Public Board Meeting

Thu 25 November 2021, 09:30 - 14:30

MS Teams

Agenda

09:30 - 09:45
15 min

1.
Welcome & Introductions

Charles Janczewski

09:45 - 09:45
0 min

2.
Apologies for Absence

Charles Janczewski

09:45 - 09:45
0 min

3.
Declarations of Interest

Charles Janczewski

09:45 - 09:45
0 min

4.
Minutes of the Board Meeting held on:Public Board 30th September 2021

Charles Janczewski

1.3 Unconfirmed Public Board Minutes 300921.pdf (21 pages)

09:45 - 09:45
0 min

5.
Action Log – 30th September 2021

Charles Janczewski

5 - Action Log - 30.09.21.pdf (1 pages)

09:45 - 12:35
170 min

6.
Items for Review and Assurance

6.1.
Patient Story

10 minutes *Ruth Walker*

Video to be played

Saunders,Nathan
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6.2.

Chair's Report & Chair's Action taken since last meeting

15 minutes *Charles Janczewski*

6.2 Chair's Board Report - November 2021v2_cpcaj.pdf (7 pages)

6.3.
Interim Chief Executive Report

15 minutes *Stuart Walker*

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

6.4.
Corona Virus Report Including:

20 minutes *Stuart Walker*

- Quality and Safety
- Workforce
- Governance
- Operations

6.4 Covering COVID 19 Update Report.pdf (2 pages)
6.4a COVID 19 Update Report_BOARD Nov 2021_FINAL (004).pdf (5 pages)

6.5.
RPB Winter Plan

15 minutes *Abigail Harris / Caroline Bird*

6.5 Cover sheet - Integrated Winter Plan 2021-22.pdf (4 pages)

6.6.
Break - 11am

10 MINUTES

6.7.
Board Assurance Framework

10 minutes *Nicola Foreman*

6.7 BAF Covering Report - November 2021.pdf (3 pages)
6.7a BOARD ASSURANCE FRAMEWORK - Nov 2021.pdf (30 pages)

6.8.
Integrated Performance Report

30 minutes *Ruth Walker / Caroline Bird / Rachel Gidman / Catherine Phillips*

- Quality & Safety
- Operational Performance
- Workforce
- Finance

Please note the supporting documents are attached separately in the Supporting Documents section.

6.8 Cover Report C&V UHB Integrated Performance Report Nov 2021.pdf (7 pages)

Saunders,Nathan
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6.9.
COVID 19 Public Enquiry

15 minutes *Nicola Foreman*

6.9 Covid-19 Inquiry - Report for November 2021 Board Meeting.NF.AF.pdf (4 pages)

- 6.9a Appendix 1 - Plan for an Inquiry into Covid.pdf (3 pages)
- 6.9b Appendix 2 - Centralised UHB Repository.pdf (2 pages)
- 6.9c Appendix 3 - Archive Catalogue.pdf (2 pages)
- 6.9d Appendix 4 - Full Covid-19 Timeline.pdf (1 pages)
- 6.9e Appendix 5 - Compressed Timeline.pdf (3 pages)

12:35 - 13:25
50 min

7.
Items for Approval / Ratification

7.1.
Corporate Meeting Schedule

5 minutes *Nicola Foreman*

- 7.1 Board Cover report re Cororate Meeting Schedule Nov 21.pdf (2 pages)
- 7.1a FULL YEAR PLANNER 2022-23 v2 Final.pdf (1 pages)

7.2.
Welsh Language Annual Report

10 minutes *Rachel Gidman*

- 7.2 Welsh Language Annual Report Final.pdf (5 pages)

7.3.
Naming of CRI Chapel

5 minutes *Abigail Harris*

- 7.3 Board Naming of Former Chapel at CRI 02112021(1).pdf (3 pages)
- 7.3.a Final Draft- Naming CRI Consultation Report.pdf (21 pages)

7.4.
Sustainability Action Plan

10 minutes *Abigail Harris*

Please note the supporting documents are attached separately in the Supporting Documents section.

- 7.4 SAP Board Paper 20211108v2.pdf (3 pages)

7.5.
RaTS Committee Terms of Reference

5 minutes *Nicola Foreman*

- 7.5 Covering report for Terms of Reference.pdf (2 pages)
- 7.5a Revised RaTs ToR 2021.22.pdf (7 pages)

7.6.
Finance Committee Terms of Reference

5 minutes *Nicola Foreman*

- 7.6 Covering report for Terms of Reference - Finance Committee.pdf (2 pages)
- 7.6.a Finance Committee TOR 2021v1.pdf (6 pages)

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7.7.
Nurse Staffing Levels Report

10 minutes *Ruth Walker*

- 7.7 Board Report SBAR November 2021.pdf (4 pages)

- 7.7 Appendix 1 Summary of Nurse Staffing Levels for 25A wards.pdf (3 pages)
- 7.7 Appendix 2 - Summary of required establishments for PCIC.pdf (2 pages)
- 7.7 Appendix 3 - Annual Presentation of the Nurse Staffing Levels to the Board November 2021.pdf (3 pages)
- 7.7 Appendix 4 - Summary of Nurse Staffing Levels for 25B wards.pdf (9 pages)
- 7.7 Appendix 5 - Mental Health Clinical Board Nursing Establishments _Nov 2021-22.pdf (1 pages)

13:25 - 14:15
50 min

8.
Items for Noting and Information to Report

8.1.
Capital and Estates - Procurement & Governance

10 minutes *Catherine Phillips*

- 8.1 Covering report - Capital Schemes and Expenditure - Procurement and Governance.pdf (2 pages)
- 8.1a Capital Expenditure - Procurement and Governance Summary.pdf (7 pages)
- 8.1b Appenidix 1 . Capital Expenditure - Procurement and Governance Action Plan.pdf (2 pages)
- 8.1c CEF Capital Expenditure - Procurement Governance Action plan 091121.pdf (4 pages)

8.2.
Ombudsman Annual Report /Letter

10 minutes *Ruth Walker*

- 8.2 Ombudsman annual report.pdf (4 pages)
- 8.2a Ombudsman Annual Letter.pdf (7 pages)

8.3.
Corporate Risk Register

5 minutes *Nicola Foreman*

- 8.3 Corporate Risk Register Covering Report - Nov 21 AF (2).pdf (3 pages)
- 8.3a Copy of Corporate Risk Register Nov 2021 - Board Summary AF.pdf (1 pages)

8.4.
IMTP 2022/23 – Commissioning Intentions

10 minutes *Abigail Harris*

Please note the supporting documents are attached separately in the Supporting Documents section.

- 8.4 CIs_IMTP - Board Cover Sheet November 2021 v2.0 Final.pdf (3 pages)

8.5.
Committee / Governance Group Minutes:

5 minutes

8.5.1.
Audit & Assurance Committee – 7th September 2021

- 8.5.1 Confirmed Audit Committee Public Minutes 07.09.2021.pdf (9 pages)

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8.5.2.
Finance Committee – 29th September 2021

- 8.5.2 - Confirmed Finance Committee Minutes - 29.09.2021.pdf (6 pages)

8.5.3.
Strategy & Delivery Committee - 14th September 2021

8.5.3 Confirmed S&D public minutes 14.09.21.pdf (14 pages)

8.5.4.
Health & Safety Committee – 27th July 2021

8.5.4 - Confirmed H&S Committee Minutes - 27.07.2021.pdf (13 pages)

8.5.5.
Mental Health Capacity Legislation – 20th July 2021

8.5.5 - Confirmed MHCL Committee Minutes - 20.07.2021.pdf (10 pages)

8.5.6.
Charitable Funds Committee – 29th June 2021

8.5.6 - Confirmed CFC Minutes - 29.06.2021.pdf (11 pages)

8.5.7.
Digital Health & Intelligence Committee – 1st June 2021

8.5.7 - Confirmed DHIC Minutes - 01.06.2021.pdf (10 pages)

8.5.8.
Shaping Our Future Hospital Committee – 21st July 2021

8.5.8 Confirmed Minutes SOFH - 21.07.21.pdf (9 pages)

8.5.9.
Stakeholder Reference Group – 22nd July 2021

8.5.9 - Confirmed SRG Minutes - 22.07.2021.pdf (7 pages)

8.5.10.
Emergency Ambulance Services Committee - 7th September 2021

8.5.10 Confirmedminutes_EASC_7Sept2021.pdf (8 pages)

8.5.11.
Local Partnership Forum – 18th August 2021

8.5.11 LPF minutes 18.08.21.pdf (7 pages)

8.5.12.
WHSSC Joint Committee Briefings Minutes - 7th September 2021

8.5.12 WHSSC Joint Committee Minutes 7.09.21.pdf (17 pages)

8.6.
Chair's Reports:

10 minutes *Nicola Foreman*

8.6.1.
Finance Committee – 27th October 2021

8.6.1 - Finance Committee Chairs Report - 27.10.2021.pdf (5 pages)

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8.6.2.
Audit & Assurance Committee – 9th November 2021

8.6.3.

Quality Safety & Experience – 16th September 2021

8.6.3 QSE Chairs Report - 16.09.2021.pdf (6 pages)

8.6.4.
Strategy & Delivery Committee – 16th November 2021

Verbal Update

8.6.5.
Health & Safety Committee – 12th October 2021

8.6.5 H&S Chairs Report - 12.10.2021.pdf (5 pages)

8.6.6.
Mental Health Capacity Legislation – 19th October 2021

8.6.6 MHCLC Chairs Report 19.10.21.pdf (4 pages)

8.6.7.
Charitable Funds Committee – 21st September

8.6.7 CFC Chairs Report - 21.09.2021.pdf (6 pages)

8.6.8.
Digital Health Intelligence Committee – 5th October 2021

8.6.8 DHIC Chairs Report.pdf (5 pages)

8.6.9.
Stakeholder Reference Group – 29th September 2021

8.6.9 - SRG Chairs Report - 29.09.2021.pdf (3 pages)

8.6.10.
Emergency Ambulance Services Committee

8.6.11.
Local Partnership Forum - 22nd October 2021

8.6.11 LPF briefing (Oct 2021) for Nov 21 meeting.pdf (3 pages)

8.6.12.
WHSSC Joint Committee - November 2021

8.6.12 WHSSC Joint Committee Briefings.pdf (4 pages)

8.6.13.
NWSSPC Assurance Report – 23 September 2021

8.6.13 NWSSP Assurance Report - 23.09.21.pdf (4 pages)

14:15 - 14:15
0 min

9.
Agenda for Private Board Meeting:

i) NHS Wales Health Collaborative - RISP Outline Business Case

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14:15 - 14:15
0 min

10.
Any Other Business

10.1.
Initiate an additional public meeting each month for Board Development

14:15 - 14:15
0 min

11.
Review of the meeting

14:15 - 14:15
0 min

12.
Date and time of next meeting: January 27th 2022 Via MS Teams

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Minutes of the Public Board
Held on 30th September 2021 12.00
Via MS Teams

Chair:		
Charles Janczewski	CJ	UHB Chair
Present:		
Ceri Phillips	CP	Vice Chair
Stuart Walker	SW	Interim Chief Executive Officer
Fiona Jenkins	FJ	Executive Director of Therapies & Healthcare Sciences
Steve Curry	SC	Chief Operating Officer
Abigail Harris	AH	Executive Director of Strategic Planning
Fiona Kinghorn	FK	Executive Director of Public Health
Mike Jones	MJ	Independent Member - Union
Ruth Walker	RW	Executive Director of Nursing
Catherine Phillips	CP	Executive Director of Finance
Meriel Jenney	MJ	Interim Executive Medical Director
Akmal Hanuk	AH	Independent Member for Community
Susan Elsmore	SE	Independent Member for Local Authority
Gary Baxter	GB	Independent Member for University
Sara Moseley	SM	Independent Member for Third Sector
John Union	JU	Independent Member for Finance
Michael Imperato	MI	Independent Member for Legal
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Caroline Bird	CB	Deputy Chief Operating Officer
Carole Bell	CB	Director of Nursing Quality, WHSSC
Sian Lewis	SL	Managing Director, WHSSC
Stuart Davies	SD	Director of Finance, WHSSC
Victoria LeGrys	VL	Programme Manager, Strategic Planning
Lance Carver	LC	Director of Social Service, Vale of Glamorgan Council
Sam Austin	SA	Deputy Chief Executive, Llamau
Karen May	KM	Head of Medicines Management, PCIC
David Thomas	DT	Director of Digital Health & Intelligence
Observers:		
Joanne Brandon	JB	Director of Communications
Marcia Donovan	MD	Head of Corporate Governance
Stephen Allen	SA	Chief Executive, Community Health Council
Malcolm Latham	ML	Chair, Community Health Council
Rhian Myers	RM	Bristol Myers Squibb
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Judith Paget	JP	Chief Executive, Aneurin Bevan
Rhian Thomas	RT	Independent Member, Capital & Estates
Kate Eden	KE	Vice Chair, Public Health Wales

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Item No	Agenda Item	Action

UHB 21/09/001	**Welcome & Introductions** The UHB Chair welcomed all to the Board meeting. It was noted that Rhian Myers was observing the meeting.	
UHB 21/09/002	**Apologies for Absence** **The Board resolved that:** a) Apologies for absences were noted.	
UHB 21/09/003	**Declarations of Interest** Sara Moseley declared an interest as a member of the GMC. **The Board resolved that:** a) Save for Sara Moseley's interest, no further declarations of interest were noted.	
UHB 21/09/004	**Minutes of the Board Meeting held on:** **Public Board 29th July 2021** The minutes of the Board Meeting of the 29th July were reviewed for accuracy and matters arising. **The Board resolved that:** a) The minutes of the Public Board meeting held on 29th July 2021 were approved as a true and accurate record.	
UHB 21/09/005	**Action Log 29th July 2021** It was noted that all actions on the Action Log were completed. **The Board resolved that:** a) The Action Log was received and noted.	
UHB 21/09/006	**Patient Story** The Executive Nurse Director (END) informed the Board that the patient story was to consider the importance of Ophthalmology in the Health Board and how it was viewed from a patient's prespective. The END thanked the patient for allowing the Health Board to share the story with the Board in Public. The END would share a link outside of the meeting for the patient story as the video did not play via MS Teams. **The Board resolved that:** a) The patient story was noted.	

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UHB 21/09/007	**Chair's Report and Chair's Action taken since last meeting** The UHB Chair highlighted the following 2 areas:- – 1. **Chaplaincy resource**. The resource was low and the Chair wished to make the Board aware of the invaluable service they provided to patients and staff. 2. **Digital Services.** This had been invaluable during the pandemic and the UHB Chair thanked the Director of Digital & Health Intelligence and team for their work. The Independent Member - Community (IMC) noted that from 2019-2021 there had been a steady increase of chaplaincy service for staff and patients and he was keen to understand the support the Board could give apart from highlighting this important service. He commented that there was not much mentioned regarding the diversity of spirituality or faiths and, overall, he was very grateful to the UHB Chair for highlighting this service. The END explained that the Health Board had a fantastic spiritual care team which covered most religions. The END invited the IMC to visit the Chaplaincy Team. The UHB Chair stated that the Team were excellent and he would encourage the IMC to visit them. The Independent Member for the Local Authority (IMLA) encouraged all Board Members to visit the Chaplaincy Team. The Independent Member - Third Sector (IMTS) suggested the Board write to the chaplaincy to thank them for their work. **The Board resolved that:** a) The Chairs report was noted. b) The Chair's Actions undertaken during the period were approved.	**CJ**
UHB 21/09/008	**Interim Chief Executive Report** The Interim Chief Executive (ICEO) highlighted 3 items from his report. 1. The ICEO noted Caroline Bird would be joining Board meetings and that she had been shadowing Steve Curry due to him leaving in early 2022. CB would assume the functional COO role with effect from 1st October 2021. 2. The ICEO highlighted that the UHL Nursing Research Team had been put forward for a Nursing Times Award. The Patient Experience team and the Bereavement team had won awards. The Bereavement team had won the "runner up" award, and the Patient Experience team had won the "Team of the Year" from the Experience network.	

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	2. The ICEO highlighted the anniversary of the Major Trauma Centre. It was now functional and had been highly effective in saving lives and helping to improve the service delivery. **The Board resolved that:** a) The Interim Chief Executive's report was noted.	
UHB 21/09/009	**WHSSC Annual Update** The UHB Chair introduced Carole Bell (CB), Sian Lewis (SL) and Stuart Davies (SD) to the meeting. SL thanked the Board for allowing WHSSC to attend and present to the Board. An overview of WHSSC's role was presented which highlighted the following points - • WHSSC were a specialised service. Average cost of one of the services is around £20k. WHSSC commission specialised services. • The services were expensive and on average represented 14% of a Welsh Health Boards (HB) budget. • The contribution from the Health Boards was based upon the population size.. • Cardiff and Vale Health Board (CAVUHB) was the biggest provider of specialised services for its population. A speciality table was presented and the following points were noted – • The top cost was for forensic psychiatry. • There were top 8 specialised services. • A green Health Board has a high level of access rates. • CAVUHB was an amber Health Board. • Betsi Cadwaladr UHB (BCU) was a high user of neurosurgical services. BCU did not have their own specialised services. • CAVUHB was the lowest user of plastic surgery. • Swansea Bay Health Board (SBHB) was a high user of plactic surgery. • CAVUHB were able to offer a range or surgical services. • Paediatric surgery - CAVUHB was a high user. • There were some services that only CAVUHB could provide. WHSSC needed relationships with other providers to help CAVUHB deliver services. SD highlighted the following points – • WHSSC spend £240million with CAVUHB, which represented a third of WHSSC spend. CAVUHB was a main provider of WHSSC specialised services. • The top specialities provided by CAVUHB were approximately 60% of the spend. • Nephrology was CAVUHB's top speciality service provision by patient count and spend (circa £28million spend). It was a specialist services that included life long treatments, transplants and dialysis.	

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	• CAVUHB was also a provider of cardiac surgery. • Paediatric surgery was another area of interest. The over 52 week wait was increasing quite dramatically. • Waiting list on Paediatrics would be under significant pressure. This was a major quality of life issue. • The All Wales Genetics Laboratory was working closely with the service in terms of implementing a genetic service. • In terms of the range for rare diseases, CAVUHB were leading the way internationally. CB summarised WHSSC's governance with the following points – • Recently had a governance review with Audit Wales. There was an action plan that was monitored with no major concerns. This had been used as an opportunity to improve governance arrangements in WHSSC. • There was a Quality Patient Safety Committee which was Chaired by an Independent Member. There was also an Integrated Governance Committee. • WHSSC were hosted by Cwm Taf Morgannwg UHB (CTM) and, as such, a lot of functions were discharged through CTM. • Previously there was a Quality Assurance Framework. This had been replaced by a Commissioning Assurance Framework. CB gave a brief summary of WHSSC's assurance arrangements and highlighted the following - • WHSSC had service level agreements in place and held meetings with providers to hold providers to account. • WHSSC had KPIs to measure the services. • There was a policy group to make sure matters were updated and WHSSC drew upon best based evidence. • In terms of reporting, there was a Quality Patient Committee report. • There had been a number of Board sessions in order to give assurance on the processes that were in place. • Quarterly meetings were scheduled with the Health Board leads. • If there were any issues, these were reported directly to Quality and Patient Safety Committee. There were SLA meetings on a regular basis with CAVUHB. SL commented that WHSSC were looking ahead and thinking about how it could work with CAVUHB as WHSSC's main provider. For example, WHSSC would like to understand the ambition of CAVUHB as a specialised services provider, what impact the development of the new UHW 2 and the associated Clinical Services Strategy would have. SL commented further that WHSSC recognised the tensions with the delivery of Secondary Care Services, the need to work further on the configuration of specialised services in South Wales, and that WHSSC was undertaking some strategic work currently, in particular in relation to Paediatric and Mental Health Services.	

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	The UHB Chair noted the presentation was comprehensive and had helped the Board to better understand the role CAVUHB played in delivering Speciaised Services across Cardiff and the Vale. The ICEO thanked WHSSC colleagues. He commented that it was vital to ensure the strategic alignment of both organisations was correct, and that both organisations should continue to communicate. The UHB Chair thanked the team for attending and for providing the overview of the specialised services. **The Board resolved that:** a) The WHSSC Annual update was noted.	
UHB 21/09/010	**Corona Virus Report including:** The Interim Chief Executive Officer highlighted some key messages – • CAVUHB case rates had risen in the last week in the 10-19 age group. • Most cases were associated with mild or no symptoms. The epidemiology of the pandemic was shifting. • Hospital admissions were stable and bed occupancy was stable. • There had been a rise in death numbers. • The booster vaccine programme was progressing. The IMLA commended the Executive Director of Therapies & Healthcare Sciences (EDTHS) and her colleagues for setting up a meeting for all elected members. The meeting was helpful and showed the embedding of key relationships across organisations, in particular the benefits brought with better working partnerships with social care colleagues. The ICEO also commented on joint working with colleagues in local authorities, in particular how CAVUHB and Local Authorities could deliver the correct pathways with each other. He noted that there was a session booked next week with the the partner Councils to see how best care services could be delivered. The Executive Director of Finance (EDF) commented that she had attended a conference delivered by the First Minister. There were 3 things that Welsh Government (WG) were keen to push forward – • innovation • attention to inequalities • partnership The IMLA had a meeting with the Deputy Minister and it was pleasing to report the systems in Wales were doing well.	

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	The UHB Chair noted the intention was to have strong partnership working with the Health Board's key partners, as together all key partners were stronger. • Workforce The Executive Director of People & Culture (EDPC) highlighted that workforce was the biggest challenge. Sickness levels showed high absence due to mental health. There were a number of schemes and initiatives focussed upon keeping staff well. • Governance The Independent Member - Finance (IMF) asked how information would be captured from those officers who had left the organisation for the Covid 19 Inquiry. The Director of Corporate Governance (DCG) explained that the former Chief Executive had been asked to complete a very detailed questionnaire to prepare for the Public Ennquiry. This would also be completed by other key Executives to the Inquiry. **The Board resolved that:** a) The COVID 19 update report was noted.	
UHB 21/09/011	**Board Assurance Framework** The DCG noted that Board members were familiar with the document. She highlighted that one of the key risks which had increased was workforce and commented that a number of controls and actions were being taken by the EDPC in order to address that risk. The DCG commented further that the levels of assurance and controls now in place were reflected in the Board Assurance Framework (BAF) and this should give the Board further assurance. The Independent Member for Trade Unions (IMU) questioned the risk under section 9 of the BAF. It was clear that staff were at a greater risk of developing mental health illnesses given the demands of COVID and asked how many members of staff had reported mental health issues during the pandemic. The EDPC responded that this matter was currently being looked at and she recognised the need to work with managers to obtain that information. The END commented that she had zoom sessions with managers. She noted that the staffing issue and the quality & saftey issue were linked. She stated that some staff had provided feedback with regards to being being moved around. She noted that all risks had to be taken into consideration, and hence there was sometimes a need to move staff around in order to manage those risks The END commented that it was very challenging and very difficul to get the balance right.	

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	The IMLA also noted the link between the BAF and the COVID paper and commented that these documents had shown how focused and innovative CAVUHB were being with solutions. The Assurance Framework was mirroring what the Board was seeing in the Patient Safety Framework. The IMLA commented that she would like the Board to think about what more could be done to ensure staff were being listened to and were being kept up to date with what was going on. She suggested that it would be good to talk to the Communications Team to see what could be done to emphasise the pressures staff were working under and to let them know that there was support. The EDPC commented that ward visits were planned to visit and show support to staff. The Independent Member for ICT (IMI) noted that there had been a lot of initiatives to address some of the staff welfare issues. He queried how the effectiveness of mental health interventions were being measured. The EDPC explained that there was a team attending to health interventions and that she was planning to bring this item to Board Development next month. The Executive Direcor for Strategic Planning (EDSP) commented that she attended the PCIC Clinical Board and was made aware of the pressures which independent contractors, including GPs, were under. She noted that GPs were seeing more patients, including at face to face appointments where needed. The UHB Chair thanked all for an encouraging discussion. **The Board resolved that:** a) The 10 risks to the delivery of Strategic Objectives detailed on the BAF for September 2021 were approved. 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 were noted.	
UHB 21/09/012	**Performance Report** The Chief Operating Officer (COO) gave an update on the performance report and noted the following – • There was a lot going on due to pressures in the system and he touched upon 3 topics, namely: – - Unscheduled care; - Planned care; and. - Ann update on the pressures in the mental health system.	

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	• Unscheduled Care - there was significant pressure in unscheduled care. Reports showed that all services were under pressure. • Staff were fatigued and there was a higher number of absence. • Emergency Unit (EU) attendances had returned to pre-pandemic numbers. • There were delays in the system due to discharge. As a result measures had been taken which included continuing to use the Lakeside wing, using the winter ward, and having enhanced clinical staffing. • More would need to be done in the winter. • There were 3 areas to focus upon at a system level and would require a system level response :- - The pressures on staff were the same, perhaps greater. - System processes were improving for those who were coming into hospital. The Emergency Surgical unit was expanding and it was expected that this would move from EU. - It was important to ensure there was a bed capacity contingency. It was confirmed that the Health Board was working closely with Local Authority colleagues. It was anticipated that the Transition care ward would be open in the next 2 weeks to facilitate patients who were ready to be moved out of hospital care but who did not have a placement to move to. • Planned care -The DCOO had led upon the delivery of a number of commitments. • The COO reminded the Board of the commitment to deliver 80% of planned care in Quarter 2 and the evidence had showed that the commitment would be delivered. • Part of the success had been driven by the activity in the surgical units on planned care. • Almost 12,000 procedures had been undertaken and progress had continued to be made in this area. • The volume of patients who had been waiting more than 8 weeks for care had risen. Progress had been made with CT scans and had reached 100% commitment. There had been challenges with regards to ultrasounds. In relation to endoscopy the Health Board was now operating at 100% pre COVID levels. The recovery plan had continued to be implemented and a mobile endoscopy unit was being procured. The COO explained that the DCOO had led on the piece of work along with the clinical teams. The 26 weeks wait had risen to 56% during COVID. • Mental Health - demand for the mental health services continued. • The COO had meet with the Senior Team and the Deputy Minister to talk through plans. The Deputy	

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	Minister was updated on the position with regards to Adult Mental Health but CAMHS was a challenge as there were fewer options. • The amount of time patients who had waited for an assessment for Adult Mental Health in July was 101 days. In September that figure was at 43 days and the proposal was to get back to 28 days. • CAMHS was challenging. The demand was greater due to it being a smaller service. • In August there were 85 patients waiting more than 57 days. The aim was to have all patients under the 28 days waiting time by January 2022. The COO noted that the current situation was a challenging one. The ability to maintain elective operations was directly linked to unscheduled care. It was expected that the 3 measures he had outlined would have an impact. The EDF thanked the COO & DCOO for the update and noted the following – • Welsh Ambulances Services NHS Trust (WAST) had not been mentioned. • At the PCIC meeting, an example had been mentioned where ambulances were not available and a query was raised as to how this issue could be dealt with. • The COO responded that he had a discussion with the Clinical Board Director and that all the measures taken were to address the issues of delays at hospitals. The IMLA commented that she had been on a patient visit to the green zone and she had noted the following – • Staff morale was high due to the pride taken in the work being done. • A lot of elective surgery had been complex. • There was a discharge problem which had been discussed following a visit to the Lakeside Wing. The Independent Member - Legal (IML) commented that a report relating to CAV 24/7 had been received at the Strategy and Delivery Committee and he queried if CAV 24/7 had impacted upon these issues. The COO responded that although EU attendances had returned, it was suspected that CAV 24/7 had mitigated the level of regrowth. The UHB Chair thanked the COO & DCOO for the presentation. The EDF gave a financial update which included the following points:- - There was a small surplus but it was expected that the Health Board would break even by end of year. - Last week the Health Board had received a number of allocations, including an allocation for the COVID	

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	response. The Health Board had also received funding for COVID recovery in terms of revenue and capital. These allocations would allow planning to be finalised. **The Board resolved that:** a) The current position against specific performance indicators for 2021-22 was noted.	
UHB 21/09/013	**Patient Safety, Quality and Experience Report** The Executive Nurse Director (END) highlighted the following – • Work had been carried out regarding patient experience and a detailed report referencing patients' concerns and feedback had been compiled. • All staff feedback had been listened to. • Maternity services had been reviewed and this had led to closing midwifery led unit following a detailed conversation with clinical teams. • COVID investigations continued. • A "safe and move" campaign had been implemented and launched. • She was pleased to report an increase in response times this month. • CAVUHB continued to see a large number of complaints mainly around visiting and vaccinations. The team were responding effectively. The UHB Chair thanked the END for the work undertaken with regards to patient quality and commented that Board members should not lose sight of this work. The Independent Member – University (IMU) queried whether "safe to move" referred to the transfer of a patient from hospital to nursing home and whether family visits could be done virtually. The END responded that "safe to move" did not include care homes and, in relation to visiting people were being directed to phone a specific line. Nurses felt overwhelmed by the amount of visitors calling and hence the Health Board wanted to ensure there were alternate ways to visiting. The END acknowledged that visiting was difficult and they were trying to support carers. She added that there was some learning to be taken from this. The IMTS mentioned maternity and its associated challenges. She queried whether more babies were being born with complications and further queried whethern there were any trends. The END responded that an increase was predicted in the winter. She commented that more women who were more poorly were being seen. The acuity of the maternity delivery in Cardiff was higher than elsewhere. In light of the latest guidance clinical staff were being encouraged to be more interventionist. This was	

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	not unusual when the services were under scrutiny. She commented that there had been a small run of incidents which were being considered very carefully and that at the moment there was attention on maternity services. The IMTS thanked the END for her answer but queried what impact this had upon public confidence. The END responded that communication had increased with the community in order to maintain confidence. The IML raised the issue of car parking at hospital sites. The END agreed that the issues associated with parking at the hospitals led to a poor patient experience and agreed that this matter should be considered at the relevant Committee. **The Board resolved that:** a) The contents of the Integrated QSE report were noted.	
UHB 21/09/014	**NHS Wales Collaborative request for WHSSC to Commission new services:** The Executive Director of Strategic Planning (EDSP) explained that WHSSC had been asked to commision – • Hepato-Pancreato biliary services; • Hepato-Cellular Carcinoma (HCC) MDT; and • Develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service. WHSSC had supported the reccomendations and were asking the Board to approve and delegate these functions to WHSSC. Board members wished to thank Ian Langfield who had undertaken a lot of the work in relation to this matter. The ICEO commented that CAVUHB was the only region in the UK that did not have a hepato pancreato billary (HPB) service and that he would strongly encourage the Board to approve this. He added that HPB should be commissioned as a specialist service. **The Board resolved that:** a) 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 was noted; b) the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC was approved;	

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	c) the request for WHSSC to develop a service specification for specialised paediatric orthopaedic surgery was approved; and d) the delegation of Paediatric Orthopaedic surgery commissioning, which has been considered appropriate by the Joint Committee, following development of the service specification, to WHSSC was approved.	
UHB 21/09/015	**Director of Public Health Annual Report** The Executive Director of Public Health (EDPH) presented the Annual Report & highlighted the following - • She thanked Dr Sian Griffiths and Jess Reyner for their work. • She wished to make it clear that people had experienced COVID in different ways. The report focused on how the Health Board had tackled the impact of COVID and had focused on prevention. • A reminder that health inequity is not the same as inequality. • The teams had worked hard through the various groups for Vaccinations but there is still a gap. • The Health Board had to support isolation and think about inequities. • The Health Board should take a role in global vaccination. The teams should move to respiratory safe buildings. • Multi professional teams were important going forward. • More should to be done to ensure vaccines continued to be rolled out. • There was a plan for a healthy weight which was "move more, eat well". • The air quality report had shown lower air quality in certain areas and her team were working on a plan / list of reccomendations to address the same. The IMU thanked the EDPH for an important presentation and commended the format and quality of her Annual Report The EDPH stated that if the Health Board wanted to impact health outcomes, the Teams would have to take it through strategic partnership. The Health Board had to persist, enhance and sustain. The Chair thanked the EDPH for the excellent report. The Chair commented that he had attended a meeting that morning with the Minister where the topic of prevention, in terms of addressing inequalities, was highlighted. He queried what actions the Executive team were envisaging to take this forward and make it a reality. The EDSP questionned how Cardiff Council could help get behind some work and queried what were other Health Boards doing. The END noted that domestic violence was a key area but it did open the door to more complex environments. It was a part of the day job to drive the Public Health agenda.	

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	The Independent Member - Community (IMC) noted the very comprehensive report provided and raised the following - • The equity and inequality, cut through the agenda. It also cut through the IMTP. • More funding and resouce was needed to this area. • Much multi agency work should be done. • Meaningful engagement on plans was the key • Timelines were needed and it was suggested that these were broken down into smaller milestones. The UHB Chair noted the positive feedback. **The Board resolved that:** a) The content of the report was noted. b) The actions identified in each chapter were supported. c) A system wide, partnership approach to addressing inequity and embedding prevention be advocated.	
UHB 21/09/016	**South East Wales Vascular Network Business Case** The EDSP was pleased to report this item to the Board and she highlighted the following points:– • The business case was being taken to CAVUHB's partner Health Boards in the South East Wales region . • Cwm Taf Morgannwg UHB (CTT) had taken this matter to their Board that morning. • This work had been on going for more than 2 years. • Clinicians and colleagues had worked together. • The CTT service was to become a part of the CAV service as CTT were not able to sustain their service. • There were workforce and financial implications. • She wished to acknowledge the work that Victoria Legrys had done. • This proposed service should move the Health Board forward in terms of a more sustainable model. The UHB Chair thanked Victoria Legrys and her team for all their work. The Interim Executive Medical Director (IEMD) acknowledged the work undertaken, and that it had been challenging. There had been meetings with clinicians. The team were still working with the medical director in CTT and she wished to draw the Board's attention to that. It was proposed that the transfer of surgeons would take place after Christmas. The UHB Chair noted the Board could approve, although the outcome from Aneurin Bevan Health Board (ABHB) would not be known until October. The IMU commented that he had followed this matter with interest. He stated that he was unsure if there were new posts associated with the creation of the regional network and queried if there were any risks associated with recruiting.	

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	The EDSP explained that some staff would transfer. The model would have some key posts which should make the Health Boardmore attractive and provide a better chance to recruit people. **The Board resolved that:** a) The South East Wales Vascular Network Business Case which included establishing UHW as the hub, establishing the Cardiff and Vale spoke at UHL (temporarily at UHW Lakeside Wing), and supporting the establishment of the Network, the host of which is yet to be determined was noted. b) The investment in line with the business case was approved c) The separate capital business case that is in development for the hybrid theatre at UHW was noted. d) The readiness assessments due to be completed in October, and subject to the outcome of this, and Board approval of the business case, support implementation from 31st October (as long as operation pressures support this) was noted.	
UHB 21/09/017	**South East Wales Acute Oncology Service Business Case** The EDSP highlighted the following – • This business case regarded developing services was through a regional lens. • The services were to be provided directly in CAV and at Velindre NHS Trust. • The matter was part of the bigger puzzle which considered how cancer services were being developed on a regional basis. • The new cancer centre business case was a very important step. • The business case was going to ABHB's Board for approval in October. • The Teams knew patients would prefer to be at home. • The Teams had more work to do to and would take this through the business case group. • The request for investment was a recurrent cost during the 4 years and would equate to £750,000 per year. This level of investment was reflected in the financial plan this year. • The IMD wanted to clarify and emphasise the unmet need for these services. The proposed approach was a prudent approach and should improve patient experience. **The Board resolved that:** a) The business case, after which implementation including recruitment will commence, was approved.	

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	b) The KPI framework that is being developed to assess the impact of the enhanced AOS was noted. c) The management control and review that will oversee the release of hub support resource to Velindre NHS Trust was noted.	
UHB 21/09/018	**COVID Recovery Schemes – Submission to WG** The UHB Chair explained that the paper dealt with the COVID capital submission which was for £13.3million. The funding had been secured and the request to Board was to progress with the SDEC programme and move through the tender process. **The Board resolved that:** a) (i) for the reasons set out in the body of the report, the Health Board had already submitted a request for capital funding in respect of the COVID Recovery Schemes and the associated budgets set out in Appendix 1 to this report, and, (ii) save for the Same Day Emergency Care project, Welsh Government formal written confirmation in respect of the same is currently awaited, **was noted** b) The proposal with Phase 1 of the Same Day Emergency Care project (such Phase 1 having an estimated value of £800,000) as set out in the body of the report, **was authorised**. c) the following decisions required to procure the associated Phase 1 contract(s) **were noted** :- (i) authority to commit to the Phase 1 expenditure; (ii) Authority to proceed to tender; and (iii) Approval to accept a successful tender decision and to authorise the signing of the contract. d) In relation to the proposed Phase 2 (<u>if required</u>) of the Same Day Emergency Care project, which has an estimated value of £1.2million, the implementation of Phase 2 of the Same Day Emergency Care project **was authorised** noting that further decisions will be required to procure the associated Phase 2 contracts including: (i) authority to commit to Phase 2 expenditure (ii) Authority to proceed to tender; and (iii) approval to accept a successful tender decision and to authorise the signing of the contract e) save for the Same Day Emergency Care project, the remainder of the schemes set out in Appendix 1 would be subject to further decisions in line with the Health Board's Standing Orders, Standing Financial Instructions and Scheme of Delegations, **was noted.**	
UHB 21/09/019	**SARC Facilities at Cardiff Royal Infirmary** The EDF highlighted the following –	

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	• The Health Board had worked with Welsh Government (WG) to develop an interim facility for SARC. • WG had approved the funding. • Approval was being sought to award the contract to the successful contractor. The UHB Chair noted that this was an excellent facility and would help patients. **The Board resolved that:** a) The update and progress made with regards to the interim SARC facility, as set out in the body of the report was noted. b) The award of the contract to ET&S Construction, with such contract having a value of £605,766 (Inclusive of VAT) and a commencement date to be agreed, was approved. c) The Health Board enter into the said contract was authorised.	
UHB 21/09/020	**UHL CAVOC Theatres contract** The EDF stated that WG had approved the funding in March 2021 and that the purpose of the report was to seek authorisation from the Board to award the contracts. She noted that the OBC may have a higher cost than SOC, but this did not effect the approval of the contracts. The financial commitment was £700,000. **The Board resolved that:** a) 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 was approved. b) 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', was approved. c) 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 would be utilised in relation to this appointment) was approved.	

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	d) 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, was noted.	
UHB 21/09/021	**Three Yearly Nurse Staffing Act Report** The END commented that – • The Board had previously seen the report. The report now had to be submitted to WG. • The data had now been confirmed and confirmed that the Health Board had been compliant with the Act, although noted there had been some difficulty during the pandemic. **The Board resolved that:** a) Prior to submission to Welsh Government the Three Yearly Report for 2018-2021 was approved **Paediatric Nurse Staffing Levels Report** The END explained that the Minister had extended the Nurse Staffing Act to include paediatric inpatient wards with effect from 1st October 2021. The UHB Chair queried if there were any plans to extend the Act any further. The END confirmed that there was not a formal plan to extend the Act but there may be scope for mental health services and that this work stream was continuing in readiness for an extension to the Act. **The Board resolved that:** a) The extension of the second duty of the Nurse Staffing Levels (Wales) Act [2016] to include paediatric inpatient wards was noted. **b)** The nursing establishments in compliance with requirements of the Nurse Staffing Levels (Wales) Act [2016] were approved.	
UHB 21/09/022	**Major Incidents Plan** The EDSP explained the Major Incident Plan (MIP) was the document which set out how the Health Board would respond to a major incident. It was reviewed annually and was due to come to Board in March 2020 but due to the pandemic this had not happened. **The Board resolved that:** a) The 2021/22 Major Incident Plan was approved.	

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	b) The restricted publication of the 2021/22 Major Incident Plan in accordance with the UHB Publication Scheme was approved.	
UHB 21/09/023	**Pharmaceutical Needs Assessment** The EDPH highlighted the following – • The NHS (Pharmaceutical Services) (Wales) Regulations 2020, came into force on 1st October 2020 and placed a statutory duty on each Health Board to publish its first PNA by 1st October 2021. • The rationale was that it would provide contractors with certainty and allow them to invest in wider delivery services. • Consultation had been undetaken in relation to the draft PNA. • Six out of ten of the respondents to the consultation did not think there were gaps in pharmaceutical provisions. • Some respondents stated that there were gaps in the provision of pharmaceutical services. • Some responses were outside of the remit of the PNA. • Some further work had to be undertaken between GP's and pharmacists. • The responses were considered and the draft PNA was updated with the local development plan information. • Based on what was found, no current gaps were identified in the provision of essential services. • The EDPH provided assurance that no concerns were raised regarding compliance and no pharmaceutical service provision had been missed. The IML confirmed that there was discussions at the Strategy & Delivery Committee and that the draft PNA was approved. **The Board resolved that:** a) Publication of Pharmaceutical Needs Assessment was approved.	
UHB 21/09/024	**Board Member Champions** The Director of Corporate Governance (DCG) explained that the purpose of the report was to confirm the individual Board Members as " champions". It was noted that David Edwards wished to join EDTHS as the Armed Forces and Veterans champion. **The Board resolved that:** a) The proposed Board Leads and Champions set out in Appendix 1 was approved. b) The Board Champion Role Description set out at Appendix 2 was approved.	

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	c) Where the Champion Role was allocated to an Independent Member they would work with the relevant Executive Director to form a plan to fulfil the role, was agreed. **Assurance Strategy** The DCG explained that the Strategy had been through Audit Committee and that the Committee had reccommended approval of the Assurance Strategy to the Board. She commented that there was not an overarching Assurance Strategy in place and that the document attached at the appendix mapped out, at a high level, what actions needed to be undertaken. The Board would be able to look and see where good levels of assurance were in place. The IMF in his capacity as the Chair of the Audit & Assurance Committee was happy to recommend the Assurance Strategy to the Board for approval. **The Board resolved that:** a) The Assurance Strategy 2021-24 was approved.	
UHB 21/09/025	**Committee / Governance Group Minutes:** 1. Audit & Assurance Committee – 6th July 2021 2. Finance Committee – 23rd June & 28th July 2021 3. Quality Safety & Experience – 15th June 2021 4. Strategy and Delivery Committee – 13th July 2021 5. Health & Safety Committee – 30th March 2021 6. Mental Health Capacity Legislation – 20th April 2021 7. Stakeholder Reference Group – 25th May 8. Emergency Ambulance Services Committee – 13th July 2021 and 20th July 2021 9. Local Partnership Forum – 17th June & 18th August 2021 10. WHSSC Joint Committee Briefings – 7th September 2021 **The Board resolved that:** **a)** The minutes outlined within the meeting be ratified.	
UHB 21/09/026	**Corporate Risk Register** The DCG explained that this matter was for noting. **The Board resolved that:** a) The Corporate Risk Register and the work which was now progressing was noted.	
UHB 21/09/027	**Chair's Reports:** 1. Finance Committee – 28th July & 25th August 2021 2. Audit & Assurance Committee – 7th September 2021 The Independent Member for Finance noted have one limited assurance which will bring to the attention of the Board at the next update.	

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	3. Quality Safety & Experience – 15th September 2021 4. Strategy & Delivery Committee – 14th September 2021 The IML had a number of good presentations at the last committee. Had a discussion about CAV 24/7. 5. Health & Safety Committee – 27th July 2021 6. Mental Health Capacity Legislation – 20th July 2021 7. Stakeholder Reference Group – 22nd July 8. Emergency Ambulance Services Committee – 7th September 2021 9. Local Partnership Forum – 18th August 2021 10. NWSSPC Assurance Report – 22nd July 2021 **The Board resolved that:** a) The Committee Chair reports outlined within the meeting be noted.	
UHB 21/09/028	**Review of 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 21/09/029	**Date and Time of Next Meeting:** 25th November 2021 09.30am Via MS Teams	

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ACTION LOG
Following Public Board Meeting
30th September 2021
(For the meeting 25th November 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:**	November 2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**x**	**For Information**	**x**
Lead Executive:	Chair of the Board								
Report Author	Personal Assistant 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 30th September 2021. Also featured in this report is an overview of the invaluable work carried out by HSDU and its response to Covid.

Hospital Sterilisation Decontamination Unit
Cardiff and Vale University Health Board has three accredited sterile service departments within the UHB. They are the Hospital Sterilisation Decontamination Unit (HSDU) University Hospital of Wales (UHW), Dental Sterilisation Decontamination Unit (DSDU) University Dental Hospital and Sterile Services Unit (SSU) University Hospital of Llandough (UHL). All three departments are fully accredited to ISO 13485: 2016. When at full capacity each of these units are the busiest within Wales, turning around a cumulative production in excess of 2500 trays per week.

The HSDU in UHW site is unique compared to the other sterile service departments in Wales, performing decontamination processes for all of the complex procedures which bring specific decontamination requirements. These include management of high-risk procedures such as the decontamination requirements with neurosurgical equipment, where staff are required to work to specific processes to ensure patient safety in regards to prion transmission. In addition, the department also processes cardiac surgical equipment for Wales, paediatric equipment for sterilisation via the Children's Hospital for Wales and robotic devices which all have specific decontamination requirements and are unique to HSDU UHW.

The HSDU at UHW sits within the Directorate of Peri-Operative Care and within Surgery Clinical Board, but the team are involved and offer decontamination guidance to many decontamination areas within the Health Board.

The Department is managed by the Decontamination Service Manager, Operation Manager and Quality Manager and there is a work force of approximately 40 WTE's which consists of Band 4's, Band 3's, and Band 2 Decontamination Scientists. The level of knowledge required by the team to be deemed fully competent takes approximately two years at apprenticeship level and there are continuous personal development plans in place for all staff via the Values Based Appraisal system.

During COVID, production was reduced significantly, however the team remained focused and were involved in a National Project driven by Department of Health to look at options to reprocess PPE should supply needs require. As production returns to normality with the COVID recovery plan, staff are working additional hours to meet the requirements of the service. Staff remain committed to meet the requirements of the theatre needs during these testing times.

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The work that is carried out within the department is essential to the delivery of safe and efficient care for our patients and the team are a valuable asset to the Peri-operative care workforce.

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

The common seal of the Health Board has been applied to 1 document since the last meeting of the Board.

Seal No.	Description of documents sealed	Background Information
965	Call off Contract – Project Manager Sexual Assault Referral Centre.	A contract between (1) CVUHB and (2) MACE Ltd for project management services associated with the preparation of the project Outline Business Case
966	Call off Contract – Costs Advisor Sexual Assault Referral Centre.	A contract between (1) CVUHB and (2) Gleeds Costs Management Limited for costs advisor services associated with the preparation of the project Outline Business Case
967	Call off Contract – Supply Chain Partner Sexual Assault Referral Centre.	A contract between (1) CVUHB and (2) Willmott Dixon Construction Limited for construction advise services associated with the preparation of the project Outline Business Case
968	Lease between (1) CVUHB and (2) Horatio's Garden	A 20 year lease between (1) CVUHB and (2) Horatio's Garden to govern the occupation of a new Health Board site for the location of specialist Spinal and Neuro Rehabilitation Services.
969	Lease between (1) CVUHB and (2) Books Plus (Cardiff) Limited	A 10 year lease of University Hospital of Wales Concourse Unit 8, between (1) CVUHB and (2) Books Plus (Cardiff) Limited for use of the unit for the retail sail of books for staff and members of the public frequenting the site.

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

Date Signed	Description of Document	Background Information
20/10/21	Llanrumney Medical Centre Licence to Occupy	A licence to occupy between (1) CVUHB AND (2) City Hospice Cardiff and Vale, for the Licensee to have a non-exclusive right to

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		occupy Health Board property at Ball Road, Llanrumney.
28/10/21	Pre-Construction Mechanical and Electrical Design Services and Demolition and Facilitating Works, NEC Short Contract for the Same Day Emergency Care Unit	A contract between (1) CVUHB and (2) Knox and Wells for the provision of Pre-Construction Mechanical and Electrical Design Services and Demolition and Facilitating Works
01/11/21	Tenancy at Will – Wilcox House Car Park	A tenancy at will between (1) Cardiff Council and (2) CVUHB for the use of Council premises as a park and ride facility for access to UHB hospital sites.
04/11/21	Heads of Terms – Museum of Military Medicine	Agreed Heads of Terms between (1) The Museum of Military Medicine and (2) CVUHB to signal the intentions of both parties in relation to their future partnership working.
05/11/21	Licence for Alterations – Loudon Square Health Centre	A licence for alterations between (1) CVUHB and (2) Mr Hywel Samuel for minor alterations to Health Board Premises to facilitate the installation of Mechanical Ventilation equipment.
11/11/21	Call off Contract – Project Manager Sexual Assault Referral Centre.	A contract between (1) CVUHB and (2) MACE Ltd for project management services associated with the preparation of the project Outline Business Case
11/11/21	Call off Contract – Costs Advisor Sexual Assault Referral Centre.	A contract between (1) CVUHB and (2) Gleeds Costs Management Limited for costs advisor services associated with the preparation of the project Outline Business Case
11/11/21	Call off Contract – Supply Chain Partner Sexual Assault Referral Centre.	A contract between (1) CVUHB and (2) Willmott Dixon Construction Limited for construction advise services associated with the preparation of the project Outline Business Case

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11/11/21	Lease between (1) CVUHB and (2) Books Plus (Cardiff) Limited	A 10 year lease of University Hospital of Wales Concourse Unit 8, between (1) CVUHB and (2) Books Plus (Cardiff) Limited for use of the unit for the retail sail of books for staff and members of the public frequenting the site.
11/11/21	Lease between (1) CVUHB and (2) Horatio's Garden	A 20 year lease between (1) CVUHB and (2) Horatio's Garden to govern the occupation of a new Health Board site for the location of specialist Spinal and Neuro Rehabilitation Services.

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	
29.07.21	Relocation of Rookwood Construction Works	Approval of Capital Expenditure totaling £30,707,541	16.09.21	Michael Imperato	Ceri Phillips	-
16.09.21	Provision of two mobile theatres and recovery area	Approval of capital expenditure totaling £1,032,050.58	16.09.21	Ceri Phillips	Gary Baxter	-
23.09.21	Recruitment of Overseas Nursing Staff	Approval of additional expenditure totaling £500,000.00 for the recruitment of additional nursing staff.	23.09.21	Mike Jones	John Union	-
29.09.21	Provision of Haemodialysis and Plasma Pheresis	Approval of expenditure totaling £2,285,915.86	30.09.21	Ceri Phillips	Gary Baxter	-

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	in-Centre equipment.					
30.09.21	One off requirement for a Burner Replacement at UHW	Approval of expenditure totaling £710,881.20	07.10.21	Rhian Thomas	Michael Imperato	-
04.10.21	Application of the UHB Seal for 3 contracts (referred to above – seals 695 to 967) for the Sexual Assault referral Clinic.	Application of UHB Seal only.	07.10.21	Ceri Phillips	Mike Jones	-
07.10.21	Replacement of cardiac imaging equipment in Lab A at UHW	Approval of expenditure totaling £821,090.40	07.10.21	Ceri Phillips	Mike Jones	-
07.10.21	Installation of a new Fluoroscopy room at UHW	Approval of expenditure totaling £1,912,422.00	07.10.21	Ceri Phillips	Mike Jones	-
11.10.21	Whitchurch Road, Agreement For Lease - 25 years	Approval to enter and agreement to enter a lease with a total rent exceeding £3,000,000.00 over 25 years.	21.10.21	Rhian Thomas	John Union	-
11.10.21	Application of UHB Seal - Horatio's Garden Lease (Seal 968 referred to above)	A 20 year lease between (1) CVUHB and (2) Horatio's Garden to govern the occupation of a new Health Board site for the location of specialist Spinal and Neuro Rehabilitation Services.	11.11.21	Gary Baxter	Mike Jones	-
22.10.21	Uplift on UHW and UHL medical team staffing.	Approval of expenditure for	22.10.21	Mike Jones	John Union	-

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		additional F3 medical staff in lieu of locum support. The contract represents save to spend expenditure of £404,000.00 for 2021/22 and £907,000 recurrently. For the period November 2021 to November 2022 a total saving of £704,000 will be made.				
22.10.21	CRI – Sexual Assault Referral Clinic Alterations	Approval of constructions works totaling £605,766.85	22.10.21	Rhian Thomas	Ceri Phillips	-
28.10.21	UHL Electrical and Medical Gas Infrastructure Upgrade	Approval of expenditure totaling £4,424,710.00	28.10.21	Rhian Thomas	John Union	-
28.10.21	Same Day Emergency Care Unit Construction Costs	Approval of Expenditure totaling £1,980,000.00	28.10.21	Ceri Phillips	Mike Jones	-
28.10.21	Application of UHB Seal (Seal 969 referred to above)	Approval of the use of the UHB seal for a 10 year lease of University Hospital of Wales Concourse Unit 8, between (1) CVUHB and (2) Books Plus (Cardiff) Limited for use of the unit for the retail sail of	28.10.21	Gary Baxter	Mike Jones	-

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		books for staff and members of the public frequenting the site.				

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
- **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								

Thomas,Nathan 11/07/2021 15:57:57

Report Title:	**CHIEF EXECUTIVE'S REPORT**								
Meeting:	CARDIFF AND VALE UHB BOARD MEETING					**Meeting Date:**	25.11.2021		
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 fifth 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:

Cardiff Joint Research Office Launch

On 23 September, I attended the launch of the Cardiff Joint Research Office, a new collaboration between our Health Board and Cardiff University. This is something that we have been working hard to achieve for a number of years, and I'm delighted that it has now come to fruition, beginning an exciting new era for research in Cardiff and the Vale of Glamorgan. The new office supports will bring our workforces together in one space, facilitating a joint approach to the development and delivery of healthcare research. Together, we aim to make Cardiff and the Vale of Glamorgan one of the best places in the UK for clinical research, which will help to improve the health and wellbeing of people locally, in Wales and beyond.

Our research teams have been in the spotlight for the leading role they have taken in global efforts to find effective treatments for COVID-19, but their contribution to finding tomorrow's treatments for today's illnesses extends far beyond this with thousands of patients participating in clinical trials each year.

The research office is the first of its kind in Wales and it will enable us to take that work to the next level, delivering high quality and high impact research to help improve patient outcomes worldwide.

Newly Refurbished Rainbow Ward Opens at Children's Hospital for Wales

Thanks to £1.4 million in funding from children's cancer charity, LATCH, Rainbow Ward at the Children's Hospital for Wales has recently undergone a major refurbishment.

Saunders.Nathan
11/17/2021 15:57:57

Rainbow Ward is the lead centre for paediatric oncology in South and West Wales, caring for children and young people with cancer and leukaemia. It is an extremely important place, with specialist doctors, nurses and LATCH support workers building close relationships with children and their families spending long lengths of time on the unit, months at a time in many cases.

The generous funding from LATCH has allowed much needed upgrades to be completed, creating a comfortable space for patients and their families. LATCH has a long standing relationship with Rainbow Ward, providing support for children and families across Wales who are receiving treatment for cancer and leukaemia at the Children's Hospital for Wales.

Recovery and Redesign
The Recovery and Redesign Programmes of work, aims to restore and improve access to services impacted by the Covid-19 global pandemic, transform clinical pathways and in so doing, enhance services for patients.

The Recovery and Redesign portfolio spans the following five key programmes, which each contain a number of specific projects:

- Planned Care
- Unscheduled Care
- Primary Care
- Diagnostics
- Mental Health

An initial tranche of recovery funding from Welsh Government in May has enabled us to progress a number of projects to support temporary increases in capacity to begin to deal with the backlog of patients waiting for assessment, diagnosis and treatment as a consequence of the pandemic. We're closely monitoring our progress towards restoring services to pre-pandemic activity, and at the end of September elective surgery was at 80 per cent of pre-Covid levels.

Over the summer, we initiated supporting additional projects, primarily aligned to unscheduled care and winter plans, designed to transform our services to improve access and sustainability. Some of the key projects funded have included redesigning Surgical Same Day Emergency Care, making improvements to our Assessment and Emergency units, multi-disciplinary team cluster work, and a project focusing on getting patients into the 'Right Bed, First Time'.
At the end of September, we were successful in securing further Welsh Government funding, which will be used to support initiatives in primary care, diagnostics, mental health and planned care with a focus on transformation and sustainability.

New Transitional Care Unit at St David's Hospital
On Monday 1 November a new Transitional Care Unit (TSU) opened at St David's Hospital, as part of the Recovery and Redesign programme.

The TCU is a 20-bed unit based on Glan Ely ward designed to support patients who no long need an acute medical bed and are awaiting a package of care to return home or a care home placement. This Unit is nurse led and is supported by therapy leads within St David's Hospital and will improve the overall patient experience as they will be in a more appropriate environment for their needs.

Standfast Nolan
Ref: 1/2021 15:57:57

Patients will be reviewed from a Daily medically fit list in conjunction with the ward staff from the TCU, IDS teams and local authority staff. Wards will also be able to highlight patients they think may be suitable for the ward and these patients will be screened and pulled on to the Unit if appropriate.

The unit is run by a very experienced discharge team who will be able to ensure a seamless transition home. All patients who are admitted to the unit will be medically fit and will have finished any treatment needed in the acute medical wards, so they can experience the full benefit of what the TCU can offer them.

A1 ward helps relieve pressure on the Emergency Unit thanks to the Medicine Clinical Board Transformation programme

From 1 November, A1 ward can focus their care on patients with an anticipated short length of stay (LoS). This will include acute patients and will relieve pressure on the Emergency Unit and Assessment Unit, as a result of the Medicine Clinical Board Transformation programme.

Clinicians and teams within Medicine Clinical Board have recognised that many patients can spend too long in the incorrect part of the hospital (UHW) and being moved more times than necessary, which could result in a patient's health deteriorating. The patients we refer to are the ones whose Length of Stay (LoS) is over 24 hours and need hospital admission; usually these patients spend too long in either the Emergency Unit or the Assessment Unit at UHW.

Developed and designed by staff working on A1, the new model is based on the 'SAFER' framework which helps improve patient experience patient flow, ward rounds and patient communication. LoS for a patient on A1 ward should be between 24 and 72 hours.

A vision for the future of genomics in Wales

Genomics Partnership Wales has been granted Welsh Government approval of a business case to develop a £15.3M state-of-the-art genomics facility at a site in the north of Cardiff.

This important decision supports Wales' commitment to invest in a vibrant ecosystem of precision medicine research, innovation and national service development and delivers on a key investment objective laid out in Welsh Government's Genomics for Precision Medicine Strategy.

Genomics Partnership Wales' vision, "working together to harness the potential of genomics to improve the health, wealth and prosperity of the people of Wales" has been long been underpinned by the commitment to co-locate three key partner organisations; the All Wales Medical Genomics Service; Public Health Wales' Pathogen Genomics Unit and Wales Gene Park, hosted by Cardiff University. This progressive model sees Wales become the first UK Nation to ensure that genomics can benefit from true integration; pooled resources, shared knowledge and expertise – to ensure that Wales' genomic health and research provision is fit for the future. This will enable Wales to attract and retain the best minds and to build a truly resilient infrastructure that will support the rapid development anticipated in the field of precision medicine in the years to come.

The new development which sees the refurbishment of an existing building at Cardiff Edge Life Sciences Park (Coryton, Cardiff), has been co-designed by members of staff, patients and the public and will provide: a calm, welcoming environment for patients and their families, world-class microbiological containment and research laboratories, clinical space in the form of consulting rooms, seminar facilities, modern office spaces and areas that promote staff wellbeing.

Supplementary Papers 12 January 2023

Change to Executive Team
On 15 October, it was announced to our staff that I will be leaving the organisation in February 2022 to take up a new position as Medical Director at University Hospitals Bristol and Weston NHS Foundation Trust. Professor Meriel Jenney will remain Interim Executive Medical Director ahead of a permanent appointment into the role in due course.

While I am looking forward to starting my new role closer to my family home, I will always look fondly on my time at Cardiff and Vale UHB. It has been a privilege to be Executive Medical Director and, for a short time, Interim Chief Executive here.

It is an exciting time here for the Health Board, with the ambitious Recovery and Redesign programme underway to restore and improve access to services impacted by COVID-19, the ongoing delivery of the Shaping our Future Wellbeing strategy towards its culmination in 2025, and of course the new Chief Executive, Suzanne Rankin joining the organisation in the New Year.

During the remainder of my time at the Health Board, my focus will be on working hard alongside my great colleagues in the Executive Team to manage what we anticipate will be one of the most challenging winters in our history.

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	✓

Saunders,Nathan (...)
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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								

Saunders, Nathan 11/1/2021 15:57:57

Report Title:	**Corona Virus Update Report**	Agenda Item no.	6.4
Meeting:	**UHB Board Meeting**	Meeting Date:	25.11.2021
Status:	For Discussion	For Assurance x	For Approval	For Information
Lead Executive:	**Chief Executive Officer**		
Report Author (Title):	**Corporate Governance Officer**		

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

Saunders,Nathan 11/17/2021 15:57:57

entitled to expect		resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	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
11/17/2021 15:57:57

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

- **Covid outbreak position** – at the time of writing there are the following Covid 19 outbreaks. 2 on wards in the Medicine Clinical Board (on different sites) one on a Ward in Mental Health Clinical Board and one in a ward which is in a community Hospital.
- We have previously managed and contained outbreaks in UHL by closing wards to admissions and restricting visiting on site.

- **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 launched the 'Safe to move –Saff I Symyd' risk assessment tool. Week commencing 6th September. This was 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. We are currently considering the Options appraisal for the Covid Investigations as proposed by the Delivery Unit on consultation with organisations.

- **People Experience –** Information in relation to the booster programme was prepared for our seldom heard communities.
- It is noted that many communities are happy to attend the Mass Vaccination centres for the booster. We have provided information regarding travel arrangements for those where this may be difficult. We will have focussed pop up clinics as required.

Workforce	Deputy CEO and Executive Director of Workforce and OD

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 whose remit will be to identify the total additional workforce requirements and to provide regular updates to the Portfolio Board on progress and supports the Clinical Boards with the recruitment process by developing fast tracking processes and implementing a variety of recruitment initiatives to enable employment to the additional vacancies.

Saunders,Nuna
11/17/2021 11:37:37

A number of schemes have now had approval and recruitment to support the projects is underway with 270 posts to be recruited by the end of this financial year. Where recruitment is not possible due to national shortages of key professions, Clinical Boards are encouraged to identify alternative

plans for the additional activity to be undertaken such as outsourcing, and utilising bank and agency and overtime.

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 the current pressures due to high admissions and slow discharge rates 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 implementation of the People and Culture Plan will play a key role enabling the delivery of the workforce challenges.

Governance	Director of Corporate Governance

From December 2021 there will be a Public Board Meeting every month. The additional meetings will be added to the Board Development days which should already be held in diaries. The additional meetings will focus on Covid 19, recovery and winter and will be for 90 minutes only to ensure that the Health Board and Members of the Public are kept informed of actions being taken to manage the system pressures and associated issues.

There is also, as a separate agenda item, a report on Covid 19 Public Inquiry and the preparations which are underway.

Operations including Operational Framework	Chief Operating Officer

Operations 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:

Operating model - The Health Board's Covid-19 operating model has been revised, as highlighted in the last Board report. The first principle remains to be 'covid ready'. 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. National, regional and local community surveillance data is still tracked and considered.

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. System wide operational pressures, however, are significant and access and / or response delays are occurring at a number of points in the system.

Saunders,Natalie 11/17/2021 15:11:57

Unscheduled Care – Since the last Board report, covid admissions and occupancy has increased but remain lower than peaks in the first two waves. At the time of writing this report, there were 127 covid positive in-patients across our two acute hospital sites, of

which 11 are in critical care. The uncertainty regarding covid 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, the non-Covid position continues to be the main driver to current pressures – and specifically data analysis continues to show that current difficulties are driven by our inability to achieve timely discharge of patients – as opposed to it being a demand-based issue.

Health Board Executives and Local Authority partners met with Welsh Government officials on 25th October 2021 on system resilience and capacity planning. The presentation given will be shared with Board members at the November Board meeting by the Interim Chief Operating Officer.

Planned care – Recovery planning continues at a system level and the Health Board met its Welsh Government commitment to deliver 80% of pre-covid planned care activity at the end of Quarter 2. Whilst the aim remains to deliver 90% by the end of quarter 4, it is worth noting that current unscheduled care pressures makes this more challenging.

