

Public Board Meeting

Thu 24 November 2022, 09:30 - 16:15

Mary Lennox Room, Barry Hospital

Agenda

09:30 - 09:32 1. Welcome & Introductions
2 min
Charles Janczewski

09:32 - 09:34 2. Apologies for Absence
2 min
Charles Janczewski

09:34 - 09:36 3. Declarations of Interest
2 min
Charles Janczewski

09:36 - 09:38 4. Minutes of the Board Meeting held on 29.09.22
2 min
Charles Janczewski
04 Public Board Minutes 29.09.22 MD.NF. CAJ.pdf (29 pages)

09:38 - 09:40 5. Action Log – 29.09.22
2 min
Charles Janczewski
05 Action Log Public Board MD.NF.pdf (3 pages)

09:40 - 13:20 6. Items for Review and Assurance
220 min

6.1. Patient Story: Sheila’s Story, a Poem by Sheila’s Daughter Janet
Jason Roberts
15 minutes

6.2. HIW Annual Report
Jason Roberts / Meriel Jenney
20 minutes

6.3. Chair’s Report & Chair’s Action taken since last meeting
Charles Janczewski
10 minutes
6.3 Chair's Board Report.pdf (6 pages)

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6.4. Chief Executive Report

Suzanne Rankin

20 minutes

📄 6.4 CEO Report.pdf (6 pages)

6.5. Board Assurance Framework

Nicola Foreman

10 minutes

📄 6.5 BAF Nov 2022 - Covering report.pdf (3 pages)

📄 6.5a BOARD ASSURANCE FRAMEWORK - November 2022.pdf (55 pages)

6.6. Break for Refreshment (10 minutes)

6.7. Chairs reports from Committees of the Board:

John Union / David Edwards / Rhian Thomas / Mike Jones / Ceri Phillips / Michael Imperato / Susan Elsmore

1. Audit Committee – 8 November 2022
2. DHIC – 4 October 2022
3. Finance – 16 November 2022
4. Health & Safety – 18 October 2022
5. Mental Health Legislation and Mental Capacity Act – 25 October 2022
6. Strategy and Delivery – 15 November 2022
7. QSE Special Meeting – 11 October 2022

15 minutes

- 📄 6.7.1 Audit Chair's Report (Nov mtg).pdf (3 pages)
- 📄 6.7.2 DHIC Chair's Report (Oct mtg).pdf (3 pages)
- 📄 6.7.3 Finance Committee Chair's Report.pdf (3 pages)
- 📄 6.7.4 H&S Chair's Report (Oct meeting).pdf (3 pages)
- 📄 6.7.5 MHLMCA Chair's Report (Oct mtg).pdf (4 pages)
- 📄 6.7.6 S&D Committee Chair Report (Nov mtg).pdf (4 pages)
- 📄 6.7.7 QSE Chairs Report Special.pdf (4 pages)

6.8. Integrated Performance Report:

Fiona Kinghorn / Jason Roberts / Rachel Gidman / Paul Bostock / Catherine Phillips

- Population Health
- Quality & Safety
- Workforce (People)
- Operational Performance
- Finance

45 minutes

📄 6.8 Integrated Performance Report November 2022.pdf (27 pages)

6.9. IMTP/Annual Plan

Abigail Harris

- i) Current position
- ii) Development of IMTP

Further reading can be found under the Supporting Documents Folder on AdminControl and the CAV website.

15 minutes

- 📄 6.9 Board IMTP Q2 assurance paper Nov2022 v1.pdf (3 pages)
- 📄 6.9a Annex 1 IMTP QTR.pdf (18 pages)
- 📄 6.9b Annex 2 IMTP Background, Content and Baseline.pdf (18 pages)

6.10. Planning Update:

Abigail Harris

- a) *Strategy Refresh*
- b) *Regional Planning to include (i) Cardiff PSB Well-being Plan and (ii) Vale of Glamorgan PSB Well-being Plan*

10 minutes

- 📄 6.10 - Planning Update.pdf (6 pages)
- 📄 6.10b Appendix 1 - Flash Report.pdf (5 pages)
- 📄 6.10b Appendix 2 - MoU.pdf (8 pages)

6.11. Decarbonisation Update

Abigail Harris

10 minutes

- 📄 6.11 Decarbonisation Update for Board.pdf (4 pages)

6.12. Assurance Mapping

Nicola Foreman

10 minutes

- 📄 6.12 Assurance Mapping NF.pdf (4 pages)

6.13. Break for Lunch (30 minutes)

13:20 - 15:45
145 min

7. Items for Approval / Ratification

7.1. Corporate Meeting Schedule

Nicola Foreman

5 minutes

- 📄 7.1 Corporate Meeting Schedule Cover Report.pdf (2 pages)
- 📄 7.1a DRAFT FULL YEAR PLANNER 2023-24 VERSION ONE.pdf (2 pages)

7.2. SRG Vice Chair

Abigail Harris

5 minutes

- 📄 7.2 Appointment of SRG Vice Chair.pdf (2 pages)

7.3. Tertiary Tower Long term solution – Business Case

10 minutes

Abigail Harris

The Full Business Case (FBC) contains commercially sensitive/confidential information and has therefore not been published on the Health Board's website. A copy of the FBC has been made available to the Board Members prior to the Board meeting.

- 📄 7.3 Tertiary Tower Electrical Infrastructure UHB Board Nov 2022.pdf (3 pages)
- 📄 7.3a a 220811 UHW Tertiary Tower Electrical Infrastructure BJC Exec Sum.pdf (11 pages)

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7.4. UHW Vascular Hybrid Theatre & MTC Theatres- Business Case

10 minutes

Abigail Harris

The Full Business Case (FBC) contains commercially sensitive/confidential information and has therefore not been published on the Health Board's website. A copy of the FBC has been made available to the Board Members prior to the Board meeting.

7.4 Cover Report Hybrid and Major Trauma theatres at UHW.pdf (7 pages)

7.4a Hybrid Theatres FBC Exec Summary v6.pdf (21 pages)

7.5. Spinal Services ODN - MoU

Abigail Harris

10 minutes

7.5 SWSN MoU.pdf (4 pages)

7.5a Appendix 1.pdf (3 pages)

7.5b Appendix 2.pdf (19 pages)

7.6. Tissue and Organ Donation Annual Report

Meriel Jenney

10 minutes

7.6 Organ Donation Report.pdf (3 pages)

7.7. Welsh Language Annual Report

Rachel Gidman

10 minutes

7.7 Welsh Language Report.pdf (4 pages)

7.7a Welsh Language Standards Annual Report 2021-2022.pdf (16 pages)

7.8. Nurse Staffing Act Report

Jason Roberts

10 minutes

7.8 Nurse Staffing Levels Annual Report Cover(1).pdf (10 pages)

7.8a Summary of Nurse Staffing Levels.pdf (11 pages)

7.9. FNC Rate

Jason Roberts

10 minutes

7.9 FNC Rate BoardreportNov2022.pdf (4 pages)

7.10. Health Inclusion Health Needs Assessment

Fiona Kinghorn

10 minutes

7.10 Health Inclusion Cover Sheet_Exec Summary_UHB Board.pdf (9 pages)

7.10a Health Needs Assessment Presentation v2.pdf (12 pages)

7.10b Health Inclusion Assessment C&V 1.4.pdf (91 pages)

7.10c Health Inclusion Action Plan C&V v1.pdf (5 pages)

7.10d Health Inclusion EHIA Final.pdf (12 pages)

7.11. Financial Forecast

Catherine Phillips

Saunders Nathan
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30 minutes

- 📄 7.11 Forecast Financial Out-turn.pdf (3 pages)
- 📄 7.11a CAV UHB Annual Forecast Financial Out-turn 22-23.pdf (6 pages)

7.12. 2022-23 Strategic Cash Request Submission

Catherine Phillips

10 minutes

- 📄 7.12 Strategic Cash Support Request Report.pdf (3 pages)

7.13. Break for Refreshments (10 minutes)

7.14. Committee / Governance Group Minutes:

Nicola Foreman

5 minutes

7.12.1 Audit Committee – 6 September 2022

7.12.2 Digital & Health Intelligence Committee – 7 June 2022

7.12.3 Finance Committee – 24 August and 28 September 2022

7.12.4 Health and Safety Committee – 19 July 2022

7.12.5 Mental Health Legislation & Mental Capacity Act Committee – 26 July 2022

7.12.6 Local Partnership Forum – 10 August 2022

7.12.7 EASC Minutes - 06 September 2022 & 27 October 2022

- 📄 7.14.1 Audit Minutes 06.09.22.pdf (12 pages)
- 📄 7.14.2 DHIC Minutes 07.06.22.pdf (12 pages)
- 📄 7.14.3a Finance Minutes 24.08.22.pdf (7 pages)
- 📄 7.14.3b Finance Minutes 28.09.22.pdf (10 pages)
- 📄 7.14.4 H&S Minutes 19.07.22.pdf (9 pages)
- 📄 7.14.5 Mental Health Minutes 26.07.22.pdf (14 pages)
- 📄 7.14.6 LPF minutes 10.8.22.pdf (8 pages)
- 📄 7.14.7a EASC Minutes 06.09.22.pdf (19 pages)
- 📄 7.14.7b EASC Minutes 27.10.22.pdf (8 pages)

15:45 - 16:10
25 min

8. Items for Noting and Information to Report

8.1. Industrial Action Report

Rachel Gidman

5 minutes

- 📄 8.1 Industrial Action Assurance Report.pdf (5 pages)

8.2. University Designation Status

Nicola Foreman

5 minutes

- 📄 8.2 University Designation Status.pdf (3 pages)

8.3. Corporate Risk Register

Nicola Foreman

10 minutes

- 📄 8.3 Corporate Risk Register Update - November 2022.pdf (4 pages)

Saunders Nathan
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8.4. Chair's Reports from Advisory Groups and Joint Committees:

Nicola Foreman

5 minutes

8.3.1 Stakeholder Reference Group

8.3.2 Local Partnership Forum – 20.10.22

8.3.3 NWSSP – 22.09.22

8.3.4 WHSSC - 8.11.22

8.3.5 EASC

8.4.1 SRG Report.pdf (2 pages)

8.4.2 LPF Briefing.pdf (3 pages)

8.4.3 NWSSP Assurance Report.pdf (9 pages)

8.4.4 WHSCC Joint Committee Briefing (Public) 8 November 2022.pdf (6 pages)

8.5. Break for Refreshments (10 minutes)

16:10 - 16:10 9. Agenda for Private Board Meeting: 0 min

- i. Approval of Private Board minutes
- ii. LINC Programme Review
- iii. Financial Forecast
- iv. Approval of Private Committee minutes
- v. WHHSC Briefing Note - 8 November 2022 (Confidential)

16:10 - 16:10 10. Any Other Business 0 min

Charles Janczewski

16:10 - 16:10 11. Review of the meeting 0 min

Charles Janczewski

16:10 - 16:10 12. Date and time of next meeting: 0 min

Thursday 26 January 2023 – Barry Hospital – Mary Lennox Room

16:10 - 16:10 13. Declaration 0 min

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this 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]

Saunders, Nathan
06/09/2023 11:37:43

**Unconfirmed Draft Minutes of the Public Board Meeting
Held On 29 September 2022
Barry Hospital
9.30am – 4.20pm**

Chair:		
Charles Janczewski	CJ	University Health Board Chair
Present:		
Ceri Phillips	CP	University Health Board Vice Chair
Gary Baxter	GB	Independent Member – University
Paul Bostock	PB	Chief Operating Officer
David Edwards	DE	Independent Member – ICT
Susan Elsmore	SE	Independent Member – Local Authority
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People and Culture
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Independent Member – Legal
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Meriel Jenney	MJ	Executive Medical Director
Mike Jones	MJ	Independent Member – Trade Union
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member – Third Sector
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Interim Executive Nurse Director
David Thomas	DT	Director of Digital Health & Intelligence
Rhian Thomas	RT	Independent Member – Capital and Estates
John Union	JU	Independent Member – Finance
In attendance:		
Emma Cooke	EC	Clinical Director of Allied Health Professionals
Barbara Chidgey	BC	Chair of Daring to Dream
Maxine Evans	ME	Project Manager - WHSSC
Angela Hughes	AH	Assistant Director of Patient Experience
Nicola Johnson	NJ	Director of Planning - WHSSC
Sian Lewis	SL	Managing Director - WHSSC
Hywel Pullen	HP	Interim Deputy Director of Finance
David Thomas	DT	Director of Digital and Health Intelligence
Observers:		
Joanne Brandon	JB	Director of Communications
Tim Davies	TD	Head of Corporate Business
Marcia Donovan	MD	Head of Corporate Governance
Craig Spencer	CS	Member of the Public
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Stephen Allen	SA	Chief Officer South Glamorgan Community Health Council
Sam Austin	SA	Stakeholder Reference Group Chair -Llamau
Lance Carver	LC	Director of Social Services – Vale of Glamorgan Council
Akmal Hanuk	AH	Independent Member – Community
Malcolm Latham	ML	South Glamorgan Community Health Council Chair
Catherine Phillips	CP	Executive Director of Finance

Saunders/Nathan
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Item No	Agenda Item	Action
UHB 22/09/001	<p>Welcome & Introductions</p> <p>The University Health Board Chair (UHB Chair) welcomed all to the Board meeting in English and in Welsh.</p> <p>He advised the Board that the Assistant Director of Patient Experience (ADPE) had won Manager of the Year at the Patient Experience Network Awards 2022 the night prior to the Board meeting.</p> <p>The Independent Member – Local Council (IMLC) noted that the award showed the hard work undertaken by the ADPE and her team and noted that the contributions made had been profound and had a great impact on all of the Health Board and its Patients.</p>	
UHB 22/09/002	<p>Apologies for Absence</p> <p>Apologies for absences were noted.</p> <p>It was noted that the Executive Director of Therapies and Health Sciences (EDTHS) would be joining the meeting in the afternoon.</p>	
UHB 22/09/003	<p>Declarations of Interest</p> <p>The Independent Member – Third Sector (IMTS) declared an interest as an elected member of the General Medical Council.</p>	
UHB 22/09/004	<p>Minutes of the Meeting Held on:</p> <p>The minutes from the July Board held on 28th July 2022 were received.</p> <p>The minutes from the Annual General Meeting (AGM) held on 29th July 2022 were received. The Independent Member – Legal asked that the AGM minutes be updated to reflect that he had given his apologies prior to the AGM taking place.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> The minutes from the July Board held on 28 July 2022 were approved as a true and accurate record of the meeting; and Pending the above amendment, the minutes of the AGM held on 29 July 2022 were approved as a true and accurate record of the AGM meeting. 	
UHB 22/09/005	<p>Action Log</p> <p>The Action Log was received.</p> <p>Action UHB 22/07/11 – The Chief Operating Officer (COO) advised the Board that improvements had been made to Patient communications around waiting times for services and noted that the Cardiff and Vale University Health Board (the Health Board) website now had a web page which would direct Patients to information on waiting list times.</p> <p>He added that the work was still ongoing and noted that the Red Cross had been helping to support Patients who had been waiting a long time.</p> <p>The UHB Chair asked for a further update on waiting lists at the January Board meeting.</p> <p>Action UHB 22/07/13 – The Executive Director of People & Culture (EDPC) advised the Board that discussions had taken place regarding actions arising from Patient Walk Arounds and noted that a review of the template would be undertaken. It was noted that the Tendable software, which allowed for real-time inputting of data, could be used during the Patient Walk Arounds.</p>	COO

	<p>The UHB Chair asked for a further update on Patient Walk Arounds engagement at the January Board meeting.</p> <p>The Board resolved that:</p> <p>a) The Action Log was reviewed and noted.</p>	EDPC
<p>UHB 22/09/006</p>	<p>Patient Story</p> <p>The Patient Story was received.</p> <p>The Chair of Daring to Dream (CDD) advised the Board that the Daring to Dream was founded in 2016 and that its aim was to support the emotional health and wellbeing of ward Patients in Cardiff & the Vale University Health Board.</p> <p>She added that she had started Daring to Dream as a named charitable fund in 2019, inspired by her own extensive patient experiences and trusted relationships with health professionals and that her own journey had helped her to learn how important a Patient's physical recovery was for their emotional health and well-being.</p> <p>The Board was played a video by the CDD which outlined the work undertaken by Daring to Dream which included:</p> <ul style="list-style-type: none"> • Raising awareness of the need for support of emotional health and wellbeing for all Patients in Wales • Providing support through the creation of non-clinical 'safe havens' in hospitals for Patients, their relatives and the staff who cared for them. • Facilitating services and activities that supported the wellbeing of Patients at home and in hospitals including the annual live-streamed Lleswyl festival. <p>The CDD advised the Board that Daring to Dream provided the "Trinity of Care" to enable people to live their best lives which included:</p> <ul style="list-style-type: none"> • Clinical Care • Emotional Health and Wellbeing • Social Care <p>She added that due to the impact of Covid-19 it had become more and more difficult to implement the positive changes required to support the aims of Daring to Dream and so help would be required from Clinical Boards and the Health Board's Executive Team.</p> <p>The Executive Director of People and Culture (EDPC) responded that the wellbeing of staff was a priority for the Health Board and so she would be happy to liaise with the CDD outside of the meeting and offer her support.</p> <p>The CEO added that the work being undertaken by Daring to Dream reflected and aligned well with the Executive Team's perspectives of what was required for the Health Board and asked if a network had been built within Daring to Dream that the Executive Team could utilise.</p> <p>The CDD responded that Daring to Dream was in the process of building a network of Patients and had a very good working relationship with the Health Board's Patient Experience Team.</p> <p>The UHB Chair thanked the CDD for presenting and for the inspirational work Daring to Dream were undertaking.</p> <p>The Board resolved that:</p>	

	a) The Patient Story was noted	
UHB 22/09/007	<p>Chair's Report and Chair's Action taken since last meeting</p> <p>The Chair's Report and Chair's Action taken since last meeting were received.</p> <p>The UHB Chair advised the Board that his report was broken down into three sections:</p> <p>A tribute to Her Majesty, the Queen. A moment of silence was observed.</p> <ul style="list-style-type: none"> • The UHB Chair noted that he had been honoured to represent the Health Board at the service held at Llandaff Cathedral which was attended by King Charles III. • The Children, Young People and Family Health Services. <p>The UHB Chair advised the Board that the outstanding work undertaken by the various services had been outlined within the paper and noted that a new Board Champion for Children and Young People had been appointed, the Independent Member – Capital & Estates (IMCE).</p> <p>The IMCE advised the Board that during her observation, it had been apparent that the breadth of the services for Children and Young People was huge and noted that she had held several discussions with "key players" within the services and noted their compassion for the services being provided.</p> <p>She added that the Youth Board was an asset to the Health Board and that promotion of the work undertaken by them should be focused upon.</p> <p>The IMLC asked if the Youth Board could be invited to future Board meetings to see the functioning of the Board.</p> <p>The UHB Chair responded that it was a good idea but noted that it would be difficult due to school and college commitments. He added that the challenge would be to make sure it was a time that suited them.</p> <p>The IMCE advised the Board that she would look into that and consider how a Young Person's representative could attend a future Board meeting.</p> <p>The Chief Executive Officer (CEO) advised the Board that more discussion regarding Children's Services should be held, because it was not for the Children's Board to just run "Children's things".</p> <p>She added that she would ask a number of colleagues to think about how they would like to bring that Young Person's voice into the operational running of the Health Board.</p> <p>The UHB Chair concluded that the Children of Cardiff and the Vale were everybody's future.</p> <ul style="list-style-type: none"> • Chair's Actions. The UHB Chair advised the Board that all Chair's Actions had been approved. <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The report was noted. b) The Chair's Actions undertaken were approved. c) The application of the Health Board Seal and completion of the Agreements detailed within the report were approved. 	IMCE
UHB 22/09/008	<p>Chief Executive Report</p> <p>The Chief Executive Report was received.</p>	

	<p>The CEO apologised to the Board for the length of the report received and noted that a request from Independent Members had been received to provide a position statement.</p> <p>She added that the report illuminated the risks and challenges being seen within the Health Board and noted that the Board Assurance Framework (BAF) aligned well with the report.</p> <p>It was noted that 3 areas would be highlighted which included:</p> <ul style="list-style-type: none"> • The Health Board's strengths • The opportunities ahead • The more immediate challenges and threats to the Organisation. <p>The CEO advised the Board that the greatest strength of the Health Board was its wonderful staff and people. It was noted that they were talented and innovative but exhausted.</p> <p>It was noted that, in terms of the Health Board's opportunities, it was known that there were staff with great skills and aspirations for the delivery of improvement but that they did not necessarily have the capability, capacity or even the empowerment to take forward the improvements that they could see.</p> <p>It was noted that financial arrangements could also hinder those improvements and limit them.</p> <p>The CEO advised the Board that there was an immense pool of opportunity and that it was the role of the leadership team to open up those opportunities and to keep work moving forward around the Shaping Our Future Strategy projects within the Health Board.</p> <p>Two immediate challenges being faced by the Health Board were identified, namely:</p> <ul style="list-style-type: none"> • <u>Cost of Living Crisis</u> – The CEO advised the Board that the crisis was not just a problem for the Health Board but an additional challenge to the population which would see a deepening of inequalities. <p>It was noted that there was anxiety that the Health Board would not be able to fully mitigate the impact on Patients and noted that it was now the role of the Health Board to provide a safe space for Patients and their families.</p> <ul style="list-style-type: none"> • <u>The financial challenge</u> - it was noted that as the Health Board moved into the Winter, some of the mitigations in terms of (i) supporting the team, (ii) responding to Patient demand, (iii) the potential of a difficult Flu season and (iv) potential industrial action, could impact upon the financial position of the Health Board. <p>The CEO concluded that whilst the outlook could appear gloomy, she remained positive because the amazing staff within the Health Board and the resilience they had shown would help to steer the Health Board forward.</p> <p>The IMLC advised the Board that she was concerned about the cost of living crisis and the effect it could have on staff who were on the lower levels of the pay scale.</p> <p>The IMTS noted that the Board needed to work harder to be more strategic because a lot of the time, the discussions held were along operational lines. She added that the ability to change operational elements of the system was essential to changing the Strategy.</p> <p>The Independent Member – ICT (IMICT) agreed with the IMTS. He highlighted that the pandemic had also created opportunities (for example, in the Digital world), and that the Health Board should be looking at potential opportunities from the operational perspective in order to help change parts of the strategic elements.</p> <p>The University Health Board Vice Chair (UHB Vice Chair) advised the Board that when confronted with current challenges it was often natural to try and prioritise everything. He</p>	
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	<p>added that the Board should try to work towards putting those challenges into a ranking order and that would require some difficult decisions.</p> <p>The UHB Chair agreed and noted that it was important to be open with the Public about what could be done and what could not be done.</p> <p>The CEO advised the Board that a detailed look would be required to prioritise the challenges and that discussions with Clinical Boards would be required to consider the challenges being faced by each Clinical Board.</p> <p>She added that three areas would need to be considered during discussions with the Clinical Boards, which included:</p> <ul style="list-style-type: none"> • Workload Management • Support from the leadership team to the Clinical Boards • Management of the financial position. <p>The Board resolved that:</p> <p>a) The Strategic Overview and Key Executive Activity described in the report was noted.</p>	
<p>UHB 22/09/009</p>	<p>Board Assurance Framework</p> <p>The Board Assurance Framework (BAF) was received.</p> <p>The Director of Corporate Governance (DCG) advised the Board that she would take the paper as read and noted the top three risks which included:</p> <ul style="list-style-type: none"> • Workforce • Patient Safety • Capital Assets <p>The DCG advised the Board that there had been a discussion the Executive Director of Finance (EDF) to see if the financial sustainability risk should be increased, but noted that the EDF was keen to keep the risk score at 15. She added that the financial sustainability risk would be reviewed and received by the Board if the score increased.</p> <p>It was noted that the COO was reviewing risks to Strategic Objectives and it was likely that some changes would be made to the BAF relating to Cancer, Elective Care and the sustainability of Clinical services.</p> <p>It was noted that those changes would be reflected in the BAF presented to the Board in November 2022.</p> <p>The DCG concluded that it had also been agreed by the Executives that a risk in relation to Digital should be added to the BAF. It was noted that the risk was currently being developed and would be presented to the Board, along with other risks on the BAF in November 2022.</p> <p>The UHB Chair advised the Board that risks 6 and 7 around Staff Wellbeing and the Exacerbation of Health Inequalities aligned with the discussion held around the cost of living crisis.</p> <p>The IMTS noted that after the November cohort of International Nurses had been recruited there was no plan to recruit more and asked why.</p> <p>The CEO responded that the information had been updated since the publication of Board papers and the Health Board had agreed to move forward with the continuation of the International Nurse Recruitment programme.</p>	

