Management Executive and, DHI Committee etc.	Written	1 - Operational Assurance, 2 – Oversight function
Patient Feedback	Specific where internally driven	Reports Quality, Safety and Experience Committee	Written	3 - Independent Assurance

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Appendix 3: Responsibilities

The **Chief Executive Officer** has overall responsibility for the system of internal control within the Health Board and for preparing an Annual Governance Statement within the Annual Report.

The **Director of Corporate Governance** has delegated authority for the assurance system that underpins the Annual Governance Statement.

The **Head of Risk and Regulation** is accountable to the Director of Corporate Governance for the overall delivery of the Health Board's Assurance strategy and the Risk Management and Board Assurance Framework Strategy and is responsible for overseeing the systems for assuring compliance with regulatory standards.

The **Head of Corporate Governance** is accountable to the Director of Corporate Governance for the overall performance of corporate governance functions including the system of internal control.

The **Corporate Governance Directorate** is responsible for the:

- maintenance of key assurance tools
- education and training programme in relation to assurance processes, accreditation, assessment and supporting evidence
- assessment of assurance and evidence in relation to compliance with regulations
- provision of consultancy and advice in relation to assurance, accreditation, assessment and supporting good evidence processes.

All Executive Directors are responsible for the related management assurances in relation to those strategic objectives delegated to them by the Chief Executive.

All Clinical Board Directors are responsible for the management of risks and internal controls and assurance within their Clinical Boards

All Managers are responsible for the management of risks and internal controls within their area.

All members of staff are responsible for adhering to internal controls in the undertaking of their work.

The Health Board is responsible for clarifying expectations around the scope and depth of Board assurance requirements.

The **Audit and Assurance Committee** supports the Board by critically reviewing the governance, risk and assurance processes on which the Board places reliance. At the corporate level these include systems of internal control, including the risk management system and the Board Assurance Framework.

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Appendix 4: Glossary and definitions of terms used

The terms in use in this document are defined as follows:

Assurance – 'confidence based on sufficient evidence, that internal controls are in place, operating effectively and objectives are being achieved' (*Building the Assurance Framework: A Practical Guide for NHS Boards (2003), Department of Health)*

Reassurance – the process of telling others that risks are controlled without providing reliable evidence in support of this assertion

Risk – the uncertainty of outcome, whether positive opportunity or negative threat, of actions and events

Risk Management – the system for identifying, assessing and responding to risks

Corporate Governance – the 'system by which organisations are directed and controlled in order to achieve their objectives and meet the necessary standards of accountability and probity' (*Department of Health)*. Governance refers to many areas including clinical, information, human resources; all of which fall under the remit of the phrase 'corporate governance' in relation to this document

Internal Control – a method of restraint or check used to ensure that systems and processes operate as intended and in doing so mitigate risks to the organisation; the result of robust planning and good direction by management

Key Risk / Key Control – risk to the achievement of a strategic objective / control to mitigate key risks

Evidence – information that allows a conclusion to be reached

Sufficient – in relation to the definition of assurance given above sufficient is defined as whatever is adequate to provide the level of confidence required for the Health Board

Reasonable – based on sound judgement

Empirical based on observation or experience

Accreditation – to be awarded official recognition

Assessment – a review of evidence in order to form an opinion; this can be undertaken either internally in the form of a self-assessment or by a third party

Compliance – to act in accordance with requirements

Stewardship – entrusted with the responsibility for and on-going management of a particular area

Stakeholders – person or persons with an interest in the Health Board

Management assertions – a statement made, whether verbal or written

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Appendix 5: Using Assurance Sources in Practice

Assurance maps can be created in a variety of different ways, depending on the required purpose. Maps may be used to show:

- Sources of assurance for a given area, topic or target
- Sources of assurance on identified risks e.g. against specific targets or across different areas of business
- Sources of assurance on the effectiveness of control measures
- How the assurances are reported and at what level of the organisation
- Areas where further assurance may be required, or areas of duplication

The examples below demonstrate different functions of an assurance map, and how these can be used by different audiences.

Example 1: Identified Sources of Assurance for a Integrated Performance Report target e.g. RTT waiting time over 36 weeks

Source	Assurance Scope	Assurance Process	Type	Level
Integrated Performance report	Specific monitoring of performance against the target and assessment of data quality	Reports to Strategy and Delivery Committee and The Health Board	Written	1 – Operational Assurance
Audit Wales	Review of data quality for all NHS Delivery Framework targets	Data quality audit and review reports. Scope of review agreed nationally.	Written	3 - Independent Assurance
Internal Audit	Testing of process for recording clock stops and breaches along the pathway by random sample basis. Scope of reviews agreed in advance with relevant directors.	Report to Audit Committee	Written	3 - Independent Assurance
Adult Inpatient Survey	Sample interview survey conducted on a quarterly basis.	Report to Quality, Safety and Experience Committee and Health Board	Written	3 - Independent Assurance
Clinical Audit	Review of adherence to admission criteria in theatres. Scope agreed as part of local clinical audit plan	Report to Quality Safety and Experience Committee	Written	1 - Operational Assurance / Independent Assurance

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Example 2: Identified Sources of Assurance for Information Governance

Source	Assurance Scope	Assurance Process	Type	Level
Integrated Performance report	Specific monitoring of performance against the target and assessment of data quality	Reports to Digital Health Intelligence Committee and Health Board	Written	1 – Operational Assurance
External Audit	Review of data quality for all NHS Delivery Framework targets	Data quality audit and review reports. Scope of review agreed nationally.	Written	3 - Independent Assurance
Internal Audit	Independent review of Information Governance as required bythe Information Commissioner. Scope of reviews agreed in advance with relevant directors. Internal Audit Plan agreed with Audit and Assurance Committee	Report to Audit Committee	Written	3 - Independent Assurance
Clinical Audit	Review of adherence to Health Records Policy Scope agreed as part of local clinical audit plan	Report to Quality, Safety and Effectiveness Committee.	Written	1 - Operational Assurance / Independent Assurance

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ASSURANCE MAPPING 2021/22 (DRAFT EXAMPLE)

				Line of Defence	Date of Assurance	Line of Defence	Date of Assurance	Line of Defence	Date of Assurance		Overall Level of Assurance
	Areas of responsibility			Level 1 (Management)		Level 2 (Board or Committee)		Level 3 (External)			
Corporate Directorate / Clinical Board											
Strategic Planning											
Capital and Estates											
Quality and Safety											
Worforce and OD											
Corporate Governance	Risk Management			Risk registers for Corporate Directorates and Clinical Boards	Sep-21	Corporate Risk Register Reported to the Board and excerpts to Committees of the Board	Sep-21	Internal Audit of Risk Management - reasonable assurance	May-21		
	Regulatory Compliance					Regulatory Tracker Reported to Audit Committee	Sep-21	Internal Audit on Regulatory Compliance - reasonable assurance	Jun-19		
	Policy and Procedures Management			Policy on policies in place	Jul-21			Internal Audit on Policy Management - reasonable assurance	Jun-19		
	Board and Committee Administration					Committee effectiveness reviews, Terms of Reference approved by Committees and Board annually	Mar-21	Structured assessment	30/11/2020		
	Standing Orders & Scheme of Delegation					Annual Update to Board	May-21				
	Board Assurance Framework			Individual risks discussed with each Executive Lead for each review	Sep-21	BAF reported to Board and individual risks on BAF to Committees	Sep-21	Internal Audit of Risk Management - reasonable assurance	May-21		
Digital Health Intelligence											
Public Health											
Finance											
Tranformation											
Communications											
Medicine											
Surgery											
C,D&T											
Children and Womens											
Specialist Services											
PCIC	General Medical Services										
	General Dental Services										
	Community Pharmacy Servicse										
	Optometry Services										
	North West Clusters										
	South East Cardiff Clusters										
	Vale Clusters										
Mental Health											

Key to RAG:

Green	Assurance across all three lines of defence, Positive assurance on third line of defence, assurance within last 3 years.	
Amber	Assurance across two line of defence, positive assurance on third line of defence, assurance within three years	
Red	Assurance on one line of defence, limited or no third line of defence, assurance over three years.	

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Unconfirmed Minutes of the Public Audit and Assurance Committee
Held on Tuesday 6th June 2021 9:00am – 12:30pm
Via MS Teams

Chair		
John Union	JU	Independent Member – Finance
Present:		
Ceri Phillips	CP	Vice Chair
Mike Jones	MJ	Independent Member – Trade Union
David Edwards	DE	Independent Member – ICT
In Attendance:		
Anthony Veale	AV	Audit Wales
Catherine Phillips	CP	Executive Director of Finance
Darren Griffiths	DG	Audit Wales Manager
Ian Virgil	IV	Head of Internal Audit
Mark Jones	MJ	Audit Wales Financial Manager
Nicola Foreman	NF	Director of Corporate Governance
Nigel Price	NP	Local Counter Fraud Specialist
Rachel Gidman	RG	Executive Director of People and Culture
Wendy Wright	WW	Deputy Head of Internal Audit
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		

Minute Ref	Agenda Item	Action
AAC 21/07/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the Public Audit & Assurance Committee meeting	
AAC 21/07/002	**Apologies for Absence** No Apologies were provided.	
AAC 21/07/003	**Declarations of Interest** There were no declarations of interest	
AAC 21/07/004	**Minutes of the Committee meeting held on 13th May & 10th June 2021** The minutes of the meetings held on 13th May and 10th June 2021 were received. **The Committee resolved that:** a) The minutes of the meetings held on 13th May and 10th June 2021 be approved as a true and accurate record of the meeting.	
AAC	**Action log following meeting held on 13th May 2021**	

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21/07/005	The action log was received and the CC advised the Committee that all of the actions were in hand, had been completed, were on the agenda for the meeting or had been scheduled for a future meeting **The Committee resolved that:** a) The action log from 13th May 2021 was received and noted by the Committee	
AAC 21/07/006	**Any other urgent business: To agree any additional items of urgent business that may need to be considered during the meeting** No urgent business was discussed.	
AAC 21/07/007	**Internal Audit Progress and Tracking Reports** The Head of Internal Audit (HIA) provided the Committee with a brief update against the Audit plan for 2021/22 that was agreed in April 2021. There were no final reports from the 2021/22 plan to be shared however, 7 reports from the 2020/21 plan, which were not finalised in time for the Committee Meeting in May 2021, were shared. The HIA confirmed that the outcomes from the completed reports were included in the annual opinion for 2020/21 The Deputy Head of Internal Audit (DHIA) highlighted that the planning environment for 2021/22 had been challenging and she thanked the Management teams for offering their time to help complete the review. She confirmed that reasonable assurance with a range of medium and low priority recommendations was given for the review into the Engagement Around Service Planning. The DHIA commented on the Data Quality Performance Report and advised that the audit was undertaken during a period when resources and processes were undergoing significant change. She highlighted the report provided reasonable assurance with a range of medium and low priority recommendations with a focus on policy and procedures. She added that there some enhancements of governance arrangements were required specifically concerning the operational cancer group and she highlighted the importance of strengthening the validation of data. The Children's & Women's Clinical Board - Rostering in Community Children's Nursing report was discussed. The DHIA confirmed that the Audit was requested by the Clinical Board with an appetite to improve their efficiency and effectiveness. Reasonable assurance was provided with a range of medium and low priority recommendations. The HIA commented on the Staff Recruitment Board which received a reasonable assurance rating. The audit had focused on the processes in place for nurse recruitment which were very robust and had good controls in place. He informed the committee that his team had also planned to look at the controls in place for temporary recruitment but due to timing and the focus on mass vaccination at the time they were not able to complete the testing as planned.	

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	The HIA highlighted the Report into the Wellbeing hub at Maelfa which was a capital project where some issues were raised around completion of contract documentation and the timeliness of payments of the schemes. He advised that the report issued a reasonable assurance rating and he provided the Committee with assurance that some robust actions were agreed to address the areas of concern. The HIA confirmed that his team had made progress with five audits from the current year's plan and they were also in the early stages for planning for another two. The HIA highlighted the following changes to the Audit Plan for 2021/22: - ALNET Act – Initially planned for 2021/22 but following further discussions with the Executive Director of Therapies and Health Science it was agreed to defer this to the 2022/23 plan - Consultant Job Planning Follow Up – At the time of producing the 2021/22 plan the follow up of the consultants job planning audit had not completed. As the report issued a reasonable level of assurance a further update would not be required. **The Committee resolved that:** a) The Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports was considered. b) The proposed amendments to the Internal Audit Plan for 2021/22 were approved.	
AAC 21/07/008	**Audit Wales Update** Darren Griffiths, Audit Wales (DG-AW) highlighted 2 matters: The Phase two structured assessment work would be undertaken in two stages. He advised that phase one had been completed and phase two would focus on the Health Boards corporate governance, financial management arrangements and how the arrangements had changed since the previous assessment. Phase two would also look at how learning from the pandemic was shaping future arrangements for ensuring good governance. The field work was currently under way with the aim to report findings in September 2021. DG-AW highlighted the follow up of radiology services audit which would focus on progress made to date against implementing the recommendations of the 2016 review and that this field work was underway. **The Committee resolved that:** a) The Committee noted the Audit Wales update.	**AWAW**

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AAC 21/07/009	**Structured Assessment 2021 (Phase One) – Operational Planning Arrangements** DG-AW highlighted how Internal Audit focused on the 2021/22 planning arrangements and described how the work Audit Wales were undertaking focussed on Q3 & Q4 planning arrangements. He advised that the report was positive and found that the health boards planning arrangements were robust and effective but there was still a need to strengthen the health boards overall arrangements for monitoring and reporting on operational delivery, particularly to the Strategy & Delivery (S&D) Committee and to the Board. No recommendations were made but they would be incorporated into the phase 2 work and the assessment of whether there has been any improvement in reporting progress to the S&D Committee and Board as part of the 2021/22 plan. The CC queried a reference in the report to the fact that there would be no monitoring or reporting of the Health Boards overall performance and delivery from Q3 and Q4 from the previous year and whether this was incorporated into the current year's planning process. DG-AW responded that Audit Wales specifically looked into the 2021/22 plan but had seen from preliminary phase 2 assessments that there had been improvements to how the plan had been prepared for the 2021/22 and he noted the adoption of the plan of the page which provided a clear and succinct summary of the key milestones and targets that the health board was working towards The UHB Vice Chair highlighted that the report confirmed that the Health Board were developing the process for enhancing its monitoring and reporting arrangements and he queried whether Audit Wales concerns would be alleviated if those plans were implemented. DG-AW responded that it would cover their concerns but caveated this by confirming that they would need to see evidence of the arrangements operating effectively which is why they did not put forward any recommendations. He also acknowledged that Audit Wales could see that the Health Board was on a journey of improvement in terms of enhancing monitoring arrangements. He stated that they were willing to give more time for the arrangements to bed in and be implemented before providing any recommendations. The Director of Corporate Governance (DCG) highlighted that at the last board meeting they had brought a first draft of the integrated Board report and was presented in the private session as more work was required but it would run in parallel with the reports that were already presented in public. She added that the reporting in regards to the S&D committee that they are currently reporting the flash reports that come to the Management Executive meetings were now going into the S&D committee so by the time the phase 2 work begins there will be evidence of work being progressed. The HIA commented that as part of their plan for the year they would also be looking at the delivery of the 2021/22 plan which would provide further assurance of those processes.	

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	The Committee resolved that: a) The Audit Wales update was noted.	
AAC 21/07/010	**Rollout of the COVID-19 vaccination programme in Wales** The DG-AW advised that the report was the outcome of a facts based review and did not provide any judgements as is usually the case with national reports. The report highlighted that the programme was delivered at significant pace with the milestones in the Welsh Government (WG) vaccination strategy providing a strong impetus to drive the programme. He highlighted that vaccine uptake was high with lower uptake in some ethnic groups and within the more deprived communities. He commented that some vaccination sites had been more effective than others and that some sites may become unavailable as they return to normal use. He added retaining workforce reliability would be vital especially to support the autumn booster programme, if introduced, and he added that there were many positive learning examples of how the programme was rolled out. He suggested that the NHS and WG should look to apply that learning to wider immunisation strategies and the delivery of other programmes across the NHS. **The Committee resolved that:** a) The Committee noted the Audit Wales update	
AAC 21/07/011	**Procuring and Supplying PPE for the COVID-19 Pandemic** The DG-AW confirmed that the report specifically focussed on the national efforts to supply the Health and Social Care sectors in Wales. He added that a review of the arrangements for local procurement for PPE or the logistical arrangements in place to locally distribute PPE directly to frontline staff were not reviewed. The report found that NWSSP overcame some of the early challenges to provide the level PPE required without having to run stock at a national level. The review did find, through staff surveys undertaken by the BMA and RCN in Wales that some staff had reported experiencing some shortages in PPE and others had suggested that they felt they should have received a higher level of PPE than required by guidance. The DG-AW highlighted that whilst good arrangements were put in place by most governments and NWSSP to procure PPE, some contract award notices were not published in all cases within 30 days. 8 recommendations were made to address weaknesses and areas for improvements. The Executive Director of Finance (EDF) commented that it was reassuring to see the Health Board measured against standard benchmarks in an emergency situation. She queried how much consideration was given to the fact that they were operating in an emergency situation and therefore may not have been able to do everything that they would normally do in a non-emergency environment.	

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	The DG-AW responded that the report recognised the extraordinary circumstances and the way in which the NHS had been operating. He highlighted that there was an issue with the stockpile in place as they had prepared for an influenza pandemic not coronavirus. In terms of preparation there was significant work to be done to procure appropriate PPE to meet the demands of the pandemic. He stated that the investigation demonstrated that the system, as a whole, was very effective at working at pace and transforming at pace to meet challenges. He added going forward there would be a need to ensure minimum standards were being adhered to. **The Committee resolved that:** a) The Committee noted the Audit Wales update	
AAC 21/07/012	**Welsh Health Specialised Services Committee (WHSSC) Governance Arrangements** The DG-AW confirmed that the review found that the governance arrangements, management operations, and planning arrangements had improved since previous reviews in 2015 but the impact of the pandemic meant that WHSSC would still require a clear strategy to recover services. He highlighted that Audit Wales had made a number of recommendations to WHSSC and the Welsh Government. The management responses would be presented to the Audit Committee separately as they were not available for the meeting. DG-AW added that no specific recommendations were made for individual Health boards but he drew attention to the fact that the committee may want to reflect on findings in relation to the flows of assurance between the joint committee and individual boards. **The Committee resolved that:** a) The Committee noted the Audit Wales update	
AAC 21/07/013	**Declarations of Interest and Gifts and Hospitality Tracking Report** The DCG reminded the Committee that her team request and update Declarations of Interest on an annual basis. At the May committee meeting it was confirmed that a significant amount of work had been undertaken over the previous 12 months to increase the number of declarations made. The DCG confirmed that the report set out the current position and highlighted that the number of declarations would increase as the year progressed as the process for recording entries re-started each year. She informed the Committee that her team maintained a record of previous declarations that can be referred to and that they also work closely with the counter fraud team to monitor declarations of interest. The DCG highlighted that the Health Board was looking to work with Betsi Cadwaladr to make the system more automated and that an update would be shared at the next committee meeting.	

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	The Committee resolved to: a) Note the ongoing work being undertaken within Standards of Behaviour b) Note the update in relation to the Declarations of Interest, Gifts, Hospitality & Sponsorship Register	
AAC 21/07/014	**Regulatory Compliance Tracking Report** The DCG highlighted that there was an ongoing audit in this area and that whilst the system had been in place for two years her team were looking to improve the systems in place to provide greater assurance to the Committee. The DCG highlighted that two entries had been added to the tracker since it was last presented, one in relation to the British Standards institute and another in relation to a food hygiene inspection. She also highlighted inspections that were due to take place between the date of the committee and September 2021. The DCG advised that most regulatory inspections had not taken place routinely due to Covid but that inspection visits were beginning to increase. **The Committee resolved to:** a) Note the inspections which had taken place since the last meeting of the Audit Committee in April 2021 and their respective outcomes. b) Note the continuing development of the Legislative and Regulatory Compliance Tracker.	
AAC 21/07/015	**Internal Audit Tracking Report** The DCG informed the committee that she and her team had been tracking audit recommendations for the previous 3 years as agreed with Internal Audit so that the Committee did not lose sight of recommendations. 126 recommendations were recorded which was an increase of 20 since last reported. The DCG advised that the increase was due to the end of year internal audits that were pushed through at the end of the previous financial year. The DCG highlighted that of the 126 recommendations: - 60 were recorded as complete - 33 were recorded as partially complete - 33 had no reported action taken since the previous committee meeting. The DCG informed the committee that Internal Audit undertake an assurance check on completed actions to provide the Committee with further assurance that recommendations are actually completed and that this work was undertaken in advance of each Audit committee meeting. **The Committee resolved to:** a) Note tracking report in place for tracking audit recommendations made by Internal Audit.	

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	b) Note that progress would be seen over coming months in the number of recommendations which are completed/closed.	
AAC 21/07/016	**Audit Wales Tracking Report** The DCG highlighted that there were some ITC recommendations that came to the committee in May 2021 that were not included in the current tracker which would be added and tracked in the usual way in advance of the next committee meeting. The DCG highlighted that of the 21 recommendations: - 7 were recorded as complete - 12 were recorded as partially complete - 2 had no reported action taken since the previous committee meeting. **The Committee resolved to:** a) Note progress which had been made in relation to the completion of Audit Wales recommendations. b) Note the continuing development of the Audit Wales Recommendation Tracker.	
AAC 21/07/017	**Risk Management Strategy & Action Plan** The DCG highlighted that within the Health Board's standing orders there was a requirement for the Board to sign off its Risk Management Board Assurance Framework arrangements on an annual basis. In addition to that an internal audit had been undertaken which prompted recommendations that had been incorporated into the revised strategy and procedure. She informed the Committee that the Strategy, Procedure and Action Plan had been presented to the Management Executive and that Board Members had also participate in risk appetite sessions. The DCG reminded the Committee that the development of the strategy was an ongoing piece of work with a need to continually remind and train people of developments and up to date processes. She informed the Committee that a member of her team who meets with clinical boards and corporate directorates to provided training on risk management processes, systems and scoring to gain some consistency. She added that the plan on a page provided the committee with a clear direction of travel and expected outputs by the end of the year. **The Committee resolved to:** a) Approve updated Risk Management and Board Assurance Framework Strategy and Risk Management Procedure b) Note the Action Plan for the implementation of the revised Strategy and Procedure Saunders.Nathan 09/21/2021 13:29:28	
AAC 21/07/018	**Self-assessment of effectiveness**	

	The DCG reminded the Committee that the results had come to the Committee previously with the Board and individual Committee results. She advised that on this occasion only the Audit committee self-assessment responses were shared. A total of 6 responses were received and she added that a commitment had been made to increase the response rates to the surveys. Four actions from the survey would be taken forward and the DCG confirmed that an action plan had been developed to monitor progress against these. **The Committee resolved to:** a) Note the results of the Committee's self-assessment Effectiveness Review for 2020-21. b) Approve the action plan at Appendix 1.	
AAC 21/07/019	**Outstanding Audit Recommendations Update:** **I. 2018/19** **II. 2019/20** The DCG shared an update on progress made against outstanding aged recommendations from the internal audit tracker. For 2018/19 entries the DCG highlighted the following: • 9 of the 12 entries were complete • Of the 3 outstanding recommendations one related to the Terms of Reference for the Strategic Commissioning meeting and it was proposed that the entry be closed as complete given work undertaken in the area. The additional 2 recommendations related to the Legislative/Regulatory Compliance tracker and Health & Safety and Fire Safety. The DCG advised that a further an internal audit had been commissioned on the Health Board's regulatory tracker and that an independent review had been undertaken on the Health Board's Health & Safety team. These two recommendations were also recommended for closure. For 2018/19 entries the DCG highlighted the following_There were 33 entries left on the tracker • 8 recommendations were complete • 25 recommendations remained incomplete – the DCG highlighted the detail in the report and asked that the recommendations contained therein be approved. The DCG confirmed that assuming the proposals were agreed the Internal Audit Tracker would carry forward 18 recommendations for the year 2019/20 into September's Committee meeting with the intention that further progress would be made against those entries prior to that meeting. The HIA queried one action that was being proposed to remove (AUDIT CUHB 19/20 – 23 - Freedom of Information). He highlighted that the plan detailed training was to be delivered on this for the financial year but queried whether it should remain on the tracker until the training had been delivered.	

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	The DCG confirmed that it would remain on the tracker until a time and date had been confirmed for the delivery of this but she was confident that this could be confirmed before the next Audit committee meeting. **The Committee resolved to:** a) Note the Outstanding Audit Recommendations Update – 2018/19 and 2019/20 b) Approve the proposals for the future recording and removal of historic recommendations Health Board's Internal Audit Tracker.	
AAC 21/07/020	**Internal Audit reports for information**: The Following Internal Audit Reports were shared for noting and information: 1. Annual Planning Process 21/22 Report 2. Engagement Around Service Planning Report 3. Data Quality Performance Reporting (Single Cancer Pathway) Report 4. Infrastructure / Network Management Report 5. C&W CB – Rostering in Community Children's Nursing Report 6. Staff Recruitment Report 7. Wellbeing Hub at Maelfa Report **The Committee resolved to:** a) Note the Internal Audit reports.	
AAC 21/07/021	**NHS Counter Fraud Services in Wales - Q4 Report** The EDF shared the report for information and noting. She proposed that if any future reports received by herself, the DCG or Executive Director of People and Culture that may be of interest be circulated and noted at the upcoming committee meetings. **The Committee resolved to:** **a)** Note NHS Counter Fraud Services in Wales - Q4 Report	
AAC 21/07/022	**Items to be deferred to Board / Committee** No Items were noted.	
AAC 21/07/023	**To note the date, time and venue of the next Committee meeting:** Tuesday 7th September 2021 at 9.00am	

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CONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE
HELD ON 23rd JUNE 2021
VIRTUAL MEETING via TEAMS

Present:

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
John Union	JU	Independent Member - Finance
Andrew Gough	AG	Assistant Director of Finance
Catherine Phillips	CP	Executive Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Len Richards	LR	Chief Executive
Nicola Foreman	NF	Director of Corporate Governance
Ruth Walker	RW	Executive Nurse Director
Steve Curry	SC	Chief Operating Officer
Stuart Walker	SW	Executive Medical Director

In Attendance:

Secretariat:

Paul Emmerson	PE	Finance Manager

Apologies:

Charles Janczewski	CJ	Board Chair
Abigail Harris	AH	Executive Director of Strategic Planning
Rachel Gidman	RG	Executive Director of People and Culture

FC 21/06/001	**WELCOME AND INTRODUCTIONS** The Chair welcomed everyone to the meeting.	**ACTION**
FC 21/06/002	**APOLOGIES FOR ABSENCE** Apologies for absence were noted.	
FC 21/06/003	**DECLARATIONS OF INTEREST**	

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	The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 21/06/004	**MINUTES OF THE COMMITTEE MEETING HELD ON 26th MAY 2021** The minutes of the meeting held on 26th May 2021 were reviewed and confirmed to be an accurate record. **Resolved – that:** The minutes of the meeting held on 26th May 2021 were approved by the Committee as an accurate record.	
FC 21/06/005	**ACTION LOG FOLLOWING THE LAST MEETING** **FC 21/05/007 - FINANCIAL PERFORMANCE MONTH 1 – Delivery of savings.** A more detailed update on savings plans to be provided at the next meeting of the Finance Committee to allow a more thorough review. Status - Complete. Report scheduled to be provided to the Finance Committee on the 23rd June 2021. **FC 21/05/007 FINANCIAL PERFORMANCE MONTH 1 – Revised Annual Plan.** The next Finance Committee should be re-scheduled for June 23rd in order to consider the revised annual plan before consideration by the Board Status Complete. Revised Annual Plan to be considered at re-scheduled Finance Committee on the 23rd June 2021. **Resolved – that**: The Finance Committee **noted** the completion of the outstanding actions.	
FC 21/06/006	**CHAIRS ACTION SINCE THE LAST MEETING** There had been no Chairs action taken since the last meeting.	
FC 21/06/007	**2021/22 FINAL FINANCIAL PLAN** The Assistant Director of Finance provided the Finance Committee with an update on the Financial Plan which built upon previous presentations made to the Finance Committee and the February 2021 Board Development session. The financial narrative which would be inserted into the overall annual plan was included in the papers. The following points were emphasized: • The key change in the plan since it was considered by the Finance Committee at its previous meeting, was that the plan now assumed non recurrent COVID funding of £21.3m to cover slippage in the 2020/21 savings programme due to the impact of the pandemic. As a result, the UHB plan now included a breakeven position. • The other main change to the plan was that it now assumed that the gross costs of managing the impact of COVID 19 would be fully funded	

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	and that reductions in planned expenditure arising from the curtailment of elective services due to the pandemic were available to the UHB to manage in year operational pressures, including the delivery of savings.
	• The key risks to the plan which would need to be managed and mitigated were noted as follows:
	  • Finalisation of planning assumptions and financial allocations.
	  • Achievement of the 2% efficiency plan target.
	  • Management of Operational Pressures
	  • Working Within the COVID Response funding
	
	<u>Comments and queries were received as follows:</u>
	
	• The Finance Committee Chair (RT) asked what level of assurance had been provided by Clinical Boards in respect of the containment of costs within the available COVID response funding. In response, the Assistant Director of Finance confirmed that detailed forecasts had been provided by each Clinical Board and that this would enable the UHB to actively manage its plans in line within the additional resources provided by Welsh Government.
	
	• The Executive Medical Director noted that the UHB would be submitting further bids for Recovery funding totalling £23.6m alongside the plan and asked whether this would be the final bid in year. In response, the Chief Operating Officer confirmed that the planning process was continuing to evolve and that the UHB would need to continue to review its plans as the year progressed.
	
	Resolved – that:
	
	The Finance Committee **noted** the update on the 2021/22 Financial Plan and agreed to support its recommendation to the Board.	

FC 21/06/008	**REVIEW OF 2021/22 SAVINGS PLANS** The Assistant Director of Finance provided the Finance Committee with a presentation which provided detail on the following: • Cost Improvement Programme (CIP) monitoring and reporting • Cardiff and Vale CIP tracker • CIP tracker governance • Cost reduction and Efficiency savings definitions • Current savings position and detailed schemes It was noted that the Cardiff And Vale UHB tracker included: • A description of individual CIP schemes • A named responsible officer • Profiled savings over the current/next financial year • Risk rating and scheme development stage – Green, Amber or Red Pipeline (Tracker governance) • Split of recurrent or non-recurrent savings, and part and full year effects	

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	• Indication as to whether scheme is cross cutting throughout organisation or specific to a Clinical Board • Scheme review dates The CIP tracker provided consistency across the organisation in terms of scheme identification, monitoring and reporting to both internal and external audiences . Following it's implementation within the UHB, the tracker had subdsquently been adopted across Wales. It was noted that as at the 17th June, that schemes totalling £12.7m had been identified against the £16m 2021/22 target. £6.0m of the identiffied schemes were recurrent and in this context, the Assistant Director of Finance acknowledged that increasing focus on the identification of recurrent schemes was required. **Comments and queries were received as follows:** The Finance Committee Chair (RT) asked whether the responsibility for the identification of savings opportunites was understood across the UHB. The Chief Operating Officer confirmed that the process was understood at Directorate level and the Executive Nurse Director added that the process was also understood at Ward level. The Independent Member - Finance (JU) asked how long were schemes expected to be categorized as Red and in response the Assistant Director of Finance indicated that schemes would not normally be expected to remain in the Red pipeline for no more than 2 months. Picking up on this theme, the Deputy Director of Finance indicated that it was also important to maintain traction on schemes which were still to be quantified. In response to a query from the Executive Medical Director, the Assistant Director of Finance confirmed that there was hierarchy of savings and by example, indicated that recurrent cash releasing savings which would continue to support services in future years offered more scope to the UHB than non recurrent accountancy gains. **Resolved – that:** The Finance Committee **noted** the presentation on 2021/22 Savings Plans.	
FC 21/06/009	**FINANCIAL PERFORMANCE MONTH 2** The Deputy Director of Finance summarised the key points within the Month 2 Finance Report. It was flagged that the UHB was monitoring it's performance against its updated core financial plan which now included a planned breakeven position following confirmation of an additional £21.313m non recurrent support from Welsh Government. **At month 2, the UHB had reported an overspend of £0.436m against its updated draft plan. This was based on the instruction from Welsh Government to assume that COVID response and recovery costs would be covered by additional funding. The UHB incurred net Covid**	

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response and recovery costs of £15.458m to month 2 and these costs were matched by additional COVID 19 allocations. The month 2 deficit of £0.436m reflected the operational performance of the UHB and this overspend was expected to be recovered as the year progressed.

The key issues were outlined as follows:

- Following the completion of month 1 reporting the UHB was asked by Welsh Government to assume an additional non recurrent COVID allocation of £22.313m to cover the shortfall against the 2021/22 recurrent savings target and as a result the UHB was now forecasting a breaken position at year end.
- The operational overspend had increased from £0.154m at month 1 to £0.436m at month 2
- Good progress had been made in closing the gap to the savings target with an additional £1.9m amber and green schemes identified in month.
- The estimated COVID response costs for the first 6 months was now £0.495m higher than confirmed allocations which was a significant improvement on the £4.056m excess costs reported at month 1.
- Since reporting the month 2 financial position, the UHB had been informed that it could retain any reductions in planned expenditure due to the impact of the pandemic to offset financial pressures, with COVID costs being funded gross of this. This was a departure from 2020/21 treatment and therfore clarity on this issue had been sought with Welsh Government.

Moving onto the Finance Dashboard, the Deputy Director of Finance noted that 2 of the key indicators were RAG rated as red. Both of the measures were linked the delivery of the recurrent savings target, being the maintenance of the underlying deficit and delivery of the recurrent savings target. Performance against the Creditor Payments compliance target was now rated as amber after an in month improvement in performance.

Referring to Table 3 the Deputy Director of Finance noted the assumption that all COVID costs would be fully funded and that delivery of a break even position by year end would mean that the UHB have delivered breaken even for the 3rd year in sucession and met its statutory duty.

The additional COVID 19 expenditure in the year to month 2 was £16.635m and this was oulined at table 4. The analysis of the reported position between income, pay and non pay indicated an operational surplus against income and pay budgets which was offset by a greater overspend against non pay, leading to an operational overspend of £0.436m.

It was noted that operational pay was broadly balanced or in surplus in all Clinical Boards except the Medicine Clinical Board where there was an operational overspend of £0.754m primarily as a result of nursing and medical costs. COVID pay costs were primarily driven by surge capacity and the vaccination programme.

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The £0.960m operational overspend against non pay was largely due to an overspend against drugs and prescribing, principally in primary care GP

prescribing and an overspend against Continuing Healthcare as a result of pressures in the Mental Health Clinical Board.

The Committee was directed towards Tables 9 and 10 which outlined COVID 19 Net Expenditure and COVID 19 Funding. It was noted that Funding for some of the expenditure streams such as testing, mass vaccination, PPE and tracing costs would be provided on an actual basis. In line with the planning principles that the UHB had been asked to follow, COVID response funding has been assumed in line with current full year forecast costs. The Committee was informed that all COVID funding could be subject to further external detailed review, particularly if the UHB's costs were significantly out of line with other Welsh Health Boards.

The reductions in non pay costs due to reduced elective capacity was forecast to be £3.543m over the year based on the assumption of activity rising to 70% of pre-COVID levels through Q1, 80% through Q2 and 90% through Q4.

Reporting on Clinical Board performance, it was highlighted that whilst most Clinical Boards were reporting a broadly balanced position, the Medicine Clinical Board was reporting a £0.945m deficit as a result of pressures in nursing and medical staffing. In total, delegated budgets were £1.262m overspent for the 2 months to the end of May 2021 and this was offset by a £0.826m underspend against central budgets due to non recurrent opportunities leaving a reported overspend of £0.436m at month 2.

Picking up on the nursing pressures in the Medicine Clinical Board, the Executive Director of Nursing indicated that the UHB had allocated additional financial resources to nursing within the Medicine Clinical Board so that establishments complied with the Nurse Staffing Act. However, there were demands on variable pay due to the coverage of sickness and vacancies and it was noted that the UHB was continuing to focus on this area.

Referring to savings of it was re- empasized that delivery of the £12m recurrent element of the target was required if the UHB is to stabilise the underlying deficit in year.

Finally it was noted that the UHB was expecting a positive cash balance at the end of 2021/22 in line with the revised financial forecast breakeven and that the public sector payment compliance had improved to 94.7% in month.