Mental Health services – the demand pressures seen within physical health are reflected and further accentuated within our Mental Health services and demand for adult and children's mental health services remains significantly above pre-covid levels. Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services

Primary care and community services – Primary care and community services – As with other part of the system, primary care and community services continue to experience significant pressures. At the time of writing the report, 5 practices are reporting a Level 4 and 4 reporting a level 3 escalation. The Health Board is supporting a small number of practices with a range of sustainability issues which include merger and temporary list closure requests and one practice that will not be continuing with their contract.. GP practices have been providing some support to the booster delivery for the mass immunisation programme but on a much smaller scale due to the contract requirements being reinstated. Dental services are still working to approximately 40-50% of pre-covid activity, with optometry being back to pre CoVid levels.

Public Health	Executive Director of Public Health

Epidemiology update

There have been a series of increasing peaks in Covid-19 cases in Cardiff and Vale during September and October 2021, followed by smaller declines. The most recent of these was in the first three weeks of October, peaking on 17 October in Cardiff and 21 October in the Vale at 828 cases per 100k per week, and 892 cases per 100k per week respectively. These peaks have been driven principally by a surge in cases in 10-19 year old age group, particularly secondary school aged children, most of whom have not been offered vaccination until recently. Notably, rates among 18-21 year olds have so far not seen a similar surge. Rates have begun to decline again following this latest peak but it is unclear if this trend will persist.

Saunders-Jonathan 11/17/2021 15:57:57

In the context of high uptake of vaccination in other age groups, the majority of these infections are mild, with few or no symptoms. Internationally it is recognised that immunity from vaccination can start to wane after around 6 months, and a gradual rise in cases among over 60s has been of concern while the booster programme is being rolled out.

Hospital admissions due to Covid-19 have remained significantly lower than those seen at the peak of the second wave, but have been slowly increasing, along with bed occupancy. These are now at around 40% of the levels seen in January 2021.

Deaths increased slightly in the first two weeks of October, with a small number of 'excess' deaths above the 5 year average.

There has been an increase in international travellers, including residents, entering Cardiff and Vale. While test positivity in this cohort has generally remained low, there was an increase above 1% in October 2021, the first time since July. There were no reported cases of non-alpha/non-delta variants of concern (VOC) or variants under investigation (VUI) in Cardiff and Vale during October. Further information is awaited from PHW on the incidence of the AY4.2 delta virus.

There are currently three outbreaks in hospital settings. There are a small number of incidents in care homes. However, these tend to involve few cases each. While workplace incidents remain widespread, most also involve few cases.

TTP update

Numbers accessing symptomatic (PCR) remained high throughout September and October, putting pressure on testing services at peak times. The corresponding high numbers of daily positive cases have also put significant pressure on contact tracing services across Wales, meaning that nationally agreed prioritisation processes have been adopted to manage the caseload as effectively as possible.

The response to Covid-19 is dynamic and TTP teams need to respond rapidly to changing guidance as it is published by both Welsh and UK Governments; this is likely to remain a feature in coming weeks and months. Our partnership communications teams continue to work collaboratively across the region to share up to date information of these changes with local communities, particularly in relation to testing and vaccination.

The changes to isolation requirements for fully vaccinated individuals and those aged under 18, along with relaxation of general restrictions, have limited the action that can be taken in response to clusters of Covid-19 in the population. In response, the regional team has gradually shifted its focus from individual case management to risk reduction in high-risk settings. In particular, partnership processes have been restructured to support schools, Higher Education/Further Education, the care sector and healthcare; a dedicated team also manages the arriving traveller case load.

The recent publication of national Covid-19 Response and Winter plans will inform the update of the Cardiff and Vale Covid-19 Prevention and Response Plan, which will describe how regional partners intend to respond both strategically and operationally to Covid-19 and other respiratory viruses over winter.

Saunders, Kathryn
11/17/2021 11:55:37

Vaccination update

Updated advice on Covid-19 booster vaccination was published on 14 September 2021 by the Joint Committee for Vaccination and Immunisation (JCVI), followed by a Welsh Government

written statement on the same day. Booster vaccination for eligible groups, as set out by the JCVI, commenced on 18 September 2021. To date, over 60,000 booster vaccinations have been administered to care home residents, care home staff, health and social care workers and people aged 70 years and over. Following the Written Statement from the Welsh Government on vaccination of 12-15 year olds on 14 September 2021, vaccination of this group commenced in early October. Fifty per cent of 12-15 year olds have now received a first dose of vaccination. To increase uptake, walk-in vaccinations for this age group commenced at Bayside Vaccination Centre this week.

Mass vaccination centres: Three Mass Vaccination Centres (MVCs) continue to operate across the region. Groups currently accessing MVCs for booster include health and social care workers, people aged 70+ and those who are clinically extremely vulnerable. People who are severely immunosuppressed and eligible for a 3rd primary dose are also attending MVCs. Young people aged 12 to 15 years can currently access vaccination from Bayside MVC where there are specially trained staff and a young-person friendly environment.

Mobile teams: Mobile Teams completed care home visits for booster vaccinations to all 118 registered care homes across Cardiff and Vale by the middle of October. The mobile teams will continue to visit care homes to ensure all care home residents receive their booster vaccination and 'no one is left behind'. The mobile teams will also be offering home visits to people unable to leave their homes in the coming days and weeks.

GP practices and Community Pharmacies: Our GP Practices and Community Pharmacies are nearing completion of vaccination of 80+ year olds in seven out of nine Clusters.

Communications:
To ensure citizens continue to prioritise their booster vaccination appointment and to ensure 'no one is left behind' we have developed our communication plan as part of the wider winter vaccination communication strategy.

Saunders,Nathan
11/17/2021 15:57:57

Report Title:	**Cardiff and Vale Integrated Winter Plan – 2021/22**						**Agenda Item no.**	**6.5**	
Meeting:	**Board**						**Meeting Date:**	**25/11/21**	
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**		
Lead Executive:	**Chief Operating Officer**								
Report Author (Title):	**Head of Service Planning**								

Background and current situation:

Demand for health services fluctuates throughout the year. Winter typically sees increased demands for health services that require mitigating action in the form of a Winter Plan. The aim of the Winter Plan is to reduce the likelihood of seasonal demand impacting on patients and ensure their health needs are met during the winter period.

Whilst overall EU attendances can be lower in the winter period, the proportion aged over 85 increases. In addition, the number of emergency admissions of older patients can be higher and length of stay extends, reflecting a more complex case-mix. A collaborative multiagency approach is paramount and plays a vital role in providing timely care to patients particularly in ensuring patient flow throughout entirety of the healthcare system. Equally preventative measures, such as flu vaccinations, are an important feature of winter planning including supporting and educating patients of self-care options in the wider healthcare, community and social care services.

The development of this year's Winter Plan has been heavily determined by the ongoing response to the pandemic, the impact of which has been significant for all partners and residents across Cardiff and The Vale. Whilst Health and Social Care partners would typically see reduced demand during summer months, the usual patterns have not been experienced during 2021. The significant challenges faced across Health and Social Care over the past 18 months, combined with workforce fatigue and recent increases in covid prevalence, make winter 2021/22 a unique prospect for which to plan. As such plans will need to continually evolve throughout the coming months and must also be viewed in the context of wider COVID-19 recovery plans across partners in the region.

Key information to bring to the attention of the Board:

1. The Integrated Winter Plan has been developed in conjunction with partners across Health and Social Care, including the third sector

2. The plan has been endorsed by Joint Management Executive and Regional Partnership Board

3. The plan continues to evolve, this a reflection of the unique circumstance brought about by the pandemic.

Saunders,Nathan
11/17/2021 15:57:57

4. This plan must be viewed within the context of the Covid response and recovery plans which are being delivered across the Health and Social Care system. Many of the schemes put forward via these plans will support the winter response

5. The plan is congruent with the recently published Welsh Government Health and Social Care Winter Plan 2021 to 2022

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

Winter 2020/21 Review

The UHB undertakes a review of the previous winter to help inform planning for the following year. Winter 2020/21 was noted as a significantly anomalous year due to the ongoing impact of the COVID-19 pandemic across the UK. Wales moved to Alert Level 4 from mid-December 2020 to March 2021. Compared to the two previous winters C&VUHB saw lower levels of Ambulance conveyances, EU attendances, Medical and Surgical admissions, Medical outliers and CRT usage. Flu vaccination rates improved across all groups and Flu and RSV circulation remained at low levels. GPOOH rates increased and the UHB introduced it's CAV 24/7 model to support with unscheduled care pressures.

Planning for Winter 2021/22

A mult-agency Integrated Winter Planning Workshop was held in August 2021 with attendees from the UHB, Cardiff Local Authority, Vale Local Authority, WAST and the Third Sector. Recruitment to key posts, considerable current service pressure and the significant workforce fatigue are noted as the key risks with delivery of the plans.

As a reflection of the extraordinary nature of winter planning for this year, Welsh Government guidance initially stated that there would be no requirement to produce a formal Integrated Winter Plan; additionally, it was stated that there would be no separate winter funding available and that provision should be made from core budgets and recovery allocations. Subsequently additional funding has been made available by Welsh Government and work is ongoing with partners across the Regional Partnership Board to define how and where to allocate this funding. Confirmation of these plans are now required to be made to Welsh Government by 25th November.

Integrated Winter Plan

The enclosed slides represent the latest version of the evolving Cardiff and Vale Integrated Winter Plan. It should be noted that there are ongoing discussion with partners across the region to confirm how the additional £1.3m which has been made available to the Regional Partnership Board should be allocated.

2021-11-05 Winter Planning Update - R

Saunders, Nathan 11/11/2021 15:57:57

The key elements of the plan are:

- Delivery of the Covid-19 Vaccination Programme (phase 3) alongside the Winter Respiratory Virus Campaign (Flu)
- Delivery of a paediatric RSV surge plan, as required
- Maintenance and continued delivery of Test, Trace and Protect (TTP)
- Continued close working with WAST to deliver new models of care, noting the risk and pressure for patients in the community
- Commissioning of increased community capacity (CRT, etc.)
- Commissioning of additional Discharge to Assess capacity
- Joint working and additional workforce in the local authority – social work and therapy
- Enhanced resilience of CAV 24/7 and out of hours primary care service
- Commissioning of additional hospital bed capacity (or equivalent)
- Further enhanced services for older people, in particular frailty and mental health
- Additional crisis support across adult and children and young people's mental health
- Strengthened senior clinical decision-making capacity at key points of the unscheduled care pathway
- Continued focus on recovering planned care services and maintenance of Protected Elective Surgical Unit principles

Recommendation:

The Board is asked to NOTE the development of the Cardiff and Vale Integrated Winter Plan for 2021/22 and it's evolving nature.

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

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention	Long term	Integration	Collaboration	Involvement

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Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Report Title:	**Board Assurance Framework (BAF)**								
Meeting:	Board						**Meeting Date:**	25th Nov 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 September 2021 all risks have remained at the same score with the exception of the risk in relation to Finance. This risk has decreased from a 15 (Extreme) to 10 (High).

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.

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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.

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 with risk management processes now becoming more embedded within the Clinical Boards.

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
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	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								

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BOARD ASSURANCE FRAMEWORK 2021/22 – NOVEMBER 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

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Key Risks

Board approved Risk Appetite: 'Cautious' moving towards 'Seek'

Risk	Corp Risk Register Ref.	Gross Risk	Net Risk	Change from Sept 21	Target Risk	Context	Executive Lead	Committee
1. Workforce	6,8,19, 12	**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:** 03.11.21	Strategy and Delivery Committee **Last Reviewed:** 13.07.21
2. Financial Sustainability	19,20,1	**25**	**10**		**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:** 02.11.21	Finance Committee **Last Reviewed:** 27.10.21
3. Sustainable Primary and Community Care Saunders,Nathan 11/17/2021 15:57:57	9	**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	Chief Operating Officer **Last Reviewed:** 04.11.21	Strategy and Delivery Committee **Last Reviewed:** 13.07.21

						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.		
4. Patient Safety	2,3,4,7,8 ,10,11, 12,17,18 ,13,14, 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:** 28.10.21	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:** 03.11.21	Strategy and Delivery Committee **Last Reviewed:** 14.09.21
6. Capital Assets Saunders,Nathan 11/17/2021 15:57:57	2,3,4,5, 15,14	**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:**	Finance Committee & Strategy and Delivery Committee **Last Reviewed:** 04.11.21

							02.11.21	
7. Planned Care Capacity	10,12,17 ,18,13, 16	**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:** 04.11.21	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:** 02.11.21	Strategy and Delivery Committee **Last Reviewed:** 16.11.21
9. Staff Wellbeing	5	**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	Executive Director of People and Culture **Last Reviewed:** 03.11.21	Strategy and Delivery Committee **Last Reviewed:** 16.11.21

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						those who are likely to be affected disproportionately		
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:** 03.11.21	Strategy and Delivery Committee **Last Reviewed:** 14.09.21

Lines of Defence

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

Risk Appetite

Key:

Avoid: Avoidance of risk and uncertainty is a key organisation objective

Minimal: Preference for ultra-safe delivery options which have a low degree of inherent risk and only for limited reward potential

Cautious: Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward

Open: Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (VFM)

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Seek: Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)

Mature: Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

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. • Continued operational Pressures has reduced the resilience of some of our staff, which has impacted on their health and wellbeing. • The current climate has created a shortage of candidates with the right skills, abilities and experience in many professions which has created a more competitive market. • Lack of capacity due to operational pressures to develop existing workforce.		
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, and focus on talent management and succession planning. Lack of capacity to upskill and develop our current workforce.		
Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**

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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. • 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 Medics 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 work streams - 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	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)

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	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) 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) In order to shape decisions about people and the workforce we are moving away from workforce reporting and metrics into workforce analytics.(1) The recent HCSW advert resulted in over 160 applications, unfortunately approx. 50% of applicants were currently employed in the care sector. We are working closely with Social Care on recruitment and resourcing.(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. National shortage of Consultants in Adult Psychiatry is having a negative impact on supply even through recognised Locum Agencies.		

Gap in Assurances

Actions	Lead	By when	Update since Sept 21
1. Central Resourcing Team established	RG	From 30.11.2021	The new appointments have been made and start dates agreed. 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	Specific plans being developed to support Recovery & Redesign.
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.

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6.	New Nurse E-Rostering System being implemented during 2021/22, including Safe-Care Module and improved Bank App. functionality	RG	31.3.2022	Implementation Plan paused in order to resolve ESRGO and Self-Billing.
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~~ 2	**Net Risk Score:**	**10 (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 Sept 21
1. Continue to work with Welsh Government to confirm additional funding to manage our recovery response to Covid 19.	CP	31/03/2022	Funding for the last six months of the financial year (and for recovery) has been received. Financial forecast currently being updated
2. To monitor and control additional expenditure and financial performance to	CP	31/03/2022	This is currently being reviewed

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	ensure that the year-end forecast is within the resources available.			
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	This will be completed on confirmation of year end forecast position.
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 Sept 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	Funding has been agreed for 2nd and 3rd MDT model for development before Christmas. They will target vulnerable groups and prevention deterioration.

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. Due to the ability to balance risk in the community in transferring patients to EU		
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 insourcing activity • Additional recurrent activity taking place • Recruitment of additional staff • Workforce hub in place with daily review of nurse staffing by DoN in Clinical Boards to manage the risk • Hire of additional mobile theatres • Implementation of Organisation and Transformation centres 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 Sept 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	31.03.22	Review has commenced early learning shared with operational colleagues and it is informing the

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				development of the recovery plan Review of deaths continues in line with WG requirements
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. UHB now part of all Wales Group looking at Freedom to Speak Up across NHS Wales "Neyber" launched to support staffs financial wellbeing with an emphasis on education – Awareness campaign and training commenced 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)		

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Impact Score: 4	Likelihood Score: 2	Net Risk Score:	8 (High)
Gap in Controls			
Gap in Assurances			

Actions	Lead	By when	Update since Sept 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	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. CLIMB launched October 21. The current leadership programmes will be reviewed and will complement the DHI ILA A task and finish group is currently designing the UHW Leadership Programme which will launch in 2022. Promotion of the programme will be included in the showcase. Work is planned in December 21/January 22 to map the UHW in-house leadership offerings alongside the DHI offerings to ensure consistency of message, clarify access and routes to colleagues, and utilise potential shared resources. Programmes to restart January 2022 post showcase.
2. Showcase	RG	From Sept 21 05.11.2021	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	RG	From 14.12.20 05.11.2021	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 and VERTO reports provide the Group with updates on progress. Two Welsh Language translators now recruited. – Complete and fully operational. Over 11 months the translators have translated over 900,000 words and

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			are likely to achieve over 1,000,000 in their first 12 months. A robust translation process is in development and will be piloted in early 2022, this will utilise the in-house translators and the SLA in place with Bi-lingual Cardiff to ensure most effective use of resources. We are currently undergoing an internal audit on Welsh Language overseen by Shared Services. Results will be available January 2022. All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. 05.11.2021 Board development sessions led by the Executive Sponsor have been delivered, including Marriage and Civil Partnership. 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 05.11.2021 Project Search participants currently experiencing the classroom element of their work experience, placements will commence January 2022. 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 05.11.2021 Currently over 160 placements across the Health Board with an expectation that all roles places will be filled by Jan 2022. Very positive feedback on placements with a number of

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			placements acquiring employment within the Health Board. Annual Stonewall submission completed October 2021.
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 oversee 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 Sept 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. This risk may also get considerably worse over the winter period.		
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 Q2 Planned care trajectory is on track		
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 Sept 21
1.Bids for further schemes currently awaiting approval	SC	Sept 2021	2 tranches have been approved by Welsh Government including recovery monies for in year and recurrent plans are in place

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 Sept 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 has been developed.
Winter Plan being developed with partners despite being not requirement for one by WG	AH/SC	31/10/21	Complete
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 / experience • Being merged with new colleagues from different areas • Increased working to cover shifts for colleagues / react to increased capacity • 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 / impact upon manager wellbeing • 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 and potential for exacerbation of existing poor behaviours • Operating on minimal staff levels in clinical areas • Mental health and wellbeing 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 • Potential exacerbation of existing health conditions		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20 –(Extreme)**
Current Controls	• Self-referral to wellbeing services • Managerial referrals to occupational health and wellbeing • 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 including focus on wellbeing • 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		

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Current Assurances	• Internal monitoring and KPIs within the EHWS(1) • 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 • Clarity of signposting and support for managers and workforce		

Actions	Lead	By when	Update since Sept 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 Feedback presented to Board Development October 21
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)	NB	Post consultation phase	

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- Enhance training and education courses and support for new and existing managers				
5. Wellbeing interventions and resources funding bid approved November 2021. Implementation to start December 2021 for completion March 2022. Wellbeing Strategy group to shape with feedback from Cl Boards.		CW	Nov 21 - March 2022	Funding bid approved. Draft implementation plan currently under review by Strategy group. Physical aspects (hydration stations) to be planned and implemented by end March 22.
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
	  o structural issues, e.g. income, employment, education and housing
	  o unhealthy behaviours
	  o 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:
	  o Children and young people
	  o Minority ethnic groups, especially Black and Asian populations
	  o People living in (or at risk of) deprivation and poverty

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	○ People in insecure/low income/informal/low-qualification employment, especially women ○ 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		

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	healthy weight, immunisation and screening. We will work closely with the 2 local authorities and other partners, through our PSBs and RPB partnerships to 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 • The Annual Report of the Director of Public Health (2020), published in September 2021, focusses on reducing inequity and sets out a vision for future partnership working that will enable us to recover strongly and more fairly.
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 Sept 21
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty	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.

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2. Take further actions, to improve COVID-19 vaccination rates (including delivering a booster vaccine) in minority ethnic communities and vulnerable groups	FK/RW	December 2021	Vaccination pop up clinics are being offered within 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. On target
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 On target
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. Complete

Impact Score: 4	**Likelihood Score: 2**	**Target Risk Score:**	**8 (High)**

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Key:

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

Report Title:	**C&V Integrated Performance Report**								
Meeting:	C&V UHB Board					**Meeting Date:**	25 Nov 2021		
Status:	**For Discussion**	**X**	**For Assurance**		**For Approval**	**X**	**For Information**	**X**	
Lead Executive:	Ruth Walker, Caroline Bird, Rachel Gidman, Catherine Phillips								
Report Author (Title):	Information Manager (029 20 745602)								

Background and current situation:

This report provides the Board with a summary of performance against a number of key quality and performance indicators. This will include areas where the organisation has made significant improvements or has particular challenges including the impact of COVID-19, together with areas where the Health Board is under formal escalation measures from the Welsh Government and/or where local progress is being monitored.

This is the emerging Balanced Scorecard, with indicators that bring together Quality & Safety, Finance, Workforce and Performance for the Health Board.

SPECIFIC MATTERS FOR CONSIDERATION

Finance

	Aug-21	Oct-21	RAG	Target
Deliver 2021/22 Draft Financial Plan	£0.091m surplus	£0.170m surplus	↑	Break even
Remain within capital resource limits.	£5.688m	£5.530m	G	£38.638
Reduction in Underlying deficit (Forecast)	£25.3	£25.3	R	£25.3
Delivery of recurrent £12.000m 1.5% devolved target (Forecast)	£7.534m	£7.550m	↑	£12m
Delivery of £4m non recurrent devolved target (Forecast)	£7.323m	£7.417m	↑	£4.000m
Creditor payments compliance 30 day Non NHS (Cumulative)	93.8%	94.7%	↑	95%
Remain within Cash Limit (Forecast cash surplus)	£0.566m	£0.566m	G	Within Cash Limit
Maintain Positive Cash Balance	£4.628m	Expecting positive balance	G	Positive Cash Bal.

Performance

	Aug-21	Oct-21	RAG	Target
A&E 12 hour waiting times	680	1054	R	0
A&E 4 hour waiting %	68%	62%	R	95%
Ambulance Handover Times >1 hour	349	441	R	0
	Jul-21	**Sep-21**	**RAG**	**Target**
Waiting less than 26 weeks %	57%	56%	R	95%
RTT Waiting Over 36 Weeks	37311	38021		-
Diagnositcs >8 weeks Wwait	6147	7415	R	0
Mental Health Referrals	1087	1307	-	-
Mental Helath Part 1a	38%	26%	↓	80%
Mental Health Part 1b	93%	94%	G	80%
Patients Delayed over 100% for follow-up Appointment	43559	45475	↑	0
	Jul-21	**Sep-21**		
Single Cancer Pathway	68%	54%		

Quality & Safety

Patient Satisfaction	Aug-21	Oct-21	RAG	Target
30 day complaints response compliance %	81%	81%	G	75%
Patient Experience - Mass Vaccination Centres	99%	96%		
Patient Experience - Other Hospital Environments	80%	77%		
Falls	**Jul-21**	**Sep-21**		
Slips Trips and Falls (30 day moving total)	265	315		
Slips Trips and Falls with harm (30 day moving total)	15	13		
Serious Incidents	Aug-21	Sep-21		
Nationally Reportable Incident (SI)**	5	9		
Number of Never Events	0	0		
Mortality	**May-21**	**Jun-21**		
Percentage of Stage 1 Reviews Completed	80%	90%		
Risk Adjusted Mortality Index	106.62	81.35		
Number of still births				
Infection Control	**2020 /21 Sept-20**	**2021/22 (Sept-21)**		
All Reported Infections (cumulative)	301	386		
Mental Health	**Apr-21**	**Jun-21**		
Number of adults where restraints were used	Pending			

Workforce

	Jul-21	Sep-21	RAG	Target
Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	33.9%	31.9%	R	85%
Achieve annual local sickness and absence workforce target (rolling 12 month)	5.8%	6.2%	R	4.60%
Staff Turnover Rate	7.0%	7.9%	-	-
Mandatory Training Compliance	71.67%	72.14%	↑	85%
Fire - Mandatory Training	55.51%	56.68%	↑	85%
	Aug-21	**Sep-21**		
Staff Retention	89.54%	85.27%	-	-

Population

Immunisation	2020/21 Qtr 4	2021/22 Qtr 1	RAG	Target
% of children up to date with scheduled vaccines by 4 years of age	86.20%	85.10%	↑	95%
	Aug-21	**Oct-21**		
% of adults who have had 2 doses of Covid vaccine	71.50%	75.24%		

Tobacco	2020 / 2021	2021 / 22 Qtr 1	RAG	Target
% of smokers who become treated smokers	2%	0.1%		
% of treated smokers who quit at 4 weeks	66%	71%		

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Finance

The reported financial position for the 6 months to the end of September is an operational surplus of £0.170m.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 6 £14.967m Green and Amber savings were identified against the target. Further progress will need to be made with a focus on recurrent schemes. £7.550m recurrent schemes have been identified against the £12.0m recurrent element of the target.

The full year gross COVID forecast moved in the month from £117.622m at month 5 to £129.660m at month 6, primarily relating to confirmation of additional COVID recovery funding. Local COVID response costs have now been funded by Welsh Government based on the month 5 forecast totaling £49.935m. The UHB is forecasting a break even position at year end and all risks will need to be managed to deliver this.

The UHB's accumulated underlying deficit brought forward into 2021/22 is £25.3m which reflects the £21.3m shortfall against the 2020/21 recurrent savings target that was required to fund inflation and demand growth in 2020/21. 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.

The UHB's approved annual capital resource limit was £38.838m at the end of September 2021. Capital progress for the year to date is satisfactory with net expenditure to the end of September being 14% of the UHB's approved Capital Resource Limit which is in broadly in line with scheme forecasts.

The UHB's public sector payment compliance performance was 94.7% at the end of September which is just below the statutory target of 95%. Performance improved in month and is expected to continue to improve as the year progresses.

People

- Performance reviews with CB's are being undertaken to put in control measures for pay-bill and capture increase associated with COVID (UHB was previously underspent prior to COVID).
- Sickness reviews are resumed and now being undertaken as normal. Staff are returning to work (at home or location) who were previously Shielding.
- Extensive range of Employee Well-being strategies and support in place.
- A focussed communications strategy being put in place to raise awareness of the importance of continuing to undertake Fire E-learning.
- Allocate E-Job Planning system is currently being implemented.
- Values Based Appraisal Training is still being delivered and take up is excellent.

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Quality and Safety

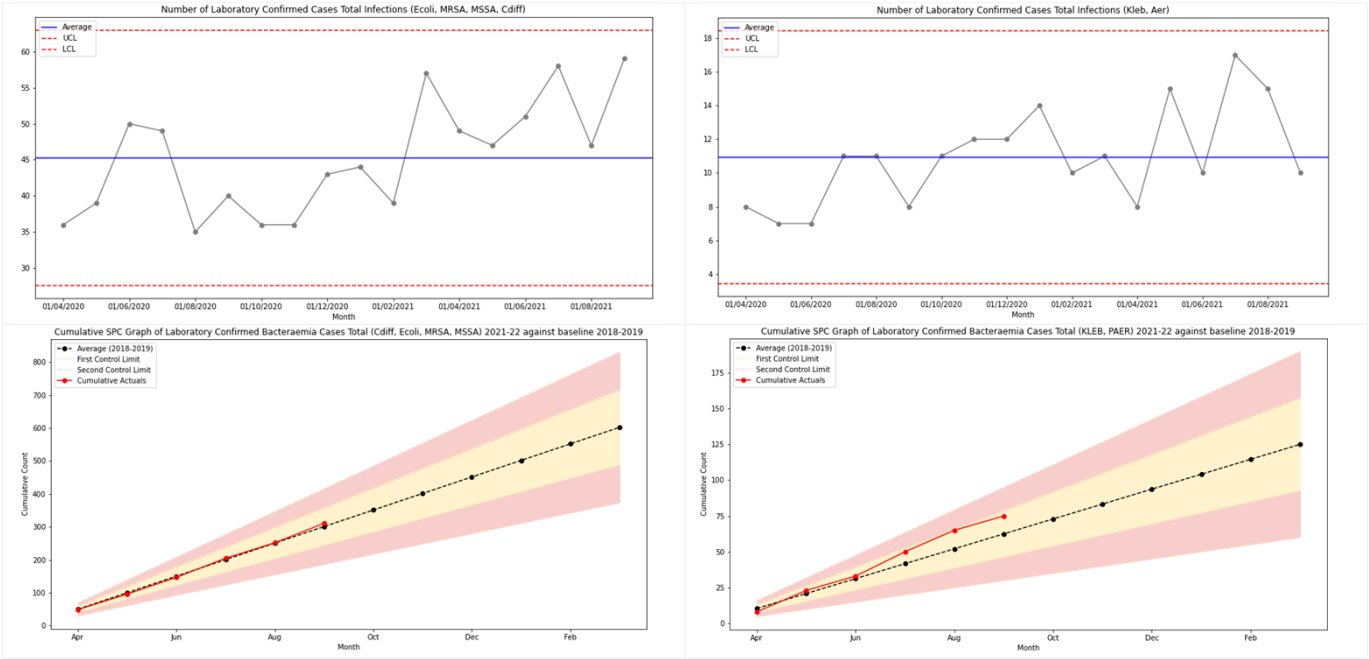
Serious Incidents – the number of serious incidents currently being reported is much lower than normal in line with revised Welsh Government reporting requirements. All incidents which would have been previously reported are being investigated as if they were reportable within the UHB. However, since the 14th June 2021 the Serious Incident reporting process has changed, and there is revised guidance for reporting what are now known as 'Nationally Reportable Incidents. Data prior to 14th June 2021 is not comparable and has been removed from the scorecard.

Covid-19 incidents - Examining the data, the number of patients admitted with COVID-19 has steadily increased to 424 in October 2021 from a low of 15 in May 2021.

Covid-10 outbreak position – the current position is reported in a separate report to Board. However, the number of robust measures put in place has now resulted in a much improved picture in line with other organisations of comparable size.

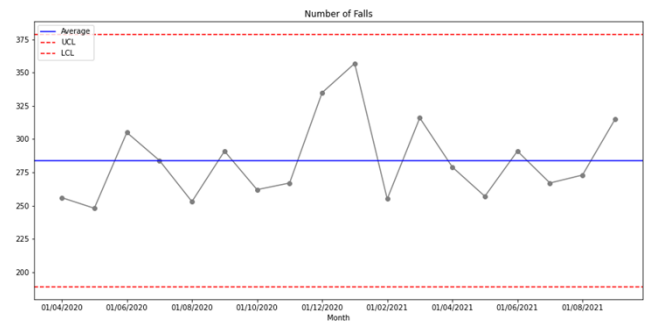
Hospital Infections – As at September-21, the grouped total Cdiff**,** Ecoli, MRSA and MSSA infections is showing no in-year improvement against the 2018/19 baseline. However, Ecoli, MRSA and MSSA are demonstrating an in-year improvement whereas Cdiff in year has increased by 29% compared to baseline of Sept-18.

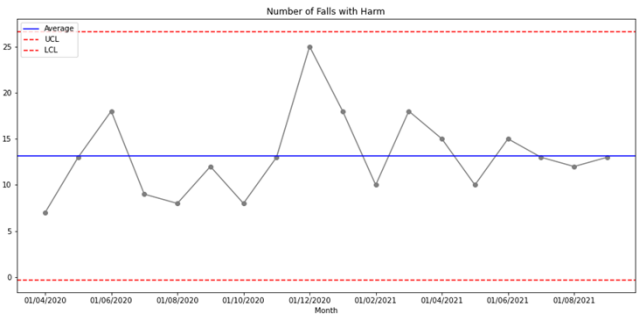
Similarly, as at September-21 Klebsiella has increased the in-year infections above the baseline year whereas P. aeruginosa is running below the 2018/19 baseline average.



(For Individual Infection SPC Graph please see Appendix A)

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Concerns - In September and October, 1,317 concerns/contacts were received. This is an increase when compared to 1,033 contacts received in July and August. This increase reflects the higher number of enquiries the Concerns Team received as more people are requesting updates on their COVID-19 booster vaccinations

When compared to the same period last year, when 557 concerns were received, there has been an increase in concerns being raised during September and October this year (571 concerns received).

During September and October, we closed 508 Concerns. It is pleasing to note that despite the current significant Clinical Pressures and staff availability, reported in the last Board Report, the Health Board has maintained an 81% 30-day performance in responding to concerns.

Performance

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 centered on patients being seen in order of clinical priority rather than time-based targets.

The prevailing operating conditions remain largely as reported at the last Committee meeting – with the Health Board continuing to experience significant operational pressures. The pressures continue to be seen across the whole system – in primary and community care, mental health, our emergency stream and within social care.

Our Covid admissions and occupancy have increased since the last Committee meeting but remain lower than in previous peaks. 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, the non-Covid position continues to be the main driver to current pressures – and specifically data analysis continues to show that current difficulties are driven by our inability to achieve timely discharge of patients – as opposed to it being a demand-based issue.

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.

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- The Health Board continues to experience significant operational pressures, driven by our inability to achieve timely discharge of patients, and compounded by, over the last reporting period, an increase in Covid admissions and occupancy.
- Whilst headline performance against the mental health part 1a measure has deteriorated, the actions being progressed are resulting in improvement in the volume of long waiting patients and average waiting times. Demand for both children and adult's mental health services remain high.

Planned Care

The overall ***Referral to Treatment (RTT)*** waiting list increased in September to 112,049 and is 28% higher in total in March 2020. There were 38,021 patients waiting ***over 36 weeks***. 56.9% of these are at new outpatient stage.

The number of patients waiting greater than 8 weeks for a **diagnostic** test was 7,415 at the end of September 2021. The number patients waiting over 14 weeks for ***Therapy*** was 1,178, an increase of 58% since May 2021 (494).

Referrals for patients with suspected ***Cancer*** have now returned to pre-Covid levels. During September 2021 54.4% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion.

The overall volume of patients waiting for a ***follow-up outpatient*** appointment was 171,427 at the end of September 2021. 98% of patients on a follow-up waiting list have a target date. We are consistently above the national target of 95%. The number of follow-up patients waiting 100% over their target date was 45,475 at the end of September, a reduction of 2,301 from the end of July 2021, at its lowest point since April 2020 and remains lower than the end of year target set for the Health Board by Welsh Government.

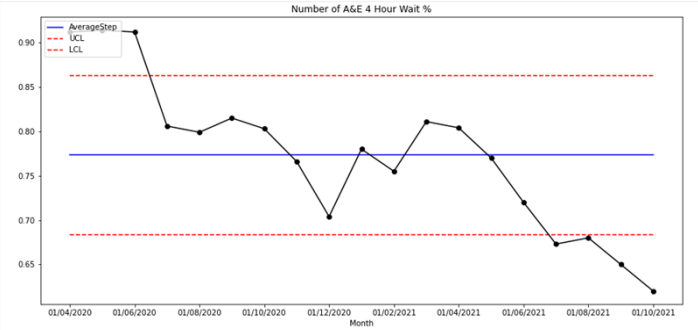
94% of patients waiting for ***eye care*** had an allocated health risk factor in October 2021. 68% of patients categorised as highest risk (R1) are under or within 25% of their target date.

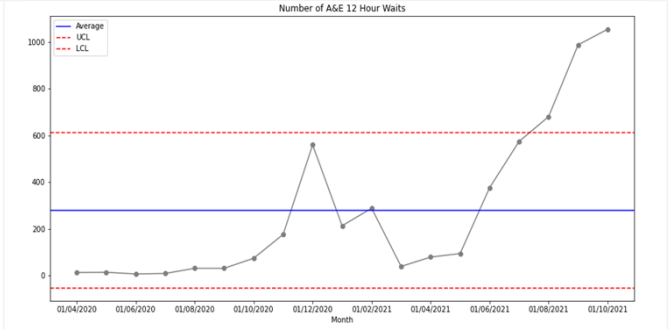
Referrals for the Local Primary **Mental Health** Support Service (LPMHSS) remain exceptionally high with 1,307 referrals in September 2021. Part 1a: The percentage of Mental Health assessments undertaken within 28 days reduced to 26% in September 2021 and 34% for CAMHs. Part 1b: 94% of therapeutic treatments started within 28 days following assessment at the end of September 2021.

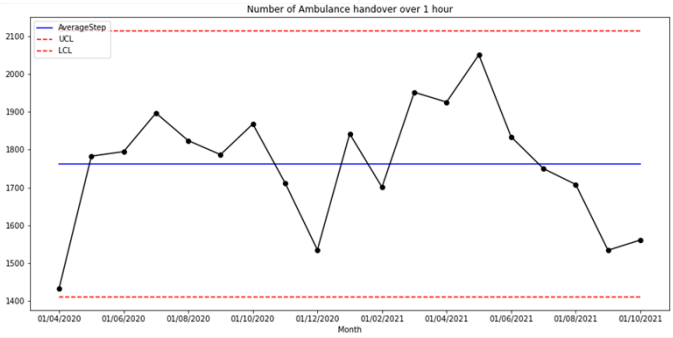
Unscheduled Care

Attendances at our Emergency Unit department have increased since the first Covid wave but remain lower than, but close to previous years.

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Population Health

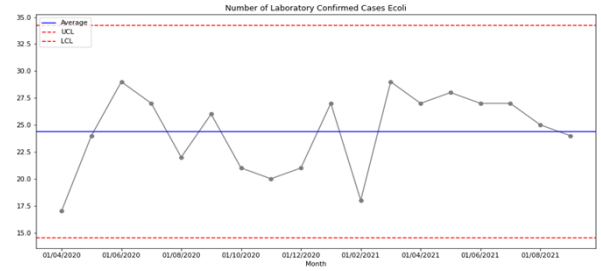
Smoking Cessation

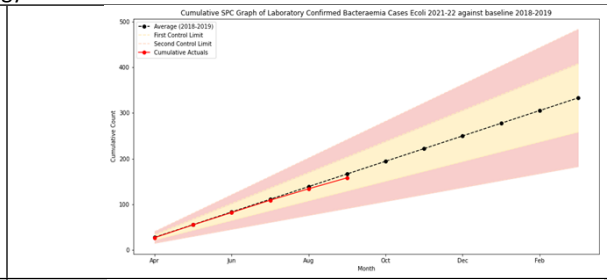
- 2020-2021 all ‘Treated Smokers’ (‘attended’ at least one appointment) were supported by telephone only and this has continued, with on-going review throughout 2021-2022 to date
- 2020-2021 all 4 week quits were self-reported and this has continued, with on- review throughout 2021-2022

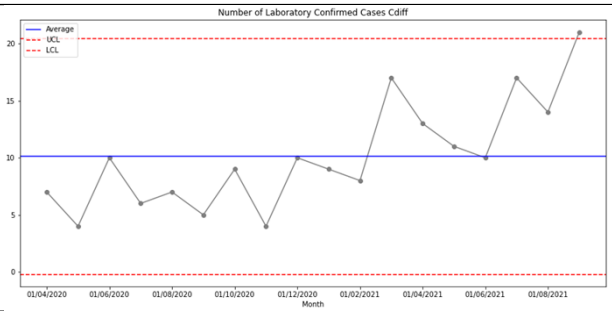
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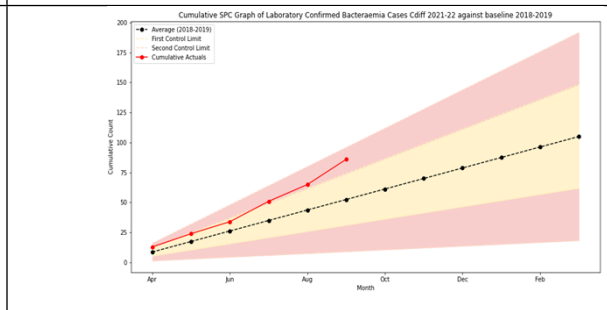
Appendix A – Infection Control Supporting SPC Graphs

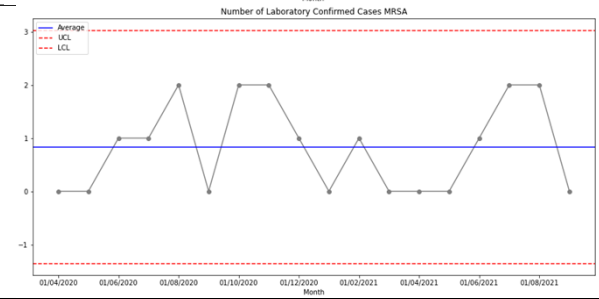
Please note: All graphs have been produced using the XMR methodology

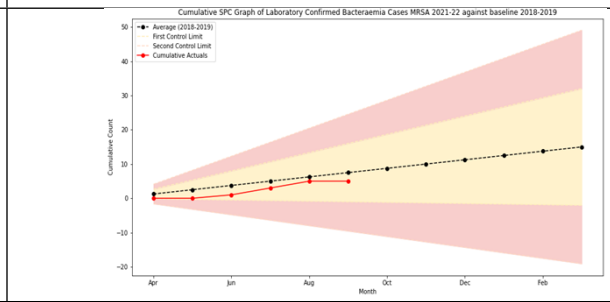


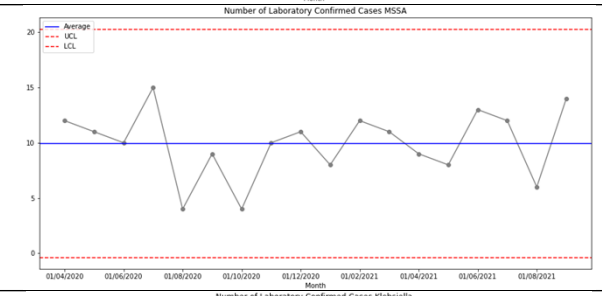


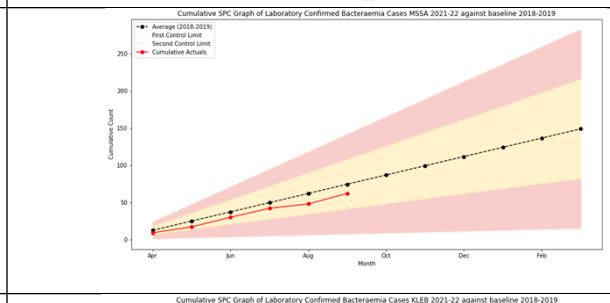


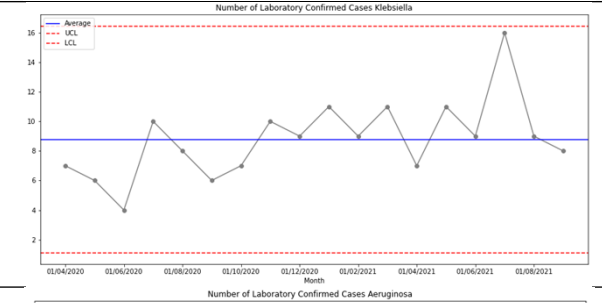


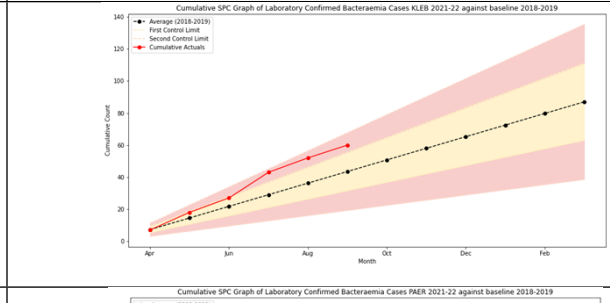


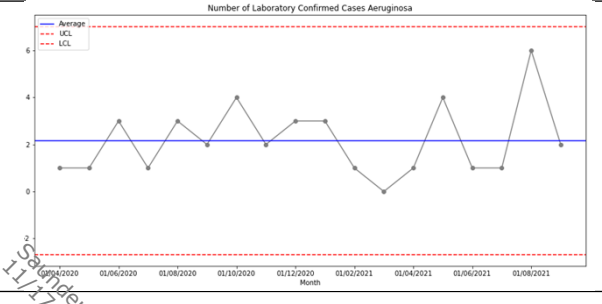


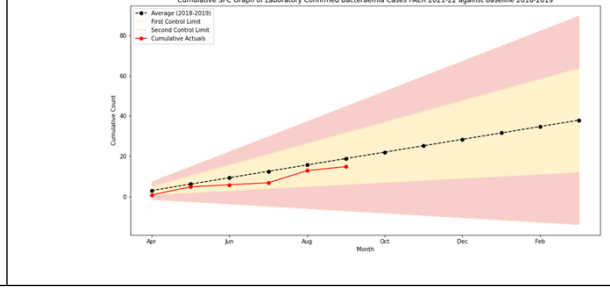












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Report Title:	Covid-19 Inquiry							**Agenda Item no.**	6.9		
Meeting:	Management Executive Committee							**Meeting Date:**	25/11/21		
Status:	**For Discussion**	x	**For Assurance**		**For Approval**		**For Information**		x		
Lead Executive:	Director of Corporate Governance										
Report Author (Title):	Head of Risk and Regulation										

Background and current situation:

Although the Prime Minister has agreed that a public inquiry into the Covid-19 pandemic will occur, he has yet to disclose any specific details of the commencement date, albeit a vague timeline of Spring 2022 has been discussed.

The Prime Minister has assured the First Minister that the UK Wide Inquiry will have a "proper Welsh dimension" however, there are growing calls for a Wales only inquiry, particularly following the announcement that Scotland will instigate its own Judge Led inquiry. Whilst the First Minister has not committed to a Wales only inquiry, he has not ruled out the option.

The Health Board has therefore commenced preparations on the assumption that a UK wide Inquiry will be formally announced during the first half off 2022 with the potential for a Wales only inquiry to be announced thereafter. A plan has been drafted to set out the Health Board's response to an Inquiry which was conditionally approved by the Management Executive (ME) team on 24 June 2021 (a copy of that initial plan is attached as Appendix 1).

Alongside the Health Board's operational preparations (detailed below), the Director of Corporate Governance and Michael Imperato, Health Board Independent Member – Legal, have met to discuss the Health Board's strategic response to the impending Inquiry. Following those conversations plans are being finalized to establish a steering group to manage the Health Board's response to the inquiry on a strategic and operational basis. Further details of this group and an update on progress generally will be shared in the coming months.

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

Since the 24th June 2021 work on the Public Inquiry has proceeded in earnest, most notably following the appointment of a Covid-19 Archivist who has created the framework for a Centralised UHB Repository, Full Data Catalogue and Timeline of Covid events, documenting and referencing all actions, decisions, incident management responses and subsequent communications that contributed to the Health Board's response to Covid-19. This repository (which contains a total of 1016 separate searchable documents) continues to be populated by the Covid-19 Archivist and the Risk and Regulation Team who are supporting this project. To date a full record has been taken of all relevant governance and strategic group documentation, with work ongoing to catalogue the Health Board's Operational Response to the pandemic. Similar repositories of documents will be recorded for Public Health, PPE, Communications, Vaccinations and any other relevant areas that are identified as the project progresses.

The Health Board's Catalogue and associated timeline will be key documents in its preparation for a Public Inquiry, in any format. Further detail of the Health Board's current approach are detailed below.

Notwithstanding an initial intention to work towards an all Wales approach, the Archivists of each Health Board have taken different approaches to Inquiry preparation. Internally we have focused on data collection working closely with individual teams to develop a centralised catalogue, whereas Swansea Bay UHB have

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focused on the creation of a Covid-19 response timeline, Hywel Dda UHB on the scanning of medical records and Public Health Wales (PHW) (who have 2 archivists) have targeted both data collection and timeline creation. To date Aneurin Bevan UHB, Betsi Cadwaladr UHB, Cwm Taf HB and Powys HB are, to the best of our knowledge, yet to appoint an archivist.

Despite best efforts to share instances of best practice and agree all an all Wales timeline Swansea Bay UHB and PHW, who are a number of months ahead of the Health Board in their preparation, have neglected to share details of their progress.

Hywel Dda UHB have been more open sharing the detail of their progress and have confirmed the following:

1. They have outsourced the scanning of medical records for all patients who have died in hospital from Covid-19 within 28 days of a positive test.
2. Analyst – An analyst will be appointed to review all documents and consider impacts, outcomes, and learning to be taken from decisions made.
3. Legal – It is their intention to appoint a legally qualified individual to review each document catalogued to determine how it should be classified (e.g. confidential, restricted, legally privileged).

It is difficult to benchmark the Health Board's progress against the work of Swansea Bay UHB and PHW. However, we are able to contrast our progression with that of Hywel Dda UHB.

1. Discussions have been had with our internal medical records team and external scanning providers to review the best option for the scanning of patient records that may be relevant to the inquiry.
2. The Health Board's archivist has been with the team since the end of May 2021 and continues to make good progress with the Health Board's centralised repository. Imminently the Health Board will be appointing an Administrator to assist with the cataloguing of metadata to improve the search functionality of the system. The Administrator will also support the population of the Health Boards Covid-19 Timeline.
3. There are currently no plans to recruit any additional legal support for the Public Inquiry. The Director of Corporate Governance and the Head of Risk and Regulation remain in conversation with NWSSP Legal and Risk Services to take advice and guidance when necessary.
4. A template statement has been prepared to be populated by key decision makers, including those that have, or will leave the Health Board prior to an Inquiry, to record their recollection of the key events and decisions that have taken during the pandemic.

Good progress has been and continues to be made by the Health Board in its preparations which, it is hoped, will place the Board in a good position to be able to respond to and participate in the impending Inquiry. Below you will find brief descriptions and examples of the work undertaken to date on this project.

Centralised UHB Repository: See Appendix 2
The centralised repository will merge all departmental records and provide a structured approach and provide data set grouping, this will be achieved by ensuring the data is captured in a chronological order whilst ensuring transparency and accessibility of all documents/communications created during the ongoing pandemic. The repository is currently held on a shared server but will be moved to an online system whereby access and privilege levels can be developed and controlled. The records within the Repository will be noted as the official copies for the purpose of any inquiry and original/editable versions will remain with each department within their own filing structures. There are also ongoing conversations regarding the storage of Covid-19 patient records, either as an electronic version included within the repository or as physical records that will be catalogued and stored separately in readiness for any review.

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Archiving Catalogue: See Appendix 3
The catalogue demonstrates the hierarchy of document ownership and includes documentation ranging from Board/Committee minutes and reports, through to individual presentations and emails. Alongside each item within the catalogue there is a summarised metadata description, this will provide an overview

of the item, particularly where the original item name is generic and/or does not disclose what the document/s

relate to. In addition, the metadata will provide a search tool within the catalogue, whereby key words or phrases can be filtered for specific searches i.e. PPE, Vaccinations, Surge Hospital, Discharge etc. Each item will also be attributed a unique reference identifier within the catalogue ensuring a clear link between the catalogue and the centralised repository ensuring easy user-friendly retrieval of information as and when required.

Full Covid-19 Timeline: See Appendix 4
To be viewed in conjunction with the catalogue, a full chronological timeline is being created gathering information, guidance and legislation from the World Health Organisation, Central Government, Welsh Government, Public Health Wales, Local Authorities and CAVUHB. The timeline will demonstrate a full sequence of events within Wales and Cardiff and the Vale, including prevailing guidance and legislation, infection rates, hospital admissions, deaths, and other relevant statistics. The timeline will also provide a visual tool to narrow date search parameters of specific interest to review alongside corresponding periods within the chronological catalogue.

Compressed timeline, sliding bar/date selector: See Appendix 5
The timeline will be created in two formats, the first, as described above as a master timeline listing all events. The second format will be populated with a time bar slider, allowing for specific dates and date ranges to be selected (day/s, week/s, month/s, quarter/s year/s) to allow the user to narrow searches within the events calendar.

Should Board Members require any additional detail on this process or, they would like to sit down with a member of the team to review the work already done arrangements can be made with the Head of Risk and Regulation.

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

The importance of thorough preparation for the Inquiry cannot be understated. Reputational damage, irreparable damage to public trust and negative media attention are realistic risks to the Health Board if it fails to properly prepare. The local population have witnessed death and hardship and want answers. The Health Board can maintain its reputation and public confidence through transparency and pro-active preparation.

Assurance is provided by:

- The ongoing review and monitoring of Covid-19 Public Inquiry Preparation by the Management Executive Team
- Ongoing discussions and interaction with NHS Wales Counterparts and NWSSP Legal and Risk Services which informs the Health Board's approach to preparation.

Recommendation:

The Board is asked to:

- **Approve** and take **Assurance** from the approach taken to preparation for a Covid-19 Public Inquiry; and
- **Note** the continuing progress being made in relation to preparation for a Covid-19 Public Inquiry

Saunders Kathan 11/7/2021 15:57:57

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	x	7. Be a great place to work and learn	
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		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration	x	Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

Saunders Nathan 11/1/2021 15:57:57

Plan for an Inquiry into Covid

Covid-19 Response:

Four Key Questions

What were the prevailing circumstances?

Evidence?

- Integrated Impact Assessments
- Risk Assessments
- Data
- Intelligence
- Analysis
- Advice
- Budget reallocations
- Primary research

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What decisions were made?

Who was involved?

- Timelines
- Decision log registers
- - actions
- - events
- - decisions
- Structure diagrams
- Workforce plans
- - leadership roles
- - operational roles
- - stakeholder involvement
- Terms of Reference
- Complaints / FOIs

What evidence is available?

Where is it kept?

- Covid-19 specific records management systems and controls
- Emails
- Documents
- - papers
- - contracts
- - ToRs
- Spreadsheets
- Recordings
- Notes
- Meeting minutes

What was the effect and consequences of the decision?

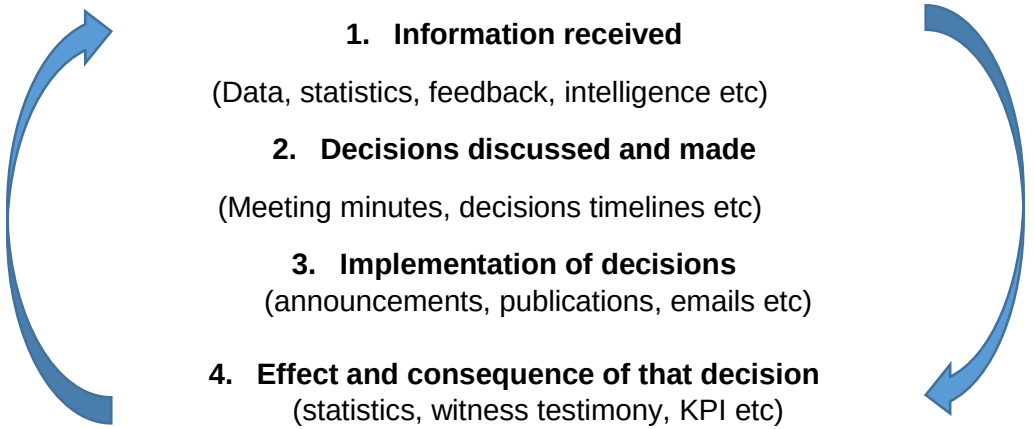
- Statistics
- Feedback
- 3 Lines of Defence Assurance Framework
- New internal controls
- New Government requirements
- Evaluations
- Lessons learned
- Debriefs
- KPIs
- Internal audit
- PPM gateways
- Audit Wales
- Independent evaluations and reviews

Employment of an archivist

The archivist will construct a database to collate the information to form a timeline of knowledge and decision making. A decision timeline will be created showing the different groups reacting to incoming information. The archivist would separate those group decisions into different smaller more relevant issues. For example, one timeline for Health Board wide decisions on visiting, operating decisions, treatment decisions and standing down of surgery and separate trackers for distinct areas issues such as surge hospitals, procurement, IPC etc.

Timeline of knowledge

The primary question that will be asked at an Inquiry is what did the UHB know and when? The UHB will be required to demonstrate when information was brought to the attention of the UHB, in what format and what decisions were made from that information. The subsequent questions following on from that primary investigation will be the effect and consequence of the decisions made which may be recorded in a number of formats, including; statistics, feedback and the UHB's own assurance framework. The UHB's timeline will need to demonstrate the cyclic movement of information and this can be achieved through a full decision making log with the ability to cross-reference relevant streams of decision-making. In its simplest form, the timeline should demonstrate the following:



Decision log

A critical document will be a decision log demonstrating every decision made from executive to local level. The proposed template below would answer the questions regarding decision making, who made the decision and how the decision is documented. Using a document for multiple purposes is essential reduce duplicity, ease of access and speed of referencing.

Saunders Inquiry
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Date of decision	Decision	Where decision made / ratified and/or individual who made decision		
		Meeting	Minute ref	Individual
Management Executive				
04/06/2020	Covid-19 Capacity and Reasonable Worst Case Scenario Planning discussed.	Management Executive	ME:20/06/04/008	

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Centralised UHB Covid-19 Repository **Appendix 2**

All items within the repository will follow the same structured approach linking both the repository and catalogue. Should a catalogue item and its metadata summary be of interest a simple look up reference code can be utilised to obtain the document from the repository by following the order of reference numbers.

Example below: item reference COV/01/01/12 = (Fond / Series Number / File Number / Item Number)

Reference Codes	Title	Dates	Level of Description (KB)	Extent and Medium	Name of Creator	Scope and content	Existence and location	Existence and	Archivist's note
COV/01/01/12	Minutes	15/07/2020	20	Digital	Corporate Governance	Minutes, action log. Situation:Continuing trend of reduced COVID cases within the Confidential information	BGG Minutes		

Further information regarding Catalogue structure will be provided within Appendix 3.

(Please note, these are only snapshots of data for demonstration purposes).

Fond

Name	Date modified	Type
COVID	01/11/2021 10:41	File folder

Series

Name	Date modified	Type
01. Corporate Governance	18/10/2021 16:43	File folder
02. Covid-19 UHB Strategic Group	18/10/2021 16:45	File folder
03. Committee	18/10/2021 16:45	File folder
04. Non Committee of Baord - Managem...	18/10/2021 16:45	File folder
05. Operations	28/10/2021 11:08	File folder
06. Local Authority - Joint meetings	18/10/2021 16:45	File folder
07. Other	18/10/2021 16:45	File folder
08. Other	18/10/2021 16:45	File folder
09. Other	18/10/2021 16:45	File folder
10.Other	18/10/2021 16:45	File folder

Files

Name	Date modified	Type
01. Minutes	25/10/2021 15:12	File folder
02. Agenda	26/10/2021 10:44	File folder
03. Action Log	27/10/2021 10:23	File folder
04. Decision Log	27/10/2021 11:47	File folder
05. Presentations	27/10/2021 11:53	File folder
06. Documents	27/10/2021 14:18	File folder
07. Communications	18/10/2021 16:43	File folder
08. Other	24/06/2021 12:08	File folder
09. Other	24/06/2021 12:08	File folder
10. Other	24/06/2021 12:08	File folder

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Items

Name	Date modified	Type	Size
01. Board COVID 19 BGG Minutes 01.04.20	17/04/2020 11:30	Microsoft Word D...	115 KB
02. Board COVID 19 BGG Minutes 15.04.20	29/04/2020 16:32	Microsoft Word D...	119 KB
03. Board COVID 19 BGG Minutes 22.04.20	29/04/2020 16:34	Microsoft Word D...	21 KB
04. Board COVID 19 BGG Minutes 29.04.20	01/05/2020 15:36	Microsoft Word D...	24 KB
05. Board COVID 19 BGG Minutes 06.05.20	25/05/2020 16:33	Microsoft Word D...	23 KB
06. Board COVID 19 BGG Minutes 13.05.20	25/05/2020 16:34	Microsoft Word D...	23 KB
07. Board COVID 19 BGG Minutes 20.05.20	25/05/2020 16:36	Microsoft Word D...	27 KB
08. Board COVID 19 BGG Minutes 27.05.20	19/10/2021 11:42	Microsoft Word D...	21 KB
09. Board COVID 19 BGG Minutes 03.06.20	09/06/2020 11:49	Microsoft Word D...	22 KB
10. Board COVID 19 BGG Minutes 17.06.20	19/06/2020 13:14	Microsoft Word D...	21 KB
11. Board COVID 19 BGG Minutes 01.07.20	08/07/2020 16:47	Microsoft Word D...	20 KB
12. Board COVID 19 BGG Minutes 15.07.20	24/07/2020 14:17	Microsoft Word D...	21 KB
13. Board COVID 19 BGG Minutes 29.07.20	07/08/2020 14:36	Microsoft Word D...	23 KB
14. Board COVID 19 BGG Minutes 12.08.20	14/08/2020 17:16	Microsoft Word D...	21 KB
15. Board COVID 19 BGG Minutes 26.08.20	18/09/2020 17:08	Microsoft Word D...	20 KB
16. Board COVID 19 BGG Minutes 04.11.20	27/11/2020 09:26	Microsoft Word D...	26 KB
17. Board COVID 19 BGG Minutes 16.12.20	09/03/2021 13:59	Microsoft Word D...	30 KB
18. Board COVID 19 BGG Minutes 14.01.21	02/02/2021 15:03	Microsoft Word D...	32 KB
19. Board COVID 19 BGG Minutes 11.02.21	16/02/2021 09:32	Microsoft Word D...	25 KB
20. Board COVID 19 BGG Minutes 11.03.21	18/03/2021 16:51	Microsoft Word D...	29 KB

Should a department / committee have a less structured approach demonstrating chronological discussion, decision, action multiple file categories will be created for data grouping i.e. Operations.

Name	Date modified	Type	Size
01. Minutes	18/10/2021 16:45	File folder	
02. Agenda	08/07/2021 15:34	File folder	
03. Action Log	18/10/2021 16:45	File folder	
04. Decision Log	08/07/2021 15:34	File folder	
05. Presentations	18/10/2021 16:45	File folder	
06. Documents	18/10/2021 16:45	File folder	
07. Communications	08/07/2021 15:34	File folder	
08. Other	24/06/2021 12:08	File folder	
09. Other	24/06/2021 12:08	File folder	
10. Other	24/06/2021 12:08	File folder	
11. Organisational Structure	28/10/2021 11:02	File folder	
12. Service Changes	28/10/2021 11:02	File folder	
13. Workforce	28/10/2021 11:02	File folder	
14. PPE	28/10/2021 11:02	File folder	
15. Infection Prevention and Control (Ou...	28/10/2021 11:03	File folder	
16. Discharge	28/10/2021 11:03	File folder	
17. Vaccinations	28/10/2021 11:08	File folder	

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Archive Catalogue **Appendix 3**

The Catalogue mirrors the structure created within the repository of Fond, Series, File, Item whilst also provided hierarchy descriptions and metadata summaries to each and every item contained.

To date, we have centralised over 1000 items within this system.

The catalogue will be created in Excel to allow full data manipulation, once populated it can be rearranged, searched and filtered to the benefit of the user. When rearranged by date this will display all processes that were conducted throughout the UHB demonstrating the entire collective actions & responses to the pandemic.
(Please note, these are only snapshots of data for demonstration purposes).