	<p>The Board resolved that:</p> <p>a) The 9 risks to the delivery of Strategic Objectives detailed on the BAF for September 2022 were reviewed and noted.</p>	
<p>UHB 22/09/010</p>	<p>Chairs reports from Committees of the Board:</p> <p>The Chairs Reports from the Committees of the Board detailed on the agenda were received and the following specific comments were highlighted by Chairs:</p> <ul style="list-style-type: none"> • Finance Committee <p>The IMCE advised the Board that a large focus of the Finance Committee was the performance of the Health Board and noted that the unplanned deficit was a concern.</p> <ul style="list-style-type: none"> • Mental Health Legislation and Mental Capacity Act Committee <p>The UHB Vice Chair advised the Board that there was concern from the Committee around compliance rates in terms of Mental Health training and noted that actions were in place with the Strategy & Delivery Committee to look at that.</p> <ul style="list-style-type: none"> • Strategy & Delivery Committee <p>The Independent Member – Legal advised the Board that workforce was a big concern for the Committee and he drew the Board's attention to the paragraph regarding the Health & Safety Culture Plan.</p> <ul style="list-style-type: none"> • Digital Health & Intelligence Committee <p>The IMICT advised the Board that work was ongoing to refresh the Digital Strategy and Roadmap and noted that the concern was the gap between the ambition of the Roadmap and the financial aspect of achieving the Roadmap.</p> <p>It was noted that a further concern was around recruitment and the retention of Clinical Coders.</p> <p>The UHB Chair thanked the Chairs of the Committees for their continued support.</p> <p>The Board resolved that:</p> <p>a) The Chairs' reports were noted.</p>	
<p>UHB 22/09/011</p>	<p>Integrated Performance Report:</p> <p>The integrated Performance Report was received.</p> <p>The UHB Chair invited each Executive to comment on the relevant section of the report and noted that the report should be taken as read.</p> <p>Population Health:</p> <p>The Executive Director of Public Health (EDPH) advised the Board that an increase in Covid-19 cases was being seen across several indicators in the community, including Care Home clusters, as well as clusters in our hospital settings, although not all indicators highlighted an increasing trend.</p>	

Saunders, Nathan
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	<p>It was noted that the delivery of the Autumn Covid-19 booster vaccination programme had commenced in September 2022 and that all older adult Care Home residents were vaccinated in the first 2-3 weeks of the programme.</p> <p>It was noted the GP practices had almost finished vaccinating the over 85 population and that the Health Board was now inviting front line healthcare staff for their vaccination.</p> <p>The EDPH informed the Board of the Monkey Pox figures and noted that things had started to slow down in the Monkey Pox arena.</p> <p>The IMTS advised the Board that in the Chair's overview of the Children's services, it noted in the report that over 200 children had been referred into the weight management service and noted that a closer look would be valuable to the Board.</p> <p>The EDPH responded that there was wider preventative work being undertaken and that they had been working closely with Welsh Government (WG) on amplifying prevention.</p> <p>The Independent Member – Trade Union asked if people were actually turning up for their appointments and asked what the "Did Not Attend" (DNA) rates were.</p> <p>The EDPH responded that she did not have the DNA rates to hand but noted that it had been identified that older groups had arrived to appointments or had opted to change the date.</p> <p>The Independent Member – Legal (IML) asked how easy access was to the Woodland House Mass Vaccination Centre for people with no transport.</p> <p>The EDPH responded that there had been transport issues which were being looked at with the Patient Experience team and noted that community pharmacy was also being looked at to provide vaccinations.</p> <p>Quality and Safety:</p> <p>The Executive Nurse Director (END) advised the Board that the Concerns team had maintained an overall 30 working day response time for all concerns (at 80%).</p> <p>It was noted that in August, 50% of concerns were processed in line with Early Resolution and that previously the Concerns team had been able to process up to 80% of concerns via the Early Resolution route, but it was dependent upon timely response to enquiries and ensuring that a satisfactory resolution for the complainant was achieved.</p> <p>It was noted that due to the volume of concerns, it had been challenging to maintain the original target of 80% and that the Concerns team was continuing to focus upon improving the response times whenever possible and addressing the underlying themes.</p> <p>The END advised the Board that Patient feedback remained positive and noted that in relation to the Mass Vaccination Centre feedback received in July 2022, 92% of people had reported being "very happy" or "happy" with the service provided.</p> <p>The Board was provided with an update on Pressure Damage.</p> <p>The END advised the Board that, as previously discussed at Board meetings, the goal of the pressure damage collaborative was to reduce the incidence of healthcare acquired pressure damage within the Health Board by 25% by July 2022.</p> <p>It was noted that the current data available to the pressure damage collaborative, which could now be presented per 1000 beds days, had shown that the pressure damage per 1000 bed days had reduced from 3.51 in May 2021 to 2.61 in March 2022 for inpatient areas. That was a reduction of 24%. However, in July there was a marked increase in Pressure Ulcers to 3.41 per 1000 bed days.</p>	
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	<p>The END advised the Board that the collaborative was continuing to identify areas for improvement.</p> <p>It was noted that a decrease in inpatient falls had also been observed, although the END urged Board Members to be cautious of the downward trajectory because it was assumed the Patient data related to Patients who were bed bound and the issues around Workforce and not having enough staff to help mobilise Patients.</p> <p>The END advised the Board that the number of Nationally Reported Incidents (NRIs) had decreased and that NRIs had been the focus of the Senior Leadership Board (SLB) the week prior to the Board meeting where NRI's had been discussed in detail.</p> <p>The Independent Member – University (IMU) noted the increase in pressure damage and asked the END for further information.</p> <p>The END responded that the Health Board had recently moved over to a new Incident Reporting platform which had meant a number of double counting occurrences.</p> <p>He added that the number of Patients who were bed bound had increased due to one of the worst staffing positions seen by the Health Board which had contributed to the increase in pressure damage.</p> <p>The IMU asked for the issue to be explored further, including the management approach to mitigating the pressure damage issues, at the Quality, Safety and Experience Committee.</p> <p>He added that the Integrated Performance Report also usually included Stroke data and queried if it had been omitted from the current report.</p> <p>The END responded that it would be included on future iterations.</p> <p>The IMTS noted that “Clinical Treatment” was the second biggest cause for complaints and asked what that said about Patient safety and the environment.</p> <p>The END responded that an increase had been seen in pre-surgery waiting lists with Patients waiting longer for treatment, and that it did not reflect incorrect diagnoses.</p> <p>The UHB Chair noted that the use of Third Sector organisations such as St. Johns ambulance could possibly be used to support patients experiencing lengthy waiting times.</p> <p>Workforce:</p> <p>The Executive Director of People and Culture (EDPC) advised the Board that the Workforce was the most important part of the Health Board and apologised for the data lag received.</p> <p>She noted that pressures were being seen across Workforce nationally and that it was important to continue to listen to staff.</p> <p>It was noted that the People and Culture team had been working on the following matters since the previous Board meeting:</p> <ul style="list-style-type: none"> • Improving the health & wellbeing of the Health Board's staff. • Enhancing the way in which the Health Board engaged and listened to staff. • Improving the way in which the Health Board attracted, recruited and retained staff. • Improving Workforce efficiency through systems and Workforce analytics. • Offering excellent education, learning and leadership development. <p>The EDPC advised the Board that the cost of living issues had been a continued theme across various Committees of the Board and that actions were in place to try and mitigate some of those pressures.</p> <p>It was noted that sickness was at 6% for August 2022, which was decrease from 7.25%, but noted that it was expected to increase during the Winter.</p>	<p>END</p> <p>END</p>
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	<p>It was noted that the disappointing level of Values Based Appraisals (VBA) had been raised at Clinical Board performance reviews and that targets had been given to each Clinical Board to improve the percentage of VBAs undertaken.</p> <p>The EDPC asked for support from the Executives and Independent Members to role model VBA.</p> <p>The Independent Member – Trade Union (IMTU) asked if providing more working from home options could help to combat some of the issues seen around sickness levels and the cost of living crisis.</p> <p>He also asked if the Health Board knew how many staff members were able to work from home.</p> <p>The EDPC responded that working from home responsibilities were delegated to line management and noted that conversations should be held between line managers and their staff around working from home and the cost of living crisis.</p> <p>She added that people needed the right equipment to be able to work from home.</p> <p>Performance:</p> <p>The COO advised the Board that there were 95 Covid positive Patients in the Health Board (63 at UHW and 32 at UHL).</p> <p>He added that 16 areas were closed due to outbreaks.</p> <p>The Board was advised that system wide operational pressures had continued and that access or response delays were still being observed at a number of points across the Health and Social Care system.</p> <p>The COO advised the Board that there were two areas to highlight regarding operational pressures which were:</p> <ul style="list-style-type: none"> • High levels of bed occupancy driven by high numbers of Patients. • Significant Ambulance delays. <p>It was noted that the pressure across the Urgent and Emergency Care system had led to a significant increase in ambulance handover times across Wales. That had presented a challenge to partners across Health and Social Care and had led to an increased system risk, particularly in relation to ambulance response times within the community.</p> <p>It was noted that the Health Board had previously committed to improving ambulance handover delays and, in conjunction with the Emergency Ambulance Service Committee (EASC), had agreed handover improvement trajectories.</p> <p>It was noted that those trajectories were based on a commitment to reducing lost hours and 4-hour ambulance handover delays which included:</p> <ul style="list-style-type: none"> • A 25% reduction in lost minutes per arrival • Reduction of 4-hour ambulance waits to zero <p>The COO advised the Board that Performance was monitored on a weekly and monthly basis and noted that if the Health Board could reduce the wait to 4 hours, it created a lot of capacity for the Ambulance Service.</p> <p>It was noted that the total number of Patients waiting for planned care and treatment, the Referral to Treatment (RTT) waiting list was 129,778 as of August 2022 which was broken down into:</p> <ul style="list-style-type: none"> • Patients over 156 weeks – August – 489 • Patients over 104 weeks August – 7,687 • Patients over 52 weeks – August – 30,357 	
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	<p>It was noted that the number of Patients waiting for planned care and treatment over 36 weeks had decreased to 45,600 at the end of August 2022 and 55% were at "New Outpatient stage".</p> <p>The COO advised the Board that July 2022 was another disappointing month for delivery against the Single Cancer Pathway (SCP), with just 51.4% compliance against the 75% standard.</p> <p>He added that there were currently just over 3,000 suspected Cancer Patients on the SCP, of which 712 had waited over 62 days.</p> <p>It was noted that a number of actions had been taken to improve the oversight and operational control of the process for overseeing Patients and a Cancer summit had been arranged with the Tumour Group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions were required to reduce the delays experienced by Patients.</p> <p>The UHB Vice Chair asked if the 180,000 patients waiting for a follow up outpatient appointment were waiting for face to face appointments.</p> <p>The COO responded that the majority of appointments were face to face, although some were also virtual.</p> <p>The UHB Vice Chair noted that sometimes Patients were being called back for a follow up appointment after 6 months and were clinically fit and asked if those figures were being looked at.</p> <p>The COO responded that they had been, but noted that due to 2.5 years of Covid, the numbers were difficult to navigate.</p> <p>The UHB Chair advised the Board that actions around Cancer services needed to be shared with the Board where appropriate.</p> <p>Finance:</p> <p>The Deputy Director of Finance (DDF) advised the Board that the Health Board had agreed and submitted a final financial plan to WG at the end of June 2022. That final plan was structured into three parts in line with WG guidance which included:</p> <ul style="list-style-type: none"> • Core Financial Plan including recovery. • National inflationary pressures which were out of the direct control of individual Health Boards. • Ongoing COVID response costs. <p>It was noted that the Health Board's core plan had incorporated:</p> <ul style="list-style-type: none"> • A brought forward underlying deficit of £29.7m • Allocations and inflationary uplifts of £29.8m • Capped cost pressures and investments of £36.9 • A £16.0m (2%) Initial Savings programme • £3.7m Further Financial Recovery Actions (£3.4m Savings & £0.3m reduction in Investments) <p>The DDF advised the Board that that had resulted in a 2022-23 planning deficit of £17.1m.</p> <p>He added that the forecast year-end position connected with the Covid-19 pandemic and pressures response was £104.7m.</p> <p>It was noted that in line with the draft financial plan, the Health Board expected WG funding to provide full cover for the additional costs in relation to the management of Covid-19 and the exceptional cost pressures.</p> <p>The DDF concluded that a number of the costs raised within the report were a consequence of the Covid-19 pandemic and that a number of residual cost pressures needed to be</p>	
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	<p>captured to find out how the Health Board could balance the financial risk against the risks discussed during the Board meeting.</p> <p>The UHB Chair advised the Board that the Finance Committee scrutinised the Health Board's finances and were very aware of the data when it was referred to the Board for review/approval.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The contents of the Integrated Performance Report were noted. b) The continued and increasing pressure which was resulting in poor ambulance handover delay performance, was noted c) The additional actions being taken to improve the performance were noted 	
<p>UHB 22/09/012</p>	<p>South East Wales Vascular Network Update</p> <p>The South East Wales Vascular Network (SEWVN) Update was received.</p> <p>The Executive Medical Director (EMD) advised the Board that since its launch the SEWVN had successfully provided a Hub and Spoke model of Vascular care across SE Wales and that, as with any new service, there had been a number of challenges which were either addressed or were in the process of being rectified.</p> <p>It was noted that the SEWVN would be monitored closely by the EMD's team.</p> <p>The IML advised the Board that Health Boards in North Wales had tried to implement something similar and noted that it had not been a success. He asked for assurance that lessons had been learnt from North Wales.</p> <p>The EMD responded that Cardiff and Vale colleagues drove forward external scrutiny and that governance structures had been reviewed.</p> <p>The IMCE noted that she recalled SEWVN being received by the Board as a concept and highlighted that at conception stage, interaction with the Public was a priority.</p> <p>She asked if that was still the case now that the Network had been implemented.</p> <p>The EMD responded that Public follow up was standard practice and that it would be taken forward with the Board.</p> <p>The Executive Director of Strategic Planning (EDSP) added that a 6-month review had been built into the programme and that the work being done would enable a lesson learnt exercise to provide a good insight.</p> <p>The EDPC advised the Board that mediation had gone well with the Public but noted that it had been done far too late into the process and so for any future regional work, it should be about getting everybody onto the same page at the start.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The content of the SEWVN paper was noted. 	
<p>UHB 22/09/013</p> <p>Saunders Nairn 06/09/2023 11:30:43</p>	<p>Update on Stroke as part of regional working</p> <p>The Update on Stroke as part of regional working was received.</p> <p>The EDSP advised the Board that in February 2022 the NHS Collaborative Executive Group gave agreement for the NHS Wales Collaborative to support the Stroke Implementation Group (SIG) to develop a business case to implement a new model for delivering Stroke services in Wales.</p>	

	<p>It was noted that the new model, which was already in place in NHS England, was proposed to consist of regional Stroke Operational Delivery Network (ODNs) being established, centred on Comprehensive Regional Stroke Centres (CRSCs) and with designated Acute Stroke Units (ASUs) to deliver a comprehensive range of Stroke services.</p> <p>It was noted that the agreement in Wales was to sustain four network models, with two being in developed for the South East Wales region and the South-Central Wales region.</p> <p>The EDSP advised the Board that two project meetings were coming up, with one being held in the Cwm Taf Morgannwg University Health Board area and the other in Cardiff.</p> <p>It was noted that the CEOs of Health Boards in South Wales had supported the creation of a National Stroke Network Group supported by the NHS Wales Collaborative and led by Mark Hackett, CEO of Swansea Bay UHB.</p> <p>It was noted that the purpose of the National group was to oversee a consistent approach to the establishment of 4 regional Stroke networks in order to deliver a sustainable Stroke service model for Wales that would meet national Stroke standards and improve Stroke outcomes for Patients.</p> <p>The Board was advised that it was likely that the business case setting out the case for change, the options and the preferred way forward, would also set out that investment needed, otherwise resources would need to be prioritised and moved around the system.</p> <p>The Independent Member – Legal (IML) asked if there was a timeline for the operational side of the project.</p> <p>The EMD responded that it was overdue and not where it needed to be at present due to a lot of bureaucracy.</p> <p>She added that the Health Board had appointed a new Stroke Lead who was very experienced and good at cutting to the issues and noted that help may be needed from the Board in supporting that as issues may require escalation to WG.</p> <p>The EDSP noted that the development of a South-Central Wales Stroke delivery network had to be done correctly and not rushed which could result in missed processes.</p> <p>She added that a timeline would be drawn up quite quickly and an update would be shared with the Board at a later date.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) Agreement to develop a regional model for delivering Stroke services was noted. b) Agreement to develop a South-Central Wales network approach with C&VUHB and CTMUHB working together collaboratively to develop and implement the model was supported. c) It was agreed to receive further updates and reports at key decision points. 	
<p>UHB 22/09/014</p> <p>Saunders Nathan 06/09/2023 11:37:43</p>	<p>RPB Market Stability Report</p> <p>The RPB Market Stability Report was received.</p> <p>The EDSP advised the Board that development and publication of the Market Stability Report was a statutory duty under Section 144B of the Social Services and Well-being (Wales) Act 2014.</p> <p>It was noted that the final report must be formally approved by Vale of Glamorgan Council, Cardiff Council and the Health Board.</p>	

	<p>It was noted that a comprehensive piece of work had been undertaken between October 2021 and July 2022 which had provided the Health Board with an indication of what was required over the coming years.</p> <p>The EDSP advised the Board that one of the underpinning principles in the Health Board's Strategy was "home first" and the ability to support people at home was critical to the delivery of the Health Board's priorities and that Strategy.</p> <p>It was noted that the Market Stability Report had confirmed that the shape of the market was not where the Health Board needed it to be and 2 areas were highlighted by the EDSP:</p> <ul style="list-style-type: none"> • Children's Services • Adult Services <p>It was noted that the report confirmed the various gaps in the provision and that there were too many people in Cardiff and the Vale who were going "out of area" for complex needs.</p> <p>It was noted that WG had made a commitment that the commissioning of Children's Services would eliminate private profit and that over the next 5 years the region would consider how to develop "in- area" Children's Services and services for working age adults with complex needs.</p> <p>It was noted that that Health Board would develop those as in-house services and/or would work in partnership with local not for profit organisations.</p> <p>The EDSP concluded that the report was being received because as stated earlier, it would need to be approved by the Vale of Glamorgan Council, Cardiff Council and the Health Board.</p> <p>The UHB Chair advised the Board that it was a complex report and a lot of detail had been received.</p> <p>The EDSP advised the Board that information slides would be sent to Board Members following the meeting.</p> <p>She added that the Director of Social Services for the Vale of Glamorgan Council and the Improvement and Development Manager for Joint Commissioning had provided a lot of work on a summary slide deck which would be circulated to Board Members following the meeting.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The contents of the Cardiff and the Vale of Glamorgan Market Stability Report were considered and noted. b) The Board would receive regular reports from the Regional Partnership Board on progress with implementing the findings of the Market Stability Report. 	DCG
<p>UHB 22/09/015</p> <p>Saunders, Nathan 06/09/2023 11:57</p>	<p>WHSSC Specialised Services Strategy</p> <p>The WHSSC Specialised Services Strategy was received.</p> <p>The Managing Director – WHSSC (MDW) advised the Board that the last Specialised Services Strategy had been published in 2012 and that there had been a number of policy developments since then as well as a growing demand for services.</p> <p>It was noted that an Audit Wales report had stated that WHSSC should develop and approve a new Strategy during 2021.</p>	

	<p>The Board was presented with the purpose and scope of the WHSSC Specialised Services Strategy which included:</p> <ul style="list-style-type: none"> • Ensuring best experience and outcome for residents in Wales when accessing specialised services. • Defining the approach for Wales for the future of specialised services and its priorities. • Covering current commissioned services, new services and those which no longer may be considered specialised. • Partnerships and how they could be strengthened. • The role of WHSSC in non-specialised commissioned services, in particular regard to how Patients moved through their pathway to access specialised services. <p>The MDW advised the Board that, as previously agreed at a Joint Committee meeting in March 2018, an engagement process would be undertaken to support the development of a Strategy using a blended approach of (i) written/electronic feedback via an online survey and (ii) general feedback from Stakeholder meetings.</p> <p>She added that there were three overarching themes which included:</p> <ul style="list-style-type: none"> • What? Strategic ambition for WHSSC and specialised services. How could WHSSC offer the greatest value to NHS Wales. Primary consideration for WG and Health Boards in Wales. • Where? That theme related both to the location of providers and the models of care. • How? That identified a set of principles and specific functions that WHSSC would adopt to ensure that there was equitable access to safe, effective and sustainable services for the people of Wales, as close to home as possible within available resources. <p>It was noted that that each theme had been developed with a series of supporting questions to gather specific feedback</p> <p>It was noted that the survey responses and general feedback would be used to develop a draft strategy document for further engagement and consideration by both the Joint Committee and Welsh Government (WG).</p> <p>The Board was advised that to support the process, an Engagement and Communication Plan had been prepared and provided an outline context for why the development of a Strategy was pertinent and described the three overarching themes and supporting questions that were being posed to stakeholders through the engagement process, via an online survey approach, in order to inform and influence the development of the Strategy.</p> <p>The MDW presented the Board with five example questions from the survey which included:</p> <ul style="list-style-type: none"> • <i>What do you think is our role in influencing or changing the pathways in non-WHSSC commissioned services?</i> • <i>What do you think we should do when we can see variation in access rates i.e. low access rates or very high access rates?</i> • <i>Do you think these processes provide sufficient assurance to HBs?</i> • <i>What alternative reporting or processes could be considered?</i> • <i>Are there any opportunities or threats you think we should be aware of related to this change?</i> 	
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	<p>The Board was presented with the Strategy Development Engagement Process which included:</p> <ul style="list-style-type: none"> • The Engagement and Communication Plan had been developed • Stakeholder analysis had been undertaken identifying key groups and individuals • The survey had been built around the 3 strategic themes with supporting questions • Engagement activities consisted of written/electronic responses and general feedback from stakeholder meetings • An engagement exercise would run from 27 September until 22 December 2022 (12 weeks) • Responses and feedback would inform the development of the draft Strategy for consideration and further engagement with Joint Committee and WG <p>The MDW advised the Board that regular updates would be provided to the Management Groups during the engagement period on the themes and issues arising from stakeholder feedback to minimise 'surprises' in the drafting of the Strategy.</p> <p>It was noted that the draft Strategy would be prepared through January and February 2023 for further engagement with Joint Committee and WG in March 2023, with the aim of the final Strategy being agreed and published by May 2023 in readiness to inform the WHSSC ICP and Health Board's IMTPs for 2024 and beyond.</p> <p>The EDSP advised the Board that the timing of receiving the WHSSC Specialised Services Strategy had been helpful and noted that the Health Board had been undertaking work with Swansea Bay University Health Board.</p> <p>She added that no representatives from the Community Health Council (CHC) attended the Board meeting and asked what the expectation was with linking up with the CHC.</p> <p>The Project Manager for WHSSC (PMW) responded that they had already briefed the Chair of the CHC's National Board and had offered for them to partake and meet with WHSSC.</p> <p>She added that WHSSC would also meet with the All Wales engagement leads and would be asking them to communicate to local CHCs.</p> <p>The CEO noted that she had received the survey and thanked the WHSSC.</p> <p>She asked if there were parameters in the survey around what the right scale was and how that would form the political ambition.</p> <p>The Managing Director of WHSSC responded that at the end of the survey, there was a box marked "anything else" where comments could be added.</p> <p>The CEO noted that the Health Board was the biggest provider in Wales and was also commissioning with other Health Boards. She asked if there was any advice that could be given by WHSSC in terms of feedback around the delivery of services which would assist the Health Board as it formulated its own Strategy.</p> <p>The MDW responded that there was a perception that Cardiff and the Vale residents had more access to specialised services than in other parts of Wales.</p> <p>She added that it was not true and provided an example whereby the highest access for Patients in a Cardio setting was Ceredigion and that all of the data was seen by WHSSC.</p>	
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	<p>The Director of Planning for WHSSC (DPW) responded that from a commissioning point of view, there was a theme around services in Wales and how they are costed whilst benchmarking to English services.</p> <p>The Board resolved that:</p> <p>a) The WHSSC Specialised Services Strategy was noted.</p>	
<p>UHB 22/09/016</p>	<p>Annual Letter from the Ombudsman</p> <p>The Annual Letter from the Ombudsman was received.</p> <p>The END advised the Board that the letter was for noting.</p> <p>It was noted that the Health Board had the lowest number of investigations from the Ombudsman across all of the Health Boards in Wales.</p> <p>The UHB Chair advised the Board that they needed to be aware that the number of complaints was increasing and that the Health Board would be working closely with the Ombudsman.</p> <p>The END added that he had met with the new Ombudsman and that she was aware of the Health Board's challenges.</p> <p>The Board resolved that:</p> <p>a) The Annual Letter from the Ombudsman was noted.</p>	
<p>UHB 22/09/017</p>	<p>Shaping our Future Wellbeing Strategy Refresh Update</p> <p>The Shaping our Future Wellbeing Strategy Refresh Update was received.</p> <p>The EDSP advised the Board that the update would be received regularly by the Board and that the work was progressing.</p> <p>She added that the UHB Vice Chair oversaw the working group.</p> <p>It was noted that the working group was currently in the process of finding engagement materials and would be testing those out on staff.</p> <p>The UHB Chair advised the Board that he understood the challenges but noted that he was keen to make sure everything was considered and tested with regards to the drafting the Strategy and that by July 2023, the new Strategy would be up and running.</p> <p>He concluded that it was important that each member of staff could relate to the Health Board's Strategy.</p> <p>The Board resolved that:</p> <p>a) The process being put in place to enable staff, patients, communities and partners to help the Board shape the next iteration of Shaping Our Future Wellbeing Strategy was noted</p> <p>b) It was agreed that the Board would receive the draft Strategy for approval in March 2023 and to the commencement of engagement on the Strategy.</p> <p>c) It was agreed that the final Strategy would be received for approval in July 2023.</p> <p>d) It was agreed that regular updates from the working group would be received.</p>	