Resolved – that:

The Finance Committee **noted** the gross month 2 financial impact of COVID 19 which is assessed at £15.458m;

The Finance Committee **noted** the additional Welsh Government COVID 19 funding of £15.458m assumed within the month 2 position.;

The Finance Committee **noted** the £21.313m of non recurrent Welsh Government COVID 19 Funding which is assumed as coverage in respect of the 2020/21 recurrent savings shortfall;

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	The Finance Committee **noted** the reported overspend of £0.436m at month 2 due to operational pressures; The Finance Committee **noted** the forecast breakeven which is consistent with the revised financial plan expected to be submitted to Welsh Government at the end of June and assumes additional funding of £128.919m to manage the impact of COVID 19 in 2021/22; The Finance Committee **noted** that confirmation is being sought from Welsh Government that the UHB can retain COVID 19 reduction in planned expenditure to mitigate financial pressures; The Finance Committee **noted** that the UHB has a risk in its current and forecast level of COVID response costs which are in £0.495m in excess of funding received for the first 6 months. The Finance Committee **noted** the 2021/22 brought forward Underlying Deficit of £25.3m and the forecast carry forward of £25.3m to 2022/23.	
FC 21/06/010	**FINANCE RISK REGISTER** The Assistant Director of Finance presented the 2021/22 Finance Risk Register to the Committee and highlighted that the scoring in part reflected the level of uncertainty in the early part of the year. The following 3 risks identified on the 2021/22 Risk Register were categorized as extreme risks (Red): • Maintaining the underlying deficit of £25.3m on line with the draft annual plan. • Management of budget pressures. • Delivery of the 2% CIP (£16.0m) In addition, COVID response and recovery funding risks were rated as **High** pending WG funding confirmation. -**Resolved – that:** The Finance Committee **noted** the risks highlighted within the 2021/22 risk register.	
FC 21/06/011	**MONTH 2 FINANCIAL MONITORING RETURNS** These were noted for information.	
FC 21/06/012	**ITEMS TO BRING TO THE ATTENTION OF THE BOARD** There were no items to being to the attention of the Board.	
FC 21/06/013	**DATE OF THE NEXT MEETING OF THE COMMITTEE** **Wednesday 28th July 2.00pm; Virtual Meeting via Teams**	

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CONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE
HELD ON 28th JULY 2021
VIRTUAL MEETING via TEAMS

Present:

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
Charles Janczewski	CJ	Board Chair
John Union	JU	Independent Member - Finance
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
Steve Curry	SC	Chief Operating Officer

In Attendance:

Chris Markall	CM	Head of Finance – Commissioning & Benchmarking
Ian Virgil	IV	Head of Internal Audit
Mike Jones	MJ	Independent Member – Trade Union
Marcia Donovan	MD	Head of Risk and Regulation
Urvisha Perez	NF	Welsh Audit Office

Secretariat:

Paul Emmerson	PE	Finance Manager

Apologies:

Catherine Phillips	CP	Executive Director of Finance
Rachel Gidman	RG	Executive Director of People and Culture
Ruth Walker	RW	Executive Nurse Director
Wendy Wright	WW	Deputy Head of Internal Audit

FC 21/07/001	**WELCOME AND INTRODUCTIONS** The Chair welcomed everyone to the meeting.	**ACTION**
FC 21/07/002	**APOLOGIES FOR ABSENCE**	

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	Apologies for absence were noted.	
FC 21/07/003	**DECLARATIONS OF INTEREST** The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 21/07/004	**MINUTES OF THE COMMITTEE MEETING HELD ON 23rd JUNE 2021** The minutes of the meeting held on 23rd June 2021 were reviewed and confirmed to be an accurate record. **Resolved – that:** The minutes of the meeting held on 23rd June 2021 were approved by the Committee as an accurate record.	
FC 21/07/005	**ACTION LOG FOLLOWING THE LAST MEETING** There were no outstanding actions.	
FC 21/07/006	**CHAIRS ACTION SINCE THE LAST MEETING** There had been no Chairs action taken since the last meeting.	
FC 21/07/007	**FINANCIAL PERFORMANCE MONTH 3** The Deputy Director of Finance summarised the key points within the Month 3 Finance Report. At month 3, the UHB had reported an underspend of £0.124m against its plan. This was based on the instruction from Welsh Government to assume that the additional gross costs of COVID 19 would be fully funded by Welsh Government. The UHB incurred gross expenditure of £25.104m relating to the management of COVID 19 to month 3 and these costs were matched by additional COVID 19 allocations. The month 3 surplus of £0.124m reflected the operational performance of the UHB and the UHB continued to forecast a breakeven position at year-end. The key issues were outlined as follows: • The full year gross COVID forecast had increased in month from £111.149m to £117.083m largely relating to national programmes on TTP and PPE. Local response costs had also increased relating to a volume increase of CAMHS inpatients. • Good progress had been made in closing the gap to the savings target with an additional £3.1m amber and green schemes identified in month. The progress made against the savings target was skewed towards non-recurrent schemes and it was important for further progress to be made against recurrent schemes so that the UHB's underlying deficit did not deteriorate moving into 2020-23.	

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- The UHB's financial position had improved to a reported surplus of £0.124m at month 3. However there was variation in delegated budget holder performance and futher review and asssurance will be required to ensure the month 3 position is maintained.

It was also forecast that there were £4.142m of Reductions in Planned Expenditure due to COVID 19 and in this context the Finance Committee Chair (RT) asked if this would be available to invest in services. The Deputy Director of Finance indicated that some of the COVID funding assumptions were subject to external review and it was not intended to phase the reductions in spend into the position until there was confirmation of the associated COVID 19 funding assumptions. The Committee was informed that the monthly financial monitoring returns which were submitted to Welsh Government assumed that the reductions in expenditure were available to offset in year operational pressures and slippage against savings targets.

Moving onto the Finance Dashboard, the Deputy Director of Finance re-enforced that two of the key indicators remained RAG rated as red. Both of the measures were linked the delivery of the recurrent savings target, being the maintenance of the underlying deficit and delivery of the recurrent savings target. A further £5.9m of recurrent savings needed to be identified to meet the recurrent target and it was noted that given that the full year impact of savings needed to be delivered next year in 2022-23 that there was still enough time to meet the target in year. Performance against the Creditor Payments compliance target remained rated as amber after a small deterioration against in month performance.

Referring to Table 3, the Deputy Director of Finance noted the assumption that all COVID costs incuding the non-delivery of 2020/21 savings would be fully funded. The Committee was advised that Welsh Government had instructed the UHB to categorise the funding for the non delivery of 2020/21 recurrent savings as COVID funding, which in turn meant that the £21.313m underlying deficit arising from the non delivery of savings in 2020/21 would be reported as a operational overspend. The intention of the instruction was to ensure that the UHB did not lose sight of the deficit arising from the non delivery of savings during 2020/21. In response to a query from the UHB Chair (CJ), the Deputy Director of Finance confirmed that the UHB would need to work with Welsh Government to determine how the UHBs underlying deficit would be managed going forwards as there was no clear view at this stage.

Table 4 of written report highlighted that the additional COVID 19 expenditure to date of £30.428m, which included £5.325m in respect the non delivery of 2020/21 recurrent savings, was matched by additional Welsh Government funding and it was empasised that this was consistent with final plan resource assumptions. It was noted that the final COVID income position was subject to confirmation by Welsh Government and that any resultant risk would need to be managed by the UHB.

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Referring to the reported figures for COVID 19 expenditure the Finance Committee Chair (RT) asked what assurance could be provided to the Committee that the split of COVID and non COVID cost was reasonable. In reply, the Deputy Director of Finance indicated that costs were initially

	identified by Clinical Boards and then consolidated on a monthly basis to determine the overall UHB position. In lieu of definitive guidance, some costs were subject to professional judgement based on the best data available. The Committee was informed that the process of identifying costs by service areas ensured that there was a strong audit trail behind the reported COVID costs and in response to a further query from the Finance Committee Chair (RT) the Deputy Director of Finance confirmed that the UHB could provide historic data in support of its reported COVID expenditure. The reported operational surplus of £0.124m at Month 3 was made up of an overspend of £0.131m and £1.223m against income and non pay respectively and that this was offset by a £1.478m underspend against pay. The in month operational underspend was £0.559m and this was a result of an improvement in the rate of overspend in the Medicine Clinical Board alongside the confirmation of actual primary care prescribing costs which were less than previous estimates. In reply to a query from the Executive Director of Strategic Planning, the Chief Operating officer confirmed that the improvement in the Medicine Clinical Board was due to both planned action and fortuitous factors and that there was now a better understanding of the pressures within the Clinical Board. The Finance Committee Chair (RT) asked whether the delay in receipt of actual primary care prescribing costs was significant and the Deputy Director of Finance confirmed that there was normally a 2 month lag between reporting and the receipt of actual data for GP prescribing. It was noted that the actual cost of hospital prescriptions issued through the UHB's pharmacy department was generally recorded and reported in the month when the associated drugs were issued. Referring to the gross COVID forecast, the Deputy Director of Finance indicated that this had increased in month from £111.149m to £117.083m largely relating to national programmes on TTP and PPE. Funding for Testing, Tracing, COVID vaccination, PPE, cleaning standards, CHC and FNC packages of care is based on pass through costs and the associated funding was deemed to be low risk. However, funding for other elements such as response was still to be confirmed. Following a query from the Finance Committee Chair (RT) the Deputy Director of Finance flagged that Welsh Government may issue control totals for COVID 19 funding in the later part of the year, as was the case in 2020/21. At this point the UHB would need to manage risks and services within the level of confirmed funding. Reporting on Clinical Board performance, in total, delegated budgets were £1.103m overspent for the 3 months to the end of June 2021 primarily due to pressures in emergency services. The overspend in delegated budgets was offset by a £1.227m underspend against central budgets due to non recurrent opportunities and the Deputy Director of Finance indicated that the UHB would need to take remedial action if the overall position deteriorated. It was highlighted that progress against the recurrent savings target where a further £5.9m needed to be identified presented a risk to the underlying deficit that the UHB would carry forward to 2022/23. Picking up on this point, the UHB Chair (CJ), whilst acknowledging the difficulty in identifying savings given	

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	the level of uncertainty that remained as a result of COVID 19, indicated that the Committee would need to focus on progress against the recurrent savings target if the UHB was to maintain the current underlying deficit moving into next year. Referring to the action required to close the gap against the recurrent savings target, the Independent Member – Finance (JU) asked whether there was a continous process to identify new saving schemes. In reply the Chief Operating Officer confirmed that this was the case and indicated it was also important to continue to convert red pipeline schemes to amber. It was acknowledged that a lack of pipeline schemes would increase the risk in meeting the recurrent savings target. Moving on, it was noted that the UHB was expecting a positive cash balance at the end of 2021/22 in line with the revised financial forecast breakeven and that the public sector payment compliance had deteriorated to 94.0% in month. Finally, the key risks were identified as the shortfall in savings schemes and the requirement to progress recurrent schemes in order to maintain the underlying position. In addition, whilst the UHB had been told by Welsh Government to assume that all COVID response costs will be funded, the costs were subject to external review and therefore this was also risk a until funding was confirmed. **Resolved – that:** The Finance Committee **noted** the gross month 3 financial impact of COVID 19 which is assessed at £25.104m; The Finance Committee **noted** the additional Welsh Government COVID 19 funding of £25.104m assumed within the month 3 position; The Finance Committee **noted** the £21.313m of non recurrent Welsh Government COVID 19 Funding which is assumed as coverage in respect of the 2020/21 recurrent savings shortfall; The Finance Committee **noted** the reported underspend of £0.124m at month 3 due to operational pressures; The Finance Committee **noted** the forecast breakeven which is consistent with the revised financial plan expected to be submitted to Welsh Government at the end of June and assumes additional funding of £138.396m to manage the impact of COVID 19 in 2021/22; The Finance Committee **noted** that it is assumed that COVID 19 reductions in planned care expenditure can now be used to mitigate risks against full delivery of the 2021/22 savings programme and any other operational pressures and that these assumptions are being reaffirmed with Welsh Government;	

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	The Finance Committee **noted** that whilst the UHB has assumed that all COVID response costs will be funded, these will be subject to external review. This is therefore a risk until this funding is confirmed. The Finance Committee **noted** the 2021/22 brought forward Underlying Deficit was £25.3m and that the forecast carry forward of £25.3m into 2022/23 is dependent upon delivery of the £12m recurrent savings target as set out in the financial plan.	
FC 21/07/008	**FINANCE RISK REGISTER** The Assistant Director of Finance presented the 2021/22 Finance Risk Register to the Committee. The following risks identified on the 2021/22 Risk Register were categorized as extreme risks (Red): • Maintaining the underlying deficit of £25.3m on line with the draft annual plan. • Delivery of the 2% CIP (£16.0m) The Committee was advised that the Risk **Fin02/21** – The Delivery of in year breakeven position and the management of budget pressures had been downgraded from **Extreme** to **High** given the £0.124m operational surplus reported at month 3. **Resolved – that:** The Finance Committee **noted** the risks highlighted within the 2021/22 risk register.	
FC 21/07/009	**DEEP DIVE – COMMISSIONING AND CONTRACTING** The Deputy Director of Finance introduced Chris Markall, Head of Finance – Commissioning & Benchmarking who would be making a presentation on **Contracting** and **Commissioning** The Head of Finance highlighted that the presentation would cover the following areas: • **Commissioning and contracting functions** • **Overview of financial flows** • **Contracting frameworks** • **LTA performance context** • **Current issues and looking forward** The Head of Finance moved through the presentation and highlighted: • The UHB received funding from Welsh Government to plan / commission services for its resident population.	

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- There are Contracts / arrangements to support commissioning services for C&V residents externally and to support the provision of services to other commissioning organisations

- Commissioning and Contracting Functions included:
  - Financial Management of healthcare contracts, including internal funding
  - Application of 'responsible commissioner' and cross-border guidance (WG/DHSC protocols etc.)
  - Support for service development and regional planning, working alongside Clinical Boards
  - IMTP / WHSSC ICP development
  - Commissioning scrutiny to support due diligence and good governance

- 2020/21 Commissioning Expenditure included:
  - £179m total expenditure on commissioned services (including £116m with WHSCC; £24m with WASC; £18m Velindre NHST; £19m LHB LTAs; £2.4m LHB/Trust non LTAs; and £1.2m IPFR, NCAs & UH Bristol)
  - The £179m excludes Clinical Board managed SLAs and WAST & PCIC/MH commissioned placements
  - Block contracting arrangements applied as part of COVID actions to ensure financial stability

- 2020/21 Contracting Income included:
  - £343m total income from healthcare agreements, circa 20% of total UHB turnover (including £238m with WHSCC; £28m with WHSCC non LTA; £72m LHB LTAs; £0.9m LHB non LTAs; £2.7m English LTAs; and £1.2m English NCAs)
  - The £343m excludes Clinical Board managed SLAs.
  - Block contracting arrangements applied as part of COVID actions to ensure financial stability

- LTA Financial Frameworks were a mixture of :
  - Block Contracts – no adjustment for variation, 'manage within resources'
  - Traditional 'Cost & Volume' Contracts – variation adjusted for at marginal rates
  - Cost per Case Contracts – full cost price variation, some at case mix level
  - 'Pass Through' Contracts – actual expenditure e.g. NICE and High Cost Drugs
  - Investment – often funded only as committed until fully implemented
  - Disinvestment – expectation of 100%, albeit phased over three years
  - COVID Arrangements are based on Block at 2019/20 out-turn including inflation, wage award funding adjusted for service change, developments and repatriations

- The following was outlined in respect of specific LTAs :

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- The WHSSC LTA was established through Resource Mapping in 2010 and the provider contract was rebased in 2015-16 to better align the income to service costs. Several frameworks have been revisited as part of service reviews and investment.
- Health Board LTAs are largely based on historic costs, inflated year on year. But some are being remodelled. The LTAs are adjusted for clinical developments, service changes, for repatriation and investment/disinvestment. C&V provider activity has declined over the recent years from the core SE Wales catchment area
- The Velindre LTA is based on historic costs, inflated year on year, however rebasing is expected to be implemented in the near future.

- Outside of Block arrangements both Commissioner & Provider contract performance is subject to financial variation arising from changes in activity flows where the UHB needs to manage the associated changes in income and expenditure.
- Cross border flows are subject to: guidance / protocols; 'Who pays' guidance and English tariff mechanisms (e.g. BPT / Exclusions); Responsible commissioner guidance (English & Welsh); Residency rules and placement checks; and prior approval for elective treatment
- Current Issues include: Implementation of the WHSSC ICP; Implementation of Velindre developments; COVID recovery and how to move out of current block arrangements; Regional Plans – Vascular, OG Cancer, Spinal, Robot etc; Potential to rebase South Wales LTAs; and the incorporation of value and outcomes into LTAs.

Comments and queries were received as follows:

The Finance Committee Chair (RT) asked for clarification of the difference between WHSCC and UHB Commissioning. In response the Head of Finance confirmed that WHSCC was responsible for ensuring that designated specialised services were commissioned from providers which had the appropriate experience and expertise. In this context the UHB – WHSCC LTA specified which services were included and it was noted that the list would change overtime as new treatments provided were added to the list. In some cases, treatments (e.g. cardiology) could be de-designated as they rolled out of specialist centres and were provided from a wider range of Providers.

The Executive Director of Strategic Planning observed that there was a risk that the repatriation of patient services back to other Health Boards could leave the UHB with a casemix of non Cardiff and Vale residents which was skewed towards more complex and costly activity. This in turn, could be a financial risk, if LTAs are based on historic average costs. The Head of Finance agreed that this was a risk and in this context, the UHB needed to take a pragmatic approach to the re-basing of contracts. The Chief Operating Officer added that the accuracy of clinical coding was an important factor in gauging the relative complexity of casemix.

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It was noted that some services were commissioned at a Clinical Board level and the Executive Director of Strategic Planning indicated that this was the

	case for some continuing care packages for mental healthcare where it was important that the right level of care was commissioned to meet individual needs. It was acknowledged that this would also impact on resource allocation for the wider population. The Finance Committee Chair (RT) asked how performance and limitation of liability was managed and in response the Head of Finance indicated that all LTAs were subject to a Heads of Agreement which referenced Welsh Government specifications and outlined LTA management arrangements. The Deputy Director of Finance confirmed that both Commissioner and Provider financial performance was captured in the UHB's monthly financial reports.	
FC 21/07/010	**MONTH 3 FINANCIAL MONITORING RETURNS** These were noted for information.	
FC 21/07/011	**ITEMS TO BRING TO THE ATTENTION OF THE BOARD** There were no items to being to the attention of the Board.	
FC 21/06/012	**DATE OF THE NEXT MEETING OF THE COMMITTEE** **Wednesday 25th August 2.00pm; Virtual Meeting via Teams**	

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Unconfirmed Minutes of the Quality, Safety & Experience Committee
Held on 15th June 2021 at 09.00am
Via MS Teams

Chair:		
Susan Elsmore	SE	Independent Member – Local Authority
Present:		
Gary Baxter	GB	Independent Member – University
Mike Jones	MJ	Independent Member – Trade Union
Michael Imperato	MI	Independent Member – Legal
In Attendance		
Sue Bailey	SB	Director for Quality, Safety and Patient Experience – CD&T
Siobhan Bird	SB	Student Nurse
Annie Burrin	AB	Patient Safety Team
Tara Cardew	TC	Lead Nurse
Steve Curry	SC	Chief Operating Officer
Carol Evans	CE	Assistant Director of Patient Safety and Quality
Aaron Fowler	AF	Head of Risk and Regulation
Angela Hughes	AH	Assistant Director of Patient Experience
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Christopher Lewis	CL	Deputy Director Finance
David Poland	DP	Audit Wales
Jason Roberts	JR	Deputy Executive Nurse Director
Paul Rogers	PR	Assistant Director in therapies and Healthcare Science
Matthew Temby	MT	Director of Operations (CD&T)
Stuart Walker	SW	Executive Medical Director
Joy Whitlock	JW	Head of Quality & Safety
Wendy Wright	WR	Deputy Head of Internal Audit
Secretariat		
Nathan Saunders	NS	Corporate Governance Officer
Apologies		
Nicola Foreman	NF	Director of Corporate Governance
Ruth Walker	RW	Executive Nurse Director
Rajesh Krishnan	RK	Assistant Medical Director (Patient Safety and Clinical Governance)
Fiona Kinghorn	FK	Executive Director of Public Health
Catherine Phillips	CP	Executive Director of Finance

QSE 21/06/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting. It was noted that Paul Rogers - the Assistant Director in therapies and Healthcare Science (ADTHS), Tara Cardew – Head of Patient Safety and Siobhan Bird – Student Nurse would be in attendance at the meeting.	**Action**
QSE 21/06/002	**Apologies for Absence** Apologies for absence were noted.	

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QSE 21/06/003	**Declarations of Interest** The Executive Director of Therapies & Health Science (EDTHS) advised the Committee that her role in Cwm Taf Morgannwg University Health Board (CTMUHB) be identified as a declaration of interest. The Independent Member – Legal advised the Committee that he had a declaration of interest in agenda item 4.4 – Blood Inquiry Update.	
QSE 21/06/004	**Minutes of the Committee Meeting held on 13 April 2021** The minutes of the meeting held on 13 April 2021 were received and confirmed as a true and accurate record of the meeting **The Committee resolved that:** a) The minutes of the meeting held on 13 April 2021 were approved as a true and accurate record of the meeting.	
QSE 21/06/005	**Action Log following the Meeting held on 16 February 2021** The action log was received and the Committee noted that the majority of the actions had been completed or were on the agenda for discussion during the meeting, or were due for discussion at a future meeting.	
QSE 21/06/006	**Chair's Action taken since last meeting** No Chairs Actions were noted.	
QSE 21/06/007	**CD&T Clinical Board Assurance Report** The CD&T Clinical Board Assurance Report was received. The Director for Quality, Safety and Patient Experience – CD&T (DQSECDT) presented a staff story to the Committee. The story highlighted a member of staff who had been redeployed to a Covid-19 area during the pandemic and their feelings and experiences towards that. It was noted that the staff member had both negative and positive experiences and the DQSECDT advised the committee that the staff member had received relevant support from the clinical board and staff well-being service. The DQSECDT presented the key learnings from the staff story and advised the committee that although deployed staff had faced challenges, the feedback received from the wards had been positive and it was noted that staff provided by CD&T had been a credit to the clinical board. The CC asked the DQSECDT to pass on the QSE Committee's thanks to the member of staff who had provided the story and thanked the CD&T	

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	clinical board for providing members of staff who had been redeployed to various areas during the pandemic. It was noted that commendation and thanks from the committee should be shared with all clinical boards for their efforts during Covid-19. The DQSECDT presented the CD&T Clinical Board Assurance Report and noted that the first section provided an insight as to what had happened during the pandemic and some of the things that the CD&T Clinical board had changed and reflected upon. The Director of Operations (CD&T) (DOCDT) highlighted a number of changes within CD&T teams during the pandemic and the impact they had on patient experience. The DOCDT provided an example of the Physiotherapy department which during the first wave had circa. 2000 patients waiting which had been reduced to zero. It was noted that this was due to a combination of efforts including virtual working and management of face to face appointments. The Executive Medical Directed (EMD) advised the committee that CD&T were subject to more regulatory compliance than other areas and noted that the data shown in the report in this regard was a positive outcome. He added that there was information in the report around Electronic Test Requesting (ETR) and asked if more information could be provided. The DOCDT advised the committee that the previous year, the Clinical Board recognised the need to progress ETR for Laboratory Medicine and noted that good progress had been made especially within the laboratories. It was noted that the Clinical Board would provide further updates on ETR work in future assurance reports. The EMD advised the committee that there was nothing around NICE guidance in the report and asked if the DQSECDT could provide more information on this area. The DQSECDT responded that NICE guidance was something that would be worked on now that a new member of staff had been appointed who could support that stream of work. The Independent Member – University (IMU) asked if preparation had been given to electronic prescribing and medicine management (EPMA). The EMD responded that good progress was being made and that it was something that had been needed since 2007. It was noted that a decision was made at Board level to take a leadership role in Wales in delivering EPMA. The IMU noted that in relation to reporting incidents, two thirds of incidents had come from laboratory medicine and asked for clarity on that number.	**NS**

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	The DQSECDT responded that the numbers were collected from the number of laboratory incidents around poorly labelled specimens and noted that this was why the ETR process would be crucial in rectifying those issue. The Independent Member – Legal (IML) noted that the report mentioned innovative approaches to delivery and asked for clarity on what work had been undertaken. The DOCDT responded that virtual working had been very innovative for CD&T and the strategy for services to be more community based. He noted that there was a real drive in those areas and one of the Clinical Board's recovery strategies would look to pull people from core waiting lists to provide them with wellbeing support in the community. **The QSE committee resolved that:** a) The progress made by the Clinical Board to date and its planned actions were noted. b) The approach taken by the Clinical Board was approved.	
QSE 21/06/008	**Quality, Safety and Experience Framework Update** The Quality, Safety and Experience Framework Update was received. The Assistant Director of Patient Safety and Quality (ADPSQ) advised the committee that it had previously been agreed that an update would be provided to the committee with a view to bringing the final Quality, Safety and Experience Framework (QSE Framework) to the September committee meeting. The ADPSQ presented to the Committee the Quality, Safety and Patient Experience Framework 2021 – 2026. It was noted that a workshop had taken place in 2020 and had provided discussion around QSE priorities for the next 5 years. This included: • A Healthier Wales 2018 • National Clinical Framework: a Learning Health and Care System 2021 • NHS Patient Safety Strategy 2019 (2021) • WHO Global Patient Safety Action Plan 2021-2030 • The Patient Safe Future: A Blueprint for action 2019 • Patient Experience Improvement Framework 2018 It was noted that since September 2020 there had been wide engagement within the organisation and with external stakeholders. It was noted that a Safety Culture Survey had been sent out to staff and that 988 members of staff had started the questionnaire but, due to the length of the questionnaire, a number had not completed it upon starting.	

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	Themes identified from the survey included: • The need to improve feedback following incidents, more work would be needed on 'Just culture', workload, time for training, near-miss reporting and information exchange between departments. It was noted that 50% of staff felt that the organisation were promoting a climate that promoted patient safety and 50% of staff felt that there were good systems and processes in place for preventing harm. The ADPSQ advised the committee of the 8 areas within the framework: • Safety Culture, • Leadership and Prioritisation, • Patient experience and involvement, • Patient safety learning and communication , • Staff engagement and involvement, • Data and Insight, • Professionalism, • Quality Governance It was noted that the eighth area, Quality Governance, would have a final structure brought to the September Committee meeting. The IMU advised the Committee that he had read the Gosport Report and it had struck him how it could relate to the QSE Framework and noted that the safety culture would need to be embedded across CVUHB so that the whole system could be immersed with this approach to quality and safety and he asked how primary care practitioners were being engaged on the issue. The ADPSQ responded that health care was risky and that even when aiming for zero avoidable harm, things could go wrong. She added that what needed to be avoided were systemic issues that CVUHB were not aware of. It was also noted that conversations had started with Primary care and it was recognised that the QSE framework felt more secondary or tertiary focused which needed to be addressed. **The QSE committee resolved that:** a) The Quality, Safety and Experience Framework Update was noted.	
QSE 21/06/009 Saunders.Nathan 09/21/2021 13:30:28	**Quality Indicators Report** The Quality Indicators Report was received. The DEND highlighted some areas to note: • In May 2021, Welsh Government (WG) in partnership with the Delivery Unit have issued a new All Wales Patient Safety Incident Reporting Policy. • Phase 2 would commence in July 2021 and would focus on developing new thematic ways of reporting certain incident types	

	across a number of specialities, including commonly reported incidents such as pressure damage, falls, and hospital acquired infections (including nosocomial Covid-19). • The number of reported pressure ulcers continued to increase and it was noted that the trend would be kept under review by the UHB Pressure Ulcer Collaborative. It was noted that considerable work had been undertaken in the organisation to improve the rate and quality of reported pressure damage; nevertheless this was a trend which would require continued monitoring. • The stroke position. There were a number of indicators in the report which show how challenging performance had been. • The IP&C Team were working with relevant Clinical Boards to identify possible areas for improvement. • Nutritional assessments had increased since the last committee meeting. The IMU noted that the number of significant pressure damage incidents had dropped and asked if that was due to the way in which pressure damage was recorded. The ADPSQ responded that although the reporting mechanism had changed, a local report was still kept for all incidents. **The QSE committee resolved that:** a) The contents of the Quality Indicators Report and the actions being taken forward to address areas for improvement was noted.	
QSE 21/06/010	**Exception Reports – Verbal** The DEND advised the Committee that there was no specific items to bring to the attention of the Committee and gave a brief Covid-19 update. It was noted that transmission had been building over the previous weeks and was being closely monitored as at the time of the meeting there were 3 patients with Covid-19 in a hospital setting. It was noted that there were 61 cases in Cardiff and the Vale and that all 61 cases were being treated as a variant of concern despite further clarity being needed. **The QSE committee resolved that:** a) The Exception Report was received.	
QSE 21/06/011	**Waiting Lists and Cancer Services update** The COO presented to the Committee.	

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	It was noted that there were 4 harms in the Welsh Government annual framework: • Harm from COVID • Harm from an overwhelmed NHS and social care system • Harm from wider societal actions/lockdown • Harm from reduction in non-covid activity. The COO advised the Committee that focus of his presentation would be on the "Harm from reduction in non-covid activity" element of the framework. The amount of activity lost over the pandemic between March 2020 and February 2021 was noted. The Coo shared that over 22K inpatient day case surgeries were not undertaken during that period. In the Health Board's plans being submitted to WG, some assumptions had been made and Health Board Level Scenario Modelling had been undertaken which identified the following: • Substantial uncertainty in forward projections due to lack of predictability of; - Further wave(s) - The point at which additional IP&C measures could be removed - The proportion of lost activity that would need to be re-provided • Three case scenarios had been developed to better understand the range of possible scenarios; - Best-case - Central-case - Worst-case. It was noted that when the scenarios were applied to the modelling, it showed that in the best case scenario, waiting lists would go back to pre-Covid levels by 2024. In the central-case scenario the average timescale was December 2028 and in the worst-case scenario the timescale was brought out at "never" which was not an option to consider. The COO advised the Committee that a full recovery from the pandemic would likely take at least 5 years and would require sustained and significant additional capacity. It was noted that additional capacity alone would not be enough and the NHS would need to fundamentally review the services it provided and the way in which they were being provided. Both additional capacity and pathway redesign would take time and therefore there would be a need to support patients, manage expectations and enhance the services which were alternatives to treatment. The COO advised the Committee that all patients on the inpatient waiting list who were on the Patient Management System (PMS) had been categorised against the Royal College of Surgeons categories.	

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	It was noted that the ambition was to return to elective activity of 70% pre-Covid levels in Q1 of 2021 which had been achieved and for that to be increased to 80% in Q2. The CC asked the COO if learning could be taken from anywhere else in the UK around the approach to waiting list management. The COO responded that there was and learning that had been adopted in Wales around ophthalmology could possibly be applied to the Cancer services. The IML asked the COO how staff and patients would receive the relevant information about the approach that CVUHB would be taking. The COO responded that it would be crucial to have communication with staff and patients and that openness would be required. The COO advised the committee that the presentation would be shared via email post meeting. **The QSE committee resolved that:** a) The Waiting Lists and Cancer Services update was noted.	SC/NS
QSE 21/06/012	**Pressure Damage Report** The pressure Damage Report was received. The ADPSQ presented to the Committee on behalf of the Director of Nursing for Surgery who was also the professional lead for pressure damage prevention and management within CVUHB. It was noted that the activity of the pressure group had decreased during the Covid-19 pandemic but was increasing again and a collaborative had been formed that encompassed both Primary and Secondary Care. It was noted that the aim of the Collaborative was: • To reduce the incidence of healthcare acquired pressure damage within the Health Board. • To speed up adoption of innovation into practice to improve clinical outcomes and patient experience. It was noted that a project plan had been put together for some of the key themes of work that needed to be taken forward to tackle pressure damage within CVUHB. It was noted that the focus moving forward would be on information and data around the damage and that work was ongoing to build a specific dashboard.	

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	The EMD advised the committee that due to the END sending apologies for the meeting he would recommend that a further update be provided at the next QSE committee meeting. He added that a decision about what was appropriate for escalation and assurance would be needed and what the right amount of oversight and escalation would be for the QSE committee. It was noted that thought would also be required as to how the QSE committee would escalate information it received to the Board. **The QSE committee resolved that:** a) The contents of the report and the actions being taken forward to address areas for improvement were noted.	NS
QSE 21/06/013	**Falls Group Update** The Falls Group Update was received. The EDTHS advised the committee that falls had been a big issue for CVUHB and assurance was needed about where the organisation was in relation to falls. It was noted that a dashboard had been created to provide further information to members of the committee. It was noted that CVUHB could not stop people falling but could try to deliver a patient centered service that looked at multi-factorial risk assessment and intervention around falls patients. The EDTHS advised the committee that mandatory training should be provided for staff around falls as recommended by the Royal College of Physicians. It was noted that the head injury figures were not huge but assurance could be given that the organisation had looked at each of the cases in detail and WG were also looking at how to develop further supporting guidance. **The QSE committee resolved that:** a) The Falls Group Update was noted. b) Training in falls assessment, prevention and management should be mandatory and monitored on ESR.	

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QSE 21/06/014	**Gosport Review Update** The ADPSQ advised the Committee that the update provided information on outstanding issues from previous meetings. It was noted that the ADPSQ had met with relevant key stakeholders and had provided a high level of assurance that there were processes and systems in place to monitor prescribing habits across CVUHB. The IMU noted that a section would be added to the medicines code and asked what that would be. The ADPSQ responded that the medicines management group had agreed a standard operating procedure (SOP) and that the medicines code was widely accessible to staff and it was agreed that she would find out what the relevant section would be and feedback to the IMU offline. **The QSE committee resolved that:** a) The Gosport Review Update was noted.	
QSE 21/06/015	**HIW Activity Update** The HIW Activity Update was received. It was noted that HIW activity had reduced over the pandemic but that it was evident that activity had begun to increase. Since the last HIW activity report in April 2021, there had been checks on Owl Ward on 12th May 2021 and a positive check to the teenage cancer trust and Hazel Ward. It was noted that as part of the HIW annual review programme for 2020-21, a local review of the Welsh Ambulance Service Trust (WAST) was being undertaken and that the focus of the review was to consider the impact of ambulance waits outside Emergency Departments (ED) on patient safety, privacy, dignity and overall patient experience. It was advised that HIW had announced their intention to carry out a National Review Of Mental Health Crisis Prevention in the Community and it was anticipated that the review would be completed and published by Autumn 2021. It was noted that a review of diagnostic imaging would be carried out in August 2021. **The QSE committee resolved that:** a) The level of HIW activity across a broad range of services was noted.	
QSE 21/06/016	**Board Assurance Framework – Patient Safety** The Board Assurance Framework – Patient Safety was received.	

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	The Head of Risk and Regulation (HRR) advised the committee that the BAF recorded the Strategic Risks faced by the Health Board and the paper presented highlighted the patient safety risks within the BAF that were reviewed and approved by the Board in May 2021. The ADPSQ advised the Committee that it was worth mentioning Covid-19 recovery and the risk in terms of that to patient safety. She added that WG had commented that CVUHB had not been explicit enough in the current Quality framework on the work being undertaken on Covid-19 recovery. **The QSE committee resolved that:** a) The Board Assurance Framework risk in relation to Patient Safety was noted and reviewed.	
QSE 21/06/017	**Health Care Standards Strategy and Action Plan** The Health Care Standards Strategy and Action Plan was received. The DEND advised the committee that there had been an internal decision to review the 16 standards internally and that they had been taken to Board and Independent members. **The QSE committee resolved that:** a) The progress made against each of the Health and Care Standards was noted. b) The Corporate Priorities for 2021/22 were approved.	
QSE 21/06/018	**Prevention and Management of In-Patient Falls Policy** The Prevention and Management of In-Patient Falls Policy was received. It was noted that the policy had been quality impact assessed. **The QSE committee resolved that:** a) The Policy and Procedure for the Prevention and Management of Adult In-patient Falls, subject to any changes required following consultation, was approved. b) Subject to appropriate approval of any changes that may be required following consultation, the full publication of the Policy and Procedure for the Prevention and Management of Adult In-patient Falls in accordance with the UHB Publication Scheme was approved.	