Fond

Dates	Level of Description (Amount)	Extent and Medium	Name of Creator	Administrative/Bibliographic History	Scope and content (overview of types of documents and actual content)
2020 - 2021	TOTAL VOLUME MB/TB	Digital	CAVUHB	Cardiff and Vale University Health Board (CAVUHB) is the local health board of NHS Wales for Cardiff and Vale of Glamorgan, in the south-east of Wales. Formed on 1 October 2009 through the amalgamation of three NHS organisations in the Cardiff and Vale of Glamorgan area. The three organisations amalgamated were: Cardiff and Vale NHS Trust, employing 12,000 staff and previously responsibility for hospital services in the Cardiff and Vale of Glamorgan area; Cardiff Local Health Board; and Vale of Glamorgan Local Health Board both responsible for GP, Dental, Optical and pharmacy services. The headquarters of the Board is in the University Hospital of Wales, in Cardiff. Cardiff and Vale University Health Board is the operational name of Cardiff and Vale Local Health Board. The Board supports a population of around 445,000 people living in Cardiff and the Vale of Glamorgan. It oversees seventeen health centres, public health and community care services and also has a range of specialist services used by the whole of Wales, including renal, paediatric, neurology and bone marrow transplantation. The Board is responsible for overseeing the training of medical training undertaken at Cardiff University School of Medicine as well as medical research and development facilities. As of June 2020, Charles Janczewski is the chairman of the Board. Its current Chief Executive is Len Richards.	**The purpose of the catalogue is to centralise all UHB departmental documents that have been created during the pandemic , providing one user friendly repository, along with metadata descriptions summarising the content of each item and providing quick easy retrieval during future reviews. The catalogue will include items such as agendas, minutes, action logs, decision logs, presentations, training guides, communications emails and letters, PPE guidance, Vaccination program, Hospital capacity reports etc.** Summary of initial Covid-19 Outbreak in Wales. Health care in Wales is a devolved matter, as it is in Northern Ireland and Scotland, with all three governments having their own systems of publicly funded healthcare. The UK Government is responsible for health care in England, however, and over the course of the pandemic has made many announcements using the words 'nationally' or 'UK', whereas in fact they related only to England. As a result of each country having different policies, procedures and priorities, a variety of differences exist between these systems. The first case of COVID-19 in Wales was confirmed on 28 February 2020 in a person who had returned from Northern Italy, and then transferred to a specialist NHS infection centre at the Royal Free Hospital in London. The Chief Medical Officer for Wales, Frank Atherton, said that the Government would be taking "all appropriate measures" to reduce the risk of transmission. The first known case of community transmission was reported on 11 March in the Caerphilly area. On 10 March nine more cases were discovered in Wales, bringing the total to 15, the first significant jump in cases On 11 March 2020, the World Health Organization declared the outbreak a pandemic. On 16 March, the first death in Wales was reported in Wrexham. On 18 March, the Welsh Government announced that all schools in Wales would be closing by 20 March. A limited number of schools were permitted to remain open to provide support for key workers and children with additional needs. It was further announced in the following days that all exams, including GCSEs and A-Levels, would be cancelled, with grades being based on existing work and predicted grades. Both Scotland and Northern Ireland ministers followed suit, and later that evening Boris Johnson also conformed. On 23 March, UK Prime Minister Boris Johnson, having the agreement of all devolved governments, announced a lockdown of the United Kingdom, with only essential services remaining open. This announcement was followed by the Welsh First Minister Mark Drakeford announcing that the measures would also cover Wales and would come into effect from that evening. The measures put in place restrict people from leaving their home for non-essential travel, with outside exercise limited to once a day. The measures that controlled exercise outside the home differed from those in England, where the measures in place did not stipulate a once-a-day restriction, whereas the Welsh version specifically limited exercise outside the home to once a day. Gatherings of two or more people, except individuals in the same household, were banned, whilst pubs, restaurants (with exception for take-aways) and shops selling 'non-essential goods' were ordered to closed. On 25 March the Coronavirus Act 2020 was given Royal Assent, after passing through both Houses in the Parliament of the United Kingdom. The following day the Health Protection (Coronavirus, Restrictions) (Wales) Regulations 2020 were approved by the Senedd, giving the Welsh Government emergency powers to deal with various aspects of managing the pandemic. These new powers include the authority to: Take people into or keep them in quarantine, Restrict or prohibit mass gatherings, Close premise. SEE COVID-19 TIMELINE FOR FURTHER AND MORE DETAILED INFORMATION

Series

Reference Codes	Title	Dates	Level of Description (Amount)	Extent and Medium	Scope and content (overview of types of documents and actual content)	Existence and location of originals	Existence and location of copies
COV/01	Board Governance Group	2020 - 2021	179 Docs / 67.8mb	Digital	Board of Governance Group created for the Covid-19 pandemic, this allowed The Board to meet more regularly and to respond to urgent matters, sanction expenditure and oversee operations.	Corporate Governance Folder	
COV/02	Covid-19 UHB Strategic Group	2020 - 2021	836 Docs / 414mb	Digital	Strategic Group receives information from external sources such as Welsh Government, Public Health, Public Service, Regional Partnerships, Local Authorities, South Wales Resilience Forum and other key stakeholders etc. Uni CHC - CHAIR Chief Exec and Exec medical director to implement actions to the 4 operational control groups, UHW, UHL, Field Hospital and the Primary Community & Social Care	Strategic Group Folder	
COV/03	Committee				Scope of content to be captured on review of all documents held within the central repository	Committee Folder	
COV/04	Non Committee of Board - Management Executive Team				Scope of content to be captured on review of all documents held within the central repository	Management Exec Folder	

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Files

Items

Reference Codes	Title	Dates	Level of Descrip	Extent and Medium	Name of Creator	Scope and content	Existence and location	Existence and location of copies
COV/01/01/01	Minutes	01/04/2020	115	Digital	Corporate Governance	The Chair welcomed those present to the first meeting of the COVID 19 Board Governance Group and stated that he felt it was important in this arena to stay on top of the governance and decision making process. The Chair stated that he wanted the meeting to be able to scrutinise the decisions of the COVID 19 Strategic Governance Group and provide support to the Chief Executive and the Executive Directors to allow those decisions to progress quickly but within a governance framework and appropriate audit trail. Review of Governance Structure and Delivery arrangements.	BGG Minutes	
COV/01/01/02	Minutes	15/04/2020	118	Digital	Corporate Governance	Attendees, Review of Minutes, Action log and Decision log - Update provided on the four sites (Dragons Heart Confidential information	BGG Minutes	
COV/01/01/03	Minutes	22/04/2020	21	Digital	Corporate Governance	The Chair welcomed everyone one to the meeting and confirmed that it was quorate to make decisions. Minutes and action log. UHW was the main site for COVID 19 patients and as of today there were 144 positive patients within the hospital. The number of patients and admissions were starting to reduce. Growing concern for non Confidential information	BGG Minutes	
COV/01/01/04	Minutes	29/04/2020	23	Digital	Corporate Governance	The Chair welcomed everyone one to the meeting and confirmed that it was quorate to make decisions. Minutes Confidential information	BGG Minutes	
COV/01/01/05	Minutes	06/05/2020	22	Digital	Corporate Governance	Welcome from the Chair, minures and action log. Community hub update. Includes mental and womens' health. Initially set up for Covid crisis. The Chair of Audit Committee (CAC) asked whether Care Homes were taking new Confidential information	BGG Minutes	
COV/01/01/06	Minutes	13/05/2020	23	Digital	Corporate Governance	Welcome, minutes, action log. Antibody test order had been blocked. Spire hospital update, cancer surgery Confidential information	BGG Minutes	
COV/01/01/07	Minutes	20/05/2020	26	Digital	Corporate Governance	Confidential information	BGG Minutes	
COV/01/01/08	Minutes	27/05/2020	24	Digital	Corporate Governance	Confidential information	BGG Minutes	
COV/01/01/09	Minutes	03/06/2020	21	Digital	Corporate Governance	Confidential information	BGG Minutes	
COV/01/01/10	Minutes	17/06/2020	21	Digital	Corporate Governance	Confidential information	BGG Minutes	

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Full Covid-19 Timeline **Appendix 4**

Created in Excel to allow full data manipulation, from search, filter and refined pivot tables. The Timeline will include entries from the World Health Organisation, Central Government, Welsh Government, Public Health Wales, Local Authorities and CAVUHB. Currently we have c. 400 date specific entries which will continue to be populated as the information is researched and entered from each of the data sources.

(Please note, these are only snapshots of data for demonstration purposes).

Date	Action	Headline	Decision/Guidance/Meeting Minute	Web page	Meeting minute
31/12/2019	WHO	WHO's Country Office in the People's Republic of China picked up a media statement by the Wuhan Municipal Health Commission from their website on cases of 'viral pneumonia' in Wuhan	The Country Office notified the International Health Regulations (IHR) focal point in the WHO Western Pacific Regional Office about the Wuhan Municipal Health Commission media statement of the cases and provided a translation of it. WHO's Epidemic Intelligence from Open Sources (EIOS) platform also picked up a media report on ProMED (a programme of the International Society for Infectious Diseases) about the same cluster of cases of "pneumonia of unknown cause", in Wuhan. The Country Office notified the International Health Regulations (IHR) focal point in the WHO Western Pacific Regional Office about the Wuhan Municipal Health Commission media statement of the cases and provided a translation of it. WHO's Epidemic Intelligence from Open Sources (EIOS) platform also picked up a media report on ProMED (a programme of the International Society for Infectious Diseases) about the same cluster of cases of "pneumonia of unknown cause", in Wuhan. Several health authorities from around the world contacted WHO seeking additional information.	https://promedmail.org/promed-post/?id=6864153%20#COVID19	
05/01/2020	WHO	WHO issued its first Disease Outbreak News report.	This is a public, web-based platform for the publication of technical information addressed to the scientific and public health communities, as well as global media. The report contained information about the number of cases and their clinical status; details about the Wuhan national authority's response measures; and WHO's risk assessment and advice on public health measures. It advised that "WHO's recommendations on public health measures and surveillance of influenza and severe acute respiratory infections still apply"	https://www.who.int/emergencies/disease-outbreak-news/item/2020-DON229	
09/01/2020	WHO	Chinese investigators conducted gene sequencing of the virus, using an isolate from one positive patient sample. Preliminary identification of a novel virus in a short period of time is a notable achievement and demonstrates China's increased capacity to manage new outbreaks.	Initial information about the cases of pneumonia in Wuhan provided by Chinese authorities last week – including the occupation, location and symptom profile of the people affected – pointed to a coronavirus (CoV) as a possible pathogen causing this cluster. Chinese authorities subsequently reported that laboratory tests ruled out SARS-CoV, MERS-CoV, influenza, avian influenza, adenovirus and other common respiratory pathogens.	https://www.who.int/china/news/detail/09-01-2020-who-statement-regarding-cluster-of-pneumonia-cases-in-wuhan-china	
13/01/2020	WHO	WHO publishes first protocol for a RT-PCR assay by a WHO partner laboratory to diagnose the novel coronavirus.	We used known SARS- and SARS-related coronaviruses (bat viruses from our own studies as well as literature sources) to generate a non-redundant alignment (excerpts shown in Annex). We designed candidate diagnostic RT-PCR assays before release of the first sequence of the Wuhan virus. Upon sequence release, three assays were selected based on their matching to the Wuhan virus as per inspection of the sequence alignment (Figures 1 and 2).	https://www.who.int/docs/default-source/coronaviruse/wuhan-virus-assay-v1991527e5122341d99287a1b17c111902.pdf?sfvrsn=d381fc88_2	
14/01/2020	WHO	WHO held a press briefing during which it stated that, based on experience with respiratory pathogens, the potential for human-to-human transmission in the 41 confirmed cases in the People's Republic of China existed: "it is certainly possible that there is limited human-to-human transmission"	WHO tweeted that preliminary investigations by the Chinese authorities had found "no clear evidence of human-to-human transmission". In its risk assessment, WHO said additional investigation was "needed to ascertain the presence of human-to-human transmission, modes of transmission, common source of exposure and the presence of asymptomatic or mildly symptomatic cases that are undetected".	https://www.who.int/emergencies/disease-outbreak-news/item/2020-DON234	
20/01/2020	WHO	WHO published guidance on home care for patients with suspected infection.	In view of the currently limited knowledge of the disease caused by 2019-nCoV infection and its transmission patterns, WHO recommends that suspected cases of 2019- nCoV infection be isolated and monitored in a hospital setting. This would ensure both safety and quality of health care (in case patients' symptoms worsen) and public health security	https://www.who.int/publications/i/item/10665-330671	
21/01/2020	WHO	WHO/WPRO tweeted that it was now very clear from the latest information that there was "at least some human-to-human transmission", and that infections among health care workers strengthened the evidence for this.	The total number of confirmed cases of nCoV2019 reported to date is 222 (China: 218, Thailand: 2, Japan: 1, Rep of Korea: 1), including 4 deaths (all in Wuhan, China). The number of people reported with 2019-nCOV in Wuhan, China, includes 15 health care workers	https://twitter.com/WHOWPRO/status/1219478544041930752?s=20	
29/01/2020	WHO	WHO published advice on the use of masks in the community, during home care and in health care settings	With the current information available, it is suggested that the route of human-to-human transmission of 2019-nCoV is either via respiratory droplets or contact. Any person who is in close contact (within 1 meter) with someone who has respiratory symptoms (e.g., sneezing, coughing, etc.) is at risk of being exposed to potentially infective respiratory droplets. Medical masks are surgical or procedure masks that are flat or pleated (some are like cups); they are affixed to the head with straps. General Advice Wearing a medical mask is one of the prevention measures to limit spread of certain respiratory diseases, including 2019- nCoV, in affected areas. However, the use of a mask alone is insufficient to provide the adequate level of protection and other equally relevant measures should be adopted. If masks are to be used, this measure must be combined with hand hygiene and other IPC measures to prevent the human-tohuman transmission of 2019-nCov.		
30/01/2020	WHO	The Director-General declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC), WHO's highest level of alarm.	The WHO Director-General reconvened the IHR Emergency Committee (EC). The EC advised the Director-General that the outbreak now met the criteria for a PHEIC. The Director-General accepted the EC's advice and declared the novel coronavirus outbreak a PHEIC. At that time there were 98 cases and no deaths in 18 countries outside China. Four countries had evidence (8 cases) of human-to-human transmission outside China (Germany, Japan, the United States of America, and Viet Nam). The EC formulated advice for the People's Republic of China, all countries and the global community, which the Director-General accepted and issued as Temporary Recommendations under the IHR. The Director-General gave a statement, providing an overview of the situation in China and globally; the statement also explained the reasoning behind the decision to declare a PHEIC and outlined the EC's recommendations.	https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov)	
31/01/2020	Central Government	First UK confirmed case	First UK coronavirus cases confirmed. The UK Chief Medical Officers advised an increase in the UK risk level from low to moderate. However, it was made clear that "this does not mean [they] think the risk to individuals in the UK has changed [...] but that the UK should plan for all eventualities".	https://gov.wales/statement-chief-medical-officer-wales-about-coronavirus-2019-ncov	
01/02/2020	Central Government	Wash Your Hands	The UK Government launches a public information campaign to advise on how to slow the spread of COVID-19, similar to the 'catch it, bin it, kill it' campaign and emphasising the importance of hand-washing. The Welsh Government said it was working with Public Health Wales to support the campaign.	https://gov.wales/statement-chief-medical-officer-wales-about-coronavirus-2019-ncov-7-february-2020	
02/02/2020	WHO	First RT-PCR kits dispatched	First dispatch of RT-PCR lab diagnostic kits shipped to WHO Regional Offices.		
03/02/2020	WHO	WHO finalised its Strategic Preparedness and Response Plan (SPRP) centred on improving capacity to detect, prepare and respond to the outbreak	The SPRP translated what had been learned about the virus at that stage into strategic action to guide the development of national and regional operational plans. Its content is structured around how to rapidly establish international coordination, scale up country preparedness and response operations, and accelerate research and innovation.	https://www.who.int/publications/i/item/strategic-preparedness-and-response-plan-for-the-new-coronavirus	
04/02/2020	Welsh Government	No charge for overseas visitors	The National Health Service (Charges to Overseas Visitors) (Amendment) (Wales) Regulations 2020 are laid. These exempt overseas visitors from being charged for the diagnosis and treatment of COVID-19 in Wales. Equivalent regulations are also in force in England (from 29 January 2020).	https://www.legislation.gov.uk/wsi/2020/113/contents/made	

Saunders,Nathan 19/1/2021 13:57

Compressed timeline, sliding bar/date selector **Appendix 5**

Due to the intended volume of entries within the Full Covid-19 Timeline, a simplified version has been produced to allow quicker date specific look-ups. The excel document has been compressed to provide the following specific functions date/s, week/s months/ quarter/s and year/s.

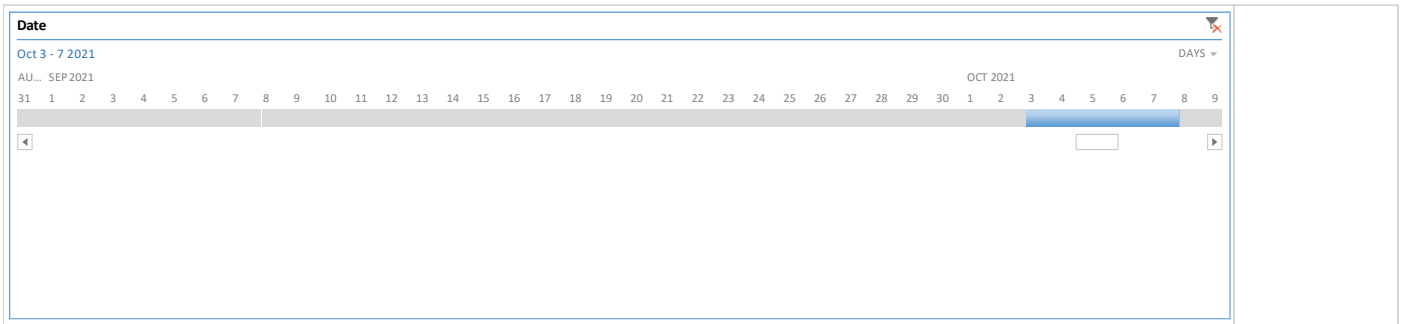
This can be achieved by selecting or highlighting the periods of interest by using the day format or alternating to month, quarter year view.

(Please note, these are only snapshots of data for demonstration purposes).

Day/s specific



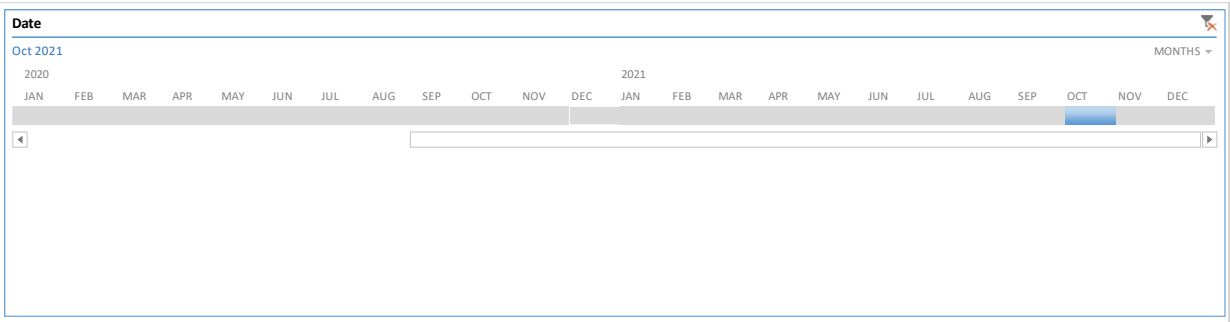
Row Labels
04/10/2021
Welsh Government
The legislative response by the Welsh Ministers to the coronavirus pandemic
The Welsh Government publishes a report covering all subordinate legislation made by Welsh Ministers in response to the coronavirus pandemic in the period 10 August 2020 to 31 August 2021.



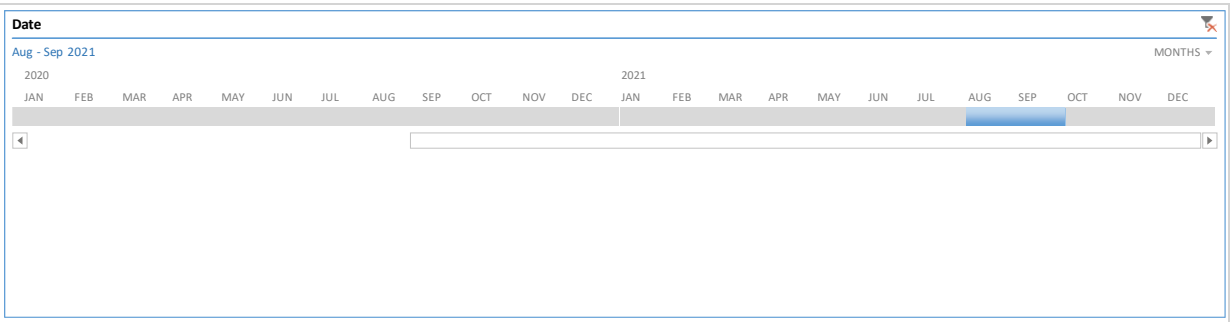
Row Labels
04/10/2021
Welsh Government
The legislative response by the Welsh Ministers to the coronavirus pandemic
The Welsh Government publishes a report covering all subordinate legislation made by Welsh Ministers in response to the coronavirus pandemic in the period 10 August 2020 to 31 August 2021.
05/10/2021
Welsh Government
COVID-19 testing for children and young people and staff working in special educational provision
The Minister for Education and Welsh Language amends advice to learners in secondary schools and colleges who are under 18 and have a household member who has tested positive for COVID-19. From 11 October 2021, it is recommended that in addition to PCR tests on Day 2 and Day 8, they should undertake daily lateral flow testing every day for seven days. Also, following advice from its testing advisory group, the Welsh Government will no longer recommend that children under 5 years of age without symptoms take COVID19 tests. It is also announced that vaccinated staff working in special educational provision who are identified as a contact, household or otherwise, will, subject to a risk assessment, be required to receive a negative PCR test before attending work and then undertake daily lateral flow tests.
Senedd votes on COVID passes for nightclubs and large events
The Senedd approves the draft Health Protection (Coronavirus Restrictions) (No. 5) (Wales) (Amendment) (No. 17) Regulations 2021, which will require people to show an NHS COVID pass to enter high risk establishments such as nightclubs, and large events from 11 October 2021
07/10/2021
Welsh Government
International travel changes
The Health Minister agrees to the removal of further countries from the red list (from 11 October 2021) but emphasises the changes are not without risk. “They increase opportunities for new infections and new variants, which could escape the vaccines to enter the UK and Wales. We look to the UK Government to provide reassurances that it will be maintaining consistent and robust surveillance systems that can detect dangerous variants early and that measures to relax restrictions can be swiftly reversed should the international position worsen”.

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Month/s Specific



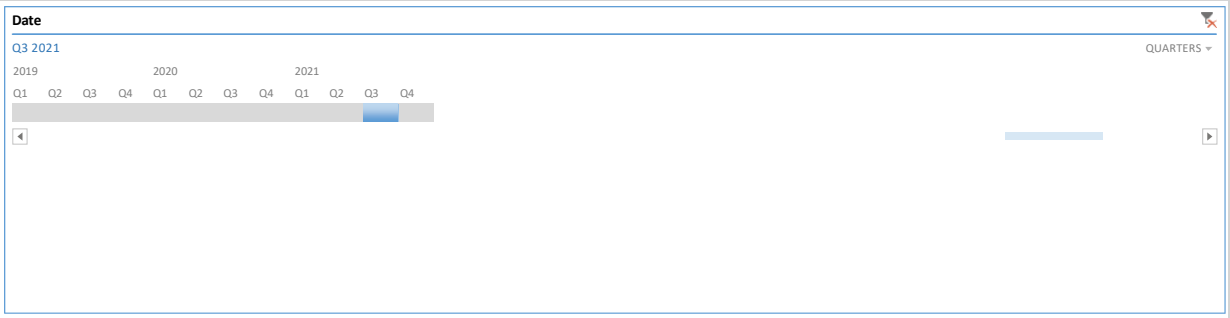
Row Labels
04/10/2021
Welsh Government
The legislative response by the Welsh Ministers to the coronavirus pandemic
The Welsh Government publishes a report covering all subordinate legislation made by Welsh Ministers in response to the coronavirus pandemic in the period 10 August 2020 to 31 August 2021.
05/10/2021
Welsh Government
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08/10/2021
Welsh Government
Updated coronavirus control plan
Wales remains at alert level zero



Row Labels
04/08/2021
Central Government
Welsh Government
05/08/2021
Welsh Government
19/08/2021
Welsh Government
25/08/2021
Welsh Government
27/08/2021
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18/09/2021
Central Government
27/09/2021
Welsh Government

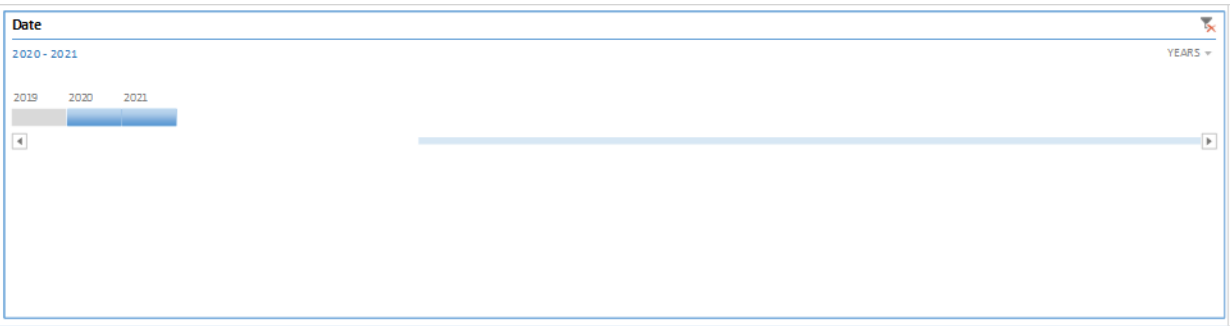
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7/12/2021 15:57:57

Quarters



Row Labels
02/07/2021
Welsh Government
09/07/2021
Welsh Government
11/07/2021
Welsh Government
13/07/2021
Welsh Government
14/07/2021
Welsh Government
19/07/2021

Years



Row Labels
05/01/2020
WHO
09/01/2020
WHO
13/01/2020
WHO
14/01/2020
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20/01/2020
WHO
21/01/2020
WHO
29/01/2020
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28/02/2020
Welsh Government
29/02/2020

Saunders,Nathan
27/2021 15:57:57

Report Title:	**Corporate Meeting Schedule 2022/2023**						**Agenda Item no.**	**7.1**	
Meeting:	**Board**						**Meeting Date:**	25 November 2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**X**	**For Information**	
Lead Executive:	**Director of Corporate Goverance**								
Report Author (Title):	**Head of Corporate Governance**								

Background and current situation:

Each year the Corporate Meeting Schedule is developed to plan out the Board and Committee meeting dates for the following year. This exercise has been completed in relation to 2022/2023 and, accordingly, the draft Corporate Meeting Schedule for the year 2022/2023 is being presented to Board for formal approval.

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

The proposed Corporate Meeting Schedule for 2022/2023 is attached at Appendix 1 of this report. The purpose of the said schedule is to ensure that key reporting requirements are met, such as the end of year reporting/ sign off of annual accounts, and also to provide the appropriate timescales to enable the Corporate Governance team to publish Board and Committee papers in order to comply with the Health Board's internal rules, including its Standing Orders.

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

It is crucial that the dates set out in the Corporate Meeting Schedule are adhered to. Accordingly, if Committee Chairs or Executive Leads are unable to attend agenda settings, arrangements should be made for the relevant Vice Chairs and/or Executive Deputies to represent them in their absence. This should ensure smooth running of the process and provide report authors with the appropriate length of time to prepare reports in advance of the report submission deadlines.

Where there is a requirement to set up an additional "special" meeting, this will be facilitated by the Corporate Governance Team and the Corporate Meeting Schedule will be updated to reflect the same.

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Recommendation:

The Board is asked to:

a) Note and approve the draft Corporate Meeting Schedule for 2022-23, a copy of which is attached as Appendix 1.

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

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

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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CORPORATE MEETING SCHEDULE 2022 - 23													
Dates	**Audit**	**Board / Board Development**	**Board of Trustee**	**Charitable Funds**	**Digital & Health Intelligence**	**Finance**	**Health & Safety**	**Mental Health Capacity Legislation**	**Quality, Safety & Experience**	**RaTs**	**Strategy & Delivery**	**Shaping Our Future Hospitals Committee**	**HSMB**	**Stakeholder Reference Group**
Mar-22														
Agenda Setting		16 February 2022		17 January 2022							31 January 2022	25 January 2022		
Deadline for Papers		11 March 2022		14 February 2022							28 February 2022	22 February 2022	21 February 2022	
Date of Meeting		**31 March 2022**		**01 March 2022**		**30 March 2022**					**15 March 2022**	**09 March 2022**	**03 March 2022**	
Apr-22														
Agenda Setting	21 February 2022		09 March 2022				07 March 2022	14 March 2022	28 February 2022					
Deadline for Papers	21 March 2022		01 April 2022				04 April 2022	11 April 2022	28 March 2022				28 March 2022	
Date of Meeting	**05 April 2022**	**28 April 2022**	**21 April 2022**			**27 April 2022**	**19 April 2022**	**26 April 2022**	**12 April 2022**				**07 April 2022**	
May-22														
Agenda Setting	30 March 2022	13 April 2021									04 April 2022		14 April 2022	
Deadline for Papers	27 April 2022	06 May 2021									29 April 2022		25 April 2022	
Date of Meeting	***12 May 2022***	**26 May 2021**				**25 May 2022**					**17 May 2022**		**05 May 2022**	**24 May 2022**
Special Meeting	***12 MAY *WORKSHOP****													
Jun-22														
Agenda Setting	25 April 2022	03 May 2022		09 May 2022	25 April 2022				03 May 2022			16 May 2022	20 May 2022	
Deadline for Papers	25 May 2022	20 May 2022		06 June 2022	23 May 2022				30 May 2022			13 June 2022	30 May 2022	
Date of Meeting	**END OF YEAR - Annual Accounts, Accountability Report, Financial Statements - with a special board on same day to follow**	**30 June 2022**		**21 June 2022**	**07 June 2022**	**29 June 2022**			**14 June 2022**			**28 June 2022**	**09 June 2022**	
Special Meeting	**09 June 2022**	**09 June 2022**												
Jul-22														
Agenda Setting	23 May 2022	15 June 2022					06 June 2022	13 June 2022			30 May 2022		17 June 2022	
Deadline for Papers	20 June 2022	08 July 2022					04 July 2022	11 July 2022			27 June 2022		27 June 2022	
Date of Meeting	**05 July 2022**	**28 July 2022**				**27 July 2022**	**19 July 2022**	**26 July 2022**			**12 July 2022**		**07 July 2022**	**26 July 2022**
Special Meeting		**AGM 28 July 2021**												
Aug-22														
Agenda Setting									18 July 2022				15 July 2022	
Deadline for Papers									15 August 2022				25 July 2022	
Date of Meeting		**25 August 2022**				**24 August 2022**			**30 August 2022**				**04 August 2022**	
Sep-22														
Agenda Setting	25 July 2022	17 August 2022	20 July 2022	08 August 2022							15 August 2022	01 August 2022	19 August 2022	
Deadline for Papers	22 August 2022	09 September 2022	12 August 2022	05 September 2022							12 September 2022	26 August 2022	26 August 2022	
Date of Meeting	**06 September 2022**	**29 September 2022**	**01 September 2022**	**20 September 2022**		**28 September 2022**					**27 September 2022**	**13 September 2022**	**08 September 2022**	**22 September 2022**
Oct-22														
Agenda Setting					22 August 2022		05 September 2022	12 September 2022	30 August 2022				16 September 2022	
Deadline for Papers					19 September 2022		03 October 2022	10 October 2022	26 September 2022				26 September 2022	
Date of Meeting		**27 October 2022**			**04 October 2022**	**26 October 2022**	**18 October 2022**	**25 October 2022**					**06 October 2022**	
Special Meeting									**11 October 2022**					
Nov-22														
Agenda Setting	26 September 2022	12 October 2022							17 October 2022		03 October 2022		14 October 2022	
Deadline for Papers	24 October 2022	04 November 2022							14 November 2022		31 October 2022		24 October 2022	
Date of Meeting	**08 November 2022**	**24 November 2022**				**26 November 2022**			**29 November 2022**		**15 November 2022**		**03 November 2022**	**29 November 2022**
Dec-22														
Agenda Setting				24 October 2022								31 October 2022	11 November 2022	
Deadline for Papers				21 November 2022								28 November 2022	21 November 2022	
Date of Meeting		**15 December 2022**		**06 December 2022**		**14 December 2022**						**13 December 2022**	**01 December 2022**	
Jan-23														
Agenda Setting		14 December 2022	07 December 2022				05 December 2022	19 December 2022	28 November 2022		12 December 2022		16 December 2022	
Deadline for Papers		06 January 2023	30 December 2022				02 January 2023	16 January 2023	23 December 2022		09 January 2023		26 December 2022	
Date of Meeting		**26 January 2023**	**19 January 2023**			**25 January 2023**	**17 January 2023**	**31 January 2023**	**10 January 2023**		**24 January 2023**		**05 January 2023**	**24 January 2023**
Feb-23														
Agenda Setting	04 January 2022				02 January 2023								13 January 2023	
Deadline for Papers	23 January 2023				30 January 2023								23 January 2023	
Date of Meeting	**07 February 2023**	**23 February 2023**			**14 February 2023**	**22 February 2023**							**02 February 2023**	
Mar-23														
Agenda Setting		15 February 2023		06 February 2023					23 January 2023		30 January 2023	13 February 2023	10 February 2023	
Deadline for Papers		10 March 2023		06 March 2023					20 February 2023		27 February 2023	13 March 2023	20 February 2023	
Date of Meeting		**30 March 2023**		**21 March 2023**		**29 March 2023**			**07 March 2023**		**14 March 2023**	**28 March 2023**	**02 March 2023**	**23 March 2023**
Apr-23														
Agenda Setting	20 February 2023						06 March 2023	13 March 2023					14 February 2023	
Deadline for Papers	20 March 2023						03 April 2023	10 April 2023					24 February 2023	
Date of Meeting	**04 April 2023**	**27 April 2023**				**26 April 2023**	**18 April 2023**	**25 April 2023**					**06 March 2023**	

=Board Development

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Report Title:	Welsh Language Annual Report 2020/2021							**Agenda Item no.**	**7.3**		
Meeting:	**Public Board Meeting**							**Meeting Date:**	25 November 2021		
Status:	**For Discussion**	**x**	**For Assurance**	**x**	**For Approval**		**For Information**		**x**		
Lead Executive:	**Executive Director of People and Culture**										
Report Author (Title):	**Equality Manager**										

Background and current situation:

Since 30 May 2019, NHS Wales, and therefore Cardiff and Vale University Health Board, has been subject to a Welsh Language Standards Compliance Notice set by the Welsh Language Commissioner under Section 44 of the Welsh Language (Wales) Measure 2011 set by the Welsh Language Commissioner which is available here.

The Compliance Notice comprises five categories of Standards which are a set of statutory requirements which are relevant to the Health Board. They state clearly our responsibilities to provide bilingual services to patients and the public as well as certain rights to our workforce:

- **Service Delivery Standards** - to promote and facilitate the use of Welsh in service provision and to ensure that the Welsh language is not treated less favourably than the English language
- **Policy Making Standards** - requirement of decision makers to consider the effect that their decision making may have on people's opportunities to use Welsh and on treating the Welsh language no less favourably than the English language
- **Operational Standards** - a focus on the way in which NHS organisations in Wales use Welsh internally and promotes the concept of a bilingual workplace, affording employees some rights in relation to receiving their HR Service in Welsh
- **Record Keeping Standards** - data and recording systems relating to the other Standards
- **Standards which deal with Supplementary Matters -** the production of an Annual Welsh Language Standards report in Welsh and an obligation to provide the Welsh Language Commissioner (if requested by the Commissioner) with any information which relates to our compliance with the standards

We have published reports on our compliance with the Welsh Language Standards since 2019-20. The latest Welsh Language Standards Annual Report 2020-2021, was approved in October 2021 by the Equality Strategy & Welsh Language Standards Group (ESWLSG) and as legally required, is available on our website. The report covers various reporting responsibilities detailed under the individual standards. (Appendix 1)

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

The Welsh Language Commissioner is currently undertaking investigations into whether or not the Organisation is complying with specific Standards. These include:

- telephone services

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- Covid related forms
- specific website pages
- letters to patients

Investigations related to car parking, signage and other specific website pages have been closed.

It should be noted however, that based on our conversations with the Welsh Language Commissioners Office, there has been a Wales-wide increase in investigations around “front of house” operations, including telephones, website, digital communications and vaccination related issues, highlighted as a result of the pandemic.

We have progressed on improving the Welsh language translation support for the organisation through the recruitment of two full-time Welsh Language translators. Currently, the translation service is primarily focused on providing support to the Communication team and output. We also continue to access the Bilingual Cardiff translation resource which has seen a rapid increase of use within front line services using the facility to develop bilingual material for our patients and service users. As the organisation progresses its work on Welsh language the issue of capacity will become increasingly significant. Our translators are managing the current workload admirably, translating over 900,000 words in under 12 months. However, as we look ahead, we know that demand for translation services will increase to enable us to meet the standards related to provision of Welsh Language materials, information and communications, and we will therefore need to revisit our resource requirements to ensure on-going future compliance of the Standards.

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

We undertake a review of all Standards and updates from standard owners by utilising the Verto project management software. This monitors the implementation and progress of our actions to meet the Welsh Language Standards.

We have closed **74** of the **120** standards in generic terms as agreed. We are continuing to progress on a further **3** patient related standards which are currently implemented on a pilot basis and **2** recruitment related standards which are under review and awaiting rollout. In regard to the remaining standards, the Equality and Welsh Language Team are progressing the work to become compliant with the organisationally identified Standard owners through regular checks. The Welsh Language Officer has been set priorities which focus on a number of standards.

The COVID pandemic has put restrictions on staff training, including the Welsh Language Awareness section within Mandatory Training and Corporate Induction. The collaboration between the organisation and the National Centre for Learning Welsh has also been affected by the pandemic with the temporary closure of classes. However, the general lockdown period has presented many opportunities for staff to develop Welsh language skills. The organisation has seen a rise in staff members enrolling on the online starter courses offered by the national centre, with an increase from 200 to 276 staff enrolled, a rise of 38%.

Saunders Marian (CVUHB) 2/17/2021 12:37:57

Our Welsh language intranet pages have been designed with the express purpose to promote Welsh language services and to provide support, guidance and information on all aspects of the

Welsh language. For example, content available includes clear and straightforward guidance for staff on implementing the Welsh Language Standards.

In conjunction with developing the Welsh language skills of our staff, recruiting bilingual employees is part of our workforce planning approach to ensure the Welsh-medium service delivery. A Welsh language skills assessment tool is being developed to become an integral part of the recruitment process for each job. The Welsh Language Officer regularly works with managers to ensure that any Welsh-essential vacancies are targeted and marketed towards Welsh-speaking communities. A suite of bilingual Nursing job descriptions from Band 2 to Band 8b have been developed and we are taking a phased approach to the development of generic bilingual job descriptions for other staff groups. Additionally, when a new job description is submitted for matching via the Job Evaluation Scheme, once the banding outcome has been confirmed, the manager is advised to forward the job description to Bilingual Cardiff for translation. A Job Description Library of translated jobs has been created on the Health Board's internet site for recruiting managers to access when recruiting to posts.

Our 'Written Control Document Development and Approval Procedure' requires an Equality and Health Impact Assessment (EHIA) to be undertaken and submitted before a policy can be approved. Questions regarding the impact of a decision on opportunities for persons to use the Welsh language, and treating the Welsh language no less favourably than the English language are part of the existing process. However, going forward we will need to develop a separate or more integrated Welsh Language Impact Assessment to fully meet the particular standards around consultation activities.

Prior to the pandemic, there had been considerable work completed on drafting a Clinical Consultation Plan (Standard 110) to set out objectives and actions to increase the Primary Care & Intermediate Care (PCIC) Clinical Board's ability to offer and undertake clinical consultations in Welsh. During the pandemic emergency response this work was paused. However, consideration will now need to be given to the view that this Standard should be applied across the whole of the Health Board and not just focused on PCIC. The original draft will require considerable revision in 2021–22 because of this. Additional clarification from the Welsh Language Commissioner's office on the intended structure and use of the plan requires more formal guidance which has been promised by them, which may result in something more streamlined and simplified.

The COVID pandemic has impacted on the ability of the organisation to progress on its Welsh Language agenda over 2020 – 2021. The organisation was redesigned to deal with the sudden demand for our services, and staff were reallocated away from their usual roles. One of the implications of this was that staff who were previously tasked with working on the Welsh language agenda in their areas were unable to make as much progress as they had planned. Understandably the need for services to comply with the standards took less of a priority in comparison to maintaining essential health services.

However, the period allowed us to reflect and decide upon how to progress on the Welsh language agenda and where to focus. Since then, the organisation has achieved some notable aims, including the establishment of the Welsh Language translation team. We are also making progress on developing a fully bilingual website and social media service.

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The Welsh Language agenda has been promoted under the 'Meddwl Cymraeg / Think Welsh' campaign brand. This continues to encourage staff to think about how they can ensure that our services provide the best level of Welsh Language care.

The Equality Strategy and Welsh Language Standards Group is chaired by the Executive Director for People and Culture, and will scrutinise and receive assurances that the organisation is taking the Welsh Language agenda forward across all areas.

The organisation is pushing for further partnership working and collaboration. Representatives from the organisation will continue to attend the Fforwm Caerdydd, which links into the range of local and public organisations in the City. We are seeking further involvement with the 'More than Just Words' Group, which links with social care and child development teams in Cardiff and the Vale of Glamorgan.

Via these key links and collaborations, the organisation plans to raise awareness amongst students and young people in Cardiff and the Vale's Welsh medium schools about the career opportunities provided by our organisation. Work to date has included engaging with Careers Wales and giving talks to students about the careers in healthcare in online meetings via Microsoft Teams.

Working with the Primary Care sector and ensuring compliance with the standards will be a priority in 2021/2022. Work is already underway with a consultation exercise with local GP surgeries, identifying their preferred means of receiving Welsh Language awareness training.

This work will be assessed by the Equality Strategy and the Welsh Language Standards Group who will receive progress reports and assurances on behalf of the Board, over-seeing compliance with the Welsh Language Standards. This work will promote an inclusive culture where patients, service users and staff can use Welsh as their preferred language.

As mentioned throughout this report, we cannot underestimate the impact of the COVID pandemic on the delivery of our goals to comply fully with the standards. It has been, and continues to be challenging for the organisation to promote the language and compliance during an exceptionally difficult moment in the history of the NHS. The organisation and the people within it are still going through a difficult period, therefore our targets and ambitions may require review and adjustment. Conversely, during this period, the organisation has actively engaged in and demonstrated new ways of thinking and creative approaches. All staff have shown a dedication and commitment to ensuring that patients and service users receive care in their preferred language of Welsh.

Recommendation:

The Board is asked to:

Saunders-Nathan 11/11/2021 15:57:5

Note and Support the ongoing Welsh Language compliance with the Welsh Language Standards across the Health Board.

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

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

Saunders, Nathan 11/1/2021 15:57:57

Report Title:	**Naming of the Former Chapel at CRI**	**Agenda Item no.**	**7.3**
Meeting:	**Cardiff and Vale UHB Board Meeting**	**Meeting Date:**	**25th Nov 2021**
Status:	**For Discussion**	**For Assurance**	**For Approval** ✓ **For Information**
Lead Executive:	**Abi Harris, Executive Director of Strategic Planning**		
Report Author (Title):	**Service Planning Lead, Strategic and Service Planning Team**		

Background and current situation:

Refurbishment and remodeling of the former chapel at CRI was completed early in 2021, creating a wellbeing resource for patients, service users, carers and the local community. It will provide a focus for information, advice and signposting, with the aim of empowering people to manage their health and wellbeing.

The former chapel is home to a new health and wellbeing library, Council services including self-service book loans, open access PCs, facilitated activities hosted by a Community Liaison Officer, meeting spaces and an Aroma Café, although Covid restrictions has meant that some areas/activities are not available for use at present.

The facility is a significant historical presence on the Grade II listed CRI site and while it is no longer used as a religious facility, there has been some debate over the use of the name 'Y Capel' within a multi-cultural community. Following approval of the Former Chapel Naming Strategy by the Management Executive Team at its meeting on 19th July 2021, ProMo-Cymru worked with a variety of community groups, running both an online survey and a set of focus groups to test a short list of names, including Y Capel. This engagement exercise has now been completed (report attached). Each of the two engagement methods used, resulted in different preferred names:

- The online survey voted for **Y Capel** with 65% making it their first choice; and
- The focus groups voted for **I Bawb** ('For Everyone') with 52% making it their first choice.

Therefore ProMo-Cymru have recommended a compromise incorporating both names – Capel i Bawb (Chapel for Everyone) and the inclusion of the strapline 'a place for everyone'.

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

Funding for the refurbishment and re-modelling of the former chapel was provided by the Welsh Government's Integrated Care Fund (ICF), Cardiff and Vale UHB and Cardiff Council and was delivered in partnership between Cardiff and Vale UHB, the Integrated Health and Social Care Partnership, Cardiff Council, and Third Sector Partners.

The former chapel will have a key role in the H&WC@CRI and the local community, providing a focus for information, advice and signposting with the aim of empowering people to manage their health and wellbeing. It will act as a facility for use by local residents both within the South East Cardiff Cluster and also the wider South and East Cardiff Locality.

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The exercise undertaken to test the name forms part of wider plans to foster community 'ownership', promote the services to be offered and engage the local community in a programme of facilitated activities.

The Chapel will celebrate its 100th Anniversary in December 2021 and a small scale, Covid compliant celebration is being organised by the Locality Team and the Chapel Operational Group for mid December, date to be confirmed. It would seem fitting, subject to the appropriate governance and approvals, to be able to announce the chosen name at the anniversary celebrations. Plans for an official opening, possibly next Spring, are being considered.

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

The engagement work was led by a group of third sector providers, ProMo-Cymru, commissioned by Cardiff and Vale Regional Partnership Board. The aim was to involve the community in identifying a preferred name for the former chapel from a short list drawn up with staff working at CRI:-

1. Y Capel (The Chapel)
2. Hen Gapel@CRI (The Old Chapel @ CRI)
3. I Bawb (For Everyone)
4. Y Glossop (The Glossop)
5. Ysbrydoli (Inspire)

These names were tested with a cross section of community groups who responded to an invitation to engage, including local BAME communities, young people and people with learning disabilities. An online survey was also undertaken to capture views of others with an interest in the CRI and its history. Each of the two engagement methods used, resulted in different preferred names – Y Capel and I Bawb.

Therefore, ProMo-Cymru have recommended a compromise incorporating both names – Capel i Bawb (Chapel for Everyone) and the inclusion of the strapline 'a place for everyone'.

The proposed name is consistent with the UHB Facility Naming Policy.

The development of the former chapel within the Health and Wellbeing Centre @ CRI forms part of the Shaping Our Future Wellbeing: In Our Community Programme. The SOFW:IOC Delivery Group, which acts as the Board for the programme and its constituent projects, has considered the proposed name and recommend its approval.

The Management Executive Team, at its meeting on 8th~~15th~~ November 2021, considered the proposed name and recommend its approval.

The Strategy and Delivery Committee is due to meet ~~, at its meeting~~ on 16th November 2021. In relation to this matter, the said Committee will be asked to ~~1,~~ consider~~ed~~ the proposed name and recommend its approval to the Board.

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Recommendation:

The Board is asked to:-

- **NOTE** the outcome of the engagement exercise;
- Subject to ~~**NOTE** the recommendation of th~~the Strategy and Delivery Committee agreeing to recommend the proposed name to the Board for approval, ~~**in relation to this matter; and**~~**APPROVE** the proposed name of "Capel I Bawb" in respect of the former chapel of the CRI.

~~• **APPROVE** the proposed name of "Capel i Bawb" in respect of the former chapel of the CRI.~~

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

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Commissioned by:

Produced by:

A new name for the former chapel at CRI

Consultation with C&VUHB staff and local community members

November 2021

Introduction

Construction work to the former chapel at Cardiff Royal Infirmary (CRI) is now complete and many services are now open to the public. In preparation for the official launch of the new facility, Cardiff and Vale Regional Partnership Board (RPB) commissioned C3SC and ProMo-Cymru to consult with members of the local community and key stakeholders to identify a suitable name.

Methodology

Previous consultations carried out by the Cardiff and Vale University Health Board have drilled down the list of suggested names to the following 5:

1. Y Capel (The Chapel)
2. Hen Gapel@CRI (The Old Chapel @ CRI)
3. I Bawb (For Everyone)
4. Y Glossop (The Glossop)
5. Ysbrydoli (Inspire)

C3SC encouraged expressions of interest from diverse community groups and organisations who could recruit focus group participants to help chose the name for the former Chapel. Groups could access between £250 and £500 to do so. We prioritised and targeted relevant groups with an interest in the CRI development as well as those groups working with local BAME communities, young people, people with learning disabilities etc.

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We received expressions of interest from 4 community groups, who were able to recruit 6 groups of community members to participate in the focus groups. ProMo-Cymru prepared the session plan and hosted the discussions via Zoom. ProMo-Cymru also built an online survey to gather wider responses.

Online Survey

To increase the survey response rate and encourage more people to participate, ProMo-Cymru created a bilingual online poll that took no more than 2 minutes to complete. The poll had 3 questions:

- Vote for your preferred name from the 5 options (only 1 option could be selected)
- Tell us why you've voted for this name
- Leave your email address if you would like us to keep you posted on the outcome of the polling exercise

The survey went live on 30 September and was disseminated to over 50 staff members from the C&VHB. These staff members were encouraged to forward the survey link to their colleagues.

The survey was also shared with third sector organisations and promoted via ProMo-Cymru's social media channels.

A total of **108 responses** were gathered over **a period of 3 weeks**.

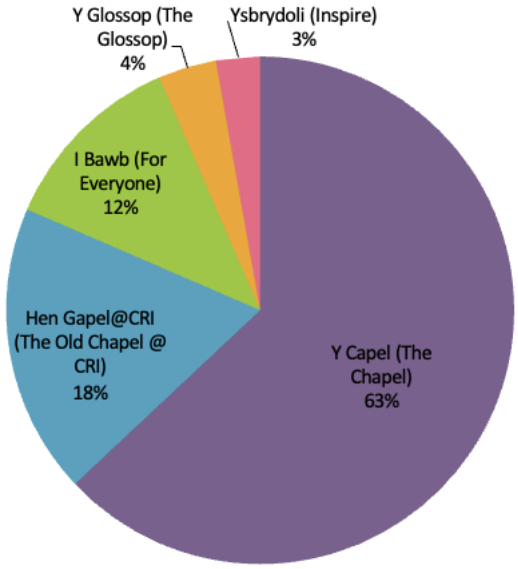
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Produced by:

1.We would like you to vote for your preferred name from the shortlist below:

// Hoffem i chi bleidleisio am eich hoff enw o'r rhestr fer isod:



Value	Percent	Count
Y Capel (The Chapel)	63.0%	68
Hen Gapel@CRI (The Old Chapel @ CRI)	18.5%	20
I Bawb (For Everyone)	12.0%	13
Y Glossop (The Glossop)	3.7%	4
Ysbrydoli (Inspire)	2.8%	3
	Totals	108

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Over 63% of survey participants voted for Y Capel as their preferred name. The second most popular choice was Hen Gapel @ CRI (18.5%) and the third favourite was I Bawb (12%).

Here are some comments as to why Y Capel and Hen Gapel @ CRI were chosen:

- *We already refer to it as the Chapel due to time elapsed since opening with no official name.*
- *Easy to say and similar in English and Welsh.*
- *People know it as the chapel and I suspect no matter what it is 'offically' called, people will refer to it as the chapel*
- *Because this is what it is*
- *It speaks for itself*
- *I clean it in the mornings and always ask security for THE CHAPEL keys. The Chapel sounds appropriate.*
- *Important to keep the identity of the building i think*
- *As it pays tribute to the chapel which has been there a long time and still has the original features.*
- *As a previous chapel I think we should keep this not to take away the history of the building*
- *Because that's what it is. Stop over complicating simple forward movement. No need for it to be in Welsh either.*
- *I like the idea of having "capel" in the name but "hen gapel @ CRI" is cheesey*
- *This is what it is, and new names don't usually stick for years.Y Gegin is still Heathfields for many.*
- *I like Capel/Chapel but think people will confused with the bar on Churchill way*

Other participants picked the name I Bawb because:

- *I hope it will be accessible to all*
- *It's for the community*
- *Easy to pronounce and not religous for our diverse community*
- *it's inclusive*

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- *because it is for EVERYONE*
- *It encapsulates the shared values of Cardiff and it is not religious*
- *This is a beautiful and inclusive name for a nice, modern, and multipurpose space. It is welcoming and despite being in an old chapel, the name shows that it doesn't matter and it is for everyone!*
- *Welcoming and inclusive*

Out of 40 people who've left their email addresses at the end of the survey, over 80% were health board employees. This leads us to conclude that the online poll findings mostly represent the view of staff members.

Focus Groups

C3SC facilitated the recruitment of community members from the following organisations to participate in focus group sessions:

- Cardiff People First
- Exercise for All Wales
- Splott Community Volunteers
- Women Connect First

A total of **65 community members** participated in the **6 focus group sessions** (via Zoom) that we ran in the first 2 weeks of October 2021.

We started the hour-long sessions with a simple ice-breaker activity. We then showed the participants some latest pictures of the interior of the chapel and a short video tour of the building. This helped to provide some context and set the scene. We asked them about their thoughts on the restoration in order to get the conversation going.

As we moved into the discussion around the names, we asked each group the same three questions:

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1. What is the **first thing** that comes to your mind when you see this name?
2. What do you **feel** about this name and its meaning?
3. Would you say the name is a **good fit** for the new facility? Why?

To conclude the discussion, we invited participants to vote for their preferred name.

Participants who were unable to attend the focus group were asked to complete the survey detailed above, to leave their thoughts on the new name.

Women Connect First (Group 1) – 6 October, 2pm

This group comprised 10 older women who are members of Women Connect First.

Y Capel (The Chapel)
The participants thought that the name 'The Chapel' represented a place of "silence", "prayer" and "peace", which was not representative of the multipurpose, modern building that has been created today. Additionally, concerns were raised over the name being a barrier for those who do not identify with Christianity. This problem with inaccessibility was felt by all members of the group, many of which shared that as Muslims, they would feel "unwelcome" and "restricted" in this place if that was the chosen name. They could not imagine inviting their friend to the Chapel and would be reticent due to it being called Y Capel. This contrasts with the relaxed and social atmosphere that has been created during the redevelopment of the café, library and meeting rooms. There were also comments that the name would also not attract young people due to its connotations with religion.

Hen Gapel@CRI (The Old Chapel @ CRI)
Despite this name acknowledging that this space is no longer a chapel, this group felt that reinforcing the chapel in the name was as "restrictive" as the name Y Capel. The word 'old' was also highlighted as "putting people off", as the notion of aging is not desirable particularly to older audiences. Some members reflected that this name would be more suitable for an old building that you'd visit like a museum, not a vibrant, new and inviting venue.

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I Bawb (For Everyone)
I Bawb had warm, "welcoming" and "inviting" connotations for this group. All members agreed that it is "inclusive" and evokes a positive "emotional" response. Even if

someone did not know the meaning of I Bawb, it is short, easy to say, and memorable. It is also a great way to start a conversation about what it means and how the space is for everyone. It allows for curiosity and inclusive, open and friendly conversations about the meaning. The members felt comfortable saying this word and began practising inviting their friends for a coffee at I Bawb. It was also suggested that this feels like a cool and modern name which would resonate with old and young people alike.

Y Glossop (The Glossop)

The participants suggested that using the name Y Glossop is similar to that of a pub which often takes after the road name. It was suggested that Glossop also sounded like gossip and people may be likely to change this name to this over time.

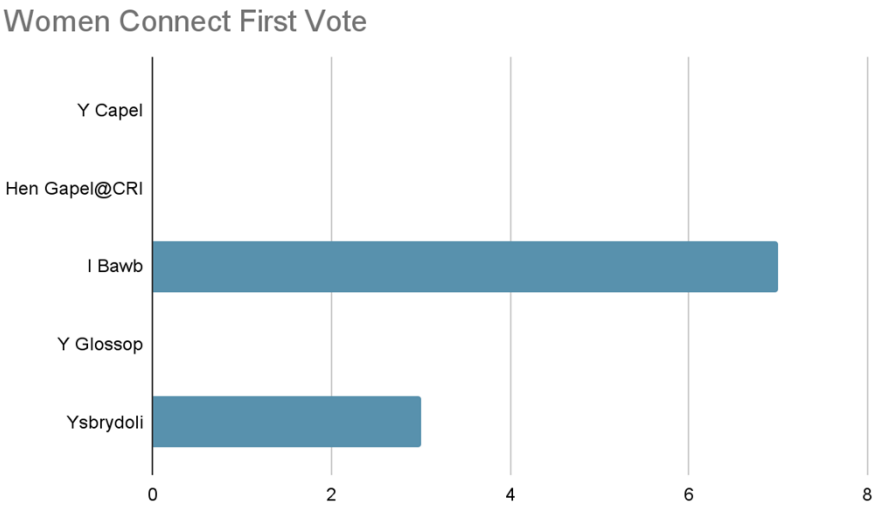
Ysbrydoli (Inspire)

Ysbrydoli was suggested to be a fitting name for the building as both the purpose and the internal architecture is “inspiring”. The name provides a “vision” with “wide scope” to mean things to different people. It also creates feelings of something being bigger than oneself and that the “horizon is the limit”. However, some participants felt that this name is not easy to read nor remember. Some also felt that the name would not resonate so much with young people.

Name of Preference

The preferred name was I Bawb with 7 votes, with the second most popular name being Ysbrydoli with 3 votes. One participant suggested that merging both Ysbrydoli and I Bawb could be nice, with the meaning ‘inspire everyone’. Others thought that this would perhaps be too wordy and selecting one name would be best.

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Splott Community Volunteers (Group 1) – 7 October, 10:30am

This group comprised 19 participants from Splott Community Volunteers. They were adults of all ages.

Y Capel (The Chapel)

The overall consensus was that Y Capel represented a church which was “not fitting” for this new space as it is no longer used for this purpose. The name is “generic” and “does not stand out”. It was shared that the space is supposed to be a welcoming hub for all communities, but this name would “exclude some religions and ethnicities”. There was also concern that it would be confused with the bar named ‘The Chapel’ on Churchill Way in Cardiff City Centre. All participants felt this was a “boring” name devoid of “emotion and meaning”. For this group, the name Y Capel represented segregation and it “put people off”.

Hen Gapel@CRI (The Old Chapel @ CRI)

Similarly to Y Capel, Hen Gapel @ CRI created a similar discussion about religious connotations which “didn’t feel inclusive”. It was agreed that there was no need to add ‘@ CRI’ because the establishment “should have a new identity” separate to Cardiff Royal Infirmary, its patients and staff to show that it is for everyone. As the space is new, a new name is needed.

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I Bawb (For Everyone)

I Bawb was liked by the whole group as created feelings of “belonging” and felt “inclusive” and “open”. If someone doesn’t know who the space is for, it “clearly spells it out” as it’s “obvious that it’s’ for everyone”. It was suggested that I Bawb is also short and therefore easier for non-Welsh speakers to pronounce and remember.

Y Glossop (The Glossop)

Two members of the group liked the name Y Glossop as “local people know where Glossop is” and they have positive memories of growing up on Glossop Terrace and Glossop hospital. However, most members of the group felt that name was more “associated with Glossop hospital across the road” and therefore “did not represent the location or the space” well. Additionally, the name Glossop reminded some participants of “sexually transmitted diseases” as there was a “sexual health clinic” with the same name. One member of the group suggested that the word Glossop reminded them of lip gloss, which was not a desirable image. The overall opinion was that just because the venue is on Glossop Road does not mean it reflects the new space well and instead, would cause “confusion” about what the space is for and where it is.

Ysbrydoli (Inspire)

Some participants felt that Ysbrydoli was quite “difficult to pronounce and spell”. Some members shared that it is a “fitting name” as “the space is inspirational” and people do need inspiration at the moment, particularly due to the pandemic. It was felt that this name “encompassed everything” and “reflects the innovation, longevity, sustainability and character of the building”. However, some participants felt that the name was “vague” and were left with questions about what was meant to be inspirational.

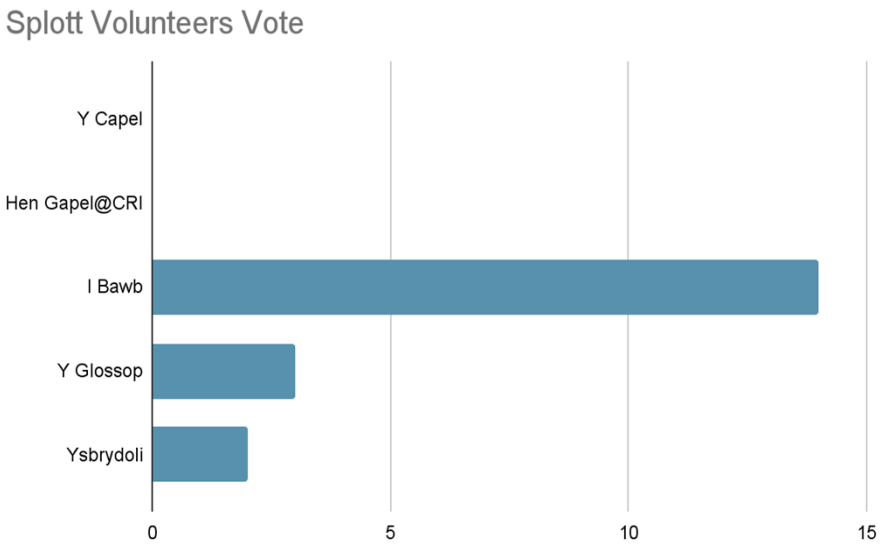
Name of preference

The preferred name was I Bawb with 14 votes, with the second most popular name being Y Glossop with 3 votes. Ysbrydoli was the third most popular suggested name with 2 votes.

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Exercise For All Wales – 13 October, 2pm

This group comprised 6 adult participants with physical disabilities from Exercise For All Wales.

Y Capel (The Chapel)

Some participants felt that this name “does what it says on the tin” and is a “simple”, “easy to read” name to describe the place. One Welsh speaker stated that whilst Y Capel is grammatically correct, the name would be better as just “Capel” as Y can make two sounds, which perhaps would be confusing for non-Welsh speakers.

Other participants felt that this name “neglects all the new development” that has been done to make this space accessible and inclusive to everyone in the community. One member expanded on this by emphasising that “a new space requires a new name”.

The name Y Capel had connotations of a place of worship for the group, which some members felt would put members of the community off and would be “misleading” for the new space. It was commented that Y Capel was the “most boring name suggestion” and represents a “standard church which could be anywhere”. A few participants

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reflected the similarity of the name to the Chapel 1877 Bar & Restaurant on Churchill Way.

Hen Gapel@CRI (The Old Chapel @ CRI)

Hen Gapel @ CRI was described as “idiot proof” by one participant and it was referred to as the “cleanest and simplest” option by another. However, it was also suggested that this would depend on whether people know what and where the CRI is. The @ symbol was considered to be modern by these members, but two other group members felt that this option looked like an email address.

I Bawb (For Everyone)

There was some debate about the ease of pronunciation for this suggestion. One participant suggested that I Bawb may be “difficult to pronounce” for non-Welsh speakers who have never heard the name before. Meanwhile, another participant suggested that this would be the “easiest name to pronounce” for non-Welsh speakers as in school or group settings, bawb is used within easy phrases, for example “Bore da bawb”. It was suggested that using this “recognisable name” would help make the “Welsh language more prominent” in Wales. Another member suggested an alternative version of this suggestion could be “I bob un” and that anyone who watches Welsh rugby would recognise this. This name was also noted to be “inclusive for everybody” whether that be “culture, disability or race”. One member mentioned that “if the space is as accessible, inclusive and inclusive as it seems, it should be named this”. Some participants stated that this name was “similar to Tŷ Pawb”, a successful community space in Wrexham.

Y Glossop (The Glossop)

The majority of the group stated that they did not like this name as it did not reflect the space well. One participant mentioned that Glossop was in Derbyshire so had no relevance. Others did not know or understand what the word meant. One participant shared that it sounded like a make-up shop, whilst another suggested it reminded them of the maternity hospital.

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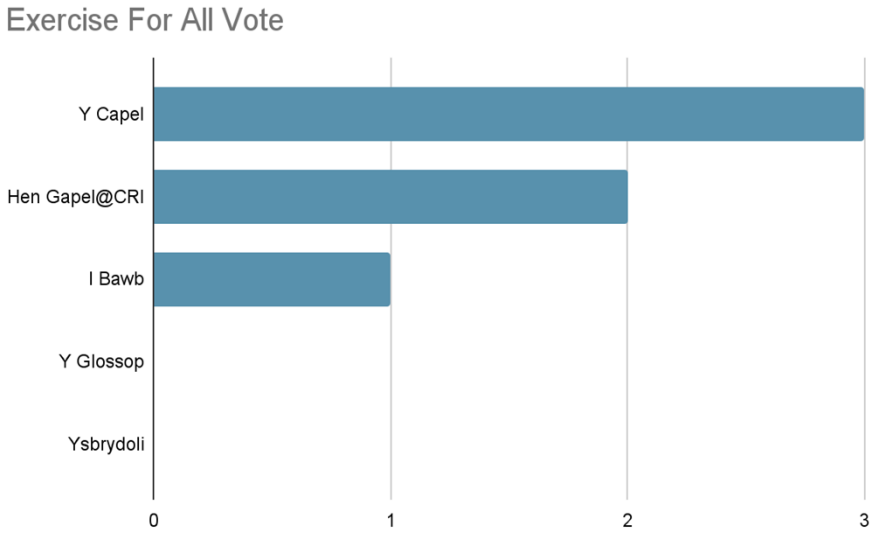
Ysbrydoli (Inspire)

One participant shared that he disliked this option because as a disabled person, he is continually told that he is inspirational by people who know nothing about him which

feels patronising. He suggested that this would be an “ableist” name which would put off himself and other disabled people. Other participants shared that it was difficult to pronounce and they could not imagine themselves saying it when referring to the space.

Name of preference

The preferred name was Y Capel with 3 votes, with the second most popular name being Hen Gapel @ CRI with 2 votes. I Bawb received 1 vote, whilst Y Glossop and Ysbrydoli had no votes.