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UHB 22/09/018	<p>Assurance Mapping Update</p> <p>The Assurance Mapping Update was received.</p> <p>The DCG advised the Board that the Assurance Mapping was a huge piece of work being undertaken and noted that over the past two months, meetings had recommenced with Clinical Boards and Corporate colleagues and that the Head of Risk and Regulation had met with those Clinical and Corporate colleagues to re-engage and begin populating the Health Board's Assurance Map.</p> <p>She added that mapping required a number of elements, such as regulatory complaints and information from both Internal Audit and Audit Wales.</p> <p>It was noted that the Health Board's Assurance Map should be available to Board members at the November Board meeting and would be shared at that time.</p> <p>The Board resolved that:</p> <p>a) The Assurance Mapping Update was noted and it was agreed that a further update, following implementation of the opportunities identified by Internal Audit, would be shared at the November Audit and Assurance Committee and Board Meeting.</p>	
UHB 22/09/019	<p>Nosocomial Investigations Update</p> <p>The Nosocomial Investigations Update was received.</p> <p>The END advised the Board that the Covid Investigation Team (CIT) within Patient Safety had been reviewing the incidences of nosocomial transmission of Covid-19 in inpatient settings.</p> <p>He added that as of 30th April 2022, there had been 2921 patients who were in the Indeterminate, Probable and Definite category of nosocomial Covid-19, with 674 of those who had sadly died in Waves 1, 2, 3 and 4.</p> <p>It was noted that as of 1st of May 2022 there had been 252 additional cases which would also be added to the investigation work and so as of the end of 31st August 2022, the CIT had undertaken 1007 proportionate investigations and reviews.</p> <p>The END advised the Board that on the 26th January 2022, WG had announced £9 million of investment over 2 years to undertake the investigations at pace, and that the Health Board had received the allocated funding from the start of the 2022/23 financial year.</p> <p>The IMLC asked if there was any intelligence on whether the nosocomial deaths within Care Homes would form part of the investigations as outcomes from the National audit were still awaited.</p> <p>The END responded that there was no information at present, but noted that if the decision to include Care Homes was made the number of investigations would naturally increase. He added that the decision on how the framework would support the implementation of the investigations into Care Homes and NHS commissioned care settings was still awaited from the Delivery Unit (DU).</p> <p>The EDPH noted that it seemed strange that the Health Board would lead on Care Home deaths when Care Homes were managed by the Local Authority.</p> <p>The Independent Member – Finance (IMD) asked what the actual outcomes would be.</p>	

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	<p>The END responded that the aim of each review was to identify any potential harm and to action any identified learning.</p> <p>He added that scrutiny panels for each Clinical Board had commenced and that the purpose of the scrutiny panel was to consider and review the findings of the investigations, with an objective of reviewing and discussing individual cases where potential breach of duty had been identified and to agree appropriate resolution in line with Putting Things Right.</p> <p>It was noted that communication with patients and families had begun, with a focus on contacting bereaved families from Wave 1 and it was noted that communication consisted of a phone call first with a follow up letter.</p> <p>It was noted that the outcomes of the investigations would be communicated via a letter.</p> <p>The DCG advised the Board that the work being undertaken by the CIT would be very important in preparing for any Covid-19 inquiries.</p> <p>The CEO advised and assured the Board that the Executive Team would support the CIT.</p> <p>The UHB thanked the CIT for their hard work and noted that it was a very difficult task contacting bereaved families.</p> <p>The Board resolved that:</p> <p>a) The assurance provided by the progress against the programme was noted.</p>	
<p>UHB 22/09/020</p>	<p>Top Level Organisation Structure</p> <p>The Top-Level Organisation Structure was received.</p> <p>The CEO advised the Board that within the Health Board's Standing Orders, Schedule of Matters Reserved for the Board, the Board was required, on an annual basis, to review and approve its top-level Executive Structure.</p> <p>She added that there had been a number of small changes to Executive portfolios with the turnover of the Executive Team in the last 12 months and that the changes had all been agreed with the relevant Executive Director and Chief Executive.</p> <p>It was noted that work was still ongoing to define the Top-Level Organisation Structure and the Board was advised that activities would be shared through the appraisal process.</p> <p>The IMTS advised the Board that it was helpful to see the Top-Level Organisation Structure and noted that the CEO would have 12 direct reports which was a high number of values-based appraisals to undertake.</p> <p>The CEO responded that it would be difficult to slim down the number of direct reports because a number of the roles were statutory requirements.</p> <p>The Board resolved that:</p> <p>a) The Executive Structure (Appendix A) and Executive Portfolios (Appendix B) were reviewed and approved.</p>	
<p>UHB 22/09/021</p>	<p>RPB Regional Unpaid Carers Charter</p> <p>The RPB Regional Unpaid Carers Charter was received.</p> <p>The EDSP advised the Board that it was a very important piece of work and noted that Unpaid Carers were critical to the care and support of citizens across Cardiff and the Vale and so supporting them was a priority for the Regional Partnership Board (RPB).</p>	

	<p>It was noted that the Unpaid Carers' Charter had been developed through engagement by the Cardiff and Vale Unpaid Carers Board.</p> <p>It was noted that pre-pandemic, there had been a Regional Carers work stream which sat under the RPB to oversee and support work around Unpaid Carers and that as part of the group's action plan a draft Unpaid Carers Strategy was developed.</p> <p>It was noted that due to the pandemic the Unpaid Carers Board was paused, and the Unpaid Carers Strategy was never finally published.</p> <p>It was noted that since January 2022, the group had reconvened as the Unpaid Carers Board to develop the Unpaid Carers Charter.</p> <p>The EDSP advised the Board that the aim of the Unpaid Carers Charter was to:</p> <ul style="list-style-type: none"> • Help identify Unpaid Carers in the region; particularly those who might not see themselves as a carer and/ or may not be accessing support which was available to them. • Help Unpaid Carers to feel supported and recognised through a set of commitments by the Health Board and Local Authorities. • Support the development of services for Unpaid Carers in the region. <p>It was noted that the Health Board planned to launch the Charter in November 2022 and that delivery, impact and development of services through the Charter would be monitored and supported by the Regional Unpaid Carers Board and reported to the RPB.</p> <p>The Board resolved that:</p> <p>a) The RPB Unpaid Carers Charter was endorsed.</p>	
<p>UHB 22/09/2023</p>	<p>Wellbeing Hub@ Park View Outline Business Case</p> <p>The Wellbeing Hub@ Park View Outline Business Case (OBC) was received.</p> <p>The EDSP advised the Board that the capital ask was for £23.176m and that WG was aware of the OBC.</p> <p>She added that the OBC was taken to the Senior Leadership Board (SLB) where a good discussion had taken place between Executives and Clinical Board Directors.</p> <p>The UHB Chair asked the IMCE/Chair of the Finance Committee for their input.</p> <p>The IMCE responded that the OBC had been discussed at the Finance Committee meeting the day prior to the Board meeting and that part of the discussion related to the benefits of the OBC. It was noted that the Finance Committee was happy to recommend the OBC to Board to approve the submission of the OBC to the WG.</p> <p>The IMLC commended the work undertaken by the EDSP and her team and noted that it would make providing services across South Wales much easier for the Health Board, Third Sector colleagues and Local Authority colleagues.</p> <p>The Independent Member – Finance (IMF) asked how many wellbeing hubs were planned.</p> <p>The EDSP responded that the Programme Business Case (PBC) that was endorsed by the Board described the first phase as three hubs namely, Ely, Maelfa and Cogan.</p> <p>She added that one of the business cases was “over the line” and that one was in development.</p>	

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	<p>It was noted that the aim was for a Wellbeing Hub to be situated in each of the 9 clusters within the Health Board's region.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Outline Business Case for the Development of a Wellbeing Hub @ Park View as set out in the OBC which included the associated capital and revenue costs, and assessed risks and benefits was noted and supported; b) The support given by the Capital Management Group and the Senior Leadership Board/Regional Partnership Board to the OBC as it had progressed through the Health Board's governance process was noted; and c) it was approved that the OBC be submitted to the Welsh Government for approval. 	
<p>UHB 22/09/2024</p>	<p>Velindre NHS Trust Business Cases – Radiotherapy Services, Radiotherapy Satellite Centre</p> <p>The Velindre NHS Trust Business Cases – Radiotherapy Services, Radiotherapy Satellite Centre were received.</p> <p>The EMD advised the Board that the paper received outlined the requirement for additional investment in Radiotherapy services totalling £1.050m, phased over an 11-year period together with the level of increased activity the investment would secure for Cardiff and Vale residents, the cost impact and value for money of the investment compared to the existing contracting frameworks.</p> <p>It was noted that the cost would need to be funded from the Health Board's internal budget for investments.</p> <p>It was noted that the Transform Cancer Services (TCS) programme had been agreed in principle by all Health Boards and WG and that it included (i) the development of a new Velindre Cancer Centre (nVCC) on land adjacent to the existing Velindre Cancer Centre (VCC) and (ii) the establishment of a Radiotherapy Satellite Centre (RSC) at Nevill Hall Hospital in Abergavenny.</p> <p>The EMD advised the Board that currently, all Radiotherapy services for the South East Wales population was delivered from VCC in Cardiff and that the case was for a new Radiotherapy facility to meet increased demand.</p> <p>She added that it would be based in Nevill Hall Hospital in Abergavenny with 2 Linear Accelerator (LINAC) Radiotherapy devices machines which would increase the total LINAC fleet in South East Wales from 8 to 10.</p> <p>It was noted that the total cost of the investment required for both the RSC and IRS was £1.050m which was made up of a fixed cost investment of £0.194m IRS, a fixed cost investment £0.357m RSC and a variable cost investment linked to activity delivery at £0.498m.</p> <p>The DDF advised the Board that support for transitional costs of £523,000 (Cardiff & Vale share £150,000) was sought from commissioners in 2023/24 to recruit and train staff ahead of the LINAC machines being commissioned in 2024/25.</p> <p>He added that the main consideration for the Health Board was the availability and cost of additional capacity to meet anticipated future increased demand and that whilst the procurement of Radiotherapy equipment would result in increased costs for the Health Board to support its Patients, it was intended that there would be qualitative benefits in terms of better technological integration, improved planning that would deliver an improved Patient experience and streamlined processes.</p>	

	<p>It was noted that to demonstrate the impact of the anticipated future demand, Velindre had undertaken a detailed demand and capacity modelling exercise, averaging demand at a planned 2% growth per annum.</p> <p>It was noted that the demand growth had been compared to the available capacity that the nVCC would provide and had identified that it did not deliver the required capacity to meet demand and that there was also no space to expand on the existing VCC site.</p> <p>It was noted that it represented a high risk to Patients given the anticipated growth timeline in demand for services and that whilst planning was underway to mitigate, as far as possible, capacity limitations in the short term, it would be imperative that a substantive medium-term solution to the capacity shortfall could be urgently established.</p> <p>The COO noted that the ask felt enormous and involved a lot of capacity from the Health Board.</p> <p>The DDF responded that it was a cost pressure.</p> <p>The EMD noted that in terms of assurance, equity and access it was broader than just Radiotherapy.</p> <p>The IMCE advised the Board that discussions around the Velindre NHS Trust Business Cases had been held at the Finance Committee and questions were raised around what they meant and if they could be quantified.</p> <p>The DDF advised the Board that the contract required signing the following day.</p> <p>The EMD noted that there were risks associated with the approaches outlined which required further discussion.</p> <p>The IMLC informed the Board that it seemed as though some of the fundamental issues regarding the methodology had not been covered off and that no real assurance about access had been provided.</p> <p>She added that there were also Clinical and Finance colleagues who had also expressed their concerns.</p> <p>The IMCE advised the Board that lessons had been learnt because the Finance Committee has looked at the business cases from a financial perspective and had approved them for the Board review.</p> <p>The EMD noted that the concerns raised were not new and that the Board could be assured that questions were being asked, but she added that the Health Board had to rely on Velindre as the experts in Radiotherapy Services.</p> <p>The CEO noted that both Organisations had slightly different agendas and that areas could, upon reflection, be improved and that it involved a good robust relationship with Velindre.</p> <p>She added that monitoring activity between initiation of the programme and making any “next decisions” would be important because then the Health Board could see if the activity was manifesting and what the numbers through the door were, as well as Patient flow and what that meant for the Health Board.</p> <p>She asked where would that monitoring happen and where assurance mechanisms could be positioned within the existing regional Cancer management mechanisms and that it could be taken as a suggestion and possibly a requirement from the Board approval discussion.</p> <p>The UHB Chair advised the Board that requirement was needed to start putting together what they had been asked to do as a Board.</p>	
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	<p>He added that from his perspective, there had been reservations over time around the business case and there had also been plenty of opportunities to table those reservations in various earlier meetings.</p> <p>He asked the Board if they would be happy to look at the recommendations and reshape those.</p> <p>The EDSP advised the Board that three caveats would be added to the recommendations as followed:</p> <ul style="list-style-type: none"> • The need for assurance around equity of access to the Cancer services. • The need for assurance from the oversight of delivery against the Health Board's investment. • A real need would be required to understand the decision points of increasing the existing LINAC capacity from 8 machines to 10 and wanting to be assured as a Board that demand was absolutely there in light of changing interventions and practice. <p>She added that she was confident Cardiff and Vale Patients would benefit from the business case as they were currently impacted by longer waiting times because machines were out of date.</p> <p>The IMLC advised the Board that she felt more assured with the three caveats included within the recommendations.</p> <p>With the three identified caveats included, the Board resolved that:</p> <ol style="list-style-type: none"> a) The IRS replacement of the existing LINAC fleet at Velindre was approved. b) The Board agreed to support up to the maximum annual revenue funding level (with indexation to be applied), and contract mechanisms reflected within the papers received. c) The associated IRS cost element of the RSC, as an independent approval of the RSC overall FBC, was noted. d) The RSC FBC was approved subject to; <ul style="list-style-type: none"> - agreement on sharing any benefits from the use of redundant LINAC capacity to provide services to other Commissioners outside of South East Wales, - The provider seeks to minimise and defer the transitional costs e) It was agreed in principle to support the revenue costs associated with the provision of radiotherapy for Cardiff and Vale residents following the procurement of the new radiotherapy equipment and the development of the Radiotherapy Satellite Centre at Nevill Hall Hospital. 	
<p>UHB 22/09/025</p> <p>Saunders, Nathan 06/09/2023 11:51 AM</p>	<p>Winter Plan</p> <p>The Winter Plan was received.</p> <p>The COO advised the Board that the plan was a mitigation plan for the high-level bed occupancy seen within the Health Board.</p> <p>He added that as part of the planning for Winter the Health Board had undertaken a series of engagement workshops and summits and that through those forums, which had included</p>	

	<p>representation from Health, Social Care and the Third Sector, it had been recognised that there were a number of factors which were likely to impact upon Winter 2022/23.</p> <p>It was noted that those included:</p> <ul style="list-style-type: none"> • Future Covid waves • Respiratory virus demands • The cost of living/energy crisis, • Workforce availability/morale, • The potential for industrial action. <p>The COO advised the Board that in addition to the potential impact on the Urgent and Emergency Care pathways, the Health Board had also planned for the maintenance of critical services during the Winter period.</p> <p>It was noted that through the aforementioned forums a number of key priorities had been identified which included:</p> <ul style="list-style-type: none"> • Cancer performance • Long waiting patients • Paediatric services • Mental Health services, • Tertiary services, • Primary Care sustainability, • Critical care capacity • Partnership working to support Social Care. <p>The UHB Chair noted that the paper outlined the financial risk and asked what would happen to Patient safety if the plan was not approved.</p> <p>The IMCE added that Patient safety was paramount but noted that the unplanned deficit was circa £2.7m and asked if the Health Board was comfortable to accept that or if there were actions in place to try and secure that.</p> <p>The COO responded that more money had been requested from WG but that the message was that there was no money at the moment.</p> <p>The CEO added that she had been very clear to WG colleagues and had noted that additional funding was required for the Health Board's Winter Plan and reiterated the COO's response that there was no money available.</p> <p>The UHB Chair advised the Board that if the Plan was signed off, Finance colleagues would need to try their best to mitigate the financial challenges.</p> <p>He added that the Health Board had always gone "at risk" because the money was never guaranteed.</p> <p>The IMU asked what was the position of other Health Board's in Wales.</p> <p>The CEO responded that in terms of the overall financial position, almost all of the other Health Boards were operating with deficits.</p> <p>The DDF added that the system across the UK was under strain to a greater extent than before which was reflected in the financial aspect across Welsh Health Boards.</p> <p>It was noted that each organisation was struggling to meet its Winter Plan, and that some Health Boards had already declared forecasts with large deficits.</p>	
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	<p>The END advised the Board that he supported the Plan and noted that the over recruitment of Health Care Support Workers (HCSW) would be undertaken to provide support within the Organisation.</p> <p>He added that there was “noise” in the system around the movement of staff to areas that they were not used to.</p> <p>The COO advised the Board that if the Plan was approved, an extensive communications plan would be put in place regarding the movement of staff and the reasons why that was necessary.</p> <p>The CEO concluded that the Health Board was operating at 120% with very little “gas in the tank” and noted that staff were tired.</p> <p>She added that she supported the Plan and noted that the Executives had done great work in getting the Plan formed.</p> <p>The Board resolved that:</p> <p>a) The UHB Winter Plan 22/23 was approved.</p>	
<p>UHB 22/09/2026</p>	<p>Relocation of Fracture Clinic Facilities</p> <p>The Relocation of Fracture Clinic Facilities information was received.</p> <p>The DDF advised the Board that as part of the response to the Covid Pandemic, the Fracture Clinic that operated from UHW, adjacent to the Emergency Unit (EU), was relocated to UHL to enable the existing facility to be used for the streaming of patients through the EU department.</p> <p>It was noted that as part of the recovery plan, developed by the operational planning teams, the return of the Fracture Clinic to UHW was considered one of a number of priority schemes that was essential to support the Orthopaedic waiting list backlog.</p> <p>It was noted that the key enablers to recover the position included:</p> <ul style="list-style-type: none"> • Full elective footprint in CAVOC outpatients which would be delivered when the Fracture Clinic moved back to UHW • Increasing of new outpatient activity, additional pre-assessment clinics and appropriate review clinics • Revised job plan realigning full pre-Covid sessions to increase activity • New consultant appointment as part of recovery • Embedded therapies to support most efficient holistic pathway <p>It was noted that the continued pressures on the EU department, along with the space constraints had resulted in the area previously occupied by the Fracture Clinic being unavailable and the space occupied by the Fracture Clinic adjacent to EU did not provide adequate space for the increasing numbers attending clinic.</p> <p>It was noted that an options appraisal and feasibility study was undertaken in conjunction with the Clinicians, Clinical Board and the COO which concluded that the most appropriate location would be the ground floor of the Lakeside Wing (LSW).</p> <p>The COO advised the Board that plans were developed and costed with an anticipated project out-turn cost of £1.653m and that the cost included the construction and ‘fit out’ of 2 new X-Ray suites.</p> <p>He added that the timings around the relocation of Fracture Clinic facilities meant that the Board would be required to support the relocation and that Chair’s actions would need to be undertaken in relation to the procurement exercise and the subsequent award of the contract to the successful Framework contractor. .</p>	

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	<p>The Clinical Director of Allied Health Professionals (CDAHP) asked if the relocation would be for just Adults or if Paediatrics would be involved.</p> <p>The DDF responded that the paper alluded to the Adults service and so he did not think it affected Paediatric Fracture Clinics.</p> <p>The UHB Chair confirmed that Chair's Actions would be required and he would undertake those between now and the next Board meeting held in November 2022.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The development of a new Fracture Clinic in the Ground Floor of the Lakeside Wing at UHW to enable the return of the service from UHL was approved. b) The proposed procurement and approval process, being Chairs action, recognising the need to commence works on site at the earliest opportunity to support the Clinical Recovery Programme was approved c) The Chairs action to enter into contract with the successful framework contractor subject to the tender return being within 10% of the budget allowance set by the CMG, that being £1.653m inclusive of VAT was approved. d) It was noted that the successful contractor and contract value would be reported to the November UHB Board. e) The revenue implications, funding source and the proposal to minimise any additional investment, were noted. 	
<p>UHB 22/09/2027</p>	<p>Scheme of Delegation and Earned Autonomy</p> <p>The Scheme of Delegation and Earned Autonomy was received.</p> <p>The DCG advised the Board that only minor tweaks had been made to the Scheme of Delegation and noted that since the review of governance in Capital and Estates it had come to light that the Director of Capital, Estates and Facilities could only sign off stage payments of contracts of £25k and under which had meant that anything above that amount had to be signed off by the EDSP</p> <p>It was noted that to support the EDSP in the process and reduce the number of stage payments which she was currently having to sign, it was proposed that the Director of Capital, Estates and Facilities stage payments value of sign off was increased to £75k.</p> <p>The DCG added that the same principle applied to the Executive Director of Finance who could sign contracts for capital expenditure up to £125k and under, with the Chief Executive signing all capital expenditure contracts over that value and up to £500k.</p> <p>She added that it was proposed that the Executive Director of Finance's value to sign off contracts for capital expenditure be increased to £250k to reduce the number of capital expenditure contracts currently been signed by the Chief Executive.</p> <p>The IMCE asked if there were clear governance principles about what they could sign.</p> <p>The DCG responded that there were strict governance principles in place that the overall contract values would still be received by the Board.</p> <p>The Board resolved that:</p>	

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	<p>a) It was approved that the Director of Capital, Estates and Facilities could approve staged payments in line with contract for capital expenditure of up to £75k and under.</p> <p>b) It was approved that the Executive Director of Finance could sign contracts for capital expenditure of up to £250k and under.</p>	
UHB 22/09/028	<p>Senior Leadership Board – Terms of Reference</p> <p>The Senior Leadership Board – Terms of Reference were received.</p> <p>The CEO advised the Board that it had been her intention to integrate the Management Executive meetings and the Health System Management Board meetings into the SLB.</p> <p>She added that the SLB had been created and two meetings had been undertaken in September 2022.</p> <p>It was noted that there was no expansion of decision making and that it all sat within the CEO's existing scheme of delegation.</p> <p>The CEO advised the Board that having the relevant Clinical Board staff at the SLB meetings had proved important to the operational running of the Health Board.</p> <p>The COO agreed and noted it was good to give Clinical Board Directors a voice at those meetings.</p> <p>The DDF asked how the balance between Primary Care and Secondary Care was observed at the SLB.</p> <p>The CEO confirmed that the Primary Care Clinical Board (PCIC) attended the meetings.</p> <p>The EDTHS added that although PCIC was focused on the community setting, a number of other Clinical Boards had a community influence.</p> <p>The EDSP noted that the agenda at the SLB meetings made sure that responsibilities of the Clinical Boards were reflected.</p> <p>The Board resolved that:</p> <p>a) It was noted that SLB would execute actions delegated from the CEO and support the operational management of the organisation in accordance with Standing Orders, Standing Financial Instructions and the Scheme of Delegation.</p> <p>b) It was noted that the SLB Terms of Reference were approved by the SLB as appropriately describing the purpose and function of the SLB.</p>	
UHB 22/09/029	<p>South Wales Cochlear Implant and BAHA Hearing Implant Device Service</p> <p>The South Wales Cochlear Implant and BAHA Hearing Implant Device Service was received.</p> <p>The EDSP advised the Board that the paper received was written by WHSSC and that the purpose of the report was to:</p> <ul style="list-style-type: none"> Set out the process followed by WHSSC following a temporary service change to the provision of Cochlear services in South and West Wales and South Powys. Present the materials and process for a period of targeted engagement with regard to the future configuration of the South Wales Cochlear Implant and Bone Conduction Hearing Implant Device Service. <p>It was noted that it would not affect the population of the Health Board but it did mean that the Health Board would be expected to offer the service to other populations.</p> <p>The UHB Chair noted that if the Health Board was extending the Patient base it served, it had to get the appropriate resource.</p>	

	<p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The content, process and timeline for a period of targeted engagement (as supported by the Board of CHCs), was considered; b) Local action to disseminate the information being cascaded as outlined within the main body of the report, was supported; and c) The Draft Equality Impact Assessment (EQIA) was noted. 	
<p>UHB 22/09/030</p>	<p>Committee / Governance Group Minutes:</p> <p>The Committee / Governance Group Minutes were received.</p> <p>The Board resolved that:</p> <p>The Committee / Governance Group Minutes were noted</p>	
<p>UHB 22/09/031</p>	<p>Corporate Risk Register</p> <p>The Corporate Risk Register (CRR) was received.</p> <p>The DCG advised the Board that she would take the paper as read and that it was for noting.</p> <p>She added that there were 24 risks on the CRR which was an increase of 5 since the previous meeting of the Board.</p> <p>It was noted that the CRR was cross referenced to and reflected the BAF.</p> <p>The Board was advised that risk 22 around Haematology had been raised by the Strategy and Delivery Committee because it had appeared that risk had remained on the CRR for 12 years and that no actions had been implemented.</p> <p>The DCG noted that assurance had been provided from the EDSP that actions were in place and that the risk would remain on the CRR, although more context would be provided in the CRR to show those actions.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Corporate Risk Register and the work in the areas which were now progressing were noted. 	
<p>UHB 22/09/032</p>	<p>Chair's Reports from Advisory Groups and Joint Committees:</p> <p>The Chair's Reports from Advisory Groups and Joint Committees were received.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Chair's Reports from Advisory Groups and Joint Committees were noted. 	
<p>UHB 22/09/033</p>	<p>Agenda for Private Board Meeting:</p> <ul style="list-style-type: none"> <i>i. Approval of Private Board minutes</i> <i>ii. HIW report relating to Emergency Care at UHW</i> <i>iii. De-Brief of Historical Child Practice Review</i> <i>iv. Cardiff and Vale Local Public Health Team Transfer</i> <i>v. Accelerated Cluster Development</i> <i>vi. Approval of Private Committee minutes</i> 	
<p>UHB 22/09/034</p>	<p>Any Other Business</p>	

	<p>The CEO advised the Board that a response had been received from the Chief Executive of NHS Wales regarding the Health Board's IMTP.</p> <p>It was noted that the IMTP could not be approved by WG.</p> <p>The CEO noted that the Chief Executive of NHS Wales had acknowledged receipt of the plan and had set out some accountability conditions which would be received in the CEO Report at the next Board meeting.</p>	
UHB 22/09/035	<p>Review of meeting</p> <p>The IMCE advised the Board that it felt like a number of items for approval under the agenda needed that approval just before the meetings which did not offer much time to review all of the relevant information.</p> <p>The CEO thanked the members of staff who had helped to support the Board meeting.</p>	
	<p>Date & time of next Meeting:</p> <p>November 24th 2022 – Barry Hospital</p>	

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ACTION LOG
Following Public Board Meeting
29 September 2022
(Updated for the meeting 24 November 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
UHB 22/09/011	Integrated Performance Report	Quality and Safety section of the Integrated Performance Report to include Stroke data.	24.11.2022	Jason Roberts	Completed.
UHB 22/09/014	RPB Market Stability Report	The information slides to be circulated to Board Members following the Board meeting.	29.09.2022	Nicola Foreman	Completed. The slides were circulated to Board Members on 29 September 2022.
Actions in Progress					
UHB 22/07/013	Health & Safety Annual Report	Discussion required around actions arising from Patient Walk rounds	26.01.2022	Rachel Gidman /	Update on 26 January 2023 Discussed at Board 29 September 2022 – Conversations had been held with IMs offline around how actions were moved forward following their Patient Safety Walks and a new template was being considered. Further update to be provided at the January Board meeting.