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QSE 21/06/019	**Minutes from Clinical Board QSE Sub Committees: Exceptional Items to be raised by Assistant Director Patient Safety & Quality:** The Minutes from the Clinical Board QSE Sub-Committees were received: a) Children & Women's Clinical Board Minutes b) Specialist Clinical Board Minutes c) CD&T Clinical Board Minutes d) Surgery Clinical Board Minutes e) Mental Health Clinical Board Minutes f) Medicine Clinical Board Minutes g) PCIC Minutes **The Committee resolved that:** a) The Minutes from the Clinical Board QSE Sub-Committees be noted.	
QSE 21/06/020	**Committee Effectiveness Survey results 2020-2021** The HRR advised that CVUHB had undertaken a review of the Board and its Committees, using survey questions derived from best practice guidance, including the NHS Audit Handbook, and using the following principles: • the need for Committees to strengthen the governance arrangements of the Health Board and support the Board in the achievement of the strategic objectives, • the requirement for a Committee structure that strengthens the role of the Board in strategic decision making and supports the role of Independent Members in challenging executive management actions, • maximising the value of the input from Independent Members , given their limited time commitment, • Supporting the Board in fulfilling its role, given the nature and magnitude of the Health Board's agenda. **The Committee resolved that:** a) The results of the Annual Board Effectiveness Survey 2020-2021, relating to the Quality Safety & Experience Committee were noted. b) The action plan developed for 2020-2021, which will be progressed via Board Development sessions was noted.	
QSE 21/06/021	**Corporate Risk Register** The HRR advised the Committee that there was nothing further to add and that the report be taken as read.	

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	The Committee resolved that: a) The Corporate Risk Register risk entries linked to the Quality, Safety and Experience Committee and the work which is now progressing was noted.	
QSE 21/06/022	**Blood Inquiry – Update** The Blood Inquiry Update was received. **The Committee resolved that:** a) The contents of the report and links to inquiry resources were noted.	
QSE 21/06/023	**Items to bring to the attention of the Board / Committee** The EMD suggested to the Committee that stroke performance measures and pressure ulcer updates be taken to the Board.	**NS**
QSE 21/06/024	**Any Other Business** No other business was noted	
QSE 21/06/025	**Review of the Meeting** No further comments were made.	
QSE 21/06/026	**Date & Time of Next Meeting:** **Thursday 16 September 2021 at 9am** Via MS Teams	

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Unconfirmed Minutes of the Strategy & Delivery Committee
Tuesday 13th July 2021 – 9:00am – 12:00pm
Via MS Teams

Chair:		
Michael Imperato	MI	Committee Chair
Members:		
Gary Baxter	GB	Independent Member – University
Rhian Thomas	RT	Independent Member – Estates
Sara Moseley	SM	Committee Vice Chair & Independent Member – Third Sector
In Attendance:		
Catherine Philips	CP	Executive Director of Finance
Ceri Phillips	CP	UHB Vice Chair
David Thomas	DT	Director of Digital Health Intelligence
Fiona Kinghorn	FK	Executive Director of Public Health
Jason Roberts	JR	Deputy Executive Nurse Director
Keithley Wilkinson	KW	Equalities Manager
Lianne Morse	LM	Head Of Operational Human Resources
Marie Davies	MD	Deputy Director of Strategic Planning
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	MD	Executive Director of People And Culture
Steve Curry	SC	Chief Operating Officer
Observers:		
Shannon Ocallaghan	SO	Graduate Management Trainee
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Abigail Harris	AH	Executive Director of Strategic Planning
Fiona Jenkins	FJ	Executive Director Of Therapies And Health Science
Stuart Walker	SW	Interim CEO & Executive Medical Director

Min Ref	Agenda Item	Action
S&D 21/07/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting.	
S&D 21/07/002	**Apologies for Absence** Apologies for absence were noted.	
S&D 21/07/003	**Declarations of Interest** The Independent Member – Third Sector (IM-TS) declared an interest as being part of the General Medical Council (GMC) in Wales	
S&D 21/07/004	**Minutes of the Committee Meeting held on 11th May 2021**	

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	The minutes of the meeting held on 11th May 2021were received and confirmed as a true and accurate record of the meeting. **The Committee Resolved that:** a) The minutes of the meeting held on 11th May 2021 be approved as a true and accurate record of the meeting.	
S&D 21/07/005	**Action Log following the Meeting held on 11th May 2021** The action log was received and the Committee noted that the majority of the actions had been completed or were on the agenda for discussion during the meeting, or were due for discussion at a future meeting. **The Committee Resolved that:** a) The Committee action log updates from 11th May 2021were received and noted.	
S&D 21/07/006	**Chair's Action taken following the meeting held on 11th May 2021** No chairs actions had taken place since the previous meeting.	
S&D 21/07/007	**Annual Capital Plan report** The Deputy Executive Director of Strategic Planning (DEDSP) highlighted that the Capital Programme Plan for the financial year was subject to change due to it being a continually rolling programme where schemes were being developed and approved. It was reported that there were a significant number of recovery schemes where support was being sought via revenue and capital funding and she advised that this could present a challenge as there was already an over commitment on the capital programme. Detail of the schemes in development were shared in appendix 2 of the paper presented. It was confirmed that a number of major capital schemes were significant in terms of cost and range, some of which had been taken on at risk. This detail was also confirmed in appendix 2, including a number of acute infrastructure cases which were being planned at risk. The DEDSP added that when schemes were undertaken at risk Welsh Government were aware of the schemes but they were undertaken at risk in the sense that the Health Board may have to fund the planning costs associated with the Outline Business Case / Full Business Case development. She advised that the costs would normally be paid back once a scheme was approved by Welsh Government. Prior to approval costs were funded via the discretionary capital programme, schemes that are undertaken at risk and not funded by Welsh Government are then funded through their own revenue stream.	

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	Independent Member – Capital & Estates (IM-CE) queried what the process was to go at risk when there was no available funding. The DEDSP responded to confirm that the Health Board would not proceed at risk to fund a significant capital scheme using revenue funding. She also reiterated that the planning costs incurred at risk from a funding point of view are typically reimbursed by Welsh Government if a scheme is approved. In the event that a scheme is not supported the costs would be written off against revenue. The EDF commented that if a development is to be funded through capital and there is no funding source available then the Health Board may proceed at risk but when a call is made on discretionary capital, so when money is recuperated, they are able to use the funding recovered for something else. Whilst this would mean that budgets appeared tight within the capital programming year it did not mean that there was no resource was available. **The Committee Resolved that:** a) The content of the paper including the level of funding which would be challenging to manage in year be noted. b) The Capital Plan as presented with any 'in year' changes to the Plan being dealt with in line with the UHB Standing Financial Instructions (SFI's) and scheme of delegation be approved. c) All Business Cases would follow the appropriate approvals process with consideration by the respective Project Team/Board, CMG, the Business Case Advisory Group (BCAG), ME and Board. d) The schemes that the UHB were developing through the Business Case process pending WG approval were noted.	
S&D 21/07/008	**Shaping Our Future Wellbeing Strategy (SOFW) Update :** **a) Flash Update** The DEDSP advised that the Health Board was in Year 6 of delivering the SOFW Strategy and confirmed that implementation of the Strategy had been split into 4 clinical programmes: • Shaping our Future Clinical Services (SOFCS) • Shaping our Future Hospitals (SOFH) • Shaping Our Future Community Hospitals (At Home Programme) • Shaping Our Future Population Health (SOFPH) The DEDSP stated that the programme approach was a key vehicle for implementation and allowed an integrated approach to be taken to the delivery of strategic, operational, and recovery activities. She confirmed that the paper shared provided an overview of the governance arrangements in place to organise the planned strategic programmes. She highlighted that the Portfolio Steering Group, which was chaired by the EDSP, reported into the change hub which fed into the Management Executive team and S&D committee	

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	The DEDSP suggested that Appendix B, a flash report/update of all programmes of work, and proposed that this be brought to future meetings routinely so that the committee could have oversight of plans and take assurance from the progress being made against the SOFW strategy. The CC queried what the next Major milestone set for September 2021 represented. The DEDSP confirmed that this would be completion of the first exemplar pathway. She also highlighted that there was limited resource for the SOFCS programme. The intention was to support the programme using external support through Welsh Government support for SOFH PBC to progress to a Strategic Outline Case. She informed the committee that the team was not at that stage and therefore had no funding to recruit the support needed to fast track the planning work underpinning SOFCS It was hoped that by September Cardiology could be used as an exemplar to develop and test out the methodology for working through clinical services to support the SOFCS plan. **The Committee Resolved that:** a) The proposed governance framework be approved; and b) The progress and risks described in the Programme Portfolio Flash Report be noted.	
S&D 21/07/009	**People & Culture:** **Welsh Language Strategy Update** The Executive Director of People & Culture (EDPC) informed the Committee that the Welsh Language Strategy was introduced in 2019 which took over from the Welsh Language Measure from 2011. The Equalities Manager (EM) highlighted that his team had received numerous complaints which mainly focussed on the Cardiff & Vale website so the team were working with the Communications Team and Welsh Language commissioner to resolve these issues. He stated that as an organisation his team wanted the Health Board to move beyond reactive approaches and to embed thinking about the Welsh Language within the organisational culture. The EM assured the Committee that the challenges and risks his team encountered continued to be worked on are were monitored on a bi-monthly basis by the Equality Strategy Welsh Language Standards Group (ESWLSG). The EM also advised that whilst there had been challenges in the area there had also been some major achievements He highlighted that 70 / 120 of the Welsh Language standards had been met which placed the Health Board in an amber state although work in the area continued.	

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To improve compliance with the Welsh Language Standards his team had:

- Set up a learning wall in Woodlands house
- Begun to develop admission packs
- Worked with the additional learning needs alliance to include the provision of Welsh Language Services
- Worked to achieve a position so that users could input Welsh spelling and grammar checks onto their computer systems
- Began working with Internal Audit
- Continued to work on responses to complaints to ensure they were being appropriately addressed

IM-CE shared how pleased she was with the work undertaken by the EDPC and EM to push forward this agenda and expressed here gratitude for the focus and attention given to the issue.

Independent member – Third Sector (IM-TS) suggested that work needed to be undertaken within recruitment to make the progress made sustainable. She suggested that Welsh should be considered an essential criterion for recruiting people areas such as digital and social media. She added that workforce should work on developing relationships with the Universities, Coleg Cymraeg and the schools in Cardiff who were producing Bi-lingual students and suggested that this should be included within plans moving forward.

The EDPC agreed with the points made around recruitment and confirmed that conversations regarding the inclusion of Welsh as an essential criterion would be had with relevant teams. She also added that the Health Board's inclusive agenda and inclusive recruitment drive took a holistic view on diversifying the workforce and the Welsh Language was included within that approach.

The CC advised that the commitment from the team to push the agenda forward was not in doubt and he suggested that some of the areas complained about could be considered as basic issues, such as the website, which would be easily addressed. He queried whether the committee could be given assurance that the complaints would be addressed within a set time.

The EM agreed with the points made and advised that his team were hoping the work being undertaken on the website by Trussell was expected to complete by the end of August.

For the 50 outstanding standards, the EM suggested that in six months' time the team would hope to be in a better position which would also reduce the number of complaints received.

KW

The Committee Resolved that:

a) The contents of the report with an update to come to the Strategy and Delivery Committee in 6 months' time be approved
b) The ongoing Welsh Language compliance with the Welsh Language Standards across the UHB was supported and approved.

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S&D 21/07/010	**Performance Reports** **(a) Organisation Key Performance Indicators** The Chief Operating Officer (COO) shared a paper to set out the current operating context which remained a challenging environment to manage. He highlighted: • Un-scheduled Care - Teams were experiencing significant increases in activity from non Covid patients - smaller amounts of Covid activity were being seen in the bed base of the hospital - Significant pressures were noted at front door services, primary care services, and Mental Health services - teams were beginning to configure themselves in a Covid ready position • Planned Care - The Health Board was at the end of the first quarter and the challenges of staying Covid ready remained - The Health Board's Recovery plan had been submitted to Welsh Government - Their trajectory for recovering planned care in the first quarter, to reach 70% of pre Covid activity, had been met and exceeded. Teams were aiming for a return of 80% of pre-covid activity for the end of the second and third quarter and 90% for the fourth quarter • Mental Health services - The COO discussed the focus on this area in other forums and confirmed that the adult Mental Health Team would deliver a presentation to the Public Board at the end of July The CC queried what affect CAV24/7 had had on services. The COO responded that it had had an impact in terms of providing an opportunity to better control some of the activity rather than reduce, as there was a degree of signposting that avoided some of the patients coming into the emergency department. This resulted in 1/3 of activity being semi planned. IM-TS highlighted that the Community Health Council (CHC) had a lot on their agenda in relation to Primary Care, access to Primary Care, gatekeeping, etc. She queried strategically what would be the plan to address issues in these areas and what options would be available to teams. The COO stated that teams were speaking in two currencies Unscheduled Care and Planned Care. In regards to Unscheduled Care, this was a programme that was moving towards a Home First Primary Care based urgent care model. For Planned Care he stated that until the Health Board was able to reach over 100% of pre Covid levels they would not be able to eat into the backlog. He highlighted that the Health Board would need a combination of expediency, capacity, resource, and redesign for them to meet the needs of individuals in different ways and this would be looked at in terms of backlog and recurrent demand. The COO added that they would hope to redesign those system taking a pathway approach.	

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	The CC queried the eye care figures mentioned within the report. The COO responded that the team were performing at 80% of pre covid-levels and the level of service was slowly improving. He added that the annual plan proposed a mobile twin theatre which would allow the teams to undertake larger volumes of work in a different operating model. The CC proposed that CHC colleagues be invited to attend the next meeting to speak to the Committee and participate in a deeper look at Ophthalmology and Primary Care. **The Committee Resolved that:** a) The year to date position against key organisational performance indicators for 2021-22 in the context of prevailing operating conditions be noted. **(b) Workforce Key Performance Indicators** The EDPC highlighted that staff wellbeing was of paramount importance and was listed as a potential risk within the Board Assurance Framework (BAF). She added that she Chaired a Wellbeing Strategy Group which recently met and prepared a 12 month programme of work which she proposed to share with the Committee at a future meeting. The EDPC advised that within Health Board KPI's and the matrix for workforce there was a lot of work undertaken on an all Wales basis but that as an organisation her team were also undertaking a deep dive into the data including in relation to employee relations which was highlighted within her paper. The EDPC highlighted that they her teams were managing and focusing on: • The workforce being Covid ready – workforce hubs were ready to support • Focusing on recovery plans • Current establishment and the attraction, recruitment, and retention of staff. The Head of Operational Human Resources (HOHR) shared a presentation relating to Employee Relations and provided a detailed overview of the historic and current ER cases and the work undertaken by the operations team to improve the position. The IM-TS highlighted the race equality action plan, which if adopted would require organisations to note complaints/cases by ethnicity and queried what had been done in preparation for those incidents. The HOHR advised that equality data was captured within their trackers and they previously used ESR to capture this data for their employee relations cases. She informed the committee that they had not undertaken this task for or some time as some Health Boards in Wales had moved away from ESR and had introduced employee relations systems instead, including the use of Selenity software.	SC RG

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	The UHB Vice Chair queried when an option appraisal would be presented to the Management Executive to consider how this would be managed moving forward. The EDPC stated that her team would factor this into their work plans and the appraisal would be brought back to a future meeting. **The Committee Resolved that:** a) The contents of the report was discussed and noted.	RG/LM
S&D 21/07/011	**Shaping Our Future Wellbeing Strategy (SOFW) Update :** **Deep Dive - Shaping our Future Population Health (SOFPH)** The Executive Director of Public Health (EDPH) shared a presentation which provided an overview of the strategic approach to be taken to move the population health programme forward in the medium term. The EDPH highlighted the 3 approaches of the strategy: • People and places – Which focussed on how to get the best value approach at a local community level • Home First - When it's needed, care and support is joined up and delivered at home • Prevention and Early Intervention – To ensure that opportunities are taken in this area. She confirmed that the stated the infrastructure and governance within the programme is based on: • Starting well • Living Well • Ageing well The EDPH shared a diagram which represented what Population Health thinking really meant in each of the following areas: • Shaping Our Future Clinical Services - Needs based planning – accurate data to say what the population would look like in the future - Evidence of shift upstream – Long history of shift upstream in Diabetes and the positive impact of work on obesity and healthy weight. • UHW 2 - Fit for size of population - Environmentally sustainable • At Home - Primary care and community services transformation - GP cluster development - Health & Wellbeing Centres and hubs development - Systematic approaches to prevention and early intervention e.g. Kings Fund work, pre-diabetes	

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	The EDPH informed the committee on specific system programmes in relation to SOFPH: • Vaccination and immunisation • Healthy weight: Move More Eat Well • Systematically tackling inequalities • Sustainable and healthy environment • King's Fund recommended programmes The EDPH highlighted that many of the programmes had to be curtailed over the year due to Covid and that many members of her senior team were still working on Covid related work which may affect the speed at which they will complete the SOFPH work. **The Committee Resolved that:** a) The strategic programme and direction of travel be supported, noting that further work would be taking place to define deliverables for supporting projects and resource requirements.	
S&D 21/07/012	**Wellbeing of Future Generations Act Annual Update** The EDPH informed the Committee there was a steering group for the Wellbeing of Future Generations Act however the group had been paused for a year due to the pandemic. She highlighted that the steering group did not control the work streams to implement the provisions of the act and instead acted as a governance mechanism to monitor progress in the area. The EDPH advised that the reported highlighted the range of actions that had been driven and developed including the Sustainability action plan, The Vale Climate Charter, Global Green and Healthy Hospitals Network. At the request of the CC the EDPH also provided some clarity on what the sustainable procurement approach entailed. She confirmed that the approach included the principles through which the Health Board would run their procurement decisions including consideration of things such as the foundational economy and the way suppliers provide services taking account of sustainability throughout the supply chain. The Director of Corporate Governance (DCG) shared her support for the item being shared at the Committee and advised that Audit Wales were looking at implementation of the acts objectives and it would be important to demonstrate that action had been taken despite the steering group not being in place. **The Committee Resolved that** a) The Flash Report, which provided regular assurance of progress against the Steering Group's action plan and the actions required to be undertaken for the UHB to meet its statutory duties under the Act be noted.	

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S&D 21/07/013	**Board Assurance Framework (BAF)** The DCG reminded members that 7 of the risks on the BAF were allocated to the S&D Committee. She confirmed that this was expected as the committee, by its nature, would monitor risks relating to the Health Board's strategy. The DCG shared 2 of the 7 risks allocated to the committee at the meeting relating to workforce and Sustainable Primary & Community Care. The DCG confirmed that at September's Committee meeting and the July Board meeting the risk on reducing health inequalities would be shared. **The Committee Resolved that:** a) The risks in relation to Workforce and Sustainable Primary and Community Care to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety were reviewed.	NF
S&D 21/07/014	**Annual Board Effectiveness Survey 2020-2021 - Strategy and Delivery Committee** The DCG advised that the paper included the results for the Committee that were shared at Audit Committee in May. The DCG highlighted the response rate for the committee as only 2 responses were received. She informed the Committee that the following year the pool of individuals invited to contribute would be broadened to ensure that a fuller response was received. The DCG confirmed that the actions included within the paper were the same for all committees of the board and implementation of these would continue to be monitored by the board. **The Committee Resolved that:** a) The results of the Annual Board Effectiveness Survey 2020-2021, relating to the Strategy and Delivery Committee be noted. b) The action plan developed for 2020-2021, which would be progressed via Board Development sessions.	
S&D 21/07/015	**Equality Strategy & Welsh Language Standards Group ToR's** The Committee received the Equality Strategy & Welsh Language Standards Group ToR's **The Committee Resolved that:** a) The contents of the report were noted. b) The ongoing work of the ESWLSG was supported and approved.	

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S&D 21/07/016	**Q4 reports for all RPB short term funding streams** The committee received the Q4 reports for all RPB short term funding streams **The Committee Resolved that:** a) The contents of the Q4 reports for all RPB short term funding streams were noted.	
S&D 21/07/017	**10 Opportunities for Planned Care** The DCG confirmed that the report was prepared by Audit Wales after the first cessation of planned care in 2020. She advised the Committee that the report looked at the all Wales position and was produced before winter 2020. She also reminded the Committee that there had been a second cessation of planned care since the report was prepared. It was agreed by the Audit Committee that the S&D Committee should also have sight of this report The COO commented that the report was helpful and advised that the DCG was correct to frame it in the context it was produced as the situation had since changed but the principles underlying the paper were still valid. The COO added that the paper represented one of the areas that informed thinking at a national level and he advised that the national planned care board were trying to navigate its way through recovery in an ongoing sustainably planned care position. **The Committee Resolved to:** a) The contents of the 10 Opportunities for Planned Care report was noted.	
S&D 21/07/018	**Review of the Meeting** The CC asked if attendees were satisfied with the business discussions and format of the meeting, and all Committee members confirmed it was a positive meeting with an appropriate level of Independent Member challenge and scrutiny.	
S&D 21/07/019	**Date & Time of next Meeting** The CC thanked everyone for their attendance and contribution to the meeting, and confirmed that the next meeting would be held on Tuesday 14th September 2021 at 09:00am Via MS Teams	

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UNCONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE
30 MARCH 2021 9AM
VIA MS TEAMS

Chair:		
Akmal Hanuk	AH	Independent Member – Local Community (Committee Chair)
Michael Imperato	MI	Independent Member – Legal
Mike Jones	MJ	Independent Member – Trade Union
Rhian Thomas	RT	Independent Member - Estates
In Attendance		
Nicola Foreman	NF	Director of Corporate Governance
Fiona Kinghorn	FK	Executive Director of Public Health
Geoff Walsh	GW	Director of Estates, Capital and Facilities
Robert Warren	RW	Head of Health and Safety
Rachael Daniel	RD	Interim Head of Health and Safety
Stuart Egan	SE	Staff Safety Representative
Janice Aspinall	JA	Anaesthetics Nurse
Jacqueline Evans	JE	Interim Head of Corporate Governance
Secretariat		
Nathan Saunders	NS	Corporate Governance Officer
Apologies		
Rachel Gidman	RG	Assistant Director of Organisational Development

HS 21/03/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting including the new Interim Head of Corporate Governance (IHCG).	**Action**
HS 21/03/002	**Apologies for Absence** Members **noted** that apologies for absence had been received from Rachel Gidman, Assistant Director of Organisational Development.	
HS 21/03/003	**Declarations of Interest** No declarations of interest were noted.	
HS 21/03/004	**Minutes of the Committee Meeting held on 5 January 2021** The minutes of the meeting held on the 5 January 2021 were **received** and **confirmed** as a true and accurate record of the meeting. There were no matters arising that were not included on the agenda or the action log. The Independent Member – Estates (IME) noted that she had not received the meeting invitation for the meeting in January and it was recommended that this be recorded and reflected in the annual report. **The Committee resolved that:** (a) the minutes of the meeting held on 5 January 2021 be approved as a true and accurate record of the meeting.	

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HS 21/03/005	**Action Log following the Meeting held on 5 January 2021** The action log was received and the Committee noted that the majority of the actions were on the agenda for discussion during the meeting.	
HS 21/03/006	**Chair's Action taken since last meeting** No Chair's Actions were noted.	
HS 21/03/007	**Health & Safety Overview – Verbal Update** The verbal Health and Safety overview update was received received and Robert Warren introduced himself as the newly appointed Interim Head of Health and Safety (HHS). The HHS advised that he was developing a new Health and Safety agenda for Cardiff and Vale University Health Board (CVUHB) to drive a positive safety culture within the organisation. The HHS gave an update on work undertaken to date and the Committee noted that: • The HHS had been in post for 8 weeks and was undertaking an assessment of the health & safety framework within the Organisation, • there were some areas that could provide improved value including undertaking instant investigations through the Datix reporting system, and having a standard audit system where the organisation could proactively identify shortcomings, assign appropriate actions and communicate swiftly, • The reporting of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) was being reviewed to strengthen the culture and reporting process, • Of the 12 RIDDOR incident reported in January 2021, one was due to a specified injury and the remaining 11 were as a result of 7 day absenteeism, • Going forward a behavioural safety programme where human reliability in relation to incidents will be considered, and a robust incident investigation tool was also being investigated. The Committee noted that an independent Health and Safety review had commenced, which was sponsored at Executive Director level with the full support of the Chief Executive Officer (CEO) to strengthen and develop Health & Safety Management with the aim of CVUHB becoming leaders in managing Health and Safety. The HHS advised the Committee that the outputs from the Health and Safety review would provide an evidence led platform to update the Health and Safety risk register, and other associated risk registers. The HHS thanked the Interim Head of Health and Safety (IHHS) for taking the lead on Health and Safety and for providing support to him and the Committee during her tenure. The Director of Corporate Governance (DCG) added that the independent Health and Safety review would report the outputs to the Health and	

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	Safety Committee and the Board, and that the CEO was keen to raise the profile of Health and Safety across the Health Board. The Committee noted that the NHS Wales Health and Safety group were involved in reviewing the incident reporting module in the new Once for Wales Datix Concerns Management System which will improve the health and safety reporting process. **The Committee resolved that:** (a) the health & safety overview update be noted.	
HS 21/03/008	**Enforcement Agencies Report** The Enforcement Agencies report was received and the Committee noted the actions taken in response to correspondence from the Health and Safety Executive, specifically: • **Examination report** – Horizontal Multi-tubular steam boiler at University Hospital Llandough – an examination report had indicated that defects had been identified and the equipment was immediately removed from use. The estates department have reviewed their maintenance regime and confirmed that all required maintenance had been carried out as per the guidelines set. No further correspondence received from the HSE, • **Death of a member of staff** – CVUHB were working with the HSE, who was acting on behalf of the coroner in relation to the death of a member of staff who had tested positive for COVID-19. Following investigation the HSE concluded that the death was not RIDDOR reportable as they did not consider it to be a work related exposure to coronavirus. The HSE have informed HM Coroner South Wales of their decision, • **Face Fit Testing in a Nursing Home** – The PCIC Clinical Board received notification from the HSE in November 2020 in relation to face fit testing practices in a nursing home, the HSE met with the IPC department to address the concerns, and the Health Board has received a notice of contravention from the HSE in relation the face fit test reports and training, an action plan has been developed to address these issues and it has been shared with the HSE, and they have confirmed they are satisfied with the action being taken. The Staff Safety Representative (SSR) advised the Committee that organisations across the UK had received reports from the HSE following inspections and queried if the report sent to CVUHB would be followed up. The IHHS responded that the report was received one week ago and was currently being worked through and advised that any lessons that could be learned would be shared with the Committee and staff. The SSR advised the Committee that CVUHB had been advised to review all of its risk assessments in line with the new COVID-19 variants and noted that he was not assured that everybody had carried out those reviews, and added that ventilation was an ongoing issue.	**HSE**

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	The IHHS responded that it was an important point to raise and the information would be sent back to all Clinical Boards and they be required to review their risk assessments. The HHS advised that the team were aware of the issues in relation to ventilation, it had been discussed at Personal Protective Equipment (PPE) cell meeting. **The Committee resolved that:** The Enforcement Agencies Report be noted.	
HS 21/03/009	**Lone Worker Devices Report** The Lone worker devices report was received and the Committee noted that the lone worker devices were issued to staff in the community that were at risk, and offered a system of calling for assistance, was monitored 24/7 and recorded when justified. The HHS advised that: • the device usage compliance had reduced by 21% during the period of the pandemic. The reduction in compliance was largely driven by changes in service delivery over the course of the pandemic • the service delivery was no affected during the period and the PROVIDER “Peoplesafe” continuously reviewed and improved Business Continuity plans to ensure services were provided to “key workers” and responses to alarms were not affected, • there were currently 700 active devices allocated to high risk lone workers, • the personal safety team are working to ensure managers receive bi-monthly usage reports to enable them to monitor compliance, manage devices and identify gaps in training needs, • remote device training and refresher sessions were being offered to staff, • in collaboration with the safeguarding team 10 lone worker devices had been funded by the CVUHB Charity “Make it Better Fund” for vulnerable staff affected by domestic abuse or stalking as a consequence of the ongoing lockdown situation. The IME asked if there was a distinction between devices loaned out to staff in the community and devices loaned out to staff due to personal circumstances. The HHS confirmed that devices were available for vulnerable staff affected by domestic abuse or stalking if required and that training would be provided to those staff members around the devices. The Committee noted that compliance of the use of lone worker devices had decreased during the COVID-19 pandemic and that there was a strategy in place to increase the numbers which involved training courses and a communications campaign. The Independent Member – Legal (IML) asked if responsibility for the use of lone worker devices should be placed on the line managers of staff.	

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	The HHS responded that the onus was on the individual member of staff on whether they wanted to use the devices and that line managers could encourage use of the devices and promote them to safeguard staff. The Committee noted that the Health and Safety department issued monthly communications to staff which included information on incident statistics, RIDDOR reports and lone worker device usage. The Independent Member – Trade Union (IMTU) asked how confident the Health and Safety team were that staff knew about the lone worker devices that were available to them. The HHS responded that he was very confident that staff were aware and that line manager's had a responsibility for the messages to be cascaded. The IME suggested that the statistics on the use of lone working devices should be a standing item on the Health and Safety Committee agenda in future. The DCG responded that it would be picked up at each meeting. **The Committee resolved that:** The Lone Worker Devices Report be noted.	
HS 21/03/010	**Regulatory and Review Body Tracking Report** The Regulatory and Review Bodies Tracking report was received and the Committee noted the updates between 1 April 2019 – 20 March 2021, inlcuding food hygiene inspections undertaken by Local Authorities, Inspections/Audits undertaken by the HSE, and fore safety inpsections undertaken by South Wales Fire & Rescue Service (SWFRS). The IHHS advised that the report was presented to the Committee bi-annually and provided information on new inspections undertaken during the reporting period, and formal reports received during the period. The Committee noted that there had not been any environmental health inspections due to the ongoing COVID-19 pandemic. The Committee discussed the need to track and monitor risks and it was recognised that there was a need to consider if there were any issues or risks that needed to be captured on the corporate register, or linked to existing risks on the register. The DCG advised that any issues or risks would be brought to the attention of the Audit Committee and any relevant Health and Safety information would be presented to this Committee. **The Committee resolved that:** (a) The Regulatory and Review Body Tracking Report be noted.	
HS 21/03/011	**Risk Register for Health and Safety** The Risk Register for Health and Safety was received.	

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	The HHS advised the Committee that an updated Risk Register would be provided following the independent Health and Safety review and would be brought to the July meeting. **The Committee resolved that:** (a) The Risk Register for Health and Safety be noted.	RW
HS 21/03/012	**Training Requirements and Compliance** The Training requirements and compliance report was received. The HHS advised the Committee that: • the Health and Safety team were now able to offer more training courses due to a drop off in COVID-19 work, • the health and safety team had worked closely with the Leading, Educating and Developing (LED) team on the Electronic Staff Record (ESR) and that work had progressed on ensuring that ESR had the correct competencies matched to staff and that the courses were recorded correctly, • the Link Worker system where staff are trained and then that training would be cascaded to other staff was being enforced, • a new Health and Safety dashboard would be made available to show compliance statistics amongst other information. The IME asked if training courses were allocated to staff of specific grades as opposed to their specific role. The HHS responded that individual assessments would be undertaken to assess a training need schedule against specific job roles and that discussions were being undertaken at a pan NHS Wales level concerning manual handling and moving to an all NHS Wales training passport. The IHHS advised that the LED team had looked at staff training needs assessments prior to the COVID-19 pandemic and had looked specifically at the roles and allocated training against those roles. This work was going to be re-visited. The CC advised that the fundamentals of training needed to be looked at and noted that larger organisations allocated mandatory training packages and stated that there was a need to work with the LED to increase the uptake of training across the Health Board. The CC queried the training dashboard and asked if it would provide detailed information for each Clinical boards, or if it was only one organisation wide dashboard. The HHS responded that the individual Clinical Boards could produce their own training compliance reports for their respective areas which would provide more meaningful information to be issued locally. The Director of Estates, Capital and Facilities (DECF) advised the Committee that there were a number of staff who did not have access to computers as part of their job role so time would need to be allocated for those to complete the relevant training.	

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	The CC responded that the LED could develop a strategy to ensure that staff have access to computers, to ensure there was plan in place for all staff to receive the required training. **The Committee resolved that:** (a) The progress the project had made to date be noted**,** and the Committee supported the suggested direction of travel noted in Appendix 1, (b) The project's progress and recommendations that came out of the discussions with the Executive team be noted**.**	
HS 21/03/013	**Health and Safety Policy Update** The verbal Health and Safety policy update was **received.** The HHS advised the Committee that he had not completed the health & safety policy update as yet and that an update would be provided to a future meeting. He added that it was a key document that needed to be reviewed correctly and it would need to be endorsed by himself before being brought to the Committee and to the Board for assurance. The Committee noted that the existing statement of intent would be developed and strengthened and a one page standalone statement of intent would be produced outlining CVUHB's commitment to managing health and safety effectively. The document would be supported by a detailed charter which would be signed by each Executive Director. The HHS advised the Committee that the statement would be cascaded broadly to all staff and patients to raise awareness of the commitment to health & safety. The HHS advised that he had not any dialogue with the patient Health and Safety team as yet but would engage with them and share information and ideas to move the health and safety agenda forward. **The Committee resolved that:** The verbal update on health and safety policies be noted.	
HS 21/03/014	**Environmental Health Update** The verbal Environmental Health update was received. The DECF advised the Committee that at the time of writing the report no environmental health inspections had been undertaken due to the COVID-19 pandemic, however environmental health services had started to engage with CVUHB again. The Committee noted that an inspection had taken place in the food processing unit but no feedback had been received to date. The Committee noted that as COVID-19 restrictions ease, inspections would increase, and the DECF advised the Committee that an Environmental Officer had been appointed and had started undertaking work to review key areas of environmental health.	