Women Connect First (Group 2) – 13 October, 4.30pm

We met with another group of 9 participants from Women Connect First. They were mostly young people; a mix of male and female.

Y Capel (The Chapel)

Y Capel was seen as reflecting a “place of worship” which would make some participants “feel uncomfortable” to attend the venue. One member suggested that this was “not a relevant name for a community space” and that they would not “belong” here if this were the name. Another participant shared how this name would “cause confusion’ as it “doesn’t reflect the space”. However, another participant explained how

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this name could be a good way to start discussion about the transformation. Someone shared that this is a “difficult” name for those who don’t speak Welsh, whilst another participant shared that this was a “short, simple and easy” name.

Hen Gapel@CRI (The Old Chapel @ CRI)

All participants felt that this name was “too long and wordy” and that “everyone would end up dropping @ CRI”. Some felt that Hen Gapel would be a better option.

I Bawb (For Everyone)

I Bawb was suggested to be easy to pronounce even for non-Welsh speakers. Most members echoed that this name had a lovely meaning of “everyone being welcome” and “diverse”. One participant shared how I Bawb would be a great “conversation starter” as the public might ask “what is for everyone” and “come to find out”.

Y Glossop (The Glossop)

One participant stated that this was a “clean, clear name” that “rolls off the tongue nicely” and is “easy to read”. He shared that he liked the name Y Glossop as it is a “noun and makes sense”, compared to I Bawb or Ysbrydoli which “do not make sense a name”. However, the majority of the group felt that this name “had no meaning”, with one person asking “why would you name it after the street?”.

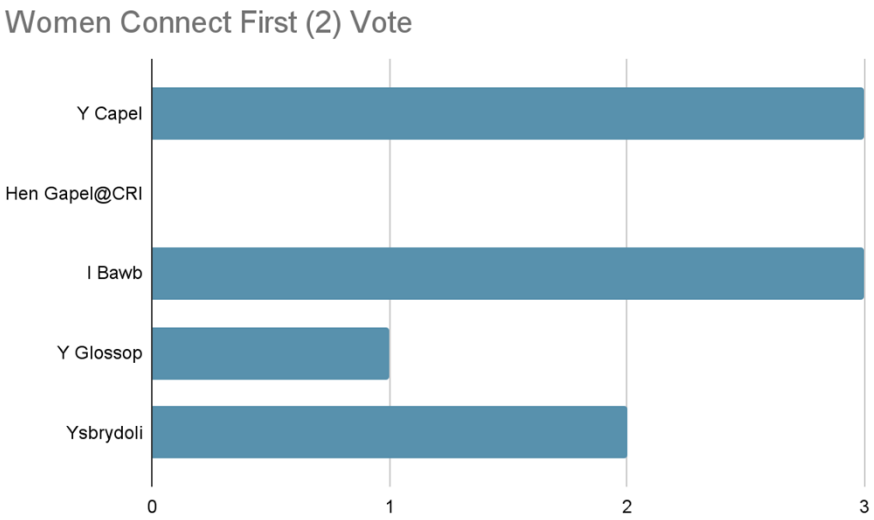
Ysbrydoli (Inspire)

Ysbrydoli was thought to be a “hard name to say and spell”. However, all participants felt that it had a “nice meaning” where visitors would be able to “be themselves, comfortable, and creative”

Name of preference

The joint most popular suggested names were Y Capel and I Bawb with 3 votes each. The second most popular name was Ysbrydoli with 2 votes. Y Glossop received 1 vote.

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Splott Volunteers (Group 2) – 14 October, 10:30am

This group comprised another 12 participants from Splott Community Volunteers. They were adults of all ages.

Y Capel (The Chapel)
One participant shared that using a “religious term” would “erase people from different backgrounds”. Many people echoed that this name would “exclude people” and that they would think that “only Christians could go there”. Another person suggested that this name would “not be relevant” to a library, café or meeting space.

Hen Gapel@CRI (The Old Chapel @ CRI)
This name was suggested to be “very similar to Y Capel” and all members felt that it had a similar vibe. One participant suggested that the venue is a “new and innovative building”, so this name “does not reflect it”. He shared that as much as there has been a “sympathetic redesign keeping some of the historical chapel aspect, it is a brand new facility so it’s not a chapel at all”. Another participant shared that using the CRI in the name “does not give the space it’s own identity”. This was disliked as it is a “unique building needing a new identity”.

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I Bawb (For Everyone)

One participant shared that the name I Bawb is unclear about what it is that is for everyone. Everyone liked the meaning of I Bawb and felt that the space would be inclusive, but felt that adding an additional word to suggest what the space is would be beneficial. Suggestions included Hwb I Bawb, Café I Bawb or Centre I Bawb. Another participant building on this suggested that the name 'doesn't roll off the tongue" or "make much sense" without this additional word.

Y Glossop (The Glossop)

One participant shared that they liked the name as local people would know where it is. However, another shared that this only applies to local people and this would not benefit those who aren't from Cardiff. Another participant shared that this name would be "confused with the old hospital" and "Glossop Terrace which doesn't exist anymore". Therefore, Y Glossop was suggested to be "old and archaic" as it has nothing to do with the building "unless you went back 40 years", rather than being "new and enticing". Most participants agreed that this name didn't reflect the venue well and could be anything, including a Wetherspoons pub. This name was suggested to be "old and archaic".

Ysbrydoli (Inspire)

Ysbrydoli evoked questions such as "who is this space going to inspire and why?". Similarly to this group's view on I Bawb, the participants suggested that Ysbrydoli "didn't make sense alone" and would "need another word to explain what it is", but they did like the meaning.

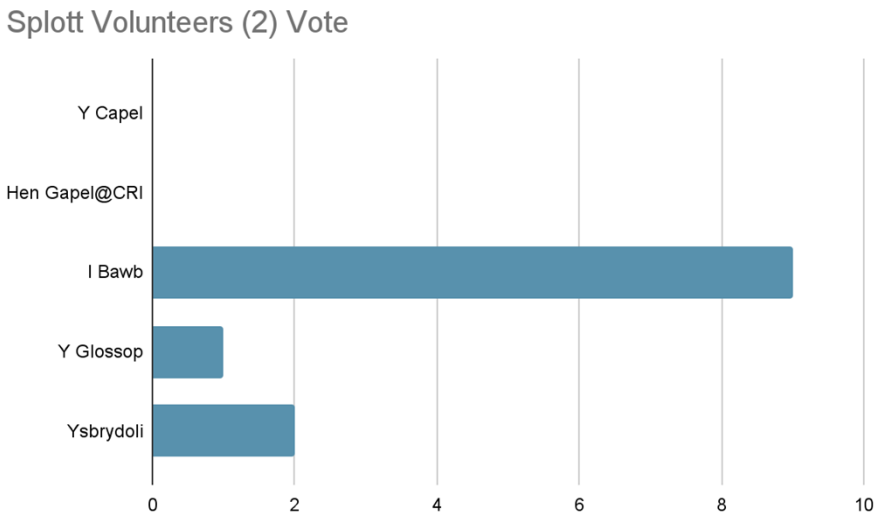
Name of preference

The most popular suggested name was I Bwab with 9 votes. The second most popular name was Ysbrydoli with 2 votes. After the vote, it was again highlighted that these names would be better with another word explaining what the space is, for example center or hub. Y Glossop received 1 vote.

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Commissioned by:

Produced by:



Cardiff People First – 14 October, 1pm

We met with 9 participants with learning disabilities from Cardiff People First. Half of group met up in the former chapel and joined the Zoom meeting from there. This allowed them to be fully immersed in the subject of discussion and also gain first hand insight of the facility.

Y Capel (The Chapel)

The suggested name Y Capel made a couple of participants feel that the name was “confusing and complicated” to understand “what is on offer” in the venue and for those with learning difficulties. One participant shared that if you didn't know Welsh, you might not know what the venue is. There was also concern that people might think “Y” was another way to say “why”, or the might be mis-pronounced as the letter ‘Y’, instead of the Welsh pronounciation of “uh”. However, another participant thought that Y Capel was an easy name to remember. One participant shared that the name Y Capel may not feel very welcoming to people from other religions or faiths as it is associated with Christianity.

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Hen Gapel@CRI (The Old Chapel @ CRI)

Two participants shared that they liked this name more than Y Capel because it is “easier for those with learning disabilities to understand” as it provides more context.







However, it was felt by one attendee that the name was good but they "preferred Y Capel as it's easier to remember". Hen Gapel @ CRI was also suggested to be a more inclusive name "for all faiths" compared to Y Capel. Another participant felt that Hen Gapel @ CRI looks like an email address so it may confuse people. An @ in a title could suggest there are computers there.

I Bawb (For Everyone)

One participant shared that the inclusive meaning of this name was nice as it's "for everybody even though it looks like a church" which made this suggestion "better than the other two" (Y Capel and Hen Gapel @ CRI). However, it was noted that "both the English and Welsh would be needed" on signage as "people who have to see it a couple of times to know how to spell it". Two participants liked the meaning but it was "a bit of a mouthful", "hard to pronounce" and difficult to "understand what it means". Another participant shared that it "is not my cup of tea".

Y Glossop (The Glossop)

Y Glossop was suggested to be a fitting name by a few participants because it is on Glossop Road, so "it might be easier for people to know what it is about". The location was helpful to aid recognition and was the "most suitable suggestion". However, another participant shared concerns about those who "don't know what or where Glossop is". Another participant shared that the Y "might make some people think that there is a question, like in text speak". Another suggestion was that it could be called Glossop Hub to "help identify what the venue is", rather than Y Glossop.

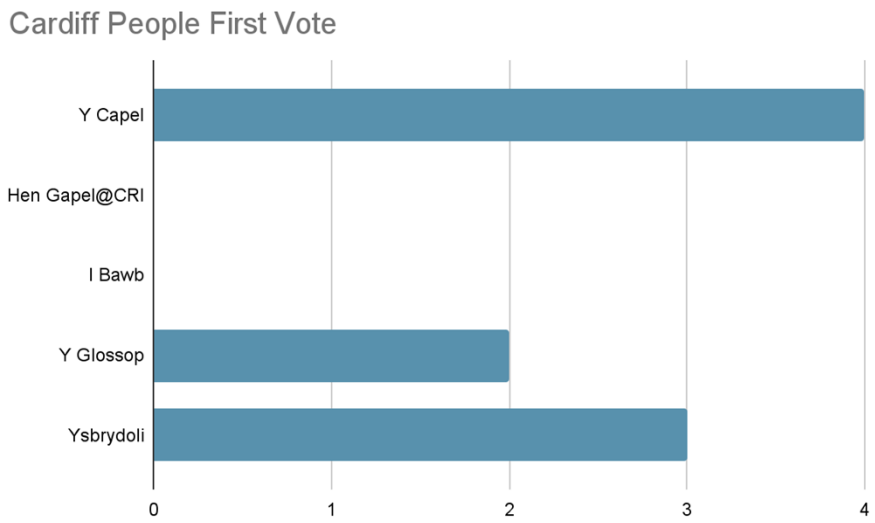
Ysbrydoli (Inspire)

One participant loved the word Ysbrydoli because of the meaning but felt that it may not be an appropriate name as it is "hard to say, spell and remember". Three more participants echoed that this name was "hard to pronounce" and was "too long-winded". Adding another word to suggest what the space is would be useful. One suggestion involved having the English version first, followed by the Welsh, for example Inspire Café (Ysbrydoli).

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Name of preference

The name of preference was Y Capel with 4 votes, with Ysbrydoli being the second most popular with 3 votes. Y Glossop received 2 votes, whilst Hen Gapel @ CRI and I Bawb had no votes.



Summary and conclusion

A total of **173 people** participated in this consultation exercise.

We received 108 online survey responses over a period of 3 weeks in October 2021. Out of the **108 participants in the online survey (mostly UHB staff)**, 68 voted for Y Capel as they preferred name (63%). The second most popular name was Hen Gapel @ CRI with 20 votes (18.5%). The third choice for this group of responses was I Bawb with 13 votes (12%). Y Glossop received 4 votes (3.7%) and Ysbrydoli had 3 votes (2.8%).

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We were able to engage with 65 participants from diverse community groups in Cardiff via Zoom focus group meetings over a 2 week period in October 2021. Out of the **65 participants in the focus group sessions (members of the local community)**, 34 voted that their name of preference was I Bawb (52%). The second most popular name

was Ysbrydoli with 12 votes (19%). 10 participants voted Y Capel to be their favourite name, which was the third favourite with 15% of the vote. Y Glossop received 7 votes (11%) and Hen Gapel @ CRI received 2 votes (3%).

	Voted #1	Voted #2	Voted #3
Online survey	Y Capel (63%)	Hen Gapel @ CRI (18.5%)	I Bawb (12%)
Focus groups	I Bawb (52%)	Ysbrydoli (19%)	Y Capel (15%)

Recommendations and next steps

The name of the facility has been the subject of debate. This historical landmark in Cardiff is well-known to the local community and stakeholders. It is clear from the volume of participation in this consultation that everyone takes a keen interest in the new facility. The local community groups were especially appreciative for being invited to the consultation exercise and given the opportunity to share their thoughts.

Consultation exercises give us a sense of what people feel about the topic of discussion, but it is often impossible to fully meet everyone's preferences.

In this case however, a compromise can be made to marry the two most preferred names chosen by different stakeholder groups. We proposed naming the facility '**Capel i Bawb'**.

As suggested by a Welsh-speaking participant in the focus groups, the 'Y' in front of 'Capel', can be omitted. This is beneficial for a number of reasons – making the name easier to remember and pronounce and look aesthetically cleaner.

Incorporating a strapline is important as highlighted in the focus group meetings, to give the community a clear idea of the purpose of this new facility. This is also especially crucial given that the suggested name still comprises a religious element.

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Four focus groups were very clear that whatever name was chosen, signage would need to be both in Welsh and English. It was felt this would be essential to make the

space accessible, particularly for those who are not Welsh speakers or those with learning disabilities.

We are therefore proposing the following **3 options** for consideration:

1. **Capel i Bawb (Chapel for Everyone)**
   A place for the whole community

2. **Capel i Bawb (Chapel for Everyone)**
   Our Community Hub

3. **Capel i Bawb (Chapel for Everyone)**
   Community Hub for All

When a decision has been made, it's necessary to follow up with all the respondents to thank them for their participation and to communicate the rationale behind the final decision.

We would also recommend holding a few open day sessions for all interested consultation respondents to have an exclusive tour of the new facility.

Additional comments about the space

Separate to the discussions about the names, these comments were collected from the focus group sessions:

- One participant suggested that it would be nice to have a small, quiet, designated space for quiet reflection, meditation or prayer within the venue.
- A suggested opening time for the venue that would be beneficial for the community was from 8am-6pm.
- Some participants would like to know what activities are offered from the facility. Suggestions included language classes and knitting classes.
- Some participants were interested in finding out if the space had lifts and ramps and if it was completely inclusive for people with physical disabilities. Could employment be offered here for people with physical disabilities?

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- A few participants echoed that if the space is as inclusive as it seems, there needs to be an accessible changing place and toilet with a hoist and changing table.
- One participant shared that any signage created would need to be large and clear for those who have difficulty with their vision.

END

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Report Title:	**Sustainability Action Plan**	**Agenda Item no.**	**7.4**
Meeting:	**Board**	**Meeting Date:**	**25/11/21**
Status:	**For Discussion**	**For Assurance**	**For Approval** **X** **For Information**
Lead Executive:	**Abigail Harris, Exec Director Strategy & Planning**		
Report Author (Title):	**Ed Hunt, PD SOFH**		

Background and current situation:
In November 2020, the UHB Board approved C&V's first ever sustainability action plan. One year on, that plan should be refreshed with the scale of ambition increased.

A paper presenting the full approach to sustainability for 21/22 is attached to this document, entitled 'Sustainability Action Plan 21/22'. The action plan is also available in a Microsoft Sway format at: https://sway.office.com/csh7hKwEQCY8PHS2?ref=Link. This action plan will be used in the next IMTP.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:
In January 2020, Board committed to responding urgently to the climate emergency, confirming a desire to be an exemplar organisation. In November 2020, the UHB Board approved C&V's first sustainability action plan. This has delivered some successes including:

- 6,800 LED lights installed
- Zero waste to landfill
- Reduced energy use
- ISO14001 recertification on two occasions
- c33% of outpatient appointments were virtual
- Sustainable healthcare introduced to years 2, 3, 4 and 5 at Cardiff Medical School
- Geen programme business case for UHW2

In March 2021, NHS Wales released its Decarbonisation Strategic Delivery Plan. It set out an initial trajectory of carbon reduction for the Welsh NHS of 16% by 2025 and 34% by 2030 (from a 2018 baseline). It also set out over 100 actions, many of which have been devolved to Health Boards and Trusts to own and deliver against. Actions of particular note include the building of responsibility across organisations from the top down and ensuring low carbon principles are embedded into decision making. The plan sets out standards for new builds, replacement of vehicles to ultra low emission (ULEVs), smart working and waste management. Our base position is that these actions will be adopted by the UHB.

Much has been learned through the running of this year's action plan, but doing more of the same over the next year won't be enough. Neither will it be enough to only adopt the NHS Wales targets and do no more. Therefore, a broader set of actions have been put together that are going to be challenging to achieve. Particular consideration in this year's plan has been given to what will create more impact such as:

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- Firstly, setting an example from the top of the Health Board through each Executive Director taking a sustainability action and next year owning a sustainability objective as well as considering how sustainability can be embedded into corporate decision making. The plan also advocates there being Board oversight of our progress against the action plan.

- Secondly, by doing more to mobilise our colleagues to make a difference: more communications about the subject and a simple culture change programme are proposed.

Like last year, the action plan is set out in themes with the addition this year of an extra theme called Leadership. The full list can be summarised as:

1. Leadership – Actions being taken from the top of the organisation to set the example. Build sustainability into corporate decision making, Exec Directors own actions and have objectives set for 22/23.
2. Energy - Deliver Re:Fit phase 2 projects and retain ISO14001 accreditation
3. Waste & Food - Reduce waste through our operations
4. Water - Measure water usage accurately, look for efficiency opportunities
5. Procurement - Implement sustainable and foundational economy procurement policies into practice
6. People - Staff & patients aware of commitment to sustainability and making changes. An Eco-literate organization
7. Built Environment, Green Infrastructure & Biodiversity – New builds are designed from the ground up as sustainable, e.g. SOFH
8. Transport - Reduce the number of cars brought to our sites, encourage active travel and homeworking
9. Clinical – Reduce consumption of products, or substitute for more sustainable alternatives; develop low carbon/low waste care for our patients.

Outline actions are also presented indicating the sorts of actions we should be aiming for through to 2024. These reflect a growing maturity and were a requirement of the next IMTP.

Audit Wales on 3/11/21 have asked organisations to answer a number of questions about WG's 2030 decarbonisation targets, their opinions, plans to tackle decarbonisation, the risks, the challenges and the barriers faced. A response is required by 3/12/21. Our action plan will enable Cardiff & Vale to provide a strong response to this call for evidence.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):
Having run a sustainability action plan and learned from it, the 21/22 plan presented to the Board takes the NHS Wales plan as a baseline and adds value on top of it by going further, being more ambitious, being specific in the galvenising of people and building momentum.

This plan cannot be delivered by a few individuals. The whole UHB needs to play a part. The plan therefore recommends Board oversight of our sustainability action plan via an existing Committee, possibly the Strategy & Delivery Committee.

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Whilst ambitious, the plan recognises we are still immature as an organisation. At the end of 2022/23, whilst we hope to have saved CO2, a target has not been set. Rather we are to see a significant uplift in participation and action across the UHB, setting ourselves up for meaningful gains subsequently. This maturity is set out in outline actions that will go into our IMTP for where

we'd like to be in years 23/24 and 24/25 where carbon savings targets are suggested in line with NHS Wales expectations (16% reduction in carbon emissions from 2018 baseline). This is not saying that measuing our carbon impact will not be important. It is something that should be done and a method consistent with the rest of the Welsh public sector will be used. This method called the Welsh public Sector Net Zero Carbon Reporting Guide will estimate baseline emissions, identify priority sources and monitor progress. It is suggested that this is our main means of reporting on carbon reduction progress.

Our 22/23 plan benchmarks well with NHS organisations across the UK and in fact could be considered leading.

Recommendation:

The Board is asked to:

- **Approve** the proposed 21/22 Sustainability Action Plan.
- **Note** that further update reports regarding how the 21/22 Sustainability Action Plan is being delivered across the Health Board, will be brought back to Board via the Strategy and Delivery Committee.

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	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		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		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.*

Paper Number: 21/17/0221/5571:5

Report Title:	**Remuneration and Terms of Service Committee – Terms of Reference**								
Meeting:	Board						**Meeting Date:**	25th Nov 2021	
Status:	**For Discussion**		**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 line with the UHB's Standing Orders, Terms of Reference for Committees of the Board, should be reviewed on an annual basis.

The Remuneration and Terms of Service Committee Terms of Reference were presented to the Committee on the 3rd November.

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

The Terms of Reference were last approved by the Board in March 2021. They are now being presented with a small change to ensure that this Committee can approve terms and conditions of appointment, of Executive Directors on behalf of the Board. This has been taking place in practice for some time but the Terms of Reference need to align to this practice.

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

The Terms of Reference for the Remuneration and Terms of Service Committee have been reviewed by the Director of Corporate Governance and discussed with the Chair of the Committee.

They come to the Board with the assurance that they have been reviewed by the RaTS Committee.

Recommendation:

The Remuneration and Terms of Service Committee recommend that the Board

(a) Approve the changes to the Terms of Reference as highlighted.

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

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

Terms of Reference

Reviewed by Remuneration and Terms of Service Committee :
3rd November 2021
Approved by Board : 25th November 2021

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1. INTRODUCTION

1.1 The University Health Board (UHB) Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with standing orders (and the UHB Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Remuneration and Terms of Service Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Remuneration and Terms of Service Committee is to:

- ***Advise and Approve on behalf of*** the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government; and

- Provide ***Assurance*** to the Board in relation to the UHB arrangements for the remuneration and terms of service, including contractual arrangements, for *all staff*, in accordance with the requirements and standards determined for the NHS in Wales

- Perform certain, specific functions on behalf of the Board.

2.2 The Committee shall have no powers to develop or modify existing pay schemes.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

- Remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently;

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- Objectives for the Chief Executive and Executive Directors and their performance assessment;

- Proposals to make additional payments to medical consultants; and

- Proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

3.2 The Board has delegated the following specific powers to the Committee:

- To consider and approve Voluntary Early Release scheme applications, redundancy payments and severance payments;

- To approve any exceptions to the Relocation Expenses Policy

- To approve the engagement of any Board members via an agency or as a contractor

in line with Standing Orders and extant Welsh Government guidance.

3.3 Note on an annual basis the engagement of agency workers or individual self-employed contractors into senior posts, as described in the Off Payroll Procurement Process (n.b. This information is reported to the Audit Committee as part of the compliance report and is for noting only)

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB, relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

- Employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and

- Any other Committee, Sub Committee or Group set up by the Board to assist it in the delivery of its functions.

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3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Sub Committees

3.6 The Committee does not have any sub-Committees.

Chairs Action

3.7 The Chair can, with the support of two other Independent Members, take action on behalf of the Committee in urgent matters or in relation to routine applications for Voluntary Early Release. All actions taken by the Chair must be ratified at the next Committee meeting.

4. MEMBERSHIP

Members

4.1 A minimum of five (5) members, comprising:

Chair	Chair of the Board
Vice Chair	Independent member of the Board
Members	At least three other independent members of the Board The Chair of the Audit Committee will be appointed to this Committee either as Vice Chair or member.

Attendees

4.2 The Committee Chair may invite:

- the Director of Corporate Governance
- the Chief Executive
- the Director of People and Culture (Lead Executive)
- any other UHB officials
- and/or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

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Secretariat

4.3 The Secretary of the Committee is the Director of Corporate Governance. In the event that this is not appropriate the Executive Director of Workforce will nominate a secretariat

Member Appointments

4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, and subject to any specific requirements or directions made by the Welsh Government.

Support to Committee Members

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

- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least three members must be present to ensure the quorum of the Committee, one of whom must be the Chair or Vice Chair.

Frequency of Meetings

5.2 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the UHB's annual plan of Board Business.

Meeting Papers

5.3 The Chair and Director of Corporate Governance will check the agenda and papers prior to each meeting

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Withdrawal of Individuals in Attendance

5.4 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability.

6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.3 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.4 The Committee shall embed the UHB values, corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally and on a timely basis to the Board on the Committee's activities, in a manner agreed by the Board;

- bring to the Board's specific attention any significant matter under consideration by the Committee;

- ensure appropriate escalation arrangements are in place to alert the Board, UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

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7.2 The Board Secretary, on behalf of the Board, shall oversee a process

of regular and rigorous self-assessment and evaluation of the Committee's performance.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. REVIEW

9.1 These Terms of Reference and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Board.

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Report Title:	**Finance Committee – Terms of Reference**								
Meeting:	Board						**Meeting Date:**	25th Nov 2021	
Status:	**For Discussion**		**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 line with the UHB's Standing Orders, Terms of Reference for Committees of the Board, should be reviewed on an annual basis.

The Finance Committee Terms of Reference were presented to the Committee on the 24th November.

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

The Terms of Reference were last approved by the Board in March 2021. They are now being presented to the Board with changes which were recommended within the action plan from the report to Board on the review of Capital – Procurement and Governance. The changes recommended were to expand the remit of the Finance Committee to monitor expenditure of capital schemes but specifically to:

- Approve Business Cases on behalf of the Board with a financial value >£500k
- Review and Monitor the Capital Programme

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

The Terms of Reference for the Finance Committee have been reviewed by the Director of Corporate Governance.

They come to the Board with the assurance that they have been reviewed by the Finance Committee.

Recommendation:

The Finance Committee recommend that the Board

(a) Approve the changes to the Terms of Reference as highlighted.

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

Terms of Reference

Reviewed by Finance Committee: 24th November 2021

Approved by Board : 25th November 2021

Saunders,Nathan
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1. Introduction

The Board shall establish a Committee to be known as Finance Committee. The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. Constitution and Purpose

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

The Board has resolved to establish a Finance Committee which will allow appropriate scrutiny and review to a level of depth and detail not possible in Board Meetings in respect of performance relating to:-

- Financial plans and monitoring including delivery of savings programmes
- Scrutiny and monitoring of Financial monthly performance
- Business Cases over £500k

The Committee will ensure that evidence based and timely interventions are implemented to drive forward improved financial performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales.

3. Delegated Powers

The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to:-

- Review monthly Financial Report prior to submission to the Board
- Monitor, review and scrutinise Cost Reduction Programme and Financial Tracker System for Corporate and Clinical Boards
- Approve and monitor the IMTP financial plan and associated business cases over £500K on behalf of the Board
- Scrutinise the delegated budgets within the budget plan
- Receive assurances with regard to the progress and impact/pace of implementation of Health Boards Cost reduction Programmes/Savings Plan
- Seek assurance on the Financial Planning process and consider Financial Plan proposals
- Scrutinise financial performance and cash management against revenue budgets and statutory duties.
- Scrutinise submissions to be made in respect of revenue or capital funding and the service implications of such changes and ongoing monitoring of the Capital Programme.
- Monitor and review agreed dis-investments
- Review the Board's Scheme of Financial Delegation as and when necessary
- Receive reports arising from financial reviews, including performance and accountability reviews of Corporate and Clinical Boards
- Review the Financial Risk Register

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4. Authority

The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:-

- Employee (and all employees are directed to co-operate with any legitimate request made by the Committee)
- Other committee, sub-committee or group set up by the Board to assist in the delivery of its functions

May obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business

Will review risks from the Board Assurance Framework that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees to task and finish groups to carry out on its behalf specific aspects of Committee business.

6. Membership

Members

Chair: Independent member of the Board

Members: In addition to the Chair of the Committee a minimum of 2 other Independent member of the Board.

In attendance

Chief Executive
Executive Director of Finance
Chief Operating Officer
Executive Director of People and Culture
Executive Director of Strategic Planning
Executive Nurse Director
Director of Corporate Governance
Deputy Director of Finance

Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

Member Appointments

Saunders Nathan
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The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Committee will be chaired by the Independent Member for Finance and supported by a Vice Chair who shall also be an Independent Member.

Appointed Independent Members shall hold office on the Committee until such time as it is stood down.

Secretariat

Committee Secretary: as determined by the Director of Corporate Governance.

Support to Committee Members

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

- Arrange the provision of advice and support to Committee Members on any aspect related to the conduct of their role
- Ensure the provision of a programme of development for the Committee members as part of the overall Board Development programme

7. Committee Meetings

Quorum
At least two Independent Members must be present to ensure the quorum of the Committee. This should include either the Chair or the Vice Chair of the Committee. In the interests of effective governance it is expected that a minimum of two Executive Directors will also be in attendance.

Frequency of Meetings

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

Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion or particular matters

8. Relationship and Accountabilities with the Board and Its Committees/Groups

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains the overall responsibility and accountability for ensuring good financial management for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other Committees including Sub-Committee/Advisory Groups to provide advice and assurance to the Board through the:

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- Planning and co-ordination of Board and Committee business
- Sharing of information
- In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements

The Committee shall embed the Health Board's strategy, corporate goals and priorities through the conduct of the business.

9. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report to each Board meeting on the Committee's key activities via the Chair's report
- Ensure the public minutes of each meeting of the Committee are presented to the Board meeting
- Ensure appropriate escalation arrangements are in place to alert the Board and Welsh Government of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. Review

These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

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Report Title:	**The Nurse Staffing Levels for Adult Acute Medical And Surgical Wards following the Bi-annual Calculation**								
Meeting:	**Board meeting**						**Meeting Date:**	**25/11/2021**	
Status:	**For Discussion**		**For Assurance**		**For Approval**	✓	**For Information**		
Lead Executive:	Executive Nurse Director								
Report Author (Title):	Deputy Executive Nurse Director								

SITUATION

The Nurse Staffing Levels (Wales) Act 2016 Statutory Guidance requires the designated person (the Executive Nurse Director) to formally present to the Board the nurse staffing requirements for adult in-patient medical and surgical wards. This report provides the Board with a detailed summary of the nurse staffing level for each ward where Section 25B&C applies that has been agreed by the designated person in consultation with the Clinical Board teams.

BACKGROUND

The Nurse Staffing Levels (Wales) Act [2016] became law in March 2016. The Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they are providing sufficient nurses to care for patients sensitively. Section 25A of the Act relates to the Health Boards' overarching responsibility which came into effect in April 2017, requiring Health Boards to ensure they had robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisation. Section 25B&C identifies wards where there is a duty to calculate nurse staffing levels using a prescribed methodology and maintain nurse staffing levels.

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.

ASSESSMENT

Evidence of compliance under Section 25A

The Executive Nurse Director has determined that a review of nurse staffing levels across all clinical areas in line with the requirement in 25A will provide assurance that the principles behind the Act are considered. These considerations are informed by professional judgement and national standards where available.

The agreed process of signing off these establishments within the UHB have been followed within this time period from the Ward Sister/ Charge Nurse to the Director of Nursing for the Clinical Board and includes the Executive Directors of Operations, Finance and Workforce. The

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Clinical Boards and Executive Nurse Director have agreed establishments that they consider will meet all reasonable requirements and provide care sensitive to patient needs.

Appendix 1 outlines the agreed establishments for areas sitting within 25A areas

District Nursing Staffing Principles

There has been guidance from the Chief Nursing in terms of District Nursing establishments in place for some time. This guidance has been considered when determining establishments for District Nursing areas and Cardiff & Vale remains committed to the District Nursing Principles and the Nurse Staffing Act and will explore the affordable options to support the uplift of establishments. Further work is scheduled 2022 to review the size of District Nursing teams to align to the Principles. This will be supported by data from the Malinko e-scheduling tool.

The modelling of DN teams aligning to the DN Principles has been tested during the COVID 19 pandemic. The workforce modelling of the teams has proved effective as the District Nursing teams have been deployed effectively to work in collaboration with other Care home providers; Hospices and the hospital discharges.

Whilst COVID-19 has created challenges to the Nurse Staffing Act Programme, Cardiff and Vale Health Board remains committed to progressing on the delivery of these principles within District Nursing.

Appendix 2 outlines the agreed establishment for Primary Care and Community areas

Wards where 25B&C Applies

25B&C require Health Boards to calculate the nurses staffing levels using a prescribed method of calculation. Wards included in this section of the Act are currently acute adult medicine and surgery ward. Following the acuity audit undertaken in June 2021 as part of the Bi-annual recalculation process, all wards under Section 25(B) of the Act were reviewed in order to ensure the prescribed methodology was considered.

During the reporting period of November 2020 to October 2021, we have continued to see unprecedented demand on clinical services due to the ongoing COVID-19 pandemic. This has resulted in a continual review and monitoring of Nurse staffing to ensure the appropriate levels are maintained to meet the operational footprint. In order to provide evidence, the Health Board has recorded the staffing levels on each ward on a monthly basis to provide assurances that they were being monitored.

<u>Paediatric Inpatients Nurse Staffing Principles</u>

In December 2019, the Health Minister announced plans to extend the Nurse Staffing Levels (Wales) Act 2016 to include paediatric in patient wards as part of Section 25(B). This followed the development of an evidence based- workforce planning tool to determine appropriate nurse staffing levels within paediatric inpatient areas. June 2021 saw the first formal acuity assessment and subsequent calculation under 25B of the Act

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Appendix 3 (Annual Presentation of Nurse Staffing Levels to the Board) outlines the number wards that are included in Section 25B and 25C by clinical Board and provides assurance to the

Board that principles of the Nurse Staffing (Wales) Act has been applied when calculating the nurse staffing levels.

Appendix 4 (Summary of Nurse Staffing Levels for wards where Section 25B applies) outlines the nurse staffing levels i.e. planned roster and required establishment for each ward, and evidences the rationale, purpose and outcome of recalculations undertaken both within and outside the bi-annual calculation cycle. The table provides evidence of the significant changes that have occurred to ward areas during the reporting period, due to the unprecedented challenges experienced through the COVID-19 pandemic and the subsequent recovery period. This includes ward closures, ward openings, repurposing of ward specialty and subsequent nurse staffing amendments in order to meet the operational footprint.

Whilst the Clinical Boards and Executive Nurse Director have agreed establishments that they consider will meet all reasonable requirements, the Board should take note of exceptions:

Mental Health

The Mental Health Clinical Board management team and therefore, the Executive Nurse Director have been able to sign off the nursing establishments for all areas as the working establishments required to care for patients sensitively. In order to be fully compliant with 25A of the Act, all wards should ensure that the service and professional requirement are aligned to the financial envelope. In relation to table 1, the professional, service and financial envelop are aligned. In relation to table 2, the professional and service requirements are being met for the working establishments, however further work needs to be undertaken to align these clinical areas to the financial envelope.

Table 1

Cedar	Alder
St Barracs	Ash
Elm	Maple
Pine	

Table 2

East 10	East 12
East 14	East 16
East 18	Oak
Beach	Willow
Hazel	Meadow
Park Road	Phoenix

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In order to provide assurance that the areas remain safe, the Clinical Board maintains the working establishment of these areas by daily review of establishments, redeploying staffing resource across the service, use of temporary staff and redirecting financial resource from

underspends elsewhere within the Clinical Board. However, whilst this approach supports the day to day working establishment of the wards, it is acknowledged that the Health Board will require further work to meet the funded establishment.

Appendix 5 outlines the current establishments across Mental Health

RECOMMENDATION

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	
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: Summary of Nurse Staffing Levels
for wards / areas where Section 25A applies

Health Board/Trust:	Name: Cardiff & Vale UHB	
Period being reported on :	Start date: November 2020	End Date: October 2021

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the start of the reporting period (Sept 2021)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation. If yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward SAU	L	5	3	22.74	11.25	Yes	L	5	3	22.74	11.25	Yes	Yes	No		No	No	
	LD	5	3				LD	5	3									
	TW						TW											
	N	3	1				N	3	1									
Ward SSSU	E	11	5	28.4	9.73	Yes	E	8	5	21.41	12.23	Yes	Yes	yes	Ward repurposed from a 33 bed to 20 bed to create PESU	No	No	Ward repurposed from an a
	L	11	5				L	8	5									
	LD						LD											
	TW						TW											
	N	3	1				N	3	1									
Ward SRC	E	5	6	21.44	27.78	Yes	E	5	6	21.44	27.78	Yes	Yes	No		No	No	
	L	4	6				L	4	6									
	LD						LD											
	TW						TW											
	N	3	4				N	3	4									

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E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the start of the reporting period (Sept 2021)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation. If yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward EU	E	20	7	115.6	40.46	Yes	E	17	5	93.95	38.21	Yes	Yes	No		NA	No	
	L						L	17	5									
	LD						LD											
	TW						TW											
	N	20	7				N	16	5									
Ward AU	E	7	4	40.46	23.12	Yes	E	8	4	47.67	22.22	Yes	Yes	No		Yes	Yes	Establishment review following increased bed capacity through COVID
	L	8	4				L	9	4									
	LD						LD											
	TW						TW											
	N	7	4				N	8	4									
Ward LANSDOWNE	E	2	4	12.10	13.90	Yes	E	3	4	12.11	19.04	Yes	Yes	No		No	No	
	L	2	4				L	2	4									
	LD						LD											
	TW						TW											
	N	2	1				N	2	2									
Ward SAM DAVIES	E	3	4	12.10	13.90	Yes	E	3	4	12.11	19.40	Yes	Yes	No		No	No	
	L	2	3				L	2	3									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Ward RHYDLFAR	E	2	5	12.10	19.40	Yes	E	2	5	12.10	19.44	Yes	Yes	No		No	No	
	L	2	5				L	2	5									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Ward ELIZABETH	E	2	5	12.10	19.40	Yes	E	2	5	12.10	19.40	Yes	Yes	No		No	No	
	L	2	5				L	2	5									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									

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E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the start of the reporting period (Sept 2021)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation. If yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Trauma Clinic	E						E	5	4	33.70	19.90	NA	Yes	No		Yes	Yes	Trauma area opened up to accommodate different COVID streaming
	L						L											
	LD						LD	5	4									
	TW						TW											
	N						N	5	4									
Paeds Emergency unit	E	2	0	21.47	0	Yes	E	2	0	21.47	0	Yes	Yes	No		No	No	
	L	4	0				L	4	0									
	LD						LD											
	TW						TW											
	N	2	0				N	2	0									
MAEU	E	8	3	44.78	13.89	Yes	E	8	3	44.78	13.89	Yes	Yes	No		No	No	
	L	8	3				L	8	3									
	LD						LD											
	TW						TW											
	N	7	2				N	7	2									
Glan Ely	E						E	1	5	6.68	22.70	Yes	Yes	No		Yes	Yes	The ward has been created to support winter capacity
	L						L											
	LD						LD	1	5									
	TW						TW											
	N						N	1	3									
	E						E											
	L						L											
	LD						LD											
	TW						TW											
	N						N											

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E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

APPENDIX 2

PCIC Nurse Establishment Summary at March 2020

Team	2A182: Nurse Consultant Band 8B	2A281: Nurse Manager Band 8A	2A282: Nurse Manager Band 8B	2A284: Nurse Manager Band 8D	2A451: Registered Nurse Band 5	2A461: Registered Nurse Band 6	2A471: Registered Nurse Band 7	2A481: Registered Nurse Band 8A	2A482: Registered Nurse Band 8B	2AA21: Nursing HCA/HCSW Band 2	2AA31: Nursing HCA/HCSW Band 3	2AA41: Nursing HCA/HCSW Band 4	Grand Total
North Cardiff DN					12.11	2.80	1.00				2.27		18.18
Ely DN					8.04	2.60	1.00				1.83		13.47
Radyr DN					10.05	2.00	1.00				0.53		13.58
Whitchurch DN					9.27	2.96	1.00				1.48		14.71
Riverside DN					10.49	2.40	1.00				1.58		15.47
N&W Locality Management		1.50	1.00			1.00							3.50
NVS					4.82	4.51	1.00			9.01			19.34
N&W Nurse Assessor Team						5.12	3.00						8.12
Cardiff CRT Expansion						2.00							2.00
Cardiff Community Resource Team						5.00	1.00				2.00		8.00
Dementia TATI							1.40						1.40
Cardiff North GP Cluster						2.00					0.53		2.53
S&E Nurse Assessor Team						6.30	2.00						8.30
S&E Locality Management		1.00	1.00			0.80							2.80
Sexual Health						15.20	2.00				6.51		23.71
Homelessness Nurses							2.00						2.00
Butetown DN					7.40	2.00	1.00				0.61		11.01
Splott DN					8.96	2.80	1.00				1.27		14.03
Roath DN					6.60	2.00	1.00				0.80		10.40
Pentwyn DN					6.59	1.80	1.00				1.76		11.15
Llanrumney DN					12.05	3.00	1.00				1.59		17.64
Cardiff South East GP Cluster						1.00							1.00
City & South GP Cluster						1.00	1.00						2.00
Prison Services					12.15	6.52	2.00	1.00			7.00	0.27	28.94
HMP Prison WG Funded		1.00				6.00						1.00	8.00
CHAP		1.00				1.60	1.00				0.84		4.44
Western Vale DN					6.48	2.20	1.00				1.00		10.68
Penarth DN					13.06	4.00	1.00				1.61		19.67
Barry1 DN					8.90	2.96	1.00				1.53		14.39
Barry2 DN					9.44	1.84	1.00				1.51		13.79
Vale CRT						4.50	1.00						5.50
Vale Locality Management		1.00	1.00										2.00
Continence					3.80	1.00	1.00	0.60			1.95		8.35
Wound Healing						3.40	1.00				1.27		5.67
ART					4.43	7.20	1.00				0.20		12.83
Daytime services						2.50	1.00						3.50
Vale Nurse Assessor Team						3.83	0.80						4.63
Eastern Vale GP Cluster						0.60							0.60
Palliative Care							7.66	1.00					8.66
CB Mgt	1.00			1.00	0.60		2.00						4.60
Palliative Care R&D							0.45						0.45
EDS										0.37			0.37
PCI - Sustainability Team		1.00			2.00		2.12						5.12
Prescribing Management							2.00						2.00
Out of Hours						6.11	3.31		1.00				10.42
CAV 24/7						19.92							19.92
Locality Management													0.00
Primary Care Support													0.00
Nurse Assessors													0.00
TOTAL AT OCTOBER 2021	**1.00**	**6.50**	**3.00**	**1.00**	**157.24**	**142.47**	**53.74**	**2.60**	**1.00**	**9.38**	**39.67**	**1.27**	**418.87**
TOTAL AT MARCH 2020	**1.00**	**5.60**	**2.93**	**1.00**	**155.51**	**121.58**	**53.78**	**4.02**	**0.00**	**9.87**	**38.73**	**0.27**	**394.29**
CHANGE	**0.00**	**0.90**	**0.07**	**0.00**	**1.73**	**20.89**	**(0.04)**	**(1.42)**	**1.00**	**(0.49)**	**0.94**	**1.00**	**24.58**
TOTAL FUNDED OCTOBER 2021 AFTER VACANC	**0.97**	**6.31**	**2.91**	**0.97**	**152.52**	**138.20**	**52.13**	**2.52**	**0.97**	**9.10**	**38.48**	**1.23**	**406.30**

(see 'change' tab for breakdown)

Richard Desir	
	Director of Nursing
Lisa Dunsford	
	Deputy Dir of P.C & MH /Clinical Board Dir of Ops
Lynne Aston	
	Asst Director of Finance / Head of Finance

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CHANGE SUMMARY

Team	2A182: Nurse Consultant Band 8B	2A281: Nurse Manager Band 8A	2A282: Nurse Manager Band 8B	2A284: Nurse Manager Band 8D	2A451: Registered Nurse Band 5	2A461: Registered Nurse Band 6	2A471: Registered Nurse Band 7	2A481: Registered Nurse Band 8A	2A482: Registered Nurse Band 8B	2AA21: Nursing HCA/HCSW Band 2	2AA31: Nursing HCA/HCSW Band 3	2AA41: Nursing HCA/HCSW Band 4	Grand Total	
North Cardiff DN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.00	**0.10**	
Ely DN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
Radyr DN	0.00	0.00	0.00	0.00	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.16**	
Whitchurch DN	0.00	0.00	0.00	0.00	-0.55	0.36	0.00	0.00	0.00	0.00	0.00	0.00	**-0.19**	
Riverside DN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-0.27	0.00	**-0.27**	
N&W Locality Management	0.00	1.50	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	**3.50**	
NVS	0.00	0.00	0.00	0.00	0.35	0.00	0.00	0.00	0.00	-0.49	0.00	0.00	**-0.14**	
N&W Nurse Assessor Team	0.00	0.00	0.00	0.00	0.00	5.12	3.00	0.00	0.00	0.00	0.00	0.00	**8.12**	
Cardiff CRT Expansion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
Cardiff Community Resource Te	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	**2.00**	
Dementia TATI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
Cardiff North GP Cluster	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
S&E Nurse Assessor Team	0.00	0.00	0.00	0.00	0.00	6.30	2.00	0.00	0.00	0.00	0.00	0.00	**8.30**	
S&E Locality Management	0.00	1.00	1.00	0.00	0.00	0.80	0.00	0.00	0.00	0.00	0.00	0.00	**2.80**	
Sexual Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
Homelessness Nurses	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	**1.00**	
Butetown DN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
Splott DN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
Roath DN	0.00	0.00	0.00	0.00	0.60	0.00	0.00	0.00	0.00	0.00	-0.80	0.00	**-0.20**	
Pentwyn DN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
Llanrumney DN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
Cardiff South East GP Cluster	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
City & South GP Cluster	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
Prison Services	0.00	0.00	0.00	0.00	-2.49	-6.28	0.00	0.00	0.00	0.00	0.00	0.00	**-8.77**	
HMP Prison WG Funded	0.00	1.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	0.00	0.00	1.00	**8.00**	
CHAP	0.00	0.00	0.00	0.00	0.00	-0.07	-0.11	0.00	0.00	0.00	0.31	0.00	**0.13**	
Western Vale DN	0.00	0.00	0.00	0.00	-0.72	0.40	0.00	0.00	0.00	0.00	-0.03	0.00	**-0.35**	
Penarth DN	0.00	0.00	0.00	0.00	0.35	0.00	0.00	0.00	0.00	0.00	-0.39	0.00	**-0.04**	
Barry1 DN	0.00	0.00	0.00	0.00	0.00	0.36	0.00	0.00	0.00	0.00	0.00	0.00	**0.36**	
Barry2 DN	0.00	0.00	0.00	0.00	0.00	-0.16	0.00	0.00	0.00	0.00	0.00	0.00	**-0.16**	
Vale CRT	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	**0.50**	
Vale Locality Management	0.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**2.00**	
Continence	0.00	0.00	0.00	0.00	0.40	0.20	0.00	-0.29	0.00	0.00	-0.18	0.00	**0.13**	
Wound Healing	0.00	0.00	0.00	0.00	0.00	0.40	0.00	-0.40	0.00	0.00	0.00	0.00	**-0.00**	
ART	0.00	0.00	0.00	0.00	4.43	-3.24	0.00	0.00	0.00	0.00	0.20	0.00	**1.39**	
Daytime services	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	**0.50**	
Vale Nurse Assessor Team	0.00	0.00	0.00	0.00	0.00	3.83	0.80	0.00	0.00	0.00	0.00	0.00	**4.63**	
Eastern Vale GP Cluster	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
Palliative Care	0.00	0.00	0.00	0.00	0.00	0.00	-0.90	0.00	0.00	0.00	0.00	0.00	**-0.90**	
CB Mgt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-0.20	0.00	0.00	0.00	0.00	**-0.20**	
Palliative Care R&D	0.00	0.00	0.00	0.00	0.00	0.00	0.45	0.00	0.00	0.00	0.00	0.00	**0.45**	
EDS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
PCI - Sustainability Team	0.00	0.00	0.00	0.00	-0.80	0.00	0.80	0.00	0.00	0.00	0.00	0.00	**0.00**	
Prescribing Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**	
Out of Hours	0.00	0.00	0.00	0.00	0.00	3.12	-2.28	-0.53	1.00	0.00	0.00	0.00	**1.31**	
CAV 24/7	0.00	0.00	0.00	0.00	0.00	19.92	0.00	0.00	0.00	0.00	0.00	0.00	**19.92**	
Locality Management	0.00	-3.00	-2.93	0.00	0.00	-1.80	0.00	0.00	0.00	0.00	0.00	0.00	**-7.73**	Split by locality above
Primary Care Support	0.00	-0.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**-0.60**	
Nurse Assessors	0.00	0.00	0.00	0.00	0.00	-16.37	-4.80	0.00	0.00	0.00	0.00	0.00	**-21.17**	Split by locality above
TOTAL	**0.00**	**0.90**	**0.07**	**0.00**	**1.73**	**20.89**	**-0.04**	**-1.42**	**1.00**	**-0.49**	**0.94**	**1.00**	**24.58**	

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APPENDIX 3	Annual Presentation of Nurse Staffing Levels to the Board
Health board	Cardiff & Vale UHB
Date of annual presentation of Nurse Staffing Levels to Board	25 November 2021
Period covered	November 2020 to October 2021
Number and identity of section 25B wards during the reporting period. • **Adult acute <u>medical</u> inpatient wards** • **Adult acute <u>surgical</u> inpatient wards** (Ref: paragraph 26-30)	• Paediatrics – 2 • Surgery – 15 • Medicine – 21 • Specialist – 13 (includes a mix of specialist medical and surgical specialities)
Using the triangulated approach to calculate the nurse staffing level on section 25B wards (Ref: paragraph 31-45)	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 and must include: • **Professional judgement** – the Clinical Board Director of Nursing in conjunction with the Ward Sister/ Charge Nurse and Lead and Senior Nurses use their knowledge of the clinical area to inform the levels of nurse staffing. Compliance data with mandatory training, vacancy and sickness rates, temporary staffing usage, bed occupancy and student feedback are all used in supporting this aspect. • **Patient acuity** – The June 2021 audit, used to capture the acuity of patients for the month of June has been used to inform the level of acuity and activity that can influence the staffing calculation. The tool used to determine the acuity of each patient is the Welsh Levels of Care. • **Quality indicators** – quality indicators that are particularly sensitive to care provided by a nurse are used as part of the calculation. These include established data sources such as: • Patient falls; • Pressure ulcers

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	• Medication errors 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. These recording templates are agreed and signed off through the nursing structure from Ward Sister to Executive Nurse Director.
Finance and workforce implications	The process for managing nurse staffing and ensuring that all reasonable steps are maintained is now well established in Cardiff and Vale, particularly as we recover through the COVID-19 pandemic. This includes: • Daily review of nurse staffing levels through the Clinical Boards. • Daily recording of staffing levels and reasonable steps documented on Healthcare Monitoring System. • Staffing deficits escalated and reviewed to Director of Nursing for Clinical Boards. • Unfilled shifts escalated to bank/agency at the earliest opportunity. • Escalation through daily Local Command Centre meeting for each site. • Director of Nursing currently employed to oversea the nursing workforce issues and to support consistency in decision making and risk management around the deployment of staff. • Registered Nurses and Health Care Support Workers deployment, as and where required. The Registered Nurse vacancy and ability to attract and recruit, remains the biggest risk within Cardiff and Vale. The Health Board continues to have a clear recruitment strategy, targeted and focused nurse recruitment events which are constantly being refreshed and supported by all Clinical Boards and Executive Team. Despite the significant changes to Nursing and ward establishments since November 2019, all funding requirements have been met within the Clinical Boards allocated budget for all areas of 25B wards. However, due to the significant Registered Nurse vacancies and sustained impact of the Covid19 Pandemic

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	there has been a significant reliance on temporary staffing to cope with Covid19 and subsequent workforce challenges associated with the pandemic and additional surge capacity requirement.

Conclusion & Recommendations	
	• The bi-annual is well established in Cardiff & Vale • All 25B wards meet the requirements of the Act to include supervisory Ward Sister and 26.9% uplift and contained within the financial envelope set out for the Clinical Boards

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Appendix 4 : Summary of Nurse Staffing Levels
for wards where Section 25B applies

Health Board/Trust:	Name: Cardiff & Vale UHB	
Period being reported on :	Start date: November 2020	End Date: October 2021
Number of wards where section 25B has applied during the period:	**Medical: 21**	**Surgical: 15**
	Paediatric: 2	**Specialist: 13**

To be completed for EVERY wards where section 25B has applied

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the start of the reporting period (Sept 2021)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation. If yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Gwdhiw	E	11	3	49.85	13.09	Yes	E	11	3	49.85	13.09	Yes	Yes	No		No	No	
	L						L											
	LD	11	3				LD	11	3									
	TW						TW											
	N	8	2				N	8	2									
Island	E	8	2	49.99	9.92	Yes	E	8	2	49.99	9.92	Yes	Yes	No		No	No	
	L						L											
	LD	8	2				LD	8	2									
	TW						TW											
	N	9	1				N	9	1									

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E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the start of the reporting period (Sept 2021)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation. If yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward C1	E	4	3	22.08	12.64	Yes	E	3	3	16.86	12.64	Yes	Yes	No		No	No	
	L						L											
	LD	2	1				LD	2	1									
	TW						TW											
	N	3	1				N	2	1									
Ward SAU	E	5	3	22.74	11.25	Yes	E	5	3	22.74	11.25	Yes	Yes	No		No	No	
	L	5	3				L	5	3									
	LD						LD											
	TW						TW											
	N	3	1				N	3	1									
Ward DUTHIE	E	4	2	15.48	8.54	Yes	E	5	3	21.93	11.37	Yes	Yes	No		Yes	Yes	Increased bed capacity during COVID
	L	3	2				L	4	3									
	LD						LD											
	TW						TW											
	N	2	1				N	3	1									
A5 PESU							E	4	2	18.06	8.53	Yes	Yes	No	New ward to create PESU			
							L	4	2									
							LD											
							TW											
							N	2	1									
Ward B2 NORTH	E						E	5	2	19.09	11.37	Yes	Yes	No		No	No	Was originally A1 Link
	L						L	5	2									
	LD						LD											
	TW						TW											
	N						N	3	1									
Ward B2 SOUTH	E	4	2	15.48	8.53	Yes	E	4	2	15.48	8.53	Yes	Yes	No		No	No	
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									

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E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the start of the reporting period (Sept 2021)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation. If yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward A2	E	7	4	32.89	15.48	Yes	E	7	4	31.46	17.06	Yes	Yes	No		No	No	
	L	7	4				L	7	4									
	LD						LD											
	TW						TW											
	N	4	2				N	4	2									
Ward SSSU	E	11	5	28.4	9.73	Yes	E	8	5	21.41	12.23	Yes	Yes	yes	Ward repurposed from a 33 bed to 20 bed to create PESU	No	No	Ward repurposed from an a
	L	11	5				L	8	5									
	LD						LD											
	TW						TW											
	N	3	1				N	3	1									
Ward WEST 1	E	4	3	19.90	19.90	Yes	E						No	No		No	No	Ward temporarily closed during COVID
	L	4	3				L											
	LD						LD											
	TW						TW											
	N	3	2				N											
Ward WEST 3	E	3	2	14.15	11.37	Yes	E	3	2	14.15	11.37	Yes	Yes	No		No	No	
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Ward WEST 4	E						E	2	1	8.99	4.50	Yes	Yes	No		Yes	Yes	Ward opened as a breast ward
	L						L	2	1									
	LD						LD											
	TW						TW											
	N						N	2	1									
Ward CAVOC	E	8	3	27.21	11.37	Yes	E			21.93	16.24	Yes	Yes	No		Yes	Yes	Ward reopened up after COVID to become green orthopaedic zone
	L	7	3				L											
	LD						LD											
	TW						TW											
	N	3	1				N											
Ward WEST 5	E	4	2	17.05	12.79	Yes	E	4	2	17.05	12.79	Yes	Yes	No		No	No	
	L	4	2				L	4	2									
	LD						LD											
	TW						TW											
	N	3	1				N	2	2									

Rogers,Nerissa
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E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the start of the reporting period (Sept 2021)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation. If yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward B6	E	6	4	26.67	17.05	Yes	E	7	4	30.46	17.05	Yes	Yes	No		Yes	Yes	Ward repurposed from a COVID ward to amber H&N
	L	5	4				L	7	4									
	LD						LD											
	TW						TW											
	N	4	2				N	4	2									
Ward A6 NORTH	E	4	3	18.32	14.21	Yes	E	4	3	18.32	14.21	Yes	Yes	No		No	No	
	L	4	3				L	4	3									
	LD						LD											
	TW						TW											
	N	3	2				N	3	2									
Lakeside Wing Ward 1	E						E	5	4	29.75	19.90	Yes	Yes	No		Yes	Yes	Ward opened in line with COVID capacity
	L						L	4	4									
	LD						LD											
	TW						TW											
	N						N	3	3									
Lakeside Wing Ward 2	E						E	3	3	14.80	14.70	Yes	Yes	No		Yes	Yes	Ward opened in line with COVID capacity
	L						L	3	3									
	LD						LD											
	TW						TW											
	N						N	2	2									
Ward A6 SOUTH	E	3	2	14.21	11.37	Yes	E	3	2	14.21	11.37	Yes	Yes	No		No	No	
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Ward EAST 2	E	4	4	20.90	17.06	Yes	E	4	4	20.90	17.06	Yes	Yes	No		No	No	
	L	4	4				L	4	4									
	LD						LD											
	TW						TW											
	N	3	2				N	3	2									
Ward EAST 6	E	4	4	19.48	18.48	Yes	E	4	4	19.48	18.48	Yes	Yes	No		No	No	
	L	3	5				L	3	5									
	LD						LD											
	TW						TW											
	N	3	2				N	3	2									

Saunders,Kaylan
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The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the start of the reporting period (Sept 2021)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation. If yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward EAST 7	E	4	4	20.90	17.06	Yes	E	4	4	20.90	17.06	Yes	Yes	No		No	No	
	L	4	4				L	4	4									
	LD						LD											
	TW						TW											
	N	3	2				N	3	2									
Ward EAST 8	E	4	4	16.63	21.68	Yes	E	4	4	20.44	16.67	Yes	Yes	No		Yes	Yes	Establishment amended following increased acuity
	L	3	4				L	4	4									
	LD						LD											
	TW						TW											
	N	2	3				N	3	2									
Ward WEST 2	E	4	4	20.90	14.21	Yes	E	4	4	20.90	19.09	Yes	Yes	No		No	No	
	L	4	4				L	4	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Ward GWENWYN CLOSED	E	2	0	11.51	2.78	Yes	E						No	No		No	No	Ward closed during COVID
	L	2	0				L											
	LD						LD											
	TW						TW											
	N	2	1				N											
Ward A1 LINK	E	3	2	13.60	8.90	Yes	E	4	3	16.48	17.06	Yes	Yes	No		Yes	Yes	Review of roster has included increased HCSW establishment to align to current model of care
	L	3	2				L	3	3									
	LD						LD											
	TW						TW											
	N	2	2				N	2	3									
Ward HEULWEN	E	3	2	29.43	22.74	Yes	E	6	4	29.43	22.74	Yes	Yes	No		yes	Yes	Establishment increased to accommodate COVID increase clinical activity
	L	3	3				L	6	4									
	LD						LD											
	TW						TW											
	N	4	4				N	6	4									

Saunders,Nathan
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E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
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Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the start of the reporting period (Sept 2021)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation. If yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward B7	E	6	4	32.26	17.06	Yes	E	7	4	37.96	17.06	Yes	Yes	No		Yes	Yes	Increased establishment to support AGP through COVID
	L	6	4				L	7	4									
	LD						LD											
	TW						TW											
	N	5	2				N	6	2									
Ward WEST 1 CLOSED	E	4	3	20.44	13.89	Yes	E						NA	NA		Yes	Choose an item.	Ward closed during COVID
	L	4	3				L											
	LD						LD											
	TW						TW											
	N	3	2				N											
Ward CFU	E	2	1	12.11	2.78	Yes	E	2	1	12.11	2.78	Yes	Yes	No		No	No	
	L	2	1				L	2	1									
	LD						LD											
	TW						TW											
	N	2	0				N	2	0									
Ward A7	E	6	4	26.00	19.44	Yes	E	6	4	16.23	11.37	Yes	No	No		No	No	
	L	6	4				L	6	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Ward A1 MDU	E	7	4	30.69	17.06	Yes	E	7	4	30.69	17.06	Yes	Yes	No		No	No	
	L	6	4				L	6	4									
	LD						LD											
	TW						TW											
	N	4	2				N	4	2									
Ward C4 SOUTH	E	3	3	16.21	11.37	Yes	E	3	3	18.01	11.37	Yes	Yes	No		Yes	Yes	RN establishment increased to cover increased capacity
	L	3	3				L	3	3									
	LD						LD											
	TW						TW											
	N	2	1				N	3	1									
Ward C6	E	5	5	26.79	20.71	Yes	E	7	4	27.79	20.71	Yes	Yes	No		No	No	Establishment review following increased acuity through COVID
	L	5	5				L	6	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									

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		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the start of the reporting period (Sept 2021)		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation. If yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward C7	E	3	2	15.21	8.33	Yes	E	8	8	46.49	45.48	Yes	NA	NA		Yes	No	C7 surgical ward repurposed to medical COVID ward
	L	3	2				L	8	8									
	LD						LD											
	TW						TW											
	N	2	1				N	8	8									
Lakeside Wing Ground Floor A	E						E	4	4	23.90	19.90	Yes	Yes	No		Yes	Yes	Ward and establishment created to accommodate winter capacity
	L						L											
	LD						LD	4	4									
	TW						TW											
	N						N	3	3									
Ward EAST 4	E	4	4	20.90	17.06	Yes	E	5	4	25.90	19.90	Yes	Yes	No		Yes	Yes	Establishment increased due to COVID acuity
	L	4	4				L	5	4									
	LD						LD											
	TW						TW											
	N	3	2				N	4	3									
Ward C5	E	5	3	27.6	19.9	Yes	E	7	4	27.6	20.71	Yes	Yes	No		Yes	Yes	Establishment increase due to changing care model
	L	5	3				L	6	4									
	LD						LD											
	TW						TW											
	N	3	2				N	3	3									

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		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
C4 North	E						E	2	2	11.37	8.53	Yes	Yes	No		Yes	Yes	Ward opened up in demand to ongoing sustained unscheduled pressures
	L						L	2	2									
	LD						LD											
	TW						TW											
	N						N	2	1									
Ward CITU	E	12	2	63.94	4.06	Yes	E	12	2	63.94	4.06	Yes	Yes	No		No	No	
	L	12	2				L	12	2									
	LD						LD											
	TW						TW											
	N	12	0				N	12	0									
Ward T4 NEURO	E	7	2	38.37	8.53	Yes	E	7	2	38.37	8.53	Yes	Yes	No		No	No	
	L	7	2				L	7	2									
	LD						LD											
	TW						TW											
	N	7	1				N	7	1									
Ward B4 NEURO	E	7	4	29.66	19.9	yes	E			29`.66	19.9	yes	Yes	No		NA	No	
	L						L											
	LD	7	4				LD											
	TW						TW											
	N	4	3				N											
West 8	E	5	7	21.68	23.65	Yes	E	5	7	21.68	23.65	Yes	Yes	No		No	Choose an item.	
	L	4	3				L	4	3									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
West 10	E	5	6	20.91	22.39	Yes	E	5	6	20.91	22.39	Yes	Yes	No		no	No	
	L	4	3				L	4	3									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Bethan	E						E	2	1	11.37	5.69	Yes	Yes	No		Yes	Yes	Ward opened to support overflow from cardiac ward
	L						L	2	1									
	LD						LD											
	TW						TW											
	N						N	2	1									

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		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward TCT	E	3	1	18.22	5.69	Yes	E	3	1	18.22	5.69	Yes	Yes	Yes		No	No	
	L	3	1				L	3	1									
	LD						LD											
	TW						TW											
	N	3	1				N	2	1									
Ward C3/CCU	E	9	3	9	3	Yes	E	9	3	34.96	9.54	Yes	Yes	No		No	No	
	L	6	3	6	3		L	6	3									
	LD			5	1		LD											
	TW						TW											
	N	5	1				N	5	1									
Ward B1	E	7	3	29.89	10.56	Yes	E	7	3	29.89	13.40	Yes	Yes	No		yes	Yes	Staffing enhanced due to increased cardiac monitoring
	L	7	3				L	7	3									
	LD						LD											
	TW						TW											
	N	4	2				N	4	2									
Ward B5	E	7	4	29.89	15.48	Yes	E	7	4	29.89	15.48	Yes	Yes	No		No	No	
	L	6	4				L	6	4									
	LD						LD											
	TW						TW											
	N	4	2				N	4	2									
Ward T5	E	6	3	29.81	13.35	Yes	E	6	3	29.81	13.35	Yes	Yes	No		NA	No	
	L	5	3				L	5	3									
	LD						LD											
	TW						TW											
	N	5	1				N	5	1									
Ward B4 HAEM	E	8	3	39.13	15.99	Yes	E	8	3	39.13	15.99	Yes	Yes	No		No	No	
	L	8	3				L	8	3									
	LD						LD											
	TW						TW											
	N	5	2				N	5	2									
W6	E						E	5	2	22.13	8.53	Yes	Yes	No		Yes	Yes	Ward opened following relocation of cardiac services
	L						L											
	LD						LD	5	2									
	TW						TW											
	N						N	3	1									

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MENTAL HEALTH CLINICAL BOARD
NURSING ESTABLISHMENTS NOVEMBER 2021-22

Directorate	Ward/Dept	Registered				Un - Registered				Other	Total
		Band 5	Band 6	Band 7	Total	Band 1-2	Band 3	Band 4	Total		
MHSOP	East 10	6.47	2.00	1.00	**9.47**	8.93	8.45		**17.38**		**26.85**
	East 12	6.47	2.00	1.00	**9.47**	8.36	7.30	1.00	**16.66**		**26.13**
	East 14	7.17	2.00	1.00	**10.17**	10.92	10.40		**21.32**		**31.49**
	East 16	7.17	2.00	1.00	**10.17**	10.92	10.40		**21.32**		**31.49**
	East 18	8.92	2.00	1.00	**11.92**	9.56	9.03		**18.59**		**30.51**
	St Barrucs	12.33	2.00	1.00	**15.33**	11.02	11.40		**22.42**		**37.75**
	Daffodil	6.47	2.00	1.00	**9.47**	8.36	7.80		**16.16**		**25.63**
	Ash Ward	8.73	2.00	1.00	**11.73**	7.57	14.72	1.00	**23.29**	1.00	**36.02**
					0.00						
Adult MH	Oak	10.13	2.00	1.00	**13.13**	6.34	5.85		**12.19**		**25.32**
	Beech	10.13	2.00	1.00	**13.13**	6.34	4.85	1.00	**12.19**		**25.32**
	Pine	10.13	1.00	1.00	**12.13**	1.00	4.04		**5.04**		**17.17**
	Elm	8.80	2.00	1.00	**11.80**	7.63	7.50		**15.13**		**26.93**
	Maple	9.40	2.00	1.00	**12.40**	5.86	6.83		**12.69**	2.00	**27.09**
	Willow	9.40	2.00	1.00	**12.40**	6.34	5.35	1.00	**12.69**		**25.09**
	Hazel	7.44	2.00	1.00	**10.44**	6.93	7.19	1.00	**15.12**	1.00	**26.56**
	Meadow	7.44	2.00	1.00	**10.44**	5.12	5.86		**10.98**	1.00	**22.42**
	Park Road	9.47	2.00	1.00	**12.47**	2.07	8.00		**10.07**		**22.54**
	Phoenix	6.96	2.00	1.00	**9.96**	0.43	7.62		**8.05**		**18.01**

Note:

Cedar and Alder signed 15th October 2019		Band 5	Band 6	Band 7	Total	Band 2	Band 3	Band 4	Total	Other	Total
Adult MH	Cedar	11.75	6.00	1.00	**18.75**	4.85	7.56	1.00	**13.41**		**32.16**
	Alder	10.13	2.00	1.00	**13.13**	6.83	6.58	1.00	**14.41**	1.00	**28.54**

Saunders,Nathan
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Report Title:	**Capital Schemes and Expenditure – Procurement and Governance Summary Report**				**Agenda Item no.**		
Meeting:	**Board**				**Meeting Date:**	**25.11.21**	
Status:	**For Discussion**		**For Assurance**	**X**	**For Approval**	**X**	**For Information**
Lead Executive:	**Executive Director of Finance**						
Report Author (Title):	**Director of Corporate Governance**						

Background and current situation:

This report details a summary findings in relation to an exercise which has been undertaken looking at the Procurement and Governance of Capital Schemes and Expenditure.