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MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
UHB 22/07/011	Integrated Performance Report	Performance Section: Improvements required in communication around waiting times	26.01.2022	Paul Bostock / Jo Brandon	Update on 26 January 2023 Discussed at Board on 29 September 2022. Further update to be provided at the January Board meeting.
Actions referred <u>TO</u> Committees of the Board/Board Development					
UHB 21/06/24/004	HIW Report	The two and half day formal (Health Inspectorate Wales) HIW unannounced inspection of the Emergency Unit report to be received by the QSE Committee in August or November (depending on when the report is received).	29.09.2022	Jason Roberts	COMPLETED The report was due to be published in September, hence a report on this inspection was presented and discussed in the Private session of the QSE Committee meeting held in August Update on status was provided by Executive Nurse Director at the September Board meeting.
UHB 22/09/011	Integrated Performance Report	Pressure damage – the management approach to mitigating pressure damage issues to be explored further at the Quality, Safety and Experience Committee	26.01.2023	Jason Roberts	Update on 26 January 2023 To be referred to the QSE Committee meeting on 10 January 2023.

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions referred <u>FROM</u> Committees of the Board/Board Development					
FC 28/9/008	Items referred to Board	BAF Risk – Financial Sustainability	24.11.2022	Nicola Foreman	Update on 24 November 2022 See agenda item 6.5
AAC 6/9/22 014	Assurance mapping Phase 2	Phase 2 Assurance mapping to be presented to Board in November.	24.11.2022	Nicola Foreman	Update on 24 November 2022 Matter is due to be presented to the Audit Committee on 8 November 2022. Matter due to be presented to Public Board at its meeting on <u>24 November 2022</u> (see agenda item 6.12).

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Report Title:	Chair's Report to Board			Agenda Item no.	6.3
Meeting:	Board	Public	x	Meeting Date:	24 November 2022
Status (please tick one only):	Assurance	Approval	x	Information	x
Lead Executive:	Chair of the Board				
Report Author (Title):	Head of Corporate Business				
Main Report					
Background and current situation:					

This report is delivered to Board as the NHS faces one of the most challenging periods in its history. As a Board we are fully aware of the tremendous impact these challenges are having on our staff. We recognise and applaud the continued dedication of our staff as they continue to strive, in these difficult circumstances, to meet the needs of our community and deliver the best quality of care that our population rightly deserves. On behalf of the Board I would like to thank all colleagues for their ongoing contributions to our NHS, and to remind everyone of our core values of respect, kindness and compassion for all during this difficult and challenging time.

THE ALL WALES THERAPEUTICS AND TOXICOLOGY CENTRE

The All Wales Therapeutics and Toxicology Centre (AWTTC) is based in the Routledge Academic Centre in University Hospital Llandough and is part of the Clinical Diagnostics and Therapeutics Clinical Board.

AWTTC provides a portfolio of prescribing services all of which support prescribers to make the best use of medicines to help patients in Wales be healthier and better-informed.

AWTTC is a multi-disciplinary team and our workforce includes scientists, pharmacists, pharmacy technicians, clinical pharmacologists, health economists, medical writers and administration/IT support. The team come together to deliver a work programme which aims to ensure that the right patient gets the right medicines at the right time.

One of the main roles of AWTTC is to provide professional secretariat services to the All Wales Medicines Strategy Group (AWMSG) and, in supporting Welsh Government Scientific Advisory Group and delivering the Medicines Strategy for Wales, the expertise of AWTTC's multidisciplinary staff is utilised from the various components of AWTTC's services:

- The Welsh National Poisons Unit is part of the National Poisons Information Service (NPIS) which is a UK national service to provide expert advice on all aspects of acute and chronic poisoning. This is the service to which frontline NHS staff turn for advice on the diagnosis, treatment and care of patients who have been – or may have been – poisoned, either by accident or intentionally. It provides around the clock advice to health professionals on toxicology and poisoning, and we have clinical toxicology consultants available at all times to give management advice in particularly severe or unusual cases that may require in-depth clinical input and detailed discussion with the enquiring clinician.
- The Yellow Card Centre Wales is one of the five UK wide regional adverse drug reaction monitoring centres. The centre encourages the reporting of adverse reactions to medicines and devices via the Yellow Card Reporting Scheme. The scheme is accessible by members of the public as well as clinicians. The centre has a vital educational and communicating role

to encourage suspected adverse reaction reporting via the Yellow Card scheme to both patients and local health professionals in Wales. Staff at the centre are available to give advice on reporting and they offer education and training sessions to both patient and health professional groups. Staff at the centre have lectured, held workshops, provided poster presentations and conducted seminars on pharmaco-vigilance to encourage increased spontaneous reporting of suspected adverse drug reactions. Staff continue to explore other mechanisms to encourage reporting for example using the Yellow Card app.

- The Welsh Analytical Prescribing Support Unit monitors prescribing data and produces data analytics and dashboards which is used by all health boards and GP practices to benchmark their prescribing.
- AWTTC's commercial team manages the Wales Patient Access Scheme and ensures that health boards recoup financial savings offered by the pharmaceutical industry.
- AWTTC produces horizon scanning information on medicines, co-ordinates the health technology appraisal process, the individual patient funding request (IPFR) process, the One Wales and Free Supply medicines access processes.
- AWTTC develops prescribing guidance and resources for health professionals, and hosts training and educational events.

AWTTC develops innovative partnerships and works collaboratively with partners and colleagues in all health boards, which ensures that it's work is relevant across the whole of NHS Wales. Current goals are aligned to the Welsh Government's A Healthier Wales: Long Term Plan for Health and Social Care and this provides the foundation for its medicines optimisation work programme.

AWTTC works with patients, carers, patient organisations, healthcare professionals, the pharmaceutical industry, Welsh Government and UK organisations to produce guidance on the best use of medicines to make sure patients in Wales receive appropriate care. AWTTC has also recently partnered with international health technology assessment bodies to boost collaboration on shared challenges. Six health technology assessment (HTA) bodies from three continents have joined forces to collaborate on a range of topics to benefit people accessing health care around the world. This agreement will allow the partners to work together on shared priorities to identify solutions to some of the common challenges they face. Five initial priority areas have been agreed. These are: COVID-19, Future-proofing of HTA systems, Collaborating with regulators, Work-sharing and efficiency gains, digital and artificial intelligence.

AWTTC also has a Research Group which conducts high-quality research into the safe and effective use of medicines in Wales. Our key research themes include access to medicines, medicines optimisation and medicines safety. The Research Group brings together professionals with a wealth of talent and a broad range of expertise: pharmacists, clinical pharmacologists, medical doctors, specialist scientists, post-doctoral researchers, health economists, data analysts and pharmacy technicians. The group launched a new website in August 2022 which provides access to research conducted by our team over the past 16 years.

To find out more about our work please visit our website at www.awttc.nhs.wales

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

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

The common seal of the Health Board has been applied to 5 documents since the last meeting of the Board.

Seal No.	Description of documents sealed	Background Information
1014	s.278 / 38 Highways Act Agreement	s.278 / 38 Highways Act Agreement between (1) Cardiff Council (2) Velindre UNHST and (3) CVUHB concerning access roads at the Velindre Cancer Centre site.
1015	Underlease of Floor 11 and Rooms 10.02 and 10.03 of Tower Building, Park Place Cardiff	An underlease of Floor 11 and Rooms 10.02 and 10.03 of Tower Building, Park Place Cardiff - between (1) Cardiff University (2) CVUHB for use as teaching facilities within the University Psychology department.
1016	Supplemental Agreement – Extension of Access Licence	Supplemental Agreement for the extension of Access rights at the Velindre Cancer Centre Site between (1) CVUHB and (2) Velindre UNHST
1017	Lease Renewal - Riverside Health Centre	A 5-year Lease Renewal at the Riverside Health Centre for use of the ground floor as a Pharmacy Premises between (1) CVUHB and (2) Boots UK LTD
1018	Lease of a site at the University Hospital of Wales for a Fruit and Vegetable Stall	A 3-year Lease of a site at the University Hospital of Wales for a Fruit and Vegetable Stall between (1) CVUHB and (2) Awesome Wales Enterprises CIC

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

Date Signed	Description of Document	Background Information
29.09.2022	Extension Agreement	An extension agreement to extend the contract term of Accelerate Project Funding between (1) Cardiff University (2) Brodwaith Cygngedig and (3) CVUHB
12.10.2022	Memorandum of Understanding	A Memorandum of Understanding for the transfer Public Health Wales staff to local Health Boards between (1) Public Health Wales and (2) CVUHB
07.10.2022	Joint Working Agreement	A Joint Working Agreement between (1) Ipsen Limited and (2) CVUHB to facilitate the development of PROMS services within the Health Board.
14.10.2022	Habitat Licence at Whitchurch Hospital	A Habitat Licence at Whitchurch Hospital between (1) CVUHB and (2) Velindre UNHST to facilitate access onto Health Board property to facilitate Natural Resources Wales habitat examinations.
14.10.2022	Extension Agreement	An extension agreement to extend the contract term for Accelerate Project

		Funding between (1) Cardiff University (2) TOKA Limited (3) CVUHB
21.10.2022	NEC 3 Short Form Contract for Maintenance Works	An NEC3 short form Contract for the refurbishment of Lakeside Offices between (1) CVUHB and (2) TSF Contracts Ltd

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	
05.09.22	Provision of Consumables and Maintenance for the DaVinci Urology Robot	Approval of expenditure totaling £569,220.00 plus VAT (£655,064.00).	15.09.22	David Edwards 06.09.22	Michael Imperato 06.09.22	
14.09.22	Acceptance of Cardiff Capital Region Grant Funding totaling £750,000.00 and entering into associated funding Agreement.	Approval for the Health Board to enter into a funding agreement for grant funding totaling £750,000.00	15.09.22	Ceri Phillips 14.09.22	Rhian Thomas 15.09.22	
21.09.22	Cardiff Edge LAN and Firewall Bill of Materials Costs	Approval of expenditure totaling £993,4433.66	22.09.22	John Union 21.09.22	Rhian Thomas 21.09.22	
21.09.22	Extension of Value for the Mechanical, Refurbishment, Replacement and Upgrade Procurement Framework.	Increase of 50% to the contract value pursuant to the Public Contract Regulations 2015 totaling £2,700,000.00 Including VAT	27.09.22	Ceri Phillips 26.09.22	Mike Jones 26.09.22	
21.09.22	Emergency Unit X Ray Room Refurbishment	Approval of Expenditure totaling £844,866.65 Including VAT	26.09.22	Ceri Phillips 26.09.22	Mike Jones 26.09.22	
28.09.22	Application of Health Board Seal: s:278 / 38 Highways Act Agreement	No Value – Permission sought for the application of the	04.10.22	John Union 29.09.22	Michael Jones 30.09.22	

	between (1) Cardiff Council (2) Velindre UNHST and (3) CVUHB	Health Board Seal only.				
02.10.22	University Hospital Llandough CT Suite Refurbishment	Approval of expenditure totaling £771,628.16 including VAT	06.10.22	Gary Baxter 04.10.22	Michael Imperato 03.10.22	
13.10.22	Approval to apply the Health Board Seal to and enter into a 25-year lease of the Whitchurch Road GP Surgery	Approval sought for the Health Board to apply the UHB Seal to the Lease and enter into the Lease with a full-term rental in excess of the Chief Executive's delegated Authority Limits	21.10.22	John Union 13.10.22	Rhian Thomas 14.10.22	
13.10.22	Approval to apply the Health Board Seal to and enter into an Underlease of Floor 11 and Rooms 10.02 and 10.03 of Tower Building Park Place Cardiff between (1) Cardiff University and (2) CVUHB	Approval sought for the Health Board to apply the UHB Seal to the Lease and enter into the Lease with a full-term rental of £104,494.42.	21.10.22	John Union 13.10.22	Rhian Thomas 14.10.22	
20.10.22	Approval to enter and apply the Health Board Seal to a Supplemental Agreement extending a Licence access period at the Velindre Cancer Centre between (1) CVUHB and (2) Velindre UNHST	Permission sought for the application of the Health Board Seal only.	21.10.22	Ceri Phillips 20.10.22	Mike Jones 20.10.22	
10.11.22	Authority to commission Glain House as a 20 bed Step Down Facility	Authority to underwrite expenditure exceeding the Chief Executive delegated authority limit.	10.11.22	Ceri Phillips 08.11.22	Mike Jones 09.11.22	
10.11.22	Authority to Apply UHB Seal to a Lease for a stall to sell Fruit and Vegetables at the	Permission sought for the application of the Health Board Seal only.	10.11.22	Ceri Phillips 08.11.22	Mike Jones 09.11.22	

	University Hospital of Wales.					
10.11.22	Authority to Apply UHB Seal to a Renewal Lease for pharmacy premises at the Riverside Health Centre between (1) CVUHB and (2) Boots UK Ltd	Permission sought for the application of the Health Board Seal only.	10.11.22	Rhian Thomas 09.11.22	John Union 09.11.22	

The Board are requested to:

- **NOTE** the report.
- **APPROVE** the Chair's Actions undertaken.
- **APPROVE** the application of the Health Board Seal and completion of the Agreements detailed within this report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	x	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

Prevention		Long term		Integration		Collaboration	x	Involvement	x
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Saunders, Nathan
06/09/2023 11:37:43

Report Title:	Chief Executive's Report to Board			Agenda Item no.	6.4
Meeting:	Public Board Meeting	Public	x	Meeting Date:	24.11.22
Status (please tick one only):	Assurance	x	Approval	Information	x
Lead Executive:	Chief Executive				
Report Author (Title):	Head of Corporate Business				

Main Report
Background and current situation:

Recent scrutiny of our strategic and operational position by the Executive and Clinical Boards has identified a number of new risks to our strategic position. These risks are captured and described within the Board Assurance Framework and Corporate Risk Register. However, due to the volume and nature of these newly identified and categorised risks I consider it prudent to examine them in more detail to fully appraise the Board of the focus and attention being paid to the control, mitigation and ultimate reduction of these risks.

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

Maternity Services

The recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022. The background to, and summary of the Ockenden report, is best understood in this quote from Donna Ockenden: “This final report of the Independent Maternity Review of maternity services at the Shrewsbury and Telford Hospital NHS Trust is about an NHS maternity service that failed. It failed to investigate, failed to learn and failed to improve, and therefore often failed to safeguard mothers and their babies at one of the most important times in their lives”.

The Ockenden review and its recommendations is very much in the public domain and has attracted significant media coverage. Becoming compliant with the Ockenden requirements brings opportunity benefits such as full compliance with the Cwm Taf and other formal reviews recommendations and achieving British Association of Perinatal Medicine (BAPM) compliance in the Neo-Natal Unit.

The report details 89 recommendations that should be enacted to improve maternity services across the UK. Following publication of the report Cardiff and Vale University Health Board (the “HB”) conducted an immediate self-assessment of the service against the Ockenden Report requirements. This self-assessment concluded that 45 of the requirements were already met (50.5%), 27 partially met (30.3%), and 17 not met at all (19.2%). The recommendations that we currently fail to meet can be grouped into 3 categories; patient safety, quality and experience, training and workforce.

In addition to a current inability to meet the full range of Ockenden report requirements the HB is subject to sustained pressure across the Obstetrics and Maternity care system. This is leading to worsening patient experience and in some instance’s outcomes, along with a high level of incident reporting. High levels of incident reporting is not necessarily of concern since high reporting rates can be indicative of an open and transparent learning culture. Nevertheless, these reported incidents requires close inspection. Additionally, the closure of community Home Birth Services and the Maternity Led Unit to manage demand and staffing challenges is having an adverse impact on team morale, well-being and potentially retention.

The current system pressure is due to a combination of causes that includes continued reduced workforce availability, increased interventional birthing as a result of recent NICE guidelines and a backlog of incident investigations.

Action plans, mitigations and controls have been established in response to the situation and these are detailed in the Board Assurance Framework Report to Board. However, of particular note is the identified requirement for circa £2M recurrent funding to deliver the action plan developed to achieve the Ockenden recommendations; it remains unclear as to whether Welsh Government will be able to release funding to Health Boards to support Ockenden compliance and therefore business cases in support of the action plan will now be progressed through the Business Case Advisory Group (BCAG) as a priority. Where cases relate to immediate actions to address any perceived patient safety risks a risk based rapid assessment will be undertaken, and agreement to proceed at risk given as necessary (iaw financial standing orders and delegations). In addition, I would like to indicate to the Board that a Senior Maternity Oversight Group has been established. This meets fortnightly and is led by the Executive Nurse Director, in association with the Executive Medical Director and Chief Operating Officer to ensure senior Executive scrutiny and oversight of all Maternity and Neonatal business. The group has established mechanisms for monitoring the key measures of system performance and this is supported by daily operational position reporting into Management Executive. The Clinical Board Leadership Team are taking focused steps to respond to team well-being, support and concerns raised alongside seeking to maintain and improve open and effective lines of team communication and support.

I am assured that appropriate short and medium-term controls and mitigations are in place to support our Maternity and Obstetric Services and teams through their current challenges. Nevertheless, some gaps in our controls remain as a result of funding requirements that remain unmet and the continued challenge of multi-disciplinary recruitment. As an Executive Team we will maintain close attention and support to our Maternity and Obstetric Services and teams.

Critical Care

For a sustained period prior to the COVID19 pandemic there were recognised capacity challenges in the HBs critical care services, with a Welsh Government Unmet Needs Study (2014) and a Faculty of Intensive Care Medicine External Review (2019) identifying a worst-case scenario gap of 15 beds. Since the Pandemic there has been a 10% greater demand for critical care beds; this is principally driven by a funded increase in tertiary workload and continued challenges in repatriation and discharge into the wider system of patients clinically fit for transfer to lower dependency beds. This situation is exacerbated by the poor infrastructure within the Critical Care Unit and the Patient at Risk Team, that supports the sickest patients in wards and units across the University Hospital Wales (UHW) sites, currently operating only during daytime hours.

The impact of these challenges can be summarised as:

- Delayed admission and discharge from critical care leading to poor patient experience and potentially outcomes;
- Adverse impact on the wider hospital system including the Emergency Unit, theatre flow and anaesthetics;
- Delayed development of tertiary services such as ECMO;
- Poor staff morale and retention as a consequence of the sustained pressures in the system.

Despite the seemingly stark situation in critical care I can report that robust controls and mitigations are in place. Of particular note is a strengthening of site-based leadership and management alongside increased Operations and Transformation team (OPAT) oversight; the operational position is regularly reported into OPAT and key operational performance metrics have now been developed which are

reported into the Clinical Board monthly. Registered nursing workforce for critical care are recruited to establishment, a great achievement and testament to the Critical Care Leadership Team and their unrelenting focus, and there are robust plans in place to support retention and future recruitment across the Multi-Disciplinary Team (MDT). Critical care capacity is a key feature of our winter escalation plans with a specific target to reduce the number of delayed critical care discharges and transfers. A project team has been established to address, in the medium term, the constraints created by the poor infrastructure and plans are in development to increase level 3 bed capacity by three beds during FY 2023/24. In addition, discussions have taken place with NHS Wales colleagues and the Critical Care Network to share the challenges and consider more strategic support and developments such as an Operational Delivery Network which could assist to manage critical care capacity and flow across Wales.

Cancer Services

One of the Health Board's Strategic Objectives is to have sustainable cancer services that deliver the single cancer pathway standard to treat patients with a confirmed diagnosis of cancer within 62 days. The impact of the Pandemic has resulted in sustained pressure across the planned care system and since April 2020 there has been a consistent increase in the backlog of patients waiting to access treatment. In addition, the referral demand for cancer is now greater than pre-Pandemic levels and our planned care system is struggling to cope with this increased demand

Data from September 2022 identified that 817 patients were waiting longer than the 62-day target. Following recent increased focus, this number dropped to 486 in October (a 59.4% reduction) with a predicted reduction to 247 by March 2023.

This improvement is associated with a high degree of executive and operational focus, but the predicted improvement will only occur if sufficient capacity is prioritised to meet the predicted weekly demand for cancer patients at the outpatient, diagnostic and treatment stages of the pathway whilst also being sufficiently flexible to respond to peaks and troughs in demand. The recently published Welsh Government Planned Care Plan, the Wales Cancer Network's Quality Statement and the emerging Wales Cancer Network's Improving Cancer Services and Outcomes Action Plan reflect the high priority of cancer services.

The current controls and mitigations for cancer services are comprehensively described in the BAF report. The Executive and relevant Clinical Boards will retain close focus on our progress against our strategic objectives for cancer services and I am assured by the progress made in strengthening the Oversight and Visibility of Cancer across the HB, supported with improved data and performance metrics, and robust immediate action plans to improve our processes and pathways.

Stroke Services

Stroke performance metrics have illustrated a decline in Stroke service performance within the HB from September 2021 to date. This particularly manifests as a reduced number of stroke patients scanned within 1 hour, a reduced volume and proportion of patients given thrombolysis, a reduced volume and proportion of patients given thrombectomy and a reduced number of patients admitted to a stroke unit within 4 hours.

The causes of this situation are a reduction in clinical services set against an increase in demand, most noticeably in patients self-presenting to the Emergency Department (ED). Pressures in ED result in delayed triage of stroke patients with a concomitant impact on scanning, thrombolysis, thrombectomy and transfer to the Stroke Unit (SU). The SU at UHW regularly operates at 100% capacity and system pressures sometimes result in stroke beds being used for non-stroke patients.

As with other services I can report increased Executive and Clinical Board oversight and focus on the control and mitigations of the impact and risks that result from this situation. There is now a real drive to improve this service for our patients.

A Stroke Operational Group has been established and the operational position is reported into the Medicine Clinical Board monthly. A dedicated Service Manager for Stroke was recruited in July 2022 and a dedicated Clinical Director for Stroke Services was appointed in October 2022. There is now increased out of hours Consultant Nurse Specialist support provided for 'Code Stroke' to improve the facilitation of thrombolysis and thrombectomy pathways, improve the 4 hours admission target and improve the rate and volume of nurse stroke assessments. In addition, a dedicated specialist middle grade doctor is now available to support stroke patient triage and management in ED and focused training has been provided for acute medics on stroke assessment, thrombolysis and thrombectomy.