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	The Committee resolved that: (a) The verbal update on environmental be noted**.**	
HS 21/03/015	**Fire Enforcement and Management Compliance Report** The Fire Enforcement Compliance and Management compliance report was received and the DECF gave an update as follows: **Enforcing Authority audits** – there were no prohibition, enforcement or informal notices issued during this reporting period to the end of February 2021, **Fire incidents** – there had been no fire incidents recorded during the reporting period, **Unwanted Fire Signals (UwFS)** – in February 2021 there were 26 UwFS's which was had increased as a direct result of more activity on CVUHB sites. It was noted that UHW has the largest number of devices in the Health Board and that some of the devices needed to be changed, The DECF noted that CVUHB had been awarded £173K to address the replacement of devices in the tower block at the University Hospital of Wales (UHW) and had also secured monies for fire compartmentation work to be undertaken at community sites. The Committee noted that fire safety training needed to be improved and that significant falls in compliance had been identified as a consequence of COVID-19 despite electronic training being available through ESR. The DECF advised that the Microsoft Teams platform would be used to provide training going forward and that his team would work with the communications team to provide video based training sessions. He added that face to face training would be reintroduced over the course of the next couple of months which should improve compliance. The IME asked if the Executive Team needed to challenge the Clinical Boards on their training compliance figures and the HHS responded that it needed to be revisited as fire safety training was part of the statutory and mandatory training framework. He added that he would work with the communications team to provide a promotional piece explaining that fire safety is a statutory requirement and noted that ward managers could be held accountable for that training. The IML asked what other health boards were doing towards fire safety training. The DECF responded that NHS Wales had a compliance target of 85% compliance and that he could contact neighbouring health boards for comparison, however advises that other health boards were not doing anything vastly different from CVUHB. The Committee discussed the need for fire safety to be pushed to the forefront of health and safety compliance. The DCG responded that the executives did not have oversight of the statistics and noted that as part of the CEO's ambition to raise health and safety profile he had spoken to the HHS to request that a monthly report on	

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	health and safety issues be submitted to Management Executive (ME) meeting so that performance and compliance could be monitored. In addition. The Board would receive assurance through the overall workforce dashboard which outlined compliance statistics. The DCG advised the Committee that the minutes of the Health and Safety Committee meeting and the Committee Chairs report were submitted to the Board for assurance and that the HSE would look at the governance processes in place in the event of an incident to assess who was made aware of health and safety issues and what actions were discussed. **The Committee resolved that:** • the report and the ongoing work being undertaken to ensure fire safety across the UHB be **NOTED.**	
HS 21/03/016	**Items for Approval/Ratification** No items for approval/ratification were received.	
HS 21/03/017	**Items For Noting and Information** **Sub Committee Minutes:** Operational Health and Safety Group **The Committee resolved that:** (a) The minutes of Operational Health & Safety Group be noted.	
HS 21/03/018	**Health & Safety Committee Annual Report 2020-2021** The Health and Safety Committee Annual Report 2020-2021 was received. The DCG presented the Health and Safety Annual Report 2020-2021 and advised the Committee that the document was for noting retrospectively as it had already been presented to the Board. She added that following today's meeting it would be updated to reflect items discussed today. **The Committee resolved that:** (a) The Health & Safety Committee Annual Report 2020-2021 be approved.	NS
HS 21/03/019	**Items to bring to the attention of the Board/Committee** The CC advised the Committee that the item concerning fire safety training would need to be brought to the attention of the Board and this would be highlighted within the Chairs report to the Board	NF/NS
HS 21/03/020	**11. Date and time of next Meeting** 27 July 2021 – 9am MS Teams	

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Unconfirmed Minutes of the
Mental Health and Capacity Legislation Committee
Held on 20 April 2021 – 10am
Via MS Teams

Chair:		
Sara Moseley	SM / CC	Interim Chair and Independent Member – Third Sector
Present:		
Ceri Phillips	CP	Vice Chair
Charles Janczewski	CJ	Chair of Cardiff and Vale University Health Board
Michael Imperato	MI	Independent Member - Legal
In Attendance:		
Amanda Morgan	AM	Service User – Voice of a Carer
Carol Evans	CE	Assistant Director of Patient Safety and Quality
Ian Wile	IW	Head of Operations, Mental Health
Jacqueline Evans	JW	Interim Head of Corporate Governance
Jeff Champney-Smith	JCS	Chair, Powers of Discharge sub-Committee
Nicola Foreman	NF	Director of Corporate Governance
Robert Kidd	RK	Consultant Clinical and Forensic Psychologist
Ruth Walker	RW	Executive Nurse Director
Scott Mclean	SMc	Director of Operations – Children & Women's
Sunni Webb	SW	Mental Health Act Manager
Secretariat:		
Nathan Saunders	NS	Corporate Governance Officer
Apologies:		
Steve Curry	SC	Chief Operating Officer

MHCL 21/04/001	**1. Welcome & Introductions** The CC welcomed everybody to the meeting and introduced Ceri Phillips, Vice Chair of Cardiff and Vale University Health Board (CVUHB) who would take over as the Mental Health and Capacity Legislation Committee Chair at the July meeting.	**ACTION**
MHCL 21/04/002	**2. Apologies for Absence** Apologies for Absence were noted from Steve Curry, the Chief Operating Officer.	
MHCL 21/04/003	**3. Declarations of Interest** No declarations of interest were noted.	
MHCL 21/04/004	**4. Minutes of the Committee Meeting held on 19 January 2021** The minutes of the meeting held on the 19 January were received and confirmed as a true and accurate record of the meeting. **The Committee resolved that:**	

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	a) The minutes of the meeting held on 19 January be approved as a true and accurate record of the meeting.	
MHCL 21/04/005	**5. Action Log 19 January 2021** The action log was received The Chair of Cardiff and Vale University Health Board noted that Action ***MHCL 19/10/012*** had no date set against it. The Director of Corporate Governance (DCG) responded that it would be picked up with the executives and suggested that it come to the July meeting. The DCG advised the Committee that her team would ensure that when draft agendas are created, any actions to go to other Committee's or the Board would be carried forward. **The Committee resolved that:** a) The action log of the meeting held on 19 January 2021 be approved as a true and accurate record of the meeting.	**NS**
MHCL 21/04/006	**6. Chair's Action taken since last meeting** The CC advised the Committee that no Chair's Action had been taken.	
MHCL 21/04/007	**7. Any Other Urgent Business Agreed with the Chair** There was no other urgent business shared.	
MHCL 21/04/008	**8. Patient Story** The Patient Story – 'Sectioned under the Mental Health Act' was received. The END advised the Committee that in line with the Institute for Healthcare Improvement (IHI) the story had been shared to inform and take learning into clinical practice. The story highlighted the experiences of a patient who had been sectioned under the Mental Health Act within CVUHB inpatient facilities. The END asked Committee members to share feedback directly offline and to confirm whether it was the type of item they would want to see at future meetings. The CC noted that that the story provided a strong sense of how scared the patient had been. The Head of Operations for Mental Health (HOMH) advised the Committee that there was a growing ambition around the presence and use of peer support workers within the recovery college.	

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	The Committee noted that there was a huge amount of support from Service Users and that that the reassuring presence of people who had been through the service themselves would be important moving forward. The CC suggested that the Patient Story be sent to the Service Users who had not been in attendance to allow their feedback. **The Committee resolved that:** a) The Patient Story was noted.	**NS**
MHCL 21/04/009	**9.1 Mental Capacity Act Monitoring Report** **9.2 DoLs Report – Verbal Update:** The Mental Capacity Act Monitoring Report and DoLs Report were received. The END advised the Committee that agenda item 9.1 and 9.2 had been combined and would be discussed together. It was noted that CVUHB had received a letter from the Welsh Government (WG) to inform the implementation of the Liberty Protection Safeguards (LPS) which were planned to come into force in April 2022. The Assistant Director of Patient Safety and Quality advised the Committee that the dashboard shared required feedback and discussion. The CC responded that the dashboard should be circulated to Committee members offline and feedback could be provided at the July meeting. The END advised the Committee that the indicators would give the Committee a trajectory over a period of time including data on items such as the number of DoLs applications. It was noted that since the last Committee a number of issues of concern had arisen: • A Lack of understanding and acknowledgement from professionals across the health board in relation to Court of Protection processes and requirements. This had been identified as a training issue and CVUHB would liaise with Legal and Risk services to provide relevant training for staff in the following months and the provision of guidance to support staff with difficult clinical decision making. • There were inconsistencies across wards and hospitals in regards to speaking to patients by telephone/video calling. Some were able to facilitate this whilst others were not. Partnership discussions were taking place about re-instating normal face to face assessments so that the process would become more robust.	**CE**

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	The Independent Member – Legal (IML) asked how he and other Independent Members could get a guide on the developments being discussed. The END responded that everybody would need retraining as part of the new process and a project plan would need to be put together. The Committee noted that the project plan would be brought to a future committee meeting. The CC asked for more clarity around the extension of powers to 16 and 17 year olds. The END responded that work would need to be undertaken with Schools of Nursing, Midwifery and others providing training for staff coming into the Health Service as well as additional training for those already in service. It was noted that each of the Clinical Boards had Quality and Safety Governance arrangements in place so they could monitor the level of training in their areas. **The Committee resolved that:** a) The contents of the report were noted and it was agreed that the proposed set of MCA and DoLS indicators would be discussed at a future meeting.	**END**
MHCL 21/04/010	**10.1 Mental Health Act Monitoring Exception Report** The Mental Health Act Monitoring Exception Report was received. The Mental Health Act Manager (MHAM) advised the Committee that the issue of when the clock started ticking for custody of mental health patients in A&E remained unresolved albeit further legal opinion had been sought and the Mental Health Clinical Board were awaiting a response. The IML noted that this was the case 6 months ago and if a response was not received the clinical board should seek alternative legal arrangements. The DCG responded that she would support that and consult with the CVUHB legal and risk team. The Vice Chair (VC) suggested that when the response from WG was received it could be taken to the Vice Chair's meeting. The MHAM advised the Committee that the numbers of CAMHS section 136 patients had increased and there were no repeat presentations so each assessment was in relation to a different child. The outcome of those assessments was 86% admission to hospital.	

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	The Director of Operations – Children & Women's (DOCW) noted that a very startling increase in demand was being seen. The HOMH advised that the Mental Health service dealt with adolescent patients and had seen a marked increase in demand and that Covid-19 had contributed to unsettling the age group. He advised the Committee that he and the DOCW had looked at a joint funded project to explore good practice in the area to try and make improvements. The DOCW added that it was better to keep these patients at home and that the children should not be in the children's hospital and certainly should not be in an adult mental health hospital. The CC advised the Committee that compliance needed to be looked at and an action around how the DOCW and HOMH's teams were supported to do something to improve the areas discussed. The END advised the Committee that information should be fed back to the board, recognising that there were some children below the line of requiring admission. The MHAM advised the Committee that the team had been in discussion with the Mental Health Tribunal and had met with the Vice President because concerns had been raised in relation to how the tribunals were being conducted by telephone only and questions were raised as to how that affected a person's right to a fair trial. The CC noted that the Patient Story had alerted the committee to how scared the patient felt once sectioned and she strongly advised that not letting patients communicate in other ways (other than telephone) was not acceptable. It was suggested that this be kept on the agenda to provide updates at future committee meetings. The IML asked why this had not progressed because other areas such as courts and hospitals had moved to Skype at the beginning of the pandemic. The MHAM responded that the response they had received was that they wanted to give all patients across the board the same opportunities and that not all hospitals had the right equipment to provide video calling. The CC responded that it was fundamentally discriminatory and the Vice Chair (VC) advised the Committee that a discussion would need to take place with the MHAM outside of the meeting to formulate a strong response on the issue. **The Committee resolved that:**	**NS** **CP**

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	a) The report was noted and the approach taken by the Mental Health Clinical Board to ensure compliance with the MHA was supported.	
MHCL 21/04/011	**10.2 Reforming the Mental Health Act – Update** The Reforming the Mental Health Act update was received. The MHAM advised the Committee that all of the recommendations had been sent to clinical colleagues and feedback had been received. It was noted that the biggest response was in relation to the increase in work demand and how that would be managed. The HOMH advised the Committee that the consultation with staff lasted over a month and was also shared with Local Authority (LA) staff via the integrated teams but the responses were from CVUHB and not the LA. All the responses from Wales would be sent to the WG and a decision would then be made. The MHAM advised the Committee that the consultation closed the following day with a further month for those who wanted to respond in Welsh. The CC asked that the committee receive updates on the progress of the reform process for decisions to be made how to manage change proactively. The HOMH advised that it would be a little while before a proper assessment could be undertaken on the impact of the local administration team but added that it was a step in the right direction for the modernisation of services but support in those areas was needed. **The Committee resolved that:** a) The report was noted and the approach taken by the Mental Health Clinical Board to ensure compliance with the MHA was supported. b) The approach taken by the Mental Health Clinical Board in collating a response to the White Paper on behalf of Cardiff and Vale UHB was supported.	
MHCL 21/04/012	**11.1 Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report** The Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report was received. The HOMH advised the Committee that the service had been through an exceptional period and it was still challenging to deliver the Mental Health Measure.	

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	It was noted that Part 1a of the measure – 28 day referral to assessment compliance target of 80% was particularly challenging. In the context of Covid-19 it was noted that the service had started to see a surge in demand for Mental Health service with 150 referrals in March. The main 3rd sector providers had seen the highest number of referrals in February and they were seeing almost 500 referrals a month between them. The Primary Care liaison team were seeing twice as many people referred by GPs compared to 14 months ago. Trying to get information from Primary Care, specifically about activity rates was difficult but they were trying to understand the demand in that area. The DOCW presented to the Committee the Part 1a of the Mental Health Measure compliance report in under 18s. It was noted that a significant uptake in referrals had been seen and teams were fearful that once schools reopened fully, another increase would be seen. Similar to the adult service, the children's service suffered from a 25% vacancy rate. There was increasing demand and decreased capacity due to the effects of Covid-19 and some tier 0 work with education would be needed. This had received around £600k of funding which would be looked at moving forward. The CC suggested that the compliance figures should be part of the report at future meetings. The Chair of Cardiff and Vale University Health Board emphasised the CC's point around the compliance figures and added that they were not the strategic or action plans but the actual compliance figures. It was noted that the Strategy and Delivery committee would take on the mantle of seeking assurance for the board of how that performance would be corrected or calibrated. The CC noted that the Committee could not provide assurance around compliance and a decision as to how the board would be alerted needed to be taken. The DCG advised the CC that issues needed to be escalated through the Chairs Report and actions needed to be reviewed and reported to Board when back on track. The Chair of Cardiff and Vale University Health Board asked the HOMH to link with the Chief Operating Officer (COO) to add a comprehensive presentation in regards to Mental Health services across CVUUHB to the Board's July agenda.	IW

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	The Committee resolved that: a) The report was noted.	
MHCL 21/04/013	**12.1 Induction Support for New Committee Members** The Induction Support for New Committee Members was received. The DCG advised the Committee that the item had been added to all Committee agendas due to 3 new Independent Members joining CVUHB. It was noted that the induction would allow for new members to learn about the committee. **The Committee resolved:** a) The Induction Support for New Committee Members was noted.	
MHCL 21/01/014	**12.2 The Hospital Managers Power of Discharge Minutes** The Hospital Managers Power of Discharge Minutes were received **a) Hospital Managers Power of Discharge Minutes** The Chair of the Powers of Discharge sub-Committee (CPDSC) advised the Committee that there was nothing to raise and that the minutes were shared for information. The Mental Health Legislation and Governance Group Minutes were received. **a) Mental Health Legislation and Governance Group Minutes** The Consultant Clinical and Forensic Psychologist (CCFP) noted the procedures around s.136 sections and advised the Committee that there were still issues as to when the clock starts in A&E. The CC responded that it had been discussed earlier in the meeting and that the action would be taken to other Vice Chairs by the Vice Chair. The CCFP highlighted information around voluntary assessments and advised the Committee that a piece of work was being undertaken to look at how much of the assessment was going on. It was noted that good work had been developed between medical consultant colleagues and consultants in CAMHS about responsibility for younger people. The Committee resolved that: **b)** The Hospital Managers Power of Discharge Minutes and Mental Health Legislation and Governance Group Minutes were noted.	

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MHCL 21/01/015	**12.3 Corporate Risk Register – Mental Health Clinical Board Risks** The Corporate Risk Register – Mental Health Clinical Board Risks was received. The DCG advised the Committee that the full Corporate Risk Register is sent to the Board and then committee relevant risks are shared at committee meetings to provide oversight and assurance. It was noted that there were 2 risks with scores over 15 relevant to the Mental Health Clinical Board. The risks remained stagnant since March's Board meeting however it was anticipated that both entries would be de-escalated at May's Board meeting following the successful implementation of appropriate controls for each risk. The DCG advised the Committee that there was ongoing risk training across the whole of CVUHB and that the next session would be on 11th May for the Mental Health Clinical Board. The CC noted that the risks needed to be reviewed in light of conversations had today. The DCG responded that it would be reviewed and updated. **The Committee resolved that:** a) The Corporate Risk Register risk entries linked to the Mental Health Capacity and Legislation Committee was noted and the progressing work was noted.	
MHCL 20/10/016	**13.1 Committee Work Plan** The Committee Work Plan was received. The DCG advised the Committee that the work plan reflected what was detailed in the Terms of Reference which was approved at the last Committee meeting. It was noted that the Patient Story needed to be added as a standing item. The Mental Health Updates would also regularly be brought to the committee which would be discussed at future agenda setting meetings. **The Committee resolved that:** a) The Work Plan 2021/22 was reviewed. b) The Work Plan 2021/22 was approved with changes. c) The Work Plan 2021/22 was recommended for approval to the Board of Directors.	**NS**

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MHCL 21/04/017	**13.2 Committee Annual Report 2020/21** The Committee Annual Report 2020/21 was received. The DCG advised the Committee that the Committee Annual Report 2020/21 was brought for ratification as a Chairs Action was taken previously to allow the Committee Annual Report 2020/21 to go to the Board meeting in March 2021. **The Committee resolved that:** a) The Annual Report 2020/21 of the Mental Health and Capacity Legislation Committee was reviewed and retrospectively approved	
MHCL 20/10/018	**14. Review of the Meeting** The CC opened the Committee to review the meeting. The SU advised the Committee that she had to chase for the papers and so it was resolved that she would receive them at the same time as all other members in future.	
MHCL 20/10/019	**15. Date & Time of next Committee Meeting** The CC thanked everyone for their attendance and contribution to the meeting and confirmed that the next meeting would be held on Tuesday 20 July at 10am via MS Teams.	

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MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON TUESDAY 25 MAY 2021 CONDUCTED VIA MICROSOFT TEAMS

Present:	
Sam Austin	Llamau (Chair)
Frank Beamish	Volunteer
Iona Gordon	Cardiff Council
Shayne Hembrow	Wales and West Housing Association
Tom Hurlock-Norton	Carers Trust
Duncan Innes	Cardiff Third Sector Council
Paula Martyn	Independent Care Sector
Tim Morgan	South Wales Police
Geoffrey Simpson	One Voice Wales
Siva Sivapalan	Third Sector, Older Persons
Lani Tucker	Glamorgan Voluntary Services
In Attendance:	
Steve Curry	Chief Operating Officer, UHB
Nikki Foreman	Director of Corporate Governance, UHB
Abigail Harris	Executive Director of Strategic Planning, UHB
Meriel Jenney	Deputy Executive Medical Director, UHB
Keithley Wilkinson	Equality Manager, UHB
Apologies:	
Mark Cadman	WAST
Jason Evans	South Wales Fire and Rescue
Zoe King	Diverse Cymru
Linda Pritchard	Glamorgan Voluntary Services
Secretariat:	Gareth Lloyd, UHB

SRG 21/20 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

SRG 21/21 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from Angela Hughes, Jess Manning, Wendy Orrey and Anne Wei

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SRG 21/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 21/23 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 23 MARCH 2021

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on.23 March 2021.

Shaping Our Future Clinical Services Engagement
Abigail Harris reported that the formal engagement had concluded. It had been extremely successful. More than 350 completed questionnaires had been returned and there had been good attendance at the virtual engagement sessions. The responses had been overwhelmingly helpful and positive. For the majority of respondents, receiving the right treatment at the right time was more important than where they received their treatment. A detailed analysis of the responses will be presented in a report to the UHB Board on 27 May. It was agreed that the report would be circulated to the SRG for information

Action: Gareth Lloyd

South East Wales Vascular Services Engagement
Abigail Harris reported that the formal engagement had concluded. The feedback received had been positive and people understand the reason for the proposed service changes. All the Community Health Councils were satisfied that the engagement had been sufficiently comprehensive and that a formal public consultation would therefore not be required. A report would be considered by the UHB Board on 27 May and it was envisaged that the direction of travel would be endorsed.

SRG 21/24 FEEDBACK FROM BOARD

Nikki Foreman explained that UHB Board had now reverted to meeting bi-monthly. She drew the SRG's attention to some specific items discussed at the UHB Board meetings held on 25 March and 29 April 2021.

March

- Chair's Report – Eileen Brandreth had stood down as an Independent Member and Professor Ceri Phillips had been appointed as Vice Chair.
- Chief Executive's Report – All Hospital grounds in Cardiff and Vale are now smoke free. New legislation which came into force on 1 March

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2021 requires hospital grounds to be smoke free and Health Boards must take reasonable steps to prevent smoking in their grounds.

- Corona Virus Update Report – The investigation of hospital acquired C-19 amongst patient is ongoing and this work is being led by the Executive Director of Nursing. The findings will feed into any Public Inquiry. There are no figures at present but they will be shared with the SRG in due course.
- Board Assurance Framework – Details the large risks that will be difficult to resolve within a short timescale.
- Patient, Safety, Quality and Experience Report
- Performance Report – The Finance Director was predicting a small underspend at the end of the financial year.
- The Research and Development Strategy 2021/24 was approved and would be reviewed annually.
- The Hybrid/Trauma Theatre Outline Business Case was approved for submission to Welsh Government. The Board also agreed that the UHB should proceed with the production of the Full Business Case.
- Genomics Full Business Case – The Board agreed that Chair's Action could be taken to approve the Business Case and it has now been submitted to Welsh Government.

April

- Chairs Report – The focus had been on communications and engagement. The UHB's Communications team were congratulated on the crucial work they had undertaken during the pandemic. The work of the Health Charity and Arts Team during the pandemic was noted in the Report.
- Chief Executive's Report - The UHB had become members of Global Green and Healthy Hospitals (GGHH).

SRG 21/25 RECOVERY PLANNING

The SRG received a presentation from Steve Curry on the UHB's current thinking on its COVID-19 recovery planning.

The SRG was then asked to consider these specific questions

- How, as a wider system do we support patients who will inevitably wait longer to access non urgent care? Is there a role beyond health and care?
- How do we embrace new ways of working in order to re-set service provision as part of the recovery?

The SRG made several observations and raised a number of questions.

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- Will there be a shortage of theatre and intensive care capacity? Steve Curry explained that efficiency and capacity and therefore activity would be severely compromised due to the imperative of working in a C-19 safe way. The Intensive Care facilities had been expanded during the pandemic but some of this would have to be mothballed in order to be able to respond quickly to further waves of the pandemic.
- Is the UHB still using private health care facilities? The SRG was informed that the UHB had been the highest user of private facilities during the pandemic. Initially this capacity had been commissioned on an all-Wales basis but was now being commissioned by the UHB itself. It was however worth noting that the demand for these facilities from private patients was now also increasing.
- The SRG enquired about the demographic composition of waiting lists. Steve Curry explained that an English NHS Trust had undertaken an analysis of its waiting lists with some concerning results. Stuart Walker the UHB's Executive Medical Director had commissioned a piece of work looking at the composition of the UHB's waiting lists and early indications were that we were not seeing the same problems. He would ask Stuart Walker to provide an update for circulation to the SRG.

Action: Steve Curry/Gareth Lloyd

- How will patient expectations be managed and will they be informed that they are likely to have to wait much longer for treatment. The SRG was informed that the UHB had learned a lot about engagement with the public during the pandemic. There was a general understanding of the pressures on the NHS but it would be imperative to be honest with the public about the implications for their care. It would also be important to explain what other support/services they are able to access while they await treatment.
- Is it possible to share spare capacity on a UK wide basis? The SRG was informed that there was no spare capacity in the UK with availability of workforce a severely limiting factor.
- Will recruitment of certain categories of staff be prioritised? The SRG was informed that the UHB acknowledged that there would be shortages of staff in some areas such as theatre staff. The UHB had commenced recruitment of additional theatres staff and had increased its overseas recruitment.

It was agreed that Steve Curry would provide the SRG with an update on the UHB's recovery planning at a future meeting.

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SRG 21/26 DEVELOPMENT OF ACUTE CANCER SERVICES IN SOUTH EAST WALES AND IMPLICATIONS FOR CARDIFF AND VALE

The SRG received a presentation from Meriel Jenney on proposals to improve Acute Oncology Services (AOS) in South East Wales and the implications for Cardiff and the Vale of Glamorgan.

The SRG was informed that there are three phases of Acute Oncology care:

- phase 1 - acute presentation, triage, assessment and treatment;
- phase 2 - primary and community care; and
- phase 3 - specialist Oncology beds.

The current service provision and its limitations were described to the SRG. In order to address these limitations, the regional Collaborative Cancer Leadership Group (CCLG) had drafted and endorsed a business case aimed at improving Acute Oncology Services in South East Wales focussing on improvements to the first phase of care. The business case was now being discussed in each of the organisations represented on the CCLG including Cardiff and Vale UHB.

The aim of the cancer service developments is to improve the pathway for those patients with cancer who require acute/emergency care for the management of their cancer or complications of the cancer treatment. The question to the SRG was whether there is a role for organisations beyond Health and Social care in this work or indeed is there anything we have yet to consider that would further improve outcomes for the people of Cardiff and the Vale of Glamorgan with cancer who require urgent care?

The SRG made several observations and raised a number of questions.

- What is a realistic timescale for implementing the proposals? Meriel Jenney informed the SRG that Welsh Government was keen that progress is made in the implementation of acute cancer services. She was optimistic that Cardiff and Vale would approve the business case and that the proposals could be partially implemented during 2021/22. Abigail Harris confirmed that the implementation of the first phase of the proposals were included in the UHB's Annual Plan.
- Will outcomes be improved? The SRG was informed that there was little doubt that the proposed service changes would improve the time to treatment and patient experience, reduce length of stay and reduce the risk of sepsis. They might not have a significant effect on mortality rates as many of these patients present with late stage disease or complications of highly complex care.
- It is imperative that patients receive their care in the most appropriate place. The SRG was informed that there are a number of workshops arranged the purpose of which will be to define the patient pathways

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across SE Wales which include acute, specialist and complex care and R&D.

- Do patients diagnosed with cancer have a 'hot line' for advice and support? The SRG was informed that patients receiving treatment at Velindre certainly do but individuals who present with undiagnosed cancer and not yet on a cancer pathway might not have immediate access to such advice. Under the new proposals these patients would be placed on the correct pathway and have access to a key worker.
- Despite the understandable focus on recovery planning, it was pleasing to learn of potential service improvements. Abigail Harris concurred and explained that the UHB had a number of transformational clinical programmes.

SRG 21/28 ANY OTHER BUSINESS

Len Richards, Chief Executive
The SRG was informed that Len Richards had announced that he would be leaving the UHB in September to take up a post as Chief Executive of Mid Yorkshire Hospitals NHS Trust. The recruitment process for his replacement had begun but there might be a short gap between his departure and the commencement of the new Chief Executive. In this event Stuart Walker Executive Medical Director and Deputy Chief Executive would assume the role of Interim Chief Executive.

It was agreed that SRG would write to the Len Richards thanking him for his contribution to the NHS in Cardiff and the Vale of Glamorgan.

Action: Chair

Sustainability Action Plan and Active Travel
The SRG requested an update on the UHB's Sustainability Action Plan and Active Travel initiatives at its next meeting.

Action: Abi Harris/Gareth Lloyd

SRG 21/27 NEXT MEETING OF SRG

Microsoft Teams meeting, 9.30am-12pm Thursday 22 July 2021.

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GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON 13 JULY 2021 AT 09:30HOURS VIRTUALLY BY MICROSOFT TEAMS

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Jo Whitehead	Chief Executive, Betsi Cadwaladr BCUHB
Len Richards	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Steve Moore (in part)	Chief Executive, Hywel Dda HDdUHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
In Attendance:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Interim Chief Operating Officer, Velindre University NHS Trust
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience, EASC Team, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Matthew Edwards	Head of Commissioning and Performance, EASC Team, National Collaborative Commissioning Unit
Julian Baker	Director of National Collaborative Commissioning, National Collaborative Commissioning Unit
Sian Ashford	Clinical Lead Nurse, Emergency Department Quality and Delivery Framework, National Collaborative Commissioning Unit

Part 1. PRELIMINARY MATTERS		**ACTION**
EASC 21/35	**WELCOME AND INTRODUCTIONS** Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.	Chair

Sadie Davis (Wales) 09/09/2021 17:33:18

	The Chair welcomed Julian Baker and Sian Ashford, members of the Emergency Department Quality and Delivery Framework (EDQDF) team as part of the Focus on session.	
EASC 21/36	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Mark Hackett, Steve Ham, Carol Shillabeer and Gwenan Roberts.	Chair
EASC 21/37	**DECLARATIONS OF INTERESTS** There were no additional interests to those already declared.	Chair
EASC 21/38	**MINUTES OF THE MEETING HELD ON 11 MAY 2021** The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 11 May 2021. Members **RESOLVED** to: • **APPROVE** the Minutes of the meeting held on 11 May 2021.	Chair
EASC 21/39	**ACTION LOG** Members **RECEIVED** the action log and **NOTED**: **EASC 20/95 Post-production lost hours** It was agreed that Jason Killens would brief the Chief Ambulance Services Commissioner (CASC) separately once the draft action plan for structured discussions with Trade Union partners had been finalised (Action). Members **RESOLVED** to: **NOTE** the Action Log.	CEO WAST
EASC 21/40	**MATTERS ARISING** There were no matters arising.	
EASC 21/41	**CHAIR'S REPORT** The Chair's report was received. Members noted that a Special Meeting of the Joint Committee had been arranged to take place on 20 July 2021 to meet with the new Minister for Health and Social Services; it was hoped that all Members would be able to attend this important meeting. Stephen Harrhy thanked Members for agreeing that the Special Meeting of the Joint Committee meeting could be held within the time planned for the Chief Executives' meeting.	

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	Members were pleased to be meeting with the Minister and felt it was likely that the ongoing expectation for EASC would be discussed. In line with discussions at the previous meeting it was felt that this could include reference to supporting and developing a vision for a modern ambulance service which was widely supported. Further discussion would take place during the 'Focus on' session at the meeting. Members also discussed that the Minister would want to discuss ambulance performance and would expect that all opportunities would be sought to work collaboratively across Wales to improve performance. Further discussions would take place as part of the provider report from the Welsh Ambulance Services NHS Trust (WAST). Members felt that the Minister would also be interested in the seasonal arrangements and particularly winter planning for key actions to raise resilience levels in the wider system. Members felt it was important to emphasise the need to ensure a multi-dimensional discussion that included the issues that were impacting on the wider urgent and emergency care system in tandem with the emergency ambulance services. Members noted that at the request of the Chairs' Peer Group the NHS Confederation was undertaking a review of the significant work currently being undertaken across the urgent and emergency care system. It was agreed that a briefing note capturing key discussion points and the actions being taken would be prepared for Members, ahead of the meeting with the Minister (Action). This would include the whole system approach and the transformational work being undertaken and planned. Members also noted that the Chair, Chris Turner would have an end of year appraisal with the Minister for Health and Social Services on 3 August 2021. Members **RESOLVED** to: • **NOTE** the Chair's report • **APPROVE** the development of a briefing note in preparation for the meeting on 20 July 2021.	CASC

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Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 21/42	**FOCUS ON - Follow-up on the discussion held around 'A Modern Ambulance Service'** (Jo Whitehead joined the meeting 09:47) Chris Turner reminded Members of the helpful presentation received the last meeting from WAST and explained that Stephen Harrhy would present the development of a modern ambulance service through the commissioner lens with a view to generating discussion and debate around some of the key issues. Members **received** the presentation 'EASC 999/111 Opportunities' which aimed to support a follow up discussion on the previous 'Focus on' session – a modern ambulance service. Stephen Harrhy introduced the slides and acknowledged the use of some of the same slides as presented by WAST at the last meeting. Members noted the commissioner perspective and discussed the need to have agreement on the way forward for the whole system. Members noted: • the long term strategic framework including the ambition to ensure the right advice or care, in the right place every time, the key enablers for delivering on this including workforce, innovation and technology, collaboration, infrastructure and commissioning and using a quality driven, clinically led and value focussed approach • the existing position which included a very efficient 999 call handling service; however, expensive ambulance resources were dispatched to too many 999 calls and too many conveyances were being made to a major emergency department with the consequential impact on the urgent and emergency care system • relatively scarce and fragmented resources for remote clinical triage and assessment • the need to work together and to utilise technology to provide clear information and to improve both patient pathway and patient experience • the future ambition and the transition from the 'see, treat and convey' domain • key components of the new system included better access to information, alternative service pathways, more timely handover processes, different models in different communities and a system that, no matter what number the patient dialled, they would be directed to the right service	

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- 111 Service was referred to as the 'Gateway to Care' with a central aim for more callers to have a clinical assessment before the response was agreed via an integrated national clinical hub
- commissioning opportunities across 999 and 111 services with the use of the five-step patient pathway that was already used to commission emergency ambulance services, consistent public messaging to change behaviour around choosing services and the need to work collaboratively and to ensure a balance between national and local models as appropriate.

Jason Killens also supported the views of Members, in particular that the issues within the system were broader than emergency ambulance services and included the wider urgent and emergency care system; he also supported the need to reflect how communities varied across localities and the need to find a balance of national and local services as appropriate. Members noted that WAST were also committed to appropriate clinical assessment and broadening the range of its responses as the current service would most often involve conveying a patient, usually to ED.

Members also felt that, whilst WAST currently provided both 999 and 111 services, the 111 Service was not an emergency ambulance service and it was important to maintain the distinction between the services. Members noted that further work would be required to refine the 111 Service model to ensure that it was compatible with public expectations and tailored to available local services.

It was also suggested that it was important to ensure that the service response model was more integrated and that, whether the call was made to the 999 or 111 service, the most appropriate response would be triggered. The system response should include a suite of alternative options that were not reliant on conveyance and would integrate with what Health Boards had to offer; all with patient safety as the focus. Members felt it was important from the patient perspective that they would be helped to enter the system in the best way possible. It was also emphasised that it would be important to agree on a system-wide basis how services were joined up so that the place of entry did not impact on patients receiving the best service. Members noted the impact of the digital offerings from WAST and anticipated that significant improvements could be made.

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	Members also highlighted the importance of linking with local authorities across Wales to understand and develop emergency social care responses, both in and out of hours, to help manage risk across the system. Members suggested examples where this could have an impact, such as falls responses, home care, mental health, emergency sitting and drug & alcohol services. In addition, it was noted that there had been a shift in the way in which the public expected to access services and how the increased digital offering has been seen to uncover additional demand from the public for information and reassurance. Members felt it would be important to develop the system response and using a digital first approach where appropriate. Jason Killens gave examples of successful digital models that were already in place and suggested that some could be adopted on a national scale. Members also discussed the importance of working with the public in relation to access to services and alternative pathways to emergency ambulance response for a modern ambulance service. Irrespective of the entry point, Members felt it would be important to ensure that the right response was received across the whole system for each patient. (Steve Moore joined the meeting 10:25) Stephen Harrhy summarised some of the key points made, which included the need: • for the patient experience to be most critical • to exploit the potential of digital technology • to have integrated services behind the first point of access and to understanding the impact of this on patients and providers. Members agreed that a roadmap would be developed capturing the key design principles and that, once agreed by the Joint Committee, this would be taken forward across Health Boards to ensure the required system service response was achieved (Action). Members offered to support this work as required. The Chair thanked all members for the helpful discussion and especially the practical and collaborative approach that had been agreed. Members **RESOLVED** to: • **NOTE** the presentation • **ENDORSE** the development a road map of the key design principles for consideration and approval at a future meeting.	EASC Team

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EASC 21/43	**CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT** The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harrhy highlighted the following key items: • Ministerial Ambulance Availability Task Force – the Co-Chairs had recently met with the Minister for Health and Social Services and reported her support for the direction of travel. It was noted that specific work had been undertaken by the Taskforce with a focus on ambulance handover delays and key actions would now be taken forward; this could include a refreshed Welsh Health Circular to support increased ownership and leadership across the system. • Emergency Department Quality and Delivery Framework (EDQDF) – it was agreed that an update on the work undertaken would be prepared for EASC colleagues and circulated outside of the meeting (Action). • Regular meetings continued to be held with WAST colleagues regarding the concerning ambulance performance; Members noted WAST were currently undertaking a deep dive approach to identify areas for immediate improvement in relation to EMS performance. • Non-Emergency Patient Transport Services (NEPTS) - It was noted that work was being undertaken with Cwm Taf Morgannwg (CTMUHB) to ensure that the remaining transfer of work would take place on 1 August 2021. The CASC reported that Covid-19 social distancing measures were impacting on the level of NEPTS resources available across Wales and the inevitable impact of health board reset and recovery plans on the services provided. Members noted that work was underway with health boards regarding the prioritisation and management of patient transport resources and that, following discussion at the NEPTS Delivery Assurance Group (DAG), it had been agreed that a central Welsh Government allocation would be sought to support the work, rather than impacting on plans already developed. Discussions were already underway with WG officials in this regard. • Operational Delivery Unit (ODU) and Escalation Plans – work was being undertaken to assess whether the ODU was functioning effectively and also, more recently, work with Chief Operating Officers had been commenced to establish operational delivery units for each health board. • Commissioning for Value Programme – in line with EMS Commissioning Intention 4, working with WAST colleagues, a value-based approach had been developed with engagement now taking place on programme priorities.	Julian Baker

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	An update would be provided at the next EASC Joint Committee meeting (Action). • Emergency Medical Retrieval and Transfer Service (EMRTS) - Members received the final version of the EMRTS Quality and Delivery Framework and agreed its content. Following discussion, members **RESOLVED** to: • **NOTE** the information within the report. • **APPROVE** the EMRTS Quality and Delivery Framework.	
EASC 21/44	**WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT** The update report from the Welsh Ambulance Services NHS Trust (WAST) was received. The report featured the requested focus on the work undertaken in relation to the demand and capacity within the service and the impact of the additional staff recruited. Members noted the position relating to roster reviews and ongoing policy changes within the service and the likely impact of these, as well as the current review of performance and short-term actions that aimed to improve performance immediately in addition to addressing winter resilience requirements. Jason Killens presented slides to focus on key points raised, these included: • That exceptional increases in activity had taken place across the UK ambulance sector with a significant increase in 999 calls month on month. Members asked whether the 999 call increases were evenly distributed across Wales and Jason Killens agreed to give an overview in the next report (Action) • in Wales, significant increases had been experienced in red activity and overall increases in 999 activity with approximately 200-300 calls a day in excess of the forecasted position • recruitment – additional staff had been or were being recruited to reduce the relief gap and ensure that the service was less reliant on overtime. This would ensure a more stable unit hour production including for frontline emergency ambulances and would also lead to increased rapid response vehicles (RRV) • roster changes – Members noted this was a significant undertaking and would impact on every ambulance station across Wales. Discussions had been held with trade unions and staff to finalise the key design principles for the new rosters with the aim of implementing from April 2022, following the winter period	Jason Killens

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	• the impact of the reduced availability of Community First Responders (particularly of the CFR capacity in rural areas) • RRV hours, improved mobilisation efficiencies and ongoing personal protective equipment (PPE) requirements on red performance were noted • it has been identified that higher proportions of activity had been missed in the twilight hours where there were less resources available; additional work would be undertaken by the service regarding dispatch, production and response, an update would be provided at the next meeting (Action) • 'hear and treat' interventions were currently contributing approximately 10% of daily activity • investment in the rural model was noted in order to increase the ambulance and CFR availability in Powys and other rural areas; this would potentially lead to an increase in RRVs too, this work would continue with key stakeholders and further updates would be provided • Members noted the position regarding post production lost hours and current workforce policies and the need to agree alternative approaches that would ensure improved efficiencies, a plan was being finalised and would be received by WAST in the coming week; a further update would be provided at the next meeting (Action). Members discussed the key issues and the Stephen Harrhy summarised the work which would now be undertaken to agree timelines and to ensure there was a robust plan to address red performance across Wales. Members noted that unit hour production was more stable, this was particularly noticeable in terms of emergency ambulance availability, with further work now required in relation to RRV and urgent care services (UCS) resource availability in order to maximise the resource. In addition, the role of the 'hear and treat' service was appreciated and the impact on the conversion rate of 'calls received' and 'calls responded to'. Members noted the improvement in this trajectory and it was agreed that this would be further capitalised on if some of the discussed alternative pathways could also be implemented. In relation to the proposal for local operational delivery units, Members raised the need for more effective working and the need to facilitate discussions around the collective system resource. System adjustments would be required in order to improve the way that WAST and health board colleagues worked together each day. Stephen Harrhy confirmed that work was underway in terms of developing a local minimum data set that included actual ambulance availability to support local health board teams.	