The exercise was undertaken as a result of breaches which were identified in relation to a contract

The attached summary report sets out the following:

- Areas of legal and regulatory compliance in relation to NHS Wales Infrastructure Investments Guidance, the Health Boards Standing Financial Instructions, the Health Boards Scheme of Delegations and Earned Autonomy Framework and Procurement Law (Section 2 Background);
- An assessment of what happened and the areas of legal and regulatory compliance which were breached (Section 3 Assessment and Section 4 Conclusion);
- Recommendations to ensure that moving forward the same situation does not occur in Capital Schemes and Capital Expenditure (Section 5) and;
- An action plan to implement the recommendations set out (Appendix 1).

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

The report details the summary findings in relation to breaches in Capital Schemes and Expenditure and in particular around the procurement, governance and the financial monitoring of Capital Schemes and Capital Expenditure.

The Board should take confidence in the fact that once the breaches were identified a review was undertaken of the identified schemes and actions proposed.

The Chair of the Board and Chair of Audit Committee were briefed on the issues as soon as they were identified and the Board were briefed at the Private Board Meeting in July 21. The Chief Executive also had a 'no surprises' conversation with the Director General of Health and Social Services/Chief Executive NHS Wales. Audit Wales were briefed on the situation. The approach taken ensured transparency.

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

There have been systematic breaches in the way contracts have been procured and managed. To confirm that the breaches were systemic the review was undertaken in two phases. Completion of the phase II review presented to Audit Committee 9th November confirmed the same.

Recommendation:

The Board are requested to:

(a) **Note** the attached report and recommendations which were approved by the Board in Private in September 21 in relation to Capital Schemes and Expenditure – Procurement and Governance;
(b) **Note** the Action Plan for Phase I &II and timescales to deliver set out in Appendix 3 with the actions being tracked through the usual mechanisms and reported to Audit Committee.

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	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
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	x	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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1.0 SITUATION

1.1 Procurement breaches were identified in relation to capital expenditure on a contract and additional capital schemes which had been allocated to that contract. On investigation it was identified that there were further breaches in relation to governance, the approval to progress with works and the signing of contracts once the appropriate procurement exercise had been undertaken.

1.2 As a result of the breaches identified (procurement and governance) the Chief Executive requested a further review of all capital expenditure over £500k and where procurement thresholds applied and going back over 3 years.

1.3 This would have required a review of 69 contracts in total. It was therefore agreed to review a sample of the 69 contracts. This review was undertaken in two phses

2.0 BACKGROUND

2.1 Set out below, and referenced, are the relevant regulations and guidance which the Health Board should be following in relation to capital expenditure and procurement.

2.1.1 NHS Governance and Assurance[1]

It is essential that NHS Boards are aware of their responsibilities in respect of the receipt of Welsh Government capital investment funding and the associated development, management and delivery of schemes. It is expected that organisations will have robust internal reporting arrangements and have local escalation arrangements in place to deal with any project, contract or financial issues linked to capital expenditure and scheme. In terms of infrastructure planning, approval and delivery, Health Boards should:

- ensure that schemes are prioritised as part of the Integrated Medium-Term Plan process, and are clearly aligned to organisational delivery goals and generate patient and service benefits;
- determine the appropriate processes and mechanisms, using multi professional and technical support where required, to consider and sign off business cases prior to submission to Welsh Government;
- fully consider the risks and benefits associated with scheme development, and have processes in place to provide assurance regarding appropriate risk management arrangements;
- ensure that Board members are supported and well prepared to consider business case proposals, including offering Reviewer Training where appropriate;
- ensure that the Board or relevant Sub Committee regularly monitor progress on individual schemes and the overall local infrastructure programme;

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[1] NHS Wales Infrastructure Investment Guidance

- have mechanisms in place to consider and review post project evaluations, in particular, delivery against project objectives and benefits realisation;
- make use of NHS Audit and Assurance services to assess the risk profile of schemes and provide appropriate levels of review;
- consider use of Gateway Reviews or alternative assurance mechanism at key milestones, if not already recommended through the RPA assessment;
- be assured that there are appropriate programme and project support arrangements to effectively manage the development and delivery of infrastructure schemes. These will need to be proportionate to the complexity and value of service and construction. In doing so, Boards may wish to consider Executive Sponsors for major projects and will need to identify a Senior Responsible Owner for each project with the capacity and expertise to lead and challenge.

Funding

All NHS infrastructure funding, both capital and revenue, irrespective of value, must have legal documentation in place. The funding award letter contains the terms and conditions for the use of funding, including the timescale for drawdown and imposes legally enforceable obligations on both parties.

Procurement

NWSSP-SES has established National and Regional frameworks for Supply Chain Partners and Support consultants for use by the NHS in Wales. The National frameworks are for utilisation on projects in excess of £12 million (construction cost excluding VAT). The Regional frameworks are for utilisation on projects between £4 million and £12 million (construction cost excluding VAT). In terms of procurement outside of the above frameworks organisations may have their own local framework for works up to £4 million, or procure via a competitive tender. Organisations as part of any business case will need to evidence the procurement method used, confirm details and validity of tenders and ensure that appropriate assurance and advice has been taken in terms of procurement requirements dependent upon thresholds in force at the time. It will be for individual organisations to satisfy themselves that they have the requisite approvals in place to ensure that any contract entered is on the appropriate terms.

Contracts

Paragraph 13 (3) of Schedule 2 to the National Health Service (Wales) Act 2006 requires LHBs to obtain Welsh Ministers' consent to acquire and dispose of property and enter into contracts. Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required

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2.1.2 Procurement Consent[2]

General Consent has been granted to LHBs by the Welsh Ministers for individual contracts up to the value of £1 million in each case with the exception of those contracts specified in SFI 11.6.4. All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being entered into. In addition, Health Board's must provide a contract summary to Welsh Government for contracts between £500,000 and £1 million prior to the contract being let. This requirement also applies to contracts that are to be let through a mini-competition under a public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

2.1.3 Extending and Varying Contracts[3]

Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g. scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

If there is no such provision, the Public Contracts Regulations 2015 define such limitations.

The Public Contracts Regulations 2015 provide further constraints on this matter, under which modifications/variations/extensions are capped at 50% of the original award value.

Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

If there was no provision to extend, further approvals are required from the Health Board budget holder and the local Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

2.1.4 Capital Projects[4]

When capital investment decisions are taken and a Capital Programme is approved the project cannot be initiated until the authority to commit expenditure is formally delegated to a manager, in line with the organisation's Scheme of Delegation. The capital project must then be procured in line with normal procurement procedures or the Designed for Life Framework Agreement or other approved procurement framework and in line with Welsh

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[2] Cardiff and Vale UHB Standing Financial Instructions
[3] Cardiff and Vale UHB Standing Financial Instructions
[4] Cardiff and Vale UHB Standing Financial Instructions

Government requirements and guidance and the applicable procurement legislation. Management control and financial reporting systems must be established to ensure that the project is:

- delivered on time;
- on budget; and
- within contractual obligations.

Project management controls and financial reporting systems must be established to ensure these objectives are met. Reporting requirements to Welsh Government will be set out in the approval letter provided post Ministerial approval.

Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

The approval of a capital programme by the Health Board shall not constitute approval for the initiation of expenditure on any scheme.

2.1.5 Capital Schemes[5]

Approval of business cases for submission to Welsh Government:

> £1m – Board – This is outside the current delegation limits but at submission stage there is no commitment to provide/receive funding. Where the UHB is required to contribute funding the usual limits will apply

<£1m – Chief Executive - This is outside the current delegation limits but at submission stage there is no commitment to provide/receive funding. Where the UHB is required to contribute funding the usual limits will apply

Approval of business cases for submission in year funding – Management Executive - This is outside the current delegation limits but at submission stage there is no commitment to provide/receive funding. Where the UHB is required to contribute funding the usual limits will apply

Set budgets for capital schemes as part of the annual budget setting arrangements

Agree budget holders for each capital scheme and ensure appropriate documentation is completed and sent to the Finance Department

Nominate an Executive Director for each capital scheme with a value of > £200k

Ensure overall UHB capital programme is delivered within budget and financial policies

Approval to sign contracts for capital expenditure:

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[5] Cardiff and Vale UHB Scheme of Delegation and Earned Autonomy Framework

<£125k – Executive Director of Strategic Planning & Executive Director of Finance & Executive Director of Therapies and Health Sciences

<£500k – Chief Executive

>£500k – Board

2.2 In summary, this means that there are three main stages which should be undertaken and signed off by the Board prior to capital works commencing. Alongside this there should be appropriate monitoring of schemes through project management controls and financial reporting systems to ensure schemes are delivered on time, on budget and within contractual obligations.

2.2.1 The three main stages are as follows:

1. Approval of capital schemes or business cases to progress, by the Board, up to £1m. Contracts over £1m require Welsh Government approval.
2. Appropriate procurement exercise to be undertaken in line with procurement legislation and regulations and the Health Board's Standing Financial Instructions to ensure value for money and transparency.
3. Approval of the award of a contract and signing by the relevant authority once the procurement exercise has been undertaken. The values are <£500k the Chief Executive or Management Executive and >£500k the Board or Chairs action.

3.0 ASSESSMENT

The Capital, Estates and Facilities (CEF) Team historically presumed that approval of the Business Case by the Board and approval by Welsh Government for major capital schemes was also approval to start construction and a direct award was made. This resulted in the Health Boards own Governance not been followed which meant there were breaches in its Standing Financial Instructions and Procurement Regulations.

4.0 CONCLUSION

4.1 There have been systematic breaches in the way contracts have been procured and managed. This has been confirmed by undertaking two full separate but linked reviews (Phase I and Phase II). However, it can be confirmed that there was no detriment to the public in the delivery of these schemes and the outstanding risk to the Health Board on these schemes is considered to be low.

4.2 The UHB was in breach of its own Standing Financial Instructions by uplifting contracts using PIFs.

4.3 There was a lack of financial monitoring on contracts which allowed the initial contracts to be added to without challenge.

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4.4 PIFs were used to increase the value of the contracts. PIFs are signed off by the Executive Director, CEO and Chair to allow payment to be made to the

contractor but this is after the works have taken place. PIFs do not constitute a Chairs action so are a breach of SFIs.

4.5 Contracts have not been signed for the schemes either by the Health Board or the contractor this is a breach of SFIs as contracts should be signed before works commence.

4.6 Appropriate approvals (Management Executive / Board) for expenditure were not sought beforehand in all instances. This is a breach of Standing Financial Instructions.

5.0 RECOMMENDATIONS

5.1 Ensure that approval for all capital schemes is obtained either by Management Executive Team/CEO (up to £500k), or Board (over £500k), and WG (1m).

5.2 Ensure that advice is sought from Procurement Services at an early stage so as to ensure that the Public Contract Regulations 2015 are adhered to in future procurement of capital expenditure and schemes.

5.3 Ensure that all contracts are approved and signed by the relevant authority prior to commencement of works in line with the Health Board's Standing Financial Instructions (e.g. Management Executive Team/CEO (up to £500k), or Board (over £500k)).

5.4 Ensure the publication of Contract Award Notices (CAN) no later than 30 days after the decision to award a contract.

5.5 Ensure appropriate financial monitoring of capital expenditure and schemes and ensure appropriate due process is followed where increase in values is required.

5.6 Consider expanding the remit of the Finance Committee to a Finance and Investment Committee to allow for appropriate financial review and monitoring of capital schemes.

5.7 Ensure an Executive Director is nominated to each capital scheme with a value >£200k

5.8 Chief Executive and the Chair should not sign off Project Issues Forms (PIFs) without details of contract value, required increase and confirmation that increase is within original contract value and scope.

5.10 Any Capital related expenditure under £4m should be managed in line with Health Boards Procurement Framework Agreements

5.11 Ensure training of relevant staff in the Health Boards Standing Orders, Standing Financial Instructions and Scheme of Delegation.

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6.0 ACTION PLAN

6.1 Appendix 1 and 2 sets out the actions from Phase I and II to deal with each of the recommendations.

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ACTION PLAN

Appendix 1

Capital Expenditure – Procurement and Governance Arrangements

Action	Lead	Timescale for Completion	Update	Status
1. Provide training for key Board Members, Directors and staff involved in the management, procurement and oversight of capital schemes and expenditure focussing on: (a) Procurement practice and regulations (b) Standing Orders (c) Standing Financial Instructions (d) Scheme of Delegation and Earned Autonomy	Deputy Director of Finance & Head of Corporate Governance	By end of December 2021	**Partially complete** - Programme to be developed and delivered. This has been completed for the Capital, Estates and Facilities Team.	
2. Develop revised Standard Operating Procedure (SOP) to ensure compliance with Standing Financial Instructions and Procurement Regulations in relation to capital schemes, procurement and governance	Executive Director of Finance, Executive Director of Strategic Planning, Director of Corporate Governance	**Complete** – new process agreed with Executive colleagues and in place.	**Complete**	
3. Consideration be given to expanding the remit of the Finance Committee to monitor expenditure of major capital schemes	Chair of the Board	By end of November 2021	**Partially complete** - Initial discussion and agreement with the Chair of the Board has taken place. ToR to be revised and approved in order to expand the remit of the Committee	
4. Ensure Executive Director is nominated to each capital scheme >£200k	Executive Director of Finance	Immediate for new schemes >£200	**Partially complete** - Ensure that schemes are allocated to	

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			a relevant Executive Director in future.	
5. Executive Lead appointed to capital scheme to ensure that due process is followed in relation to approval for schemes, procurement and signing of contract	Executive Director	Immediate once appointed to scheme	**Partially complete**	
6. Ensure all PIFs are amended to include details of contract, contingency spend and confirmation that it does not breach original value	Director of Capital and Estates	Immediate	**Complete** – contracts now include the contingency value within the overall value – the PIF form, in future, will only be used for the use of the contingency spend and the form has been amended to reflect this.	
7. Ensure CAN's are published within 30 days of a contract award	Director of Capital, Estates and Facilities	Immediate and will continue for all contracts now coming through.	**Complete** - This now happens for all contracts	
8. Ensure that contracts are now signed for all schemes	Director of Capital, Estates and Facilities	Immediate	**Partially complete** – and continuing with new schemes as they come on board	
9. CEF adhere to Procurement Contracts Regulations 2015, Standing Orders, Standing Financial Instructions and the Scheme of Delegation and Earned Autonomy	Director of Capital, Estates and Facilities	Immediate	**Complete and continuing**	

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Action Plan Updated 9th November 2021

CEF Capital Expenditure – Procurement and Governance Arrangements

Action	Lead	Timescale for Completion	Update	Status
1. Identify a senior CEF manager to review the processes from inception of a project to completion with specific emphasis on key milestones for approval in line with the capital procurement processes and procedures.	Director of Capital Estates and Facilities	Week commencing 13/09/2021	**Interim Assistant Director of CEF will lead this programme of work and establish regular meetings to review progress against action plan.**	
2. Review procurement a contract documentation for all live schemes to ensure compliance and, where necessary, seek retrospective approval	CEF Business Manager, Procurement and Corporate Governance	Partially complete	**Procurement reports for outstanding increases to existing orders prepared for issue to inform the RFA.** **Contract review undertaken with a number of contracts completed, a number awaiting UHB signature and a few that are with the contractors for signature.** **A schedule of all contracts and values for the various project stages has been developed and is monitored weekly.**	
3. Develop a 'plan on a page' and checklist for all members of capital estates and facilities who undertake capital procurement as part of their job role.	Director of Capital, Estates and Facilities	Closed	**Draft plan presented & circulated to team for comment on 16/9/21**	

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4. Meet with all project leads who procure and manage capital projects to outline the procurement processes governance arrangements and the requirements of SFIs	Director of Capital, Estates and Facilities	Closed	**Meeting held with relevant Capital, estates & facilties staff**	
5. Review the capital procedures manual that was produced to provide guidance to the major capital and discretionary capital teams on key stages of project development including procurement and standing financial instructions to ensure it aligns to the current requirements.	Assistant Director of Capital Estates and Facilities	By end of November 2021	**Reviewing base elements required to ensure the manual is fit for purpose and not cumbersome.**	
6. Provide training for all CEF staff involved with capital procurement with emphasis on the following:- • Procurement practice and regulations • Standing Orders • Standing Financial Instructions • Scheme of Delegation and Earned Autonomy	CEF Business Manager, Procurement and Corporate Governance	Closed	**Training arrange with Procurement and Governance leads on 4th November 2021**	
7. Provide schedule of schemes to be tendered as part of the monthly capital management group report	Director of Capital Estates and Facilities	Closed	**A comprehensive schedule has been prepared and is monitored weekly to provide assurance on progress through the procurement process.** **Schedule will be included in CMG monthly report.**	
8. Arrange monthly meetings with procurement leads to ensure early engagement and agree the procurement routes and approvals to ensure compliance.	Interim Assistant Director of Capital Estates and Facilities	Closed	**The initial meeting was held on 1/10/21, at which, a series of meetings have been arranged over the next few months**	

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9. Develop a revised project status report that includes details of approvals at the relevant stages, financial position for each project, including actual spend against planned and expenditure against contingency. The report should also include any client change (PIFs)	Head of Capital Planning	Closed	**Projetc status report implemented from Nov 21**	
10. Provide the appointed Executive Lead for each capital scheme >£200k with an assurance report to include the financial position of the scheme, any changes design or client, procurement reports and contract status.	Project Lead	Closed	**Included on project Matrix considered at CMG 18th October**	
11. Ensure all PIFs include the contingency sum, the accumulated spend to ensure that the PIF is affordable within the budget to avoid any breach of the value. PIFs are to be authorised in line with SFIs	Project Leads	Closed	**Pro forma providing details of spend against Contingency developed and updated as PIF's are issued**	
12. All contracts are to be signed prior to the issue of a requisition	Project Leads	Closed	**No requisitions issued until RFA & contracts are completed**	
13. Review contract documents currently used by CEF for capital works and services to ensure that we reflect any specific requirements from the Health Board	Head of Capital Planning	31/12/2021	The UHB have appointed Blake Morgan to review the suite of contract documents used on UHB construction contracts. The scope of the commission was discussed and agreed at a meeting of both parties on 21st October 2021. Blake Morgan have requested further detail which has been provided and there is ongoing	

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			dialogue to progress the commission.	

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Report Title:	**OMBUDSMAN ANNUAL LETTER 2020/21**	**Agenda Item no.**	**8.2**
Meeting:	**Board Meeting**	**Meeting Date:**	25 November 2021
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information**
Lead Executive:	Executive Nurse Director, Cardiff and Vale University Health Board		
Report Author (Title):	Assistant Director of Patient Experience		

Background and current situation:

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

Appendix A is a copy of the letter which will be published on the PSOW Website

The Annual Letters section on website the current letters are not yet published

It is pleasing to note that the Health Board was below the average for complaints received and investigated by the Ombudsman with the Health Board average adjusted for population distribution.

Appendix A - Complaints Received

Health Board	Complaints Received	Received per 1000 residents
Aneurin Bevan University Health Board	96	0.16
Betsi Cadwaladr University Health Board	184	0.26
Cardiff and Vale University Health Board	62	0.12
Cwm Taf Morgannwg University Health Board	86	0.19
Hywel Dda University Health Board	64	0.17
Powys Teaching Health Board	16	0.12
Swansea Bay University Health Board	79	0.20
Total	587	0.19

For context, across the UHB In 2020/21 we received 3210 concerns, 1069 were managed under early resolution, providing a satisfactory outcome to the person raising concerns within 2 working days (including the day of receipt).

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Therefore these figures demonstrate that less than 1.8% of people who raised concerns with the UHB in 2020/21 approached the Ombudsman because they were dissatisfied with the Health Board response.

The subjects demonstrate that for the majority of people who contacted the Ombudsman their concerns related to clinical treatment in Hospital.

Cardiff and Vale University Health Board	Complaints Received	% Share
Ambulance Services	0	0%
Appointments/admissions/discharge and transfer procedures	1	2%
Clinical treatment in hospital	50	81%
Clinical treatment outside hospital	3	5%
Complaints Handling	4	6%
Confidentiality	0	0%
Continuing care	2	3%
COVID19	0	0%
Disclosure of personal information / data loss	0	0%
Funding	0	0%
Medical records/standards of record-keeping	1	2%
Medication> Prescription dispensing	0	0%
NHS Independent Provider	0	0%
Non-medical services	1	2%
Other	0	0%
Patient list issues	0	0%
Poor/No communication or failure to provide information	0	0%
Rudeness/inconsiderate behaviour/staff attitude	0	0%
	62	

Appendix C - Complaint Outcomes
(* denotes intervention)

Local Health Board/NHS Trust	Out of Jurisdiction	Premature	Other cases closed after initial consideration	Early Resolution /voluntary settlement*	Discontinued	Other Reports- Not Upheld	Other Reports - Upheld*	Public Interest Report*	Total
Cardiff and Vale University Health Board	17	9	18	8	1	6	13	0	72
% share	24%	13%	25%	11%	1%	8%	18%	0%	

From the 72 concerns received by the Ombudsman following initial review of our responses a full investigation was undertaken into only 19 cases and 13 were upheld in whole or in part and 6 were not upheld.

Public Interest reports

There were no public interest reports issued against Cardiff and Vale UHB

In response to the annual letter the Health Board has been asked to take the following actions

- *Health Board's complaints performance and their consideration of any actions to be taken as a result*
- *Engage with my Complaints Standards work, accessing training for your staff and providing complaints data*
- *Inform me of the outcome of the Health Board's considerations and proposed actions on the above matters by 15 November*

This action has been completed.

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The Concerns Team have attended training for Complaints Standards work and this will be cascaded across the UHB to relevant staff.

We met with the Ombudsman lead for the Complaints Standard Authority which is intended to help support complaint handling staff in delivering excellent outcomes for service users. As part of their work the Ombudsman's office provided Training Sessions tailored to fit organisation's needs and provided without charge. Core modules focussed on the complaints process, investigations, and communicating with complainants.

Soft skills modules explore additional sets of skills used in effective complaint handling and can provide an ideal refresher session for experienced staff.

We ensured that the central concerns team attended the modules when there is availability and we have been discussing a communications virtual module being developed for our UHB staff. This will be considered in the context of development of the QSE framework

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

Assurance

The previous Internal audit review provided substantial assurance regarding the process within the Health Board for managing Ombudsman cases. All cases are managed via the corporate concerns team who support the Clinical Boards to respond to queries from the Ombudsman; cases are escalated to the Executive team as required. All recommendations are monitored to completion and closure by the Ombudsman's office.

Development of the Once for Wales Concerns system and the service user experience system will enable more effective thematic and sentiment analysis to identify areas for improvement. There should also be an increased ability to benchmark comparable data across Wales to promote national learning and sharing of good practice and areas for improvement.

The Health Board has a robust process in place to manage Concerns from the Ombudsman's office.

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

Themeatic analysis of Ombudsman cases enables learning and promotes both patient safety and a postive experience for Patients and famalies

These cases can present a signifcant reputational rosk to the organisation if not amnaged both sensitively and robustly to ensure any recommendations are monotred to completion.

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Recommendation:
The **Board** is asked to **NOTE** the findings of the Ombudsman's Annual Letter and the actions being taken

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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Ombwdsmon Ombudsman
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PUBLIC SERVICES OMBUDSMAN FOR WALES

Ask for: Communications

01656 641150

communications@ombudsman.wales

Date: September 2021

Charles Janczewski
Cardiff and Vale University Health Board

By Email only: charles.janczewski@wales.nhs.uk

Annual Letter 2020/21

Dear Charles

I am pleased to provide you with the Annual letter (2020/21) for Cardiff and Vale University Health Board.

This letter discusses information from a year unlike any other in recent memory, and as such may not be useful for establishing trends or patterns. Information received during this remarkable year will, however, bring insights on how Public Services reacted in the face of unprecedented demand and the most difficult of circumstances.

Despite the challenges inevitably brought by the Covid 19 pandemic, I'm delighted with the level of engagement shown by Cardiff and Vale University Health Board, and the number of training sessions which have been delivered to the Health Board by my complaints standards staff.

During the past financial year, we have intervened in (upheld, settled or resolved at an early stage) the same proportion of complaints about public bodies, 20%, compared with 2019/20.

Last year, we saw a 22% reduction in new complaints relating to Health Boards – a predictable reduction given the circumstances of the year. However, my Office intervened slightly more frequently in complaints involving Health Boards, 33% compared to 31% in 2019/20.

During 2020/21, despite challenges caused by the pandemic, my office made great strides in progressing work related to Complaints Standards and Own Initiative Investigations. The theme and consultation period of the first wider Own Initiative Investigation – into Local Authority Homelessness Assessments - was

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launched in September 2020 and the report is due in the coming months. We also commenced 4 extended Own Initiative Investigations, where we extended the scope of our work on a complaint already under investigation.

Last year, my office also pushed ahead with two new publications – 'Our Findings' and our first Equality Report.

'Our Findings' will be accessed via the PSOW website and replaces the quarterly casebooks. Our Findings will be updated more frequently and will be a more useful tool in sharing the outcomes of investigations. Our first Equality Report highlights the work done to improve equality and diversity, and to ensure that our service is available to people from all parts of society.

A summary of the complaints of maladministration/service failure received relating to your Health Board is attached.

I ask that the Health Board takes the following actions:

- Present my Annual Letter to the Board to assist Board members in their scrutiny of the Health Board's complaints performance and their consideration of any actions to be taken as a result.
- Engage with my Complaints Standards work, accessing training for your staff and providing complaints data.
- Inform me of the outcome of the Health Board's considerations and proposed actions on the above matters by 15 November.

This correspondence is copied to the Chief Executive of your Health Board and to your Contact Officer. Finally, a copy of all Annual Letters will be published on my website.

Yours sincerely,



Nick Bennett
Ombudsman

cc. Len Richards, Chief Executive, Cardiff and Vale University Health Board
By Email only: len.richards@wales.nhs.uk

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Factsheet

Appendix A - Complaints Received

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01656 641150 01656 641199 ask@ombudsman-wales.org.uk | holwch@ombwdsmon-cymru.org.uk

All calls are recorded for training and reference purposes | Bydd pob galwad yn cael ei recordio ar gyfer dibenion hyfforddi a chyfeirio

Appendix B - Received by Subject

Cardiff and Vale University Health Board	Complaints Received	% Share
Ambulance Services	0	0%
Appointments/admissions/discharge and transfer procedures	1	2%
Clinical treatment in hospital	50	81%
Clinical treatment outside hospital	3	5%
Complaints Handling	4	6%
Confidentiality	0	0%
Continuing care	2	3%
COVID19	0	0%
Disclosure of personal information / data loss	0	0%
Funding	0	0%
Medical records/standards of record-keeping	1	2%
Medication> Prescription dispensing	0	0%
NHS Independent Provider	0	0%
Non-medical services	1	2%
Other	0	0%
Patient list issues	0	0%
Poor/No communication or failure to provide information	0	0%
Rudeness/inconsiderate behaviour/staff attitude	0	0%
	62	

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Appendix C - Complaint Outcomes
(* denotes intervention)

Local Health Board/NHS Trust	Out of Jurisdiction	Premature	Other cases closed after initial consideration	Early Resolution /voluntary settlement*	Discontinued	Other Reports- Not Upheld	Other Reports - Upheld*	Public Interest Report*	Total
Cardiff and Vale University Health Board	17	9	18	8	1	6	13	0	72
% share	24%	13%	25%	11%	1%	8%	18%	0%	

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Appendix D - Cases with PSOW Intervention

	No. of Interventions	No. of Closures	% Of Interventions
Aneurin Bevan University Health Board	38	106	36%
Betsi Cadwaladr University Health Board	68	194	35%
Cardiff and Vale University Health Board	21	72	29%
Cwm Taf Morgannwg University Health Board	19	83	23%
Hywel Dda University Health Board	33	74	45%
Powys Teaching Health Board	5	17	29%
Swansea Bay University Health Board	25	80	31%
Total	**209**	**626**	33%

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PUBLIC SERVICES OMBUDSMAN FOR WALES

Information Sheet

Appendix A shows the number of complaints received by PSOW for all Health Boards in 2020/2021. These complaints are contextualised by the number of people each health board reportedly serves.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows outcomes of the complaints which PSOW closed for the Health Board in 2020/2021. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix D shows Intervention Rates for all Health Boards in 2020/2021. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

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All calls are recorded for training and reference purposes | Bydd pob galwad yn cael ei recordio ar gyfer dibenion hyfforddi a chyfeirio

Report Title:	**Corporate Risk Register**								
Meeting:	Public Board Meeting						**Meeting Date:**	Nov 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 Board are asked to note that the Corporate Risk Register Board Summary lists risks in order of highest to lowest risk scores, whilst retaining reference numbers from the Detailed Corporate Risk Register to enable cross referencing between the two documents. 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.

Since the last report to Board the Team's predominant focus of support to Clinical Boards/Corporate Directorates has been advice and guidance to risk leads/risk owners in their assessment and management of complex risks.

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. The team have recently strengthened the assurance of this process by adopting a 'whole team' peer review approach prior to providing feedback to risk leads.

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

There are currently 20 Risks on the Corporate Risk Register; 10 risks are unchanged and 3 risks have reduced since the last report in September 2021. There are 7 new entries.

Risk 1 was included on the September Corporate Risk Register due to a governance requirement to notify the Board of its existence; this risk is shaded grey on the current Corporate Risk Register and will, assuming no change in circumstances, be removed prior to the next Board meeting.

The Board are asked to note that the Corporate Risk Register contains 4 risks graded at 15. Risks graded less than 20 would not normally appear on the Register, but in this instance they have been accepted because they illustrate risks considered to have strategic importance or relevance.

Candidate risks were accepted from Capital Estates and Facilities Corporate Directorate, Finance Corporate Directorate, Medicine Clinical Board, Children and Women's Clinical Board, Mental Health Clinical Board and Specialist Services Clinical Board. The remaining Corporate Directorates and Clinical Boards either had no extreme risks or had extreme risks with scores below 20.

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:

September 2021	November 2021
• 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.	• 15 Risks rated 20 (extreme risk) • 4 risks rated 15 (extreme risk) which are included by virtue of their potential impact. • 1 risk rated 12 (high risk) which if unchanged will no longer be monitored on the Corporate Risk Register (which is shaded grey).

Staff shortages, often exacerbated by COVID-19 effects, is a dominant feature of a number of risks; due to operational level mitigations these do not appear to be having an impact on patient safety but they are having an adverse impact on planned care capacity. Deterioration in estates and facilities is also creating a variety of risk scenarios with potential to adversely impact on workforce health and safety or planned care capacity.

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.

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- 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
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 NOVEMBER 2021

Risk Register Reference	Risk (for more detail see individual risk entries)	Clinical Board / Corporate Directorate	Link to BAF	Initial Risk Score	Risk Score September 21	Risk Score November 21	Trend	Target Risk Score
2	Risk of patient and staff harm due to potential failure of anaesthetic gas scavenging system in UHW theatre GF	Estates	Patient Safety Capital Assets	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 Capital Assets	5x4=20	5x4=20	5x4=20	→	5x1=5
4	Risk of patient harm due to interruption of oxygen supply to the whole of UHW resulting from a corroded oxygen pipeline.	Estates	Patient Safety Capital Assets	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	Capital Assets	5x4=20	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	Workforce Staff Wellbeing	5x4=20	5x4=20	5x4=20	→	5x1=5
7	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	Patient Safety	5x5=25	5x5=25	5x4=20	↓	5x2=10
8	Risk of harm to mothers and babies due to delay and/or interuption to induction of labour due to inadequate staffing levels.	Children & Womens	Patient Safety	4x5=20		4x5=20	→	4x2=8
9	Risk of sub-optimal service and Health Board reputation following suspension of homebirth services due to inadequate staffing levels.	Children & Womens	Sustainable Primary and Community Care	4x5=20		4x5=20	→	4x2=8
10	Risk of sub-optimal service and Health Board reputation following the closure of the Midwifery Led Unit (MLU) due to inadequate staffing levels.	Children & Womens	Patient Safety Planned Care Capacity	4x5=20		4x5=20	→	4x2=8
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 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	Ongoing maintenance and health and safety issues in the BMT offices create risks to employee safety, damage to UHB property and service disruption.	Specialist Services	Capital Assets Workforce	4x5=20		4x5=20	→	4x2=8
17	Risk to patient safety due to temporary closure of Neurology Telemetry Service	Specialist Services	Patient Safety Planned Care Capacity	5x4=20	5x4=20	5x4=20	→	5x2=10
18	Risks of harm to haematology patients (including bone marrow transplant) due to cross infection hazards created by an inadequate clinical environment.	Specialist Services	Patient Safety Planned Care Capacity	5x5=25	5x4=20	5x4=20	→	5x1=5
19	Risk that the Health Board will not achieve the underlying defecit in the draft 21/22 plan of £25.3m.	Finance	Financial Sustainability	5x4=20		5x4=20	→	5x2=10
13	Risk to patient safety causing serious incidents due to patients not being admitted to Critical Care Department in a timely manner due to insufficient bed capacity.	Specialist Services	Patient Safety Planned Care Capacity	5x4=20	5x4=20	5x3=15	↓	5x2=10
14	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	5x4=20	5x4=20	5x3=15	↓	5x2=10
16	Risk of increased mortality and morbidity of cardiac patients on cardiac surgery waiting list	Specialist Services	Patient Safety Planned Care Capacity	5x4=20		5x3=15	→	5x1=5
20	Risk that the Health Board will fail to deliver 2% CIP £16m (1.5% recurrent).	Finance	Financial Sustainability	5x4=20		5x3=15	→	5x2=10
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	4x3=12	→	4x2=8

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Report Title:	**Commissioning Intentions 2022-2025 and IMTP Process Update**							**Agenda Item no.**	**x.x**		
Meeting:	**Board**							**Meeting Date:**	November 2021		
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		**x**		
Lead Executive:	**Executive Director of Strategic Planning and Commissioning**										
Report Author (Title):	**Deputy Director of Commissioning and Assistant Director Strategy and Planning**										

Background and current situation:

This paper is providing information and assurance relating to the proposed Commissioning Intentions 2022-2025 and the progress with the development of the Integrated Medium-Term Plan (IMTP) 2022-2025. The summary and detailed Commissioning Intentions are provided to support delivery of the Shaping our Future Wellbeing and the development of the 2022-25 IMTP. They also support the commissioning assurance and governance process as part of the annual commission cycle and work programme of the Commissioning Team.

Since March 2020 the statutory requirement for the Health Board to develop a full three-year IMTP has been stood down in response to the Covid-19 pandemic, replaced instead by the requirement for quarterly, and then latterly annual plans. 2022-23 represents the return to the three-year planning cycle. As of 1st November 2021, NHS Wales is still awaiting the publication of the Welsh Government Planning Framework, a document which is intended to set the context for UHB IMTPs. However, a ministerial letter to Chief Executives and Chairs provides a good indication as to what we can expect the planning framework to contain.

The Board will be asked to support the UHBs 2022-25 IMTP at its January meeting prior to submission to Welsh Government by the 28th February deadline.

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

The Commissioning Intentions are intended to outline our aspirations for 2022/2025, and are aligned to the Cardiff and Vale UHB IMTP 2022-25. The summary Commissioning Intentions are intended to provide a shortlist of mandatory commissioning intentions throughout the coming year, and are underpinned by our ambition to;

'Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people, and delivering outcomes that matter to people'.

The Commissioning Intentions remain in alignment with the Shaping our Future Wellbeing Strategy, but have taken account of the context of Ministerial priorities and the work required to recover and reset amidst Covid-19. The detailed Commissioning Intentions are also reflective of the Strategic Programme Portfolio which includes Shaping our Future Hospitals, Shaping our Future Communities (@home), Shaping our Future Clinical Services and Shaping our Future Population Health.

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Commissioning Intentions are formally delegated to the Executive Director of Strategic Planning and Commissioning for approval and they are brought to Board for information and to note the development of the commissioning function within the UHB.

A fuller discussion and testing on the approach being taken to the development of the IMTP will take place at the UHBs Strategy and Delivery Committee on the 16th November to ensure, in particular, independent members of the Board are both sighted on the development of the plan and have influence over the areas upon which they feel they need particular assurance.

In summary the IMTP will articulate;

- Four areas of focus for the UHB over the coming three years
- Ten priorities across these areas of focus which demonstrable progress must be made against over the life of the plan
- A range of critical deliverables within these priorities that the UHB will look to deliver.

Appendix A provides more detail on the development of the plan to date including a complete list of the priorities and deliverables referenced above.

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

The Commissioning Intentions aim to establish optimal value from all resources and activity across C & V UHB, and provide the bridge between the Shaping our Future Wellbeing Strategy, current guidance and the three-year IMTP. The Commissioning Intentions have been highlighted as good practice by internal audit and an external consultancy. There are two Commissioning Intentions documents, a two-slide summary intended to highlight the main areas for focus and development and to support communication and dissemination plus an update of the detailed Commissioning Intentions to support the achievement of the strategy.

Appendix B is the summary of the Commissioning Intentions
Appendix C is the detailed Commissioning Intentions document and can be found in the **Supporting Documents Folder** on AdminControl & the Cardiff & Value University Health Board Website.

The Board approved IMTP needs to be both approvable by the Minister and Welsh Government and truly deliverable, not 'over promising but under delivering'. A strategic prioritisation exercise will conclude in early December to ensure the plan meets these criteria. This will ensure the resource implications of the key commitments being made by the UHB in its plan are fully understood and appropriately prioritised and considered.

Recommendation:

The Board is asked to:-

a) NOTE the proposed Commissioning Intentions for 2022/25 as part of the commissioning cycle and to inform the development of the IMTP; and

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b) NOTE the progress with the development of the IMTP and the process for completion and approval before 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:	Not Applicable

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Minutes of the Public Audit Committee
Held on 07th September 2021 at 09:00am – 12:30pm
Via MS Teams

Chair:		
John Union	JU	Independent Member - Finance
Present:		
Mike Jones	MJO	Independent Member – Trade Union
David Edwards	DE	Independent Member - ICT
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Charles Janczewski	CJ	Chair
Catherine Phillips	CP	Executive Director of Finance
Ian Virgil	IV	Head of Internal Audit
Rachel Gidman	RG	Executive Director of People and Culture
Wendy Davies	WD	Deputy Head of Internal Audit
Richard Skone	RS	Consultant
Clive Morgan	CM	Assistant Director of Therapies & Healthcare Sciences
Wendy Davies	WD	Deputy Head of Internal Audit
Geoffrey Wooley	GW	Principal Auditor – Internal Audit
Mark Jones	MJ	Audit Wales Financial Manager
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Observing:		
Marcia Donovan	MD	Head of Corporate Governance
Apologies:		
Stuart Walker	SW	Executive Medical Director
Ceri Phillips	CP	Vice Chair

Item No	Agenda Item	Action
AAC 21/09/001	**Welcome & Introductions** The Committee Chair (CC) welcomed all to the meeting. The Committee noted that Richard Skone was attending for Stuart Walker. The Executive Director of Finance (EDF) noted Rob Mahoney was standing in for Chris Lewis.	
AAC 21/09/002	**Apologies for Absence** Apologies noted from Ceri Phillips & Stuart Walker.	
AAC 21/09/003	**Declarations of Interest** None raised.	
AAC 21/09/004	**Minutes of the Committee meeting held on 6th July 2021**	

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	Mike Jones (MJ) noted page 1 was 6th July not 6th June and asked to be removed from notes as he did not attend the meeting held on 6 July 2021. The Executive Director of People and Culture (EDPC) noted a spelling error in the first sentence of the draft minutes and asked for it to be corrected. **The Committee resolved that:** a) Subject to the above amendments being made to the draft minutes of the meeting held on 6th July 2021, the draft minutes be approved as a true and accurate record of the meeting.	
AAC 21/09/005	**Action log following meeting held on 6th July 2021** 21/04/007 – The Head of Internal Audit (HIA) explained this action relates to a previous request to give assurance around the issue of the nurse staffing act within Mental Health and that he had liaised with the Executive Nurse Director. The position was not likely to change without investment therefore a further review would not identify anything different. The Chair confirmed that the Board were sighted on this. The HIA stated that his action had been completed and should be removed from the Action Log. 21/04/0102 – This action was on the agenda. 21/06/006 – Audit Wales ISA 260 report this action was on the agenda. 21/07/008 – The Committee acknowledged that this action would be brought to the Committee meeting in November 2021.	
AAC 21/09/006	**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 noted.	
AAC 21/09/007	**Internal Audit Progress Reports** The HIA gave an update on the Internal Audit Progress Reports. The key points noted were – - Section 2 of the report had 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.	

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- 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.

The HIA informed the Committee that discussions had taken place with the Corporate Governance Team on the number of areas that Internal Audit had recommended for the tracker enhancements. The Director of Corporate Governance (DCG) commented that the Internal Audit Progress and Tracking report was a very helpful piece of work (i) to move the tracker forward and (ii) to give the Committee assurance. She commented that the majority of actions had been completed on the tracker and that the Health Board was looking to complete the outstanding actions by the end of this year.

The Chair commented that he recognised the work that has been undertaken to develop this tracker. He complimented the DCG and the team. The Committee members all agreed and thanked everyone for their work.

The HIA explained that work was being undertaken with regards to the 5 steps for safer surgery work. He stated that the delay in accessing records had delayed this piece of work.

The HIA highlighted item 6.2 - positive outcome of the work undertaken in relation to section 6.2 of the report and that he had wanted to highlight this at the request of the health promotion team. He commented that his team had been able to give reasonable assurance overall.

The CC thanked the HIA for his help with this piece of work for the Health Board.

The Committee resolved that:

(a) The Committee considered the Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports.
(b) The committee approved the proposed amendments to the Internal Audit Plan for 2021/22.

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AAC 21/09/008	**Job Planning Update** Richard Skone (RS) joined the meeting and highlighted the following around the job planning update – - From the original audit compliance rate had 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 gave 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 31 December 2021 the aim would be to have everyone's job plan uploaded. The EDPC supported the work that had been undertaken and commented that although there was 48% compliance there was still a need to aim for more people to have job planning. RS explained that updates with regards to job planning progress had been sent to the boards and that if anaesthetics come on board, it would help to move a large number of the workforce forward. RS added that it was difficult to advertise for consultants without this. The CC asked if any other Health Boards were looking to this. RS confirmed Velindre NHS Trust, Aneurin Bevan HB & Betsi Cadwaladr UHB had looked at this also and that his team had shared the job planning procedure. The CC thanked RS and team for all this work. **The Committee resolved that:** (a) The proposed recommendation to continue to support the use of e-Job Planning to further increase information available to the Health Board to improve capacity and demand planning and aid the COVID recovery process be approved.	
AAC 21/09/009	**Audit Wales Update** Mark Jones (MJ) gave an update from Audit Wales on 2 papers. The first paper was a routine update. He confirmed that the audit plan would go to Members on 23rd September. There were 5 pieces of work on going, which would be completed in the calendar year.	

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	The Committee resolved that: (a) The update report from Audit Wales be noted.	
AAC 21/09/010	**Audit of Accounts Addendum Report** The second paper was the report which was received in June. The report raised 6 recommendations and reflected well on the accounts which were audited. He stated that 5 recommendations were raised by the IT auditors. DE highlighted a concern that this was raised in a public forum. DE also 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 centres the implementation date was November 2022 but DE asked for clarification on this point. **Action – MJ agreed to take these queries away, to review this with the IT auditor and provide clarification regarding these points.** The CC asked if the Audit Wales update papers were in the public domain. The CC commented that these should be added to the Committee's private session in November. The EDF queried whether this piece of work should be brought to this Committee or the Digital & Health Intelligence Committee. The DCG agreed this should be brought to the Digital & Health Intelligence Committee (DHI Committee) and would make sure DE took these actions to the next DHI Committee and would raise this with Corporate Governance for the next DHI Committee agenda setting meeting. MJ commented that the remainder of the report commented on last year's report. There had been limited progress in the last three years, which had been affected since 2020 by the pandemic; and that the remaining actions would be picked up as part of 21/22 review. The CC thanked MJ for his input.	**MJ**
AAC 21/09/011	**Review of WHSSC Governance Arrangements** The DCG commented that the WHSSC Governance Arrangements had been subject to external review and that 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 commented that the recommendations and responses would not added to the Health Board's tracker but would be tracked through WHSSC Governance arrangements. **The Committee resolved that:**	

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	(a) the proposed management responses of WHSSC and (b) the management responses of the Welsh Government, in response to Audit Wales' recommendations be noted	
AAC 21/09/012	**Review the System of Assurance Strategy** The DCG provided an update to the Committee in respect of the review of the system of assurance strategy. This report had been drafted previously and had been reported to the Management Executive (ME). The ME 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 was already being developed by her team. The DCG further explained the RAG rating was given by the Corporate Governance team and that assurance had 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 was taken to the Board for sign off, approval and then implementation. **The Committee resolved that:** (a) The Committee recommended that the draft Assurance Strategy be presented to Board for approval.	
AAC 21/09/013	**Declarations of Interest and Gifts and Hospitality Tracking Report** The DCG explained the declarations of interest matter was 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 based system was an administrative burden given the need to physically load these from paper to an electronic format. Analysis which showed 1224 (72%) compliance. 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 no interests to declare. The compliance rate was noted as a significant improvement. The ECG explained that this was an annual declaration and numbers did rise at certain points of the year. Her team ask if there had been any changes in employees' declarations of interest and that these are chased up by the Corporate Governance Risk & Regulation team.	

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	The CC asked how, within the Health Board's recruitment process, are employees at band 8a and above, had been made aware of this requirement? The DCG confirmed there's a banner on ESR notifying employees of this. Further, managers ask if staff have made a declaration. The data indicated that this is going well. **The Committee resolved that:** a) The Committee	
AAC 21/09/014	**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 forwards 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. **The Committee resolved that:** (a) The approach taken by the Risk and Regulation Team to the tracking and reporting of compliance with regulatory inspections and recommendations be approved, (b) The assurance provided by the Regulatory Tracker and the confirmation of progress made against recommendations be approved (c) The continuing development of the Legislative and Regulatory Compliance Tracker be noted.	
AAC 21/09/015	**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. The CC asked to what extent have the 19/20 recommendations come down and when would they be completed. The DCG explained that the team were going to undertake the same targeted piece of work again. The HIA & Wendy Davies (WD) had set up regular meetings to give support to Corporate Governance. Going forward, the DCG commented that her team would do more assurance work and would look to build into a regular process. The CC noted the work undertaken and that the number of recommendations to be implemented had come down and thanked the Corporate Governance for their work.	

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	The Committee resolved that: (a) Noted the tracking report for tracking audit recommendations made by Internal Audit. (b) Noted and assured by the progress which has been made since the previous Audit and Assurance Committee Meeting in July 2021.	
AAC 21/09/016	**Audit Wales Tracking Report** The DCG updated the Committee with regards to the Audit Wales tracking report. Since the last meeting 9 recommendations had been completed and 10 were partially completed The CC commented that whilst the numbers were low, it was good to see assurance. The Committee agreed that the Audit Wales tracker should continue to be developed. **The Committee resolved that:** (a) Noted and received assurance from the progress which has been made in relation to the completion of Audit Wales recommendations. (b) Noted the continuing development of the Audit Wales Recommendation Tracker.	
AAC 21/09/017	**Internal Audit reports for information:** **Assignment Assurance Rating** 1. Legislative, Regulatory & Alerts Compliance 2. Healthy Eating Standards – Hospital, Restaurant & Retail Outlets 3. Cancellation of Outpatient Clinics Follow-up (Mental Health Clinical Board) 4. Ultrasound Governance (Clinical Diagnostics and Therapeutics Clinical Board) WD explained these were undertaken as a request from the 19/20 internal audit plan. There were 5 recommendations, 2 of which were high priority. These highlighted the current governance arrangements. 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.	**-**

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	- The team would be developing an annual audit plan and would work with digital to get an electronic version. - Recommendation 3 – this had been completed. - Recommendation 4 was noted and 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. The Chair queried if there was a timescale for a revisit of internal audit to move to a reasonable rating. CM explained the internal audit were developing the annual audit template and anticipated this would go live in March 2022., that they wanted to ensure sufficient time to review and that they were are not familiar with all risks that had been highlighted. CM also explained that a follow up piece of work would be built in a follow up and that this would be undertaken around March 2022, but this could have an impact due to year end. CM said that a catch up would take place in January / February to identify when would be best to do this follow up. The CC added that patient safety was paramount and emphasised the need to ensure that this piece of work was built in and agreed. There were a lot of positives in the report. CM agreed to pick this matter up with the HIA in January 2022. The CC thanked CM for attending and giving the assurance. **The Committee resolved that –** (a) Noted the tracking report for tracking audit recommendations made by Internal Audit. (b) Noted and be assured by the progress which has been made since the previous Audit and Assurance Committee Meeting in July 2021.	
AAC 21/09/018	**Items to be deferred to Board / Committee** DE agreed to link with DHI Committee.	
	Date and Time of Next Meeting: To note the date, time and venue of the next Committee meeting: **Tuesday 9th November 2021 at 9.00am**	

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CONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE HELD ON 29th SEPTEMBER 2021 VIRTUAL MEETING via TEAMS

Present:

John Union	JU	Independent Member – Finance (Chair)
Charles Janczewski	CJ	Board Chair
Abigail Harris	AH	Executive Director of Strategic Planning
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Caroline Bird	CB	Acting Chief Operating Officer
Catherine Phillips	CP	Executive Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People and Culture
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Executive Medical Director

Secretariat:

Paul Emmerson	PE	Senior Finance Manager

Apologies:

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
David Edwards	DE	Independent Member – Information Communication & Technology

FC 21/09/001	**WELCOME AND INTRODUCTIONS** The Chair welcomed everyone to the meeting.	**ACTION**
FC 21/09/002	**APOLOGIES FOR ABSENCE** Apologies for absence were noted.	
FC 21/09/003	**DECLARATIONS OF INTEREST** The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 21/09/004	**MINUTES OF THE COMMITTEE MEETING HELD ON 25th AUGUST 2021**	

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	The minutes of the meeting held on 25th August 2021 were reviewed and confirmed to be an accurate record. **Resolved – that:** The minutes of the meeting held on 25th August 2021 were approved by the Committee as an accurate record.	
FC 21/09/005	**ACTION LOG FOLLOWING THE LAST MEETING** There were no outstanding actions.	
FC 21/09/006	**CHAIRS ACTION SINCE THE LAST MEETING** There had been no Chairs action taken since the last meeting.	
FC 21/09/007	**FINANCIAL PERFORMANCE MONTH 5** The Deputy Director of Finance indicated that the Committee would be provided with a summary of the key points within the Month 5 Finance Report and also updated on issues arising since month 5. At month 5, the UHB had reported an overspend of £0.091m against its plan. This reflected the operational performance of the UHB and the UHB continued to forecast a breakeven position at year-end. The position 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 had incurred gross expenditure of £41.744m relating to the management of COVID 19 to month 5 and these costs were matched by additional COVID 19 allocations. The key issues outlined in the Executive Director Opinion were as follows: • The 2020/21 non delivery of savings is supported by Non Recurrent COVID funding in 2021/22. • The UHB's financial position had moved from a reported surplus of £0.260m at month 4 to a deficit of £0.091m at month 5. Further review and asssurance would be required in order to ensure that the broadly balanced position is maintained. • At month 5 , £14.857m Green and Amber savings had been identified against the £16.000m 2% savings target. Further progress was required with a focus on recurrent schemes where the shortfall against the recurrent target had narrowed in month from £5.935m to £4.466m in month. Moving onto the Finance Dashboard, the Deputy Director of Finance confirmed that two of the key indicators remained RAG rated as red. Both of the measures were linked to the delivery of the recurrent savings target, being the maintenance of the underlying deficit and delivery of the recurrent savings target. It was noted that performance against the Creditor Payments	

Saunders Natalie (RJ)
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compliance target had improved in month, this measure remained rated as amber, as performance was 93.8% against the 95% 30 day target .

Table 5 analysed the year to date variance between income, non pay and pay. The reported operational deficit of £0.091m at Month 5 was made up of an overspend of £0.295m and £2.835m against income and non pay respectively and that this was offset by a £3.038m underspend against pay. The in month operational overspend was £0.351m. COVID expenditure variances at month 5 generally followed the trend set in months 1-4.

It was noted that the loss of Dental Patient Charges income as a result of reduced activity during the pandemic was common across Wales. In addition, it was reported that the majority of additional pay costs arising as a result of COVID were incurred in the Medicine Clinical Board and in PCIC where a number of the national programmes were managed.

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

The projected breakeven year end position assumed that the local response costs would be funded in line with the expenditure forecast, that national programmes would be funded on an actual basis and that other programmes would be funded in line with plans.

The Independent Member (Finance) - JU queried if the response funding assumed for the remainder of the year would be allocated in line with the forecast rather than on the fair shares formula which had underpinned the allocation for the first part of the year. In response the Deputy Director of Finance confirmed that Welsh Government had indicated that the 2nd tranche of funding was expected to be actioned based on UHB forecasts.

It was noted that a further £0.8m funding was confirmed in respect of Same Day Emergency Care (SDEC). In addition to this. the Committee was informed that since month 5 reporting, that the UHB had been notified that it would be allocated a further £11.536m of recovery funding in respect of the 2nd tranche of submitted bids. This allocation was in addition to the £13.660m of recovery funding already confirmed in respect of the first tranche of bids.

Referring to the confirmed recovery allocations the Independent Member (Finance) - JU asked if there was now any residual risk in respect of the recovery schemes that the Committee had previously advised had been progressed at risk. The Acting Chief Operating Officer responded and indicated that the UHB now had enough flexibility to mitigate any risks in year and that the UHB was continuing to discuss the recurrent resource implications of recovery schemes with Welsh Government.

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Reporting on Clinical Board performance, the Committee was informed that delegated budgets were £2.210m overspent for the 5 months to the end of August 2021 and this was largely offset by a £2.119m underspend against

	Central budgets. It was reported that there was variation in Clinical Board financial performance, however the current overall UHB overspend was within the tolerable levels to enable the UHB to deliver break even. The Deputy Director of Finance indicated that an additional £1.684m savings schemes had been identified in month which left the UHB with a further £1.143m of schemes to identify to meet the £16.000m savings target. Turning to the recurrent target it was highlighted there had been progress in closing the target from £5.9m to £4.5m in month. The Independent Member (Finance) – JU asked whether further progress was expected and in response, the Acting Chief Operating Officer indicated that discussion with Clinical Board Directors of Operations were continuing to focus on the identification of savings in the remainder of the year and particularly on the ongoing maintenance of the red pipeline. The Deputy Director of Finance also added that the Expenditure Reductions due to COVID 19 were available to the UHB to offset in year operational pressures, although it was noted that the reductions in expenditure were non recurrent. It was noted that the public sector payment compliance had improved marginally to 93.8% in month and was still below the 95% target. The Committee was informed that this was not a statutory target and that the UHB worked jointly with NHS Wales Shared Services Partnership (NWSSP) in the delivery of the target. Finally, the Deputy Director of Finance indicated that progress against the £33.9m capital plan was satisfactory and the Finance Committee was advised that the UHB expected further capital funding to be approved to support Covid Recovery Schemes The Executive Director of Finance picked up on some issues raised in the report and emphasized that further progress to close the £4.5m gap against the recurrent savings target was required to avoid a deterioration in the underlying deficit. In addition, the Finance Committee was advised that the UHB expected to have further clarity on the coverage provided by additional COVID allocations at month 6 and that the availability of funding provided to Local Authority partners for social care would in turn have an impact on the flow of patients through hospitall beds. **Resolved – that:** The Finance Committee **noted** the gross month 5 financial impact of COVID 19 which is assessed at £41.744m; The Finance Committee **noted** the additional Welsh Government COVID 19 funding of £41.744m assumed within the month 5 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 overspend of £0.091m at month 5 due to operational overspend;	

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	The Finance Committee **noted** the forecast breakeven which is consistent with the revised financial plan submitted to Welsh Government at the end of June and assumes additional funding of £138.935m 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; 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** that the UHB has proceeded at risk with COVID recovery schemes in lieu of confirmation of additional Welsh Government funding and that the associated costs will need to be managed 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 which required the identification of a further £4.5m savings schemes.	
FC 21/09/008	**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 remained 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 COVID response and recovery funding risks remain rated as **High** and that this was expected to be reviewed at month 6 following Welsh Government funding confirmation. **Resolved – that:** The Finance Committee **noted** the risks highlighted within the 2021/22 risk register.	
FC 21/09/009	**MONTH 5 FINANCIAL MONITORING RETURNS** These were noted for information.	

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FC 21/09/010	**ITEMS TO BRING TO THE ATTENTION OF THE BOARD** There were no items to being to the attention of the Board.	
FC 21/09/011	**DATE OF THE NEXT MEETING OF THE COMMITTEE** **Wednesday 27th October 2.00pm; Virtual Meeting via Teams**	

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Minutes of the Strategy & Delivery Committee
Held on 14th September at 09:00 – 12:30
Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member - Legal
Present:		
Gary Baxter	GB	Independent Member - University
Sara Moseley	SM	Independent Member - Third Sector
Ceri Phillips	CP	Vice Chair
Rhian Thomas	RT	Independent Member - Capital & Estates
In Attendance:		
Charles Janczewski	CJ	Chair
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People & Culture
Fiona Kinghorn	FK	Executive Director of Public Health
Ruth Walker	RW	Executive Director of Nursing
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CPH	Executive Director of Finance
Caroline Bird	CB	Deputy Chief Operating Officer
David Thomas	DT	Director of Health & Digital Intelligence
Emma Cooke	EC	Head of Therapies
Hayley Dixon	HD	General Manager ENT, Ophthalmology & Dental
Sharon Beatty	SB	Primary Care Optometric Advisor
Clare Elizabeth Evans	CEE	Head of Primary Care
Gareth Bulpin	GB	Technical Development Manager - IM & T
Victoria Legrys	VL	Programme Director – Strategic Planning
Adam Wright	AW	Head of Service Planning
James Gibbons	JG	Head of Learning, Education & Development
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Steve Curry	SC	Chief Operating Officer

Item No	Agenda Item	Action
SDC/21/09/001	**Welcome & Introductions**	
SDC/21/09/002	**Apologies for Absence** Apologies were noted from Steve Curry & Jane Moore	
SDC/21/09/003	**Declarations of Interest** The Independent Member for University (IMU) declared an interest for working with the Ophthalmology school in Cardiff University.	
SDC/21/09/004	**Minutes of the meeting held on 13th July 2021**	

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	The Committee Chair (CC) raised a comment in relation to the Welsh Language point referred to on page 5 of the previous minutes and queried what progress had been made regarding the Welsh Language Standards in relation to the Health Board's website. The Executive Director of People & Culture (EDPC) responded that she had discussed the matter with the Communications team, that circa 1500 pages had been translated and that she anticipated that the remaining 1800 or so pages would be completed by October. The Chair explained that the Minister was keen for this to be done as soon as possible in order to better promote the Welsh Language. The Independent Member for Third Sector (IMTS) referred to the previous minutes and queried if any progress had been made with regards to specifying Welsh as an essential criteria for certain jobs. The Executive Director for People and Culture (EDPC) said she recognised the importance of the Welsh Language in the workplace and the importance of building this into the recruitment process. She commented that the Health Board was reviewing those jobs where the Welsh Language could be viewed as an essential criteria The CC added that limited assurance had previously been given on this matter and hence he recommended that the matter should be brought back to the next Committee meeting for an update. The EDPC explained that the Health Board should comply with 120 standards and that currently the Health Board had complied with 70. The Director of Corporate Governance recommended that the Welsh Language should be added into the Health Board's internal audit tracker for tracking and review. The Executive Director of Public Health (EDPH) stated that were some minor changes to wording on page 8 should be made. It was agreed that the EDPH would follow this up in an email to the Corporate Governance team. **The Committee Resolved that:** a) Subject to the EDPH's minor amendments to page 8, the minutes of the meeting held on 13th July 2021 be approved as a true and accurate record of the meeting.	
SDC/21/09/005	**Action log of the meeting held on 13th July 2021** The EDPC explained that:- Action Number 21/05/012 - further work was being carried out in relation to well-being and recommended that this action should be brought back to the next Committee; and	

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	Action Number 21/07/010 – she required further clarity with regards to this action and would report back and update the DCG before the next Committee. **The Committee Resolved that:** a) The Committee action log updates from13th July 2021 were noted.	
SDC/21/09/006	**Chairs Action taken following meeting on 13th July 2021** No chairs actions had taken place since the previous meeting.	
	Items for Approval	
SDC/21/09/007	**Policies for approval:** **NHS Wales Secondment Policy** The EDPC explained that this draft policy has been reviewed and amended with some minor changes. **The Committee Resolved that:** a) The revised NHS Wales Secondment Policy be formally adopted.	
	Items for Review and Assurance	
SDC/21/09/008	**Shaping Our Future Wellbeing Strategy (SOFW) Update :** **(a) Flash Update – Strategic Programme** The Executive Director of Strategic Planning (EDSP) provided an update. Overall, an architecture of where the programmes fit had been developed which included the following matters: - The governance structure for the four key programmes had been refined as set out in her covering report. Most of these recovery programmes had a green status. - Scoping work carried out last year identified the level of programme capacity and resource. However, not all resources were in place yet. - Shaping Our Future Hospitals (SOFH) programme – this had a red status. The programme business case (PBC) had previously been taken to Welsh Government. There was more work to be done and the aim was to submit the PBC to Welsh Government for approval before Christmas. - Additional resources were being sought for both Clinical and the Transformation programme. - The At Home programme was on course and had a green status. There was not a formal report on Population Health. The Executive Director of Public Health (EDPH) would look at this. The Independent Member for the Third Sector (IMTS) noted that the covering report and attached appendices captured the current position	

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	in a clear way. She queried if the current level of resource was as expected and/or required. She also queried what engagement had been carried out with clinicians - that is, how a way could be found to allow specific clinicians to be freed up from their day jobs so that they could feed into these programmes. The EDSP explained that her team were working closely with the recovery team and funding was available for the next 2 clusters. This was key to how the team transform delivering services. The pressure from the emergency care system was intense, but staff still wanted to be involved with developing the future system. A high number of clinicians attended the workshop for the proposed UHW 2. This was important because there was little point in developing a model which could not be delivered. The Vice Chair (VC) asked if there was an update with regards to SOFH meeting in August. The EDSP confirmed that she had received feedback from WG, her team had intended to submit the revised programme business case to Welsh Government in early October. Once Welsh Government have endorsed the PBC the Health Board would be able to more to the next stage and work through and test the realistic options. The Chair mentioned that the Shaping our Future Hospitals business case was raised at his appraisal with the Minister. He reminded the Committee that the Shaping our Future Hospitals programme would bring significant economic benefits across Wales and not just in Cardiff & the Vale. The independent Member for Estates (IME) flagged the importance of meeting the projected targets over the next 2 weeks. The EDSP explained that the flash report indicated this work was still maturing and that the IMTP would connect the narrative from the programmes and tease out the milestones. The Chair said that he liked the flash report as it kept the Committee aware of the broader issues. He commented that the milestones should be SMART and that there was scope for this Committee to look at the recovery plans. He added that he was not convinced that the recovery programmes were being appropriately monitored and that the Board should have an overview. The Executive Director of Public Health (EDPH) commented that she was undertaking work with regards to future Population Health and would report the outcome to Board... The Deputy Chief Operating Officer (DCOO) stated that she echoed the EDSP's comments. The first portfolio board meeting had taken place. The flash reporting had been utilised for the recovery programme and a dash board was being developed. It was in a draft format and she suggested that it would be good to bring an update to the next meeting.	