Despite these local service pressures, I am pleased to report the HB's continued engagement in the Welsh Government Stroke Delivery Plan and the priorities for delivery across the areas of stroke prevention, early recognition, fast effective care and rehabilitation, and recovery after stroke. Finally, I am assured that plans are place, including as part of our Winter Plan, to better protect SU bed capacity for stroke patients and to improve the availability of radiology support to the stroke pathway.

Planned Care

A HB Strategic Objective is to have sustainable planned care services that deliver the ministerial measures of no-one waiting >52 weeks for a new outpatient appointment by December 2022 and no-one waiting >104 weeks for treatment (all stages) by March 2023. The recently published Welsh Government Planned Care Plan reflects the high priority of planned care services.

Current pressures in the capacity of the planned care system threaten the achievement of this objective and there is potential for harm in terms of clinical deterioration whilst patients are waiting, particularly at the outpatient stage where patients are yet to be seen by a secondary care clinician and have their priority for treatment determined. Given the traditional political and media interest and scrutiny of waiting lists there is also potential for organisational and reputational harm and an adverse impact on team morale.

Waiting lists pressures are at their most extreme for Clinical Immunology and Allergy, Rheumatology, Gynaecology, General Surgery, Urology, ENT, Ophthalmology, Orthopaedics and Dental Surgery. Particular exacerbating issues occur due to the lack of capacity of outpatients and diagnostics to flex in response to the increased demand.

In addition to these clinical services there are also waiting list pressures within Mental Health Services. Whilst significant waiting list reductions have occurred in Adult Mental Health Part 1a and Part 1b referrals there remains a continuing non-compliance with targets for Psychological Therapy as a consequence of significant additional recent referral rates. A waiting list initiative within Child and Adolescent Mental Health Service is supporting a reduction in waiting list volume and length and a redefined model of clinical pathways is anticipated to see further compliance increases over the next two quarters.

In response to this situation I can report a consistent oversight and effort to control and mitigate this risk by Executives and Clinical Boards. Planned care funding from Welsh Government has been utilised to fund additional capacity initiatives that include increased use of the independent sector, mobile ophthalmology theatres, additional gynaecology and spinal unit capacity and a mobile endoscopy unit. Increasingly reliable data and quality metrics are enabling more dynamic oversight and awareness of the planned care position. Our current position against the 52 week and 104-week objectives is monitored via weekly Planned Care Performance meetings and reported to

stakeholders in daily/weekly ‘hot’ reports. An Elective Care Delivery Group reviews the suite of metrics monthly and there are also monthly meetings with the Delivery Unit.

Digital Strategy

The Board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and it is a crucial pillar to support the full range of the HB’s ‘Shaping our Future’ strategic programmes. To realise the benefits contained within the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives. There is a risk that the strategy and roadmap will not be implemented, due to a lack of resources, resulting in a significant deficit in digital infrastructure, applications and informatics capability.

The current position has emerged from a position of historic under investment in digital infrastructure over a period of a decade. As a result, the HB is currently operating legacy infrastructure, applications and informatics capabilities that lack the mobile, scalable and agile solutions needed to support current programmes and optimised working practices.

In addition to the Digital Strategy that was approved by Board in 2020/21 the requirement to support the strategy is described in the IMTP and IT infrastructure priorities have been developed and set out for the period 2022/25. Following these priorities urgent funding has been secured via the BCAG and further business cases are in development to secure revenue investment. However, current annual discretionary funding is insufficient to cover the maintenance upkeep of the current core infrastructure and future finance to support the digital strategy cannot presently be fully assured.

Recommendation:

The Board are requested to:

NOTE the Strategic Overview and Key Executive Activity described in this report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes									
Provides context for current risks within the Health Board.									
Safety: Yes									
Provides context for current patient safety and health and safety risks, issues and culture.									
Financial: No									
Workforce: No									
Legal: No									
Reputational: No									
Socio Economic: No									
Equality and Health: No									
Decarbonisation: No									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				

Saunders,Nathan
06/09/2023 11:37:43

Report Title:	Board Assurance Framework 22-23 – November 2022				Agenda Item no.	6.5
Meeting:	Board	Public	x	Meeting Date:	24 th November 2022	
		Private				
Status <i>(please tick one only):</i>	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

Main Report

Background and current situation:

The Board Assurance Framework (BAF) 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. This discussion took place at Management Executives on 9th May 2022 and it was agreed the following risks would added to the Board Assurance Framework for the financial year 2022/23:

1. Workforce
2. Patient Safety
3. Sustainable Culture Change
4. Capital Assets
5. Delivery of 22/23 commitments within the IMTP
6. Staff Wellbeing
7. Exacerbation of Health Inequalities
8. Financial sustainability
9. Urgent and Emergency Care

These risks are all detailed within the attached BAF along with six further risks which have been added since the September 2022 Meeting.

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

It should be noted that the BAF details the risks in relation to Strategic Objectives. As these are undergoing a process of review during this financial year the BAF may change to reflect any change made to Strategic Objectives as a result of that review. However, these risks are reflective of the current situation.

At the September 2022 Board Meeting it was noted that the Chief Operating Office was reviewing the risks linked to the Strategic Objectives. In addition to this, the Management Executive Committee agreed that a risk in relation to Digital should also be added to the BAF. Overall this review and addition of the Digital risk has resulted in a further six risks been added to the BAF as follows:

1. Maternity
2. Critical Care
3. Cancer
4. Stroke
5. Planned Care
6. Digital Strategy and Road Map

There are now a number of risks upon the BAF which relate to both Operations and Patient Safety. Where this is the case they will be jointly managed/mitigated by the Chief Operating Officer, Medical Director and Executive Nurse Director. This is also indicated on each BAF Risk.

- There are also three broad groups which I have ordered the risks within the BAF into and these groups are:
- Patient Safety & Operations Risks (e.g. Patient Safety, Maternity, Critical Care etc.)
 - Workforce Risk (e.g. Culture, wellbeing)
 - Corporate (e.g. Finance, Estates, IMTP)

The key changes to the risks on the BAF from September 2022 are highlighted in red. In addition to this the risk in relation to Financial Sustainability has increased from a 15 'High' to a 20 'Extreme' due to the current forecast not matching the financial plan 2022/23.

- 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.
 - Discussion at the various Committees of the Board on the risks allocated to them for review.

Recommendation:

- The Board are requested to:
- **Review and note** the 15 risks to the delivery of Strategic Objectives detailed on the attached BAF for November 2022.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Prevention	✓	Long term		Integration		Collaboration		Involvement	
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No
The BAF as a document details the risks in relation to the delivery of Strategic Objectives.

Safety: Yes/No
There is a risk within the BAF on Patient Safety which also details the impact.

Financial: Yes/No	
There is a risk within the BAF on Financial Sustainability which also details the impact.	
Workforce: Yes/No	
There is a risk within the BAF on Workforce which also details the impact.	
Legal: Yes/No	
Reputational: Yes/No	
Having a non-approvable IMTP will impact upon the reputation of the Health Board	
Socio Economic: Yes/No	
There is a risk on the BAF on Health Inequalities these inequities have significant social and economic costs both to individuals and societies.	
Equality and Health: Yes/No	
As above	
Decarbonisation: Yes/No	
Approval/Scrutiny Route:	
Executive Directors	Individual review undertaken prior to Board with each Executive Lead.

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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 IMTP for 2022-25.

Strategic Objectives	Key Risks Mapped to Delivery of Strategic Objective
1. Reduce health inequalities	<ul style="list-style-type: none">Sustainable Cultural ChangeExacerbation of Health InequalitiesPatient SafetyDelivery of IMTP 22-25Planned CareCancerStrokeCritical CareMaternity
2. Deliver outcomes that matter	<ul style="list-style-type: none">Patient SafetySustainable Cultural ChangeExacerbation of Health InequalitiesDelivery of IMTP 22-25Capital AssetsFinancial SustainabilityUrgent and Emergency CarePlanned CareCancerStrokeMaternity
3. Ensure that all take responsibility for improving our health and wellbeing	<ul style="list-style-type: none">Sustainable Cultural ChangeWellbeing of staffWorkforce
4. Offer services that deliver the population health our citizens are entitled to expect	<ul style="list-style-type: none">WorkforceExacerbation of Health InequalitiesPatient SafetyDelivery of IMTP 22-25Urgent and Emergency CarePlanned CareCancerStrokeCritical CareMaternity
5. Have an unplanned care system that provides the right care, in the right place, first time.	<ul style="list-style-type: none">Financial SustainabilityPatient SafetyExacerbation of Health InequalitiesWorkforceUrgent and Emergency CareStrokeCritical Care
6. Have a planned care system where demand and capacity are in balance	<ul style="list-style-type: none">WorkforceExacerbation of Health InequalitiesPatient SafetyFinancial SustainabilityPlanned CareCancerCritical Care


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7. Reduce harm, waste and variation sustainably so that we live within the resource available	<ul style="list-style-type: none">• Patient Safety• Exacerbation of Health Inequalities• Capital Assets
8. Be a great place to work and learn	<ul style="list-style-type: none">• Workforce• 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	<ul style="list-style-type: none">• Workforce• Delivery of IMTP 22-25• Sustainable Cultural Change• Exacerbation of Health Inequalities• Urgent and Emergency Care• Digital Road Map
10. Excel at teaching, research, innovation and improvement.	<ul style="list-style-type: none">• Workforce• Sustainable Cultural Change• Wellbeing of staff• Digital Road Map• Delivery of IMTP 22-25

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Key Risks

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

Risk	Risk Appetite	Corp Risk Register Ref.	Gross Risk (no controls)	Net Risk (after controls)	Change from Sept 22	Target Risk (after actions are complete)	Context	Executive Lead	Committee
1. Patient Safety	Open	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21	25	20		10	Patient safety should be the first priority 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: 02.11.22	Quality, Safety and Experience Last Reviewed: 30.08.22
2. Maternity	Cautious	14, 15, 16	25	20	New risk	15	The recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022. The Ockenden review and its recommendations is very much in the public domain and attracted significant coverage from the media. Becoming compliant with the Ockenden requirements also brings opportunity benefits such as full compliance with the Cwm Taf and other formal reviews recommendations and achieving BAPM compliance in the Neo-Natal Unit.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer Last Reviewed: 03.11.22	Quality, Safety and Experience
3. Critical Care	Cautious	18, 19, 20	25	20	New risk	10	For a sustained period prior to the COVID19 pandemic there were recognised critical care capacity challenges in CAV. The sustainability of Critical Care Services in Cardiff is reported in the 2014 unmet needs study WG, and the 2019 FICM	Executive Nurse Director/ Executive Medical	Quality, Safety and Experience

							external review. Following the COVID19 pandemic these challenges remain and still needs to be addressed. Critical care department capacity is not in a position to deliver a sustainable service to the population it serves.	Director/ Chief Operating Officer Last Reviewed: 03.11.22	
4. Cancer	Cautious	7, 9	20	15	New risk	10	One of the Health Board's Strategic Objectives is to have sustainable cancer services that deliver the single cancer pathway standard to treat patients with a confirmed diagnosis of cancer within 62 days. To achieve this, the system needs to ensure sufficient capacity is prioritised to meet the predicted weekly demand for cancer patients at the outpatient, diagnostic and treatment stages of the pathway whilst also being sufficiently flexible to respond to peaks and troughs in demand. The recently published Welsh Government Planned Care Plan, the Wales Cancer Network's Quality Statement and the emerging Wales Cancer Network's Improving Cancer Services and Outcomes Action Plan reflect the high priority of cancer services.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer Last Reviewed: 03.11.22	Quality, Safety and Experience
5. Stroke	Cautious		20	15	New risk	10	Stroke services within C&V UHB have declined since the COVID pandemic, caused by a reduction in clinical services, but an increase in demand, most noticeably in patients self-presenting to the Emergency Department. There has been a real drive to improve this service for the patients and improvement has been seen in thrombolysis rates, achieving >10% since June 22 and now at 10.9%. Challenges include patients self-presenting to ED, dilution of stroke cases within the very busy ED leading to delay in recognition of stroke, scanning and treatment. Despite increased thrombolysis rates, door to needle times are not improving to pre-pandemic performance. There is often no dedicated Stroke medic at the front door meaning	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer Last Reviewed: 03.11.22	Quality, Safety and Experience


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							Medics are faced with competing given the capacity constraints within the footprint.		
6. Urgent and Emergency Care	Cautious	6, 8, 10	20	15		10	One of the Health Board's Strategic Objectives is to have a sustainable unplanned (emergency) care system that provides the right care, in the right place, first time. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent and third sector partners. The recently published Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The impact of the covid pandemic has had many consequences. This includes sustained pressure across the urgent and emergency care system and, whilst underlying actions to progress the plans to achieve the strategy have progressed, covid-19 has impacted on the speed of ongoing action and implementation of plans. The Sustainable Primary and Community Care risk reported in 2021/22 has been incorporated into this newly reported risk for 2022/23.	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer Last Reviewed: 03.11.22 Last Reviewed: 02.11.22	Strategy and Delivery Committee Last reviewed: 15.11.22
7. Planned Care Saunders Nathan 06/09/2023 11:37:43	Cautious		16	12	New risk	8	One of the Health Board's Strategic Objectives is to have sustainable planned care services that deliver the ministerial measures of no-one waiting >52 weeks for a new outpatient appointment by December 2022 and no-one waiting >104 weeks for treatment (all stages) by March 2023. To achieve this, the system needs to ensure sufficient capacity to meet recurrent demand and to increase capacity and activity sufficiently above pre-Covid levels to make inroads into the backlog. The recently	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

							published Welsh Government Planned Care Plan reflects the high priority of planned care services.	Last Reviewed: 03.11.22	
8. Exacerbation of Health Inequalities	Open		16	12	➡	12	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: 02.11.22	Quality, Safety and Experience Strategy and Delivery Committee Last Reviewed: 27.09.22
9. Workforce	Open	4, 6, 11, 16	25	20	➡	10	Across Wales there have been increasing challenges in recruiting healthcare professionals and this situation has got worse over the last two years due to Covid 19. 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: 04.11.22	Strategy and Delivery Committee Last Reviewed: 12.07.22 Quality, Safety and Experience Committee Last Reviewed: 15.09.22
10. Sustainable Culture Change	Open		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	Executive Director of People and Culture Last Reviewed:	Strategy and Delivery Committee Last Reviewed:

							change in our health system for our staff and the population of Cardiff and the Vale.	04.11.22	15.09.22
11. Staff Wellbeing	Open	4, 6, 11, 16,	20	15	➡	5	As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately	Executive Director of People and Culture Last Reviewed: 04.11.22	Strategy and Delivery Committee Last Reviewed: 27.09.22
12. Capital Assets	Open	1, 2, 3, 4, 17, 19, 20, 23	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: 03.11.22	Finance Committee & Strategy and Delivery Committee Last Reviewed: 12.07.22
13. Delivery of IMTP 22-25	Open	22	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	Executive Director of Strategic Planning Last Reviewed: 03.11.22	Strategy and Delivery Committee Last Reviewed: 27.09.22

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							leading a healthy life is the same wherever they live and whoever they are.		
14. Financial Sustainability	Cautious	5, 22, 23	25	20		5	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and 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: 04.11.22	Finance Committee Last Reviewed: 16.11.22
15. Digital Strategy and Road Map	Cautious	24	25	20	New risk	15	CAV UHB board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and was designed to support the UHB's Shaping our Futures' strategic programmes. To realise the benefits contained with the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives.	Director of Digital Health Intelligence Last Reviewed: 02.11.22	Digital Health Intelligence Committee Last Reviewed: 04.10.22

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 – Risk and Regulation Team, Patient Experience Team, Patient Safety Team, Workforce Governance, Information Governance assurance.
- (3) Third Line of Defence – Independent level Assurance (Internal Audit, Audit Wales, HIW, CHC, Other regulatory or inspection reports) Counter Fraud.

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)

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.

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**1. Patient Safety – Medical Director /Executive Nurse Director/Chief Operating Officer-
(Meriel Jenney/ Jason Roberts/Paul Bostock)**

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.

Risk	<p>There is a risk to patient safety:</p> <p>Due to post Covid recovery and this has resulted in a backlog of planned care and an ageing and growing waiting list.</p> <p>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 the Emergency Unit (EU).</p> <p>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 in a larger clinical footprint in relation to post Covid 19 recovery.</p> <p>Due to the ability to balance within the health community and the challenge in transferring patients to EU.</p> <p>Due to the current pressure in EU and inability to segregate patients due to the volume in the department.</p>		
Date added:	April 2021		
Cause	Patients not able to access the appropriate levels of planned care since the onset of the COVID 19 pandemic creating both longer 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, with an impact on patient outcomes Post Covid recovery sickness is having a significant impact on staff availability (see separate risk on workforce).		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> 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 Private Partner facilities. 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 Quality and Safety and Experience Framework Implementation underway health and social care actions to assist the current risk in the system with work continuing to be embedded and implemented . 		
Current Assurances	<ul style="list-style-type: none"> Recovery Plans reported to Management Executive, Strategy and Delivery Committee and the Board ⁽¹⁾ ⁽³⁾ CAHMS position reviewed at Strategy and Delivery Committee ⁽¹⁾ Mental Health Committee aware of more people requiring support ⁽¹⁾ Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives ⁽¹⁾ ⁽²⁾ . ⁽¹⁾ Recent Executive review with Clinical Teams for understanding and review of front door pressures. ⁽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 and domiciliary care settings.		

Deterioration of quality of care provided to patients due to the availability of staff in some key clinical environments.			
Gap in Assurances		Discharging patients is out of the Health Boards control	
Actions	Lead	By when	Update since Sept 2022
1. Review of hospital acquired COVID 19 and COVID deaths (wave 1) being undertaken and monitored through Nosocomial C&V Programme Board.	Jason Roberts	30.04.23	Review has commenced early learning shared with operational colleagues and it is informing the development of the recovery plan Review of deaths continues in line with WG requirements with oversight from Nosocomial National Programme Board
2. Choices framework being utilised due to the quality of care and ability to provide safe care with current demand and pressures	Paul Bostock	31.03.23	Choice framework continues to be utilised
3. Programme of work in place and being led by the Chief Operating Officer, supported by Operational Teams to address the backlog	Paul Bostock	31.03.23 Review October 22	Programme currently been reviewed by COO
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 High)

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2. Maternity Care – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

The recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022. The Ockenden review and its recommendations is very much in the public domain and attracted significant coverage from the media. Becoming compliant with the Ockendon requirements also brings opportunity benefits such as full compliance with the Cwm Taf and other formal reviews recommendations and achieving BAPM compliance in the Neo-Natal Unit.

The background to, and summary of the Ockenden report, is best understood in the quote from Donna Ockenden below

“This final report of the Independent Maternity Review of maternity services at the Shrewsbury and Telford Hospital NHS Trust is about an NHS maternity service that failed. It failed to investigate, failed to learn and failed to improve, and therefore often failed to safeguard mothers and their babies at one of the most important times in their lives. “

The report details 89 recommendations that should be enacted to improve maternity services across the UK. An immediate self-assessment of the service was undertaken against the requirements, which noted that 45 of the requirements were already met, 27 partially met, and 17 not met at all. The detail of where we are currently not meeting recommendations and the proposal to close that gap has been completed (appendix 1). The recommendations that we currently fail to meet can largely be grouped into 3 categories, patient safety, quality and experience, training, and workforce.

Whilst underlying actions to progress the plans to achieve the recommendations have developed and presented to Execs, UHB agreement of circa £2M recurrent funding is required to deliver progress.

In addition, the service has sustained pressure across Obstetrics and Maternity care system, mainly due to reduced workforce availability, increased interventional birthing as a result of NICE guidance, backlogs on critical incident investigation etc

Risk	We are currently unable to demonstrate compliance against a number of recommendations against the various external reviews and reports.
Date added: 3/11/22	We have a backlog of investigations, RCA's and concerns and as a result LFE delays Workforce concerns and adverse media
Cause	<ul style="list-style-type: none">• In England 180 million pounds of funding was released to support each Trust in complying with all of the Ockenden Recommendations. Welsh Government have invested £1 million in to the Mat Neo Safety Programme across Wales, which is currently in its Discovery phase for circa 12 months, next steps of which are yet to be communicated. The operational view is that it is unlikely any further investment will be made available by Welsh Government to support implementation of the recommendations.• NICE clinical guidance Intrapartum care for healthy women and babies resulting in increased instrumental birthing practices. Patients presenting and subsequently admitted have a higher acuity and complexity, particularly in light of NICE guidance.• We continue to experience challenges in our ability to deploy sufficient workforce to cover community, Midwifery-Led and Obstetric-Led care setting services. We struggle with sustained workforce challenges from sickness, maternity leave, resignations, retirement and challenges of retention and recruitment.• One out-take of newly Qualified Midwives and Paediatric Nurses each year from Welsh Universities causing a limited flow of Midwives/Paediatric Nursing staff• Restricted Neonatal capacity continues to add an increased layer of complexity in managing patient flow.

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<ul style="list-style-type: none"> • T2 new area opened during Pandemic, but with no increase in staffing (loss of 6 beds on Delivery Suite, 14 opened on T2). • Community based care is expanding with the emphasis being placed on 'normal/low risk/need care being provided in community by midwives and MSWs. Reduced antenatal admissions and shorter postnatal stays result in an increase in community care. Midwives are undertaking the New-born and Physical Examination (NIPE) instead of paediatricians, either in hospital or at home. • With the publication of the latest NICE guideline on Antenatal Care that recommends that all women be 'booked' by 12 weeks' gestation, more women are meeting their midwife earlier than previously happened before 10 weeks. This early visit requires midwifery assessment/advice, but the pregnancy may end as a fetal loss, so the total number of postnatal women is less than antenatal. In most maternity services approximately 10% of women are 'booked' and then have no further contact with the midwife. • Constraints accommodating the increased number of Inductions of Labour (IOL) and instrumental deliveries within current footprint. • Good level of incident reporting but insufficient resources to complete investigations, action plans and learning from events actions. • Independent external Birth-rate+ re-assessment has been undertaken and verbal findings are circa 16 Midwives short. 			
Impact		<ul style="list-style-type: none"> • Closure of Community Home Birth Services and Maternity Led Unit due to lack of staff. • Delays in allocating IO's to investigations, subsequent delays in completing investigations, action plans and LFE • Rise in instrumental deliveries • Delays in IOL and constraints in accommodating elective caesarean sections due to lack of NICU capacity • Congested department and long waits for IOL & ECS • Insufficient consultant cover for labour ward, NCEPOD readmission reviews • Lack of specialist roles; labour ward leads, Foetal surveillance, bereavement, transitional care nursing. • Lack of training in Human factors, CTG, labour ward coordinator leadership. • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety) and run of adverse incidents. 	
Impact Score: 5		Likelihood Score:5	Gross Risk Score: 25 (Extreme)
Current Controls		<ul style="list-style-type: none"> • Induction of 27 Newly qualified Midwives (NQM) and 43 Newly Qualified Paediatrics nurses from Student Streamlining • Introduction of daily clinical huddles between each days Lead Midwife, Lead obstetrician, lead neonatologist and lead neonatal nurse each day • Rollout of 3 extra consultant sessions for obstetric governance and 1 extra consultant session Neonatology governance to enable allocation of IO's to investigations • RAG rating of position against national report recommendations, presentation of gap analysis to executives and to senior Leadership Board for support of required resources • Continued recruitment actions • Escalation of concerns to HEIW re single out-turn of midwives and paediatric nurses • Establishment of Ockenden Oversight group meeting on fortnightly basis • Team continue to support recruitment and retention, submission of request for oversea recruitment. • Daily SiteRep reporting introduced into maternity and Neonates and DoNM/HoM daily catch up 	

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Current Assurances		<ul style="list-style-type: none">• Operational position reported into Management Executive (Daily) ⁽¹⁾• Mechanisms in place to monitor key measures being strengthened into visible dashboard. ⁽¹⁾• Key operational performance indicators and progress against plans reported into the Maternity/Neonatal oversight Group being led by Executive Nurse Director. ⁽¹⁾		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)	
Gap in Controls		<ul style="list-style-type: none">• Confirmation of additional funding resource to fill gaps in assurance mapping• Recruitment strategies to sustain and increase multidisciplinary teams (appendix 1).• Developing an effective, high quality and sustainable model of managing intrapartum care and current constraints• Several incidents out of time		
Gap in Assurances		<ul style="list-style-type: none">• Data and benchmarking information• Resources to meet the national recommendations		
Actions		Lead	By when	Update since September 2022
1. Ongoing recruitment above establishment, increasing training places		AJ	31/03/23	New action
2. Reviewing current obstetric practice in line with NICE guidance		CR/SZ	01/01/23	New action
3. Senior daily oversight of obstetric /Neonatal capacity and escalation to Executives		AJ	31/03/23	New action
4. Continued maternity / Neonatology oversight meetings with Executive lead		JR/AJ	31/03/23	New action
5. Ongoing review of job planning and consultant establishment		CR/AT	31/03/23	New action
Impact Score: 5	Likelihood Score: 3	Target Risk Score:	15 (high)	

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3. Critical Care Capacity – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

For a sustained period prior to the COVID19 pandemic there were recognised critical care capacity challenges in CAV. The sustainability of Critical Care Services in Cardiff is reported in the 2014 unmet needs study WG, and the 2019 FICM external review. Following the COVID19 pandemic these challenges remain and still needs to be addressed. Critical care department capacity is not in a position to deliver a sustainable service to the population it serves.