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	Members also noted that further work was required to better understand the impact of delays on patient outcomes and patient experience. Stephen Harrhy reminded Members of the work being undertaken by Digital Health and Care Wales (DHCW) and Lightfoot regarding the linking up of the data and tracking the patient journey. Ross Whitehead added that the EASC team were working on developing the revised commissioning framework that focussed on the outcomes expected from ambulance services for different patient groups and that an update would be presented to a future meetings with the ambition that the revised commissioning framework would be in place from 1 April 2022. Members **RESOLVED** to: **NOTE** the WAST provider report.	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		**ACTION**
EASC 21/45	**FINANCE REPORT** The EASC Finance Report was received. In presenting the report Stuart Davies noted the current break-even position and highlighted: • the need to work with WAST colleagues to monitor the additional funding and the appointment and deployment of additional staff • the need to continue to work with the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) regarding the additional allocations relating to the 24/7 expansion and the Adult Critical Care Transfer Service Members **RESOLVED** to: • **APPROVE** and **NOTE** the report.	Director of Finance
EASC 21/46	**EASC SUB GROUP MINUTES** Members received the confirmed minutes of the EASC Sub Groups as follows: • EASC Management Group - 29 April 2021 • EMRTS Delivery Assurance Group – 15 March 2021 • NEPTS Delivery Assurance Group – 30 March 2021 Members **RESOLVED** to: • **APPROVE** the confirmed minutes as above.	
EASC 21/47	**EASC GOVERNANCE** The EASC Governance report was received. In presenting the report Chris Turner gave an overview of the EMRTS and NEPTS Annual Reports for 2020-2021.	CASC

Saunders,Nathan(WAST) 9/21/2021 15:02:28

	Members noted that a new version of the EASC Standing Orders had been recently released by the Welsh Government; the Committee Secretary would inform the host body and all other health boards following the meeting. The EASC Risk Register was received with Members noting that two risks remained red relating to the failure to achieve the performance targets for red and amber calls. Members also noted the Internal Audit Report on the EASC Recruitment Review. This report had provided reasonable assurance and identified two medium priority recommendations regarding: (i) the reporting of workforce and financial information relating to recruitment and (ii) the monitoring and deployment of new staff. The Audit Report had been received at the CTMUHB Audit and Risk Committee and the recommendations had been added to the EASC Internal Audit Tracker Log and would be monitored at the EASC Management Group. Members **RESOLVED** to: • **APPROVE** the EMRTS Annual Report and Terms of Reference • **APPROVE** the NEPTS Annual Report and Terms of Reference • **APPROVE** the model standing orders for EASC • **APPROVE** the risk register • **NOTE** the Internal Audit Report on EASC recruitment • **NOTE** the governance arrangements for the EASC.	
EASC 21/48	**FORWARD PLAN OF BUSINESS** The forward plan of business was received. Following discussion, Members **RESOLVED** to: • **APPROVE** the Forward Plan.	CASC
Part 4. OTHER MATTERS		**ACTION**
EASC 21/49	**ANY OTHER BUSINESS** The Chair thanked Members for their contribution to the meeting and commented that the 'Focus on Sessions' were working extremely well with a good level of participation and discussion by Members. Members were reminded of the Special Meeting with the Minister for Health and Social Services on Tuesday 20 July 2021.	

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DATE AND TIME OF NEXT MEETING		
EASC 21/50	The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 7 September 2021 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed ……
Christopher Turner (Chair)

Date ……

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Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

CYFARFOD O'R CYD-BWYLLGOR GWASANAETHAU AMBIWLANS BRYS

COFNODION A 'GADARNHAWYD' O'R CYFARFOD A GYNHALIWYD AR 13 GORFFENNAF 2021 AM 09:30 AR LEIN DRWY MICROSOFT TEAMS

YN BRESENNOL

Aelodau:	
Chris Turner	Cadeirydd Annibynnol
Stephen Harrhy	Prif Gomisiynydd Gwasanaethau Ambiwlans
Judith Paget	Prif Weithredwr, Bwrdd Iechyd Prifysgol Aneurin Bevan
Jo Whitehead	Prif Weithredwr, Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Len Richards	Prif Weithredwr, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Paul Mears	Prif Weithredwr, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
Steve Moore (yn rhannol)	Prif Weithredwr, Bwrdd Iechyd Prifysgol Hywel Dda
Sian Harrop-Griffiths	Cyfarwyddwr Strategaeth, Bwrdd Iechyd Prifysgol Bae Abertawe
Eraill yn bresennol:	
Jason Killens	Prif Weithredwr, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST)
Cath O'Brien	Prif Swyddog Gweithredu Dros Dro, Ymddiriedolaeth GIG Prifysgol Felindre
Stuart Davies	Cyfarwyddwr Cyllid, Cyd-bwyllgor Gwasanaethau Iechyd Arbenigol Cymru a Chydbwyllgor y Pwyllgor Gwasanaethau Ambiwlans Brys
Ross Whitehead	Cyfarwyddwr Cynorthwyol Ansawdd a Phrofiad Cleifion, Tîm y Pwyllgor Gwasanaethau Ambiwlans Brys (PGAB) a'r Uned Gomisiynu Cydweithredol Genedlaethol (NCCU)
Ricky Thomas	Pennaeth Gwybodeg, yr Uned Gomisiynu Cydweithredol Genedlaethol (NCCU)
Rachel Marsh	Cyfarwyddwr Cynllunio, Strategaeth a Pherfformiad, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST)
Matthew Edwards	Pennaeth Comisiynu a Pherfformiad, Tîm PGAB, yr Uned Gomisiynu Cydweithredol Genedlaethol (NCCU)
Julian Baker	Cyfarwyddwr Comisiynu a Pherfformiad, yr Uned Gomisiynu Cydweithredol Genedlaethol (NCCU)
Sian Ashford	Nyrs Arweiniol Glinigol, Fframwaith Ansawdd a Chyflenwi Adrannau Argyfwng (EDQDF), yr Uned Gomisiynu Cydweithredol Genedlaethol

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Rhan 1. MATERION RHAGARWEINIOL		CAM GWEITHREDU
PGAB 21/35	**CROESO A CHYFLWYNIADAU** Croesawodd Chris Turner (Cadeirydd) Aelodau i gyfarfod ar lein (gan ddefnyddio Microsoft Teams) o'r Pwyllgor Gwasanaethau Ambiwlans Brys. Croesawodd y Cadeirydd Julian Baker a Sian Ashford, aelodau o dîm y Fframwaith Ansawdd a Chyflanwi Adrannau Argyfwng (EDQDF) fel rhan o'r sesiwn Ffocws.	Cadeirydd
PGAB 21/36	**YMDDIHEURIADAU AM ABSENOLDEB** Derbyniwyd ymddiheuriadau am absenoldeb gan Mark Hackett, Steve Ham, Carol Shillabeer a Gwenan Roberts.	Cadeirydd
PGAB 21/37	**DATGANIADAU O FUDDIANNAU** Ni ddatganwyd unrhyw fuddiannau ychwanegol ar wahân i'r rhai a ddatganwyd eisoes.	Cadeirydd
PGAB 21/38	**COFNODION Y CYFARFOD A GYNHALIWYD AR 11 MAI 2021** **Cadarnhawyd** bod y cofnodion yn gofnod cywir o gyfarfod y Cydbwyllgor a gynhaliwyd ar 11 Mai 2021. **PENDERFYNODD** aelodau: • **GYMERADWYO** cofnodion y cyfarfod a gynhaliwyd ar 11 Mai 2021.	Cadeirydd
PGAB 21/39	**COFNODION GWEITHREDU** **DERBYNIODD** yr Aelodau'r cofnodion gweithredu **a NODWYD:** **PGAB 20/95 colli oriau ar ôl dechrau sifft** Cytunwyd y byddai Jason Killens yn briffio Prif Gomisiynydd y Gwasanaethau Ambiwlans (CASC) ar wahân ar ôl i'r cynllun gweithredu drafft ar gyfer trafodaethau strwythuredig gyda phartneriaid yr Undebau Llafur gael ei gwblhau (Gweithredu). **PENDERFYNODD** aelodau: **NODI'R** Cofnodion Gweithredu.	PRIF WEITHREDWR WAST
PGAB 21/40	**MATERION SY'N CODI** Ni chodwyd unrhyw fater arall.	

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PGAB 21/41	**ADRODDIAD Y CADEIRYDD** Derbyniwyd adroddiad y Cadeirydd. Nododd yr Aelodau fod Cyfarfod Arbennig o'r Cydbwyllgor wedi'i drefnu ar 20 Gorffennaf 2021 i gwrdd â'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol newydd; y gobaith oedd y byddai'r holl Aelodau'n gallu mynychu'r cyfarfod pwysig hwn. Diolchodd Stephen Harrhy i'r Aelodau am gytuno y gellid cynnal Cyfarfod Arbennig o'r Cydbwyllgor o fewn yr amser a gynlluniwyd ar gyfer cyfarfod y Prif Weithredwyr. Roedd yr aelodau'n falch o fod yn cyfarfod â'r Gweinidog ac yn teimlo ei bod yn debygol y byddai'r hyn a ddisgwylir gan PGAB yn y dyfodol yn cael ei drafod. Yn unol â'r trafodaethau yn y cyfarfod diwethaf, teimlwyd y gallai hyn gynnwys cyfeiriadau at gefnogi a datblygu gweledigaeth ar gyfer gwasanaeth ambiwlans modern, a gefnogwyd yn fawr. Byddai trafodaethau pellach yn cael eu cynnal yn ystod y sesiwn 'Ffocws' yn y cyfarfod. Yn ogystal, trafododd yr aelodau y byddai'r Gweinidog yn awyddus i drafod perfformiad y gwasanaeth ambiwlans byddent yn disgwyl y byddid yn ceisio'r holl gyfleoedd i weithio ar y cyd ledled Cymru i wella perfformiad. Byddai rhagor o drafodaethau'n cael eu cynnal yn rhan o adroddiad y darparwr gan Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST). Teimlodd yr aelodau y byddai gan y Gweinidog ddiddordeb yn y trefniadau tymhorol hefyd, yn enwedig y cynlluniau ar gyfer y gaeaf o ran y camau gweithredu mawr i godi lefelau gwydnwch yn y system ehangach. Teimlodd yr aelodau ei bod hi'n bwysig pwysleisio'r angen i sicrhau trafodaeth aml-ddimensiwn a oedd yn cynnwys y materion a oedd yn cael effaith ar y system gofal brys ac argyfwng ehangach ochr yn ochr â'r gwasanaethau ambiwlans brys. Nododd yr aelodau fod Cydffederasiwn y GIG, ar gais Grŵp Cymheiriaid y Cadeiryddion, yn cynnal adolygiad o'r gwaith mawr sy'n cael ei wneud ar hyn o bryd ar draws y system gofal brys ac argyfwng. Cytunwyd y byddai nodyn briffio, sy'n trafod y pwyntiau trafod o bwys a'r camau gweithredu sy'n cael eu cymryd, yn cael ei baratoi ar gyfer yr Aelodau, cyn y cyfarfod gyda'r Gweinidog (Gweithredu). Byddai hyn yn cynnwys dull gweithredu'r system gyfan a'r gwaith trawsnewid sydd ar y gweill. Nododd yr aelodau hefyd y byddai'r Cadeirydd, Chris Turner,	CASC

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	yn cynnal arfarniad diwedd blwyddyn gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol ar 3 Awst 2021. **PENDERFYNODD** Aelodau: • **NODI** adroddiad y Cadeirydd • **CYMERADWYO'R** gwaith o ddatblygu nodyn briffio wrth baratoi ar gyfer y cyfarfod ar 20 Gorffennaf 2021.	
Rhan 2. EITEMAU I'W TRAFOD		**CAM GWEITHREDU**
PGAB 21/42	**FFOCWS - y trafodaethau dilynol a gynhaliwyd ynghylch 'Gwasanaeth Ambiwlans Modern'** (Ymunodd Jo Whitehead â'r cyfarfod 09:47) Atgoffodd Chris Turner yr Aelodau o'r cyflwyniad defnyddiol a welwyd yn y cyfarfod diwethaf gan WAST ac eglurodd y byddai Stephen Harrhy yn cyflwyno sut y gellid datblygu y gwasanaeth ambiwlans modern trwy lens y comisiynydd gyda'r bwriad o danio trafodaeth ynghylch rhai o'r prif faterion. **Derbyniodd** yr aelodau gyflwyniad 'Cyfleoedd 999/111 PGAB' gyda'r nod o gefnogi trafodaeth ddilynol ar y sesiwn 'Ffocws' flaenorol - gwasanaeth ambiwlans modern. Cyflwynodd Stephen Harrhy'r sleidiau ac roedd yn cydnabod bod rhai o'r sleidiau'r un fath i'r rhai a welwyd gan WAST yn y cyfarfod diwethaf. Nododd yr aelodau safbwynt y comisiynydd a thrafodwyd yr angen i gael cytundeb ar y ffordd ymlaen ar gyfer y system gyfan. Nododd yr aelodau: • y fframwaith strategol hirdymor gan gynnwys yr uchelgais i sicrhau'r cyngor neu'r gofal cywir, yn y lle cywir bob tro, y prif alluogwyr ar gyfer cyflawni hyn gan gynnwys y gweithlu, arloesi a thechnoleg, cydweithio, seilwaith a chomisiynu a defnyddio cynllun o ansawdd, dan arweiniad clinigwyr a dull sy'n canolbwyntio ar werth • y sefyllfa bresennol a oedd yn cynnwys gwasanaeth trin galwadau 999 hynod effeithlon; fodd bynnag, anfonwyd gormodedd o adnoddau ambiwlans drud i ormod o alwadau 999 ac roedd gormod o gludiadau yn cael eu gwneud i adran argyfwng mawr gyda'r effaith ganlyniadol i hynny ar y system gofal brys ac argyfwng • adnoddau cymharol brin a thameidiog ar gyfer brysbennu ac asesu clinigol o bell • yr angen i weithio gyda'n gilydd i ddefnyddio technoleg er mwyn darparu gwybodaeth glir a gwella llwybr a phrofiad y claf. • roedd agweddau pwysig y system newydd yn cynnwys mynediad gwell at wybodaeth, llwybrau amgen i wasanaethau, prosesau trosglwyddo rhwng sifftiau	

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	cyflymach, modelau gwahanol mewn cymunedau gwahanol a system sydd ni waeth pa rif y deialodd y claf, yn ei gyfeirio at y gwasanaeth cywir • yr uchelgais yn y dyfodol a thrawsnewid o'r parth 'gweld, trin a chludo i ysbyty' • Cyfeiriwyd at Wasanaeth 111 fel y 'Porth i Ofal' gyda'r nod canolog i ragor o alwyr gael asesiad clinigol cyn cytuno ar yr ymateb trwy ganolfan glinigol genedlaethol integredig • cyfleoedd comisiynu ar draws gwasanaethau 999 a 111 gan ddefnyddio'r llwybr cleifion pum cam a ddefnyddiwyd eisoes i gomisiynu gwasanaethau ambiwlans brys, negeseuon cyson i'r cyhoedd i newid yr ymddygiad o ran dewis gwasanaethau a'r angen i weithio ar y cyd er mwyn sicrhau cydbwysedd rhwng modelau cenedlaethol a lleol fel y bo'n briodol. Cefnogodd Jason Killens farn yr Aelodau hefyd, yn enwedig o ran y ffaith bod y materion o fewn y system ehangach na'r gwasanaethau ambiwlans brys, gan gynnwys y system gofal brys ac argyfwng ehangach; cefnogodd hefyd yr angen i adlewyrchu ar sut roedd cymunedau'n amrywio ar draws lleoliadau a'r angen i ddod o hyd i gydbwysedd rhwng gwasanaethau cenedlaethol a lleol fel y bo'n addas. Nododd yr aelodau fod WAST hefyd wedi ymrwymo i asesiad clinigol addas ac i ehangu ar ystod ei ymatebion gan y byddai'r gwasanaeth presennol gan amlaf yn cynnwys cludo claf, fel arfer i ED. Roedd yr aelodau hefyd yn teimlo, er bod WAST yn darparu gwasanaethau 999 a 111 ar hyn o bryd, nid oedd y Gwasanaeth 111 yn Wasanaeth Ambiwlans Brys ac roedd yn bwysig dangos y gwahaniaeth rhwng y ddwy wasanaeth. Nododd yr Aelodau y byddai angen gwneud rhagor o waith i fireino'r model Gwasanaeth 111 i sicrhau ei fod yn gydnaws â disgwyliadau'r cyhoedd ac wedi'i deilwra i'r gwasanaethau lleol sydd ar gael. Awgrymwyd hefyd ei bod yn bwysig i sicrhau bod y model ymateb gwasanaethau yn fwy canolog ac y byddai'r ymateb mwyaf priodol yn cael ei wneud p'un a wnaed yr alwad i'r gwasanaeth 999 neu 111. Dylai'r system ymatebion gynnwys cyfres o wahanol opsiynau nad oeddent yn dibynnu ar gludo cleifion i'r ysbyty ac a fyddai'n dod yn ganolog i'r hyn oedd gan y Byrddau Iechyd i'w gynnig, gyda diogelwch y claf mewn golwg bob amser. Teimlodd yr Aelodau ei bod yn bwysig o safbwynt y claf iddynt gael cymorth i gyrraedd y system yn y ffordd orau bosib. Pwysleisiwyd hefyd y byddai'n bwysig cytuno ar gamau gweithredu ar draws y system o ran sut roedd gwasanaethau'n cael eu cysylltu â'u gilydd fel nad oedd	

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	y man mynediad yn cael effaith ar gleifion yn derbyn y gwasanaethau gorau. Nododd yr aelodau effaith y cynigion digidol gan WAST gan ragweld y gellid gwneud gwelliannau mawr iawn. Tynnodd yr aelodau sylw hefyd at bwysigrwydd y gwaith o gysylltu ag awdurdodau lleol ledled Cymru i ddeall a datblygu ymatebion gofal cymdeithasol brys, y tu mewn a thu allan i oriau agor, i gynorthwyo i reoli risg ar draws y system. Awgrymodd yr aelodau enghreifftiau o ran lle gallai hyn fod yn effeithiol, megis ymateb i gwympiadau, gofal yn y cartref, iechyd meddwl, amseroedd argyfwng a gwasanaethau cyffuriau ac alcohol. Yn ogystal, nodwyd y bu newid yn y modd roedd y cyhoedd yn disgwyl cael mynediad at wasanaethau a sut mae'r cynigion digidol ehangach wedi datgelu rhagor o alw gan y cyhoedd am wybodaeth a sicrwydd. Teimlodd yr aelodau y byddai'n bwysig datblygu'r system ymatebion gan ddefnyddio'r dull digidol yn gyntaf lle bo hynny'n briodol. Rhoddodd Jason Killens enghreifftiau o fodelau digidol llwyddiannus a oedd ar waith eisoes ac awgrymodd y gellid mabwysiadu ambell un ar raddfa genedlaethol. Trafododd yr aelodau hefyd bwysigrwydd gweithio gyda'r cyhoedd mewn perthynas â mynediad at wasanaethau a llwybrau amgen yn hytrach nag ymatebion ambiwlans brys ar gyfer gwasanaeth ambiwlans modern. Beth bynnag yw'r man mynediad, roedd yr Aelodau o'r farn y byddai'n bwysig sicrhau bod yr ymateb cywir yn cael ei dderbyn ar draws yr holl system ar gyfer pob claf. (Ymunodd Steve Moore â'r cyfarfod 10:25) Crynhodd Stephen Harrhy rai o'r prif bwyntiau a wnaed, a oedd yn cynnwys yr angen: • i brofiad y claf fod yn gwbl gritigol • i fanteisio ar botensial technoleg ddigidol • sicrhau bod gwasanaethau integredig y tu ôl i'r pwynt mynediad cyntaf ac i ddeall effaith hyn ar gleifion a darparwyr. Cytunodd yr aelodau y byddai map yn cael ei ddatblygu sy'n dangos y prif egwyddorion dylunio, ac unwaith bydd y Cydbwyllgor yn cytuno arno, byddai hyn yn cael ei roi ar waith ar draws y Byrddau Iechyd i sicrhau bod ymateb y gwasanaeth yn cael ei wireddu (Gweithredu). Cynigiodd yr Aelodau gefnogi'r gwaith hwn yn ôl yr angen. Diolchodd y Cadeirydd i'r holl aelodau am y drafodaeth fuddiol	Tîm PGAB

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	yn enwedig o ran y dull ymarferol a chydweithredol y cytunwyd arno. **PENDERFYNODD** Aelodau: • **NODI'R** cyflwyniad • **CEFNOGI** datblygu cynllun o'r prif egwyddorion dylunio i'w hystyried a'i cymeradwyo mewn cyfarfod yn y dyfodol.	
PGAB 21/43	**ADRODDIAD PRIF GOMISIYNYDD GWASANAETHAU AMBIWLANS** Derbyniwyd adroddiad Prif Gomisiynydd Gwasanaethau Ambiwlans (CASC). Wrth gyflwyno'r adroddiad, tynnodd Stephen Harrhy sylw at yr eitemau allweddol canlynol: • Tasglu Argaeledd Ambiwlansys y Gweinidog - roedd y Cyd-Gadeiryddion wedi cyfarfod â'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol yn ddiweddar ac adroddodd ei chefnogaeth at gyfeiriad y daith. Nodwyd bod gwaith penodol wedi'i wneud gan y Tasglu gyda ffocws ar oedi wrth drosglwyddo cleifion o ambiwlansys i'r ysbyty ac y byddai camau o bwys yn cael eu gweithredu bellach; gallai hyn gynnwys Cylchlythyr Iechyd Cymru ar ei newydd wedd i gefnogi gwell perchnogaeth ac arweinyddiaeth ar draws y system. • Fframwaith Ansawdd a Chyflenwi Adrannau Argyfwng (EDQDF) - cytunwyd y byddai diweddariad ar y gwaith a wnaed yn cael ei baratoi ar gyfer cydweithwyr PGAB a'i gylchredeg y tu allan i'r cyfarfod (Gweithredu). • Parhawyd i gynnal cyfarfodydd rheolaidd gyda chydweithwyr WAST ynghylch perfformiad ambiwlansiau sy'n peri pryder; nododd yr Aelodau fod WAST yn ceisio mynd at wraidd y mater ar hyn o bryd i nodi meysydd i wella'r sefyllfa ar unwaith mewn perthynas â pherfformiad. • Gwasanaeth Cludo Cleifion Mewn Achosion Nad Ydynt yn Rhai Brys (NEPTS) - Nodwyd bod gwaith ar waith gyda BIP Cwm Taf Morgannwg i sicrhau fod y gwaith sydd o hyd i'w wneud o trosglwyddo sydd ar ôl yn cael ei wneud ar 1 Awst 2021. Adroddodd y CASC fod mesurau cadw pellter cymdeithasol Covid-19 yn effeithio ar lefel yr adnoddau NEPTS fel yr oedd cynlluniau ailosod ac adfer Byrddau Iechyd ar y gwasanaethau a ddarperir. Nododd yr Aelodau fod gwaith ar y gweill gyda'r Byrddau Iechyd ynghylch blaenoriaethu a rheoli adnoddau cludo cleifion, ac yn dilyn trafodaethau gyda Grŵp Sicrwydd Cyflenwi NEPTS (DAG), cytunwyd y dylid ceisio cael cyllid canolog gan Lywodraeth Cymru i gefnogi'r gwaith, yn hytrach na tharfu ar cynlluniau sydd wedi'u datblygu eisoes. Roedd	Julian Baker

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	trafodaethau eisoes ar y gweill gyda swyddogion Llywodraeth Cymru ynglŷn â'r mater hwn. • Yr Uned Cyflenwi Gweithredol (ODU) a Chynlluniau Uwchgyfeirio - roedd gwaith yn cael ei wneud i asesu a oedd yr ODU yn gweithredu'n effeithiol. Yn ogystal, yn fwy diweddar, dechreuwyd ar y gwaith i sefydlu unedau cyflenwi gweithredol ar gyfer pob bwrdd iechyd gyda'r Prif Swyddogion Gweithredol. • Rhaglen Comisiynu yn seiliedig ar Werth - yn unol â Bwriad Comisiynu EMS 4, wrth weithio gyda chydweithwyr WAST, datblygwyd dull yn seiliedig ar werth ac yn sgil hynny ac roedd ymgysylltu wrthi'n digwydd o ran blaenoriaethau'r rhaglen. Bydd diweddariad yn cael ei roi yng nghyfarfod nesaf y Cydbwyllgor PGAB (Gweithredu). • Y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS) - Derbyniodd yr Aelodau'r fersiwn terfynol o'r Fframwaith Ansawdd a Chyflenwi Adrannau Argyfwng EMRTS a chytunwyd ar ei gynnwys. Yn dilyn trafodaeth, **PENDERFYNODD** Aelodau: • **NODI'R** wybodaeth yn yr adroddiad. • **CYMERADWYO** Fframwaith Ansawdd a Chyflenwi Adrannau Argyfwng EMRTS.	
PGAB 21/44	**ADRODDIAD DARPARWR YMDDIRIEDOLAETH GIG GWASANAETHAU AMBIWLANS CYMRU (WAST)** Derbyniwyd yr adroddiad wedi'i ddiweddaru gan Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST). Roedd yr adroddiad yn cynnwys y gwaith a wnaed mewn perthynas â'r galw a'r gallu o fewn y gwasanaeth a'r effaith a gafwyd wrth recriwtio rhagor o staff. Nododd yr aelodau'r sefyllfa yn ymwneud ag adolygiadau o amserlenni sifftiau a'r newidiadau parhaus mewn polisi o fewn y gwasanaeth ac effaith debygol y rhain. Yn ogystal â'r adolygiad perfformiad presennol a'r camau gweithredu tymor byr sydd wedi'i anelu at wella perfformiad yn syth a hynny wrth fynd i'r afael â gofynion gwydnwch y gaeaf. Cyflwynodd Jason Killens sleidiau i dynnu sylw at y prif bwyntiau a godwyd, dyma rai ohonynt: • Y cynnydd eithriadol hwnnw mewn gweithgaredd a oedd wedi digwydd ar draws y sector ambiwlans yn y DU gyda chynydd mawr iawn yng ngalwadau 999 bob mis. Gofynnodd yr aelodau a oedd y cynnydd yng ngalwadau 999 yn cael eu dosbarthu'n gyfartal ledled Cymru a chytunodd Jason Killens roi trosolwg yn yr adroddiad nesaf (Gweithredu).	Jason Killens

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	• yng Nghymru, gwelwyd cynnydd eithriadol yng ngweithgarwch coch a chynydd cyffredinol yng ngalwadau 999 gyda rhwng 200 a 300 o alwadau'r diwrnod, yn fwy na'r galw a ragwelwyd • recriwtio - roedd rhagor o staff wedi cael neu yn y broses o gael eu recriwtio i ateb y galw ac er mwyn sicrhau nad oedd y gwasanaeth yn ddibynnol ar oramser. Byddai hyn yn sicrhau cynhyrchiant uned mewn awr mwy sefydlog gan gynnwys ar gyfer ambiwlansiau brys y rheng flaen a byddai hyn yn arwain at gael rhagor o gerbydau ymateb cyflym. • newidiadau i'r amserlen sifftiau - Nododd yr aelodau fod hyn yn ymrwymiad enfawr ac y byddai'n effeithio ar bob gorsaf ambiwlans ar draws Cymru. Bu trafodaethau gydag undebau llafur a staff i gwblhau'r prif egwyddorion dylunio ar gyfer yr amserlen sifftiau gyda'r nod o roi hyn ar waith ym mis Ebrill 2022, wedi'r gaeaf. • effaith diffyg argaeledd Ymatebwyr Cyntaf yn y Gymuned (yn enwedig mewn ardaloedd gwledig) • Nodwyd oriau Cerbydau Ymateb Cyflym, gwell effeithlonrwydd o ran symudedd a'r gofynion am gyfarpar diogelu personol (PPE) parhaus o ran perfformiad coch • nodwyd bod mwy o weithgarwch wedi ei golli yn ystod yr oriau cyfnos lle nad oedd cymaint o adnoddau ar gael; byddai'r gwasanaeth yn mynd i'r afael â gwaith ychwanegol o ran anfon, cynhyrchu ac ymateb. Bydd diweddariad ar gael yn y cyfarfod nesaf (Gweithredu) • Roedd ymyriadau 'gwrando a thrin' yn cyfrannu tua 10% o'r gwaith bob dydd • Nodwyd bod angen buddsoddi yn y model gwledig er mwyn cynyddu argaeledd ambiwlansiau a CFR ym Mhowys ac mewn ardaloedd gwledig eraill; gallai hyn o bosib arwain at gynnydd mewn Cerbydau Ymateb Cyflym hefyd. Byddai'r gwaith hwn yn parhau gyda rhan-ddeiliaid pwysig a byddai unrhyw ddiweddariad pellach yn cael ei ddarparu. • Nododd yr aelodau'r sefyllfa o ran oriau coll ar ôl dechrau sifft a pholisïau presennol y gweithlu a'r angen i gytuno ar ddulliau amgen a fyddai'n sicrhau gwell effeithlonrwydd. Roedd cynllun yn y broses o gael ei orffen a byddai yn nwylo WAST yn yr wythnos sydd i ddod; bydd diweddariad pellach am hyn yn y cyfarfod nesaf (Gweithredu). Trafododd yr aelodau'r prif faterion ac roedd Stephen Harrhy wedi crynhoi'r gwaith a fyddai bellach yn cael ei wneud i gytuno ar amserlenni ac i sicrhau bod cynllun cadarn wrth law i fynd i'r afael â pherfformiad coch ledled Cymru. Nododd yr aelodau fod cynhyrchiant uned mewn awr yn fwy sefydlog, a bod hyn yn arbennig o amlwg o ran argaeledd ambiwlansiau brys. Nododd hefyd fod rhagor o waith angen ei wneud mewn perthynas â Cherbydau Ymateb Cyflym ac argaeledd	

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	adnoddau gwasanaethau gofal brys (UCS) er mwyn gwneud y gorau o'r adnoddau. Yn ogystal, roedd rôl y gwasanaeth 'clywed a thrin' yn cael ei werthfawrogi ynghyd ag effaith hyn ar y gyfradd trosi o 'alwadau a dderbyniwyd' i 'ymatebion i alwadau'. Nododd yr aelodau'r gwelliant yn y trywydd hwn a chytunwyd y byddid yn manteisio ar hyn fwyfwy pe bai modd gweithredu rhai o'r llwybrau amgen a drafodwyd. Mewn perthynas â'r cynnig ar gyfer unedau cyflenwi gweithredol lleol, cododd yr Aelodau yr angen am ddull o weithio mwy effeithiol a'r angen i hwyluso trafodaethau yn ymwneud ag adnoddau ar gyfer y system gyfan. Byddai angen addasu'r system er mwyn gwella'r ffordd mae WAST a chydweithwyr y Byrddau Iechyd yn cydweithio â'i gilydd bob dydd. Cadarnhaodd Stephen Harrhy fod gwaith ar y gweill o ran datblygu set ddata sylfaenol yn lleol a oedd yn cynnwys nifer wirioneddol yr ambiwlansiau sydd ar gael i gynorthwyo timau y Byrddau Iechyd. Nododd yr aelodau hefyd fod rhagor o waith angen ei wneud i ddeall beth oedd effaith yr oedi ar ganlyniadau a phrofiad y claf. Atgoffodd Stephen Harrhy yr Aelodau o'r gwaith sy'n cael ei wneud gan Iechyd a Gofal Digidol Cymru (DHCW) a Lightfoot o ran cysylltu data a dilyn taith y claf. Mynegodd Ross Whitehead fod tîm PGAB yn gweithio ar ddatblygu fframwaith comisiynu diwygiedig a oedd yn canolbwyntio ar y canlyniadau a ddisgwylir gan wasanaethau ambiwlans ar gyfer cleifion mewn grwpiau gwahanol ac y byddai diweddariad yn cael ei gyflwyno mewn cyfarfod yn y dyfodol gyda'r uchelgais y byddai'r fframwaith comisiynu diwygiedig yn barod erbyn 1 Ebrill 2022. **PENDERFYNODD** Aelodau i: **NODI** adroddiad darparwr WAST.	
Rhan 3. EITEMAU I'W CYMERADWYO NEU EU CEFNOGI		**CAM GWEITHREDU**
PGAB 21/45	**ADRODDIAD CYLLID** Derbyniwyd Adroddiad Cyllid PGAB. Wrth gyflwyno'r adroddiad nododd Stuart Davies y sefyllfa bresennol o ran o adennill costau: • yr angen i weithio gyda chydweithwyr WAST i fonitro'r cyllid ychwanegol a'r gwaith o benodi a defnyddio rhagor o staff. • yr angen i barhau i weithio gyda'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru) ynghylch y dyraniadau ychwanegol sy'n ymwneud ag ehangu'r gwasanaeth 24/7 a Gwasanaethau Trosglwyddo Gofal	Cyfarwyddwr Cyllid

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	Critigol i Oedolion. **PENDERFYNODD** Aelodau i : • **GYMERADWYO** a **NODI'R** adroddiad.	
PGAB 21/46	**COFNODION IS-GRŴP PGAB** Derbyniodd yr Aelodau'r cofnodion a gadarnhawyd o gyfarfodydd Is-grŵpiau PGAB fel a ganlyn: • Grŵp Rheoli PGAB - 29 Ebrill 2021 • Grŵp Sicrwydd Cyflawni EMRTS – 15 Mawrth 2021 • Grŵp Sicrwydd Cyflawni EMRTS – 30 Mawrth 2021 **PENDERFYNODD** Aelodau i: • **GYMERADWYO'R** cofnodion a gadarnhawyd fel yr uchod.	
PGAB 21/47	**LLYWODRAETHU PGAB** Derbyniwyd adroddiad Llywodraethu PGAB Wrth gyflwyno'r adroddiad rhoddodd Chris Turner drosolwg o Adroddiadau Blynyddol EMRTS a NEPTS ar gyfer 2020-2021. Nododd yr Aelodau fod fersiwn newydd o Reolau Sefydlog PGAB newydd ei ryddhau gan Lywodraeth Cymru; byddai Ysgrifennydd y Pwyllgor yn hysbysu'r corff lletyol a phob un o'r Byrddau Iechyd eraill yn dilyn y cyfarfod. Daeth Cofrestr Risg PGAB i law a nododd yr Aelodau fod dwy risg goch yn parhau sy'n ymwneud â'r methiant i gyflawni'r targedau perfformiad ar gyfer galwadau coch ac ambr. Nododd yr aelodau hefyd yr Adroddiad Archwilio Mewnol ar Adolygiad Recriwtio PGAB. Roedd yr adroddiad hwn wedi rhoi sicrwydd rhesymol ac wedi canfod dau argymhelliad o flaenoriaeth ganolig o ran: (i) adrodd ar y gweithlu a gwybodaeth ariannol sy'n ymwneud â recriwtio a (ii) monitro a defnyddio staff newydd Derbyniwyd yr Adroddiad Archwilio ym Mhwyllgor Archwilio a Risg Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (BIP CTM) ac roedd yr argymhellion wedi'u hychwanegu at Goflyfr Olrhain Archwilio Mewnol PGAB a chânt eu monitro yng Ngrŵp Rheoli PGAB. **PENDERFYNODD** yr Aelodau i: • **GYMERADWYO** Adroddiad Blynyddol a Chylch Gorchwyl EMRTS • **CYMERADWYO** Adroddiad Blynyddol a Chylch Gorchwyl	Prif Gomisiynydd y Gwasanaeth Ambiwlans (CASC)

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	NEPTS • **CYMERADWYO** Rheolau sefydlog y model ar gyfer PGAB • **CYMERADWYO'R** Gofrestr Risg. • **NODI'R** Adroddiad Archwilio Mewnol ar recriwtio PGAB • **NODI'R** trefniadau llywodraethu ar gyfer yr PGAB.	
PGAB 21/48	**BLAENGYNLLUN BUSNES** Derbyniwyd y blaengynllun busnes. Yn dilyn trafodaeth, **PENDERFYNODD** Aelodau: • **GYMERADWYO'R** Blaengynllun.	CASC
Rhan 4. MATERION ERAILL		**CAM GWEITHREDU**
PGAB 21/49	**UNRHYW FATER ARALL** Diolchodd y Cadeirydd i'r Aelodau am eu cyfraniad i'r cyfarfod a mynegodd fod y 'Sesiynau Ffocws' yn gweithio'n dda iawn gyda nifer addawol o Aelodau'n cyfrannu at y trafodaethau. Atgoffwyd yr aelodau o'r Cyfarfod Arbennig gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol ar ddydd Mawrth, 20 Gorffennaf 2021.	