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	The Independent Member for University (IMU) queried how the Health Board was capturing stakeholder engagement in the various strands. The IMU commented that on a recent patient visit to a ward he had wondered how the design would link to the new hospital. There would need to be ample opportunity for staff to engage in the programme. He therefore suggested that stakeholder engagement, including staff engagement, was also captured in the flash report. The EDSP said this is one item that had not been highlighted in the progress report. She commented that despite no agreed funding from Welsh Government for SOFC business case, the Health Board had decided to progress with this piece of work and recruit new members of staff. The EDSP commented that the design of the new proposed hospital should have regard to the importance of how the space feels, access to fresh air, day light and temperature control, space for staff to have down time, and include an area for patients to start rehabilitation on a ward. The EDSP added that the current UHW had been developed at a time when healthcare provision was very different. She commented that one of the Clinical Board directors would be joining the UHW 2 project. The IMTS added that it was reassuring to hear that clinical views were being captured and stressed the importance of undertaking key stakeholder engagement with regards to the Home/Shaping our Future Community Services programme. **The Committee Resolved that:** **a)**The updated governance framework was noted; and **b)** The progress and risks described in the Programme Portfolio Flash Report were noted.	
SDC/21/09/009	**Shaping Our Future Clinical Services Rehabilitation Model Implementation Update** Emma Cooke (EC) presented to the Committee and provided the following information:- - Rehabilitation was a key priority programme. - An audit had taken place to develop the programme and a “living well” programme in partnership with the college. - 7 work streams had been identified. - Specific work in relation to trauma- had been undertaken. - A workshop had taken place in July to consider the model and four tiers were identified:- Tier 1 - “using community assets”. Tier 2 - “people helping themselves”. Tier 3 - “support met be well”. This was likely to be group based. Tier 4 - “working with me to be well” - (1 to 1 complex interventions to be professionally led). - Every service should have tier 1 – 4 offering	

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- With COVID recovery money, the team had recruited staff for the “living well” programmes to help people with chronic conditions.
- Health Board staff and leisure staff would be given training together, given that the teams would be co-delivering in leisure.
- the main point was to move away from the bio-medical model and be more individualised to enable people who lived with chronic conditions better access to resources, and to reduce the over medicalisation.
- The team were looking at a number of programmes aimed at providing patients with the ills and information to enable them to decide about their well-being.
- The presentation provided an overview of how the programmes would look.
- The team were continuing to keep the “keeping well” website up to date.
- Some services had been migrated to the digital platform.
- Cancer rehabilitation – a team had been recruited and an agreed model of care has been put in place.

The EDPH commended the fantastic work and the systematic approach undertaken.

The IMTS noted that this was a moving piece of work and that it would be helpful, to put this into context, to see how many people in Cardiff and Vale were living with chronic conditions. She also queried what were the motivational elements that could be built into the programme.

EC responded that all staff were receiving training with regards to motivational interview skills, self-management and well-being skills.

The IMTP noted that mental health and long-term conditions had a strong link. She suggested that the team considered how sending encouraging messages could be built into the programme. EC confirmed that this was being built into the website.

The Vice Chair (VC) was interested to know how the team identified the scope of people who would be impacted and would benefit by this programme. In a project like this the team would need to monitor and manage the same over a long term period and hopefully it would lead to less medical intervention.

The Chair thanked EC for the presentation. He also queried whether the work being undertaken in partnership with the local authorities needed to sit with the Regional Partnership Board and/or Public Service Boards? He commented that there could be some economic benefits and that these routes should be explored as this issue was not just a health issue.

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The EDPH highlighted that this programme should not be seen on its own and that the “move more, eat well” aspects should link up with other programmes.

	The Committee Resolved that: **a)** The content of the Shaping Our Future Clinical Services Rehabilitation Model Implementation Update was noted.	
SDC/21/09/010	**Shaping Our Future Clinical Services Update** Victoria Legrys (VL) gave an update from the last 6 months of the programme and she provided comment on the following:- • The programme related to the design and transformation of clinical pathways. • A lot of work in relation to ophthalmology had been carried out. • The team had focussed on how to transform clinical pathways and meet the future demands of the Health Board's population. • The team had tested the case for change and the public engagement undertaken had identified a need to transform clinical services. • The "start well, live well, age well" theme had been used. • Staff working in the services were involved in the programme. • The key themes noted from the engagement undertaken were – • Digital transformation • Workforce VL commented further that: • Work was being carried out in relation to vascular transformation with major trauma identified as the next area of work. The team had delivered clinical strategy workshops. Feedback received from these workshops was very positive. • During the last 12 months, the team had met with every Clinical Directorate team to discuss and identify areas for change and those areas where support was needed. • The team had recognised the importance of adopting a collaborative approach and had worked with external companies and utilised links with the Local Public Health Team. • The team should identify resource and champions across the Health Board. The CC thanked VL for the work undertaken by her team and asked who signed off the vascular work. . VL confirmed that this was a regional programme across Cardiff & Vale, Aneurin Bevan, and Cwm Taf Morgannwg & Powys, and that a report had been taken to all four Health Boards. She confirmed that the business case had been signed off by the collaboration programme board. The IMU recognised there was a need to transform clinical services before the new hospital could be developed. He also stated that no-one should under estimate the scale of what needed to be achieved to deliver this programme. The IMU also queried how progress be measured in a complex programme like this. He noted that one of the	

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	consultation quotes was 'I don't mind being on a waiting list, as long as I am told'. He asked would be changed to ensure that the Health Board was telling people they were on waiting lists. The DCOO acknowledged that some work was required with regards to communicating with patients. There were several communications with texts / letters with our longest waiting patients. This was in progress and would continue to progress when the resources were in place. **The Committee Resolved that:** a) The content of the Shaping Our Future Clinical Services Rehabilitation Model Implementation Update report was noted.	
SDC/21/09/011	**Specialist & Tertiary Services Strategic Plan Update** The Chair noted that all members of the Committee had read the covering report included in the Committee papers and that no queries or comments were raised in connection with the same. **The Committee Resolved that:** a) The update from the Regional and Specialised Services Provider Planning Partnership was noted.	
SDC/21/09/012	**People & Culture** The EDPC commented that her team had drafted a people and culture plan, which included the theme of staff well-being. James Gibbons (JG) gave a presentation to the Committee which captured the following:-. - A new programme was established in June 2019 and all managers were expected to use this programme. - The new process had (I) made staff feel more valued, (ii) helped with retention of staff. And (iii) helped to identify talented staff in the organisation. – It was recognised that undertaking staff appraisals would help with delivery across the Health Board. Appraisal linked to pay progression and applied to all staff under Agenda For Change. - A decision was made to reinstate the pay progression from 1st October 2021. The team had advised managers that staff appraisals should take place roughly 3 months before that date. - The team had put a plan together to feedback on some of the recovery phase. - It was anticipated that some of the digital offerings would help with training. The team were looking to simplify the paperwork and offer a simple approach. - The team were using targeted campaigns.	

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	- ESR would allow the team to quantify and shape the learning needs for the Health Board's staff. The EDPC added fire training was one of the statutory requirements and that a new campaign with the fire officers had been initiated to progress training in this area. JC commented further that:- - A plan was being developed to ensure the work place is safe for staff and patients. The team was actively targeting those departments which need to move forward in this regard. - With regards to eLearning the team know IT is a barrier and was working with departments to ensure all staff have access to a computer to complete any required learning. The EDPC presented the cultural showcase update to the Committee **The Committee Resolved that:** a) The update given in relation to VBA Campaign Presentation and the Cultural Showcase was noted.	
SDC/21/09/013	Performance Reports **(a) Workforce Key Performance Indicators** **(b) Organisation Key Performance Indicators** The Deputy Chief Operating Officer (DCOO) noted that the Committee members had read the covering report and highlighted the following matters:- - Planned care - the team had achieved the 70% commitment and were on track to achieve the 80% commitment at the end of the quarter. - - Improvement made with regard to cancer and compliance with single cancer pathway. - Highlighted the exceptional operational pressures that exist at present together with the challenges being faced. The IME noted that it was helpful to understand the context within which the Health Board was facing the issues and why the numbers have jumped up. The DCOO responded in the following terms: - - patients were waiting longer in the department because of the COVID	

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- The operational team was concerned with poor patient experience.
- There were a range of actions being put in place, in particular with regards to winter planning.
- During COVID a site based leadership model had been put in place but her team had now looked at how the leadership team could work across the whole system.

The IME questioned what impact this was having on planned care.
The DCOO confirmed that whilst the unscheduled care pressures were very challenging, the Health Board had not suspended elective surgery.

The IMTS noted there was a balance and was pleased that the leadership model was being reinstated. She had attended a patient safety visit and queried if social care played a larger part of this and queried where the increased demand was coming from. The DCOO responded that, in the overall system, it was the inability to maintain a timely discharge. The demand had increased since COVID.

The Chair asked for an update in respect of the mental health performance figures. Particularly in relation to CAMHS.
The DCOO explained that the COO has been working with the mental health team, in particular with CAMHS. The team were working with CAMHS and good traction was being made.
The Chair queried if it would be useful for this Committee to receive the report from the Minister. The Committee members all agreed.

The DCOO commented that at the last S&D meeting a request had been made for more information with regards to Optometry and eye care. She then introduced Hayley Dixon (HD), Sharon Beatty (SB), Clare Elizabeth Evans (CEE) & Gareth Bulpin (GB). .

CEE gave the Committee some context from the last 18 months. This included:-

- Optometry in primary care had direction from Welsh Government primary care and had to work in a red phase. The team had to set up dedicated centres and were triaging and only seeing emergency patients.

- As part of this phase, eye care in the hospital were going through similar issues.

- Independent prescribing was set up in primary care. Vulnerable patients were able to be seen. Even though practices were then opened, social distancing was still in place and numbers were limited. Glaucoma treatment centres were open. Through all of this phase, the optometrists were part of the mass vaccination roll out.

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CEE discussed the slides on activity for pre-pandemic and where the team were now.

SB explained the following: -

- Optometry had 4 independent prescribing practices. The plan would be to continue for more prescribers to join the service.
- The team had been working with Cardiff University.

- With recent funding, the glaucoma service was to be expanded...

HD commented that the team managed eye patients by risk rating – R1, R2 & R3. R1 was for the most urgent cases. Optometry had to report to Welsh Government every month. Optometry had been fortunate to get some additional funding from Welsh Government.

SB said that the team had been supporting optometrists to get extra qualifications. Originally, it started with 2 placements in 2018. Further discussions had taken place with colleagues and this year there would be 20 placements in Cardiff & Vale.

HD commented that, Optometry was looking to have highly qualified optometrists working 20 sessions in clinics each week. The team would continue to provide the unscheduled care within primary care.
.

The DCOO thanked the team for their work and said that this was a great example of how teams can come together to transform a service and move care closer to home and be supported by a digital enabler.

GB added that cultural change was the biggest factor, that is moving from the paper world to the digital world, and thanked the team for all the hard work that had been done.

GB had a close association with the school of optometry and declared an interest. He commended the work and the uplifting presentation. He queried the following: --
(I) whether this was different or above and beyond that which was already happening in post graduate optometry work and was the assumption that this would be the new model for optometrists. He also asked to what extent would this development would be built into the undergraduate programme so newly qualified people come up skilled in order to maintain the sustainable clinical deliver.

SB confirmed that higher Education Inspectorate Wales (HEIW) were trying to spread the optometrists per cluster and until a student had completed the clinical placement, the student could not be signed off. She added that Cardiff University were looking to redevelop their undergraduate course.

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The Committee Resolved that:

	a) The year to date position against key organisational performance indicators for 2021-22 but in the context of prevailing operating conditions was noted.	
SDC/21/09/014	**Emerging thinking for developing care at a System Level** The DCOO introduced Adam Wright (AW). AW delivered a presentation on behalf of the COO and included the following points • The presentation provided a follow up to the progress that had been made in relation to CAV 24/7. • Historically there had been an inpatient reliable system and the plan was to move to a primary care led system. • It was important to have an alternative to hospital admission and to reduce re-admission. • There were 9 well-established streams of work. Much of the work had been carried out under in the unscheduled care programme. • AW gave the Committee a brief reminder of the background to CAV 24/7 which included the following points: • CAV24/7 was established as a pathfinder scheme for unscheduled care; • It was a forerunner for much of the work being undertaken via NHS 111; • It was set up for urgent care not a medical emergency; and • It was set up to help with overcrowding in A&E during COVID. AW provided further comments as follows: - • A large amount of activity had gone through CAV 24/7 in recent months which had impacted upon the number of patients being treated. • Triage was challenging but the service was doing well to meet the demands. • It was important to improve care packages and end of life care. • Efforts were being made to secure funding from Welsh Government for an assessment unit. • Delivery of unscheduled care was not linear. Many projects were up and running. • In summary CAV 24/7 was a key enabler. There are a number of projects which had aligned and a lot of work was being undertaken to ensure good governance.	

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	The DCOO touched on the different priorities the team were undertaking and commented that there would be other plans and that this matter would be an evolving picture. The Chair thanked AW for the presentation. He commented that a lot of the projects mentioned in the presentation had made no reference to how they were being supported. AW said that the presentation was to give an overview of how CAV 24/7 was developing, how the other many projects were being delivered at speed and how the emerging plans for unscheduled care was coming together. The DCOO noted that there were 3 key enablers, namely: – • Digital • Workforce • Estates The DCOO commented that ME & Board support had been offered. Further, that since COVID, there are some processes that have led to a longer lead time. In general, the provision of unscheduled care was improving. **The Committee Resolved that:** a) The opportunity for unscheduled care redesign that is afforded to the UHB through the success of CAV 24/7 was noted. b) The significant ongoing work underway across a multitude of strategic and operational priorities was noted.	
SDC/21/09/015	**Board Assurance Framework** The DCG gave a brief summary of the Board Assurance Framework, noting there were 7 risks associated with the Strategy and Delivery Committee and stressed the importance for the Committee to maintain sight of the risks. **The Committee Resolved that:** a) The risks in relation to Sustainable Culture Change, Inadequate Planned Care Capacity and Reducing Health Inequalities were reviewed to provide further assurance to the Board.	
SDC/21/09/016 Saunders,Nathan 11/17/2021 15:57:57	**Q1 RPB Funding Stream updates** **The Committee resolved that:** **a)** Noted for information the Q1 report on all short-term funding streams hosted by the UHB on behalf of the Regional Partnership Board, together with the summary of RPB discussion at its last meeting in July 2021.	

SDC/21/09/017	**Review of the Meeting**	
SDC/21/09/018	**Date & Time of Next Meeting:** Tuesday 16th November 2021 at 09:00am Via MS Teams	

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CONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE
27 JULY 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		
Janice Aspinall	JA	Safety Representative RCN
Rachael Daniel	RD	Health and Safety Advisor
Marcia Donovan	MD	Head of Corporate Governance
Stuart Egan	SE	Staff Safety Representative
Nicola Foreman	NF	Director of Corporate Governance
Stephen Gardener	SG	Head of Estates & Facilities
Rachel Gidman	RG	Executive Director of People & Culture
Robert Warren	RW	Head of Health and Safety
Secretariat		
Nathan Saunders	NS	Corporate Governance Officer
Apologies		
Fiona Kinghorn	FK	Executive Director of Public Health
Geoff Walsh	GW	Director of Estates, Capital and Facilities

HS 21/07/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting including Wendy Wright, the Deputy Head of Internal Audit who was in attendance to observe the meeting.	**Action**
HS 21/07/002	**Apologies for Absence** Members noted apologies for absence. The Independent Member – Estates (IME) advised the committee that they would need to leave at 10am for 15 minutes but would return. The Independent Member – Legal (IML) joined the meeting at 10am.	
HS 21/07/003	**Declarations of Interest** No declarations of interest were noted.	

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HS 21/07/004	**Minutes of the Committee Meeting held on 30 March 2021** The minutes of the Committee Meeting held on 30 March 2021 were received. **The Committee resolved that:** a) The Committee approved the minutes of the meeting held on 30 March 2021 as a true and accurate record.	
HS 21/07/005	**Action Log following the Meeting held on 5 January 2021** The action log was received and the Committee noted the actions that were on the agenda for discussion.	
HS 21/07/006	**Chair's Action taken since last meeting** No Chair's Actions were noted.	
HS 21/07/007	**Health & Safety Overview – Verbal Update** The Health and Safety overview verbal update was received. 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). It was noted that support had been given from the Director of Corporate Governance (DCG) and her team around the governance of Health & Safety. The HHD advised the Committee of actions that had been implemented since the last meeting. This 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.	

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	• The H&S Team now had their own branding and logo to improve H&S visibility. The HHS advised the Committee that prior to his appointment there was a manual handling link worker scheme which had now been stopped and replaced with a competency workplace assessor scheme. It was noted that it was similar to the link work scheme whereby it would allow staff members who had been trained to go to their Clinical Board directorates and assist with the manual handling programme. It was noted that in the long term, it would provide a better quality assurance for manual handling. The HHS advised the Committee 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. • 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. The HHS advised the Committee that the manual handling team were currently supporting several major projects around CVUHB which included: • End of life care in the community. • Day surgery theatres.	

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	• Mortuary project. It was noted that the team would be involved at the start of the projects rather than at the end to put things in place. The HHS advised the Committee that Albacmat training had been completed. It was noted that bariatric patients had been identified as a manual handling concern and that the manual handling team had organised a pilot and demonstration of new specialist equipment which had been well received. It was noted that in relation to case management the H&S team had looked to push the obligatory responses to violence and highlighted that CVUHB were pushing the no violence against staff agenda significantly. Reference was made to the Welsh Health Circular issued in May 2021 relating to this issue. It was noted that in relation to DATIX, a new reporting system would be implemented in CVUHB. This would improve the reporting and investigation process. The IME asked if the H&S dashboard would be brought to a future Committee meeting and asked if there were any areas that the Committee should be most concerned about. The HHS responded that the dashboard would be brought to the next meeting and mentioned that one of the biggest issues in H&S at the moment was contractor management. The HHS said this was being worked through and highlighted that the he had worked with the DCG, the EDPC and the Head of Estates & Facilities (HEF) as a task group to take forward recommendations. The IME asked the DCG if, in terms of assurance framework, H&S Committee had risks as a subset to the overarching risks. The DCG responded that H&S did not have a separate risk register but noted that the HHS was working on that with her team. It was highlighted that a separate risk register had not been done in the past, but once completed and scored appropriately, the risks that were over 20 would be added to form part of the Corporate Risk Register which would be viewed by the Board. The CC asked the HHS what the H&S dashboard would show initially.	

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	The HHS responded that it would demonstrate areas of opportunity for improvement and could directly pin point areas that needed additional training. The EDPC added that as the dashboard matured it would then enable the H&S team to triangulate it with the workforce matrix. It was noted that the intent was that the dashboard would go to the Management Executives monthly. **The Health & Safety Committee resolved:** a) The Health & Safety Overview was noted.	NS
HS 21/07/008	**Priority Improvement Plan Update – Verbal Update** The Priority Improvement Plan update was received. The HHS advised the Committee 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 HHS advised the Committee that he had taken all of the priorities out of the review and would be scoring them against the CVUHB risk register as opposed to the current traffic light system. **The Health & Safety Committee resolved:** a) The Priority Improvement Plan Update was noted.	
HS 21/07/009	**Fire Enforcement Report** The Fire Enforcement Report was received. The HEF advised the Committee that he would take the report as read but wanted to highlight the four areas under the Executive Director Opinion / Key Issues which included: • 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	

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	not be a continuing trend as more and more people visited the various health care sites. The HEF advised the Committee that the Fire Risk Assessments and Annual Audit currently had 8 assessments overdue and 9 ward-based assessments that had been put back due to COVID-19. It was noted that there was still an issue around compliance on fire safety training and the HEF advised the Committee 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. It was noted that the one enforcement notice around the infrastructure had now been lifted and that the Clinical Board was working hard around the policy enforcement notice. The HHS advised the Committee that 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. The DCG asked if there had been a timescale given upon receiving the enforcement notice and if there was a timescale for them to get that removed. The HHS responded that a timescale had been provided and had been responded to within that timescale. It was noted that the invite to the SWFRS to review the changes made in response to the enforcement notice would be sent out this week. The HEF advised the Committee that there had been issues around areas such as fire doors being broken and noted that these had been rectified. However he added that it provided a challenge when areas had been damaged following the fire safety team's inspection. The HHS advised the Committee that the enforcement notice received around the policy had been more towards the control measures in place to control ignition sources and noted that	

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	work had been done, and, reaffirmed to patients the requirement for them to hand in ignition sources upon arrival. It was noted that patients were 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. The CC asked if the H&S team needed to send a note to all Clinical Boards once issues were flagged up in one Clinical Board. The HHS responded that any information would be provided to the H&S Sub-Committee meetings which were held by each Clinical Board. The CC asked if it was known how many patients smoked when attending Hafan Y Coed. The EDPC responded that it would be an initial conversation that would be had with patients upon admission. The HHS advised the Committee that a constant approach was required and that the current checks in place had to continue, such as checking stairwell. The CC asked if a formal close off of the enforcement notice could be brought to the October meeting. The HHS responded that it would be. **The Health & Safety Committee resolved:** a) The Fire Enforcement Report was noted.	
HS 21/07/010 Saunders.Nathan 11/17/2021 15:57:57	**Environmental Health Inspector Report** The Environment Health Inspector Report was received. The HEF advised the Committee that that environmental health visits had stopped during COVID-19, 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 CFPU had been closed for several weeks to undertake the necessary infrastructure work and to work alongside the compliance team with the newly recruited Food Safety Manager. The HEF advised the Committee that a large portion of the action plan had been closed out with the exception of the drains action due to more work required. It was noted that work had been delayed with regards to improvement to the drainage system due to COVID (for example, external contractors having to self-isolate) The IME asked why the team had been unable to achieve the 10 week turn around following report issue to course of actions. The HEF responded that it was due to lack of contractor availability and in regards to the drainage issues, the contractor had attended the facility and each time had brought the incorrect camera. It was noted that the issues were trying to be rectified as quickly as possible. The IME asked how the staff behavioural issues would be addressed and be sustained to remain compliant. The HEF responded that they had hired a Food Safety Manager within the compliance team who was independent to his team. 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.	

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	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. The HEF responded that the recent appointment of the Food Safety Manager would have a significant influence moving forward and noted that he had been instructed to look at where the new CFPU could be located. It was noted that a business case would be put together to progress this further. **The Health & Safety Committee resolved:** a) The content of the report and the achievements of those facilities with a Food Hygiene Rating of 5 was noted. b) The failing of the CFPU to achieve an acceptable rating of 4/5 was noted. c) The work undertaken, identified in the action plan to ensure that the facility met the standards required by the EHO was supported.	
HS 21/07/011	**Enforcement Agencies Report** The Enforcement Agencies Report was received. The HHS advised the Committee that there were 2 new issues raised relating to enforcement by the Health and Safety Executive (HSE). • <u>Death of Member of Staff</u> The HSE on behalf of the coroner contacted the Health Board on 24th February 2021 requesting information following the death of a member of staff who had tested positive for Covid-19. It was noted that the HSE had fully investigated the event and had concluded that the death was not RIDDOR reportable as they did not consider it to be a work related exposure to coronavirus. • <u>Ventilation in Clinics and Theatres</u> CVUHB had received communication from the HSE on the 24th May 2021 in relation to a concern that was raised with them around the ventilation in clinics.	

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	It was noted that a response was prepared by Capital, Estates and Facilities Service Board and forwarded to the HSE by the deadline of 9th June 2021. The HSE were provided with information in relation to: - Air Handling Units Quarterly and Yearly Inspections and Maintenance - Annual Validation of Critical Air Plan - Air Conditioning Bi Annual Inspections and Maintenance It was noted that Capital Estates and Facilities were able to demonstrate that they were being maintained correctly so that was closed out. **The Health & Safety Committee resolved:** a) The content of the report was noted.	
HS 21/07/012	**Waste Management Compliance Report** The Waste Management Compliance Report was received. The HEF provided an update 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. In addition to the increased waste, there has been a reduction in segregation as the majority of the waste was being treated as contaminated. The CC asked if there was enough expertise within CVUHB around waste disposal or if external contractors were used. The HEF responded that a new Waste Manager had just been appointed and that a significant difference was being made by that Manager. It was noted that there are 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. **The Health & Safety Committee resolved:**	

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	a) The content of the report and in particular the increase in waste and decrease in segregation was noted.	
HS 21/07/013	**Risk Register for Health and Safety – Verbal Update** The Risk Register for Health and Safety verbal update was received. The HHS advised the Committee that he had taken every action and would score those under the risk register matrix. The CC asked for the completed Risk Register to be brought to the next Committee meeting in October. **The Health & Safety Committee resolved:** a) The Risk Register for Health & Safety verbal update was noted.	NS
HS 21/07/014	**Lone Worker Device – Verbal Update** The Lone Worker Device verbal Update was received. The HHS advised the Committee 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. The HHS advised the Committee 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. The SSR advised the Committee that the current devices were excellent and that staff were confident in using those devices. He queried if the same provider be re-tendered in next years' decision. The HHS responded that the tender exercise would be planned and noted that the it would not be based on cost alone as a number of factors would be taken into consideration such as: • Improved technology	

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	• Ease of use • Cost • Training The IML asked if a lone worker device demonstration could be provided at a future meeting. The CC commented that it could be beneficial for 2 companies to pitch their product to the Committee. **The Health & Safety Committee resolved:** a) The Lone Worker Device Verbal Update was noted.	
HS 21/07/015	**Health and Safety Policy – Verbal Update** The Health and Safety Policy Verbal Update was received. The HHS advised the Committee 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. It was noted that it was being worked through on the back of the H&S review **The Health & Safety Committee resolved:** a) The Health and Safety Policy verbal update was noted.	NS
HS 21/07/016	**Health and Safety Annual Report** The Health and Safety Annual Report was received. **The Health & Safety Committee resolved:** a) The Health and Safety Annual Report was noted.	
HS 21/07/017	**Committee Effectiveness Survey results 2020-2021** The Committee Effectiveness Survey results 2020-2021 were received. The DCG advised the Committee that the results were for noting and that the results had been reported to the Audit Committee as part of the end of year arrangements and had fed into the annual governance statement and report.	

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	The Health & Safety Committee resolved: a) The results of the Committee's self-assessment Effectiveness Review for 2020-21 were noted.	
HS 21/07/018	**Sub Committee Minutes:** **i. Operational Health and Safety Group.** **ii. Fire Safety Group** **The Health & Safety Committee resolved:** a) The Sub Committee minutes were noted.	
HS 21/07/019	**Items to bring to the attention of the Board/Committee** The CC asked if there was scope to identify to the Board the 2 new issues raised relating to enforcement by the Health and Safety Executive (HSE). The HEF responded that the Fire Safety Report went to the CEO and so it would be prudent to provide an update to the Board. The DCG advised the CC that a verbal update could be provided at the next Board meeting which would be noted in the minutes.	NS
HS 21/07/020	**Review of the Meeting** Members noted that the discussions were positive and meaningful.	
HS 21/07/021	**11. Date and time of next Meeting** 12 October 2021 – 9am MS Teams	

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Confirmed Minutes of the
Mental Health and Capacity Legislation Committee
Held on 20 July 2021 – 10am
Via MS Teams

Chair:		
Ceri Phillips	CP	UHB Vice Chair and Committee Chair
Present:		
Jeff Champney-Smith	JCS	Chair, Powers of Discharge sub-Committee
Daniel Crossland	DC	Deputy Director of Operations – Mental Health
Nicola Foreman	NF	Director of Corporate Governance
Michael Imperato	MI	Independent Member - Legal
Robert Kidd	RK	Consultant Clinical and Forensic Psychologist
David Seward	DS	Mental Health Act Team Lead
Ruth Walker	RW	Executive Nurse Director
Rose Whittle	RW	Directorate Manager – Child Health
Ian Wile	IW	Head of Operations, Mental Health
Secretariat:		
Nathan Saunders	NS	Corporate Governance Officer
Apologies:		
Steve Curry	SC	Chief Operating Officer
Akmal Hanuk	AH	Independent Member - Community
Scott Mclean	SMc	Director of Operations – Children & Women's
Sara Moseley	SM	Independent Member – Third Sector
Sunni Webb	SW	Mental Health Act Manager

MHCL 21/07/001	**1. Welcome & Introductions** The Committee Chair (CC) welcomed everybody to the meeting.	**ACTION**
MHCL 21/07/002	**2. Apologies for Absence** Apologies for Absence were noted	
MHCL 21/07/003	**3. Declarations of Interest** No declarations of interest were noted.	
MHCL 21/07/004	**4. Minutes of the Committee Meeting held on 20 April 2021** The minutes of the meeting held on the 20 April were received. **The Committee resolved that:** a) The minutes of the meeting held on 20 April be approved as a true and accurate record of the meeting.	
MHCL 21/07/005	**a) Action Log 20 April 2021** The action log was received **The Committee resolved that:**	

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	a) The Action Log taken from 20 April was noted.	
MHCL 21/07/006	**5. Chair's Action taken since last meeting** The CC advised the Committee that no Chair's Action had been taken.	
MHCL 21/07/007	**6. Any Other Urgent Business Agreed with the Chair** There was no other urgent business shared.	
MHCL 21/07/008	**7. Patient / Staff Story** The Staff Story – 'Shielding & My Mental Well-being was received. Following the staff story, the Executive Nurse Director advised the Committee that Managers would need to listen to staff and also listen to their own mental health and noted that it was important to take the time to talk. The CC asked the END to convey his thanks to the staff member for sharing their story and experience and asked how the staff member was doing at this time. The END responded that the staff member was doing well and was well supported by her line management and team. **The Committee resolved that:** a) The Staff Story was noted.	
MHCL 21/07/009	**9.1 Mental Capacity Act Monitoring Report & DoLs Report – Update** The Mental Capacity Act Monitoring Report and DoLs Report were received. The END advised the Committee that at the last Mental Health and Capacity Legislation Committee (MHCLC) it was asked that a set of indicators could be brought to the meeting. It was noted that the most important thing to highlight was that the whole agenda is changing significantly and that Liberty Protection Safeguards (LPS) was something that would be featured prominently over the coming months. Formal documentation was expected to be issued in the Autumn and it was noted that implementation plans needed to be put together in relation to the requirements. The END advised the Committee that she and the Deputy Executive Nurse Director (DEND) had been looking to have training so they would know what would be required and to get a clearer understanding of what was required of Cardiff and Vale University Health Board (CVUHB).	

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	The Independent Member – Legal asked if there would be training for other members of the Committee. The END responded that there would be and that who required training needed to be identified and noted that there would be a new Mental Capacity Act Manager recruited. It was noted that Hywel Dda University Health Board had moved further forward in the implementation for a number of reasons and so CVUHB have been in correspondence with them to see what work has been done. The Consultant Clinical and Forensic Psychologist (CCFP) advised the Committee that there were a number of CVUHB staff who had been trained as best interest assessors and asked if it could be useful to get an up to date list of those staff so that they could be used within the new system of LPS. The END responded that it was a very helpful point and noted that a lot of people would be required. The CC asked the Director of Corporate Governance (DCG) about the revision of all relevant health board procedures, policies and strategies in line with LPS and noted that it was a mammoth task in itself. The DCG responded that policies and procedures were reviewed on a rolling programme and noted that it was constant and recommended that the LPS elements be included as and when required. The END advised the Committee that an SBAR update would be required at the next Committee meeting. The CC responded that the SBAR item be added as a standing item on the agenda. **The Committee resolved that:** a) The contents of the report and the current compliance with MCA and DoLS indicators (noting that these are incomplete due to a current vacancy in the MCA Manager role) was noted.	NS
MHCL 21/07/010	**10.1 Mental Health Act Monitoring Exception Report** The Mental Health Act Monitoring Exception Report was received. The CCFP advised the Committee that when the reports were scrutinised it was noted that there was potentially a period in June 2021 where there were more informal patients rather than detained patients and it was unknown why that was and what led to that. The CC asked for clarity on the work being continued with the Mental Health Review Tribunal for Wales to find a suitable resolution, to ensure that action was taken to mitigate the risks highlighted and protect the	

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	patient's right to a fair hearing and ensure any incidents are reported accordingly. The Mental Health Act Team Lead (MHATL) responded that the Tribunal had organised a pilot for video conference hearings and CVUHB were due to have one on Older Peoples' wards but noted that it was cancelled and so the Mental Health Act Manager (MHAM) had gone back to the Tribunal receive an update. The CC advised the Committee that he had been impressed by the work around the recovery college and asked the Deputy Director of Operations – Mental Health (DDOMH) if there was anything to be added around the Mental Health Act e-learning module. The DDOMH responded that the Mental Health Act Training was separate to the recovery college but noted that patients had asked for the development of a course around their rights around the Mental Health Act and Mental Health Measure. The MHATL added that in relation to the Mental Health Training, workshops for patient rights had been provided to staff and these could be extended to patients in future. The Independent Member – Legal (IML) asked what was being done to move the Tribunal's technology forward in order to provide a much better virtual service. The MHATL responded that the MHAM would go back to the Mental Health Tribunal to note those queries raised by the Committee. The CCFP responded that CVUHB hospital managers had adapted very well to virtual hearings and recommended that the Committee write to the Ttribunal to ask what steps were being taken to improve the Tribunal's virtual meeting service. The CC noted that he would contact the MHAM to develop this further as it was not acceptable that virtual hearings had not been happening. The IML asked for further clarity around the Section 136 legal opinion that had been obtained. The MHATL responded that following the legal advice, it was noted that the clock started ticking for section 136 in Accident & Emergency (A&E) but advised the Committee that he and the MHAM had been collecting data as to what would happen if the patient was too unwell in A&E to receive the assessment. The IML asked why further legal advice had not been obtained if the advice given was not favoured. The CCFP responded that the legal advice had been obtained by Richard Jones and that the advice received had been very clear that what was being done was the correct reading of the law.	CP / NS

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	It was noted that there had been pressure from outside of the Health Board which is why secondary legal advice was obtained which went against what was originally advised. However the first legal advice was deemed appropriate as it did not alter the code of practice for Wales. **The Committee resolved that:** a) The approach taken by the Mental Health Clinical Board to ensure compliance with the MHA was supported.	
MHCL 21/07/011	**10.2 Update on the Reform of the Mental Health Act** The Reform of the Mental Health Act update was received. **The Committee resolved that:** a) The Reform of the Mental Health Act update was noted.	
MHCL 21/07/012	**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 DDOMH provided assurance to the Committee on Part 1 of the Measure. • <u>Part 1a : Adult and Children PMHSS</u> It was noted that referral activity for Q4 2020 & Q1 2021 had seen a gradual decrease in referral rates following the initial steep rise in referrals in the first two quarters after the first lockdown but with a notable spike in referrals in March 2021. The DDOMH advised the Committee that a recovery plan was in place to return to compliance and noted that an update would be provided to the July Board meeting. It was noted that the Did Not Attend (DNA) rate had shot up during the period of good weather which could help with a return to target. Regarding the over-18 Part 1a performance, the initial impact of COVID-19 had affected performance in the early stages of lockdown but compliance was reinstated quickly before a shortfall in four qualified staff in August subsequently had affected performance going forward. It was noted that the staffing issue had been partly rectified in early September but further vacancies had seen the service remain understaffed. However after a recent successful recruitment drive, an additional 2 staff had started in June 2021.	

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The Directorate Manager – Child Health (DMCH) advised the Committee that an unprecedented amount of referrals had been received and, as a result, Child Health were not compliant.

Compliance against the part 1 target had not been achieved since October 2020 and following a decline in referrals during the height of Covid, referral levels significantly increased during October 2020 and November 2020 following the re-opening of schools.

It was noted that this had sharply increased from March 2021 and remained significantly higher than pre-Covid levels.

- Part 1b – 28 day assessment to intervention compliance target of 80% - Adult and Children

The DDOMH advised the Committee that by having clarified reporting processes, PMHSS (adults) had been compliant with the Part 1b performance target since August 2020 and this has continued during the Covid 19 period.

It was noted that compliance against Part 1b of the target for children had been achieved in 6 of the last 10 months and within 10% of 3 months. January was a challenging month for the service with significantly reduced capacity due to sickness, maternity leave and annual leave.

It was noted that the team continued to work to ensure that young people were seen within 28 days for the commencement of their treatment, following assessment.

- Part 2 Care and Treatment Planning – Adult and Children.

The DDOMH advised the Committee that since the previous MHCLC meeting, Care Aims and Open Dialogue training had continued in spite of the Covid restrictions.

It was noted that compliance had reduced in April and May 2021. This was due to an 18.8% increase in patients in receipt of secondary care services between April 2020 and May 2021 and a 74.5% decrease in discharges comparing to April 2020 to May 2021.

The DMCH advised the Committee the Child Health had worked hard around compliance with part 2 of the Measure.

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It was noted that the service continued to underperform against the target and that challenges to achievement included:

- Poor engagement from patients in the CTP process.

- A high number of new patients requiring the CTP process.
- Complex cases that required a CTP where those have been unable to be facilitated as a result of wider system issues e.g. social care placements not being agreed which led to delays in completion.

The Chair, Powers of Discharge sub-Committee (CPDSD) advised the Committee that the quality of Care and Treatment Planning remained the hospital managers biggest concern and in particular, the lack of outcome and focus and noted that a number of the care and treatment plans did not reflect the current care of the patient.

The CC invited the DDOMH to provide information around the work that Dr Neil Jones had been doing.

The DDOMH responded that the future success of Care and Treatment planning was also tied to the strategy around out-patient transformation, within which many of the poorer examples of care and treatment planning sat. A program of work had now commenced with Dr Neil Jones leading the work stream and the Director of Operations supporting that.

The IML asked if there was one area that caused the greatest concern.

The DDOMH responded that in terms of where the service was breaching, the areas with a large demand had been the mild stress demands of Covid-19 which created a large amount of referrals.

It was noted that the areas that caused the most concern clinically was protecting part 2 services and upwards from individuals who carried much higher risks. Red flags such as eating disorders and individuals who were physically compromised due to having long term mental health conditions.

The DMCH added that Children and Young People in Crisis was also a clinical concern along with the eating disorders and noted that there was unprecedented demand on those areas.

The END advised the Committee that she would add that a clinical concern were the number of children who were inpatients in inappropriate settings and noted that it was not the right environment to be caring for them and asked the Committee to focus on that area in future.

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The Committee resolved that:

	a) The content of the Mental Health Measure (Wales) 2010 incl. Part 2 update was noted.	
MHCL 21/07/013	**12.1 HIW MHA Inspection Reports:** The HIW MHA inspection reports were received. a) Hazel Ward b) East 12 Ward The END provided assurance to the Committee that all HIW reports were discussed at the Quality, Safety and Experience (QSE) Committee and noted that the reports had been brought for information. It was noted that progress had been made in the areas and that it should be discussed in future to highlight good practice and to provide assurance. **The Committee resolved:** a) The HIW MHA Inspection Reports were noted.	
MHCL 21/07/014	**12.2 Hospital Managers Power of Discharge Sub Committee Annual Report** The Hospital Managers Power of Discharge Sub Committee Annual Report was received. The Chair, Powers of Discharge sub-Committee (CPDSC) advised the Committee that the Hospital Managers had learnt a new skill set during the pandemic with the help of the Mental Health Act Office and noted that Patient and Relative feedback had been mostly positive around the virtual hearings. It was noted that a hybrid model would be looked at moving forward when face to face hearings could be reinstated. **The Committee resolved:** a) The Hospital Managers Power of Discharge Sub Committee Annual Report was noted.	
MHCL 21/07/015	**12.3 The Hospital Managers Power of Discharge Minutes** The Hospital Managers Power of Discharge Minutes were received **a) Hospital Managers Power of Discharge Minutes** **b) Mental Health Legislation and Governance Group Minutes** The CCFP advised the Committee that the Mental Health Legislation and Governance group (MHLGG) had met just one week prior to the MHCLC	

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	meeting and noted that a Local Authority representative had raised the UK Government's proposed changes to the Mental Health Act in England and Wales. The CCFP noted that the proposed changes mean that the inability to detain persons with a learning disability under section 3 could pose difficulties as there was not the resource to provide adequate care to those patients in the community at present. It was noted that the MHLGG still wanted to pursue the issue of repeat 136 assessments and that there was still an issue around a change that South Wales Police had made about the creation of the voluntary assessment whereby the person would agree to go to hospital but the relevant 136 paperwork was not completed. It was noted that over the Summer, there had been 2 meetings between Mental Health Services and Liaison staff to talk about the issue regarding assessments for people who had been engaging in suicidal behaviours. The CCFP advised the Committee that the Mental Health Clinical Board had trained 2 trainers into a system called "Connecting with People" and it was hoped that it would lower some of the variability in Mental Health assessments. It was concluded that the LPS had been looked at by the MHLGG and what that meant for the Mental Health Services. **The Committee resolved:** a) The Hospital Managers Power of Discharge Minutes were noted. b) The Mental Health Legislation and Governance Group Minutes were noted.	
MHCL 21/07/016	**12.4 Self-assessment of effectiveness** The DCG advised the Committee that the self-assessment of effectiveness results had been reported to the Board. **The Committee resolved:** a) The results of the Annual Board Effectiveness Survey 2020-2021, relating to the Mental Health Legislation Capacity Committee were noted. b) The action plan developed for 2020-2021, which would be progressed via Board Development sessions, was noted.	
MHCL 21/07/017	**12.5 Corporate Risk Register** The Corporate Risk Register was received.	

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Date: 2021.11.17 15:57:57

	The DCG advised the Committee that there were 2 risks from the Corporate Risk Register that sat with the MHCLC and noted that in the future all risks with a score of 20 or above would be reported to the Board. The Committee was advised that the 2 risks were around (i) poor patient conveyancing and (ii) young people being placed in adult mental health areas. The CCFP advised the Committee that the conveyancing situation was much improved when discussed the previous week at the MHLGG meeting. The DCG responded that there would always be a little lag due to when the Risk Registers were updated and when reports were written. The DDOMH advised the Committee that after the latest review, it was deemed that it could be removed from the Corporate Risk Register. The DCG noted the update. The CC asked if the LPS should be considered on the Corporate Risk Register. The END responded that it should be but was unsure as to what the risk was at this time. **The Committee resolved that:** a) The Corporate Risk Register risk entries linked to the Mental Health Capacity and Legislation Committee and the work which was now progressing was noted	
MHCL 21/07/018	**14. Review of the Meeting** The CC opened the Committee to review the meeting.	
MHCL 21/07/019	**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 19 October 10am via MS Teams.	

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Unconfirmed Minutes of the Charitable Funds Committee
29 June 2021 9:00am – 10:30am
Via Microsoft Teams

Present:		
Akmal Hanuk	AH	Committee Chair / Independent Member - Community
Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
Sara Moseley	SM	Independent Member - Third Sector
Mike Jones	MJ	Independent Member – Trade Union
Ceri Phillips	CP	Vice Chair
Ruth Walker	RW	Executive Nurse Director
In Attendance:		
Joanne Brandon	JB	Director of Communications
Julie Cassley	JC	Deputy Director of Workforce and OD
Nicola Foreman	NF	Director of Corporate Governance
Christopher Lewis	CL	Deputy Director of Finance
Secretariat:		
Nathan Saunders	NS	Corporate Governance Officer
Apologies:		
Rachel Gidman	RG	Executive Director of People and Culture
John Union	JU	Independent Member - Finance

CFC21/06/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting.	**Action**
CFC21/06/002	**Apologies for Absence** Apologies for Absence were noted.	
CFC21/06/003	**Declarations of Interests** No declarations of interest were noted.	
CFC21/06/004	**Minutes of the Committee Meeting held on 16th March 2021** The Committee reviewed the minutes of the meeting held on 16th March 2021. **Resolved that:** a) The Committee approved the minutes of the meeting held on 16th March 2021 as a true and accurate record.	

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CFC21/06/005	**Committee Action Log** The Committee reviewed the Action Log and noted that all items were completed, included on the agenda or superseded. **Resolved that:** a) The Committee noted the Action Log.	
CFC21/06/006	**Chairs Action** No chairs actions had been taken since the previous meeting. **Resolved that:** a) The Committee noted the Chairs Action.	
CFC21/06/007	**Health Charity Financial Position Update** The Health Charity Financial Position Update was received. The Deputy Director of Finance (DDF) shared the financial update report which provided information on the year to date financial performance of the Charity to the period 31st May 2021. The report also assessed the forecasted financial position of the Charity against commitments already made. The DDF advised ME that an income resource of £152K had been brought forward with £208k being expended. Gains on investment assets were at £220K and with the value of the Charity increasing by £165K. The DDF advised the committee that the Charity had changed its investment managers from Cazenove to Rathbone and it was noted that Rathbone would share a presentation at a future committee meeting to provide a detailed update on the work they had undertaken. It was noted that the charity had a net worth of £9.312m which was split between undelegated and delegated funds with financial responsibility delegated to named fund holders and Heads of Service. Within the funds there are general reserves with a value of £0.871m with commitments against this figure set at £0.817m. Ongoing costs associated with fundraising were £360K per annum which the fundraising team would seek to cover in whole or part. £83k had been recovered during the previous year to reduce the commitment on general reserves. The DDF advised the committee that dormant funds had been cleansed during the year and funds dating as far back as 2014 had been recovered.	NS

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	The Independent Member – Third Sector (IMTS) asked the DDF to provide more information on the reserves and the reserves policy. The DDF responded that the reserves policy was around £1m but added that it was based on the premise that the charity could, if needed, utilise unrestricted funds. He added that reserves amounted to circa £500K and 10% of the CVUHB investment portfolio added together. It was noted that moving forward the report would show what the general reserves were as opposed to the total reserve policy. **Resolved that:** a) The Committee noted the financial position of the charity. b) The Committee noted the latest income position. c) The Committee noted the commitments against general reserves and actions being taken to mitigate financial risks.	
CFC21/06/008	**Over £25K bids for approval** The over £25K bids for approval were received. The Director of Communications (DC) advised the committee that there were 4 bids to be discussed. • **<u>3.1.1 – Neurosciences – Electromyography (EMG) machine purchase</u>** The DC advised the committee that a request had been made for £17,700 for the Neuroscience Directorate to purchase an additional Sierra Summit Base Machine that would carry out specific diagnostic testing within neurophysiology. It was noted that the cost would total £20,700 but the committee was advised that there was availability within Endowment Fund 9154 and a proposal from the Neurosciences Directorate to utilise £3,000 of the available balance to part-fund the equipment. It was noted that there would be no additional cost or ongoing service/maintenance contracts as these would be provided from the directorate revenue budget. The DDF asked if the department had contacted the Assistant Director of Therapies (ADT) to request capital funding. The DC responded that they had requested capital funding and had looked for identifiable capital and after exhausting those avenues they submitted the bid to the CFC. The Executive Director of Therapies and Health Sciences (EDTHS) advised the committee that the capital equipment funds held by the ADT provided funds for replacement machines and not new machines.	

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The DC added that a debate had been had previously within the committee as to whether bids were for core or non-core business and advised that it had been agreed that if bids were for non-core items then the committee could consider approval.

The Executive Nurse Director (END) advised that as an organisation the committee would need to consider whether CVUHB should be providing the equipment to undertake its role and function properly. She queries whether the piece of equipment was vital for the service and if so, should the money come out of the core budget or not.

The Director of Corporate Governance (DCG) acknowledged the END's comment and advised that if the equipment was not essential then consideration could be taken for charitable funds to provide funding.

The EDTHS advised the committee that the additional equipment would be supporting education and training which was a CFC core aim and would enhance the service.

The CC suggested that the bid be "parked" and advised that the DDF could then advise what funds were available.

The DCG advised the committee that the bids would need to be kept under review because of the lack of funding coming into the charity and the potential for an increase in bids being seen in future.

Resolved that:

a) The Committee declined the bid for charitable funds to purchase an additional Sierra Summit Base Machine for the Neuroscience Directorate.

- **3.1.2 – Endowment Funds – Integrated Medicine – Clinical Trials Manager.**

The DC advised the committee that Dr Benjamin Jelley, a consultant and research lead for the gerontology department had submitted the bid to request approval for the utilisation of £114,630 from fund no: 9153 - Geriatric Research, to fund a Band 7 Clinical Trials Manager for a period of 24 months.

It was noted that the post would increase research activity in the department by generating new research and commercial trials with potential to generate additional research income through said commercial trial research.

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The DDF reminded the committee that any item of expenditure over £25,000 (even if delegated) had to be approved by the committee and he advised that whilst gerontology had a dedicated fund that could support the bid, the bid had been presented to the committee for ratification and did not request funding from general reserves.

Resolved that:

a) The Committee approved the spending of £114,630 from Fund no: 9153 - Geriatric Research to fund a Band 7 Clinical Trials Manager for a period of 24 months.

- **3.1.3 – Our Health Meadow – ongoing development and staffing costs**

The DC advised the committee that her team had undertaken a huge amount of work on this item and the bid submitted requested £65,000.

The DC advised the committee that some of the requested funds would be used to extend the secondment of a band 6 project manager already within her team.

The DCG asked if this was a one off bid or would additional requests be made in future. The DC responded that there could be future bids due to the ongoing development of the area.

The DCG highlighted that CVUHB's partnership were being discussed and that the Head of Risk and Regulation would be meeting with the Chair that week.

The IMTS queried what would happen if the committee did not approve the bid and what would happen to investments already made.

The DC responded that the work undertaken by the band 6 project manager centred on finding additional funding to support the development of the project and failure to extend the secondment would curtail that activity and impede the areas in which additional funding could be provided.

The DDF asked the DC if it would be possible to part fund the bid due to the breakdown which specified the direct costs being incurred to enable submission of a Planning Application alongside the costs associated with staffing.

The DC responded that that the bid could be split but added that without the staff member involved the funding would not be found for the rest of the bid.

The DDF advised the committee that the totality of the bid exceeded the amount in general reserves and would put CVUHB into a position of over commitment position.

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The END suggested that if the money was not there, it would be difficult to support the bid and advised the committee that further discussion would be required outside of the meeting around staffing of the DC's team.

	The CC advised the committee that although it was an important area, the bid would need to be split into 2 areas. One, the capital cost and two, the running cost. The END asked if a dedicated meeting would be needed in future to prioritise bids which would help decision making in future. The CC responded that it could be discussed at a future meeting around what process, if any could or would be put in place for prioritisation of bids. He concluded that the bid should be parked as no outcome could be reached, unless the bid was broken down into 2 areas. **Resolved that:** a) The Committee declined the bid for charitable funds for the ongoing development and staffing costs of the Our Health Meadow project. • **3.1.4 - Clinical Psychologist for Covid-19 High Care Wards: Patient and Staff Support Project.** The DC advised the committee that the bid had been received from Dr Richard Cuddihy and Dr Julie Highfield for £25k to provide an additional clinical psychologist for 12 months to establish a visible psychological care model to high care covid wards. It was noted that the psychologist would support Covid patients who had not come through ICU and it was highlighted that this would be a pilot post with data and feedback to be collected pertaining to the utility of the post, and the potential for extension beyond 12 months. The DC advised the committee that upon speaking to the doctors and upon reading the bid, the immediacy of the additional support was highlighted and she commented that the priority required for the bid was more apparent. The END advised the committee that she would support the bid and she added that the whole top floor of UHW had been Covid high care areas and the pilot was needed in addition to the current wellbeing service being provided. The DDF suggested that following the difficult juggling of money, it may have been better position to underwrite the bid, to support it and try to source funding from NHS Charities together. The committee agreed. **Resolved that:** a) The Committee discussed the bid for charitable funds for a covid specific project and approved the bid with the intention to backfill the funding committed.	RW / NF

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CFC21/06/009	**4.1 Fundraising Report** The DC advised the committee that the report could be taken as read. **Resolved that:** a) The committee reviewed the Fundraising Report for information. b) The committee noted the recommendation of the Orchard Steering Group rebranding from 'Our Orchard' to 'Our Health Meadow'	
CFC21/06/010	**Reporting Feedback on Successful CFC bids** • **<u>4.2.1 – Disposal of Rookwood Hospital</u>** The EDTHS advised the committee that the spinal injuries unit had moved to University Hospital Llandough (UHL) which meant that Rookwood Hospital was now surplus to requirement. It was noted that legal advice had been provided by Geldards LLP on the proposed disposal. The EDTHS advised the committee that the disposal options previously submitted to the Board of Trustee were: 1) To enter into negotiations with Cardiff Council who had expressed an interest in the site for housing, and potentially a shared health and care facility. The Council had indicated interest in purchasing the site at full market rate. 2) To pursue a sale on the open market which would be a two staged process. Firstly to invite expressions of interest for the property from a wide market audience and for this to be lotted for various parts of the site. This would establish the full level of interest in the property and structure a sale which maximised net sale receipts. It was noted that before proceeding with either course of action it was recommended that the following actions were taken: • Obtain specialist advice from a Surveyor in relation to advertising the sale on the open market and for what period. • If the sale proceeds were to be used for a purpose other than the acquisition of replacement land, then a Public Notice be issued inviting representations to be made within a time specified in the notice. • To make an application to the Charity Commission for a Cy Pres Scheme to amend or modernise the charitable objects attached to the land to enable the proceeds to be used for their intended purpose(s).	

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	The EDTHS advised the committee that if the above points were agreed then the Geldards LLP advice would be accepted and followed. The DDF asked if the Charity Commissioner should be approached prior to advertising the land. The EDTHS responded that the reason it was done in the way it had been was that the Charity Commissioner would only be involved when the Charity needed to decide where the money received from the sale of the land would be spent. The DCG asked if Welsh Government (WG) approval would be needed because the disposal would be for over £1m. The DDF responded that he was unsure of the answer and would find out. **Resolved that:** a) The committee agreed and noted the legal advice of Geldards LLP; b) The committee agreed to recommend to the Board of Trustees that the courses of action detailed at points I to III of the report were followed. • **<u>4.2.2 – Employee Wellbeing Service</u>** The DC advised the committee that in June 2019, the Board of Trustees had approved a bid for £352,586 over a two year period which doubled the number of counsellors within the service and introduced a new Assistant Psychological Therapy Practitioner (APTP) role within the Employee Wellbeing Service (EWS). The arrival of Covid 19 had a significant impact on all of UHB activity including the EWS. This resulted in a change of EWS service delivery from face to face, to telephone and virtual consultation. A temporary collaboration with the Psychology directorate provided rapid access for Covid19 related referrals and an extended wellbeing service over a six week period until the end of May 2020. The midpoint review in June 2020 highlighted an underspend of approximately £10,000 and approval was given by the Charity Trustees to use the underspend to increase the WTE counselling provision by 0.2 WTE. **Resolved that:** The Charitable Funds Committee accepted the report as assurance of the use of the allocated funding to the EWS.	**CL**

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CFC21/06/011	**Staff Benefits Report** The Deputy Director of Workforce and OD advised the committee that the Executive Director of People and Culture had only attended one meeting since being in post and recommended that she would bring a more detailed update at the next committee meeting. It was noted that 3 schemes had been put forward: • The Stock Shop, Concourse, UHW which has been approved. • Gillian Bishop – An approach on behalf of a personal trainer to provide personal training to staff – The proposal was rejected as the Staff Benefits Group (SBG) agreed not to proceed or endorse individual proposals. • Sarah Hall/Shiatsu Cardiff – An offer of Shiatsu massage sessions to staff either at her own clinic in Cardiff or on-site (when regulations allowed). The proposal was rejected as the SBG had previously agreed not to proceed with or endorse individual proposals. **Resolved that:** a) The committee noted the Staff Benefits Group report	
CFC21/06/012	**Staff Lottery Bids Panel Report** The DC advised the committee that the report highlighted success stories for the Health Charity and identified how it continued to grow from strength to strength. The following lottery draws were noted: • 25th June - £5K • Winter draw - £21K The DC advised the committee that the Independent Member – Trade Union (IMTU) had stepped down as chair of the Staff Lottery Bids Panel and she requested a steer from the committee on a new chair. The DCG advised the committee that the recommendation outlined would be to write to three individuals and invite expressions of interest in the role which could then be voted on by the panel. The DC requested that any specific recommendations be notified to her directly. Saunders.Nathan 11/17/2021 15:57:57 **Resolved that:** a) The content of the report was acknowledged. b) Recommendations for a new Chair for the Staff Lottery Bids Panel would be notified to the DC offline.	

CFC21/06/013	**Health Charity Update Reports** • 4.5.1 - Covid Income and Expenditure update The DC advised the committee that Cardiff & Vale Health Charity had received an exceptional amount of support since the start of the COVID-19 pandemic. It was noted that the Health Charity had received support from within the UHB and from external fundraisers and supporters. It had also received several grants from NHS Charities Together. The Health Charity had received £1,245,044 in covid related grants, awards and donations to the end of March ’21. The DC highlighted that in its 2020/21 review, the Audit and Assurance Services, NHS Shared Services Partnership, awarded Substantial Assurance to Cardiff & Vale Health Charity in respect of the financial and administrative control put in place and included a specific audit remit to ensure: • Up to date policies and procedures were in place for the management of charitable funds. • All Covid-19 donations and expenditure received were appropriate and accounted for in compliance with approved Health Board guidance. • Effective governance arrangements were in place for dormant funds. **Resolved that:** a) The committee received the report as assurance of the appropriate management and administration of covid income and expenditure by Cardiff & Vale Health Charity. • 4.5.2 - Supporting Staff Wellbeing Report The DC advised the committee that the report particularly focussed on how monies were spent to support the emotional and physical health and wellbeing of staff throughout Cardiff and Vale University Health Board. **Resolved that:** a) The committee received the Supporting Staff Wellbeing Report for information	
CFC21/06/014	**Prop Appeal** The DC advised the committee that the report should be taken as read. **Resolved that:**	

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	a) The committed noted the continued success of the Prop Appeal and associated fundraising events/activities undertaken during 2020/21. b) the suspension of fundraising activities due to Covid-19 was noted.	
CFC21/06/015	**Committee Effectiveness Survey results 2020-2021** The DCG advised the committee that the results from the Charitable Funds Committee Effectiveness review undertaken by Committee Members showed that the Committee had maintained standards and achieved improvement in a number of aspects of Committee effectiveness. **Resolved that:** a) the results of the Charitable Funds Committee's self-assessment Effectiveness Review for 2020-21 were noted.	
CFC21/06/016	**Induction Support for new Committee Members** The DCG provided a verbal updated and advised the committee that support had been offered to the 2 new members of the committee. **Resolved that:** a) the update provided by the DCG was noted.	
CFC21/06/017	**Items to bring to the attention of the Board / Trustee** No items were raised for referral to the UHB Board or Board of Trustees	
CFC21/06/018	**Any Other Business** No other business was raised.	
CFC21/06/019	**Date and Time of Next Meeting** Tuesday 21st September 2021, 9:00am – 12:00pm	

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Confirmed Minutes of the Public Digital Health & Intelligence Committee
Tuesday 1st June 2021 9:00am – 12:30am
Via MS Teams

Chair:		
David Edwards	EB	Committee Chair / Independent Member - ICT
Members:		
Ceri Phillips	CP	UHB Vice Chair
Gary Baxter	GB	Independent Member - University
Michael Imperato	MI	Committee Vice Chair / UHB Interim Vice Chair
In Attendance:		
Angela Parratt	AP	Director of Digital Transformation – IM&T
Christopher Lewis	CL	Deputy Finance Director
David Thomas	DT	Director of Digital & Health Intelligence
James Webb	JW	Information Governance Manager
Nicola Foreman	NF	Director of Corporate Governance
Secretariat:		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Len Richards	LR	CEO
Charles Janczewski	CJ	UHB Chair
Allan Wardaugh	AW	Chief Clinical Information Officer
Catherine Phillips	CP	Director of Finance

DHIC 21/06/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the public meeting and confirmed that the meeting was quorate.	**Action**
DHIC 21/06/002	**Apologies for Absence** Apologies for absence were noted.	
DHIC 21/06/003	**Declarations of Interest** There were no declarations of interest.	
DHIC 21/06/004	**Minutes of the Committee Meeting held on 11th February 2021** The Committee reviewed the minutes of the meeting held on 11th February 2021 **The Committee resolved that:** (a) The Committee approved the minutes of the meeting held 11th February 2021 as a true and accurate record.	

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DHIC 21/06/005	**Action Log following the Committee Meeting held on 11th February 2021** The CC reviewed the action log and confirmed that all actions listed were either complete or on the meeting agenda. **The Committee resolved that:** The action log updates were received and noted.	
DHIC 21/06/006	**Chair's Action taken since the Committee Meeting held on 11th February 2021** No Chairs Actions had been taken since the previous meeting.	
DHIC 21/06/007	**Information Governance Policy EHIA** The Information Governance Manager (IGM) advised that he was satisfied that the Information Governance Policy EHIA was in line with the Health Boards Corporate documents and limited impact had been identified. The IGM sought approval of the EHIA as the final step prior to implementation of the Information Governance Policy. Independent Member – Legal (IM-L) commented that the iteration of the policy shared was an improved version and that he took assurance from the IGM's comments that the process had been worked through more thoroughly. The CC commented that the improvements made strengthened the policy. **The Committee resolved that:** **a)** The Information Governance Policy Equality and Health Impact Assessment (EHIA) was approved**.**	
DHIC 21/06/008	**Committee Terms of Reference** The Director of Corporate Governance (DCG) highlighted that the terms of reference had taken longer to be shared with the Committee than usual as the previous CC, who departed the Health Board at the end of the previous financial year, felt that the new Chair should have the opportunity to consider the Terms of Reference. The DCG highlighted that the changes for the year were minor and that the tracked changes had been left in the document to clearly show what changes had been made. The DCG reminded members that the Committee had only started to report to the Board just over 12 months ago. Previously the Committee was not a Committee of the board and fed into the Strategy & Delivery Committee. The Terms of Reference were given an overhaul at the time the Committee became a Committee of the Board which was why there were minimal changes. The Director of Digital & Health Intelligence (DDHI) referred to "7.2 - attendance" within the report and suggested the following changes.	