Risk	There is a risk that the organisation will not be able to provide effective, high quality and sustainable critical care capacity.		
Date added:	01/11/22		
Cause	<ul style="list-style-type: none"> • There is a progressively deteriorating problem with access for critically ill patients to ICU in Cardiff as a direct result of capacity. This now means patients who would benefit from ICU admission and care are not able to have this. • Gap of 15 ICU beds in CAV (2014 unmet needs study WG) • Funded increase in tertiary workload has increased the overall demands on critical care services in CAV • Poor infrastructure within the critical care unit – limited access to cubicles • Patient at Risk Team (PART) only operate during daytime hours (7am-7pm) 		
Impact	<ul style="list-style-type: none"> • Adverse impact upon the Emergency Department and theatre flow • Untimely patient access • Inequity of patient access • 15% of referrals not admitted to critical care • Impact other operationally e.g. anaesthesia and theatres • Impact tertiary development e.g. ECMO • Patient outcomes worse • Reputation, Professional & Legal risk • Workforce - Reduced Recruitment & Retention • Poor staff morale and retention due to the sustained pressures in the system • Delayed admission and discharge from critical care leading to poor patient experience and outcomes 		
Impact Score: 5	Likelihood Score:5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Strengthened site-based leadership and management • Strengthened OPAT oversight and support for DTOCs • Workforce plans in place to support recruitment and retention • Registered nursing recruited to establishment • Local escalation plan in place and utilised when appropriate to support operational pressures • PART team provide daytime support patients not admitted to critical care • Ringfenced PACU to protect elective urgent and cancer surgery • Winter escalation plan in place to support delivery of critical care to the sickest patients during the winter months 		
Current Assurances	<ul style="list-style-type: none"> • Operational position reported into OPAT ⁽¹⁾ • Key operational performance indicators and progress against plans reported into the clinical board 6 weekly ⁽¹⁾ • ICNARC audit to provide assurance on outcomes ⁽²⁾ • Plans in development to increase level 3 bed capacity by three beds during 2023/24. ⁽¹⁾ 		

- Project team established to address medium term infrastructure constraints.⁽¹⁾

Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)	
Gap in Controls	Development and implementation of a capacity plan to address the 15-bed gap Achievement of standard to step down patients from ICU within 4 hours to improve efficiency and patient flow 24/7 PART team Development of a fit for purpose critical care unit (UHW2)			
Gap in Assurances	Able to meet the needs of the sickest or highest priority cases. Un-met not fully understood across the organisation.			
Actions		Lead	By when	Update since September 2022
1. Secure funding and develop implementation plan for further three ICU beds		PB	30/11/22	Funding not confirmed as at 03/11/22. Focus remains on utilising existing resource to rollout out to further clusters
2. Implementation of 24/7 PART team		PB	31/03/23	Plan developed. Funding not confirmed as at 03/11/22 and implementation on hold.
3. Implementation of the UHW site masterplan and critical care infrastructure programme a. Medium term development of additional cubicles and support facilities b. Development of a new unit as part of UHW2 development. c. Transfer of LTiV services to a bespoke facility in UHL		AH / PB	31.03.23	Implementation of de-escalation plan commenced – but behind timescale due to ongoing operational pressures and recent increase in covid admissions. Awaiting decision from WG on funding of stage 1 of the infrastructure programme
4. Ongoing development of recruitment and retention strategies		JR / RG	31.03.23	
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)	

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**4. Cancer Services – Medical Director /Executive Nurse Director/Chief Operating Officer-
(Meriel Jenney/ Jason Roberts/Paul Bostock)**

One of the Health Board's Strategic Objectives is to have sustainable cancer services that deliver the single cancer pathway standard to treat patients with a confirmed diagnosis of cancer within 62 days. To achieve this, the system needs to ensure sufficient capacity is prioritised to meet the predicted weekly demand for cancer patients at the outpatient, diagnostic and treatment stages of the pathway whilst also being sufficiently flexible to respond to peaks and troughs in demand. The recently published Welsh Government Planned Care Plan, the Wales Cancer Network's Quality Statement and the emerging Wales Cancer Network's Improving Cancer Services and Outcomes Action Plan reflect the high priority of cancer services.

Risk Date added: 01/11/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable cancer services.		
Cause	<ul style="list-style-type: none"> • The impact of the covid pandemic has resulted in sustained pressure across the planned care system due to the growth in backlog of patients waiting to access treatment. The pressure on capacity in outpatients, diagnostics and treatments to see elective patients in a timely manner has also impacted on those waiting on a cancer pathway. • Referral demand for cancer is now greater than pre-Covid levels and our planned care system has struggled to respond to this increase in demand and carve out sufficient capacity for cancer at outpatients, diagnostics, and treatments stages • There are sustained workforce pressures at a clinical level with challenges around recruitment and retention of staff • Weaknesses in the central cancer team in terms of changes of leadership, structure, vacancies and temporary staffing leading to lack of clarity and consistency 		
Impact	<ul style="list-style-type: none"> • Long waiting times for first contact and diagnostics contributing to lengthening of the overall pathway for cancer patients • Overall PTL has grown 3-fold since pre-Covid • Significant volumes of patients now waiting >62 days and >104 days • Potential for harm e.g. missing the window of opportunity for surgical intervention, delays to starting chemotherapy/radiotherapy • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety) 		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Strengthened governance and oversight • COO is now Executive Lead for Cancer • Cancer is one of the delivery programmes in the 2022/23 Operational Plan • SOP in place to support tracking process • Roles and responsibilities redefined • Training being rolled out to refresh understanding of SCP guidance • Workforce team continue to support recruitment and retention • Ambition clearly stated – first contact by day 10, diagnosis by day 28, treatment by day 62 • Two cancer summits held with senior leadership teams, directorate management teams and tumour site clinical leads • Demand/capacity work commenced 		

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Current Assurances		<ul style="list-style-type: none">• Operational position reported into Cancer Oversight Meeting weekly tracking improvements⁽¹⁾• Executive Cancer Board meets quarterly⁽¹⁾• Mechanisms in place to monitor key schemes in Cancer as part of the Operational Delivery Plan ⁽¹⁾• Key operational performance indicators and progress against plans reported into the Strategy and Delivery Committee ⁽¹⁾• Breach reports produced for every patient treated >62 days ⁽¹⁾• Harm reviews conducted for every patient treated >146 days ⁽¹⁾• Cancer reported as part of the Board Integrated Performance report ⁽¹⁾		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)	
Gap in Controls		<ul style="list-style-type: none">• Continuation of demand/capacity work to inform how much capacity needs to be carved out for cancer• Undertake pathway work to streamline the journey for cancer patients and reduce the downtime between steps on the pathway• Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce)		
Gap in Assurances		<ul style="list-style-type: none">• Whilst a Cancer Oversight Meeting is in place, there is a need to establish a weekly PTL tracking meeting with General Managers/Directorate Managers• Breach reports need to be shared with the Directorates for validation and themes (e.g. risks/issues/constraints) need to be fed through a continuous improvement loop to ensure mitigation/solutions are put in place• The Cancer Strategy needs to be finalised and a workplan developed		
Actions		Lead	By when	Update since September 22
1. Continue to develop and iterate the demand/capacity work		HE/JC	31.3.23	D&HI team are engaged in the work
2. Undertake a review of the key tumour site pathways with a view to removing constraints and delays in the patients' journey		RL	31.3.23	Support from the WCN to undertake a number of deep dives – focus on lung and urology initially
3. Establish a weekly PTL meeting with General Managers/Directorate Managers		JC	30.11.22	Terms of reference being drafted
4. Finalise the Cancer Strategy and develop a workplan		RL/BW	31.3.23	Draft strategy completed and is on the agenda for Exec Cancer Board in November
5. Development of recruitment and retention strategies		RG	31.03.23	See separate BAF risk on workforce
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)	

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**5. Stroke Services – Medical Director /Executive Nurse Director/Chief Operating Officer-
(Meriel Jenney/ Jason Roberts/Paul Bostock)**

Stroke services within C&V UHB have declined since the COVID pandemic, caused by a reduction in clinical services, but an increase in demand, most noticeably in patients self-presenting to the Emergency Department. There has been a real drive to improve this service for the patients and improvement has been seen in thrombolysis rates, achieving >10% since June 22 and now at 10.9%. Challenges include patients self-presenting to ED, dilution of stroke cases within the very busy ED leading to delay in recognition of stroke, scanning and treatment. Despite increased thrombolysis rates, door to needle times are not improving to pre-pandemic performance. There is often no dedicated Stroke medic at the front door meaning Medics are faced with competing given the capacity constraints within the footprint.

In addition to thrombolysis treatment rates, there has been improvement in thrombectomy assessment, referral and procedures delivered both internally and referred to Bristol. There has also been focused training for acute medics on stroke assessment, thrombolysis and thrombectomy. The Stroke CNS role is being protected where possible; recognised that this team are the drivers and facilitators of the thrombolysis pathway.

Investment is needed for increased Stroke resource at the front door – allowing patients to be seen, diagnosed and treated in a timely manner, ultimately reducing mortality and improving outcomes for patients. The aims are to improve Tier 1 performance and most importantly, safer care for our Stroke patients

Risk Date added: 01/11/2022	Poor compliance with SSNAP – currently a D grade centre.
Cause	<ul style="list-style-type: none">• An increasingly busy ED (double the number of patients) has seen a high demand upon the Stroke Service. Patients are often self-presenting which may result in an initial delay to be triaged resulting in (i) delays to Stroke calls being put out (ii) delays to patients receiving CT scans within 1-hour (iii) delays in the recognition and subsequent delivery of thrombolysis to patients.• The Stroke Unit at UHW regularly runs at 100% occupancy. Every effort is made to ensure there is a bed available for new stroke admissions. The large volumes of patients in the ED mean there is often a delay in patients being triaged and assessed within 4 hours, making it difficult to get the patients to the acute ward within a timely manner. Patients awaiting admission to the stroke unit in September between them spent almost 70 days in the ED.• Pressures across the system mean that Stroke beds are often used for non-Stroke patients. These short-term gains have long term impact on Stroke affecting the ability to admit new stroke patients within 4 hours, which has knock-on impact on specialist MDT assessments, commencement of rehabilitation and supportive discharge planning.• Since additional capacity beds which were collocated with stroke closed in August 22, performance against the 4 hours admit target improved to 20% in September. Support is needed to protect stroke beds for patients on the stroke pathway• Stroke CNS being pulled into ward numbers due to poor staffing levels

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Impact		<ul style="list-style-type: none">• Delays in patients receiving their CT scans within 1 hour• Delays in patients being recognised as potential Stroke patients• Delays in patients receiving timely treatment such as thrombolysis• Delays in patients being recognised as potential thrombectomy patients• Patients not receiving swallow screening in a timely manner (<4 hours)• Delays in patients being admitted to the acute Stroke ward in a timely manner (<4 hours)• Delays in patients leaving the acute Stroke ward (long lengths of stay, non-stroke patients being admitted due to ambulance waits)• Poor patient outcomes• Lack of available CRT slots or inappropriate CRT slots meaning patients in SRC are unable to be discharged in a timely manner		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20	
Current Controls	<ul style="list-style-type: none">• Awareness raising on the importance of early swallow screen assessment – investment in training over the summer needs reinforcement with the timing of swallow screen and its urgency.• Taking any golden opportunities, we can – whenever there is capacity on the stroke unit, the stroke team are driving and pushing the ED stroke pathway to achieve the 4 hours admit wherever we can. The stroke team are real champions of the principles of ‘Think Thrombolysis, Think Thrombectomy’ and are pushing the imaging pathway to reach diagnosis as early as possible and ensure all patients are considered and assessed for urgent treatments which could reduce the disabling impact of the stroke.• Stroke Service Manager in post since July; Clinical Director for stroke in post from October. Dedicated resource for focused work with ED, radiology and medicine to ensure the optimal stroke pathway is in place and applied for all patients.• Seeking investment for uplift of CNS resource and dedicated stroke medical resource to support the front door for stroke.• Wider programme of works is needed to continue momentum of a stroke service improvement programme, particularly given future requirements for regional network service delivery and for UHW to become the regional thrombectomy centre			
Current Assurances	<ul style="list-style-type: none">• Operational position reported into MCB (Monthly) ⁽¹⁾• Mechanisms in place to monitor key schemes in Stroke Operational Group and MCB SMT/IM DPR ⁽¹⁾• Monthly touch point meeting with the Delivery Unit ⁽¹⁾			
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)	
Gap in Controls	Lack of consistent cover to the ground floor by a dedicated Stroke Medic CNS cover not 7/7 Stroke beds not ringfenced SRC capacity			
Gap in Assurances	Competing demand on regional, thrombectomy and clinical board priorities			
Actions		Lead	By when	Update since September 2022
1. Recruit and appoint a dedicated Service Manager for Stroke (8a) to form part of the triumvirate to lead the service		SB	01/07/2022	Completed and member of staff now in place
2. Recruit and appoint a new dedicated Clinical Director for Stroke Services		AR/NT/SB	01/10/2022	Completed and member of staff now in place
3. Nursing Uplift Stroke CNS cover to 12 hour shifts 7 days per week Benefits Increased out of hours CNS support to Code Stroke, facilitation of thrombolysis and thrombectomy treatment pathways, 4 hours admit target and nurse assessments.		DP/NW/NT/TH	31/01/2023	

Interdependencies / Risks Capacity and flow, medical support			
<p>4. Medical</p> <p>Extend locum SHO for SRC in backfill of specialist middle grade moving to UHW front door (Mon-Fri 9-5)</p> <p>Collaboration with other specialities (e.g. neurology) to improve stroke junior doctor out of hours cover. May incur cost to medicine. Contribute 4 locum consultant sessions to a new post with ITU for a neuro critical care specialist with 4 stroke sessions</p> <p>Benefits Cross speciality working - more sustainable OOH model and offers training opportunities. Reviewing the structure of the out of hours rota will offer further support to the medical on call team. Specialist middle grade and uplift of consultant sessions would support TIA clinic reconfiguration and front door senior decision making. Improved selection of patients for C4 beds, improved management of mimics in ED, acceleration of stroke assessment and diagnostics, improvement in 4 hours admit.</p> <p>This model offers the service an interim solution for winter demands, reducing the urgency of consultant uplift, allowing for planned succession and recruitment.</p> <p>Interdependencies / Risks Uplift is needed both in and out of hours. Locum posts are expensive but it is unknown if the workforce is there for external middle grade or consultant recruitment.</p>	TH/NT/SB	31/01/2023	Locum SHO secured which will allow 6 sessions of front door Stroke cover (likely beginning middle of November)
<p>5. Capacity</p> <p>C4 beds only to admit those patients on the stroke pathway with a protected minimum of 4 beds. Until additional capacity Winter beds open the ask is to cap medical outliers to 4 on the ward at any one time.</p> <p>Benefits – median number of admissions per day = 3 in September. 4 beds protected should offer admission capacity for most new stroke patients and we would hope to see the 4 hours admit performance >50%. When necessary to relieve pressure across the system medical outliers would be admitted; the cap would attempt to minimise the impact of these admissions on stroke performance.</p> <p>Interactions/Risks – Ability to create 4 beds each day once used is uncertain. Exit strategy needed for any medical outliers and stroke mimics. Flow needed across whole stroke pathway; community services to be approached re options to prioritise stroke beds in CRT slot allocation if possible.</p>	NT/DP/NW/SB	31/01/2023	<p>SOP being produced for the ringfencing of beds</p> <p>Agreement being sought at Clinical Board and Health Board level for ringfencing of beds</p> <p>“Golden days” where beds are available at the beginning of the day to show the art of the possible</p>

<p>6. Diagnostics</p> <p>Daily imaging 'hot slots' for carotid dopplers/ MRIs/ CTA for stroke patients.</p> <p>Benefits – Timely diagnoses and treatment for both stroke patients and stroke mimics. Improved discharge profile to support protection of beds.</p> <p>Interactions and Risks – hot slots may not be needed every day (would be booked by 10am and released back to radiology if not needed). Ideally would operate over 7 days.</p>		NT/TH		Ongoing discussions with radiology to create slots Use of the CD&T escalation email to prioritise Stroke patients for discharge dependent MRIs, etc.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		10 (high)

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6. Urgent & Emergency Care – Medical Director /Executive Nurse Director/Chief Operating Officer- (Meriel Jenney/ Jason Roberts/Paul Bostock)

One of the Health Board's Strategic Objectives is to have a sustainable unplanned (emergency) care system that provides the right care, in the right place, first time. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent and third sector partners. The recently published Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The impact of the covid pandemic has had many consequences. This includes sustained pressure across the urgent and emergency care system and, whilst underlying actions to progress the plans to achieve the strategy have progressed, covid-19 has impacted on the speed of ongoing action and implementation of plans. The Sustainable Primary and Community Care risk reported in 2021/22 has been incorporated into this newly reported risk for 2022/23.

Risk Date added: 09/05/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable urgent and emergency care as close to home as possible.		
Cause	<ul style="list-style-type: none"> • The impact of the covid pandemic has resulted in sustained pressure across the urgent and emergency care system. Five factors have combined to cause current operational challenges: (i) Non-covid occupancy remains at a high level and we continue to experience challenges in our ability to achieve timely discharge of patients (ii) Covid continues to add an increased layer of complexity in managing patient flow (iii) Patients presenting and subsequently admitted have a higher acuity and complexity (iv) We have sustained workforce challenges (v) Social Care are experiencing similar workforce and demand challenges • Sustained pressure in Primary and Community Care, including an increased number of GP practices operating at a higher level of escalation, temporary list closures and practice closures • Poor consistency in referral pathways, and in care in the community leading to significant variation in practice • Rollout of multi-disciplinary team cluster models only in limited number of clusters • Lack of co-ordination and / or streamlined services across Health and Social care to ensure a joined-up response is provided and the patient gets the right care, in the right place, first time • Poor response times in the community from WAST due to significant delays in ambulance handovers • Longer length of stay for both medically fit patients and clinically unfit patients, significantly above pre-covid levels 		
Impact	<ul style="list-style-type: none"> • Long waiting times for patients to access a GP • Patients attend the Emergency Department because they cannot get the care or timely care they need in Primary and Community Care • Referrals and admissions into hospital because there are no alternative options or staff are unaware of alternative options • Congested ED department and long waits for patients to be seen • Increase in ambulance handover delays and challenges in timeliness of ambulance response to community demand • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety) 		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (Extreme)

Current Controls	<ul style="list-style-type: none">• Development of Primary Care Support Team to provide proactive support to fragile practices• Plans agreed and implemented for contract resignations and list closures• Rollout of MDT cluster model to further 2 clusters (1 already implemented)• Urgent Primary Care hubs in the Vale – c.2500 appointments per month• Cardiff CRT and Vale CRT support people to remain at home, avoid hospital admission and be discharged from hospital – but challenges do remain on capacity and timeliness• Implementation of CAV24/7 and transition to NHS Wales 111• Strengthened site-based leadership and management• Urgent & Emergency Care is one of the five delivery programmes in the 2022/23 Operational Plan. Delivery Group in place. Urgent and Emergency Care System Plan developed, aligned to the National six goals – see actions.• Ambulance handover improvement plan developed and being implemented• Workforce team continue to support recruitment and retention• Local Choices Framework governance in place and utilised when appropriate to support operational pressures			
Current Assurances	<ul style="list-style-type: none">• Operational position reported into Management Executive (weekly) ⁽¹⁾• Mechanisms in place to monitor key schemes in Urgent & Emergency Care Operational Delivery Plan ⁽¹⁾• Key operational performance indicators and progress against plans reported into the Strategy and Delivery Committee. Specific focus on Six Goals for Urgent & Emergency Care on 12th July 2022. ⁽¹⁾• Urgent and Emergency Care reported as part of the Board Integrated Performance report ⁽¹⁾			
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)	
Gap in Controls	Actively scale up multidisciplinary cluster models Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce) Developing an effective, high quality and sustainable Acute Medicine model Reconfiguring our in-hospital footprint to improve efficiency and patient flow			
Gap in Assurances	Whilst an Urgent & Emergency Care Delivery Group is in place, the Six Goals Integrated Urgent & Emergency Care Transformation Board is yet to be established			
Actions		Lead	By when	Update since Sept 2022
1. Secure funding and develop implementation plan for further MDT cluster rollout and Urgent Primary care Centre in Cardiff		LD	30.11.22	Utilisation of CAV 24/7 funding to support interim model as larger scale redesign developed for Health Board
2. Development and implementation of one Urgent and Emergency Care Plan, aligned to the National six goals		PB	31/10/22	Clinical Director appointed. Associated director for transformation and delivery appointed. Support for key urgent and emergency models of care developed and to be implemented in Quarter 3.
3. Introduce Medical Same Day Emergency Care Unit moving to new area whilst introducing senior clinical triaging and hot clinics		PB	30.11.22	New action
4. Introducing frail assessment service in emergency and assessment area UHW		PB	30.11.22	New action
5. Develop SOP for A1 (medical short stay ward) and SOP for Zero four-hour ambulance handovers		PB	30.11.22	New action
6. Develop cohesive Winter Plan that introduces 150 beds or bed equivalents		PB	30.11.22	New action

7. Develop acute admission protocols	PB	30.11.22	New action
8. Continued development of joint Health and Social Care strategies to allow seamless solutions and services for patients with health or social needs	AH / PB	31.03.23	Partnership working continues. Joint action plans in place. Work progressing through RPB, SLG and JME with new IMT introduced bi-weekly chaired by SR to increase focus on actions
9. Introduce integrated care assessment unit as part of the Winter Plan to discharge patients into UHW Lakeside for focused social care intervention whilst maintaining care.	PB	31.10.22 - 31.01.23	New action
10. Implementation of the UHW site masterplan, including de-escalation of additional capacity and reconfiguration of the EU	PB	31.03.23	Implementation of de-escalation plan commenced – but behind timescale due to ongoing operational pressures and recent increase in covid admissions.
11. Development of recruitment and retention strategies	RG	31.03.23	See separate BAF risk on workforce
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

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**7. Planned Care – Medical Director /Executive Nurse Director/Chief Operating Officer-
(Meriel Jenney/ Jason Roberts/Paul Bostock)**

One of the Health Board's Strategic Objectives is to have sustainable planned care services that deliver the ministerial measures of no-one waiting >52 weeks for a new outpatient appointment by December 2022 and no-one waiting >104 weeks for treatment (all stages) by March 2023. To achieve this, the system needs to ensure sufficient capacity to meet recurrent demand and to increase capacity and activity sufficiently above pre-Covid levels to make inroads into the backlog. The recently published Welsh Government Planned Care Plan reflects the high priority of planned care services.