DYDDIAD AC AMSER Y CYFARFOD NESAF		
PGAB 21/50	Bydd cyfarfod nesaf y Cyd-bwyllgor yn cael ei gynnal am 13:30, ddydd Mawrth 7 Medi ym Mhwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC), Uned G1,The Willowford, Main Ave, Ystâd Ddiwydiannol Trefforest, Pontypridd CF37 5YL, ond fwy na thebyg caiff ei gynnal ar-lein drwy gyfrwng Microsoft Teams.	Ysgrifennydd y Pwyllgor

Llofnod .....
Christopher Turner (Cadeirydd)

Dyddiad .....

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GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE 'SPECIAL' MEETING HELD ON 20 JULY 2021 AT 13:30HOURS

VIRTUALLY BY MICROSOFT TEAMS

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan University Health Board ABUHB
Jo Whitehead	Chief Executive, Betsi Cadwaladr University Health Board BCUHB
Len Richards	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys Teaching PTHB
Mark Hackett	Chief Executive, Swansea Bay SBUHB
In Attendance:	
Eluned Morgan MS	Minister for Health and Social Services, Welsh Government
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Steve Ham	Chief Executive, Velindre University NHS Trust
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience, National Collaborative Commissioning Unit (NCCU)
Aled Brown	Welsh Government
Kath McGrath	National Collaborative Commissioning Unit

Part 1. PRELIMINARY MATTERS		**ACTION**
EASC 21/51	**WELCOME AND INTRODUCTIONS** Chris Turner (Chair), welcomed Members to the special meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee to meet with the Minister for Health and Social Services. Eluned Morgan MS was warmly welcomed to the meeting.	Chair
EASC 21/52	**APOLOGIES FOR ABSENCE** There were none.	Chair
EASC 21/53	**DECLARATIONS OF INTERESTS** There were no additional interests to those already declared.	Chair

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EASC 21/54	**MINISTER FOR HEALTH AND SOCIAL SERVICES** Eluned Morgan MS thanked the Chair and Members for the invitation to the Special meeting of the Emergency Ambulance Services Committee. The Minister welcomed the opportunity to meet with the Members of the Emergency Ambulance Services Joint Committee and specifically wanted to provide clarity in relation to the expectations for the whole system across the NHS and social care in Wales. The Minister raised the following issues: • **Business continuity incident at the Welsh Ambulance Services NHS Trust (WAST) on 19 July 2021** – asking how Members reflected on this issue, how lessons would be learned in order to minimise such occurrences and also drew attention to workforce and staffing issues • **Workforce issues** – of concern across the system and Members were asked to consider how a more proactive approach could be developed (forecasting) to be in a better position to respond to peaks in demand • **Communications** – the Minister felt that this was good after the business continuity incident (crisis) and asked how his could be improved with the public before any such serious actions were taken? • **Ministerial Ambulance Availability Taskforce** – asking Members to consider how the outputs could be implemented or accelerated. The Chair and the Chief Ambulance Services Commissioner were asked to develop a delivery plan for improvement which outlined the actions, timescales and identified leads with responsibilities for delivery (as soon as possible) • **Commissioning approach –** asking Members to consider how the approach could be more robust and specifically the exploration of possibilities towards incentives and sanctions • **Learning from the pandemic** – WAST was asked specifically what lessons could be learned in relation to the reduction in demand and the management of activity as a result of the pandemic • **Working effectively and safely** - WAST and HBs were asked to consider how they support ambulance staff to work to the limit of their professional practice (reducing variability in clinical practice and access for WAST staff to access services directly at health boards and communities) • **6 Goals for Urgent and Emergency Care Policy** – Members noted that the policy handbook would be published soon and asked how the Joint Committee and health boards would support the delivery of the policy.	

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	The Chair thanked the Minister for Health and Social Services for raising the issues and provided and opportunity for Members to respond. Jason Killens responded and highlighted the following areas: • WAST forecasting and plans in place; gave an overview of the summer plan • Explained the staffing levels at WAST on 19 July 2021 • 30% increase in 999 compared to a normal Monday (adverse weather conditions temperatures >30^0C) • currently bolstering resources with St John Cymru • The Ministerial Ambulance Availability Taskforce had been helpful in gathering views on the modernisation of ambulance services and WAST was developing its ambition to 'flip the organisation on its head' (shifting from a primarily a response service to providing remote clinical advice and support) • EASC support had led to increased staffing and recruitment • New rosters were being developed across Wales • achieving the 'hear and treat' rate identified within the ORH Demand and Capacity Review of Emergency Medical Services and also trying to increase rates across Wales. Members also responded including: • thanking the Minister for the opportunity to discuss matters across the whole system together to improve services for patients • raising the question of how the Members should work across the whole system • suggesting that the organisational recovery plans would deal with many of the issues and the focus on urgent and emergency care and primary care recover with the plans; how the current plans were supported and funded was also raised • needing to consider a broad set of resources to respond during high levels of demand • recognising the need to have a system wide response but operating in an environment where demand had increased but the capacity in organisation had decreased and the challenges such as the limitation of the bed base • that the Members would need to reflect on incentives and sanctions as they had not previously worked in this way in the past but would need to be seriously considered • recognising that the focus needed to be on the entirety of the patient journey not just emergency departments but also the 'back door'	

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	• the increased demand for social care of 25% in some areas was also impacting on flow • emphasising the need to strengthen community resilience across Wales. The Chief Ambulance Services Commissioner, Stephen Harrhy responded to the Minister's request for a comprehensive action plan and confirmed: • the plan would be developed as requested • the plan would not provide a range of new actions but would seek delivery on those actions already identified within recovery plans • progress would be reported monthly • digital enablers would also be important for implementation • the focus on each of 5 steps to have the maximum ambulance contribution for each part of the service. The Chair thanked all Members for their contributions and invited the Minister to close the meeting with final remarks, these included: • Jason Killens was asked to: - provide advice on any opportunities to speed up roster reviews - Asked regarding the level of current pressures and how to avoid the need for business continuity issues in the future. • Urging Members to act and not wait for every part of the jigsaw to align – 'do your own bit' • Raising public responsibilities to work with services and suggested that better education and communication regarding why services were under pressure to manage demand • Working with officials to try to move the recovery plans forward as soon as possible and recognised the many challenges for health and social care particularly in relation to the domiciliary care staffing levels • Reiterated receiving an action plan, with clear timescales and appropriate responsibilities assigned • Closed by articulating concerns regarding winter and the need to do all we can. Members **RESOLVED** to: • **NOTE** and thank the Minister for attending the meeting • **APPROVE** the development of a comprehensive action plan	
EASC 21/55	**ANY OTHER BUSINESS** There was none.	

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DATE AND TIME OF NEXT MEETING		
EASC 21/56	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 7 September 2021 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed ……
Christopher Turner (Chair)

Date ……

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Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

CYFARFOD O'R CYD-BWYLLGOR GWASANAETHAU AMBIWLANS BRYS

COFNODION A 'GADARNHAWYD' O'R CYFARFOD 'ARBENNIG' A GYNHALIWYD 20 GORFFENNAF 2021 AM 13:30

AR LEIN TRWY MICROSOFT TEAMS

YN BRESENNOL

Aelodau:	
Chris Turner	Cadeirydd Annibynnol
Stephen Harrhy	Prif Gomisiynydd Gwasanaethau Ambiwlans
Judith Paget	Prif Weithredwr, Bwrdd Iechyd Prifysgol Aneurin Bevan
Jo Whitehead	Prif Weithredwr, Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Len Richards	Prif Weithredwr, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Paul Mears	Prif Weithredwr, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
Steve Moore	Prif Weithredwr, Bwrdd Iechyd Prifysgol Hywel Dda
Carol Shillabeer	Prif Weithredwr, Bwrdd Iechyd Addysgu Powys
Mark Hackett	Prif Weithredwr, Bwrdd Iechyd Prifysgol Bae Abertawe
Eraill yn bresennol:	
Eluned Morgan AS	Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, Llywodraeth Cymru
Jason Killens	Prif Weithredwr, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST)
Steve Ham	Prif Weithredwr, Ymddiriedolaeth GIG Prifysgol Felindre
Stuart Davies	Cyfarwyddwr Cyllid, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru a Chydbwyllgor EASC
Ross Whitehead	Cyfarwyddwr Cynorthwyol Ansawdd a Phrofiad Cleifion, yr Uned Gomisiynu Cydweithredol Genedlaethol (NCCU)
Aled Brown	Llywodraeth Cymru
Kath McGrath	Uned Gomisiynu Cydweithredol Genedlaethol

Rhan 1. MATERION RHAGARWEINIOL		**CAM GWEITHREDU**
Y PWYLLGOR GWASANAE-THAU AMBIWLANS BRYS (PGAB) 21/51	**CROESO A CHYFLWYNIADAU** Croesawodd Chris Turner (Cadeirydd) yr Aelodau i'r cyfarfod arbennig (drwy ddefnyddio cyfrwng Microsoft Teams) y Pwyllgor Gwasanaethau Ambiwlans Brys i gwrdd â'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol. Cafodd Eluned Morgan AS groeso cynnes i'r cyfarfod.	Cadeirydd

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PGAB 21/52	**YMDDIHEURIADAU AM ABSENOLDEB** Dim.	Cadeirydd
PGAB 21/53	**DATGANIADAU O FUDDIANNAU** Ni ddatganwyd unrhyw fuddiannau ychwanegol ar wahân i'r rhai a ddatganwyd eisoes.	Cadeirydd
PGAB 21/54	**Y GWEINIDOG IECHYD A GWASANAETHAU CYMDEITHASOL** Diolchodd Eluned Morgan AS i'r Cadeirydd a'r Aelodau am y gwahoddiad i gyfarfod Arbennig y Pwyllgor Gwasanaethau Ambiwlans Brys. Croesawodd y Gweinidog ar y cyfle i gwrdd ag Aelodau o Gyd-bwyllgor y Gwasanaethau Ambiwlans Brys ac roedd yn awyddus i roi eglurdeb mewn perthynas â'r disgwyliadau ar gyfer y system gyfan ar draws y GIG ac o ran gofal cymdeithasol yng Nghymru. Cododd y Gweinidog y materion canlynol: • **Digwyddiad Parhad Busnes yn Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST) ar 19 Gorffennaf 2021** – yn gofyn sut oedd yr Aelodau'n edrych yn ôl ar y mater hwn a sut byddai gwersi'n cael eu dysgu er mwyn lleihau digwyddiadau o'r fath. Yn ogystal, tynnwyd sylw at faterion yn ymwneud â'r gweithlu a staffio. • **Materion y gweithlu** – mae hyn yn bryder ar draws y system a gofynnwyd i'r Aelodau ystyried sut y gellid datblygu dull mwy rhagweithiol (sy'n rhagweld) er mwyn bod mewn gwell sefyllfa wrth ymateb i'r cynnydd yn y galw. • **Cyfathrebu** –Teimlodd y Gweinidog fod hyn yn gam cadarnhaol wedi'r digwyddiad parhad busnes (argyfwng) a gofynnodd ym mha fodd gellid gwella'r sefyllfa gyda'r cyhoedd cyn cymryd unrhyw gamau gweithredu o bwys? • **Tasglu Argaeledd Ambiwlansys y Gweinidog** – yn gofyn i'r Aelodau ystyried sut gellid gweithredu neu gyflymu'r camau gweithredu. Gofynnwyd i'r Cadeirydd a Phrif Gomisiynydd Gwasanaethau Ambiwlans ddatblygu cynllun cyflawni ar gyfer gwella a oedd yn amlinellu'r camau gweithredu, yr amserlenni a chanfod arweinwyr â chyfrifoldebau i wireddu hyn (cyn gynted ag y bo modd). • **Dull comisiynu –** gofyn i'r Aelodau ystyried sut gallai'r dull fod yn fwy cadarn ac yn benodol, archwilio posibiliadau o ran cymelliadau a sancsiynau.	

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- **Dysgu o'r pandemig** – Gofynnwyd i WAST yn benodol pa wersi gellid eu dysgu mewn perthynas â'r gostyngiad yn y galw a rheoli gweithgarwch o ganlyniad i'r pandemig.
- **Gweithio'n effeithiol ac yn ddiogel** - Gofynnwyd i WAST a'r Byrddau Iechyd i ystyried sut maen nhw'n cefnogi staff yr ambiwlans i weithio hyd eithaf eu gallu (gan leihau amrywioldeb mewn ymarfer clinigol, a bod gan staff WAST yr hawl i gael mynediad at wasanaethau'n uniongyrchol gyda byrddau iechyd a chlinigau).
- **6 Nodau ar gyfer Polisi Gofal brys ac Argyfwng** – Nododd yr Aelodau y byddai'r llawlyfr polisi yn cael ei gyhoeddi'n fuan a gofynnwyd ym mha fodd byddai'r Cydbwyllgor a'r Byrddau Iechyd yn cynorthwyo yn y gwaith o roi'r polisi ar waith.

Diolchodd y Cadeirydd i'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol am godi'r materion hyn a chafodd yr Aelodau gyfle i ymateb.

Ymatebodd Jason Killens ac ymhelaethodd ar y meysydd canlynol:

- Rhoddodd WAST drosolwg o'r rhagolygon a'r cynlluniau sydd ar waith; rhoddwyd trosolwg o gynllun yr Haf;
- Esboniodd lefelau staffio yn WAST ar 19 Gorffennaf 2021
- cynnydd o 30% yng ngalwadau 999 o'i gymharu â dydd Llun arferol (tywydd eithafol gyda thymheredd >30^{0}C)
- gweithio ar adnoddau gyda St John Cymru
- Bu Tasglu Argaeledd Ambiwlansys y Gweinidog yn ddefnyddiol wrth gasglu safbwyntiau ar foderneiddio'r gwasanaethau ambiwlans ac roedd WAST yn datblygu ei uchelgais o 'droi'r sefydliad ar ben ei waered' (gan symud o wasanaethau ymateb yn bennaf at ddarparu cyngor a chymorth clinigol o bell)
- Roedd cefnogaeth PGAB wedi arwain at ragor o staff a recriwtio
- Roedd rhestrau newydd yn cael eu datblygu ledled Cymru
- cyflawni'r gyfradd 'clywed a thrin' a nodwyd o fewn Adolygiad Galw a Chapasiti ORH y Gwasanaethau Meddygol Brys a hefyd ceisio cynyddu'r cyfraddau ar draws Cymru.

Ymatebodd yr Aelodau hefyd, gan gynnwys:

- diolch i'r Gweinidog am y cyfle i drafod gyda'n gilydd y materion ar draws y system gyfan er mwyn gwella gwasanaethau i gleifion
- codi'r cwestiwn ynghylch sut dylid Aelodau weithio ar draws y system gyfan

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	• awgrymu y byddai'r cynlluniau adfer sefydliadol yn delio â llawer o'r problemau, trafodwyd hefyd y ffocws ar ofal brys a sylfaenol. Codwyd y cwestiwn hefyd sut mae'r cynlluniau presennol yn cael eu cefnogi a'u hariannu • angen ystyried set amrywiol o adnoddau wrth ymateb i'r galw uchel • cydnabod yr angen i gael ymateb ar draws y system ond gweithredu mewn amgylchedd lle'r oedd y galw wedi cynyddu ond roedd gallu'r sefydliad i ateb y galw wedi lleihau a lle'r oedd heriau megis cyfyngiadau ar welyau • byddai angen i'r Aelodau feddwl am gymelliadau a sancsiynau gan nad oeddynt wedi gweithio fel hyn o'r blaen ond y byddai angen ei ystyried yn fawr • cydnabod mai'r prif flaenoriaeth oedd canolbwyntio ar daith y claf yn ei chyfanrwydd. Nid yr adrannau brys yn unig ond yr hyn sy'n digwydd 'tu ôl i'r llen' • roedd y galw cynyddol o 25% am ofal cymdeithasol mewn rhai ardaloedd hefyd yn effeithio ar y llif cleifion • pwysleisio'r angen i gryfhau cadernid cymunedol ledled Cymru. Ymatebodd Stephen Harrhy, Prif Gomisiynydd Gwasanaethau Ambiwlans i gais Gweinidog am gynllun gweithredu cynhwysfawr a chadarnhaodd: • y caiff y cynllun ei ddatblygu yn unol â'r cais i wneud hynny • ni fyddai'r cynllun yn cynnwys ystod o gamau gweithredu newydd ond byddai'n ceisio cyflawni'r camau hynny a nodwyd eisoes mewn cynlluniau adferiad • adroddir ar y cynnydd bob mis • byddai galluogwyr digidol hefyd yn rhan pwysig o'r gwaith • y ffocws ar bob un o'r 5 cam er mwyn sicrhau'r cyfraniad mwyaf posibl gan ambiwlansys ar gyfer pob rhan o'r gwasanaeth. Diolchodd y Cadeirydd i'r Aelodau am eu sylwadau a gwahoddodd y Gweinidog i ddod â'r cyfarfod i ben gyda sylwadau clo, gan cynnwys: • Gofynnwyd i Jason Killens: - ddarparu cyngor am unrhyw gyfleoedd i gyflymu'r adolygiadau o amserlenni sifftiau - Gofynnwyd am lefel y straen presennol a sut i osgoi'r angen am faterion parhad busnes yn y dyfodol. • Annog yr Aelodau i weithredu a pheidio aros nes i'r jig-so ddod at ei gilydd - 'gwnewch eich rhan'	

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	• Codi cyfrifoldebau cyhoeddus i gydweithio â gwasanaethau ac awgrymwyd fod angen gwell addysg a chyfathrebu ynghylch pam mae gwasanaethau dan bwysau i reoli'r galw • Gweithio gyda swyddogion i geisio symud y cynlluniau adferiad ymlaen cyn gynted â phosib a chydnabuwyd yr heriau niferus sy'n wynebu iechyd a gofal cymdeithasol yn enwedig mewn perthynas â'r lefelau staffio gofal cartref • Pwysleisiwyd derbyn cynllun gweithredu, gydag amserlenni clir a chyfrifoldebau priodol • Daeth y cyfarfod i ben drwy fynegi pryderon am y gaeaf a'r angen i ni wneud popeth o fewn ein gallu. **PENDERFYNODD** Aelodau: • **NODI** a diolch i'r Gweinidog am fynychu'r cyfarfod • **CYMERADWYO'r** gwaith o ddatblygu cynllun gweithredu cynhwysfawr	
PGAB 21/55	**UNRHYW FATER ARALL** Dim.	

DYDDIAD AC AMSER Y CYFARFOD NESAF		
PGAB 21/56	Bydd cyfarfod y Cyd-bwyllgor yn cael ei gynnal am 13:30 ddydd Mawrth 7 Medi ym Mhwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC), Uned G1,The Willowford, Main Ave, Ystâd Ddiwydiannol Trefforest, Pontypridd CF37 5YL ond mae'n debygol o gael ei gynnal ar- lein drwy gyfrwng Microsoft Teams.	Ysgrifennydd y Pwyllgor

Llofnod .....
Christopher Turner (Cadeirydd)

Dyddiad .....

Saunders,Nathan
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LOCAL PARTNERSHIP FORUM MEETING

Thursday 17 June 2021 at 10am, via Teams

Present

Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (co-Chair)
Rachel Gidman	Executive Director of People and Culture (co-Chair)
Julie Cassley	Deputy Director of WOD
Chris Lewis	Deputy Director of Finance (for Catherine Phillips)
Fiona Salter	RCN
Jason Roberts	Deputy Director of Nursing (for Ruth Walker)
Katrina Griffiths	Deputy Head of HR Operations (for Lianne Morse)
Peter Welsh	Hospital Manager, UHL and Barry
Steve Gauci	UNISON
Rhian Wright	RCN
Stuart Egan	UNISON
Zoe Morgan	CSP
Paul Rogers	Assistant Director of Therapies and Health Sciences (for Fiona Jenkins)
Fiona Kinghorn	Executive Director of Public Health
Caroline Bird	Deputy COO
Steve Curry	Chief Operating Officer (part of meeting)
Jo Brandon	Director of Communications
Andrew Crook	Head of Workforce Governance
Rebecca Christy	BDA
Joe Monks	UNISON
Ceri Dolan	RCN
Mike Jones	Independent Member – Trade Union
Jonathan Strachan-Taylor	GMB

In attendance

James Gibbons	Head of LED
Jonathan Grey	Director of Transformation (part of meeting)
Jess Lancashire	Venbridge ltd (part of meeting)
Emily Hughes	Health Intervention Team (part of meeting)
Stewart Attridge	Health Intervention Team (part of meeting)
Sara Gomes	Health Intervention Team (part of meeting)
Katy Evans	Health Intervention Team

Apologies:

Nicola Foreman	Director of Governance
Abigail Harris	Exec Director of Strategic Planning
Bill Salter	UNISON
Julia Davies	UNISON
Len Richards	Chief Executive
Lianne Morse	Head of HR Operations
Lorna McCourt	UNISON
Pauline Williams	RCN
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Janice Aspinall	RCN
Catherine Phillips	Executive Director of Finance
Mat Thomas	UNISON
Peter Hewin	BAOT / UNISON

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Ruth Walker	Executive Director of Nursing
Secretariat	
Rachel Pressley	Workforce Governance Manager

LPF 21/030 WELCOME AND APOLOGIES

Dawn Ward welcomed everyone to the meeting and apologies for absence were noted.

LPF 21/031 Declarations of Interest

There were no declarations of interest in respect of agenda items

LPF 21/032 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 22 April =2021 were agreed to be an accurate record of the meeting.

LPF 21/033 ACTION LOG

The Action Log was noted.

Jason Roberts was asked to follow up the outstanding actions for Ruth Walker around sharing guidance on hospital acquired infections (LPF 21/024)

Action: Jason Roberts

The following additional matters arising was also noted:

- LPF 21/024 – Dawn Ward asked for a staff representative to be invited to sit on the Learning Committee. Rachel Gidman confirmed that this would happen when the Committee was set up

LPF 21/034 HEALTH INTERVENTION TEAM

Rachel Gidman welcomed the Health Intervention Team and introduced their work as part of a portfolio of initiatives which recognise the wellbeing of staff as a priority for the organisation.

The Health Intervention Team (HIT) jointly delivered a presentation which included:

- The purpose of the team (proactive, insight led and sustainable interventions)
- Work completed since the team started in April 2021 and the approach adopted – they are currently in the consultation phase and have been focusing on finding out what's available, what's accessible and what's known about
- The 5 ways to wellbeing concept which is being utilised (give, take notice, connect, be active, keeping planning)

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During the presentation the HIT team asked the following three questions. The Forum was asked to answer using the Teams 'chat' facility and the answers would be considered as part of the wider consultation exercise:

- What does wellbeing mean to you?
- What would an organisation with excellent standards of wellbeing look like?
- What change would you make to enhance staff wellbeing in the organisation?

It was noted that a wellbeing survey had been issued the previous week and the HIT asked Forum members to share this widely with their contacts.

Fiona Kinghorn asked the HIT to ensure that they linked in with Cardiff and Vale Public Health team, especially around the Move More, Eat Well programme.

Stuart Egan reminded the Forum that previously guidance on email etiquette had been issued. He suggested that this should be refreshed and that guidance on meetings should also be issued, especially around breaks between online meetings. Rachel Gidman agreed this would be helpful and noted that a paper was due to be presented to Management Execs in July around the principles of agile working. She advised that each of the Execs would be issuing a newsletter to staff and said that she would re-inforce staff wellbeing through that. Rhian Wright expressed concern about emails being sent during the evening, especially now that so many people have access to emails on their phones. She suggested that if individuals needed to work in the evening perhaps emails could be drafted but not sent until the following day. Jo Brandon agreed that there were some good points being raised – she advised that a new team member was due to start in August with a focus on staff engagement and would be able to pick up on these.

Dawn Ward thanks the HIT members for an interesting presentation and invited them to attend a staff side meeting in a few weeks to provide a further update.

(Stewart Attridge, Emily Hughes and Sara Gomes left the meeting)

LPF 21/035 Reset and Recovery Plan

Caroline Bird delivered a presentation on the UHB Reset and Recovery Plan. She pointed out that while this was the latest position, it was an iterative process and the plan will change as we go forward and learn more.

She talked about the impact of covid, the context of the plan, the principles of the response and the approach adopted. Highlights included:

- Pre-covid we were generally in a good position, but covid has had a system wide impact (i.e. waiting lists have aged, while EU attendance decreased they have risen again, mental health is under a great deal of pressure and within primary care there is significant pressure due to delayed presentations)
- The reset and recovery plan needs to be seen in the context of prevailing operating conditions, specifically a tired, stretched workforce, reduced efficiency due to IP&C requirements for a covid ready environment and the estates infrastructure
- Modelling shows that recovery will probably take around 5 years and we will need to iterate as we go.
- We want additional capacity and efficient working conditions but recognise the need to work with partners to transform services
- The response to covid has cemented our thinking around 3 key principles – clinically led, data driven and risk orientated
- A programme approach is being adopted and a programme manager appointed. The 5 programmes of work, which sit under our strategic approach and goals, are: primary care,

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planned care, unscheduled care, diagnostics and mental health. Within each of these programmes are a number of key schemes which are interlinked and cannot sit alone. The schemes sit under 3 categories: risk and urgency, sustainability and transformation

The final document will be published as part of the Annual Plan and will be shared with the Forum

Action: Caroline Bird

It was noted at a bid for £37m has been submitted to Welsh Government to fund the schemes and £13m of this has already been approved. Efforts will be made to move forward with the risk and urgency schemes within existing resources where possible in the meantime.

Steve Gauci noted that one of the biggest challenges for partnership working is the increasing workload of staff reps and the need for facility time. He said that this message needs to be passed down to the managers who approve this time.

Dawn Ward asked if we are expecting worse outcomes for patients who have to wait longer. Caroline Bird stated that although capacity is being directed where clinicians say it is most needed, often those who have waited longest are now presenting through unscheduled care. Jason Roberts indicated that it would be remiss to give assurances that no patients are at risk because of the longer wait, but gave assurances that we are mitigating against this and adopting the high level principles of clinical oversight, constant communication and digital innovation. Fiona Kinghorn added that there is no doubt people's health has been adversely impacted, for example through weight gain, deconditioning or extended length of stay, but we are conscious of this and are trying to mitigate.

(Steve Curry joined the meeting)

LPF 21/036 CHIEF OPERATING OFFICER'S UPDATE

In the absence of the Chief Executive, Steve Curry attended to update LPF on the following topics: current pressures in the system; reset and recovery; the Annual Plan; a Joint Executive Team (JET) meeting; the vaccination position; and the appointment of a new CEO.

- We are currently experiencing a significant surge of non-covid pressures. Individuals are presenting later and are deconditioned which means that they are staying longer. Lots of actions are being taken at a system level with our partners to mitigate this
- Reset and recovery is now core business and we are seizing opportunities to recover in a way which is aligned to our strategic aims, however there are two certainties which need to be considered: we are asking the same people and they are tired; and there is a real need in the community to access our services
- Usually a 3 year IMTP is developed, but this year it has changed to an annual plan because of covid and the need to build in the response to recovery.
- The Joint Executive Team meeting between the UHB and Welsh Government seemed to go very well. The Annual Plan was a key part of the discussion, along with staff wellbeing and resilience. WG recognised the efforts of our staff in meeting the challenge of covid and gave them a lot of credit. The new Health Minister has set out her priorities and from a health and care perspective, integration is high on the agenda. She also recognises that the pandemic isn't over and that we are facing a third wave as well as the legacy of covid.
- Wales is leading the way with vaccinations and we are very proud of our team. 80% of our population have had the first vaccine and 60% have had their second. The interval time between Astra-Zeneca vaccines has been reduced to 8 weeks.

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- Len Richards will be leaving the organisation in late September or early October. Rachel Gidman is working with the UHB Chair on a recruitment process and we are hopeful that interviews will take place on 17 September. Steve Curry believed that if Len Richards was present he would say that he was disappointed to leave as he is committed to the UHB direction of travel, that the strategic direction absolutely will not change, and that the process of empowering front line teams and clinical design in our plans will not change either. Stuart Walker will be Acting CEO during the interim period and the Executive team will continue to make decisions and keep momentum

Steve Curry finished by thanking staff for the extraordinary work they have done so far and for what they will continue to do during recovery.

Dawn Ward stated that Len Richards will be missed and that he has been a great supporter of LPF. She wished him well and hoped that he would be able to attend a LPF meeting before he leaves.

Dawn Ward noted that we are poised for a third wave and said that she was interested in the mutations / variants developing, and also the growing concerns for those with long covid. Fiona Kinghorn confirmed that we are starting to get increased numbers in the community but modelling suggest that it is likely to be a smaller wave. The highly vaccinated population means that new cases tend to be among young people and we are not seeing the same impact on hospitals as we have previously.

(Steve Curry left the meeting)

LPF 21/037 PARTNERSHIP AND RECOGNITION AGREEMENT

Rachel Gidman advised that this is an existing document which reinforces the principles of partnership working. It has been reviewed in line with the three year schedule of work but the appearance of the document has been updated and it is much more engaging as a result.

It was agreed that Peter Welsh needed to be included in the LPF membership in Appendix 1, but subject to this amendment the Forum endorsed it and recommended to Board that it should be approved.

Action: Rachel Pressley

LPF 21/038 EPSG TERMS OF REFERENCE

The LPF approved the revised Employment Policy Sub Group Terms of Reference, noting that the membership had been widened and now included representatives from wellbeing, inclusion and education.

(Jessica Lancashire and Jonathan Grey joined the meeting)

LPF 21/039 Finance Report

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Chris Lewis presented the Finance Report for the period up to the end of March 2021. He advised that the report was now in a more succinct, easier to understand format and was an extract of the Board performance report.

£176m of funding has been received to support the covid response. This meant that we have broke even for two years, but need to do this again in 2021/22 to meet our statutory duty. However, the underlying deficit position has increased and it is not known yet if there is any additional support available for this in 2021/22.

The creditor payment compliance target was achieved and the UHB successfully remained within its Capital Resource Limit in 2020/21.

The accounts for 2020/21 have been audited and adopted by the Board and will now be presented to Welsh Government.

LPF 21/040 WOD KPI REPORT (INCLUDING TURNOVER DEEP DIVE)

Rachel Gidman presented the WOD KPI report with the usual metrics and summary of key actions. Attached to this was the first of a series of 'deep dives' looking at voluntary turnover.

Katrina Griffiths gave a presentation on the deep dive, noting the following highlights:

- Retention is a key priority and while a healthy turnover is a good thing it is important to find a balance
- Voluntary turnover remains below target but has been increasing
- ESR gives managers the option to record 'not known' as the reason for leaving. There needs to be some education around this to help managers understand why this information is so important e.g. could we provide the training that people are leaving for in-house?
- Work is taking place to improve the response rates to exit questionnaires
- The next steps and immediate priorities include ensuring the accuracy of the data, improving managers capability and capacity, staff engagement activities, improving flexible working practices, development and career planning and an inclusive culture

Ceri Dolan suggested that this can be a contentious topic, especially when we are losing staff to other Health Boards. She believed that from a nursing perspective this was because the prospects were so poor for Band 5s seeking Band 6 roles.

Paul Rogers noted that in some specialist areas turnover was very low as people stay in the same role for a long time which means there are less prospects and little opportunity for a healthy turnover.

Rhian Wright expressed surprise that there was no reference to bullying and harassment in the reasons given for leaving. Katrina Griffiths explained that this is covered in the exit questionnaire but the slides only captured the most popular reasons given. She agreed to share the exit questionnaire with LPF members, and noted that it is being reviewed soon so there was the opportunity to look at the questions if it was felt that information was not being captured in the right way.

Action: Katrina Griffiths

Saunders Norman
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Jason Roberts acknowledged that a number of staff leave because they have gained a promotion. However, he also expressed concern that there was a perception that you could get onto a Masters programme quicker by leaving. He emphasised the need to gain clinical experience first, before going straight into a 2 year education programme, and he has asked Lisa Franklin (Head of Nurse

Education) to do a piece of work around the internal development opportunities available for Band 5 nurses.

Steve Gauci raised concerns about staff who are turned down when they apply to Retire and Return and who subsequently leave the organisation when their skills and experience could have been retained on a part time basis. He also expressed concern that managers do not promote the exit questionnaire and suggested that he would be happy to conduct interviews with TU members himself. Rachel Gidman said that it was not necessary to conduct the exit questionnaire interview as it is on survey monkey but did encourage staff representatives to make individuals aware of the survey and to encourage them to complete it.

LPF 21/041 PATIENT QUALITY, SAFETY AND EXPERIENCE REPORT

Jason Roberts presented the Patient Quality, Safety and Experience Report for March/April 2021 and noted the following key points:

- There have been no covid outbreaks but over the weekend there had been an increase in admissions from community transmission
- The criteria for reporting serious incidents to Welsh Government had changed which meant that there had been a fluctuation in the reports over the past 12-18 months, however, monitoring had continued at a UHB level
- There had been an increase in complaints, mainly due to visiting appointments and vaccinations

Rhian Wright noted that 2 serious incidents relating to falls had occurred within Medicine Clinical Board where staff have raised concerns around staffing levels. She asked if the wards where these serious incidents had occurred had been understaffed at the time. Mr Roberts advised that there was a robust patients falls process in place. He said that falls would never be completely prevented because we promoted independence, however, falling safely and recovering were important. The Nurse Staffing Act requires us to report whether the fall was related to staffing and he was able to confirm that in both these cases they was not.

LPF 21/042 Dragon's Heart Institute

It was agreed to postpone this item to the next meeting

Action: Rachel Pressley

LPF 21/043 ANY OTHER BUSINESS

There was no other business raised

Saunders,Nerys
09/21/2021 13:00:28

LPF 21/044 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday 18 August 2021 at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

LOCAL PARTNERSHIP FORUM MEETING

Wednesday 18 August 2021 at 10am, via Teams

Present	
Rachel Gidman	Executive Director of People and Culture (co-Chair)
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (co-Chair)
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Andrew Crook	Head of Workforce Governance
Katrina Griffiths	Interim Head of HR Operations
Peter Welsh	Hospital Manager, UHL and Barry
Ruth Walker	Executive Director of Nursing
Catherine Phillips	Executive Director of Finance
Mike Jones	Independent Member – Trade Union
Mat Thomas	UNISON
Peter Hewin	BAOT / UNISON
Fiona Kinghorn	Executive Director of Public Health
Caroline Bird	Deputy COO
Jonathan Strachan-Taylor	GMB
Ceri Dolan	RCN
Sian Taylor	Communication and Engagement Manager (for Joanne Brandon)
Stuart Egan	UNISON
Joe Monks	UNISON
Stuart Walker	Deputy Chief Executive / Medical Director (part of meeting)
Len Richards	Chief Executive (part of meeting)
In attendance	
Lisa Dunsford	Director of Operations, PCIC (part of meeting)
Jonathan Watts	Assistant Director, Strategy and Planning (part of meeting)
Jason Roberts	Deputy Executive Director of Nursing (part of meeting)
Marie Davies	Deputy Director of Planning
Apologies	
Joanne Brandon	Director of Communications
Lorna McCourt	UNISON
Pauline Williams	RCN
Abigail Harris	Exec Director of Strategic Planning
Julia Davies	UNISON
Nicola Foreman	Director of Governance
Lianne Morse	Assistant Director of Workforce
Secretariat	
Rachel Pressley	Workforce Governance Manager

LPF 21/045 WELCOME AND APOLOGIES

Mrs Gidman welcomed everyone to the meeting and apologies for absence were noted.