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	• Director of Digital Transformation & Informatics – DDHI stated that this post had responsibility for Digital however this was no longer the case and he suggested that the title be replaced with 'Director of Digital Transformation'. • Assistant Medical Director – the Job title should be replaced with Chief Clinical Information Officer The CC confirmed that the Committee was happy for the Terms of Reference to go to the Board following the suggested changes being made. **The Committee resolved that:** **a)** The changes to the Terms of Reference for the Digital and Health Intelligence Committee were approved. **b)** The changes to the Terms of Reference were recommended to the Board for approval	
DHIC 21/06/009	**Annual Work Plan** The DCG advised that the Annual Work Plan was updated with the Terms of Reference. The work plan would be used at each meeting to formulate the agenda along with any actions that come out from previous meetings. **The Committee resolved that:** **a)** The Committee Work Plan for 2021/22 was reviewed and approved **b)** The Committee Work Plan for 2021/22 was recommended to the Board for approval.	
DHIC 21/06/010	**Induction Support for Committee Members** The DCG highlighted that there were a number of new Independent Members and that the UHB Chair intended to undertake a review of Committee memberships. The DCG used the agenda item as an opportunity to highlight to Committee members that if any support or training was required for the Committees they sat on, then they should contact her to arrange this. **The Committee resolved that:** **a)** The Induction Support for Committee Members update was noted.	
DHIC 21/06/011	**Digital Transformation Progress Report (Digital Dashboard)** The DDHI advised that the report provided an overview of the progress made on the Digital Dashboard and highlighted that COVID continued to have an impact on the Health Board and the digital and information support that continued to be needed. The CC queried the increase in the network infrastructure to improve performance and whether as a result of the investment in the infrastructure any feedback had been received from staff and patients.	

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	THE DDHI highlighted that the link into Woodland House was upgraded and the impact of that had resulted in a more reliable experience using software such as Microsoft Teams. Similar links into UHL and UHW would be made as well as at other major sites and the expectation was that this would lead to a better quality of service for all staff using broadband and virtual consultations. The DDHI added that his team were building a library of positive feedback to capture good news stories of user experiences with IT and digital. The Director of Digital Transformation (DDT) commented that they had an aged estate which had an impact of what could be achieved in some areas. She added that the Health Board was unlikely to achieve a fully pervasive wireless connection within the current hospital sites but that this had been incorporated into plans for UHW 2. **The Committee resolved that:** **a)** The progress across the IT Delivery Programme was noted.	
DHIC 21/06/012	**Digital Strategy and Roadmap Update** The DDHI advised that the Digital Strategy was approved by the DHIC Committee and Board in July 2020 and his team were putting in place a roadmap to help bring the contents of that Strategy to fruition. The DDT informed the Committee that 5 business cases had been produced (3 of which had been signed off and were moving forward to implementatio): 1. Scan 4 Safety 2. Electronic Prescribing & Medicines Administration 3. Digital communications 4. Flexible working business case 5. Rationalising Printer Estate The DDT also informed the Committee of a Small Business Research Initiative (SBRI) bid that had been submitted. This concerned a competition which was a call to industry hosted by the Welsh Government Planned Care Board who had set out a broad set of requirements specifically around the backlog of patients and tasked bidders with formulating aninnovative solution. The Health Board's bid had not been successful but it had set out a pathway model which would be built upon so that an E-triage, see on symptom pathway, could be developed. The DDT shared a presentation which provided an update on the digital strategy. The DDT also provided a refresher of the governance structure that surrounded the digital strategy delivery which included the roadmap and the Digital Services Management Board which: - Reports the the Management Executive and HSMB - Feeds into DHIC for assurance - Is supported by 2 specialist advisory groups	

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- Incorpoated 4 Channel Programme Boards

The DDT presented the 5 year development highlights of the 4 Channel Programme Boards which included developments since 2020 and the things they wish to achieve by 2025. This included:

- Patient Channel Programme Board
- Virtual Consultations were going very well using a product called Attend Anywhere which was sponsored by Welsh Government
- Shared Health & Care record – In the community staff were now able to make use of the UHB Paris the Cardiff Council Social Care application to view a patient's whole record.

- Clinicians Channel Programme Board
- Digital Dictation & Transcription procurement had concluded and would begin to mobilise shortly
- Scheduling – an initiative within community nursing which would be used to help better match nurses with specific skill sets to a corresponding patient requiring treatment.
- Electroninc patient record – work had concluded by the Solutions Architect who looked into the technical landscape and gave a view on how the Health Board could move to a place where they a fully functional patient record was available.
- Single sign on – the DDT advised that this remained and always would be an aspiration with beneifts coming as a result of using Office 365.

- Capabilities Channel Board
- Office 365 & Teams – currently being rolled out throughout the organisaton
- Windows 10 Upgrade – this programme continued to be implemented to circa 12,000 devices which physically needes to be updated

The following areas of ongoing work were also highlighted:

- Electronic Test Requesting – Blood requesting uptake had increased from 28.7% to 53% in 2021
- Consultant Connect - 2,060 calls since 1 Jan 2021 (exc EU) & 36% outcomes reported
- PCIC – Circa 400 smart handsets provided to community & primary care staff with a Pilot for 'agile' workforce model.

The CC thanked the DDT for her presentation and queried what areas of work would be undertaken under the Analyst & Platform Channel Programme Board.

The DDT advised that the A&P Board included:

- National Data Repository
- Clinical Data Repository
- Integrated Diagnostics
- Point of Care Testing
- Scan 4 Safety

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	The UHB Vice Chair referred to Consultant Connect and how only 36% of outcomes were recorded and queried whether it would be possible to make it mandatory to record an outcome as 44% of referrals were avoided of the 36% recorded. He added that if all outcomes were recorded this would provide a better indication of the true impact of consultant connect. The DDT advised that this continued to be worked on as there was a need to make it easier for individuals to report outcomes. The work would also form part of the Single Sign on project to avoid clinicians having to sign into more than one system to record data and outcomes. Independent Member – University (IM-U) queried what the key risks to the delivery of the digital strategy were and how they would be managed, as each project had a significant impact for the UHB. The DDHI advised that resource was the biggest issue as it impacted the teams capability and capacity. The DDHI informed the Committee that his team had started to map out what the key benefits of the strategy were and what was preventing them from being able to deliver on some of those things. The DDT added that the physical estate also imposed some limitations on the teams ability to deliver although this was improving through sponsorship from Welsh Government albeit this funding was not planned or sustainable. She added that workforce was also a factor as the new systems required users to be confident and competent using new products. The pace of the technology change was also a factor to consider as by the time some projects were implemented the technology could already have changed so there was a need to plan strategically. She added that Cyber treats were also a risk to the organisation and were expected to be a long term issue. The Defuty Director of Finance (DDF) commented that the funding received from Welsh Government had been applied to the best of their ability to support ongoing works in the digital arena. He highlighted that circa £3.5 Million had been spent in capital the previous year. The DDF added that he and the DDT had made some investments in preparation for business cases the previous year which set out both resource realeasing and non resource releasing productivity benefits. They were now aiming to manage the resource releasing in order to pay for the resource consuming business cases and were trying to align them to recycle funds to mitigate some of the risks and take the agenda forward. **The Committee resolved that:** **a)** The progress being made in developing a roadmap to support implementation of the digital strategy was noted.	
DHIC 21/06/013 Saunders.Nathan 11/17/2021 15:57:57	**Digital Strategy – Case for Investment** The DDHI shared a further update for the new Committee Chair and advised that things had not progressed since the previous meeting. He took the opportunity to reaffirm what the team were asking for.	

The DDHI advised that the amount of capital investment that came in routinely as an annual reccuring sum was circa £500k from discretionary capital. He compared the sum of money to the size of the organisations turnover of £1.4 Billion and staff of 14.5k and commented that it wasn't a significant amount. He had compared that figure against other health boards and discovered that the UHB was an outlier in terms of what was being received as a recurring sum.

He highlighted that there were a significant amount of calls on digital which, the majority of the time, were above their core function. He emphasised that many other transformational type programmes underway within the organisation were asking for circa £1.75 Million per annum to help addequately resource the projects.

The DDF referred to the resources and highlighted that there were 2 issues coming out of the discussion. Firstly the finite amount of resource within the capital programme allocated to IT (£0.5m) which he commented would not be sustainable. He added that there had also always been additional resource from Welsh Government which equated to around £3M over the previous few years.

The DDF referred to section 10.4 of the report where the ask of each clinical board was an investment of £250K revenue per annum to fund staff and software managed by D&HI. He informed the committee that currently the clinical boards were £7 Million off delivering the their own cost improvement programme and they would not be able to find another £250K unless they had schemes which would underpin this.

The CC commented that he recognised the financial difficulties of the digital teams particularly not being able to adequately plan as the funds were usually more readily available at the end of the year or through short term funding solutions. He stated that if this continued to happen over a number of years it could damage the underlying structure i.e. physicial structure or virtual structure of the Health Board. The CC stated that although he understood some of the challenges addressed by the DDF this was something that the committee should be concerned about as it would have an adverse impact on the things the Health Board wanted to in the digital arena.

IM-L queried whether the case for investement should also be a concern for any other committee of the Board and gave the example of the Strategy & Delivery Committee as the agenda of digital capabilities underpinned all other strategies and ultimately linked to the board.

The DCG agreed with the point made by the IM-L. She advised that the Executives were looking into this and the key programmes that they want to deliver on. The DCG felt that this was something that would need to be brought together alongside other capital allocations so that the Executive Team could decide on where they would like to go with the Strategy.

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The DCG commented that what had become more apparent in the Strategy & Delivery Committee was that they it was not seeing the financial elements that support the strategy in terms of digital. The DCG advised that they

	would need to bring this piece of work to the Strategy & Delivery Committee and subsequently to the Board to highlight the impact of how not investing in Digital would impact on the delivery of the Health Board's overarching strategy. The UHB Vice Chair queried if it would be possible to get an analysis of the criteria used to assess capital programmes so that there was consistency across the board so that when they consider enablers of transformation as opposed to schemes of tramsformation there may be differences which need to be factored into the analysis and decision making processes. The DCG stated that this could be taken to a Strategy review session so that when strategic programmes were considered digital was highlighted, considered and also reported back to the Strategy and Delivery Committee. **The Committee resolved that:** a) The Digital Strategy – Case for Investment was noted and discussed**.**	**NF/DT**
DHIC 21/06/014	**GP Pilot Action Plan** The DDHI advised that the plan would provide GP practices with access to the Cardiff & Vale Portal. Previously GP's could only access their own registered patients on the system. As a result of Covid it was decided that this rollout could be made to every single practice so they could access the entire Cardiff & Vale population irrespective of where the individual patient was registered. The DDHI stated that this work was completed over a year ago but was brought to the meeting to be formally recorded at the request of the previous chair. **The Committee resolved that:** a) The actions taken to achieve closure on the GP action plan were noted and the plan was ratified.	
DHIC 21/06/015	**Business Case Development Summary** The DDHI advised that majority of this item had been covered under the previous agenda item "Digital Strategy and Roadmap Update". The DDT highlighted the section about Business Case progress and the outcomes & benefits which showed an £8Million release to care across 3 business cases. **The Committee resolved that:** a) The progress across the Digital Strategy Delivery Programme was noted**.**	
DHIC 21/06/016	**IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)** The IGM shared his report and advised that there was still work to be done to get back to a pre Covid position however whilst pressures had shifted to recovery they were being mindful to not to overburden services with requests. He did however provide assurance to the committee that the team acknowledge their responsibilities as a public facing authority and their statutory requirements to comply with SARS and FOI's.	

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	He informed the Committee that the IG mandatory training continues to drop as well as most other mandatory training and other E-learning modules. He stated that the team had been asked to address this via a communication programme that had been put aside due to Covid but he was confident that this would be rolled out within the coming meetings The IGM stated that the team continue to review a large number of IG related incidents but only a small number of them were reported to the ICO as the majority did not meet the reporting threshold. The detail of these incidents would be reported to the private DHIC committee meeting. **The Committee resolved that:** a) the Information Governance Data and Compliance report, which outlined a series of updates relating to significant Information Governance issues was noted.	
DHIC 21/06/017	**Clinical Coding Performance Data** The IGM shared a Clinical Coding Performance Data update. The CC advised that he was concerned about the loss of staff within the department and how this was not reflected in the risk register. The IGM advised that was a change they had seen over the previous 12 months as English Health boards were able to pay staff a band higher for the same role and allow staff to work from home. Within the UHB they were unable to provide home working access as they do not have an electronic record to allow staff to have all the access they need as they were still working from paper records. He added that English trusts had a higher priority on coding and therefore were able to pay more for staff. He suggested that the correct solution would not be to pay staff more but acknowledged that there was a need to look at how they could support staff in other ways. **The Committee resolved that:** **a)** The performance of the UHB's Clinical Coding Department was noted.	
DHIC 21/06/018	**Joint IMT & IG Corporate Risk Register** The DDHI proposed that the departmental resource and financial challenges which were not listed as red would be considered their top risk. **The Committee resolved that:** a) The progress and updates to the Risk Register report were noted.	
DHIC 21/06/019	**IMT Audit Assurance Tracker** The IMT Audit Assurance Tracker was shared for noting and information. **The Committee resolved that:** a) Progress and updates to the IMT audit assurance tracker were noted**.**	

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DHIC 21/06/020	**IG Audit Assurance Tracker and Work Plan** The IG Audit Assurance Tracker and Work Plan was shared for noting and information. **The Committee resolved that:** a) Progress and updates to the Information Governance Audit Tracker were noted.	
DHIC 21/06/021	**IMTP Work Plan Exception Report** The DDHI highlighted that the report was shared for information and picked up on the issues covered previously but provided further detail of departmental expenditure which would be of interest to the committee as it detailed what allocations were made and where funds were spent. **The Committee resolved that:** **a)** The Digital Delivery Programme – Exception & Issues Report, and the progress against the roadmap and the areas of exception which require further attention and consideration were noted.	
DHIC 21/06/022	**Schedule of Control Documents (Policies & Procedures)** The DDHI shared his report and advised the committee that it highlighted the status of various policies, procedures, and guidance applicable to the D&HI team. He informed the Committee that this team had a work programme to work through out of date documents and they would continue to work with the corporate team to progress this. **The Committee resolved that:** **a)** The Schedule of Control Documents (Policies & Procedures), the progress to date and plans to address the review of remaining documents was noted.	
DHIC 21/06/023	**Minutes:** i. IMT Capital Management Group Report **ii.** Capital Management Group **19/04/2021** **The Committee resolved that:** The minutes of the IMT Capital Management Group Report and the Capital Management Group 19/04/2021 were noted.	
DHIC 21/06/024	**Items to bring to the attention of the Board / Committee** No Items were brought forward	
DHIC 21/06/025	**Review of the Meeting** The CC conducted a review of the meeting. All present confirmed that the meeting had run very smoothly and good, positive discussions were had.	
DHIC 21/06/026	**Date & Time of next Meeting:** Tuesday 5 October 2021 09:00am – 12:30pm	

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Minutes of the Shaping Our Future Hospitals Committee
Held On 21st July 2021 at 9:00am
Via MS Teams

Chair:		
Rhian Thomas	RT	Independent Member – Capital & Estates / Committee Chair
Present:		
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CP	Executive Director of Finance
David Edwards	DE	Independent Member – ICT
Edward Hunt	EH	Programme Director - Redevelopment
Gary Baxter	GB	Independent Member – University
Nicola Foreman	NF	Director of Corporate Governance
Stuart Walker	SW	Executive Medical Director.
Secretariat		
Nathan Saunders /Raj Khan	NS / RK	Corporate Governance Officer
Apologies:		
Charles Janczewski	CJ	UHB Chair
Len Richards	LR	Chief Executive Officer

Item No	Agenda Item	Action
SOFH 21/07/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everybody to the meeting	
SOFH 21/07/002	**Apologies for Absence** Apologies for Absence we noted.	
SOFH 21/07/003	**Declarations of Interest** Independent Member – University declared an interest of being employed by Cardiff University who are a partner and stakeholder in SOFH	
SOFH 21/07/004	**Stakeholder Engagement updates** The Executive Director of Strategic Planning (EDSP) advised the committee that the Programme Business Case (PBC) had been completed in record time and had been delivered in the timeframe that was required. It was noted that about one month had been lost due to procurement and the time that had taken to finalise. The EDSP advised the committee that since the submission to Welsh Government (WG) in March 2021, the Gateway review had taken place.	

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	It was noted that in relation to Stakeholder engagement, the project was not just important to Cardiff and Vale University Health Board (CVUHB), but to multiple partners and stakeholders as well as WG. For clarity, it was noted that 85% of activity at the University Hospital of Wales (UHW) is Cardiff and the Vale activity. It was noted that to keep stakeholders engaged, the EDSP, the CEO, the Executive Medical Director (EMD) and the Programme Director – Redevelopment (PDR) had met with partnership organisations and all partners had sent endorsement letters. It was noted that some important points had been considered which included: • Cardiff University showing strong support and indicating intent to invest £200m - £300m in Health Park West - c£17m to date in purchasing the land and c£3m more over the coming year • Cardiff Council eye a large regeneration opportunity • Wide Welsh Government participation in our Gateway 0 review • Key messages over next period to the NHS family in South Wales - Case for change is strong - Awaiting WG scrutiny outcome - Not predetermined any shape/form/location of scheme - Looking forward to working together on service planning and life sciences • Search for new allies within Cardiff & Vale of Glamorgan who are aware of our strategy? • Publication of a brochure/prospectus It was noted that it presented the opportunity for UHW to be the anchor institution for economic growth in Wales. Not just about providing wards and bed and a new A&E department, it was so much more than that. The EDSP advised the committee that she and the PDR had met with Cardiff University as they had recently purchased the land next door to UHW and now had possession of that. Cardiff Council see itself as a leading city from a European context and also a UK context. Real regeneration opportunities linked to this development. It was noted that in the endorsement letter from Cardiff Council they had said that the redevelopment of the hospital would be the biggest economic regeneration offer that would happen in the City.	

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	The EDSP highlighted that they met with Cardiff University and it was noted that the Programme Business Case was a really good and thorough document and an excellent piece of work but felt it would be useful to produce a prospectus for Cardiff University to articulate the benefits for this. IM-U reiterated that WG had not handled an investment of such scale before and asked if any approvals beyond WG would be required, for example, Whitehall? The Executive Director Finance (EDF) responded that they were unsure at this stage and that it all depended on the funding route. She stated that if it's something WG can manage with a consortium of partners and different funding sources, then it can be held in Wales. If they're relying additional support that requires treasury approval then that would require further scrutiny and approvals outside of Wales. The CC noted that the EDSP had mentioned that it was not just a health and social care issue as this would affect a number of different portfolios of work and asked if there was a plan for that or is there an assumption that Health & Social care representatives would be doing the advocating work for them. The EDSP responded that in terms of stakeholders they would work with the Health & Social care representatives during the preparatory work but most importantly was the scope of the PBC was agreed with them. She stated that they took it upon themselves to ensure they held discussions with key officials: • Simon Brindle – The Director, Covid Recovery and Restart reconstruction. • Simon Jones – The Director of Economic Infrastructure. • Department of Health & Social Services and finance colleagues. **The Shaping Our Future Hospitals Committee resolved:** a) During the pre-PBC endorsement period, **Seek** to increase the level of advocacy for the programme amongst stakeholders	
SOFH 21/07/005	**Welsh Government meeting outcomes.** The PDR advised the committee that a meeting had been held with WG on 22/6/21 to have the first opportunity to discuss their thoughts on the SOFH PBC. It was noted that it had been attended by key NHS Wales executives led by Andrew Goodall, plus most of the executive team from C&V, the VC of Cardiff University, Chief Exec of Cardiff Council and MD of WHSSC. The PDR noted that Andrew Goodall, the Chief Executive NHS Wales (CENW) had said the CVUHB had achieved a lot and were on a good trajectory and were exemplars in many different areas.	

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It was recognised by the CENW that doing nothing would not be an option and would involve spending significant amounts of money and that the new minister was aware of the PBC where conversations were also had with the new minister discussing that investment at this scale would be required.

It was noted that WG had stated that currently there was no governance in place for a project of this size.

The CENW had asked the PDR, the EDSP and the Director of Capital, Estates and Facilities (DCEF) for an action to explain what the next 10 years could look like from the CVUHB perspective and that without a line of sight to a new UHW there are significant issues and what they are such as:

- Backlog maintenance
- Blocked pipes
- Aged electrical distribution boards

The PDR added that they also need to consider the areas where they are also deficient in such as:

- Bone Marrow transplantation
- Critical Care

The PDR highlighted that their wards are not HBN compliant and an exercise was done to see that if the wards were brought up to compliance then a 38 bed ward would become a 19 bed ward.

Since the meeting CVUHB have had a note back from WG post scrutiny feedback which included:

- Whilst the PBC went into more detail than they expected, the scrutiny has asked for a copious amount of detail on the implications of the CVUHB clinical model and draw that out into a more thorough options appraisal.
- WG also wanted a more thorough economic analysis
- WG want them to go in and quantify what the transformation opportunity was.

It was noted that the EDSP and the PDR would prepare a response and have a meeting with WG urgently.

The CC stated that she had found it challenging that a scope had been agreed at the beginning of the year which was delivered to and then there is now an alternative perspective provided post submission of the PBC.

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She asked what could be done to avoid duplication of work and that path and ensure delivery of what is exactly needed.

The EDSP responded that it has to be a partnership with WG and CVUHB as they fundamentally know that UHW is coming

	to the end of its life and that doing nothing is not an option and would require significant funding if they continually repair it. She stated that they would need to regularly go back and test their assumptions with Welsh Government and ensure they keep an open dialogue. IM-U queried if there is a clear sense of what WG officials are doing now and whether they are committing a team to working on this project? The EDSP stated that this is the question they need to be asking and that the desire for the PDR and herself is to meet with key officials is really important as within the gateway review this is an action that needs to be done in a particular timeline. She highlighted that there will be different views from different officials and that WG would all need to understand the PBC and provide their definitive overall view on it rather than taking views of multiple government officials. **The Shaping Our Future Hospitals Committee resolved:** a) **Note** the meeting notes and actions.	
SOFH 21/07/006	**JLL Report** The PDR advised the committee that as part of the consortium that Grant Thornton bid around Christmas time, there were various other partners brought on board with various types of specialisms such as property and health planning. He stated that they were motivated by the investment that Cardiff University were making in Heath Park West predominantly. We felt it was courteous to give Cardiff University a view if likely they would stay at UHW or if other options exist. The PDR advised the committee that they had commissioned a small independent piece of work to understand were 22 hectare sites existing in Cardiff JLL undertook that work and list of around 25 sites which was shocking in Cardiff and the Vale. It was noted that when simple criteria was applied, the numbers rapidly diminished. The PDR stated that there are 3 options: • Current UHW site • Associated British Ports owned Cardiff Bay Site • Culverhouse Cross Site. It was noted that the Culverhouse Cross site would most likely be pushed out due to economical regeneration opportunity that existed there.	

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	It was highlighted that Cardiff Council were excited about the development on the original UHW site but when they saw the opportunity for Cardiff Bay further interest was generated as they saw an enormous regeneration opportunity on the site on top of what was already seen. He added that they had perceived an investment in the current Heath site as a stimulus of the life sciences industry whereas Cardiff Council would perceive the opportunity in doing that but also stimulating investment in things such as housing and further regeneration. The PDR informed the committee that Cardiff Council have agreed to undertake a small piece of work to further understand what the regeneration opportunity of the area would be. **The Shaping Our Future Hospitals Committee resolved:** a) Note the content of the report and that further site search work will be undertaken in subsequent stages	
SOFH 21/07/007	**Gateway 0 Report** The PDR advised the committee that a Gateway 0 review was held between 21/06/2021 and 23/06/2021. The outcome of the review had been provided as a paper to this committee along with the final SRO response. The PDR highlighted that when they received the results of the review in regards to the delivery confidence assessment they received an amber/red status. This meant that successful delivery of the programme was in doubt with major risks or issues apparent in a number of key areas which came as a surprise to the PDR and EDSP. He stated that the findings were based largely on affordability but also some other factors that were raised that also needed to be addressed such as: - Difficulties in regional health planning - Ownership and participation from WG The PDR highlighted that during his interview he was asked about conversations had with WG and it was noted that WG had proposed a higher sum of monies than what the Health board had discussed since the start of their conversations which began in 2019. The PDR stated that the recommendations suggested help push WG towards a mandate and that they were asked to strengthen their case for change at UHW as they would like to see more work in regards to the digital strategy. He highlighted that they were also asked to go through the further options appraisal with the long and shortlisting, which he felt should be undertaken at a strategic outline case stage rather than being undertaken now.	

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	The PDR highlighted that there were further suggestions around the wider governance on bringing in partners particularly around academic health sciences as the stakeholders involved are quite broad and influential i.e. department of trade, council, university. The PDR stated that the recommendations were helpful as it highlighted work that they want to do but are things they wish to do at a strategic outline stage as opposed to a business outline case. In terms of implications for work that needs to be completed he stated that it points to what is referred as project 1 in the programme business case meaning that they need to proceed with the clinical transformation and the associated digital implications of that. The PDR informed the committee that although work is being done with some of the projects what is not available is the cost implications of the works and also informed the committee in regards to governance the Academic Health Sciences feasibility work would also need to be undertaken. The PDR stated that they would be writing back to WG and meet with them from which they would be able to take their points from the letter, the Gateway 0 recommendations and have more robust conversations with WG to discuss when the best time would be to undertake this in the next stage. The EDF highlighted to the committee in regards to the funding, affordability, and the request for the “do nothing” option. She stated that what is being suggested is that on one hand a figure has been presented and on the other there is another large figure which they must deal with and will have a sub optimal outcome if “x” amount is spent. The EDF stated that they must be pragmatic in their approach and consider the quality of their costing in the original £2 Billion. The CC queried if considerations have been made to determine things that do not need to be updated/renewed. The PDR responded that the programme business case did consider the do nothing / do minimum options but they did not work it through as it would leave potential grey areas between replacements and do minimums. He stated that this is done at strategic outline stage. The CC asked to change the recommendations on the report and confirmed a new recommendation. **The Shaping Our Future Hospitals Committee resolved:**	

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	a) **Acknowledge** the recommendations made in the report b) **Note** that further discussion will be held with Welsh Government to agree implementation of recommendations to achieve endorsement of the PBC.	
SOFH 21/07/008	**Programme Overview** No Further points were raised **The Shaping Our Future Hospitals Committee resolved:** a) **Note** the position of the programme and the intent to seek WG endorsement of the PBC as soon as practical to allow progress to be made on our three identified projects.	
SOFH 21/07/009	**Risk Register / Risk Overview** The PDR stated that they have already discussed the current issues in progressing the business case and the risks identified around unintentional delays between stages were captured in the original risk register that was submitted with the programme business case. He informed the committee that they were not spending as a result of these delays by having to maintain teams that are potentially not in use He highlighted that funding would always be a risk due to the value and the options being quite complex. The EDSP highlighted when considering to proceed with the development of the programme business case, one of the areas that they had concerns about was the engagement with the clinical frontline. She informed the committee that they received an unexpected and overwhelming amount of responses back with hundreds of clinicians attending the workshops. The EDSP stated that she perceived a buoying of the workforce being able to influence change. The DCG informed the committee that discussions were already held with the PDR in regards to the format of the register to ensure there is some consistency within the organisation and to avoid different styles being introduced. The DCG stated that the committee oversees and scrutinises the work of the programme board so it would be better to see the top level risks rather than all the risks so that way they are sighted on them to be able to provide assurance to the board. **The Shaping Our Future Hospitals Committee resolved:** a) **Note** the risks b) **Amend** any existing risks **c) Add** any new risks	

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SOFH 21/07/010	**Shaping Our Future Hospitals Committee – Terms of Reference** The DCG informed the committee that the Terms of reference was taken to the Board meeting in May and highlighted that going forward this will need to be under constant review and development. **The Shaping Our Future Hospitals Committee resolved:** a) **Review** and **Note** the Terms of Reference as set out	
SOFH 21/07/011	**Annual Workplan 21-22 – Shaping Our Future Hospitals Committee** The DCG stated that this need to remain a fluid document at the moment as the role of the committee is to have oversight and scrutiny of the programme boards work and at the moment will take them through the programme business case, strategic outline case, outline business case, and the final business case and holding the programme board to account on delivery of those business cases to provide assurance to the board. **The Shaping Our Future Hospitals Committee resolved:** a) **Review** and **Approve** the Committee Work Plan for 2021/22 b) **Recommend Approval** to the Board on 30th September 2021	
SOFH 21/07/013	**AOB** No other business was noted.	
SOFH 21/07/014	**Review of 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.	
SOFH 21/07/015	**Date & time of next Meeting** October 13th 2021 at 9am via MS Teams	

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MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON THURSDAY 22 JULY 2021 CONDUCTED VIA MICROSOFT TEAMS

Present:	
Sam Austin	Llamau (Chair)
Frank Beamish	Volunteer
Jason Evans	South Wales Fire and Rescue
Iona Gordon	Cardiff Council
Shayne Hembrow	Wales and West Housing Association
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
Lauren Spillane	Carers Trust
Lani Tucker	Glamorgan Voluntary Services
In Attendance:	
Nikki Foreman	Director of Corporate Governance, UHB
Abigail Harris	Executive Director of Strategic Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Jessica Manning	Community Health Council
Colin McMillan	Head of Transport and Sustainable Travel, UHB
Ed Hunt	Programme Director, UHW2, UHB
Anne Wei	Strategic Partnership & Planning Manager, UHB
Apologies:	
Mark Cadman	WAST
Zoe King	Diverse Cymru
Linda Pritchard	Glamorgan Voluntary Services
Secretariat:	Gareth Lloyd, UHB

SRG 21/28 WELCOME AND INTRODUCTIONS

Lauren Spillane was welcomed and introduced to the SRG.

SRG 21/29 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not a member of the SRG, apologies had been received from Keithley Wilkinson.

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SRG 21/30 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 21/31 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 25 MAY 2021

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 25 May 2021.

Shaping Our Future Clinical Services Engagement
The report on the engagement had been issued to the SRG for information.

Recovery Planning – Waiting Times
Gareth Lloyd explained that he had received some graphical data on the waiting times for each of the Welsh Index of Multiple Deprivation ten deciles. He was seeking an analysis of what the data demonstrated which would be issued to the SRG

Action: Gareth Lloyd

Len Richards, Chief Executive
Abigail Harris confirmed that Len Richards would officially leave the UHB at the end of September 2021. The SRG Chair agreed to write to him on behalf of the SRG.

Action: Chair

SRG 21/32 FEEDBACK FROM BOARD

Nikki Foreman drew the SRG's attention to some specific items discussed at the UHB Board meeting held on 27 May and the Special Board meetings held on 10 and 24 June 2021.

May 27

- Patient Stories – The stories were from two patients hospitalized during the C-19 Pandemic. The first story focussed on their difficulties and the second on the little things that had mattered during their stay.
- Chair's Report – The focus had been on staff wellbeing and projects which when launched would support staff.

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- Chief Executive's Report – Rachel Gidman had been appointed as Executive Director of People and Culture. There was also information on the Green Health Wales launch on 29 June which will share learning from both local Welsh initiatives and global sustainable healthcare projects across a breadth of speciality areas.
- Corona Virus Update Report – At that point there were no active hospital acquired infections. Angela Hughes updated that there were currently some very small localised outbreaks within the UHB. Non C-19 activity was continuing to increase.
- Board Assurance Framework – Two new risks had been added: the impact of C-19 on staff wellbeing and the impact of C-19 on reducing health inequalities. Fiona Kinghorn, Executive Director of Public Health would be presenting on health inequalities to the UHB Board on 29 July and it would also be the focus of the next Director of Public Health Annual Report. It was agreed that Fiona Kinghorn be invited to present on the topic at the SRG meeting on 29 September. Abigail Harris informed the SRG that it was recognised that certain cohorts of the population had been disproportionately affected by C-19

Action: Abigail Harris/Gareth Lloyd

- Performance Report – Elective surgery activity continued to increase. There had been a shift in pressure to Primary Care and Mental Health Services. Child and Adolescent Mental Health Services were under significant pressure with 244 referrals to the service in April compared to an average of circa 100 referrals per month pre-pandemic.
- Financial Position – There had been a surplus of £90k at the end of March 2021. However, due to the pandemic the delivery of savings was circa £21.3m less than planned and this had increased the underlying deficit to £25.3m
- Patient Safety Quality And Experience Report – The number of concerns were double that of the same period the previous year. Most of the concerns related to mass vaccination or the inability to visit people in hospital.
- Report on the outcome of engagement on Shaping Our Future Clinical Services
- Report on the outcome of engagement on Regional Model for Vascular Surgery
- Endoscopy Expansion Business Justification Case
- Standing Orders and Standing Financial Instructions had been approved.

10 June

- The Annual Report and Accounts for 2020/21 had been signed off.

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24 June

- The Annual Plan for 2021/22 was signed off and will be published on 29 July

It was agreed that the shortened version of the Annual Plan be circulated to the SRG for information

Action: Nikki Foreman/Gareth Lloyd

The SRG enquired how staff vacancies were being managed. Abigail Harris explained that despite having success with recruitment during the pandemic the UHB still had a number of vacancies. There were a number of posts where recruitment was proving particularly difficult. One such example is the national shortage of theatres staff although the UHB generally fares better than most in recruiting these staff due to it being a centre for tertiary services.

The SRG enquired whether the UHB collated data on waiting lists by age group. Abigail Harris agreed to discuss with Steve Curry

Action: Abigail Harris

SRG 21/33 CARDIFF AND VALE UHB SUSTAINABILITY ACTION PLAN

The SRG received a presentation from Ed Hunt on sustainability in the UHB.

The SRG 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 was published in March 2021. It sets targets for Health Boards to meet in 2022 and beyond and will require the embedding of sustainable behaviour into the organisation. It is interesting to note that in 2018/19 62% of NHS Wales' carbon footprint was procurement. It was agreed that SRG be provided with a breakdown of the top 20 greenhouse gas emitting items used within the UHB

Action: Ed Hunt/Gareth Lloyd

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

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- 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 that there was limit to what could be done with a top down approach and a complete culture change is required with far more people practicing sustainability and everyone playing their part.

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. Ed Hunt informed the SRG that one member of the UHB's Communications team had been dedicated to work on sustainability communications.

It was agreed that the SRG should hold regular discussions regarding how it assist the UHB in meeting its sustainability targets.

SRG 21/34 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.

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

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- 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.

The SRG made several observations and raised several questions.

- It would be helpful to review the recent audit of the UHB's car parks conducted by the Community Health Council.
- 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. Colin McMillan explained that the original site was currently being used as a Mass Vaccination Centre but the potential new location was very close to it.
- Some people will not be prepared to drive past their final destination to use a park and ride facility. It was however noted that this would be the case wherever park and ride facilities were located.
- Will the Plan include third sector transport services? Colin McMillan explained that the UHB does not use these services although they are used by Welsh Ambulance Service NHS Trust for non-urgent patient transport.
- Will there be regular travel surveys? Colin McMillan explained that prior to the pandemic the UHB had conducted annual surveys. It had also held engagement days and volunteers had asked patients to complete the survey. It is likely that these will be resurrected.
- 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.
- It should be explained to people 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.
- Will cycle facilities be improved at Woodland House?. Colin McMillan explained that the identified area had become a C-19 storage area but that it was hoped the scheme would be resurrected.

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In response to an enquiry, Abigail Harris informed the SRG that it was likely that the disabled car park opposite the multi-storey car park at UHW would remain out of use for some time because the UHB was looking to put some mobile operating theatres on the site in order to increase theatre capacity as part of its pandemic response.

In response to an enquiry Colin McMillan explained that discussions were ongoing regarding integrating the Cardiff and Vale of Glamorgan Nextbike schemes.

SRG 21/35 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 suggested that when communicating with patients, the NHS was still inclined to use terminology that many would not understand and frequently patients were reluctant to ask for an explanation. Angela Hughes agreed that all communications must be understandable to patients. She would also like copies of correspondence between GPs and secondary care to be copied to patients.

It was agreed that members of the SRG provide send any comments on the presentation to Gareth Lloyd

Action: All

SRG 21/36 NEXT MEETING OF SRG

Microsoft Teams meeting, 9.30am-12pm Wednesday 29 September 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 7 SEPTEMBER 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 ABUHB
Carol Shillabeer (in part)	Chief Executive, Powys Teaching Health Board PtHB
Stuart Walker	Medical Director, Cardiff and Vale CVUHB
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)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Interim Chief Operating Officer, Velindre University NHS Trust
Roshan Robati	Senior Programme Advisor for Unscheduled Care, Betsi Cadwaladr BCUHB
Clare Williams	Deputy Director of Planning, Cwm Taf Morgannwg CTMUHB
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Richard Baxter	Project Manager, EASC Team (NCCU)

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Part 1. PRELIMINARY MATTERS		ACTION
EASC 21/51	**WELCOME AND INTRODUCTIONS** Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting. The Chair welcomed Clare Williams, Deputy Director of Planning from Cwm Taf Morgannwg University Health Board, Stuart Walker from Cardiff and Vale University Health Board and Roshan Robati, Senior Programme Advisor for Unscheduled Care, from Betsi Cadwaladr University Health Board to their first meeting of the EAS Joint Committee. The Chair thanked Len Richards in his absence for his sustained contribution to the Committee's work and wished him every success in his new role.	Chair
EASC 21/52	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Jo Whitehead and Gill Harris (BCUHB), Paul Mears and Linda Prosser (CTMUHB) Len Richards, Mark Hackett and Steve Ham.	Chair
EASC 21/53	**DECLARATIONS OF INTERESTS** There were no additional interests to those already declared.	Chair
EASC 21/54	**MINUTES OF THE MEETINGS HELD ON 13 JULY AND 20 JULY 2021** The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 13 July and 20 July 2021. Members **RESOLVED** to: • **APPROVE** the minutes of the meetings held on 13 July and 20 July 2021.	Chair
EASC 21/55	**ACTION LOG** Members **RECEIVED** the action log and **NOTED**: **EASC 21 /42 Roadmap for the system service response** Members noted that further discussion was required for the key design principles to be developed. An update would be provided at the next meeting. **EASC 21/43 Emergency Department Quality and**	EASC Team

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	Delivery Framework An update of the work to be developed had been circulated to Members and the action was closed. **EASC 21/43 Commissioning for Value programme** An update on progress would be provided at the next meeting. **EASC 21/27 Ministerial Ambulance Availability Taskforce** Members noted that the Minister had requested that the work of the Taskforce to develop a modern ambulance service should continue but now as a Commissioner-led Taskforce **EASC 21/26 Committee Effectiveness** Members discussed whether training for new Members would be helpful and decided that a formal process would not be required. The Chair offered Members the opportunity of commenting outside of the meeting and reiterated the offer that individual discussions with the Chair and Committee Secretary would always be available to all Members. The Chair raised personal concerns in relation to being the only independent representative at the Committee and also raised the importance of the patient voice and how the EASC could facilitate a more inclusive approach. No formal proposals were made but this would be an ongoing issue for discussion. The Chair agreed to work with the Committee Secretary to ensure that progress would be made in all areas of the action log. Members **RESOLVED** to: **NOTE** the Action Log.	EASC Team CASC Chair and Committee Secretary
EASC 21/56	**MATTERS ARISING** There were no matters arising.	
EASC 21/57	**CHAIR'S REPORT** The Chair's report was received. In presenting the report, Chris Turner explained that he had attended the Swansea Bay University Health Board meeting with the Chief Ambulance Services Commissioner on 19 August 2021 as part of the annual attendance at health boards across Wales. Members noted that a different approach had been taken to try and have more dialogue with	

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	Board members regarding their local area. Jason Killens, Chief Executive of the Welsh Ambulance Services NHS Trust had also attended the meeting. Members noted that a helpful discussion had taken place with good feedback received. The Chair offered all Members the opportunity of shaping the local sessions to have as much meaningful discussion as possible with individual health boards. Members also noted that the Chair's end of year appraisal had also taken place. The Chair had been joined by the Chief Ambulance Services Commissioner during the second part of the session with the Minister and discussions had taken place in relation to the current issues, injecting pace into solutions and the importance of the ongoing action plan. The Chair explained that it was a different type of appraisal with a broad ranging discussion related to ambulance services and the place of those services within the Urgent and Emergency Care context across Wales. Members **RESOLVED** to: • **NOTE** the Chair's report	
Part 2. ITEMS FOR DISCUSSION		**ACTION**
EASC 21/58	**FOCUS ON – Performance and Improvement** An important and focused discussion took place on performance and improvement as the current position was judged to be 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 the 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 NHS Wales system and the need to identify key risks and impacts of this approach • Need to develop a joined-up escalation plan approach	

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	across NHS Wales 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 had subsequently been developed and sent out for comment. Members **RESOLVED** to: • **NOTE** the discussion	
EASC 21/58	**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: • 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	

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	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-Led Ambulance Availability Taskforce aiming to advise on, and contribute to, defining what a modern ambulance service should and could be developed. • Handover delays had increased to an average of 490 hours a day lost during August 2021; this had contributed to the need for WAST to raise the level of 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. Following discussion, Members **RESOLVED** to: • **NOTE** the information within the report.	
EASC 21/59	**WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT** The update report from the Welsh Ambulance Services NHS Trust (WAST) was received. 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 people waited 12 hours or more; this was a significant and worrying development • Post-production lost hours – an important efficiency for WAST to deliver (in line with the ORH EMS Demand and Capacity Review) which would include rest breaks, standardisation of terms and conditions of employment and equalisation of development time for staff. Members noted a series of engagement meetings were taking place to discuss options with a view to finding a negotiated settlement with the staff side and trade unions at WAST. • NEPT service levels back to 70% of the pre pandemic	

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	levels but constraints on number of patients carried as multi-occupancy vehicles had been used for single patient use. Members **RESOLVED** to: **NOTE** the WAST provider report.	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		**ACTION**
EASC 21/60	**FINANCE REPORT** The EASC Finance Report was received. In presenting the report Stuart Davies noted the current break-even position and highlighted the stable position of the 100% balanced plan. Members **RESOLVED** to: • **APPROVE** and **NOTE** the report.	Director of Finance
EASC 21/61	**EASC SUB GROUP MINUTES** Members received the confirmed minutes of the EASC Sub Groups as follows: • EASC Management Group – 24 June 2021 • NEPTS Delivery Assurance Group 8 June 2021 Members **RESOLVED** to: • **APPROVE** the confirmed minutes as above.	
EASC 21/62	**EASC GOVERNANCE** The EASC Governance report was received. In presenting the report Gwenan Roberts gave an overview of the work to complete the review of the Standing Orders. Members noted: • The Memorandum of Agreement had been updated in line with Standing Orders • The Hosting Agreement, this was last reviewed in November 2018 – no areas of concern were identified • The Draft Memorandum of Understanding with the Welsh Government Officials was received and further discussions would take place, it was last discussed in 2016 • The update on work to complete all of the requirements in the Standing Orders including the Standing Financial Instructions and the Scheme of Delegation and Schedule of Powers which are all interlinked. • Two specific areas of non-compliance with the Standing Orders relating to the time papers sent out to Members and also that Sub Group chairs should not normally be a member of the EASC Team were noted. Members supported the variance from the Standing Orders in	CASC

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	relation to these two matters and noted that this would be raised at the host body Audit and Risk Committee. The EASC Risk Register was received. Members noted that all risks had been comprehensively reviewed by the EASC Team in August 2021 and the two risks related to performance against targets for the red and amber categories had been raised from 16 to 20. Members **RESOLVED** to: • **APPROVE** the 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.	
EASC 21/63	**FORWARD PLAN OF BUSINESS** The forward plan of business was received. Members noted that a comprehensive annual plan would be received at the next meeting in line with the requirements within the Standing Orders. Following discussion, Members **RESOLVED** to: • **APPROVE** the Forward Plan.	CASC
Part 4. OTHER MATTERS		**ACTION**
EASC 21/64	**ANY OTHER BUSINESS** There was none.	

DATE AND TIME OF NEXT MEETING		
EASC 21/65	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 9 November 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

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Signed ……
Christopher Turner (Chair)

Date ……

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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Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 07 September 2021 via MS Teams

Members Present:

Kate Eden	(KE)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB (part meeting)
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member, Powys THB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Ian Wells	(IW)	Independent Member, Cwm Taf Morgannwg UHB

Deputies:

Sîan Harrop-Griffiths (for Mark Hackett)	(SHG)	Director of Strategy, Swansea Bay UHB
Linda Prosser (for Paul Mears)	(LP)	Director of Strategy & Transformation, Cwm Taf Morgannwg UHB
Stuart Walker (for Len Richards)	(SW)	Medical Director, Cardiff & Vale UHB

Apologies

Iolo Doull	(ID)	Medical Director, WHSSC
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Jason Killens	(JK)	Chief Executive Officer, WAST
Rob Nolan	(RN)	Director of Finance, Commissioning & Strategy Betsi Cadwaladr UHB
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Len Richards	(LR)	Chief Executive Officer, Cardiff & Vale UHB
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Karen Preece	(KP)	Director of Planning, WHSSC
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

Observers

Simon Dean	(SD)	Welsh Government (WG)

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Minutes:

Michaella Henderson	(SMH)	Corporate Governance Officer, WHSSC

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The meeting opened at 09:30hrs

Min Ref	Agenda Item
JC21/036	**1.1 Welcome and Introductions** The Chair welcomed Members to the meeting in Welsh and English and reminded everyone that, due to the COVID-19 pandemic, the meeting was being held virtually via MS Teams. No objections were raised to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved. The Chair welcomed Sian Morgan, Consultant Clinical Scientist and Head of the All Wales Genetics Laboratory as a guest speaker for agenda item 2.1. The Chair noted a number of Deputies were attending on behalf of their Chief Executive Officers as noted above. The Chair reminded Members that the purpose of the Joint Committee was to act on behalf of the seven Health Boards (HBs) to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales by working collaboratively on the basis of a shared national approach, where each Member works in the wider interest.
JC21/037	**1.2 Apologies for Absence** Apologies for absence were noted as above.
JC21/038	**1.3 Declarations of Interest** The Joint Committee noted the standing declarations, and there were no additional declarations of interest relating to the items for discussion on the agenda.
JC21/039	**1.4 Unconfirmed Minutes of the Meeting Held 13 July 2021** The minutes of the Joint Committee meeting held on the 13 July 2021 were received and approved as a true and accurate record of the meeting.
JC21/040	**1.5 Action Log & Matters Arising** The action log was received and Members noted that the following items were on the agenda for discussion: • JC21/002 Neonatal Transport Service for South and Mid Wales

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	• JC21/003 Thoracic Surgery Strategic Outline Case • JC21/005 COVID-19 Period Activity Reports Months 1 & 2 2021-22, concerning recovery plans, and • JC21/006 Future New Services The Joint Committee resolved to: • **Note** the action log and agree to close the completed actions.
JC21/041	**2.1 All Wales Genetics Service Improvement** Members received an informative presentation from Sian Morgan (SMg), Consultant Clinical Scientist and Head of the All Wales Genetics Laboratory (AWGL). The Chair advised that Stuart Davies (SD) was the WHSSC Executive Lead for the genetics service. SD introduced the presentation by reminding Members that he had presented to the Joint Committee two years ago, just as WHSSC had embarked on the genomic strategy. SD reported that the work SMg was going to present would prepare the ground for a number of important initiatives that the genomics service would be involved in including advanced therapeutic medicinal products and new treatments available for many cancers with a genetic link. Members discussed the future of cancer services, noted the further increases in capacity and development that would be needed over the next two to three years and thanked SMg for the informative presentation. **ACTION:** It was agreed the presentation slides would be circulated to Members. The Joint Committee resolved to: • **Note** the presentation.
JC21/042	**2.2 Report from the Chair** The Chair's report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous Joint Committee meeting. The Joint Committee noted: • that the Chair had undertaken a Year End Appraisal Review 2020-2021 with the Minister for Health & Social Services, • that no Chair's actions had been taken since the last meeting, • the Integrated Governance Committee (IGC) meeting held on the 10 August 2021,

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	• that discussions with Welsh Government (WG) and Cwm Taf Morgannwg University Health Board (CTMUHB) concerning WHSSC Independent Member (IM) Remuneration, following on from the recommendation outlined in the Audit Wales report "Committee Governance Arrangements at WHSSC were continuing, and that a report was due to be presented to the NHS Wales Chairs group in October 2021, • the Chair had written to JC members concerning the confidentiality of JC papers and it had been agreed that in future all Joint Committee "In –Committee" Reports will be shared with the NHS Wales Board Secretaries group, • a request had been received from the Chair of the NHS Wales Chairs group for the NHS Wales Board Secretaries group to review the reporting and accountability arrangements at WHSSC and the Emergency Ambulance Services Committee (EASC). Sian Lewis (SL) emphasised the importance of ensuring that the Terms of Reference for the review of WHSSC and EASC were very clear, in particular in relation to where the resulting report would be sent for consideration and what the position would be if the report set out different or conflicting recommendations to the recent Audit Wales Governance Report. Judith Paget (JP) advised that it would be useful to understand what the concerns were which had led to the request for the review, and that the NHS Wales CEO group were unaware of the planned review. JP requested that the matter be discussed with the CEO group and the Chair agreed that it might be helpful. **ACTION:** Judith Paget (JP) to discuss the NHS Wales Chairs group request for a review of the reporting and accountability arrangements for WHSSC and EASC with the NHS Wales CEO group. The Joint Committee resolved to: • **Note** the report.
JC21/043 Saunders.Nathan 11/17/2021 15:57:57	**2.3 Report from the Managing Director** The Managing Director's report was received and the Managing Director gave an update on relevant matters undertaken since the previous Joint Committee meeting. The Joint Committee noted: • That the NHS Wales Shared Services Partnership (NWSSP) Internal Audit (IA) Team had undertaken a review of the Cancer & Blood Commissioning Team within WHSSC and given an assessment rating of "substantial assurance", building on the previous "substantial assurance" rating awarded to the Women & Children's Commissioning Team; and

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	• The WHSS Team had started preparation for the COVID-19 Inquiry and that Kevin Smith, former Committee Secretary, had agreed to return and undertake that piece of work. The Joint Committee resolved to: • **Note** the report.
JC21/044	**2.4 Commissioning Future New Services for Mid, South and West Wales** The Commissioning Future New Services for Mid, South and West Wales was received and members were requested to consider requests received from the NHS Wales 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; and • to also consider a request from the CEOs of SBUHB and C&VUHB 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. SL advised that the JC were being asked to support that a request be submitted to the commissioning HB's seeking approval of delegated commissioning authority to WHSSC. Members noted that the Committee Secretary at WHSSC had 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 needed to be formally taken through the Joint Committee to seek support for the change but that final approval was required from each of the commissioning HBs. WHSSC would submit a formal report to individuals HBs for inclusion on their September Board agendas for a final decision to be made. The Joint Committee resolved to: • **Note** 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; • **Support** the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC; • **Support** that WHSSC develop a service specification for specialised paediatric orthopaedic surgery;

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	• **Support** in principle the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSSC; • **Support** a request to commissioning Health Boards (HBs) for approval of delegated commissioning authority to WHSSC as described above; • **Note** that the required deadline for completing the development of the Paediatric Orthopaedic Service Specification is December 2021; and • **Approve** that WHSSC commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards (HBs) in Mid, South and West Wales. With the required funding identified and invested in through the 2022/25 Integrated Commissioning Plan.
JC21/045	**2.5 WHSSC - Workforce Capacity** The WHSSC workforce capacity report was received and members noted the requests and proposals received for WHSSC to undertake new work related to services currently commissioned through HBs or services which are new to Wales; the 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; and the request for support to take forward requests for additional investment. Members noted that: • WHSSC had been formed in 2010 and that it had matured significantly since its original purpose of providing a light touch to commissioning specialised services, focusing on planning and contracting; • There had been significant internal model modernisation, but without any increase above inflation in direct running costs (DRC) from the HBs; • Requests for WHSSC to commission new services were being received against the background of increasing demand for the support for existing services and expectations around delivery of commissioned specialised services; • Benchmarking data provided in the report was favourable to an increase in DRC; • The WHSS Team was already working with Health Technology Wales (HTW) and funding was being sought from WG to fund Project manager posts, • WHSSC had investigated opportunities to spend to save, and were exploring ongoing efficiencies with internal staff and utilising internal slippage funds,

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- It had been proposed that a cross charge against the running cost allocation for the expanded Quality Assurance Improvement Service (QAIS) Team and Care Home Team portfolios of the NCCU for increased finance support be requested,
- Despite exploitation of the opportunities described above there will remain a significant gap in the WHSSC workforce in delivering the planned commissioning activities, and that it was proposed that a 5.9% uplift to the WHSSC running cost budget be submitted within the 2022-2023 Integrated Commissioning Plan (ICP), which was equivalent to a 0.03% uplift against the total commissioning allocation.

The Joint Committee acknowledged the WHSSC workload pressures and agreed that, if new services were to be commissioned by WHSSC, it would also be appropriate to look at which services were no longer considered specialised, such as interventional cardiology and some elements of plastic surgery, which might be repatriated to HBs. SL advised that previously Management Group (MG) had not expressed an appetite for repatriating interventional cardiology.

KP advised that other areas were also under consideration including plastic surgery and JP requested that a proactive approach be made on plastic surgery. Sîan Harrop-Griffiths (SHG) informed Members that SBUHB had already started engaging with the WHSS Team on repatriating some plastic surgery services.

Members discussed the process for considering if services were specialised and agreed that conversations needed to take place at Management Group before being presented to Joint Committee for consideration.

ACTION: WHSST to proactively engage with MG regarding the services currently commissioned by WHSSC, which would merit being commissioned locally at HB level and to review the current WHSSC portfolio of specialised services to determine if any should be removed from the specialised services commissioning list and return to Health Boards to commission.

The Joint Committee resolved to:

- **Note** 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;
- **Note** the workload challenges related to services currently commissioned through WHSSC;
- **Note** the opportunities for increasing WHSST capacity which have already been exploited;

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	• **Support** the request to Welsh Government (WG) for funding for additional project management support; • **Support** the request to recharge the National Collaborative Commissioning Unit (NCCU) for increased finance support; • **Support** the inclusion of an increased DRC requirement in the 2022-2023 Integrated Commissioning Plan (ICP).
JC21/046	**2.6 Recovery Planning – Quality and Outcome Improvement for Patients** The presentation on Recovery Planning – Quality and Outcome Improvement for Patients was received and Karen Preece (KP) advised that WHSSC had received recovery plans from Cardiff and Vale, Swansea Bay and Betsi Cadwaladr UHBs and they were being discussed through individual Service Level Agreement (SLA) meetings. Members noted the areas of risk and that consideration was being given to identifying alternative providers for particularly challenging areas, although it would be preferable to use current providers. KP advised that there was a need to revisit the discussions from the Joint Committee's equity workshop in May 2021, and that there was a requirement to undertake a gap analysis to determine residual waiting list positions. WHSSC will continue to monitor progress and performance and report to MG monthly and to JC bi-monthly. Stuart Walker (SW) requested that the slides were shared as they would be useful to reflect the WHSSC perspective back to teams and aid discussions. SW said that it is important that recovery discussions are being held in a cooperative and consensual manner between HBs and WHSSC. KP advised that the usual route was via the Service Level Agreement (SLA) meetings but that a discussion between WHSSC and its main providers would be helpful to see how there could be collective support and to find NHS Wales solutions. It was agreed that a tripartite executive team meeting would be organised. SD advised that WHSST needed further detail on how the allocation that HBs had received from Welsh Government was being utilised within specialist service provision Linda Prosser (LP) raised questions concerning (i) the number of people potentially affected by recovery plan issues by HB and (ii) what support was being provided to patients on waiting lists, and made a strategic observation as to the standalone status of many of the NHS England facilities already in recovery. In response KP advised that activity reports were being presented to Management Group and Joint Committee on a regular basis and that WHSST could only take assurance from the HBs during SLA meetings that

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patients on the waiting lists were being dealt with appropriately including the use of harm reviews by providers. She also confirmed that the risks were captured on the WHSSC commissioning risk register. SD noted the WHSS Team could provide the HB with a detailed snapshot of current waiting list positions and composition by HB but that it would not be possible to project that information forward and match it to HB recovery plans as the plans received so far were not sufficiently detailed.
KP agreed to bring a report to a future JC meeting.

ACTION: It was agreed that a written report as to the assurances being provided by HBs to WHSSC in terms of waiting list patients would be provided to a future Joint Committee meeting.

SHG provided members with an assurance that it was SBUHB's expectation that they would deliver and recover as much as possible in 2021-22 and that Mark Hackett, CEO had given an absolute commitment that it would be a priority for SBUHB to deliver contracted LTA levels as a provider from 2022-23 onwards.

Carol Shillabeer (CS) noted, and other members agreed, that it was important to maintain flexibility in pathways and that serious consideration should be given to the key issue of switching patients to alternative providers who can provide swifter access to treatment, including those in NHS England, if that would ensure more timely access to services for the patient.

Members discussed the UK Government announcement concerning an additional £5.4 billion of funding over the next 6 months to support the NHS COVID-19 response and help tackle waiting lists, noted that discussions were being held within WG on HB spending of phase 1 and 2 monies and noted that there was a need to act swiftly to consider the optimum level of outsourcing that could be provided to support HB recovery plans.

JP advised that the burden of care for waiting list patients could often fall on family members and other carers for a long period of time and that support for carers was an issue ABUHB were considering at a local level; and that the amalgamation of recovery plans with both tertiary and secondary care providers and the subsequent impact on how patients move though the pathway was an important consideration and should be discussed at Management Group.

ACTION: Members agreed the amalgamation of recovery plans with both tertiary and secondary providers that impact how patients move though the pathway would be added to a future MG agenda.

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	Ian Phillips (IP) highlighted the longer term areas of significant risk and harm and queried the distinction between COVID-19 issues and pre-existing capacity issues and how they affected recovery rates. KP responded by saying that pre the COVID-19 pandemic, benchmarks and baselines were in place that helped to flag risk areas and underlying capacity gaps in some services. The current challenge related to the backlogs and how long they would potentially take to clear. The Chair invited observer Simon Dean (SD) to address the meeting. SD noted Members' concerns regarding timely and equitable access to services and asked WHSST and HB representatives to provide him with early notification of any concerns to enable WG to consider and address them. Members agreed that if a decision was taken to use alternative providers it would be important to include the current provider in discussions and approach the whole pathway in a cooperative and collaborative way. The Joint Committee resolved to: • **Note** the presentation.
JC21/047	**2.7 Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022** The report informing the Joint Committee of the major trauma priorities for in year use of underspend and the resource plan for 2022 was received and members noted 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, • 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 MG and that they should have delegated authority on the matter, • accepted the principle that if the MG agreed to use the underspend within major trauma that this resource would be used across the Network; • which areas they wished to support for inclusion in the ICP and requested that further work be undertaken by MG

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	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 A number of members of the committee emphasised the importance of ensuring that decision related to the funding of the Major Trauma Service be considered alongside other service priorities. The Joint Committee resolved to: • **Discuss** the issues in the report; • **Discuss** and the areas being considered for inclusion in the Integrated Commissioning Plan (ICP) for 2022; • **Agree** that the proposal regarding the non-recurrent underspends, identified across the Network within this year be considered by MG and that in principle this resource could be used across the Network, and • **Agree** that a report on the Major Trauma Service proposals submitted for inclusion in the ICP should be presented to MG and that the relative priority of the proposals compared to other proposals in the plan should be considered. The recommendations arising from the consideration should be included within the ICP for consideration by the Joint Committee.
JC21/048	**2.8 Review of Neonatal Cot Capacity and Neonatal Tariff** The review of the neonatal cot capacity and neonatal tariff report was received and members noted the 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. KP advised that the issues had been discussed with the Maternity and Neonatal Board and that they had been requesting that a review be undertaken be undertaken for some time, and welcomed the review. CS advised that she supported the review and that was important to gain an understanding on the current position. The Joint Committee resolved to: • **Support** the proposed programme of works; • **Support** the objectives of the review; • **Support** the planned methodology for demand and capacity modelling; and • **Support** the timelines for completion of review.

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JC21/049	**2.9 Commissioning of Inherited White Matter Disorders Service (IWMDS)** The Commissioning of Inherited White Matter Disorders Service (IWMDS) report was received and members noted 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 noted that: • Inherited White Matter Disorders (IWMD's), are a group of rare genetic disorders which delay or slow motor development NHS England have confirmed their intent to commission a specialised diagnostic and management service for inherited white matter disorders, for both children and adults. Based on the available evidence, and the emerging 4 nation's position on this, it is proposed that Wales also formalises its commissioning intent for this patient cohort, • it was recommended that WHSSC formally commission this small highly specialised service allowing easier access for the population of Wales. The Joint Committee resolved to: • **Note** the development of a new highly specialised service for an Inherited White Matter Disorders Service (IWMDS) in NHS England; and • **Approve** the commissioning of the service for the population of Wales.
JC21/050	**2.10 Syndrome without a Name (SWAN) Service Pilot** The Syndrome Without a Name (SWAN) report was received and members noted the request to ratify the commissioning of a 2 year pilot of a Syndrome Without a Name (SWAN) service further to WHSSC receiving a request from WG. Members noted that: • WG had agreed to a Rare Diseases Implementation Group (RDIG) proposal to establish a Syndrome Without a Name (SWAN) service, • Funding is to be provided for a 2 year pilot and commissioned by WHSSC, the outcomes of which will inform a longer term commissioning proposal to be considered via WHSSC Integrated Commissioning Planning processes, • The main aim of the SWAN service will be to reduce the burden of the "diagnostic odyssey" experienced by patients, which is a key action identified by the RDIG, • The project will include the establishment of a Task and Finish Group to develop the outcome measures and pilot

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	evaluation criteria. An evaluation of the pilot will take place 18 months after commencement, • In order to use the evaluation of the pilot to inform the ICP for 2024/25, the pilot will need to commence in January 2022 and the review will take place in June 2023, • As a significant proportion of the anticipated cohort will be paediatric patients, the intention is to request that Cardiff and Vale University Health Board (CVUHB), host the pilot as provider of tertiary paediatric services. SD advised that the funding had agreed by WG and that the only resource implication for consideration was if there was a need to go beyond the initial 2 year funding phase. LP queried if the evaluation would include an ability to evaluate what resource was currently being deployed and how streamlining could help more effective use of resource. KP responded that this would be considered as part of the evaluation process. The Joint Committee resolved to: • **Note** the request from Welsh Government (WG) for WHSSC to commission a 2 year pilot for a Syndrome Without a Name (SWAN) service; • **Ratify** the commissioning of the pilot; and • **Approve** the intention to request that CVUHB hosts the pilot.
JC21/051	**2.11 Commissioning Assurance Framework (CAF)** The Commission Assurance Framework (CAF) and the suite of accompanying appendices were received for final approval. Carole Bell (CB) provided an update and 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, and that 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. CS queried if the Management Group were being utilised to support the development of new activities, in addition to the WHSSC Quality & Patient Safety Committee, and CB responded that the CAF and supporting documents had been developed through a serious of workshops and that MG members were in attendance at those workshops to ensure an evidence led approach.

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	The Joint Committee resolved to: • **Approve** the Commissioning Assurance Framework (CAF); • **Approve** the Performance Assurance Framework; • **Approve** the WHSSC Escalation Process; • **Approve** the Patient Experience & Engagement Framework; and • **Note** the Risk Management Strategy which was approved by the Joint Committee in May 2021.
JC21/052	**2.12 Results of Annual Committee Self-Assessment 2020-2021** The results of the Annual Committee Self-Assessment were received and members noted that: • To ensure effective governance the Joint Committee are required to undertake an annual committee self-assessment exercise in accordance with the provisions of the Standing Orders, • The progress made against the action plan from the 2019-20 exercise had been positive and all of the actions had been completed, • For the 2020-2021 assessment, unfortunately due to COVID-19 the workshop approach adopted in 2020 could not be repeated, so the request for feedback was circulated to members via email in June 2021, • The survey achieved a 29% response rate, equating to 19 responses, the majority of which were positive • The Integrated Governance Committee considered the feedback in August and noted the low response rate and suggested that this could be attributed to operational pressures impacting on the ability to run actual workshops, and the impact on the time commitments of individual members arising from the pandemic, • Going forward the comments and themes from the self-assessment will be incorporated into an action plan and progress will be monitored through the IGC, • The Welsh Renal Clinical Network (WRCN) didn't participate in the exercise as they were participating in a "healthy boards" workshop programme facilitated by Academi Wales. JE advised that the IGC had considered the results of the self-assessment and sources of evidence from the broader assurance framework and were assured that WHSSC have a number of tools in place which already provide assurance on committee effectiveness, and felt that the overall findings of the self-assessment provided an assurance that the governance arrangements and Committee structure in place were effective, and that the Committees were effectively supporting the Joint Committee in fulfilling its role.