Risk Date added: 01/11/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable planned care services.		
Cause	<ul style="list-style-type: none"> • The impact of the covid pandemic has resulted in sustained pressure across the planned care system due to the growth in backlog of patients waiting to access treatment. The pressure on capacity in outpatients, diagnostics and treatments for urgent/emergency care has impacted on those waiting to access the system for planned care. • Referrals for planned care are at pre-Covid levels overall, however there is significant variation between specialities. Whilst our planned care system (outpatients, diagnostics, treatments) is almost back to full capacity, it has been challenging to achieve activity levels significantly above pre-Covid activity. • There are sustained workforce pressures at a clinical level with challenges around recruitment and retention of staff 		
Impact	<ul style="list-style-type: none"> • Significant volumes of patients waiting for new outpatient appointments, diagnostics and treatment • Some patients are tipping over into waits of more than 3 years, some of these are still at the outpatient stage • Potential for harm in terms of clinical deterioration whilst patients are waiting, particularly at the outpatient stage where patients have yet to be seen by a secondary care clinician and priority determined • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety) • Organisational/reputational harm due to political and media interest and scrutiny 		
Impact Score: 4	Likelihood Score:4	Gross Risk Score:	16 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Planned Care is one of the delivery programmes in the 2022/23 Operational Plan • Demand/capacity work undertaken to model expected delivery against the ministerial measures • Additional capacity schemes funded through WG planned care monies are in place and delivering e.g. independent sector, mobile ophthalmology theatres, 2nd gynae treatment room commissioned, spinal unit commissioned, mobile endoscopy unit in place • Workforce team continue to support recruitment and retention • Suite of reports and dashboard created by the Digital and Healthcare Intelligence team to support Directorate teams and Clinical Board in terms of managing the planned care position 		

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Current Assurances		<ul style="list-style-type: none">• Current position against 52/104weeks monitored via weekly Planned Care Performance meeting ⁽¹⁾• Operational position reported into daily/weekly ‘hot’ reports⁽¹⁾• Elective Care Delivery Group in place monthly; suite of metrics reviewed at every meeting ⁽¹⁾• Monthly meeting with the Delivery Unit on Planned Care⁽¹⁾• Mechanisms in place to monitor key Planned Care schemes as part of the Operational Delivery Plan ⁽¹⁾• Key operational performance indicators and progress against plans reported into the Strategy and Delivery Committee ⁽¹⁾• Planned Care reported as part of the Board Integrated Performance report ⁽¹⁾		
Impact Score: 4	Likelihood Score: 3	Net Risk Score:	12 (High)	
Gap in Controls		<ul style="list-style-type: none">• Further demand/capacity work required together with an indication of the ministerial targets to inform the plan for 23/24 and assess deliverability• Availability of planned care funding may mean that choices need to be made in terms of delivery• Further work required to maximise treat in turn• Solutions required to ensure all specialities can access sufficient capacity to enable a return to pre-Covid levels of activity• Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce)		
Gap in Assurances		<ul style="list-style-type: none">• Since the Operational Plan Delivery Group meeting has been stepped down, there is a need to consider the governance mechanisms by which key risks and messages from the Elective Care Delivery Group are escalated• Whilst a sub-group on supporting patients whilst they are waiting has been established, the group is in its infancy and needs to progress at pace		
Actions		Lead	By when	Update since Sept 22
1. Continue to develop and iterate the demand/capacity work for 23/24 to inform the IMTP		AW/JC	31.1.23	D&HI team are engaged in the work
2. Establish key priorities and a work plan for the supporting patients sub-group		EC	31.12.22	Group is meeting fortnightly initially
3. Continue to progress plans to maximise activity and monitor via the Planned Care Performance group		JC	Weekly	Meetings in place
4. Agree formal reporting mechanisms from the Elective Care Delivery group through to SLB		PB/HE	31.12.22	Under consideration as part of review of COO meeting structures
5. Development of recruitment and retention strategies		RG	31.03.23	See separate BAF risk on workforce
Impact Score: 4	Likelihood Score: 2	Target Risk Score:	8 (High)	

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8. Exacerbation of Health Inequalities in C&V – Executive Director of Public Health (Fiona Kinghorn)

The COVID-19 pandemic 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 the harms caused by the COVID-19 pandemic and cost of living crisis 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	<ul style="list-style-type: none"> 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 It is recognised that the COVID-19 pandemic is responsible for five harms to population health, all of which are experienced inequitably. These are the direct harm caused by infection, indirect harm due to surge pressures on the health and social care system, harms caused by population based health protection measures (e.g. lockdown), economic harm and harms caused by exacerbating inequalities in our society. Health inequalities arise in three main ways, from <ul style="list-style-type: none"> structural issues, e.g. income, employment, education and housing unhealthy behaviours inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to their particular needs

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	<ul style="list-style-type: none"> 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 The impact of inflation leading to the 'cost of living crisis' currently being experienced in the UK, with rising prices for energy (gas, electricity) and fuel (petrol, diesel) food and other goods and services has a negative impact on health as real disposable incomes fall with this being more marked in lower income households. High inflation also risks exacerbating mental health challenges with concerns about debt being a leading cause of anxiety 		
Impact	<ul style="list-style-type: none"> The key population groups with multiple vulnerabilities, compounded or exposed by COVID-19, include: <ul style="list-style-type: none"> Children and young people Minority ethnic groups, especially Black and Asian populations People living in (or at risk of) deprivation and poverty People in insecure/low income/informal/low-qualification employment, especially women 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, have been found to increase the transmission, rate and severity of diseases including COVID-19 infections COVID-19 and its containment measures (e.g. 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 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 Winter 2022/23 is an uncertain time with concerns about resurgence of COVID-19 and/or influenza which disproportionately impact the most vulnerable in society, together with the economic impact of the rapid increase in inflation. This may mean that health inequalities widen if public policy and local interventions do not act to rectify this imbalance swiftly. However, most levers for economic action are at the UK government level. Warmth and food availability will be key issues locally 		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 Extreme
Current Controls <div style="transform: rotate(-45deg); transform-origin: left top; font-size: small; margin-top: 20px;">Saunders, Nathan 06/09/2023 11:37:43</div>	<p>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</p> <p>2. Role as an Employer</p>		

- 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
- In August 2022 the Chancellor recognised that support is needed even for staff on wages up to £45,000 and included senior nurses in this description to manage increased energy bills. There may be additional opportunities to signpost staff to resources to help them to cope with the cost of living crisis this winter

3. Refocused Joint strategic and operational planning and delivery

- Each of our strategic programmes within Shaping our Future Well Being Strategy will consider how our work can further tackle inequalities in health
- Our Shaping our Future Public Health strategic programme has a focused arena of work aimed at tackling areas of inequalities. We are working closely with the two local authorities and other partners, through our PSBs and RPB partnerships to accelerate action in our local organisations and communities, particularly in relation to healthy weight, immunisation and screening. This includes building on local engagement with our ethnic minority communities during the Covid-19 pandemic. Such focused work is articulated in 'Cardiff and Vale Local Public Health Plan 2022-25' within our UHB three-year plan, and will be strengthened in 2022/23 by the development of a strategic framework for tackling inequalities
- 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 implementing the recommendations of our Public Injecting & Youth Justice Health Needs Assessments in Cardiff
- Cardiff PSB and Cardiff and Vale Substance Misuse Area Planning Board are implementing the recommendations of its Needle Exchange programme review to tackle health inequality as part of COVID-19 substance misuse recovery work
- Our Suicide and Self-Harm Prevention Strategy has been published
- The multi-agency approach to Seldom Heard Voices, which targeted initiatives towards areas of deprivation during the pandemic e.g. walk in vaccine clinics, will continue as we move through recovery.
- 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 have identified a bellwether set of indicators to help measure inequalities in health in the Cardiff and Vale population through which we will develop further to measure impact of our actions. This formed part of the Annual Report of the Director of Public Health 2020, published September 2021 ⁽¹⁾. Examples 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

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			inequalities is recognised as a priority for all local and regional partner organisations
3. Improve the routine data collection in relation to equality and inequity, both across the UHB and with partner organisations, and develop a broader suite of indicators to monitor progress	Fiona Kinghorn	March 2023	Amplifying prevention indicators being developed
Impact Score: 4	Likelihood Score: 3	Target Risk Score:	12 (High)

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9. Workforce – Executive Director of People and Culture (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 **impact of the** pandemic, immunisation programme, **Winter, Social Care workforce challenges** and urgent service recovery plans has led for an increasing need in clinical staff. 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 people to work in our clinical teams to deliver high quality care for the population of Cardiff and the Vale.
Cause	<ul style="list-style-type: none"> • The pandemic, Winter and the Recovery Plan has placed significant pressure on our workforce. Demand for staff has been significantly higher than the supply which has meant that our existing teams have been placed under extreme pressure since March 2020. • The increased demand across the NHS has left a shortage of people with the right skills, abilities and experience in many professions/roles which has created a more competitive market. • National shortages in some professions has made it difficult to attract people with the right skills/experience and in the numbers required, for example: <ul style="list-style-type: none"> - Registered Nurses. - Medical staff in certain specialties (e.g., Adult Psychiatry, General & Acute Medicine, Histopathology, Radiology, GP). • Turnover across the UHB has stopped rising but is still at 13%, over 3% higher than the pre-pandemic rate. • Sickness absence has stabilised over the last 2 months but remains high at just over 7% which is 2% higher than pre-pandemic. The situation is still very challenging and we anticipate that the position may worsen over the Winter months. Significant operational pressures across the whole system since March 2020 has impacted negatively on the health and wellbeing of our staff. • The development of our existing workforce has reduced as a direct result of the pandemic and the significant operational pressures, which is impacting negatively on retention. • Attraction, recruitment and retention is also being affected by the negative image that is portrayed that NHS staff do not receive the right remuneration for the work that they do. Trade Unions have been campaigning for the last few months.
Impact	<ul style="list-style-type: none"> • Negative impact on our people and our teams, as a result we are experiencing: <ul style="list-style-type: none"> - High levels of sickness absence; - High levels of turnover; - Low morale and poor staff engagement; - Increased reliance on temporary workforce e.g. bank, agency, locums, etc; - 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. • Negative impact on quality of care provided to the population. Inability to meet on-going demands of both pandemic, Winter and the Recovery plan.

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- A number of Trade Unions are balloting their members for industrial action over pay, e.g. RCN, Unison, RCM, etc.

Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
<div> <div>Current Controls</div> <ul style="list-style-type: none"> • People and Culture Plan with robust processes to monitor progress against the key deliverables. • The People & Culture Team are focusing on the 'Main Effort' over the Winter which is recruitment, retention and wellbeing. Supported by Workforce Planning and systems that drive efficiency • Hotspots are identified using our workforce data, plans are developed with the team to support with recruitment, retention, staff wellbeing, etc. • The Workforce Hub has been re-introduced to identify and recruit the staffing resource required to open the additional Winter capacity. • A People Resourcing Team, supported by the well-established Nurse Resourcing Team is now well established. Focusing on improving attraction, recruitment and retention. Also increasing the supply of our temporary workforce, via the Temporary Staffing Department., • Retention Plan developed. • The People Services Team have changed its operating model to provide specialist advice and support aligned to the organisation's priorities, e.g. reducing sickness absence, reducing formal ER cases, effective change management, etc. • All Wales International Nurse Recruitment Campaign. • Welsh Government Campaign <i>Train, Work, Live</i> to attract for Wales – GP, Doctors, Nursing and Therapies. • Medical International recruitment strategies reinforced with BAPIO OSLER and Gateway Europe. • Medical Training Initiative (MTI) 2-year placement scheme via Royal Colleges. • Medical Workforce Advisory Group (MWAG) progress and monitor employment matters that directly affect our Medical & Dental staff. • Central managed Medical and Dental Staff Bank in place to increase the supply of doctors (using temporary workforce), maintain quality and reduce costs. Fill rate is consistently over 90%. • E-Job Planning system in place to ensure Consultants and SAS Doctors have their job plans reviewed and approved annually. • E-Rostering Programme Board meet monthly to ensure the roll out of the new e-rostering system and Safe Care is progressing as outlined in the implementation plan. • Health & Wellbeing strategy monitored through the strategic Health & Wellbeing Group. • Monthly Executive Performance Reviews with a focus on improving our workforce position commenced in July. • Workforce Plans are being developed for each Clinical Board initially concentrating on our Nursing workforce, which is the staff group where we have the biggest gap in supply. Workforce Plans are also being developed for our Medical workforce. The aim is to have workforce plans for all our Clinical/Service Boards for all staff groups. • An Industrial Action Contingency Planning Group was established in September 22 and meet fortnightly to ensure the risk of IA is managed, have contingency plans in place to enable the UHB to deliver emergency and critical services to our patients/citizens/population. </div>			
<div> <div>Current Assurances</div> <ul style="list-style-type: none"> • Robust monitoring of People and Culture Plan KPI's at Strategy and Delivery Committee and Board. ⁽¹⁾ • Quarterly IMTP Updates. </div>			

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<ul style="list-style-type: none">• Effective partnership working with Trade Union colleagues (WPG, LNC, LPF). ⁽¹⁾• Updates provided to Strategy and Delivery Committee and Board on Industrial Action.				
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)	
Gap in Controls	Ability to on-board International Nurses at pace due to Visa processing. No plan to recruit additional International Nurses, last cohort arrives in November 2022. Workforce supply affected by National Shortages.			
Gap in Assurances				
Actions		Lead	By when	Update since Sept 2022
1. Approval to engage in the All Wales International Nurse Recruitment Campaign (cohort 2 – end of 2022/early 2023)		Jason Roberts	Nov 22	Paper has been developed for consideration by ME in Sept. A workforce plan specific to OSN is being developed which will support decision making.
2.				
Impact Score: 5	Likelihood Score:2	Target Risk Score:	10 High)	

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10. Leading Sustainable Culture Change – Executive Director of People and Culture (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	<ul style="list-style-type: none"> • 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, also staff overwhelmed with change and ongoing demands as a result of the pandemic. • 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. • Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging. 		
Impact	<ul style="list-style-type: none"> • Staff morale may decrease • Increase in absenteeism and/or presenteeism • 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 employer of choice may decrease • Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve. 		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Values and behaviours Framework in place • Cardiff and Vale Transformation story and narrative • Leadership Development Programmes, e.g. Acceler8 and CLIMB supporting inclusive, compassionate leadership principles • Management Programmes offering a blended approach to learning and including development around change and transformation • Talent management and succession planning cascaded through the UHB • Values based recruitment / appraisal • Staff survey results and actions taken, including NHS Staff Survey and Medical Engagement Scale. • Involvement in All Wales NHS Staff Engagement Working Group • 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. UHB part of all Wales Group looking at Freedom to Speak Up across NHS Wales • Interviews conducted with senior leaders regarding learnings and feedback from Covid 19 and lessons learnt document completed in September 2020 looking at the whole system. Discovery learning report completed in the Autumn 2020 		

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	<ul style="list-style-type: none"> Strategic Equality Plan and Welsh Language Standards implementation and monitoring via the Equality, Diversity, Inclusion and Welsh Language Team Executive Team identified as Inclusion Ambassadors, each leading on a Protected Characteristic, and Welsh Language 		
Current Assurances	Internal Audit on Staff Wellbeing, Culture and Values (Sept 2022) report ⁽³⁾ ; Engagement of staff side through the Local partnership Forum (LPF) ⁽¹⁾ Matrix of measurement now in place which will be presented in the form of a highlight report to Committee ⁽¹⁾		
Impact Score: 4	Likelihood Score: 2	Net Risk Score:	8 (High)
Gap in Controls	Agreed and consistent organisational approach to cultural change Continued high demands impacting on ability to release staff for development / involvement in transformation / development		
Gap in Assurances	VBA rate continues to be low Capacity to respond to requests for cultural and transformation work Effective measures of culture / engagement		
Actions	Lead	By when	Update since Sept 2022
<p>1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Leadership Programmes have been developed:</p> <ul style="list-style-type: none"> (i) Acceler8 (ii) Collabor8 (iii) Climb <p>Compassionate and inclusive leadership principles will be at the core of all the programmes</p>	Rachel Gidman	<p>March 2023</p> <p>Nov-March 23</p> <p>Jan 2023</p> <p>Ongoing</p> <p>Oct-Jan 2023</p>	<p>Acceler8 Senior Leadership Programme Cohort 1 completed and Cohort 2 commenced Oct 2022.</p> <p>Collabor8 Leadership programme commenced Oct 2022.</p> <p>Education, Culture and OD Team (previously LED) designing 'bite size' leadership and management opportunities including Coaching for Performance; Effective Communication Skills; REACTMH (having effective wellbeing conversations). Workshops will be targeted to areas of need throughout Winter months to support focus on retention, wellbeing and recruitment.</p> <p>Development of a coaching and mentoring network continues. Coaches currently supporting Senior Nurses in Phase 1 of development. Mentoring training acquired and target audience currently being agreed, including discussions on reverse mentoring. Mentoring training to take place Dec-Jan 23</p> <p>Coaching supervisors to be trained, starting Oct 2022 to support coaching network.</p> <p>Simplified VBA process has been communicated and training ongoing to support for both managers and staff. Simplified paperwork agreed and part of communication. All CBs have provided an action plan and trajectory for achieving VBA targets by March 2023 (60%) and June 2023 (85%).</p> <p>Continued requests to facilitate cultural programmes within directorates and teams. ALAS work commencing September 2022</p>

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			<p>Existing networks are collaborating to develop the scope and outline of an 'Ally Network'. Work is at an early stage, initial proposal to be taken to the ESWLSG meeting.</p> <p>The Anti-Racist Wales Action Plan developed by Welsh Government was published in June 2022. Board development has continued following the initial session in August 2022. The Board Development will continue in Dec 2022, supported by Race Equality First in collaboration with the One Voice Network.</p> <p>Development of the draft CAV Anti-Racist Wales Action Plan started, working group being identified through the One Voice Network, and broader staff and TU network.</p> <p>Stonewall Workplace Equality Index was submitted in September 2022, results will be published February 2023.</p> <p>Stonewall Equality Survey currently being promoted across the UHB.</p> <p>Access into work programmes are progressing well, including Project Search and Kickstart.</p>
4. CAV Convention	Rachel Gidman	TBC	Action under review and date to be confirmed once known.
Impact Score: 4	Likelihood Score: 1	Target Risk Score:	4 (Moderate)

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11. Impact of Covid19 Pandemic on Staff Wellbeing – Executive Director of People and Culture (Rachel Gidman)

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.

Risk	There is a risk that staff sickness will increase and staff wellbeing will decrease due to the psychological and physical impact of the ongoing pandemic. Which together with limited time to reflect and recover will increase the risk of burnout in staff.		
Date added:	6 th May 2021		
Cause	<ul style="list-style-type: none"> • 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 / high levels of sickness or isolation due to positive Covid test results • 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 • Ongoing demands of the pandemic over an extended period of time, minimising ability to take leave / rest / recuperate • Experience of moral injury • Cost of living 'crisis' 		
Impact	<ul style="list-style-type: none"> • 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, existing MH conditions exacerbated • 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	<ul style="list-style-type: none"> • Self-referral to wellbeing services • Managerial referrals to occupational health • External support • Wellbeing Q&As and drop ins (ad-hoc and upon request) • Wellbeing Support and training for Line managers • Development of range of wellbeing resources for both staff and line managers • GP self-referral • Values Based Appraisals including focus on wellbeing • Chaplaincy ward rounds • Health Intervention Team (HIT) 		

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<ul style="list-style-type: none">Wellbeing champions initiativeHealth and Wellbeing Strategic groupDevelopment of rapid access to DermatologyPost traumatic pathway serviceDeployment principles to support staff and line managersWellbeing walkabouts to signpost resourcesLong Covid Peer Support Group				
Current Assurances		<ul style="list-style-type: none">Internal monitoring and KPIs within the OH&EHWS ⁽¹⁾Wellbeing champions normalising wellbeing discussions ⁽¹⁾VBA focussing on individual wellbeing and development ⁽¹⁾HIT Team recommendation plan completed following UHB engagement, priority actions to be focus ⁽¹⁾Taking Care of Carers Audit and Action Plan ⁽³⁾Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report ⁽³⁾Trade unions insight and feedback from employees ⁽²⁾		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 – (Extreme)	
Gap in Controls		<ul style="list-style-type: none">Staff shortages leading to movement of staff and high demand for coverTransparent and timely Communication especially to staff who are not in their substantive role e.g. redeployed, hybrid workingHealth Charity funding for EWS agreed in principal, to be confirmed by the charitable fund trustees September 2022Continued increase in referrals to Occupational Health and increased PEHD work to support mass-recruitmentEWS seeing an increase in staff presenting with more complex issues, including a rise in referrals needing a wellbeing check due to the presentation of risk in the referral		
Gap in Assurances		<ul style="list-style-type: none">Organisational acceptance and approval of wellbeing as an integral part of staff's working life balanced against demand and flowAwareness and access of employee wellbeing services, particularly for staff without email / internet accessClarity of signposting and support for managers and workforce		
Actions		Lead	By when	Update since Sept 2022
1. Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by COVID		Nicola Bevan	02/09/2022	Continuing to support the lead counsellor to identify and deliver bespoke support and development in areas of need, examples delivered to date include EU programme (supported by Dr Julie Highfield), Community Nursing. Co-ordinating support and focus over the Winter months alongside People and Culture Roadshows, visiting sites across UHB to provide support and signposting re subjects including Cost of Living; Wellbeing; ED&I.
2. Health Intervention Coordinators (2) conducting research and exploration		Nicola Bevan	Interventions proposed	The Health Intervention team are now in the

for long term sustainable wellbeing for the staff of the UHB		<p>implementation April 22 – 2023</p> <p>Dec 2022</p> <p>Sept 2022</p> <p>Feb 2023</p> <p>Dec 2022</p>	<p>implementation phase of their project.</p> <p>Priorities identified include:</p> <p>Development of CAV Wellbeing Strategy and Framework (Dec 2022).</p> <p>Draft to Strategic Wellbeing Group Nov 2022.</p> <p>Implementation of works around rest space and hydration. (All staff room refurbishments now complete; work with CEF and Water Safety Group re installation of 13 hydration stations.</p> <p>Peer support developments – MedTRiM (training Oct - Dec 2022); Schwartz Clinical Lead and steering group training (Moved to Dec 2022 – may shift depending on availability)</p>
<p>3. Enhance communication methods across UHB</p> <ul style="list-style-type: none"> - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources 	Nicola Bevan	<p>31.03.23</p> <p>Nov/Dec 2022</p> <p>Nov 2022</p> <p>Feb 2023</p>	<p>A variety of communication models including Twitter accounts are being utilised to share Wellbeing updates across the UHB.</p> <p>A 12-month communication plan has been developed to ensure that wellbeing topics are covered throughout the year and will be reviewed and agreed by the Wellbeing Strategy Group by December 2022. (Nov meeting cancelled due to availability.)</p> <p>Financial Wellbeing Working group has been established in partnership with Tus. Programme of roadshows, signposting; workshops, etc developed for November and December 2022.</p> <p>Cost of Living action plan has been developed, reviewed weekly to</p>

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			<p>ensure information shared and signposting updated.</p> <p>Internal audit highlighted action for SharePoint sight re inclusion and signposting to wellbeing resources. Work being completed to address.</p>
<p>4. Training and education of management</p> <ul style="list-style-type: none"> - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers 	Claire Whiles	<p>31.03.23</p> <p>Nov 2022</p> <p>Nov 22 – March 23</p> <p>Nov/Dec 2022</p>	<p>Leadership and Management development offerings to support staff health and wellbeing added to existing offerings, e.g. REACTMH training; Managing Remote Teams REACTMH train the trainer completed. Roll out plan in development. To commence September 2022. Added to existing training, next steps to roll-out bite-size.</p> <p>Acceler8 Cohort 2 commenced Oct 2022. Three modules completed to date. Collabor8 Leadership Programme commenced October 2022.</p> <p>EWS working closely with Education, Culture and OD Team (ECOD), and Equity and Inclusion Team to ensure alignment and reduce duplication. ECOD working in partnership with Innovation and Improvement Team on all programme development. Mapping session being arranged for Nov/Dec 2022.</p>
<p>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 CI Boards.</p>	Claire Whiles	<p>Feb 2023</p> <p>Dec 2022</p>	<p>Work on evaluation metrics underway with support from innovation and improvement team and public health. This will underpin the project plan for wellbeing interventions supported by 'slippage funds.</p>

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		Nov 2022	Two of the three Schwartz Round Clinical leads have been agreed, final lead to be agreed Nov 2022, training in Dec 2022 if all available. Steering Group
		Oct 2022	Members to be decided and training arranged. Recruitment of facilitators to be positioned to ensure representation of workforce population, collaboration with existing networks essential.
		Nov-March 2023	Change of focus from 'local pilots' to whole UHB – plan being adjusted accordingly.
		Dec 2022	Wellbeing Retreat Pilot commenced July 2022.
		Dec 2022	Retreats until Nov 2022 all completed and evaluation to commence. 3
		Nov-March 2023	remaining dates currently on hold while assessing Winter pressures and need.
			UHL and UHW Staff Room Refurbishment complete, including delivery and installation of artwork. HIT working with Estates Team organising hydration station installation. Work with Water Safety Group next step – areas identified and units purchased.
			Cost of Living working group established as an action from Strategic Wellbeing Group. Action plan has been confirmed and is reviewed on a weekly basis.

			<p>UHB Wellbeing Strategy / Framework in development. Final draft to be completed by Dec 2022.</p> <p>Management Response to Internal Audit agreed and returned.</p> <p>Focus on staff wellbeing to support retention.</p> <p>Collaborative working across P&C Team and CBs, including TU partners.</p>
Impact Score: 5	Likelihood Score: 1	Target Risk Score:	5 (Moderate)

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12. Capital Assets (Estates, IT Infrastructure, Medical Devices) – Executive Director of Strategic Planning (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.