LPF 21/046 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items

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LPF 21/047 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 17 June 2021 were agreed to be an accurate record of the meeting subject to the following amendments:

Apologies for absence: Mrs Walker's apologies to be added to the list

LPF 21/034 (Health Intervention Team): Fiona Kinghorn asked the HIT to ensure that they linked in with Cardiff and Vale Public Health team, not Public Health Wales

LPF 21/048 ACTION LOG

The Action Log was noted.

Mrs Walker gave the following update:

- With regards to hospital acquired Covid, she was not able to provide information about this from a staff perspective and it would need to be picked up with Health and Safety
- Reviews were being conducted on cases of patient hospital acquired Covid to determine if the care was adequate from a systems perspective. This was not to blame individuals but to understand why decisions were made. Staff are encouraged to risk manage but also to write down the rationale for decisions and actions taken.

LPF 21/049 OPERATIONAL UPDATE – PCIC

Lisa Dunsford, Director of Operations for PCIC Clincial Board delivered an operational update. Points noted included:

- The Primary Care and Community position and priorities (including recovery priorities)
- Joint Executive discussions are taking place regarding pressures within the community, especially relating to social care and domiciliary care
- Developments around unscheduled and urgent care continue, including Cardiff and Vale joining the 111 service
- Testing and mass vaccinations have both been hosted by PCIC and have involved massive amounts of work. More than 360,000 first doses and 330,000 second doses of the vaccine have now been given
- Working in partnership across the whole system pathway is a priority (including new interface GP roles)

Mr Hewin noted that the latest edition of Chief Exec Connects referred to an agreement to look at a potential staffing model which would extend beyond traditional health and care approaches in relation to social and domiciliary care. He asked what the implications would be for our staff. Mrs Gidman explained that this was an initial conversation between the Executive team and Local Authorities, especially around medically fit patients in the system. It was recognised that we could not continue to just do more of the same as we don't have the required workforce so consideration was being given to doing more by doing things differently. She emphasised that nothing radical was being discussed at this time and said that she saw this as an exciting opportunity to develop frameworks and to widen our workforce by making sure that the right support is available for our professions. Ms Dunsford added that the conversations were in a very early stage but noted that, for example, the UHB finds it easier to recruit to some roles than the Local Authorities do. Mr Hewin emphasised that the Trade Unions would be keen to be involved in these conversations and that they resonated with discussions taking place within the TUs about the current recruitment crisis.

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Ms Ward stated that she believes the workforce strategy and plan needs to be radical. She feels that the IMTP is still too medicalised and that the social care agenda needs to be stronger. She would like to see more about investment and transformation and further movement away from silos with PCIC more centralised. Ms Dunsford said that she was happy to come back at a future date and share more information on the innovative work taking place.

Ms Bird noted the evolving nature of the recovery plan and said that she would share a couple of slides which demonstrated its changing nature and the move from risk to transformation and investment.

Action: Ms Bird

(Ms Dunsford left the meeting)

LPF 21/050 INTEGRATED MEDIUM TERM PLAN

Marie Davies and Jonathan Watts were in attendance as part of the engagement process for the IMTP 2022-25. They asked the Forum for views on whether the triangulation and balance of priorities was right.

Ms Davies reminded the Forum that the usual planning process had been suspended for 18 months and that 3 quarterly plans had been submitted over the last year. From next year, the usual 3 planning cycle will be re-introduced. She explained that this was a challenge as it had to be a balanced plan but there is still uncertainty around finance and capitol, and they were trying to be both light touch and meaningful. The IMTP also had to be aligned with the Regional Partnership Board Plan and that this focus on shared priorities enabled investment and shift in the way we deliver health. Ms Davies noted that 2022-25 is the last 3 years of our Strategy *Shaping Our Future Wellbeing (SOFW)*, so needs to be able to highlight and focus how we will re-develop our strategy.

Mr Watts pointed out there are some caveats: it is a draft with some gaps which require further discussion and shaping; items not listed are not considered 'unimportant'; and issues such as prevention, patient safety and the 'green' agenda do not have their own sections as this silos them rather than enabling them to thread through the whole plan. The themes, priorities and deliverables were shared and it was noted that these are aligned to SOFW, the annual plan and the recovery plan.

One of the themes is 'taking great care of our staff'. Mrs Gidman explained that this will be driven by a new People and Culture Plan which is in the very early stages of development. Further information would be provided at the next Workforce Partnership Group meeting

Action: Mrs Gidman

Ms Ward asked what the process of engagement would be going forward. Mr Watts explained that while the direction and parameters have been set centrally, there has been ongoing discussion with the Clinical Boards. Guidance issued to the Clinical Boards includes the need to engage with Trade Unions, and also the CHC. He emphasised that engagement should not be about touchpoints, but should be ongoing as part of business as usual. A further update on the development of the IMTP would be provided to LPF in the Autumn.

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Action: Mrs Harris

(Mr Richards and Prof Walker joined the meeting)

Ms Ward stated that she had some concerns re: health inequalities and said that she would like a conversation about this outside of the meeting

Action: Ms Ward

Mr Hewin noted that there was mention on slide 5 of unsustainable services being reviewed and said that this was something the Trade Unions would want to be involved in given the potential impact on staff.

(Mr Watts left the meeting)

LPF 21/051 NURSE STAFFING ACT

Mr Roberts gave a presentation on the current situation in relation to the Nurse Staffing Act. He reminded the Forum that the Act had come into force via a staged approach, with the first sections being implemented from 2018.

Prior to Covid-19 good progress had been made but the current reporting period (April 2020-21) had been a period of unprecedented disruption with wards being repurposed and increased operational capacity, and the CNO had issued a letter excluding some Covid related wards from the requirements.

Within the UHB a decision had been made to provide assurance to the Board through exception reporting from July 2020 and formal monthly reviews were held to monitor staffing. The normal process for maintaining staffing levels was disrupted and the nurse staffing hub was aligned to the Local Command Centres with senior professional oversight being provided by deploying a Director of Nursing to the hub. Senior Nurse cover was also extended into the evenings.

The reporting schedule for April 2021 – May 2024 was shared and it was noted that from September 2021 paediatric wards will be included for the first time. A 3 year report will be submitted to Welsh Government at the end of this year.

Ms Ward asked how stable and sustainable the situation was. Mr Roberts noted that the Act is a statutory requirement but is becoming increasingly difficult as the challenges increase, and Recovery has its own set of challenges.

Mr Thomas asked what is done to reassure staff on the ground as the Trade Unions frequently hear from them that there are staffing shortages. Mr Roberts explained that the Act gives a concrete level of what the formal staffing requirement is and requires that this is displayed on the ward. This gives evidence of what staffing levels should be and provides reassurance, as well empowering staff to raise concerns to Mr Roberts or Mrs Walker when those levels are not met. Mrs Gidman suggested that this should be included on the agenda of the Clinical Board Partnership Forums.

Mr Monks said that there had been a decrease in the number of Band 6 positions and asked if this had caused problems with recruitment because staff feel there are no promotion prospects. Mr Roberts said that it was important to remember the amount of nurse recruitment which had taken place over the last 12 months. He agreed that it was challenging, but a significant amount of effort had gone into supporting the recruitment of nurses, and even during the pandemic the number of RNs and HCSWs had increased

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LPF 21/052 CHIEF EXECUTIVES UPDATE

Before handing over to Mr Richards to give his regular update report, Mrs Gidman noted that this would be his last LPF meeting before leaving the UHB. She thanked him for everything he had done to support the Forum and for bringing humanity into leadership. Ms Ward agreed, stating that Mr Richards had been like a breath of fresh air. He had not caused disruption, but had steered the organisation through a difficult time. She said that he had treated the Trade Union group with respect and they had held him to account. He would be missed and she wished him well.

Mr Richards said that he had massively enjoyed working at Cardiff and Vale and considered it a very positive experience. He had also enjoyed the LPF meeting and working with the Trade Unions. He gave credit to the TU leaders and Exec team for their drive in creating a environment which allowed positive change to occur and thanked them for this.

By way of an update, he noted the following:

- There are significant operational pressures currently with winter pressures being seen in the summer – the pandemic was a challenge but it is expected that recovery will be even more challenging as we seek to be Covid ready, deal with the backlog and maintain services. However, there has been a good system wide response and there is a lot of support from the 2 Local Authorities and the Regional Partnership Board. The Executive team is considering how the organisation should rise to these challenges. The response to Covid included the implementation of the Local Command Centres and it is possible that this will also be needed for recovery. These conversations will continue and LPF will be involved
- A Cancer Collaborative Regional Group has been set up with Velindre and other neighbours to put an acute oncology service in place. A one to one relationship with Velindre has also been established for cancer patients who need to be seen in an acute setting – this is being called Velindre@UHW
- Discussions continue around Vascular Services, strengthening the relationship built over the last 6 – 12 months with Cwm Taf Morgannwg and now looking to extend to Aneurin Bevan Health Board. A business case is being developed and will be presented to the Boards in September.
- We have signed up to a joint research office with Cardiff University to enable easier and less bureaucratic research.

Prof Walker noted that Mr Richards will leave at the end of September. He will be Interim CEO when Mr Richards leaves and is working alongside him in the meantime, with Meriel Jenney acting as Medical Director. Prof Walker assured the Forum that there would be no major shift of direction during the transition, with staff wellbeing and staff and patient experience continuing to be high priorities.

(Mrs Kinghorn left the meeting)

LPF 21/053 FINANCE REPORT

The Local Partnership Forum received and noted the Finance Report and welcomed the new format.

(Mr Richards and Mr Hewin left the meeting)

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LPF 21/054 WOD KPI REPORT

The Local Partnership Forum received and noted the WOD KPI report including a deep dive on employee relations. The emphasis on continuous improvement in relation to employee relations was noted.

Mr Thomas asked if it was possible to receive information on the number of informal cases being managed under the Respect and Resolution Policy. It was agreed that this would be provided to the next Workforce Partnership Group

Action: Mrs Griffiths

Mr Thomas also noted that there was mention of the Maximising Attendance Group being reviewed in the report, and he asked Mrs Griffiths to ensure that there was Trade Union involvement.

Mr Monks commented on the stress that can be caused by the length of proceedings and suggested that this should be taken into consideration when determining the outcome of a hearing. He felt that previously it had worked well when individuals had been employed into Investigating Officer roles.

LPF 21/055 PATIENT QUALITY, SAFETY AND EXPERIENCE REPORT

The Forum received the Patient Quality, Safety and Experience Report, noting that the format would be changing in the near future as it became part of an integrated Board report.

Mrs Walker noted that 17 September would be Patient Experience Day and the new Patient Quality, Safety and Experience Framework would be launched that day. The framework would be brought to the next meeting for a discussion around the way it would be implemented. She advised that Wales would also be issuing a framework on the same date but the two documents had been shared and would align.

It was noted that staffing is currently the biggest risk and area of focus. It is on the Risk Register and discussed at Board.

Ms Ward noted that nursing is a 'hot topic' among the Trade Unions at present and asked if it would be possible to have a discussion with Mrs Walker outside of the meeting. Mrs Walker agreed and suggested including Mrs Gidman in the conversation as well.

Action: Ms Ward/Mrs Walker/Mrs Gidman

LPF 21/056 STAFF BENEFITS REPORT

The Forum received and noted the Staff Benefits Report

LPF 21/057 ANY OTHER BUSINESS

There was no additional business for consideration by the Forum

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LPF 21/058 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Thursday 21 October 2021 at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

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Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – SEPTEMBER 2021

The Welsh Health Specialised Services Committee held its latest public meeting on 7 September 2021. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within Welsh Health Specialised Services.

The papers for the meeting can be accessed at: https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/

1. Minutes of Previous Meetings

The minutes of the meeting held on the 13 July 2021 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. All Wales Genetics Service Improvement

Members received an informative presentation from the Consultant Clinical Scientist and Head of the All Wales Genetics Laboratory on the work of the All Wales Medical Genomics Service (AWMGS) and the positive developments made in genomics over the last 2 years.

Members **noted** the presentation.

4. Chair's Report

Members received the Chair's Report and **noted**:

- the Chair's Year End Appraisal Review 2020-2021 with the Minister for Health & Social Services,
- that no chairs actions had been taken since the last meeting,
- the Integrated Governance Committee (IGC) held on the 10 August 2021,
- an update on discussions with Welsh Government and Cwm Taf Morgannwg University Health Board (CTMUHB) concerning WHSSC Independent Member Remuneration,
- that in future all Joint Committee "In –Committee" Reports will be shared with the NHS Wales Board Secretaries group,
- a verbal update on a request from the Chair of the NHS Wales Chairs group for the NHS Wales Board Secretaries group to review

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the reporting and accountability arrangements at WHSSC and the Emergency Ambulance Services Committee (EASC).

Members **noted** the report.

5. Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- the substantial assurance rating received for the WHSSC Cancer and Blood Programme Internal Audit Report,
- Planning undertaken in readiness for the COVID-19 Public Inquiry.

Members **noted** the report.

6. Commissioning Future New Services for Mid, South and West Wales

Members received a report to consider correspondence received from the NHS Wales Health Collaborative (Collaborative) for WHSSC to commission:

- Hepato-Pancreato-Biliary Services;
- The Hepato-Cellular Carcinoma (HCC) MDT and;
- to develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service.

A request was also received from the CEOs of Swansea Bay and Cardiff and Vale University Health Boards (HBs) on behalf of the Collaborative to commission a spinal services operational delivery network (ODN) on behalf of the six HBs in Mid, South and West Wales.

Members:
(1) **Noted** the requests received from the Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato- Pancreato-Biliary Services, the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery;
(2) **Supported** the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC;
(3) **Supported** that WHSSC develop a service specification for specialised paediatric orthopaedic surgery;
(4) **Supported** in principle the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSSC;
(5) **Supported** a request to commissioning health boards for approval of delegated commissioning authority to WHSSC as described above;
(6) **Noted** that the required deadline for completing the development of the Paediatric Orthopaedic Service Specification is December 2021; and
(7) **Approved** that WHSSC commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards in Mid, South and West Wales. With the required funding identified and invested in through the 2022/25 Integrated Commissioning Plan.

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7. WHSSC Workforce Capacity

Members received a report updating the Joint Committee on:

- requests and proposals for WHSSC to undertake new work related to services currently commissioned through Health Boards (HBs) or services which are new to Wales;
- updating the Joint Committee on workload challenges related to services currently commissioned through WHSSC,
- the range of opportunities to address the workload challenges through further development of the WHSS Team (WHSST) workforce;
- Seeking support for taking forward requests for additional investment.

Members (1) **Noted** the requests and proposals for WHSSC to undertake new work related to services currently commissioned through Health Boards (HBs) or services which are new to Wales; (2) **Noted** the workload challenges related to services currently commissioned through WHSSC; (3) **Noted** the opportunities for increasing WHSST capacity which have already been exploited; (4) **Supported** the request to Welsh Government (WG) for funding for additional project management support; (5) **Supported** the request to recharge the National Collaborative Commissioning Unit (NCCU) for increased finance support; and (6) **Supported** the inclusion of an increased DRC requirement in the 2022-2023 Integrated Commissioning Plan (ICP).

8. Recovery Planning – Quality and Outcome Improvement for Patients

Members received an informative presentation providing an update on WHSSC's approach to recovery planning with a particular emphasis on quality and outcome improvement for patients.

Members **noted** the presentation.

9. Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022

Members received a report informing the Joint Committee of the current activity and performance of the Major Trauma Network, the current risks identified in the Network, the resources within the Network and how these were currently being utilised, and which sought support for underspends identified across the Network within this financial year to be used on a non-recurrent basis to address priorities identified by the Network which would be included in the Integrated Commissioning Plan (ICP).

Members discussed utilising the non-recurrent underspend across the network for priorities rather than solely in the major trauma centre. Following discussion it was agreed that a report be presented to the Management Group (MG) for further consideration.

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Members (1) **Discussed** the issues in the report and requested that the proposal regarding the non-recurrent underspends, identified across the Network within this year be considered by the Management Group (MG) and that they should have delegated authority on the matter. Members accepted the principle that if the MG agreed to use the underspend within major trauma that this resource would be used across the Network; (2) **Discussed** which areas they wished to support for inclusion in the ICP and requested that further work be undertaken by MG regarding the relative priority of the proposals compared to other proposals in the plan and that their recommendations are included within the ICP for consideration by the Joint Committee

10. Review of Neonatal Cot Capacity and Neonatal Tariff
Members received a report providing an update on the number of neonatal intensive care and high dependency cots commissioned across the south Wales region, and the review of cot capacity in light of the high number of capacity transfers carried out by the transport and the neonatal tariff.

Members (1) **Supported** the proposed programme of works; (2) **Supported** the objectives of the review; (3) **Supported** the planned methodology for demand and capacity modelling; and (4) **Supported** the timelines for completion of the review.

11. Commissioning of Inherited White Matter Disorders Service (IWMDS)
Members received a report updating the Joint Committee on the development of a new Highly Specialised Service in NHS England for an Inherited White Matter Disorders Service (IWMDS), and which sought approval from the Joint Committee that WHSSC commissions the service for the population of Wales.

Members (1) **Noted** the development of a new highly specialised service for an Inherited White Matter Disorders Service (IWMDS) in NHS England; and (2) **Approved** the commissioning of the service for the population of Wales.

12. Syndrome without a Name (SWAN) Service Pilot
Members received a report requesting the ratification of the commissioning of a 2 year pilot of a Syndrome Without a Name (SWAN) service further to WHSSC receiving a request from Welsh Government.

Members (1) **Noted** the request from Welsh Government for WHSSC to commission a 2 year pilot for a Syndrome Without a Name (SWAN) service; (2) **Ratified** the commissioning of the pilot; and (3) **Approved** the intention to request that CVUHB hosts the pilot.

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13. Commissioning Assurance Framework (CAF)

Members received a report which presented the Commissioning Assurance Framework (CAF) and the supporting suite of documents for final approval.

Members noted that the Integrated Commissioning Plan (ICP) 2021-2022 was presented to the Joint Committee on 09 March 2021, a final draft of the ICP was considered and approved by Joint Committee at the Extraordinary Meeting on 16 February 2021, Section 13 of the ICP outlined that a new Commissioning Assurance Framework (CAF) would be introduced in 2021-2022 which would be supported by a Performance Assurance Framework, Risk Management Strategy, Escalation Process and a Patient Engagement & Experience Framework.

Members (1) **Approved** the Commissioning Assurance Framework (CAF); (2) **Approved** the Performance Assurance Framework; (3) **Approved** the WHSSC Escalation Process; (4) **Approved** the Patient Experience & Engagement Framework; and (5) **Noted** the Risk Management Strategy which was approved by the Joint Committee in May 2021.

14. Results of Annual Committee Self-Assessment 2020-2021

Members received a report presenting the findings of the annual Committee Effectiveness Self-assessment for 2020-2021.

Members (1) **Noted** the completed actions within the Committee Effectiveness Action plan 2019- 2020; (2) **Noted** the results of the Annual Committee Effectiveness Survey 2020-2021, and the action plan for 2020-2021, to be progressed via the Integrated Governance Committee; And (3) **Received** assurance that the Annual Committee Effectiveness Self-assessment for 2020-21 has been completed and that the appropriate actions have been agreed.

15. Sub-Committee Annual Reports 2020-21

Members received the Welsh Renal Clinical Network (WRCN) and Individual Patient Funding Request (IPFR) Panel Annual Reports 2020-2021.

Members **noted** the reports.

16. Activity Reports for Month 3 2021-2022 COVID-19 Period

Members received a report that highlighted the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.

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Members **noted** the report.

17. Financial Performance Report – Month 4 2021-2022
Members received a paper the purpose of which was to provide the final outturn for the financial year. The financial position reported at Month 4 for WHSSC is a year-end outturn forecast under spend of £4,804k.

Members **noted** the report.

18. Corporate Governance Matters
Members received a report providing an update on corporate governance matters arising since the previous meeting.

Members noted that this was a new report which would feature as a standing item on the agenda going forward to provide assurance to the Joint Committee on corporate governance matters.

Members **noted** the report.

19. Other reports
Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

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

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Report Title:	**Corporate Risk Register – AGENDA ITEM 8.1**								
Meeting:	Public Board Meeting						**Meeting Date:**	Sep 2021	
Status:	**For Discussion**	✓	**For Assurance**	✓	**For Approval**	✓	**For Information**		
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Risk and Regulation Officer**								

Background and current situation:

The Corporate Risk Register has been developed to provide the Board with an overview of the key operational risks from the Clinical Boards and Corporate Directorates.

The Corporate Risk Register includes those extreme risks which are rated 20 (out of 25) and above but, it may also include risks of a lower score when required to inform the Board of specific risks with the potential to affect the achievement of UHB strategic objectives.

The Board now has oversight of strategic risks via the Board Assurance Framework and extreme Operational Risks (Corporate Risk Register) for the Health Board.

The Corporate Risk Register Summary is attached at Appendix A. The detail of each risk listed is also discussed and reviewed at the appropriate committees of the Board.

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

The Risk and Regulation Team ("the Team") continue to work alongside Clinical Boards and Corporate Directorates to ensure that risks are clearly defined and appropriately scored in line with the Health Board's Risk Management Strategy and Procedure.

Revised versions of The Risk Management and Board Assurance Framework Strategy and the Risk Management Procedure were published in August 2021. Revision of the Strategy met the requirement to incorporate the 'Lines of Defence' as recommended in the Internal Audit Report 2020/2021, and to better articulate the Health Board's Risk Appetite. The Risk Management Procedure was revised in accordance with user feedback obtained through Risk Management Training sessions as well as the dialogue generated between risk leads and the team through the 'check and challenge' process identified in the July 2021 Corporate Risk Register Report.

The Team continue to deliver bespoke training sessions to meet the individual needs of Clinical Boards/Corporate Directorates, to ensure that a consistent approach to the recording of risk and risk appetite is adopted across the Health Board. A welcome development of this contact is increasing requests for the team to support risk leads/risk owners in the initial stages of their assessment of complex risks. This support aims to improve understanding of risk impact and the application of risk appetite, as well as achieving more accurate risk scores.

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The Team have continued to work with The All Wales Risk Management Group in the design of a Level 1 Risk Management module for delivery on ESR.

Operating within the Lines of Defence the team have continued to provide risk register 'check and challenge' feedback reports to Clinical Boards/Corporate Directorates detailing recommendations for the improvement of their risk registers and, where relevant, the rationale for not placing candidate risks onto the Corporate Risk Register (e.g. due to significantly aberrant scoring). This review process has resulted in a tangible improvement in the quality of some risk registers submitted for review in August/September 2021. Improvements have been seen in more comprehensive descriptions of risk context and risk impact, as well as more appropriate and consistent risk scoring. However, the quantity of improving risk registers are the minority and the 'check and challenge' feedback will need to be maintained before improvement is achieved across all risk registers.

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

There are currently 16 Risks on the Corporate Risk Register; 1 risk has increased and 7 risks are unchanged since July 2021. 4 risks have reduced in their score since the last report, and there are 4 new entries.

The altered risks are now rating less than 20 and assuming no subsequent increase in risk profile these risks (those shaded grey) will be removed from the Corporate Risk Register prior to the next Board meeting. The register contains a risk graded as moderate and a risk of this score would not normally be a candidate for the Corporate Risk Register. However, this risk is included due to a governance requirement to monitor the risk at this level.

Candidate risks were accepted from Capital Estates and Facilities Corporate Directorate, and Medicine, Children and Women's, Mental Health, Specialist Services, and PCIC Clinical Boards.

Surgery Clinical Board, CD&T Clinical Board, Workforce & Development, Strategic Planning, Finance, Health and Safety, and Digital Health had no extreme risks for inclusion on the Corporate Risk Register.

The Board are asked to note that risks 3 and 6 on the detailed Corporate Risk Register are amalgamations of separate risks on the Capital Estates and Facilities Risk Register. The amalgamation allows for ease of incorporation onto the Corporate Risk Register and does not detract from the description, impact, score or management of the original entries.

The present position is as follows:

July 2021	September 2021
• 12 Risks rated 20 (extreme risk)	• 11 Risks rated 20 (extreme risk) • 3 Risks rated 15 to 20 (extreme risk) which if unchanged will no longer be monitored via Corporate Risk Register • 1 Risk rated 12 (high risk) which if unchanged will no longer be monitored via Corporate Risk Register • 1 Risk rated high appearing on the register for Governance Purposes.

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COVID-19 continues to have a causal or exacerbating effect on a number of the presented risks. However, analysis of all candidate risks presented for analysis demonstrate a general decrease in the exacerbating effect of COVID-19, with scores for the relevant risks showing a downward trend.

As identified in the July 2021 report Capital Estates and Facilities Directorate have now re-engaged with the Corporate Risk Register. This has enabled the identification of new extreme risks related to potential failure of key infrastructure equipment. There remains potential for others to be included in the future, subject to amendment recommended by the Team.

Risks related to the current supply shortage of BD Blood Tubes are being monitored by Clinical Boards but none are graded as extreme.

Each risk on the register can be linked to the Strategic Risks detailed upon the BAF.

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The Risk and Regulation Team's 'check and challenge' of Clinical Board/Corporate Directorate candidate risks.
- The programme of education and training that is being implemented by the Risk and Regulation team to ensure that the Health Board's Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.
- Increasing routine dialogue on risk issues between Clinical Board/Corporate Directorate Risk Leads and the Team.

RECOMMENDATION

The Board is asked to:

NOTE the Corporate Risk Register and the work which is now progressing.

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	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x

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5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	x	Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

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CORPORATE RISK REGISTER SUMMARY SEP 2021

Risk Ref	Risk (for more detail see individual risk entries)	Clinical Board / Corporate Directorate	Link to BAF	Initial Risk Score	Risk Score July 21	Risk Score September 21	Trend	Target Risk Score
1	Risk of regulatory and statutory penalties for failure to comply with procurement regulations and SFIs for commissioning of contractors	Estates	Financial Sustainability	4x5=20		4x3=12		4x2=8
2	Risk of patient and staff harm due to potential failure of anaesthetic gas scavenging system in UHW theatre GF	Estates	Patient Safety Planned Care Capacity	5x4=20	5x4=20	5x4=20	→	5x1=5
3	Risk of patient harm due to obsolete Oxygen and Nitrous Oxude medical gas manifolds at various UHB sites	Estates	Patient Safety Planned Care Capacity	5x4=20		5x4=20		5x1=5
4	Risk of patient harm due to interruption of oxygen supply to the whole of UHL resulting from a corroded oxygen pipeline.	Estates	Patient Safety/Planned Care Capacity	5x4=20	5x4=20	5x4=20	→	5x1=5
5	Risk of loss of heating throughout UHL due to serious corrosion of Main Boiler F&E Tanks	Estates	Planned Care Capacity	5x4=20		5x4=20	→	5x1=5
6	Risk to staff safety and regulatory compliance due to non-compliance with HTMs for ventilation - multiple locations UHW	Estates	Planned Care Capacity	5x4=20		5x4=20		4x1=4
7	Lack of gastroenterology bed base (UHL) leads to risk of patient harm due to inability to admit patients with suspected/confirmed cancer for treatment.	Medicine	Patient Safety/Planned Care Capacity	5x5=25	5x4=20	4x4=16	↓	5x3=15
8	Risk that Medicine CB will be unable to provide meaningful evidence of the harm sustained by patients and staff as a result of Healthcare acquired Covid-19 outbreaks for the purpose of impending investigations and a public inquiry that could result in regulatory sanction.	Medicine	Planned Care Capacity	5x5=25	4x5=20	5x5=25	↑	4x3=12
9	Risk of patient harm or patient experience due to delay in assessment of medical patients resulting from a paucity of medical cover across all specilaities and disciplines.	Medicine	Patient Safety/Planned Care Capacity	5x5=20	5x4=20	5x3=15	↓	5x2=10
10	Risk of harm to women in labour and babies from potential delays in treatment due to lifts in the Women's Unit breaking down.	Children & Womens	Patient Safety	4x5=20	4x5=20	4x3=12	↓	4x1=4
11	Risk to the health and wellbeing of a minor inpatient following admission to adult mental health services	Mental Health	Patient Safety	5x5=25	5x4=20	5x4=20	→	5x2=10
12	Risk to safety and quality due to insufficient staffing capacity and resilience	PCIC	Sustainable Primary and Community Care	4x5=20	4x5=20	4x4=16	↓	4x3=12
13	Risks to harm to haematology patienst (including bone marrow transplant) due to cross infection hazards created by an inadequate clinical environment.	Specialist Services	Patient Services	5x5=25	5x4=20	5x4=20	→	5x1=5
14	Risk to patient safety causing serious incidents due to patients not being admitted to Critical Care Department in a timely manner due to insufficient nursing workforce	Specialist Services	Patient Safety/Planned Care Capacity	5x5=25	5x4=20	5x4=20	→	5x2=10
15	Risk that patients will not receive care in a suitable environment due to a number of shortcomings in Critical Care facilities.	Specialist Services	Patient Safety/Capital Assets	5x5=25	5x4=20	5x4=20	→	5x2=10
16	Risk to patient safety due to temporary closure of Neurology Telemetry Service	Specialist Services	Patient Safety	5x4=20		5x4=20		5x2=10

Saunders Nathan
09/21/2021 13:30:28

Report Title:	**FINANCE COMMITTEE KEY ISSUES REPORT**									
Meeting:	Board Meeting							**Meeting Date:**	30th September 2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		**X**	
Lead Executive:	**Catherine Phillips, Executive Director of Finance**									
Report Author (Title):	**Dr Rhian Thomas, Chair of Finance Committee**									

Background and current situation:

To provide the Board with a summary of key issues discussed at the Finance Committee held on the 28th July 2021.

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

The draft Financial Plan sets out the UHB financial strategy in three parts:

1. Core Financial Plan: Delivering in-year financial stability and maintain the current level of underlying deficit
2. Continuation of non-recurrent response to COVID within available funding
3. COVID recovery and reset (service) within available funding

The brought forward COVID deficit of £21.313m relating to non-delivery of savings in 2020/21 is assumed to funded non-recurrently as per the Welsh Government final annual plan financial principles.

The UHB reported an operational surplus of £0.124m for the 3 months to the end of June. There was variation in delegated budget holder performance and further review and assurance will be required in order to ensure that the position is maintained.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 3 £12.873m Green and Amber savings were identified against the target. Further progress will need to be made with a focus on recurrent schemes.

The full year gross COVID forecast increased in month from £111.149m to £117.083m largely relating to national programmes on TTP and PPE. Local response costs also increased relating to CAMHS inpatients.

Saunders,Nathan
09/21/2021 13:30:26

Assessment and Risk Implications

Financial Performance Month 3

The report updated the Committee on the performance against the UHB's financial plan.

Following submission of the UHB's draft plan at the end of March 2021, Welsh Government issued updated planning guidance and asked the UHB to assume non recurrent COVID funding to cover the initial planning deficit of £21.3m caused by COVID impacting on the delivery of 2020/21 savings plans. The UHB is now forecasting a break-even year end position on this basis and the UHB's finalised financial plan was submitted to Welsh Government on the 30th June 2021. In addition, the final financial plan, will, if delivered, ensure that the UHB's underlying position is stabilised and does not deteriorate.

The financial position reported to Welsh Government for month 3 was an underspend of £0.124m as summarised in table 1 below:

Table 1: Month 3 Financial Position 2021/22

	Cumulative Month 3 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	25.104	117.083
Welsh Government COVID funding received / assumed	(25.104)	(117.083)
Gross COVID 19 Forecast Position (Surplus) / Deficit £m	0.000	0.000
COVID FUNDING for Deficit due to non delivery of 2020/21 recurrent Savings	(5.325)	(21.313)
Operational position (Surplus) / Deficit	5.201	21.313
Financial Position £m (Surplus) / Deficit £m	**(0.124)**	**0.000**

The month 3 surplus of £0.124m reflects the operational performance of the UHB with all COVID costs and the shortfall on the 2020/21 savings plan assumed to be funded.

The additional COVID 19 expenditure in the year to month 3 was £25.104m with full year forecast costs totalling £117.083m

It was assumed that Welsh Government COVID funding including additional further COVID response funding will be provided to cover the COVID costs arising to month 3 and for the remainder of the year. It was also anticipated, that the expenditure reductions arising in planned care would be available to offset non COVID operational pressures in year.

The UHB expected the non COVID related operational position to continue to be broadly balanced as the year progressed, with the additional costs arising from plans to manage COVID 19 forecast to continue. The forecast funding for COVID 19 was £138.396m which matched the forecast gross costs with a further £21.313m in support of the planning deficit identified in the initial draft plan as outlined below in Table 2:

Saunders,Nathan
09/21/2021 13:30:2

Table 2 : Summary of Forecast COVID 19 Net Expenditure & Funding

Welsh Government COVID Funding	Month 3 £m	Forecast Year-End Position £m
COVID 19 Testing assumed	(0.790)	(3.745)
COVID 19 Tracing assumed	(2.918)	(14.312)
COVID 19 Vaccination assumed	(4.240)	(17.690)
Extended Flu vaccination assumed	0.000	(1.536)
Cleaning Standards assumed	(0.190)	(3.481)
PPE assumed	(1.473)	(6.967)
Continuing Care and Funded Nursing Care assumed	(0.747)	(2.988)
Urgent and Emergency Care assumed	(0.484)	(1.997)
COVID 19 Response - confirmed	(13.098)	(22.618)
COVID 19 Response - assumed	0.000	(27.904)
COVID 19 Recovery - Confirmed	(1.145)	(13.660)
COVID 19: Vaccine Allergy SLA	(0.018)	(0.090)
COVID 19: Long Covid Recovery Pathway	0.000	(0.096)
Sub Total COVID funding confirmed / assumed £m	**(25.103)**	**(117.083)**
NR Funding for Non Delivery of 2020/21 Recurrent Savings	**(5.325)**	**(21.313)**
Total COVID funding confirmed / assumed £m	**(30.428)**	**(138.396)**

The surplus non recurrent COVID funding is to be applied to the brought forward COVID deficit of £21.313m, relating to a shortfall in recurrent savings delivery in 2020/21.

Whilst the UHB had assumed that all COVID response costs would be funded, these were subject to external review and this was a risk until funding was confirmed. In addition, the UHB had proceeded at risk with COVID recovery schemes in lieu of confirmation of additional Welsh Government funding and the associated costs would need to be managed. On this basis, the UHB was reporting a breakeven year end position which was consistent with the final financial plan.

The assessed year end underlying deficit was £25.3m which was in line with the draft financial plan.

Finance Risk Register

The 2021/22 Finance Risk register was presented to the Committee.

It was highlighted that 2 of the risks identified on the 2021/22 Risk Register remained categorised as extreme risks (Red) namely:

- Maintaining the underlying deficit of £25.3m in line with the final annual plan.
- Delivery of the 2% CIP (£16.0m)

The risk relating to the management of budget pressures had been downgraded from **Extreme** to **High** given the £0.124m operational surplus reported at month 3.

Saunders,Nathan
09/07/2021 13:30:26

In addition, COVID response and recovery funding risks were rated as **High** pending confirmation of Welsh Government funding.

Deep Dive – Commissioning and Contracting

The Finance Committee received a presentation on Commissioning and Contracting which considered the following:

- Commissioning and contracting functions
- Overview of financial flows
- Contracting frameworks
- LTA performance context
- Current issues and looking forward

Recommendation:

The Board is asked to:

- **NOTE** this report.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	**X**	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Agenda Item 4.1 Appendix 1 - 20/12/2023 11:30:28

Saunders Nathan
09/2/2021 13:30:26

Report Title:	**FINANCE COMMITTEE KEY ISSUES REPORT**								
Meeting:	Board Meeting					**Meeting Date:**	30th September 2021		
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**	**X**	
Lead Executive:	**Catherine Phillips, Executive Director of Finance**								
Report Author (Title):	**Dr Rhian Thomas, Chair of Finance Committee**								

Background and current situation:

To provide the Board with a summary of key issues discussed at the Finance Committee held on the 25th August 2021.

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

The draft Financial Plan sets out the UHB financial strategy in three parts:

1. Core Financial Plan: Delivering in-year financial stability and maintain the current level of underlying deficit
2. Continuation of non-recurrent response to COVID within available funding
3. COVID recovery and reset (service) within available funding

The brought forward COVID deficit of £21.313m relating to non-delivery of savings in 2020/21 is assumed to funded non-recurrently as per the Welsh Government final annual plan financial principles.

The UHB reported an operational surplus of £0.260m for the 4 months to the end of July. There was variation in delegated budget holder performance and further review and assurance will be required in order to ensure that the position is maintained.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 4 £13.173m Green and Amber savings were identified against the target. Further progress will need to be made with a focus on recurrent schemes.

The full year gross COVID forecast moved in the month from £117.083m at month 3 to £118.732m at month 4. The increase includes an additional £1.5m in respect of the proposed paediatric Respiratory Syncytial Virus (RSV) Surge Plan.