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	Members noted that the next self-assessment will be undertaken in April 2022 to coincide with the end of financial year reporting requirements of the Annual Governance Statement (AGS). The Joint Committee resolved to: • **Note** the completed actions within the Committee Effectiveness Action plan 2019- 2020; • **Note** 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 • **Receive** assurance that the Annual Committee Effectiveness Self-assessment for 2020-21 has been completed and that the appropriate actions have been agreed.
JC21/053	**2.13 Sub-Committee Annual Reports 2020-21** The Sub-Committee annual reports for the Welsh Renal Clinical Network (WRCN) 2020-2021 and Individual Patient Funding Request (IPFR) Panel 2020-2021 were received. SL noted that the IPFR Panel report identified issues related to quoracy of the panel and the need to review the terms of reference. The Joint Committee resolved to: • **Note** the Sub-Committee Annual Reports 2020-21.
JC21/054	**3.1 COVID-19 Period Activity Report Month 3 2021-22** The COVID-19 period activity report for month 3 was received. Members noted the scale of the decrease in activity levels during the peak COVID-19 period, and whether there were any signs of recovery in specialised services activity. The activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements. SD advised that there was no real change in trends with NHS Wales recovery activity still behind that of NHS England but noted that some of the core NHS Wales speciality activities were starting to recover. Members noted that whilst activity continued to strongly recover in both NHS England and NHS Wales, the waiting list profiles detailed in the report continued to show an increase of patients waiting over 52 weeks and that, therefore, it would be important to get strong and agreed profiles from Welsh providers in particular to recover the waiting list position. The Joint Committee resolved to: • **Note** the information presented within the report.

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JC21/055	**3.2 Financial Performance Report Month 4 2021-22** The Financial Performance for Month 4 2021-2022 was received. Members noted that the financial position reported at Month 4 for WHSSC was a year-end outturn forecast under spend of £4,804k. The under spend predominantly relates to the English SLAs block framework and releasable reserves from 2020/21 provisions. There is a partial cost pressure offset with the over spend in IPFR and Mental Health due to high Children and Adolescent Services (CAMHS) out of area (OAA) activity and complex LD patient placements. The Joint Committee resolved to: • **Note** the current financial position and forecast year-end position.
JC21/056	**3.3 Corporate Governance Matters** The Corporate Governance matters report was received and members noted the 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. The Joint Committee resolved to: • **Note** the report.
JC21/057	**5.3 Reports from the Joint Sub-Committees** The Joint Sub-Committee reports were received as follows: **i. Audit and Risk Committee Assurance Report** The Joint Committee noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on the 17 August 2021. **ii. Management Group** The Joint Committee noted the core briefing documents from the meetings held on the 15 July 2021 and the 19 August 2021. **iii. Quality & Patient Safety Committee** The Joint Committee **noted** the Chairs report from the meeting held on the 10 August 2021. Members noted the services at level 4 of the WHSSC escalation/de-escalation process. **iv. Integrated Governance Committee** The Joint Committee **noted** the Chairs report from the meeting held on the 10 August 2021.

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	v. Individual Patient Funding Request Panel (IPFR) The Joint Committee **noted** the Chairs report from the meetings held in August 2021. **vi. Welsh Renal Clinical Network (WRCN)** The Joint Committee **noted** the Chairs report from the meeting held on the 4 August 2021. The Joint Committee resolved to: • **Note** the content of the reports from the Joint Sub-Committees.
JC21/058	**4.1 Any Other Business** • **Risk Management Workshop** - JE advised that a risk management workshop has been arranged with the Corporate Directors Group on the 16 September 2021 in order to review the existing risks and horizon scan for potential new risks, members noted that the updated Corporate risk assurance framework (CRAF) will be presented to the IGC in October and to the Joint Committee in November 2021.
JC21/059	**4.2 Date and Time of Next Scheduled Meeting** The Joint Committee noted that the next scheduled meeting would take place on 9 November 2021 via MS Teams. There being no other business other than the above the meeting was closed.
JC21/060	**4.3 In Committee Resolution** The Joint Committee made the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".

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Chair's Signature: .....

Date: .....

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Report Title:	**FINANCE COMMITTEE KEY ISSUES REPORT**								
Meeting:	Board Meeting					**Meeting Date:**	25th November 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 27th October 2021.

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

The UHB continues to forecast a break even position based upon the following confirmed resource planning assumptions:

- The brought forward COVID 19 deficit of £21.3m relating to the non delivery of savings required to fund inflation and demand growth in 20/21 has been funded non recurrently;
- Full year funding is confirmed for COVID 19 response costs based on the UHB's gross forecast at month 5.
- Full year funding is confirmed for COVID 19 recovery based upon scheme approval;
- The Welsh Government COVID programmes will continue to be funded on an actual pass through costs basis.
- Planned expenditure reductions due to COVID 19 are available to offset in year operational pressures.

The reported financial position for the 6 months to the end of September was an operational surplus of £0.170m which was an improvement of £0.261m on the month 5 position. There was a wide variation in delegated budget holder performance. Continued review and asssurance is required in order to ensure a balanced position is maintained.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 6 £14.967m Green and Amber savings were identified against the target. Further progress needs to be made with a focus on recurrent schemes. £7.550m recurrent schemes were identified against the £12.0m recurrent element of the target leaving a further £4.450m to find.

The full year gross COVID forecast moved in the month from £117.622m at month 5 to £129.660m at month 6, primarily relating to confirmation of additional COVID recovery funding.

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Assessment and Risk Implications

Financial Performance Month 6

The report updated the Committee on the performance against the UHB's financial plan.

The UHB's Financial plan includes 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 forecasting a break-even year end position on this basis. 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 6 was an underspend of £0.170m as summarised in table 1 below:

Table 1: Month 5 Financial Position 2021/22

	Cumulative Month 6 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	49.619	129.960
Welsh Government COVID funding received / assumed	(49.619)	(129.960)
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	(10.650)	(21.313)
Operational position (Surplus) / Deficit	10.480	21.313
Financial Position £m (Surplus) / Deficit £m	**(0.170)**	**0.000**

The month 6 surplus of £0.170m reflected 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 6 was £49.619m with full year forecast costs totalling £129.960m

Welsh Government had confirmed the non recurrent funding of £21.313m in respect of the shortfall against the 2020/21 savings plan and funding of £49.935m for Local COVID response costs based on the month 5 forecast. National COVID programmes such as the mass vaccine programme would continue to be funded on actual pass through costs.

On this basis, the UHB was forecasting a break even position at year end and all risks would need to be managed to deliver this. The forecast assumed that the UHB will successfully identify and deliver further savings schemes to cover the planning assumptions detailed in the financial plan and that the expenditure reductions arising in planned care were 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 £129.960m 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:

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Table 2 : Summary of Forecast COVID 19 Net Expenditure & Funding

Welsh Government COVID Funding	Month 6 £m	Forecast Year-End Position £m
COVID 19 Testing assumed	(1.572)	(3.764)
COVID 19 Tracing assumed	(6.183)	(16.359)
COVID 19 Vaccination assumed	(7.817)	(15.223)
Extended Flu vaccination assumed	0.000	(1.536)
Cleaning Standards assumed	(0.375)	(2.157)
PPE assumed	(2.513)	(5.366)
Continuing Care and Funded Nursing Care assumed	(1.516)	(2.321)
Urgent and Emergency Care - Urgent Primary Care	(0.351)	(1.097)
Urgent and Emergency Care - CAV 24/7	(0.634)	(0.900)
COVID 19 Response - Confirmed	(23.546)	(49.935)
COVID 19 Recovery - Confirmed	(4.008)	(25.196)
COVID 19: Vaccine Allergy SLA	(0.055)	(0.090)
COVID 19: Long Covid Recovery Pathway	0.000	(0.096)
COVID 19: Adferiad Programme - Long Covid Recovery	(0.216)	(0.665)
COVID 19: Additional Flu Programme for Years 7-11	0.000	(0.728)
COVID 19: Additional Funding Allocation For PACU	0.000	(0.528)
COVID 19: Community Health Checks for Chronic Conditions	0.000	(0.133)
Covid 19: Pay Increase	(0.833)	(1.665)
Covid 19: Recovery Funding National schemes	0.000	(1.401)
COVID 19: Same Day Emergency Care	0.000	(0.800)
Sub Total COVID funding confirmed / assumed £m	**(49.619)**	**(129.960)**
NR Funding for Non Delivery of 2020/21 Recurrent Savings	(10.650)	(21.313)
Total COVID funding confirmed / assumed £m	**(60.269)**	**(151.273)**

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.

The full year gross COVID forecast moved in the month from £117.622m at month 5 to £129.960m at month 6. The movement in forecast costs was primarily as a result of the confirmation of additional COVID recovery schemes.

Progress against the UHB's in year savings target was satisfactory. Further progress was still required with a focus on recurrent schemes in order to maintain the underlying position.

The assessed year end underlying deficit was £25.3m which was in line with the final financial plan and it was noted that full delivery of the £12m recurrent savings target was key to delivering the UHB's plan and stabilising the underlying financial position.

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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)

In addition it was noted that COVID response and recovery funding was confirmed and that both response and recovery costs would need to be managed within funding available.

Deep Dive – WHSCC

The Finance Committee received a presentation on WHSCC which considered the following:

- WHSCC responsibilities and governance
- The UHB's commissioner role and WHSSC
- The Health Board as a provider of specialist services
- Current issues and future developments

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

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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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Report Title:	**Quality, Safety & Experience Committee – Chair's Report**	**Agenda Item no.**	**8.6.3**
Meeting:	**UHB Board Meeting**	**Meeting Date:**	**25/11/21**
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information**	**x**
Lead Executive:	**Chair of the Quality, Safety & Experience Committee**		
Report Author (Title):	**Corporate Governance Officer**		

Background and current situation:

To provide the Board with a summary of key issues discussed at Quality, Safety & Experience Committee held on 16th September 2021

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

Medicine Clinical Board Assurance Report

The Committee was advised of key issues regarding the Quality & Safety (Q&S) agenda that was discussed at Medicine Clinical Board meetings which included:

- Nursing Vacancies
- Transformation Programmes
- 'Backdoor' challenges.

It was noted that the nurse vacancies issue was further challenged by the extra capacity in terms of meeting pandemic demand and the return of the acute non-Covid demand.

It was noted that the Transformation agenda had been ambitious and that out of the first Covid-19 wave, CAV24/7 had been created and out of the 2nd Covid-19 wave, the Right Bed First Time efforts had been up scaled.

Information around the Royal College of Physicians Gaining Insight from Inpatient Falls -Hot Debrief Pilot was given to the Committee.
It was noted that the pilot was being done on the short stay Older Peoples Unit and a great deal of success had been seen as well as good engagement from staff.
It was noted that performing a "Hot Debrief" following a patient fall was the right approach and that getting the Multidisciplinary team together and exploring some of the issues, proved very valuable to the patient and learning.

The Committee was advised that the pilot would become part of the ordinary practice and that it would be incorporated into the Ward Accreditation piece which was discussed further on in the meeting.

The Committee was advised that there were concerns about the 4 hour and 12 hour performance in the Emergency Unit (EU) and it was noted that alongside the investigations with

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the Welsh Ambulance Service NHS Trust (WAST) around releasing of ambulances, it was recognised that it was not just a Medicine Clinical Board (MCB) issue alone and the MCB was asked to highlight the work being done to improve flow in the EU department.

The Committee was advised that the flow through EU was a symptom of flow through the system which is why discussion around backdoor working would affect front door working but it was noted that it did not mean MCB were not worried about the amount of time patients remained in the EU.

The Committee was advised that the MCB were focusing on transformation and keeping people out of EU by using CAV247, and, rapidly turning people around when they touched the EU. In addition patients were being processed through the EU and Acute Medicine as rapidly as they could to mitigate the risk of people remaining in the EU for long periods.

The Committee was advised that last time the MCB had reported to the QSE Committee the MCB had a vacancy factor of around 25%. It was currently 10% which demonstrated that the MCB had done a good job to recruit to the operational vacancy posts.

It was noted that there were 115 additional beds due to Covid-19 which equated to 85 whole time equivalent registered nurse gaps. This proved to be an unbelievable strain upon teams.

Perfect Ward Report

The Committee was advised that the Ward Accreditation was the development of a set of standards so that areas for improvement could be identified and areas of excellence celebrated. It was noted that Ward Accreditation was used quite frequently in England and highlighted that the CVUHB were the first Health Board in Wales to introduce it.

It was noted that the framework could be utilised in both Primary and Secondary care settings and that the aim would be to achieve a Bronze, Silver or Gold accreditation.

The Committee was provided with an overview of what each award would provide:

- Bronze – The ward provided the fundamentals of safe care and the team were engaged in audit and knew how they were performing. Efforts would be made to act on patient feedback

- Silver – The ward had a safety culture and could demonstrate excellence in some care domains. The team could use data and insights to undertake improvement work and staff and patient feedback would be listened to and acted upon.

- Gold – The ward excelled across all care domains. There would be a culture of safety and improvements would be maintained. The team would support wider organisational efforts to improve and resources would be managed affectively.

It was noted that the "Perfect Ward" was a big component of the accreditation and could be used on any smart device and highlighted that iPads had been procured for all ward areas to use.
The timeline for the rollout was identified which included:

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- November 2021 – Roll out of the Audit Platform – Perfect Ward
- December 2021 – Launch the Accreditation Framework
- August – December 2021 – Development of Ward dashboards.
- March 2022 – Accredit the first Bronze wards.

Quality, Safety and Experience Framework Update

The Committee was advised that the Patient Experience team had worked extremely hard to get to a point where the Framework could be approved by the QSE Committee.

The Assistant Director of Patient Experience advised the Committee that the team had taken a year to ensure that all of the stakeholder involvement had been recorded.

It was noted that everything had started to line up and it was highlighted that the 8 big enablers had been worked upon and had provided the focus required which included:

- Safety culture
- Leadership and the prioritisation of QSE
- Patient Experience and Involvement
- Patient Safety Learning and Communication
- Staff Engagement and Involvement
- Data and insight
- Professionalism of QSE
- Quality Governance arrangements

It was noted that to further strengthen the Quality Governance arrangements two additional Committees would be established:

- The Clinical Safety Group –Chaired by the Executive Medical Director
- The Organisational Learning Committee – Chaired by the Executive Nurse Director

The Committee approved the Quality, Safety and Experience Framework 2021-2026.

Quality Indicators Report

The Committee was advised of 2 key areas to note within the Quality Indicators Report:

- Serious Incident reporting – The numbers had dropped significantly due to a change in policy and it was noted that the reporting mechanism had been refreshed but there was still less numbers being reported.

- The key IP&C indicators were being measured with the 2019/20 infection position which would be a significantly different situation to what was seen in prior years. It was noted that Welsh Government (WG) were reviewing that.

The Vice Chair asked for clarification regarding the classification of pressure damage grades and noted there was concern in the increase of grade 4 pressure sores and asked if this was something that the QSE Committee needed to be aware of.

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The Executive Nurse Director responded that it should be identified and noted that a review would be needed to see if that was an accurate position because there was some concern that they had not been captured soon enough or had been captured twice.

It was noted that more work was required concerning the tissue validity nurses and that the QSE Committee should have a view on the grade 3 and 4 pressure sores, although consideration for the type of patients currently in the system would be required.

The contents of the Quality Indicators report and actions being taken forward to address areas for improvement were noted by the Committee.

Exception Reports – Verbal Update

The Committee was advised of the pressures being seen in the Assessment Unit and Emergency Unit and it was noted that teams were working and aligning with WAST colleagues.

It was noted that the Cardiff and Vale University Health Board Maternity Services were under greater pressure than they had ever known and assured the Committee that it was being looked at.

The Committee was advised that Unscheduled Care was the biggest concern of the Deputy Chief Executive Officer at present and noted that some additional red capacity was needed.

HIW Activity Overview & Primary Care Update

The Committee was advised that the Healthcare Inspectorate Wales (HIW) were currently consulting on a 'Service of Concern' process. It was anticipated that the introduction of a Service of Concern designation would increase transparency around how HIW discharged its role and would ensure a focused and rapid action could be taken to ensure that safe and effective care was being provided.

It was noted that it was different to anything that CVUHB had done before and would focus particularly on service delivery.

The Executive Nurse Director commented that, by way of an example, if concerns were raised following feedback from the Emergency Department, HIW could come and look at that service and raise it as a "Service of Concern".

It was noted that it should then inform conversations to be had with Welsh Government concerning the way in which CVUHB worked.

The Committee was advised that the HIW had looked at each Health Board separately and had asked for improvement plans from each and noted that CVUHB had a good relationship with WAST and that they had not expressed a great deal of concern about the Organisation.

It was noted that more work was needed to be able to release ambulances back into the community in a timely way.

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Board Assurance Framework – Patient Safety

The Committee was advised that the Board Assurance Framework (BAF) would be provided to the next Board meeting and noted that the QSE Committee had the opportunity to review it to see if there were any additional items that needed to be added to the risk and to check that the controls were in place and working.

Policies

Two Policies were received:

- Incident, Near miss and Hazard reporting Policy
- Patient Identification Policy

Both policies were approved by the Committee.

Minutes from Clinical Board QSE Sub Committees

The Minutes from the Clinical Board QSE Sub-Committees were received and noted.

Update From Clinical Effectiveness Committee

The Committee was advised that in December 2020 the Clinical Effectiveness Committee (CEC) was established, and had rapidly gathered momentum.

It was noted that, to date, the CEC had met six times and that in May 2021, for the first time, Clinical Boards and Directorate members had been invited to attend to present their national audit findings.

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

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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 11/1/2021 15:57:57

Report Title:	**Health & Safety Committee – Chair's Report**						**Agenda Item no.**	**8.6.5**	
Meeting:	**UHB Board Meeting**						**Meeting Date:**	**25/11/21**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		**x**
Lead Executive:	**Chair of the Health & Safety Committee**								
Report Author (Title):	**Corporate Governance Officer**								

Background and current situation:

To provide the Board with a summary of key issues discussed at the Health & Safety Committee held on 12th October 2021.

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

Health & Safety Overview – Verbal Update

The Committee was advised that a Health & Safety (H&S) external review had been undertaken.

It was noted that the review had commenced on 29th March and culminated in a written report that was issued on 14th May 2021 which had been sighted by the Management Executive (ME).

It was noted that 16 recommendations had been made in the report and 13 of those had been accepted by the ME with 3 of those needing further assessment to ensure the full risk and detail of implementing had been considered.

- The Capital, Estates and Facilities (CEF) Team to be moved and report into H&S directly.
- Fire Safety
- Contractor Control
- Future Proofing
- H&S Management System – The HHS advised the Committee that work had started which would lead to:
  - Gap Analysis – Standards/Policies/Procedures.
  - Standards/Policy Review.
  - RACI Matrix – Defining Responsibility, Accountability, those who need to be consulted and those that need to be informed.
- H&S Policy
  - Policy Statement
  - Policy Document
  - EIHA
- Setting of a H&S Strategy including objectives and Key Performance Indicators (KPIs)
  - Data would be obtained through the dashboard
  - Review of the risk management activities
- Restructure of the H&S team
  - Modest increases made in line with current budget/resource.

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- Clinical boards/Directorates to be supported.
- New Datix system – The go live date would be April 2022.
- Departmental 'Down Day' on 20th October 2021
  - It was noted that the day would focus on the team as a whole and discussions would be had around the actions from the review and how to work through those and how to drive them forward.

Health & Safety Dashboard update

It was noted that the H&S dashboard had been running since April 2021 and provided Cardiff and Vale University Health Board (CVUHB) with a consistent format and was quick and easy to navigate.

It was noted that the dashboard provided important data sets and would be used to set KPIs and other targets within CVUHB as well as identifying areas that struggled with compliance and performance.

Fire Enforcement Report

The Committee was made aware that the pilot for face to face training which had been planned for several months had gone ahead the week before the meeting and that 2800 staff members had attended the events which was a significant effort.

The Committee was advised that CVUHB had a fire enforcement notice in place for Hafan Y Coed and a further notice had been received that week due to an arson taking place at Hafan Y Coed.

It was noted that another fire notice had been received that week for A4 ward around compartmentation and hardware around fire control.

The Committee was advised the regular meetings with the fire service would be revisited.

The Committee was advised that that the management team within Hafan Y Coed had been excellent and noted that on the back of the arson, 2 investigations had been set up:

- One around the patient themselves which would be led by the Patient Safety team.
- One around the environmental settings which would be led by himself.

It was noted that a root cause analysis was due to take place the following week and a team had been assembled to sit in on that which would involve:

- Ward staff on duty during the arson
- The Fire Team
- The Deputy Director of the Mental Health Clinical Board

It was noted that the incident would be looked at and reviewed and any management system failures that occurred would be identified.

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Environmental Health Inspector Report

The Committee was advised that it was a legal requirement that each hospital / food unit would be registered as a food premises with the Local Authority and were therefore subject to an annual inspection by Local Authority Officers.

It was noted that since March 2021 the inspection process had once again commenced and the following UHB premises had been visited and inspected since the last Health and Safety Committee meeting:

- Teddy Bear Nursery – UHW
- Aroma Plaza Coffee Outlet – UHL
- Food Production, Main Wards & Restaurant – UHL

It was noted that 2 out of the above 3 had received a "very good rating" with the other receiving a "good" rating.

Enforcement Agencies Report

The Committee was advised that the Health and Safety Executive (HSE) had written to CVUHB in September 2021 regarding concerns that had not been reported through RIDDOR around cases of Covid-19 that had been transmitted via the workplace.

It was noted the context around RIDDOR reporting meant that reasonable evidence must exist that any illness or death due to Covid-19 was more likely than not, caused by an occupational exposure.

It was noted that the H&S team had written back to the HSE outlining the past, present and future positions of the Health Board and the HSE had responded and concluded that having reviewed the information supplied they were satisfied that the Health Board did have a system for gathering information and assessing if there was reasonable evidence to support Covid-19 cases in workforce due to occupational exposure via the rapid assessment form process which was then reviewed by the Health and Safety Team.

The HSE added that in the response to them, the Health Board had clearly acknowledged on the balance of probability there might have been Covid-19 related cases that the Health and Safety Team were not aware of over the course of the pandemic and were not therefore subject to the process.

It was noted that the HSE were satisfied that this had been recognised and further monitoring measures put in place to reduce the likelihood of this moving forward had been introduced.

It was noted that the HSE were also assured that the Health Board had captured and reviewed all 6 Covid-19 fatal cases to date and that they themselves had taken the opportunity to separately and independently review two of the cases brought to their attention by the HM Coroner.

It was noted that in both of the cases they had agreed with the Health Board's determination that they were not RIDDOR reportable.

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It was noted that the HSE had closed out the concern.

The Staff Safety Representative raised his concerns to the Committee around Covid-19 reporting and highlighted that the November Board meeting would need to be made aware to the issues surrounding Covid-19 reporting via RIDDOR.

Regulatory and Review Body Tracking Report

The Committee was advised that the concerns which had been raised on the ventilation in UHW theatres had now been closed out and noted that the Head of Estates and Facilities' team had responded to all issues raised.

It was noted that the concern raised with the Health & Safety Executive (HSE) in relation to RIDDOR reporting of staff Covid cases was now closed as mentioned earlier.

It was noted that all of the fire concerns raised in the report had also been closed.

The Health and Safety Advisor (HAS) advised the Committee that the tracking report was provided twice a year and logged all of the enforcement actions in once place for the Committee to see.

Risk Register for Health and Safety

The Committee was advised that it was "business as usual" and no significant changes had occurred to the Health Board.

It was noted that the risk register would be reviewed but that no major risks had been identified at present.

Lone Worker Device

The Committee was advised that good work had happened with case management to raise the profile of the Lone Worker Devices and noted that usage had increased.

It was noted that the devices were very important for CVUHB staff who required them and it was highlighted that some of the devices had been kept aside to potential victims of domestic abuse.

It was noted that the contract for the devices expired in 2022 and that it would need to go out to tender again but based on staff feedback it was hoped that the same supplier could be secured for 2022/23.

Policies

The Committee received 3 policies.

- Health & Safety Policy
- Violence and Aggression Policy
- Minimal Manual Handling Policy

The Committee approved the 3 policies.

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Fire Safety Annual Report Annual Report

The Fire Safety Annual Report was received and noted by the Committee.

Sub Committee Minutes:

The Operational Health & Safety Group minutes were noted.

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*									
Prevention		Long term	x	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

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Report Title:	**Mental Health Capacity and Legislation Committee Chair's Report**								
Meeting:	**UHB Board**						**Meeting Date:**	**25.11.2021**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**	**x**	
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Corporate Governance Officer**								

Background and current situation:

The Mental Health Capacity and Legislation Committee held its last meeting on 19 October 2021. This report provides the Board with a summary of the key issues discussed at that meeting.

KEY ISSUES TO BRING TO THE ATTENTION OF THE BOARD:

A Patient Story - 'My Battle with Food'

A patient story was received by the Committee. It explained how a young patient from Swansea Bay University Health Board (SBUHB) had been referred to the Children's Mental Health Service due to being underweight and not eating well. It was noted that the patient had difficulties with food and although under the Mental Health team, due to a multidisciplinary team approach, with Dietitians and other health professionals, the patient had overcome the problems and had gained weight.

Following the patient story, the Director of Operations for the Children & Women Clinical Board (DOCW) advised the Committee that the medical model would never have worked for the patient in the story because over medicalising the condition at the start of the patient's journey had been the wrong thing to do.

The Committee was advised that access into Children's Mental Health had proved difficult for this patient and their guardian and noted that access routes were varied into the Child and Adolescent Mental Health Services (CAMHS) and thought would be needed as to how to manage the various approaches into CAMHS.

Mental Health Act Monitoring Exception Report

Two items were highlighted to the Committee:

1) Section 136 update
The Committee was advised that the Mental Health Clinical Board had confirmed that the patient clock would start ticking in Accident & Emergency (A&E) in the majority of section 136 cases following recent legal advice.

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It was noted that the clock would start ticking if a patient was taken to A&E for a physical issue which was related to their mental disorder but noted that it would need to be confirmed by shift coordinators who would decide whether the physical illness was related to the mental disorder or not.
The Committee was advised that in all instances where the section 136 had lapsed due to the patient not being fit for a mental health act assessment, a DATIX would be completed.

It was noted that the use of section 136 had decreased since the record high observed in May 2021.

The Committee was advised that the police had received further training around section 136 and how they should be used as a last resort rather than a first resort which would be part of the reason for the identified decrease in use.

2) The Mental Health Review Tribunal Update

The Committee was advised that an All Wales Mental Health Act administrator's forum had taken place where an update had been provided around the Mental Health Review Tribunal's (MHRT) pilot scheme on video conferencing.

It was noted moving forward MHRT would be offering all patients video conferencing but also noted that not all Health Boards were able to facilitate video conferencing so it would be down the Tribunal Panel to make the decision on whether to move forward with video conferencing or telephone conference.

The Committee was advised that correspondence had been sent to the MHRT by Cardiff and Vale University Health Board (CVUHB) and had noted that the response from the MHRT was surprising given that the pilots had concluded and every other area of society had moved over to video conferencing due to the pandemic.

It was noted that the MHRT had identified that firewalls had caused issues in being able to perform video conferencing because all Health Boards in Wales and England used different firewalls.

The Committee was advised that further correspondence would be sent to the MHRT to state that that their response was unsatisfactory and further updates would be required.

Update on the Reform of the Mental Health Act

The Committee was advised that a report had been prepared around what the UK Government had accepted, rejected and what they were seeking further clarification for.

It was noted the Welsh Government (WG) had been present at the All Wales Mental Health Act administrator's forum and had noted that CVUHB would receive their response individually.

The Committee Chair identified that the response was from the UK Government and not Welsh Government.

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Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report

Part 1a – Adults

The Committee was advised that the referral activity for quarter 4 of 2020 & quarter 1 of 2021 had seen a gradual decrease in referral rates following the initial steep rise in referrals the first two quarters after the first lockdown but with a notable spike in referrals in March 2021.

It was noted that completed assessment rates had risen with a high peak of over 600 assessments in September 2021 and that assessment rates had dropped during August due to staff annual leave and term time working arrangements.

It was noted that In total, 1197 were currently waiting for assessment with 342 waiting over 56 days.

Part 1a – Children and Young People.

The Committee was advised that compliance against the part 1 target had not been achieved since October 2020.

It was noted that following a decline in referrals during the height of Covid, referral levels significantly increased during October 2020 and November 2020 following the re-opening of schools, and whilst there was a decrease between December and February, referrals had sharply increased from March 2021 and had remained significantly higher than pre-Covid levels.

It was noted that the average wait for assessment was currently 37 days.

It was noted that capacity had been a challenge for the team, with a mixture of short and long-term sickness, the team had been operating on approximately 66% capacity since the beginning of December 2020.

The Committee was advised that compliance for part 1b of the measure remained at 90% for both Adults, Children and Young People.

Part 2 – Care and Treatment Planning

The Committee was advised that there had been a slight reduction in adult services with a large spike seen around learning difficulties. It was noted that it related to 53 patients.

It was noted that Mental Health services for older people was maintaining the steady and increased improvement over time.

It was noted that there had been independent national scrutiny against the measure and the Committee was pleased to note that CVUHB had done very well against parts 1a and 2 with no action needed based on 7 external reviews.

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Part 3 - Right to request an assessment by self –referral.

The Committee was advised that in August 2021 there had been a spike which represented an adjustment of the data gathering process to more accurately reflect compliance.
It was noted that each Adult Community Mental Health Team (CMHT) had an automated email sent to the team manager on a Monday morning every week that listed various things that were upcoming for patients on their caseloads including patients who were due to receive an Outcome Letter which included a due date.

Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

The Committee was advised that compliance remained at 100% and that the only addition to the part 4 measure was that there was a procurements piece around the advocacy service.

The Hospital Managers Power of Discharge Minutes & Mental Health Legislation and Governance Group Minutes.

The Committee received the Sub-Committee minutes.

RECOMMENDATION
The Board is asked to:

- **NOTE** the contents of the report.

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention		Long term		Integration		Collaboration	x	Involvement	x

Equality and Health Impact Assessment Completed:	Not Applicable

Paper Number 21/27/21/24 15:57:57

Report Title:	**Charitable Funds Committee – Chair's Report**	**Item Number:**	
Meeting:	**Board of Trustee**	**Meeting Date:**	**12/10/2021**
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information**	**X**
Lead Executive:	**Committee Chair and Independent Member - Community**		
Report Author (Title):	**Corporate Governance Officer**		

SITUATION

To provide the Board of Trustee with a summary of key issues discussed at the Charitable Funds Committee held on 21st September 2021.

The following issues were discussed at the Charitable Funds Committee Held on 21st September 2021.

CHAIRS ACTION

08.07.21 – approval of £49,880 for 'Grow Cardiff' from NHSCT Fund - approved project monies

HEALTH CHARITY FINANCIAL POSITION & INVESTMENT UPDATE

The Committee was provided with a financial update report which provided information on the year to date financial performance of the Charity to the period 31st August 2021. The report also assessed the forecasted financial position of the Charity against commitments already made.

It was noted that the year to date income performance had decreased from the levels reported in August 2020, as previously the Charity had received significant generous donations to support the Charity during the height of the pandemic.

It was recommended that the Charity requested £0.250m from the investment portfolio to support the Charity's cash position. This would then be reviewed in the new year.

The Committee was advised that the Charity generated £0.466m of income and spent £0.709m for the first five months of the financial year. This had resulted in net expenditure of £0.243m. In addition, the charity also had market value gains on its investments of £0.457m for the period compared to the March 2021 valuation. The combined effect of these results was a net increase in fund balances for the period to August 2021 of £0.214m to £9.361m.

It was noted that of the closing fixed asset balance, £2.436m related to Rookwood Hospital with the balance of £6.825m relating to the investment portfolio.

Of the net current assets closing balance of £0.100m, some £0.190m was supported with cash with the balance being net current liabilities of £0.090m. Notwithstanding the fact that future

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income streams were not known, the cash balance was not considered sufficient to cover future expenditure levels. It was recommended that £0.250m is withdrawn from the investment portfolio to bolster the cash position. It had been confirmed with our investment managers that this amount was realisable without the need for significant trading.

The Committee was advised that the investment portfolio started the financial year with a market value of £6.368m. The value had increased to £6.825m at the end of August 2021, therefore resulting in a market value gain for the period of £0.457m.

It was noted that the value of the Charitable Funds has increased by £0.214m in the current year to £9.361m. The increase represented net expenditure of £0.243m and market value gains of £0.457m.

UPDATE ON DORMANT FUNDS

The Committee was advised that following the dormant fund exercise for 2020/21 it was anticipated that circa £0.062m further funding would now be available to transfer to the general-purpose funds.

It was noted that the Trustees had agreed at the meeting of the 23rd July 2020 to change the policy on unrestricted dormant funds. It was agreed that any unrestricted funds that had been dormant for two full financial years and did not have expenditure plans were transferred to general reserves.

The first exercise was undertaken in financial year ending March 2020, with circa £150k transferred to general reserve.

It was noted that the charity team had requested:

- Confirmation that expenditure plans were still valid from the previous exercise (financial year-ending 2019/20), where there had been no movement on the fund balance.

- Relevant expenditure plans for those dormant funds that formed part of the financial year-ending 2020/21 dormant fund exercise. The deadline for submission of expenditure plans was set for 31st August 2021.

OUR HEALTH MEADOW PROJECT

The Committee was advised that Cardiff and Vale University Health Board/Health Charity had continued to develop an innovative new space at its University Hospital Llandough site.

It was noted that the goal was to establish an ecological community health park which aimed to benefit wildlife, plants and people through positive human environment interaction.

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The Committee was advised that the bid would ensure the advancement of environmental protection and improvement whilst simultaneously providing education to staff, patients and the wider community on the topic of environmental and sustainable issues alongside providing methods of preventing, diagnosing and treatment of mental health illnesses.

It was noted that the funds requested were essential to progress this exemplar project for Cardiff and Vale University Health Board.

The Committee was asked to approve the allocation of funding to Our Health Meadow, which would support the continued costs required to develop the project in a safe, quality assured and energy efficient way.

The Committee approved the allocation of funding.

OVER £25K BIDS FOR APPROVAL

The Committee was asked to consider 3 bids that exceeded £25,000.

1) Our Health Meadow – ongoing development – £80,000
2) Neurosciences – Electromyography (EMG) machine purchase – £17,700
3) Brain and Brainstem Basis of Long COVID (BBB-COV)" - £136,322

- Bid 1 was approved and supported by all members.
- Bid 2 was rejected pending further review. It was agreed that the Executive Director of Therapies and Health Science would speak with Clive Morgan around Welsh Government involvement.
- Bid 3 was rejected pending further information from the bid author.

BETTER LIFE APPEAL REPORT

The Committee was advised that the Better Life Appeal was established in 2007 and was initially intended to provide all patients at the Adult Cystic Fibrosis Centre at University Hospital Llandough with additional equipment and extra facilities to enhance the patient experience and enable expansion of the centre to meet the needs of the growing CF population.

In December 2019, funding was agreed from the Welsh Assembly to build a new Cystic Fibrosis Unit at UHL, costing £4.7 million. Work started in March 2020 was completed. The new ward and expanded centre opened in April 2021.

It was noted that the Better Life Appeal total income for 2020/21 was: £21,322.17 and the current balance of the Better Life Appeal Fund is £377,721.83

Dr. Ian Ketchell, Clinical Lead for CF Centre, the Committee chair Carole Davies and the committee members had stated that they no longer wished to continue as an Appeal and due to the current position of available funds would like to return it to a fund status.

The Committee agreed to 'step down' the Appeal to a Fund from September 2021

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FUNDRAISING REPORT

The Committee was asked to review the Fundraising Report for information and note the dates of key Health Charity fundraising events for future CFC representation attendance as well as note progress and activities of the Health Charity as advised.

CHARITABLE FUNDS STRATEGY REVIEW

The Committee was advised that the Charitable Funds Strategy 2019 – 2025 was approved by the Charitable Funds Committee and the Board of Trustees in August 2020.

It was noted that the strategy set out a 5 year vision for planning, prioritising, engaging and communicating with staff, patients and volunteers of Cardiff and the Vale of Glamorgan to further develop and deliver a successful charitable fund benefiting Cardiff and Vale University Health Board, its staff and patients.

It was noted that the strategy looked at 4 areas which included:

- **Fundraising**

  It was noted that the implementation of the strategy continued, with the aims and objectives of the Strategy being embedded into all processes related to bids applications and fundraising events.

Objective One:	We will support the health and wellbeing of our population and support initiatives to enhance the public health of our patients and staff through innovative healthcare experiences.
Objective Two:	We will support the health, wellbeing and welfare of our staff to lead healthier lives.
Objective Three:	We will help to create the best possible environment for sustainable healthcare, making the best use of technology to deliver the aims of the Health Charity.

- **Budgets**
- **Priorities**

- **Spending Criteria**

Objective One:	We will support the health and wellbeing of our population and support initiatives to enhance the public health of our patients and staff through innovative healthcare experiences.
Objective Two:	We will support the health, wellbeing and welfare of our staff to lead healthier lives.
Objective Three:	We will help to create the best possible environment for sustainable healthcare, making the best use of technology to deliver the aims of the Health Charity.

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- **Investment Decisions**

The Committee supported the continued approach to implementing and delivering the Health Charity Strategy 2020 - 2025.

STAFF BENEFITS GROUP REPORT

It was noted that the Cardiff and Vale University Health Board Staff Benefits Group was established in 2017, to explore and co-ordinate discounts and benefits offered by external organisations for UHB employees.

The Committee was informed of staff benefits discussed and agreed by the Group between June and August 2021.

The Committee approved the Staff Benefits Group report.

STAFF LOTTERY BIDS PANEL

The Committee was advised that The Board of Trustees of Cardiff & Vale Health Board Charity had delegated responsibility to the Staff Lottery Bids Panel for consideration and approval of charitable funds bids up to a maximum of £10,000.

The Small Bids process, which also allowed bids up to a value of £250 to be fast tracked for approval was formally agreed by the Charitable Funds Committee at their meeting on the 19th September 2017.

A list of all approved bids from 1st March 202 was presented to the Committee.

It was noted that currently there were 5329 lottery numbers allocated, the highest level since the start of the scheme.

It was noted that the Health Charity was pleased to report that over £1million in winnings had been given back to staff members since the relaunch of the scheme in 2005.

HEALTH CHARITY UPDATE REPORTS

- **Covid Income and Expenditure final report**

The Committee received the report as assurance of the appropriate management and administration of covid income and expenditure by Cardiff & Vale Health Charity.

- **Third Sector Grant Scheme – successful bids**

The Committee noted the update on the Third sector Grant Scheme 2020/21

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- **Change Account update**

It was noted that the Health Charity had submitted a paper to the CFC in March 2020, expressing concerns re: a lack of communication and engagement from the Change account.

The Committee discussed and considered the recommendation that the UHB gives notice to the Change Account of early termination of the contract agreement, due to its lack of engagement with the Health Charity and UHB and non-delivery of its proposed staff benefits.

RECOMMENDATION:

The **BOARD OF TRUSTEES** is asked to:

- **NOTE** the updates shared within this Chair's 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*									
Prevention		Long term	X	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

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Report Title:	**Digital Health & Intelligence Committee – Chair's Report**	**Agenda Item no.**	**8.6.8**
Meeting:	**UHB Board Meeting**	**Meeting Date:**	**25.11.21**
Status:	**For Discussion**	**For Assurance**	**For Approval**	**For Information**	**x**
Lead Executive:	**Chair of the Digital & Health Intelligence Committee**		
Report Author (Title):	**Corporate Governance Officer**		

Background and current situation:

To provide the Board with a summary of key issues discussed at Digital Health & Intelligence held on **05.10.21**

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

Digital Transformation Progress Report (Digital Dashboard)

A commitment had been made to transform the document into a dashboard for members to view and that it would be provided in a dashboard format at future meetings. A lot of work had been undertaken in relation to the preparedness of the National Data Resource (NDR) and it was noted that things had started to move forward in that arena. A new programme director had been appointed who had been brought in by Digital Health Ecosystem Wales (DHEW) to provide focus and to move at pace to lead the NDR work.

Work was being undertaken to transfer knowledge from Lightfoot to Cardiff & Vale University Health Board (CVUHB) staff so that it becomes part of the CVUHB core capability. The Welsh Nursing Care Record (WNCR) was something the digital would implement dependent on funding and that a business case was in progress for both capital and revenue aspects to support the rollout throughout CVUHB.

There would be a focus on AGILE working and a focus on making sure what digital were doing met what the business required and that an Action Plan would come out of the work discussed which could be provided to the Committee in February. The Digital Services for Patients and the Public (DSPP) programme was something that NHS X saw as part of their programme and that it would be something that everybody could use for many purposes.

One of the real advantages in CVUHB was that there were a range of in-house developed and managed maintained applications which meant that CVUHB could be masters of their own destiny.

Digital Road map Update

Since the creation and sign off of the Digital Strategy in August 2020, work had progressed with defining the roadmap and associated business cases to support the strategy. The creation of

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several business cases had resulted in approval of some, via the Business Case Approval Group chaired by the Executive Director of Finance.

- <u>The Digital Strategy which was approved in August 2020</u>
  - The strategy remained relevant and had been tested with Connect3 (Grant Thornton)
  - It was aligned to the Shaping Our Future Clinical Services (SOFCS) / UHW2 around a learning Health and Care system.
  - It was aligned nationally through the National Clinical Framework.
  - It was aligned UK-wide – Action 6 for the NHS (Lance Commission looking forward from Covid).

- <u>What CVUHB were responding to.</u>
  - Ministerial priorities, shaping our Futures, Commissioning intentions, Patients Expectations.
  - Recovery & Redesign, Outpatients transformation, RBFT, pressures etc.

- <u>The Actions taken.</u>
  - A roadmap was developed and governance put in place.
  - Became part of the Shaping Our Future's strategy, Recovery & Redesign, Outpatients Transformation.
  - Some of the roadmap items were now in progress.

- <u>Progress made</u>
  - Was limited against HiMMS
  - Was limited around resources and funding.
  - The investment Case made in November 2020 was unfunded.
  - There were conditions attached to National funding.

The stated intentions as a Health Board which were:

- Empower the person
- Home first
- Outcomes that mattered to people
- Avoid harm, waste and variation.

New items and newly placed items that had been updated on the Inception to Delivery status included:

- Recovery Bids
- Office 365 capability team bid
- Robotic Process
- Automation
- ICU system (WICIS)
- Patient Facing Communications
- Cardiology remote
- Monitoring
- Electronic Prescribing Medications Administration
- E-Nursing record
- Outpatient Transformation bids

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- Vein to vein blood transfusion
- Digital Dictation and Transcription.

The finance team had asked the DDHI for a Financial digital roadmap which would set out the revenue ask and the capital ask in order to scale the gap identified and put a form of prioritisation on that. The impact of investment not being made in digital services needed to be described and where that would leave the organisation in 5 to 10 years' time.

Business Case Development Summary

There were a number of benefits attached to the business case which included:

- Cash release – the programme could support its own cash flow over a 5 year period if all planning assumptions held true.
- £8m time released to care
- Patient safety and quality improvement from reduced errors in prescribing
- Implant traceability and compliance with Medical Device Bill 2021
- Less waste – better stock and inventory management
- Patient choice, communications would be faster and access to communications would be secure
- Carbon Emissions Reduction.

IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)

The Interim Medical Director had taken over the role of Caldicott Guardian for the Health Board from the Interim Chief Executive Officer.
The number of information governance related incidents raised and reviewed remained high, with two incidents being discussed with the Information Commissioner's Office (ICO).

Mandatory training compliance remained a concern for the team and advised the Committee that all line managers would be contacted around the importance of IG.

400 to 450 (combined) of FOI's & subject to access requests were being received every month which was a huge amount of work for the IG team and noted that if the data required was clinical, it required a clinical signature which had proved to be a hurdle in the time a request was handled.

The compliance for IG mandatory training sitting at 63% would not be something the ICO would be particularly happy with and asked if there was somebody within a Clinical Board that would have accountability for the training.

Clinical Coding Performance Data

Coding Compliance was marginally beneath the WG tartget of 95% but well above the national average in Wales.

The committee will look to speak with Workforce colleagues to look to see if there could be any premiums that could offered in the the hard to fill roles but noted that the conversation would need to be explored with the Executive Director of People and Culture (EDPC).

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Joint IMT & IG Corporate Risk Register

Cyber resource was scarce across Wales and the Organisation were in danger of losing the people working in that area. The broader Cyber plan would be picked up on the Cyber assessment framework and a detailed action plan would need to be adhered to.

IMT Audit Assurance Tracker

The progress of the Audit Tracker and noted that there was one outstanding item on the maternity audit report which specifically related to Information Governance (IG) processes.
The IG team were under resourced given the amount of work that was required and therefore, the need for an additional post had been put into the new Digital and Health Intelligence structure which would be taken to the Management Executives in October.

IG Audit Assurance Tracker and Work Plan

All Welsh Audit Office and internal audit recommendations had been completed or superseded and 8 regulatory recommendations had been closed, whilst 17 remained open.

IMTP Work Plan Exception Report (Digital Dashboard)

Progress was being made in a number of areas where that had been previous issues and noted that funding was a recurrent issue that was picked up in the report.

Schedule of Control Documents (Policies & Procedures) – Verbal Update

A number of policies were now ready to be brought to the Committee and work would be done with the Corporate Governance team to see what policies and procedures could come to the next Committee meeting in February.
the policies and procedures that were ready were:

- Transportation of Personal Identifiable Information.
- Information Risk Management procedure.
- IG Corporate training policy.
- IT Security off-site mobile computing procedure.
- Antivirus guidance.
- IT security breach guidance.

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

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

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

Equality and Health Impact Assessment Completed:	Not Applicable

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Report Title:	**Stakeholder Reference Group Report**								
Meeting:	**UHB Board**						**Meeting Date:**	**25th November 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 29 September 2021.

REPORT

BACKGROUND

This is a report provided to the Board by the Chair of the UHB SRG.

ASSESSMENT

The SRG considered the following.

Recovery Planning - Waiting Times

The SRG was informed that the pandemic had not only created a significant backlog of individuals awaiting treatment but there was also a concern that there were a significant number of people who had not sought medical advice who also need treatment and who would eventually be referred. Another issue was that a number of the new working methodologies introduced in response to C-19 continued to impact on productivity. The UHB was working through how it could recover to pre-pandemic activity levels and reduce waiting lists as soon as possible. The UHB had sent Welsh Government (WG) a list of recovery schemes for which capital funding is required, The UHB was also working with neighbouring UHBs on the pooling of under-utilised capacity and was continuing to utilise capacity in the private sector.

Health Inequalities and the Director of Public Health Annual Report

The SRG received a presentation from Fiona Kinghorn and Sian Griffiths on the Annual Report of the Director of Public Health 2020. The Report focusses on how Cardiff and the Vale of Glamorgan can emerge positively from the pandemic with a spotlight on prevention and addressing the inequities exacerbated by the events of the past 18 months. It describes the impact of the pandemic on the 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. The recommendations contained in each of the three Chapters of the Report were outlined briefly to the SRG.

The SRG was then asked some specific questions

- How can the organisations and sectors you come from contribute to tackling inequities and prioritising prevention, as described in the recommendations of this report?
- How can we work together to achieve the vision described of meaningful engagement with communities?

The SRG asked whether services had been identified which although not provided currently, are required. The SRG was advised that the Annual Report was a guide rather than a comprehensive needs assessment. It would be for partners to review the recommendations and identify any gaps in provision.

The SRG enquired whether there was a problem with ethnic minorities not accessing existing services and was informed that the UHB continued to work with local communities to build confidence and encourage uptake in health services including vaccinations. Further engagement with communities is required in order to understand the issues that are important to them and develop services that are appropriate and accessible to them.

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The SRG suggested that it would be helpful for all partners to develop a joint prioritised action plan with priorities based on those actions that will provide maximum health benefit. The pandemic had forced organisations to work more collaboratively and the third sector had demonstrated that it can successfully deliver many services. It will be important not to lose this partnership working.

Integrated Medium Term Plan
The SRG received a presentation from Jon Watts on the development of the UHB's IMTP 2022-2025. The SRG was reminded that it is a statutory requirement for UHBs to produce three-year IMTPs that are refreshed annually. This process had been paused during the pandemic when the UHB was instead asked to produce Quarterly Plans. WG formal planning guidance was not anticipated until October but the indications were that UHBs would be asked to submit three-year IMTPs for 2022/25. The Minister had also written to that would describe the implementation of the Shaping Our Future Wellbeing Strategy and align with Ministerial priorities and the National Clinical Framework. The SRG was then informed of the approach to the design of the IMTP 2022-25 and the underlying planning assumptions.

The SRG enquired whether there were any significant differences between the Minster's and the UHB's priorities and was re-assured the SRG that both sets of priorities were broadly aligned. The SRG asked whether there were any areas of concern that the UHB would find difficult to address and if so whether expectations should be managed? The SRG was informed that a number of deliverables were within the UHB's own gift but it was accepted that others could not be delivered in isolation therefore collaboration and agreement with partners would be required. One of the biggest challenges would be how to increase the proportion of funding that was invested in prevention and primary care services as opposed to acute hospital based services. The UHB would have to demonstrate how this shift could be achieved incrementally over time

It was agreed that consideration be given to the SRG using a future meeting as a workshop session regarding the prioritisation of deliverables. An early draft of the IMTP will be shared the SRG for discussion at its meeting in November.

Strategic Programmes
The SRG was informed that Q5 had been commissioned to work with the UHB as a 'critical friend' to help it take stock of its Shaping Our Future Wellbeing Strategy and what it needed to deliver over the next five years. The conclusion was that there should be differentiation between Strategic Programmes led by Executives and initiatives that Clinical Boards could lead. The SRG then received a very brief overview of the four Strategic Programmes

The SRG enquired about the timescale for UHW2. Abigail Harris explained that the timescale had slipped by a couple of months as there was now a new administration in WG. There had been an extremely constructive meeting with Andrew Goodall but the feedback from WG officials was that the Programme Business Case needs refining. WG did, however, recognise that UHW would not be fit for purpose moving forward and that to do nothing was not an option. A senior operational manager with vast experience of health care facilities across the UK and beyond had been appointed to work alongside the Shaping Our Future Hospitals Programme Director to help develop a suite of design and operational principles for the facility. They would invited to attend a future SRG meeting as part of work to consider service user experience and views. It was noted that Patient Experience could assist in developing these principles as the team and volunteers have a lot of knowledge of the little things that matter to patients and carers.

RECOMMENDATION
The Board is asked to:

- **NOTE** this report.

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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

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Report Title:	**Local Partnership Forum Report**						**Agenda Item no.**		
Meeting:	**UHB Board**						**Meeting Date:**		
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**		**x**
Lead Executive:	**Executive Director of People and Culture**								
Report Author (Title):	**Workforce Governance Manager**								

Background and current situation:

The UHB has statutory duty to "take account of representations made by persons who represent the interests of the community it serves". This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these.

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members include Staff Representatives (including the Independent Member for Trade Unions) and the Executive Team and Chief Executive. The Forum usually meets 6 times a year.

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

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

This report provides Board with a summary of the key issues discussed at the meeting held on 22 October 2021

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

The Director of Transformation was in attendance to give presentation on the Dragon's Heart Institute. The Executive Director of People and Culture noted the alignment with the People and Culture Plan currently under development and advised that there would be an in-house leadership programme from January 2022.

The Deputy COO gave an operational update. It was noted that there are system wide operational pressures with an increase in demand across the board. Covid admissions are increasing and non-covid demand is back to pre-pandemic levels. Ms Bird acknowledged that this is a challenging time for the workforce and thanked staff for all their efforts. She advised that steps are being taken ahead of winter to alleviate the pressures, including working with Local Authorities to address the issue of delayed discharges.

The Equality Manager gave an update on the Strategic Equality Plan as we approach the end of the first year of the Plan. There has been good progress made on the SEP this period, with

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some key milestones being met including completion of the Stonewall Workplace Equality Index and Welsh Language Standards Annual Report.

This year's statutory Annual Report of the Director of Public Health (DPH) was shared with the Forum. It 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 Interim Chief Executive updated LPF on the following topics: the appointment of Suzanne Rankin as our new Chief Executive; the appointment of Judith Paget as NHS Wales Chief Executive for a period of 18 months; the allocation of Recovery funding; exciting developments within the genomics service; an update on the UHW2 business case; and an update on the development of the IMTP.

LPF received the Finance Report, Workforce KPI Report (including a deep dive into Mandatory Training) and Patient Safety, Quality and Experience Report.

Recommendation:

The Board is requested to:

- **NOTE** the contents of this report

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
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5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

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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:	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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WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)
JOINT COMMITTEE MEETING BRIEFING – NOVEMBER 2021

The Welsh Health Specialised Services Committee held its latest public meeting on 9 November 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 7 September 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. Chair's Report
Members received the Chair's Report and **noted**:

- that no chairs actions had been taken since the last meeting,
- an update on discussions with Welsh Government and Cwm Taf Morgannwg University Health Board (CTMUHB) concerning WHSSC Independent Member Remuneration,
- the Integrated Governance Committee (IGC) held on the 12 October 2021,
- that the Chair had attended 1 to 1 meetings with Health Board (HB) CEO's,
- An update on plans to recruit a Chair to the Welsh Renal Clinical Network (WRCN),
- A request from Digital Health Care Wales (DHCW) to appoint IM's for a Digital IM network.

Members **noted** the report.

4. Managing Director's Report
Members received the Managing Director's Report and **noted** updates on:

- The anticipated De-Escalation of SBUHB Cardiac Surgery under the WHSSC escalation process,
- The De-escalation of Swansea Bay UHB Trans-catheter Aortic Valve Intervention (TAVI) Service under the WHSSC escalation process,

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- Health Board's approving requests received from the NHS Wales 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.
- An Organisational Development Session with Improvement Cymru,
- Progress on developing the WHSSC Specialised Services Strategy.

Members **noted** the report.

5. Integrated Commissioning Plan (ICP) 2022-2025

Members received an informative presentation providing an update on progress to develop the Integrated Commissioning Plan (ICP) 2022-2025.

Members **noted** the update.

6. All Wales Positron Emission Tomography (PET) Programme Update

Members received a report on the WHSSC Governance and Accountability Framework to support implementation of the All Wales Positron Emission Tomography (PET) Programme.

Members (1) **Noted** the mandate letter received from the Director General for Health and Social Services and the NHS Wales Chief Executive regarding the PET Programme; (2) **Supported** the business case requesting revenue funding from Welsh Government for a Programme Management Office based at WHSSC; (3) **Supported** the request to Welsh Government to formally appoint the Managing Director of WHSSC as the Programme Senior Responsible Officer (SRO), and (4) **Approved** the changes to the top-level governance and structure of the Programme.

7. Neonatal Transport – Update on the development of a Neonatal Transport Operational Delivery Network.

Members received an update on progress to establish an operational delivery network (ODN) for neonatal transport, and noted that due to operational workforce pressures across the system, the SRO for the programme had requested that the Joint Committee supported an extension of the current interim 24 hour model until the end of June 2022.

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Members (1) **Noted** the actions from the Neonatal Transport workshop, (2) **Noted** that a letter had been issued to Neonatal Transport Colleagues from the SRO explaining the delay to the programme, (3) **Approved** the extension of the current interim 24 hour model until the

end of June 2022, (4) **Supported** the next steps required to establish the programme of works.

8. Individual Patient Funding Request (IPFR) Panel Update

Members received a report providing an update on updating the terms of reference (ToR) for the WHSSC All Wales Individual Patient Funding Request (IPFR) panel.

Members (1) **Noted** the report, (2) **Discussed** the issues affecting the WHSSC All Wales IPFR panel and considered the actions required to progress and resolve the issues.

9. 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.

10. Corporate Risk Assurance Framework (CRAF)

Members received the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF), (2) **Noted** the amendments made to the CRAF following the risk management workshop held on the 16 September 2021 to review the existing risks and identify additional corporate and organisational risks, (3) **Approved** the updated Corporate Risk Assurance Framework (CRAF), and (4) **Noted** that a follow up risk management workshop will be held in January 2022 to review how the Risk management process was working, and to consider risk appetite and tolerance levels across the organisation.

11. Activity Report for Month 5 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.

Members **noted** the report.

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12. Financial Performance Report – Month 6 2021-2022
Members received a report providing the final outturn for the financial year. The financial position reported at Month 6 for WHSSC was a year-end outturn forecast under spend of £9,308k.

Members **noted** the report.

13. Corporate Governance Matters
Members received a report providing an update on corporate governance matters arising since the previous meeting.

Members **noted** the report.

14. Other reports
Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC);
- Management Group (MG);
- Quality & Patient Safety Committee (QPSC);
- Integrated Governance Committee (IGC);
- All Wales Individual Patient Funding Request (IPFR)Panel;
- Welsh Renal Clinical Network (WRCN).

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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	23 September 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Primary Care Programme

Andrew Evans, Director of Primary Care Services, presented a deep dive on the development of the NWSSP response to the National Primary Care Programme. In particular he explained how NWSSP holds a substantial amount of data drawn from the large range of products and services that NWSSP deliver to the Primary Care Sector. These services vary between transactional (e.g. GP Payments), professional (e.g. Legal advice), and technical strategic (e.g. Estates Strategy advice). He explained that the team were currently working with Health Boards and DHCW to ensure that the team could move from data warehousing to data management helping to provide better links between data and outcomes. To take this agenda forward, and to better co-ordinate the services provided, NWSSP would look to establish a Steering Group.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- Members of the NWSSP SLG met with Welsh Government at the end of July as part of the formal JET process. In particular NWSSP were able to highlight the influence and contribution they have had on *A Healthier Wales* and how NWSSP will play their part in supporting the Health Boards and Trusts as they plan to recover and continue to respond to the pandemic. The Welsh Government team reflected on NWSSP performance during the last 12 months and were pleased that NWSSP were able to reach out beyond traditional boundaries in a supportive manner with a clear focus on problem solving. In particular they highlighted not only 'what' had been achieved but the consistent 'can do' attitude, positive behaviours, and high levels of competency of our staff across a wide range of services.
- The Committee Members noted that NWSSP recently reached the milestone

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of 1bn items of PPE supplied to NHS Wales, and the Social Care and wider Primary Care sectors. A revised PPE strategy has been developed with a requirement to reduce stockholdings of the main items of PPE to a minimum of 16 weeks as requested by Welsh Government. Further work is being undertaken on storage requirement options over the next few months.

- The Temporary Medicines Unit was recently subject to a MHRA inspection which resulted in a very positive outcome with only minor issues identified. A further inspection will be undertaken towards the end of the year to support the granting of a Special Licence. The team continue to work on the development of alternative products which should improve quality, produce time savings within Health Boards, with increased value-for-money. However, for the time being, the priority and key focus remains on supporting the Vaccination Programme.
- The process for appointment of a new NWSSP Chair is well underway with several very strong candidates who took part in Stakeholder Panels recently. It is expected that the recruitment process will be completed by the early part of October.

Items Requiring SSPC Approval/Endorsement

IMTP

The Committee Members received an update from the Director of Planning with regard to the development of the IMTP for 2022-2025. In particular the following cross-cutting themes have been identified to underpin the delivery of the Ministerial Priorities, and also the wider Programme for Government:

1. Customer focus and end user experience;
2. Primary care delivery and advisory role;
3. Progress towards WBFG Act five ways of working;
4. Improve NWSSP engagement with and contribution to the Foundational economy in Wales;
5. Patient journey – promoting the impact of what NWSSP does;
6. Make maximum progress towards decarbonisation and addressing the climate emergency; and
7. A motivated and sustainable workforce; supporting their wellbeing.

The overarching NWSSP Strategy Map has also been updated to:

- Incorporate foundational economy and decarbonisation more clearly across the objectives and overarching goals;
- Reflect equality and inclusion within the underpinning text of NWSSP core values;
- Include reference to wider social value within the VFM objective; and
- Demonstrate our commitment to Welsh Language more visibly.

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The Committee Members noted the further opportunity to develop the Strategy Map during 2022 once the new SSPC Chair is in post and in readiness for the 2023-2026 IMTP process. This would also allow more time for greater clarity on

recovery plans and content of the IMTPs of our customers and wider partners to emerge.

The Director of Planning agreed to arrange 1:1 discussions with all SSPC Committee Members during October and November as part of the IMTP development process. It was noted that this worked well last year. The Committee agreed to receive an indicative IMTP presentation with key messages at the November SSPC meeting.

The Committee **APPROVED** the planned approach.

Laundry Services - Glangwili Laundry Transfer

The Committee received a paper outlining the guiding principles and critical success factors against which the agreed transfer of the Glangwili Laundry will be completed. It is proposed that all applicable assets and liabilities will transfer from Hywel Dda to NWSSP with effect from October 1, 2021. It is not envisaged that land and buildings will transfer, and the laundry staff will remain employed by the Health Board.

The Committee **ENDORSED** the transfer which will also be considered at the September Hywel Dda Board meeting.

PPE Long-Term Plan

The Committee reviewed the long-term plan for the procurement and supply of PPE. Until the end of June 2021, NWSSP were holding 24 weeks' stock of PPE but this has since been reduced to a minimum of 16 weeks at the request of Welsh Government. Members noted that Welsh Government have requested NWSSP to continue to supply PPE to both Health and Social Care staff until the pandemic is deemed to be over. It was noted that the plan requires significant expenditure to be incurred on PPE over the next three years. The forecast expenditure is based on a number of assumptions that will need to be kept under review. An overarching Procurement Framework contract has now been deployed that seeks to substantially increase local purchasing, sustainability and reduce the reliance on international suppliers.

The Committee **ENDORSED** the submission of the Plan to the Health & Social Care PPE Procurement and Supply Group (comprising representatives from Welsh Government, Social Services and NWSSP) for approval.

Finance, Workforce, Programme and Governance Updates

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.

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Finance Report – The Committee reviewed the finance report and noted that there was a year-to-date underspend of £2.235m. The underspend was attributable to delays in appointing to vacancies as well as an increase in Legal &

Risk Services income. NWSSP senior leadership team have agreed £1.7m of non-recurrent re-investments within the divisions to accelerate the delivery of benefits and efficiencies. NWSSP are proposing to declare an additional £1.25m distribution to NHS Wales and Welsh Government in 2021/22. The forecast outturn remains at break even and NWSSP is on track to meet all other financial targets. In terms of the Welsh Risk Pool, the DEL expenditure is forecast to be in line with budget and the costs to be funded under the Risk Share Agreement remain at £16.5m.

Oracle Upgrade - Committee members were provided with an update on the Oracle Upgrade project following the Strategy and Development Board (STRAD) meeting on the 10th September 2021 at which it was agreed that NWSSP would continue to plan on the basis of undertaking the upgrade on 19th October 2021. The revised agreed downtime window is 4.30pm 14th October - 7am 19th October with a number of checkpoint updates planned over the weekend where the STRAD Board will be updated on progress via the MS Team channel.

People & OD Update – In-month sickness levels remain very low at just over 2% compared to a target of 3.3% with the cumulative figure just below target at 2.94%. As at the end of August, headcount was 4299, which is a 5% increase on the figure for July. The change is primarily driven by the addition of new services, particularly the Single Lead Employer, but also in the Medical Examiner Service. A continued focus is needed to improve the levels of PADR compliance which has fallen slightly.

Corporate Risk Register – there remain one red risk on the register, relating to the replacement of the NHAIS system. A new risk has been added relating to the need to upgrade the CLERIC system which is used by HCS to schedule and plan all deliveries.

Papers for Information

The following papers were received for information:

- Welsh Language Annual Report 2020/21
- Finance Monitoring Reports (Months 4 & 5)

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	18 November 2021

Saunders Nathan
12/17/2021 15:57:57