Saunders,Nathan
09/21/2021 13:30:26

Assessment and Risk Implications

Financial Performance Month 4

The report updated the Committee on the performance against the UHB's financial plan.

Following submission of the UHB's draft plan at the end of March 2021, Welsh Government issued updated planning guidance and asked the UHB to assume non recurrent COVID funding to cover the initial planning deficit of £21.3m caused by COVID impacting on the delivery of 2020/21 savings plans. The UHB is now forecasting a break-even year end position on this basis and the UHB's finalised financial plan was submitted to Welsh Government on the 30th June 2021. In addition, the final financial plan, will, if delivered, ensure that the UHB's underlying position is stabilised and does not deteriorate.

The financial position reported to Welsh Government for month 4 was an underspend of £0.260m as summarised in table 1 below:

Table 1: Month 4 Financial Position 2021/22

	Cumulative Month 4 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	33.284	118.732
Welsh Government COVID funding received / assumed	(33.284)	(118.732)
Gross COVID 19 Forecast Position (Surplus) / Deficit £m	0.000	0.000
COVID FUNDING for Deficit due to non delivery of 2020/21 recurrent Savings	(7.100)	(21.313)
Operational position (Surplus) / Deficit	6.840	21.313
Financial Position £m (Surplus) / Deficit £m	**(0.260)**	**0.000**

The month 4 surplus of £0.260m reflects the operational performance of the UHB with all COVID costs and the shortfall on the 2020/21 savings plan assumed to be funded.

The additional COVID 19 expenditure in the year to month 4 was £33.284m with full year forecast costs totalling £118.732m

It was assumed that Welsh Government COVID funding including additional further COVID response funding will be provided to cover the COVID costs arising to month 4 and for the remainder of the year. It was also anticipated, that the expenditure reductions arising in planned care would be available to offset non COVID operational pressures in year.

The UHB expected the non COVID related operational position to continue to be broadly balanced as the year progressed, with the additional costs arising from plans to manage COVID 19 forecast to continue. The forecast funding for COVID 19 was £140.045m which matched the forecast gross costs with a further £21.313m in support of the planning deficit identified in the initial draft plan as outlined in Table 2:

Saunders,Nathan
09/21/2021 13:30:26

Table 2 : Summary of Forecast COVID 19 Net Expenditure & Funding

Welsh Government COVID Funding	Month 4 £m	Forecast Year-End Position £m
COVID 19 Testing assumed	(1.074)	(3.729)
COVID 19 Tracing assumed	(3.916)	(17.484)
COVID 19 Vaccination assumed	(5.446)	(16.773)
Extended Flu vaccination assumed	0.000	(1.536)
Cleaning Standards assumed	(0.241)	(3.211)
PPE assumed	(1.889)	(6.221)
Continuing Care and Funded Nursing Care assumed	(1.009)	(3.047)
Urgent and Emergency Care - Urgent Primary Care	(0.351)	(1.097)
Urgent and Emergency Care - CAV 24/7	(0.299)	(0.900)
COVID 19 Response - confirmed	(17.019)	(22.618)
COVID 19 Response - assumed	0.000	(26.105)
COVID 19 Recovery - Confirmed	(2.012)	(13.660)
COVID 19: Vaccine Allergy SLA	(0.028)	(0.090)
COVID 19: Long Covid Recovery Pathway	0.000	(0.096)
COVID 19: RSV Surge	0.000	(1.500)
COVID 19: Adferiad Programme - Long Covid Recovery	0.000	(0.665)
Sub Total COVID funding confirmed / assumed £m	**(33.284)**	**(118.732)**
NR Funding for Non Delivery of 2020/21 Recurrent Savings	(7.100)	(21.313)
Total COVID funding confirmed / assumed £m	**(40.384)**	**(140.045)**

The surplus non recurrent COVID funding is to be applied to the brought forward COVID deficit of £21.313m, relating to a shortfall in recurrent savings delivery in 2020/21.

Whilst the UHB had assumed that all COVID response costs would be funded, these were subject to external review and this was a risk until funding was confirmed. In addition, the UHB had proceeded at risk with COVID recovery schemes in lieu of confirmation of additional Welsh Government funding and the associated costs would need to be managed. On this basis, the UHB was reporting a breakeven year end position, which was consistent with the final financial plan.

Progress against the UHB's in year savings target was satisfactory and it was noted that further progress was still required with a focus on recurrent schemes.

The assessed year end underlying deficit was £25.3m which was in line with the final financial plan.

Finance Risk Register

The 2021/22 Finance Risk Eegister was presented to the Committee.

It was highlighted that 2 of the risks identified on the 2021/22 Risk Register remained categorised as extreme risks (Red) namely:

- Maintaining the underlying deficit of £25.3m in line with the final annual plan.
- Delivery of the 2% CIP (£16.0m)

Sanderson, Nathan (GIG) 07/12/2021 13:10:13

The risk relating to the management of budget pressures had been downgraded from **Extreme** to **High** at month 3 given the reported operational surplus.

In addition, COVID response and recovery funding risks were rated as **High** pending confirmation of Welsh Government funding.

Recommendation:

The Board is asked to:

- **NOTE** this report.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	**X**	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Saunders Mathan 09/12/2021 13:30:26

Report Title:	**Audit & Assurance Committee – Chair's Report**	**Agenda Item no.**	**8.2.2**
Meeting:	**UHB Board Meeting**	**Meeting Date:**	30.09.21
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information**	**x**
Lead Executive:	**Chair, Audit & Assurance Committee**		
Report Author (Title):	**Corporate Governance Officer**		

Background and current situation:

To provide the Board with a summary of key issues discussed at the Audit & Assurance Committee held on **7th September 2021**.

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

Internal Audit Progress and Tracking Reports

The HIA gave an update on the Internal Audit Progress and Tracking Reports. The key points noted were –

- Section 2 of the report related to a piece of work regarding the theatre board. There were some delays relating to the testing, but it is progressing and would be completed by the next Committee meeting.
- The internal report regarding item 3 had been completed.
- The 4th report which had been finalised related to the Ultrasound Governance.
- Section 4 gave a quick update and a summary on the progress delivery of the internal audit plan.
- Quality and safety governance had been discussed with the Executive Director of Nursing (EDN) and had been deferred to next year's plan in order to allow time for the new Framework to be embedded within the Health Board.
- It had been agreed to postpone looking at the Health & Safety in the organisation until Quarter 4 of this financial year.
- The HIA explained Section 6 of the report gave summary on those matters that have been finalised since the last meeting.
- A review of Legislative, Regulatory and Alerts Compliance had been finalised. .

Job Planning Update

Saunders,Nathan
09/21/2021 13:30:26

Richard Skone (RS) joined the meeting and highlighted the following around the job planning update –

- From the original audit compliance rate has increased from 17% to 48% with the Allocate eJob Planning software having gone live in November 2020.

- The website showed timescales and would form a part of the job planning going forward. The website/software was accessible to everyone and contained the job planning procedure which gives clarity to consultants when job planning.

- A meeting had taken place with the Obs & Gynae team to discuss the over lapping with the job planning and operational team.

- By December 31st 2021 the aim would be to have everyone's job plan uploaded.

The Committee approved the proposed recommendation to approve and continue to support the use of e-Job Planning to further increase information available to the Health Board in order to improve capacity and demand planning and aid the Covid recovery process.

Audit Wales Update

Mark Jones (MJ) gave an update from Audit Wales on 2 papers. He confirmed that the audit plan will go to trustee members on 23rd September. There were 5 pieces of work on going, which will be complete in this calendar year.

The report received in June raised 6 recommendations and reflected well on the accounts which were audited. DE asked for clarification with regards to (I) what did were the implementation date mean in the IT DR plan, (ii) what was the testing and the refresh of the documentation and (iii) on page 8 regarding the Data Centre's implementation date, which was November 2022 but asked for clarification on this point.

Review of WHSSC Governance Arrangements

The DCG explained the WHSSC Governance Arrangements had been subject to external review and members would recall that Audit Wales had presented their governance findings following that review. This paper had set out was the response to those findings. The DCG noted the recommendations and responses would not be added to the Health Board's tracker but would be tracked through WHSSC Governance arrangements.

The Committee noted (i) the proposed management responses of WHSSC and (ii) the management responses of the Welsh Government, in response to Audit Wales' recommendations.

Review the System of Assurance Strategy

Saunders Marnan
09/12/2021 11:30:26

The DCG provided an update to the Committee in respect of the review of the system of assurance strategy. This report had been done previously and had been reported to the Management Executive (ME). I were in full support and keen to take the matter forward. The

purpose of the Assurance Strategy was to help the Health Board to target those areas where further assurance was required and to avoid further duplication.

The DCG explained that the draft strategy was to be signed off by the Board and that the assurance map is being developed by her team.
The DCG further explained the RAG rating was given by the Corporate Governance team and that assurance has been given across the 3 lines of defence. She noted that a key alongside the RAG rating should be inserted into the assurance strategy to aid interpretation of the same.
The DCG commented that ME had been supportive and had recommended that to the draft strategy is taken to the Board for sign off for approval and then implementation.

The Committee approved the recommendation to take the draft Assurance Strategy to Board for approval.

Declarations of Interest and Gifts and Hospitality Tracking Report

The DCG explained the declarations of interest matter is an on-going work in progress. She said that currently her team had a paper system in place but were looking to use ESR. The paper base is an administrative burden given the need to physically load these from paper to an electronic format.

Analysis which showed 1224 (72%) compliance at the moment. The team had received 80 Declarations of Interest since April, with 5 left to be reviewed. Of the 80, 40 had declared no interests. The DCG commented that all those in post at Band 8a or above were asked to complete a declaration of interest form, even if those employees had t no interests to declare.

Regulatory Compliance Tracking Report

The DCG commented that the Committee had already discussed the internal audit. The covering report described how the recommendations had been met and how those recommendations had been implemented. This had helped move the tracker and had made it more robust. The DCG commented that by November all updates should have been carried out and that this tracker was more comprehensive and the RAG rating had been better defined.

Internal Audit Tracking Report

The DCG explained the report gave a picture of the changes. The number of implemented recommendations had reduced from 126 – 96. There was further detail in the report.

Audit Wales Tracking Report

The DCG updated the Committee with regards to the Audit Wales tracking report.
Since the last meeting 9 recommendations have been completed and 10 were partially completed
The Committee agreed that the audit wales tracker should continue to be developed.

Internal Audit reports for information:
Assignment Assurance Rating

1. Ultrasound Governance (Clinical Diagnostics and Therapeutics Clinical Board)

Saunders Meinan 09/12/2021 13:30:08

Clive Morgan (CM) gave an update on ultrasound governance and commented as follows:

- In terms of the policy & procedure, this had not been well publicised. This would be taken through a number of groups.

- There was a new clinical safety group. There was a recommendation of how the clinical board will give assurance.

- The team would be developing an annual audit plan and would work with digital to get an electronic version.

- Recommendation 3 – this has been completed.

- Recommendation 4 – this regarded replacing the ultrasound clinical governance group on a re robustly. It was agreed that ultrasound report to the clinical equipment group. The Terms of Reference would be reviewed with the groups to reflect the level of governance expected. The membership would be reviewed and signed off by the Executive Director of Therapies & Healthcare Sciences.

- The remaining action for Obstetrics & Gynaecology would be reviewed and completed by 30th September and would be monitored going forward.

Recommendation:

The Board is asked to:

- **NOTE** 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	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

Saunders,Nathan 09/21/2021 13:30:26

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

Saunders Nathan 09/2/2021 13:30:28

Report Title:	**Health & Safety Committee – Chair's Report**								
Meeting:	**Board Meeting**						**Meeting Date:**	**30/09/2021**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**	**X**	
Lead Executive:	**Chair Health & Safety Committee**								
Report Author (Title):	**Corporate Governance Officer**								

SITUATION

To provide the Board with a summary of key issues discussed at the Health & Safety Committee held on the 27 July 2021.

Health & Safety Overview

The Head of Health & Safety (HHS) advised the Committee that he reported directly to the Chief Executive Officer (CEO) and noted that it looked like Health & Safety would now sit under the Executive Director of People and Culture (EDPC).

The Committee was advised of actions that had been implemented since the last meeting. These included:

- A monthly dashboard report – This provided a detailed look at specific areas for each Clinical Board. It was noted that these would be widely shared across Cardiff and Vale University Health Board (CVUHB) with the intention to help identify the areas that required Health & Safety (H&S) help.
- Key Performance Indicators (KPIs) – It was noted that once enough data had been provided to the H&S Dashboard, KPIs could be compiled which would be a useful vehicle to move forward.
- It was noted that there had been a very positive response to H&S being increased across CVUHB and that the benefits had been noticeable over the past 6 months.
- The H&S Team now had their own branding and logo to improve H&S visibility.

The Committee was also advised of plans that would be implemented over the coming months which included:

- Continuing to meet with the Learning, Education and Development (LED) team to address any Electronic Staff Record (ESR) issues in the hope that they could be improved and to break down the perception that ESR was a barrier to training.

It was noted that with the relaxation towards COVID-19 restrictions, a risk based approach had been applied to face to face training in CVUHB and that the "Did Not Attend (DNA)" fees had been reintroduced where Clinical Boards would be required to pay for staff members who did not show up for training.

Saunders,Nathan
09/21/2021 13:30:26

- Introducing a more structured auditing process as well as continuing the audits that were postponed in 2020 due to COVID-19.

It was noted that the following audits had been picked back up:
- ProACT Audit on manual handling equipment status.
- Environmental Audit for chemical exposure and noise.
- Ligature point Audit, particularly for Mental Health Units. It was noted that this particular audit was approximately 50% complete.

It was noted that in relation to DATIX, a new reporting system would be implemented in CVUHB which would improve the reporting and investigation process.

Priority Improvement Plan Update

The Priority Improvement Plan update was received.

The Committee was advised that the review had been completed and was still in draft form.

It was noted that although in draft form, the work had started before seeing the final report to get ahead.

The Committee was advised that all of the priorities from of the review would be scored against the CVUHB risk register as opposed to the current traffic light system.

Fire Enforcement Report

The Fire Enforcement Report was received.

Four areas under the Executive Director Opinion / Key Issues were highlighted:

- Enforcing Authority Audits/Inspections
- Fire Incidents and Unwanted Fire Signals (UwFS's)
- Fire Risk Assessments
- Fire Safety Training.

It was noted that for that last quarter, CVUHB had seen a down turn in instances of unwanted fire signals, which was almost certainly due to COVID-19 and it was highlighted that it would not be a continuing trend as more and more people visited the various health care sites.

It was noted that there was still an issue around compliance on fire safety training and the Committee was advised that the fire safety team had instigated a programme of training with the LED team which would be undertaken over the next 12 months.

It was highlighted that Hafan y Coed had been visited by the South Wales Fire and Rescue Service (SWFRS) who had sent 2 enforcement notices:

- One on infrastructure issues
- One on policy.

Saunders Mathan
09/21/2021 13:30:26

It was noted in relation to the enforcement notice EN3/21, the SWFRS would be invited to inspect the changes made to enable closure of the enforcement notice.

It was noted that patients had been offered smoking cessation sessions and also there had been 15 minute sweeps of stairwells where patients had previously been known to smoke.
Lots of good work had happened which needed to be reaffirmed with the Fire Service.

Environmental Health Inspector Report

The Environment Health Inspector Report was received.

The Committee was advised that that environmental health visits had stopped during COVID-19 and that they had now started back up again and they had inspected 5 areas in the last quarter:

- Central Food Processing Unit (CFPU), UHW
- Aroma Coffee Outlet – Barry Hospital
- Barry Hospital – Ward Based Catering
- Cardiff Royal Infirmary
- Teddy Bear Nursery – UHW

It was noted that the previous rating of the CFPU had been a 4 and that the newest rating was a 3, a *decrease* from "good" to "generally satisfactory".

It was noted that on receipt of the reports, action plans were developed to address the issues raised and further to the initial inspection on 17th March 2021, an additional two visits to review the CFPU Product Recall Procedure and a Re-visit Inspection were undertaken on 12th April and 29th April 2021.

It was noted that the Food Safety Manager had helped with documentation improvements and also carried out spot checks and swab testing to make sure that the teams were compliant.
The Staff Safety Representative (SSR) advised the Committee that he was very pleased with the ratings that had achieved a 5, but very disappointed in the CFPU's score of 3 and highlighted that it was one of the most important areas of CVUHB.

It was noted that concerns had been raised a few years ago and the request made to have somebody "in house" to do the work of environmental officers as well as building a new CFPU somewhere that was deemed more appropriate.

Waste Management Compliance Report

The Waste Management Compliance Report was received.

An update was provided to the Committee with regards to current waste management compliance within the CVUHB estate.

It was noted that the CVUHB Waste Department continued to operate at increased volumes due to the requirement of PPE across all of the estate as a result of the COVID19 pandemic.

Saunders Marina
09/21/2021 11:30:26

In addition to the increased waste, there has been a reduction in segregation as the majority of the waste was being treated as contaminated.

It was noted that there were external suppliers with appropriate expertise and that a tender exercise was being prepared to appoint an external Waste Consultant to review the CVUHB waste processes and to highlight areas of improvement and innovation.

Risk Register for Health and Safety – Verbal Update

The Risk Register for Health and Safety verbal update was received.

The Committee was advised every action would be scored under the risk register matrix and be brought back to the October H&S meeting.

Lone worker Devices Report

The Lone Worker Device verbal Update was received.

The Committee was advised that the work around the lone worker device had been very encouraging with a month on month improvement since February 2021.

It was noted that it was largely down to a team member in the case management team who was driving the use of lone worker devices.

It was noted that compliance was just under 69% and it was highlighted that it was an important risk reduction measure.

It was noted that the current contract for the supply of lone worker devices was due to expire in July 2022 and that it was possible that compliance may drop after that point if the provider was changed.

It was noted that a tender exercise would be planned for new contracts and it was noted that it would not be based on cost alone as a number of factors would be taken into consideration such as:

- Improved technology
- Ease of use
- Cost
- Training

Health and Safety Policy – Verbal Update

The Health and Safety Policy Verbal Update was received.

The Committee was advised that the policy statement had been written and that the draft was complete.

It was noted that it would be brought to the Committee in October once the structure and the Responsible, Accountable, Consulted, Informed (RACI) matrix had been identified.

Items to bring to the attention of the Board/Committee

Saunders,Nathan 09/07/2021 14:50:28

It was noted that the 2 new issues raised relating to enforcement by the Health and Safety Executive (HSE) should be taken to the Board.

It was noted that the Fire Safety Report went to the CEO and it would be prudent to provide an update to the Board.

Recommendation:

The Board is asked to:

- **NOTE** 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	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	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	X	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

Saunders,Nathan
09/21/2021 13:30:26

Report Title:	**Stakeholder Reference Group Report**								
Meeting:	**UHB Board**						**Meeting Date:**	**30th September 2021**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		**X**
Lead Executive:	**Abigail Harris**								
Report Author	**Sam Austin, Chair of Stakeholder Reference Group**								

SITUATION

The following report provides Board with a summary of the key issues discussed at the Stakeholder Reference Group (SRG) meeting held on 22 July 2021.

REPORT

BACKGROUND

This is a report provided to the Board by the Chair of the UHB SRG.

ASSESSMENT

The SRG considered the following.

Cardiff and Vale Sustainability Action Plan

The SRG received a presentation from Ed Hunt on sustainability in the UHB. It was reminded of the proposed targets set out in the Sustainability Action Plan and of some of the achievements against these targets. The NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 published in March 2021 sets targets for Health Boards to meet in 2022 and beyond and will require the embedding of sustainable behaviour into the organisation. The SRG was informed that as well as adopting the NHS Wales Decarbonisation Targets, the UHB had identified a number of headline actions (subject to approval) that would build on these Targets (subject to approval):

- Top down: build into our decision making
- Bottom up: communications, campaigns (including with Local Authorities)
- Influence what we buy
- Identification of ten 'Sustainability Scholars'. These would be healthcare professionals who were given some dedicated time to deliver sustainability improvement projects.
- Develop infrastructure ambitions in a net zero way.
- Awards for great outcomes.

Ed Hunt explained he would like to see some specific targets set out in the UHB's action plan. The aim is for the Welsh public sector to be net carbon zero by 2030.

The SRG then discussed how it could help accelerate carbon reduction and made several observations

- It should be made easier for people to return equipment to the NHS
- Third sector organisation had considerable experience of maximising the use of resources and the UHB could benefit from this experience.
- Targets must be communicated to staff and the wider public.
- Consideration should be given to how and when the UHB should ask the public for support with its sustainability and decarbonisation ambitions noting that a section of the public might consider it less important than other issues such as reducing waiting lists. It will be imperative to ensure that UHB should ensure that it has its own house in order. .

It was agreed that the SRG would hold regular discussions regarding how it assist the UHB in meeting its sustainability targets.

Cardiff and Vale UHB Active Travel Initiatives

The SRG received a presentation from Colin McMillan on progress with the development of the UHB's Sustainable Travel Plan.

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The objective of the Plan will be to encourage users out of single occupancy vehicles and into more sustainable forms of transport. Its themes will be

- Improved access to sites and improved patient safety/experience
- Increased travel options for staff, patients and visitors with a beneficial effect to the wider communities
- Health benefits resulting from active travel
- Reduced congestion on sites and in the wider communities
- Reduced carbon dioxide emissions
- Improved business efficiency – reduced business mileage costs

The Sustainable Travel Group meetings are scheduled to recommence in September 2021 and it is hoped the Travel Plan will be published in late 2021/early 2022.

The SRG then discussed the presentation and the Myhelathjourney App and Healthy Travel Map and made several observations and raised several issues/questions.

- It would be helpful to review the Community Health Council's recent audit of the UHB's car parks.
- The Myhelathjourney App and Health Travel Map are useful tools and it would be helpful if those without digital technology had access to similar information.
- Changing the location of the UHL 'park and ride' is not helpful. Park and ride facilities should be located in the most appropriate locations.
- Some people will not be prepared to drive past their final destination to use a park and ride facility noting that this would be the case wherever park and ride facilities were located.
- Could information on alternative modes of transport be included in patient letters? The SRG was informed that many patient letters are generated by the Patient Management System and there is a limit on the number of characters that can be used.
- The UHB's message should be that if more people used alternative modes of transport it would free up more car parking space on UHB sites for those for whom private cars are the only viable mode of transport.
- Taxis need to be part of the Plan.

Quality, Safety and Patient Experience Framework

The SRG received a presentation from Angela Hughes on the UHB's Quality, Safety and Patient Experience Framework 2021-2026. The SRG noted that in its communications with patients, the NHS was still inclined to use terminology that many would not understand and patients were often reluctant to seek an explanation/clarification.

Members of the SRG agreed to submit comments on the Framework.

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	✓

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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:	Not Applicable

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09/21/2021 13:30:28

Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

Reporting Committee	**Emergency Ambulance Services Committee**
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	7 September 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: https://easc.nhs.wales/the-committee/meetings-and-papers/
Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

The minutes of the EASC meetings which took place on 13 July 2021 and on 20 July with the Minister for Health and Social Services were approved.

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

Stephen Harrhy presented an update on the following areas:

- Non-Emergency Patient Transport Services (NEPTS) – services at Cwm Taf Morgannwg University Health Board (CTMUHB) would now be transferred to the Welsh Ambulance Services NHS Trust (WAST) on 1 October and would then be in line with all other health boards in Wales
- NEPTS Delivery Assurance Group had discussed the additional support required as part of the reset programme in view of the impact on NEPTS resources as a result of the Covid 19 pandemic. This included vehicles now used as single occupancy for patient safety reasons. One composite request for interim financial support had been made for NHS Wales to the Welsh Government and it was anticipated that this would secure the additionality required and could also include private provider provision.
- Following discussion at the EASC meeting with the Minister for Health and Social Services on 20 July 2021, an action plan had been developed and this had been further refined following the appraisal meeting in August with the Chair of EASC and the Chief Ambulance Services Commissioner (CASC) in relation to EASC priorities.
- The Ministerial Ambulance Availability Taskforce had been stepped down although the Members had agreed, at the request of the Minister, to be part of the ongoing Commissioner Ambulance Availability Taskforce aiming to advise on, and contribute to, defining what a modern ambulance service should and might look like.
- Handover delays had increased to an average of 490hours a day lost during August 2021; this had contributed to the need for WAST to raise their Demand Management Plan in response.
- WAST would consider over recruiting emergency medical technicians to provide additional capacity within the system, although the training requirements would need to be met and the actual costs identified in order to obtain EASC formal support.

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PROVIDER ISSUES

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- Rising Covid19 related activity; rising "abstractions" for the emergency medical services; increasing pressure on services
- The last month was the second worst month ever for patients waiting for ambulance response – over 500 waited 12 hours or more; this is a significant and worrying issue
- Post production lost hours – an important efficiency for WAST to deliver which would include rest breaks, standardisation of terms and conditions of employment and equalisation of development time for staff. A series of engagement meetings were taking place to discuss options with a view to finding a negotiated settlement
- NEPT service levels back to 70% of the pre pandemic levels but constraints on number of patients carried as multi-occupancy vehicles had been used for single patient use

FOCUS ON - PERFORMANCE AND IMPROVEMENT

An important and serious discussion took place on performance and improvement as the current position was unsustainable. Members noted that there was no single answer to the whole system problem. Issues discussed included:

- Needing to use the forecast position and match resources accordingly
- Refreshing the work of ORH in relation to emergency medical services demand and capacity review, noting the increased number of red calls from 5% to 10%
- Further specific work on utilisation
- High levels in the use of the Demand Management Plan
- Potential harm to patients
- Patients self-presenting at emergency departments not having received the right pre hospital care and timeliness of some specific treatments for their conditions
- Patient flow across the system and ensuring safe, effective and timely discharges
- The management of risk within the community and the identification and mitigation of clinical risks
- WAST had the only Demand Management Plan within the system and the need to identify key risks and impacts
- Need to develop a joined-up escalation plan approach to involve health board operational teams as well as the clinical executives to manage clinical risk within localities
- Need to ensure a system wide approach undertaken for the whole patient pathway
- Must use the opportunity to forecast and predict demand to match resources as best as possible
- Needing to provide different and specific services within communities for common issues like falls and mental health and wellbeing matters
- Important to have primary care information for whole system approach and for the 111 Service

Summary: 3 key areas

1. Capacity
2. Demand Management
3. Efficiency.

Following discussion the CASC undertook to develop an urgent action plan which would be agreed with EASC Members before recommendations were formalised and implemented. The action plan has subsequently been developed and sent out for comment.

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FINANCE REPORT

The EASC Finance Report was received. Members noted the stable position, 100% balanced plan.

Members **RESOLVED** to: **APPROVE** and **NOTE** the report.

EASC SUB GROUPS

The confirmed minutes were received and approval for the EASC Management Group – 24 June 2021 and the NEPTS Delivery Assurance Group – 8 June 2021.

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The EASC Governance report was received. Members approved the amended Model Standing Orders at the last meeting. In addition to the Standing Orders the following documents had also been updated to be include:

- Memorandum of Agreement and Hosting Agreement (with 7 LHBs); and the Memorandum of Understanding with the Welsh Government
- The Risk Register had been reviewed by the EASC Team and two risks had been increased, namely the performance against the target for the Red and Amber categories.

Members agreed that the EASC Standing Orders, Memorandum of Agreement; Hosting Agreement and the Memorandum of Understanding with the Welsh Government would be completed and sent by the Committee Secretary to all health boards. This would take place as soon as the signatures had been received to complete the documentation.

Members **RESOLVED** to:

- The **APPROVE** the final sections of the Model Standing Orders for EASC: Memorandum of Agreement; Hosting Agreement and the Memorandum of Understanding with the Welsh Government
- **APPROVE** the risk register
- **NOTE** the governance arrangements for the EASC.

Key risks and issues/matters of concern and any mitigating actions

- Increasing handover delays
- Red performance not meeting the target - risk register amended to demonstrate deterioration in performance
- Decreasing Amber performance - risk register amended to demonstrate deterioration in performance
- WAST Demand Management plan is regularly in operation and concern regarding clinical risks for patients in localities

Matters requiring Board level consideration and/or approval

- Standing Orders would be forwarded as soon as documentation finalised

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	**09 November 2021**			

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ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	22 July 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Presentation on Foundation Economy – Jonathan Irvine and Claire Salisbury from NWSSP Procurement presented on the Foundation Economy (FE). There are currently three workstreams under this heading:

- Workstream 1- to identify and report all FE expenditure by 31 July;
- Workstream 2 - delivery of additional circa £8.4m of expenditure into the FE through contract renewal programme up to 31st October 2021; and
- Workstream 3 - identify additional FE expenditure not currently influenced by NWSSP Procurement.

Additional resource has been obtained to help take forward this agenda. Positive feedback was provided by HEIW in terms of ensuring that educational training contracts were provided in Wales wherever possible, and the support of NWSSP has been invaluable in taking this forward.

Questions were raised as to whether the ambition set out in the presentation was sufficiently bold, and whether all regions of Wales would benefit equally from it. The ambition has to be realised within the confines of procurement rules and also in what is possible. For example, many products that are needed within NHS Wales are not currently manufactured in Wales, so help is required from Welsh Government to establish a manufacturing base. Where this has already happened (e.g. with PPE) there is often a significant price differential between goods manufactured locally and those available from established markets in China and elsewhere where economies of scale result in a cheaper unit price. There is therefore a balance between investing locally, creating Welsh jobs and providing greater resilience, and the VFM achievable though getting these products at a significantly lower unit price. Conversely some Welsh manufacturers currently supply NHS England but not NHS Wales so it should be relatively straightforward to add these organisations to our supply base.

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It was agreed that a briefing document would be produced on the achievements

to date and the aspirations for the future and that this would be made available to the rest of NHS Wales.

Chair's Report – Due to a timing issue the Chair informed the Committee that she had approved an Urgent Chair's Action for the Student Awards Bursary System Business Case which required submittal to Welsh Government earlier in the month. The Committee **RATIFIED** the approval.

Managing Director's Report – key issues noted were:

- **Green Health Wales Conference -** NWSSP were represented at the Green Health Wales Conference launch on the 29th of June. Following the event, we now have a follow up meeting to see how we can work closer with Green Health Wales on opportunities to improve decarbonisation especially across services such as Procurement and Specialist Estates Services.
- **TMU -** We are currently developing a number of additional products that can be delivered through the Temporary Medicines Unit including increasing the support to the next phase of the Covid vaccination programme. The team continue to look at options of developing the service to enable this resource to be used in new and innovative ways, which could provide options to free up nursing time across NHS Wales and deliver some significant savings by procuring and distributing additional ready to use pre-filled products where appropriate.
- **Pre-Employment Checks -** The dispensation which allowed pre-employment checks to be undertaken remotely during the pandemic is due to be lifted by the Home Office meaning that these checks will now need to be undertaken face-to-face with effect from the 1st of September. Arrangements have been implemented to ensure that these checks can be undertaken in both a safe and efficient manner.

Items Requiring SSPC Approval/Endorsement

BREXIT Closure Report - The original objective of the BREXIT programme was to prepare for EU transition by building up stocks, mobilising IP5 as appropriate warehousing, and establishing the National Supply Disruption Response (NSDR) system. The plans and facilities put in place for dealing with EU Transition proved invaluable in dealing with the Covid pandemic response. Capacity within IP5 enabled substantial stock levels and space to receive invaluable medical equipment (and particularly PPE) to be held and enabled support to be provided to Social Care. The systems developed through the Brexit Mobilisation Group helped support the identification of essential product ranges together with appropriate governance mechanisms. Lessons learnt included the need to improve the Clinical Collaborative Groups (including the Medical Directors) engagement and input into identifying and advising on the additional non-stock items that were required as part of the stock build process. Going forward, active management of the Brexit stock will continue to at least January 2022, at which point a decision on stockholding is expected from the UK Government. The NSDR Helpdesk is being decommissioned and going forward will be incorporated into business-as-usual activities for Health Courier Service. The Committee **NOTED**

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09/09/2021 11:12:30

the report.

Appointment of New Chair – The Committee were reminded that in May 2020 they approved a one-year extension to the tenure of the current NWSSP Chair owing to the pandemic and the subsequent difficulties in recruiting. The extended term of office expires at the end of November 2021 and recruitment is currently underway for a new Chair, with a target for this to be completed by the end of August.

Lease Car Salary Sacrifice – Current Co2 Emissions across NHS Wales Salary Sacrifice Fleet for diesel/petrol cars are set at 120g/km. NWSSP management proposed to begin to reduce the current scheme levels in order to meet the expected Welsh Government targets of 50g/km by 2025.

In order to achieve this reduction in Co2 emissions, the following reductions were proposed:

- Introduce a **100g/km** Co2 Emission limit from 1 October 2021 for diesel/ petrol cars (not Hybrid cars)
- Reduce this by a further 20g/km in April 2022 taking the upper limit to **80 g/km**
- Reduce this by a further 20g/km in April 2023 taking the upper limit to **60g/km** (this would bring us in line with the 50g/km expectation well before 2025)

Committee members discussed the potential impact of the proposal together with the benefits of encouraging staff to move to Electric and Hybrid vehicles. It was accepted that the new rules would significantly reduce the cars available through the scheme but would provide a better pathway to achieving the overall reduction in Co2 emissions. The Committee **APPROVED** the reduction in Co2 emission limits as part of the overall scheme.

Oxygen Finance – The Committee **APPROVED** a proposal to revise the Gain/Share arrangement with Oxygen Finance Limited. The arrangement seeks to pay supplier invoices of onboarded suppliers by day 10 in return for a small rebate, typically 1%. NHS Wales share of the Gain/Share Model is currently 72.7% of the rebate monies with Oxygen Finance receiving 27.3%. However, two key areas of spend that were originally included in the arrangement have since been excluded from the arrangement and as a consequence the scheme has not worked in the way that was originally intended by Oxygen Finance. As this change was introduced by NHS Wales it was proposed that the Gain/Share Model was revised to a 60/40 split effective from the 1st August 2021.

Transfer of Church Village Laundry – The Committee were provided with a SBAR covering the transfer of the Church Village Laundry from Cwm Taf UHB to NWSSP with effect from October 2021. The paper was also going to the Cwm Taf July Board meeting and sets out the financial and operational details of the transfer. The Committee **ENDORSED** the paper.

Audit Committee Meeting 09/07/2021 13:30:28

Laundry SLA – As previously agreed the Committee reviewed the updated SLA which was based on the existing service volumes and schedules for the existing 12 customers of the 3 LPUs that are currently managed by NWSSP. The SLA has been developed based on an existing service specification between Aneurin Bevan University Health Board and Cardiff and Vale University Health Board. The Committee **APPROVED** the SLA subject to any significant amendments being suggested by Nurse Directors.

Finance, Workforce, Programme and Governance Updates

Laundry Services – NWSSP have inherited a large number of potential health and safety issues and other associated risks following the transfer of three laundries in April. A detailed action plan has been produced to address these issues and this will be monitored on a regular basis through the NWSSP Senior Leadership Group Meetings.

Oracle Upgrade – a verbal updated was provided on the agreed delay to the upgrade of Oracle systems which has been postponed until from July to October. It was stressed that meeting the October date will be crucial to avoid future disruption.

Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed.

Finance Report – NWSSP are forecasting a break-even position for the year. Additional savings have been generated during the first quarter which will be utilised on investments including the major TRAMS and Laundry projects with any excess redistributed to NHS Wales and Welsh Government. In particular the Committee noted the latest forecast outturn identifies that £16.495m will be required to be funded through the risk sharing agreement which is in line with the 2021/22 Annual Plan.

People & OD Update – Sickness absence rates remain historically low and may well be a benefit of substantial numbers of staff working from home. As requested at the last Committee, the report included detail on Welsh Language performance. The Committee discussed the phased return of staff to the office and the benefits of remote working such as health and wellbeing and being able to recruit high-quality candidates from outside the normal catchment area.

Corporate Risk Register – the Committee noted the report including which included the continued risk relating to the replacement of the NHAIS system. A new risk has been added relating to the Oracle upgrade.

Gifts & Hospitality 2020/21 Annual Report – The Committee noted the report that highlighted that there were no instances of gifts and/or hospitality offered or received during 2020/21.

Saunders,Natalie(NWSSP)
07/21/2021 13:30:29

Declarations of Interest 2020/21 – The Committee noted the report which provided an overall summary of declarations received by directorate and also provided the detail on the declarations made by members of the NWSSP Senior

Leadership Group.
Papers for Information
The following papers were received for information: • Welsh Risk Pool Update • Medical Examiner Update • Audit Wales PPE Update • Finance Monitoring Reports (Months 2 & 3) • Audit Committee Highlight Report • Health & Safety Annual Report 2020/21
Matters requiring Board/Committee level consideration and/or approval
• The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.
Matters referred to other Committees
N/A

Date of next meeting	23 September 2021

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09/21/2021 13:30:28