Risk Date added: 12.11.2018	<p>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.</p> <p>The condition of facilities within our main hospitals are impacting on our ability to continue to provide the full range of services, and provide the new treatments WHSSC would like to commission from us. This is as a result of insufficient funding and resource to bring the estate up to the required condition in a timely way.</p>		
Cause	<ul style="list-style-type: none"> • 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 • Lack of timely decisions regarding the development of strategic business cases required to address the significant estates challenges we face. 		
Impact	<ul style="list-style-type: none"> • 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 • Staff facilities are inadequate in many areas. 		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> • 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. • 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 • Business Case performance monitored through Capital Management Group every month and Strategy and Delivery Committee every 2 months. • The Health Board has submitted to Welsh Government a 10-year capital outlook, which has been prioritised to reflect the most pressing infrastructure and service challenges and risks. • Shaping Our Future Hospitals Programme Business Case was submitted to WG in October '21 and scrutinised at WG Infrastructure Investment Board in December 		

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<p>'21. The WG Cabinet has considered Our Future Hospitals PBC alongside the priorities across the whole of Wales. There is support 'in principle' for the Health Board to proceed with the development of the next stage of the business case process – the Strategic Outline Case.</p>				
Current Assurances		<ul style="list-style-type: none"> 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 (Strategic Outline Case) as part of Our Future Hospitals Programme to secure funding to enable a UHW replacement/redevelopment to be built. ⁽¹⁾ 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) (2)} Strategy and Delivery Committee continue to oversee the delivery of the Capital Programme ⁽¹⁾ 		
Impact Score: 5		Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls		<ul style="list-style-type: none"> 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 size of budget compared with estimated need which will impact significantly on the Capital Programme of the UHB. No timely decision from WG on the Programme Business Case. Scale of challenge across Wales understood. 		
Gap in Assurances		<ul style="list-style-type: none"> 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. Despite the substantial end of year capital, the recurrent position remains unchanged. 		
Actions		Lead	By when	Update since Sept 2022
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		Catherine Phillips	31.03.23	It has been agreed that this document will be reviewed in 22/23 but there will be some preparatory work to be undertaken beforehand.
2. The Health Board continues to prioritise the use of the discretionary capital budget to target small priority schemes.		Abigail Harris	31.03.23	New action
3. The Health Board continues to progress a number of major capital schemes (including Shaping Our Future Wellbeing in the Community and Shaping Our Future		Abigail Harris	31.03.23	New action

Hospitals Programme) aligned to our prioritised 10-year Capital Programme outlook.				
4. An acute infrastructure group is overseeing the short – medium term priorities.		Abigail Harris	31.03.23	New action
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		10 high)

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13. Risk of Delivery of IMTP 22-25 – Executive Director of Strategic Planning (Abigail Harris)

Between March 2020 and March 2022, the Integrated Medium-Term Plan (IMTP) process was paused due to the pandemic. The requirement for an approvable IMTP was replaced by the need for quarterly plans for 2020-2021 and an annual plan for 2021- 2022, which reflected the need for agile planning to reflect the changing landscape as the pandemic progressed. In October 2021 the Welsh Government signalled a return to a three-year planning approach and accordingly the Health Board has developed a new three-year plan for 2022 to 2025. In March 2022, the Board approved the draft 2022 – 2025 IMTP which was submitted to Welsh Government. In light of the financial position reflected in the draft plan, and with the agreement of Welsh Government, work was undertaken in the first quarter to further develop the financial recovery element of the plan. This work informed the final plan which was approved by the Board on 30th June and submitted to WG. The plan sets out service delivery proposals reflecting the ministerial priorities, the next milestones in the delivery of our strategy and the financial recovery that will be delivered over the next three years. The plan has not yet been formally considered by the Minister.

Risk	There is a risk that the Health Board will fail to deliver the commitments set out in the 22/23 – 24/25 Plan both in terms of service and financial commitments. The plan does not achieve overall financial balance in 2022/2023 and it is unlikely to be approved by the Minister as a fully compliant IMTP. There are a number of factors in play including the impact of unscheduled care pressures in the system, and unforeseen demands of 'cost of living' impact.		
Date added:	May 22		
Cause	Challenging targets have been set for the Health Board in respect of planned care recovery. Detailed and stretching plans have been developed which the Health Board is committed to delivering but, at this stage the Health Board does not have a plan in 10/35 specialties to achieve Welsh Government ambition of eliminating > 52-week new outpatient waits by end of December 2022. The financial recovery plan will also be challenging to delivery, with stretching targets for sustainable improving our overarching financial position. Whilst we are committed to deliver the actions set out in the plan, there may be dependencies of external factors which impact on our delivery – including constraints relating to funding – capital and revenue, workforce and speed with which we can implement the necessary gearing up to increase capacity.		
Impact	<p>A plan that does not fully meet the requirements for an IMTP is categorised as an annual plan set within a three-year context. The failure to have in place a fully compliant plan could result in the Health Board being escalated to the next level of the performance and escalation framework, which could bring with its reputational loss and increased scrutiny by WG.</p> <p>If we are not able to deliver all of the actions set out in our plan, our planned care recovery could take longer to deliver for the populations we serve and quality of care and patient experience could be impacted.</p> <p>If we do not achieve the commitments for 22/23, it will make it more challenging to develop a balanced IMTP for 23/24-25/26.</p>		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20 (Extreme)
Current Controls	<p>An Operational Plan Delivery structure has been established to drive the delivery of the Planned Care Plan and the Emergency and Urgent Care Improvement Plan. The Performance and Escalation Framework for Clinical Boards has been re-introduced to hold CBs to account for delivering their respective service and financial plans.</p> <p>A process is being established to ensure a programme approach to delivery of the actions within the financial recovery plan.</p>		
Current Assurances	<p>Financial performance is a standing agenda item monthly on Management Executives Meeting ⁽¹⁾</p> <p>The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board. ⁽¹⁾</p> <p>The Board receive a financial update report from the Executive Director of Finance at each of its meetings. ⁽¹⁾</p>		

<p>Welsh Government are fully engaged and have been briefed on the Health Board's position. ⁽³⁾</p> <p>Service delivery performance is tracked through the structures established to oversee planned care recovery and the improvement in emergency and urgent care, with regular reporting into ME and Board on progress. ⁽¹⁾ WG also holds monthly Integrated Planning, Quality and Delivery Review meetings with the health board to track progress. ⁽³⁾ Improvement trajectories are being updated quarterly to ensure they remain on track to deliver the agreed targets. ⁽¹⁾</p>			
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)
Gap in Controls	Detailed delivery plans are not in place for all elements of the financial recovery plan. Detailed delivery plans are not in place in all specialties to achieve Welsh Government 52-week NOP ambition		
Gap in Assurances	There is currently no assurance on the plan. Once developed assurance will be provided through reporting to Management Executives, Finance Committee and the Board.		
Actions	Lead	By when	Update since Sept 2022
1. Ensure overarching governance is in place to drive delivery of key programmes.	Suzanne Rankin	31/07/22	Complete – Strategic Programmes monitored by Strategy and Delivery Committee
2. Ensure detailed plan with programme to drive delivery of financial recovery plan	Catherine Phillips	31/11/22	In progress
3. Provide Q2 progress report – including mitigating actions, the Board for scrutiny.	Abigail Harris	28/07/2022	This will be presented to Strategy and Delivery Committee and Board in November.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)

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14. Financial Sustainability – Executive Director of Finance (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. In October 2021 the Welsh Government signalled a return to a three-year planning approach and accordingly the Health Board has developed a new three-year IMTP for 2022 to 2025. In March 2022, the Board approved the draft 2022 – 2025 IMTP. In light of the financial position work was undertaken during the Quarter 1 to develop the financial plan. The final plan was approved by the Board on 30th June and submitted to Welsh Government.

Risk Date added: 01.04.2022	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. It also has to manage its operational budget.		
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 is being authorised within the governance structure and the UHB Scheme of Delegation. Financial Plan submitted to Welsh Government 30 th June to deliver financial balance over the three-year period 2022-2025.		
Current Assurances	The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board ⁽¹⁾ Financial performance is a standing agenda item monthly on Management Executives Meeting ⁽¹⁾ Financial performance is monitored by the Management Executive ⁽¹⁾ . Finance report presented to every Finance Committee Meeting highlighting progress against mitigating financial risks ⁽¹⁾ .		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	No gaps currently identified.		
Gap in Assurances	To confirm COVID 19 and exceptional funding assumptions with Welsh Government for response and recovery. Certainty of COVID 19 expenditure and the management of non COVID 19 operational pressures. The financial plan 2022/23 does not achieve overall financial balance during the financial year. Our current forecast outturn does not match our financial plan for 2022/23.		
Actions	Lead	By when	Update since Sept 22
1. Continue to work with Welsh Government to manage our recovery and COVID 19 response as well as exceptional cost pressures.	Catherine Phillips	31/12/2022	This continues to take place to understand resources which will be made available to the Health Board in 2022/23.
2. To monitor and control additional expenditure and financial performance to ensure that the year-end forecast is in line with financial plan 2022/23	Catherine Phillips	31/12/2022	Board has approved the Winter Plan which will increase the financial forecast outturn. Specific financial performance meetings have been set up to understand the pressures on delivering

			forecast outturn and results reported to Senior Leadership Board, Finance Committee and Board in November and December.
3. To understand the impact of responding to the Covid 19 pandemic has had on the organisations underlying position. To deliver on our savings plan recurrently	Paul Bostock	31/12/22	COVID response and recovery costs are being reviewed for plans to sustain in line with Service need. Savings are being managed and monitored with Clinical Boards.
Impact Score: 5	Likelihood Score:1	Target Risk Score:	5 (Moderate)

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15. Digital Strategy and Roadmap – Director of Digital & Health Intelligence (David Thomas)

CAV UHB board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and was designed to support the UHB's Shaping our Futures' strategic programmes. To realise the benefits contained with the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives.

Risk	There is a risk that the Digital Strategy and Roadmap will not be implemented, due to lack of resources, resulting in a deficit in infrastructure, applications and informatics capability.		
Date added:	04.10.22		
Cause	CAVUHB IT and digital services are known to have been historically underfunded resulting in a significant legacy deficit in infrastructure, applications and informatics capability that has built up over at least a decade (our PMS and the core module that sit on top for UEC, inpatients and outpatients were built c20 years ago). Colleagues need mobile, scalable, agile solutions which are unachievable whilst we are locked into legacy. There are some programmes and plans identified to rectify these issues however they are unachievable with the current resource allocation		
Impact	<p>We have capability in human resources but lack capacity for planning, management and execution of the activities needed to deliver the digital strategy and roadmap. Just to produce the case(s) for change requires capacity we do not have in the current circumstance</p> <ul style="list-style-type: none"> ○ Delivery on digital maturity would give capability to colleagues that will reduce inefficiency, release clinical time to care, improve safe practice, allow near real time data to be available to support clinical decision making at the point of care by moving from paper and analogue means of capturing and recording information to digital means where data flows seamlessly between settings <p>Recruitment is a significant challenge (an SBAR is with the Exec Dir D&HI to share with the Exec Director HR) – we are advertising the same roles more than 5 times with no success in a highly competitive market.</p> <p>Existing resources are consumed with tactical short-term fixes given the legacy so we are unable to prioritise those activities that take us forward – we don't have enough people and we don't have enough money to make the changes we want and need to see.</p> <p>There is a risk that the financial savings and improved staff and patient experience expected from the Digital Roadmap plans will not be fully realised, due to the lack of resources, resulting in a deficit in IT infrastructure, applications and informatics capability and consequential adverse impacts.</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Digital strategy approved by Board in 20/21 with roadmap for 21/22/23 • Digital components described in IMTP • Some additional funding secured via the Business Case Advisory Group • IT infrastructure priorities developed and set out for 2022-2025 		

Current Assurances		<ul style="list-style-type: none"> D & HI have a number of business cases in development which require revenue investment ⁽¹⁾ Risk register articulates the risks of not being able to deliver digital solutions to support delivery of healthcare ⁽¹⁾ 	
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls		<ul style="list-style-type: none"> Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure. 	
Gap in Assurances		<ul style="list-style-type: none"> Unable to currently provide assurance that the finance will be provided 	
Actions		Lead	By when
1. Discussions with DoF to feed into Digital Financial Plan		DT	31.03.23
2. HIMSS assessment of our Digital maturity to be carried out in Qtr 4		DT	31.03.23
3. A ten-year investment request developed and submitted to WG outlining capital and revenue requirements		DT	31.03.23
Impact Score: 5	Likelihood Score: 3	Target Risk Score:	15 (Extreme)

Key:

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

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Report Title:	Audit and Assurance Committee – Chair’s Report			Agenda Item no.	6.7.1
Meeting:	Board	Public	x	Meeting Date:	24 November 2022
		Private			
Status (please tick one only):	Assurance	x	Approval		Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Corporate Governance				
Main Report					
Background and current situation:					
<p>The purpose of this report is to provide Board Members with a summary of key issues discussed at the Audit and Assurance Committee Meeting held on 8 November 2022.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The standard items of business were discussed at the meeting. These included the following:</p> <ul style="list-style-type: none"> - Progress and Update reports from Audit Wales and Internal Audit in relation to their respective planned activities and audit reports. The Committee was informed that there had been some delay in delivering four of the planned audits and that they would be rescheduled to take place at the end of the 2022/23 plan, and/or potentially moved to next year’s plan. - Updates from the Corporate Governance Directorate regarding the current status of the (i) Internal Audit Tracker and (ii) the Audit Wales Tracker. With regards to the Internal Audit Tracker, the Committee was advised that there was a strong focus on the “aged” entries on the Tracker. It was also noted that care should be taken regarding Cyber related recommendations, in particular that the same should be considered in a Private forum as a matter of good practice. - The Procurement Compliance report which included some Single Tender Actions. The Committee was informed that the number of single tender actions was increasing and that this was being kept under review. - The Counter Fraud Report which detailed the work undertaken by the Counter Fraud Team during the period from 12 August 2022 to 19 October 2022. Staffing numbers remained below the optimum numbers, although it was noted that a successful recruitment campaign had been held, with interviews scheduled to take place that week. - Regulatory Compliance Tracking Report – seven reports had been added to the Tracker since the last Committee meeting, of which three were HIW reports and 4 were CHC reports. A full update would be provided to the Committee in February 2023. 					
<p>The key matters of business to highlight to Board Members include: -</p> <p>a) Internal Audit Reports – seven reports had been finalised as follows:-</p> <ul style="list-style-type: none"> (i) Staff Wellbeing: Culture & Values – Reasonable Assurance (ii) Follow-up: 5 Steps to Safer Surgery – Substantial Assurance (iii) Implementation of National IT Systems (WNCr) - Reasonable Assurance (iv) Digital Strategy – Reasonable Assurance. 					

- (v) **Medical & Dental Staff Bank** – Substantial Assurance
- (vi) **Medical Equipment & Devices** – Reasonable Assurance
- (vii) **UHL Endoscopy Expansion** – Reasonable Assurance

b) Audit Wales Update

- (i) **Estates follow-up review management response** – the Committee was advised that the Recommendations had now been completed.
 - (ii) **Equality Impact Assessments: More than a tick box exercise?** - The Report had made several recommendations for Welsh Government to address and one to Public Bodies requiring them to review their approach to Equality Impact Assessments considering the findings within the Report and the detailed guidance available on the Equality and Human Rights Commission and Practice Hub.
- c) **Net Zero Carbon Report** – the Committee received a presentation which set out some of the steps taken to date by the Health Board in response to the Audit Wales Report entitled “Public Sector Readiness for Net Zero Carbon by 2030”. The Committee was advised that a governance structure was in place with the first meeting to be held in November, that funding would be made available to fund nurses and therapists to provide leadership on the decarbonisation agenda, and that the Health Board was working with the Medical School to embed the decarbonisation agenda into the curriculum. The Committee was also advised that an action plan was required to set out the Health Board’s direction of travel and to identify where the carbon reduction could come from.
- d) **Draft Charitable Funds Annual Report and Accounts** – the Committee received and reviewed the Charity’s draft Annual Accounts.
- e) **Annual Clinical Audit Plan Review** – the Committee received an update on the progress that had been made since the Internal Audit’s Limited Assurance report in October 2021. Members were advised that significant progress had been made which included (i) a clinical audit quality tool (ie AMaT) had been procured and implemented, and it was anticipated that all of the Clinical Boards would be trained with this new technology by December 2022, and (ii) a Clinical Audit Policy and Strategy had been developed to provide an appropriate framework to support a prudent audit programme which was designed to provide assurance and to drive improvement in quality and safety priorities.
- f) **Policies and Procedures Review** – the Committee was informed of the action plan that was in place in order to put the Health Board’s Corporate Policies management system on a much better footing.

The minutes of the Audit Committee held on 8 November 2022 contain further details of the above matters highlighted in this report and will be available once formally approved by the Audit Committee in February 2023.

Recommendation:

The Committee is requested to:

- a) **Note** the contents of this Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders, Nathan
06/09/2023 11:37:43

Report Title:	Digital Health Intelligence Committee – Chair’s Report			Agenda Item no.	6.7.2
Meeting:	Board	Public	<input checked="" type="checkbox"/>	Meeting Date:	24 November 2022
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Corporate Governance				

Main Report

Background and current situation:

The purpose of this report is to provide the Board with a summary of key issues discussed at the Digital Health Intelligence Committee Meeting held on 4 October 2022.

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

The Committee received an update on the progress being made with regards to a number of projects listed in the Digital Roadmap. Whilst it was noted that good progress was being made in some projects (eg PROMS), Committee Members were concerned to learn that other projects (eg Power BI) were “off track” due to a lack of resources. That lack of resourcing had included some unfunded business cases and longstanding issues around investment. The Committee thought that it was important that those concerns and resource issues were brought to the attention of the Board.

The Committee also received and considered reports regarding other usual matters of business which included: -

a) IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)

During the period from May 2022 to August 2022 there had been a total of 257 Information Governance related incidents, 4 of which were data breaches that had met the threshold to be reported to the Information Commissioner’s Office (ICO). That had represented a substantial increase in ICO reported breaches for the quarter period, compared to the 4 data breaches which were reported in the previous whole year. The particular details which related to those 4 most recent breaches were discussed in the Private session of the Committee.

With regards to FOI requests, response compliance levels from April to July 2022 had increased by an average of 5% per month between April 2022 to July 2022 compared to the figures for January 2022 to March 2022 which were reported to the previous Committee. The average number of FOIs received during the last 12 months had remained at 48 requests per month with the average compliance level being 86%.

b) Review on processes and systems for Data, Information Management Report

The Ivanti Service Desk suite had been fully deployed at the Health Board. Committee Members queried the level of staff awareness of this new system and suggested that it would be useful to put out information on CAV Connects, such as positive user case studies.

c) Information Governance Training

The Committee was advised that, as with other Health Board wide training, it was a challenge to increase the compliance levels for Information Governance staff training. The Committee noted the importance of the same, in particular noting that it was likely that the ICO would query the compliance rate when it was dealing with reportable data breaches. The Committee was advised that the Digital and Health Intelligence Directorate would consider other ways in which the IG training could be delivered and would also work with the Communications Department to target the low training levels.

d) Joint IMT & IG Corporate Risk Register

Committee Members were informed that the Cyber Security remained a “red” risk at 20.

Two “yellow” risks (namely (i) Software End of Life Implications and (ii) End of Life Infrastructure (access devices)) had been reduced to zero due to upgrades and /or replacements to the relevant software and workstations.

e) Clinical Coding

The Committee was advised that due to continued staff shortages and difficulty in recruiting and retaining staff, coding completeness had continued to be undermined. Contract coders had been employed to provide support whilst permanent staff were appointed and fully trained.

Committee Members also queried if it was more appropriate for this item to sit with the Quality, Safety and Experience Committee, rather than the Digital Health and Intelligence Committee. This would be considered with the Committee being updated in due course.

Further details relating to the matters raised in this report will be set out in the minutes (once approved) of the meeting held on 4 October 2022.

Recommendation:

The Board is requested to:

- a) **Note** the contents of this Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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. 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
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Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

Yes – as highlighted in the body of the Report the lack of resourcing and /or investment is having an adverse effect on the delivery of some projects identified within the Digital Roadmap.

Safety: No

Financial: Yes

Yes- as above.

Workforce: Yes

Yes- as highlighted in the body of the report.

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders, Nathan
06/09/2023 11:37:43

Report Title:	Finance Committee Chair's Report			Agenda Item no.	6.7.3
Meeting:	Board	Public	x	Meeting Date:	24 November 2022
		Private			
Status (please tick one only):	Assurance		Approval		Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Corporate Governance				

Main Report

Background and current situation:

The purpose of this report is to provide the Board with a summary of key issues discussed at the Finance Committee Meetings held on 19 October and 16 November 2022.

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

At its October meeting, the Committee was advised of the very difficult financial challenges the Health Board was currently experiencing in order to meet its draft financial plan.

Significantly, Committee Members were informed that, due to the Health Board's inability to produce a financially balanced plan, the Welsh Government had moved the Health Board to the lowest level of escalation status and support, "enhanced monitoring", as part of NHS Wales Escalation and Intervention arrangements.

The following key items were discussed at the Finance meeting held in November:-

Financial Report for Month 7 - in terms of financial performance, as at month 7 the Health Board had reported an overspend of £15.430million against the submitted draft plan, of which £5.455million was operational overspend and £9.975million related to the planned deficit.

Committee Members were informed that the forecast deficit had increased by £2.750 million, subject to Board approval of an additional £2.75million expenditure in relation to Winter planning.

The Committee was very concerned to learn that, based upon the worst case trajectory presented at the meeting, the Health Board could be heading towards a £30million deficit against its planned deficit of circa £17million. A detailed discussion took place with regards to why the deficit was increasing and what action was being taken to address the same.

It was noted that a number of cost pressures that had not been foreseen in the original financial plan, had emerged or increased in the year to date. Further, the Committee was advised of other potential cost issues which could also impact upon the Health Board's financial position. They included i) Winter pressure planning for additional bed capacity, and (ii) the Emergency Unit service whilst Covid restricted the ability to efficiently discharge patients.

In terms of how the growing deficit could be curtailed, the Committee was advised that the Finance team met with each Clinical Board on a monthly basis to discuss how they could improve their respective expenditure profiles. A number of options were being considered by the Clinical Boards, including considering how the workforce could be better utilised, addressing high sickness rates, reducing high agency costs, considering whether procurement could help to make some savings, and working closely with Local Authority partners to discharge medically fit patients into the community and /or their own homes.

Savings Schemes- The Health Board was behind on the recovery of recurrent savings. At month 7, the Health Board was forecasting £17.457million of savings to deliver against the revised £19.400million savings target . The Health Board was circa £1.9 million short of the savings. The Committee was informed that whilst there was a potential risk that the Health Board may not achieve its savings target by the end of the financial year, great efforts were being made in order to meet the savings target. It was also suggested that the Health Board should start to plan this year in order to realise some savings early next financial year.

Committee Members noted that a more detailed analysis of the Health Board's financial position would be held in the Private session of the Committee meeting.

2022-23 Strategic Cash Request Submission – subject to full Board approval, the Committee was advised that an application was to be submitted by the Health Board's Accountable Officer to Welsh Government for strategic cash support in line with the Health Board's forecast deficit.

FNC Rate – the Committee recommended that Board approve the proposed uplift in the FNC rate in line with other Health Boards in Wales.

Recommendation:

The Board is requested to:

- a) **Note** the contents of this Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: Yes

Yes – as outlined in this report.	
Workforce: No	
Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders, Nathan
06/09/2023 11:37:43

Report Title:	Health and Safety Committee – Chair’s Report			Agenda Item no.	6.7.4
Meeting:	Board	Public	x	Meeting Date:	24 November 2022
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	
Lead Executive:	Chair, Health and Safety Committee				
Report Author (Title):	Head of Corporate Governance				

Main Report

Background and current situation:

To provide the Board with a summary of key issues discussed at the Health and Safety Committee Meeting held on 18 October 2022.

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

Some matters were discussed which the Committee wanted to highlight to the Board as a matter of importance, namely: -

- a) **Staff smoking on site** – the Committee was informed that a number of incidents involving staff smoking and/or vaping on site, had taken place. Committee Members were very concerned to learn of this, particularly as a number of those incidents had taken place within Health Board premises. The Committee discussed that the Health Board should take a “zero tolerance” approach where staff are found to be smoking in hospital settings, and that the Health Board’s No Smoking Policy should be robustly enforced. It was agreed that this matter would be raised urgently at the Senior Leadership Board. Further, that a meeting would be convened as soon as possible with the Committee Chair, the Executive Director of People and Culture, the Executive Director of Public Health and the Head of Health and Safety, to discuss how this issue could be dealt with (at the time of writing, this meeting is scheduled to take place on 9 November 2022).
- b) **Unwanted fire signals** – 196 unnecessary fire service calls had been made to date and the Fire Service had attended the Health Board site on 158 occasions. That represented a 30% increase in the last 3 months, with many of those calls being largely avoidable and attributed to behaviour.
- c) **Training Rates** – the training compliance levels remained a concern for the Committee. Whilst the figures had increased to 46.3% in September 2022, the level of compliance remained in the red category.
- d) **RACI Document** – on a more positive note, the RACI (Responsible, Accountable, Consulted, Informed) matrix had been developed and was due to be rolled out to the Clinical Boards. This document sets out the unambiguous ownership of responsibilities in relation to Health and Safety and was due to be presented to the Senior Leadership Board.

In addition to those matters raised above, the Committee received reports in relation to the usual business items. These included: -

- **Fire Safety Compliance Report** – Fire Safety Week was due to run from 17 – 21 October 2022 and mass “drop in” training sessions for staff had been arranged.

- **Environmental Health Inspector Report** – four units (Hafan Y Coed at UHL, the Teddy Bear Nursery at UHW, UHL's main kitchen, wards and restaurant, and Aroma at UHL) had recently been inspected and all had achieved a food hygiene score of 5.
- **Risk Register for Health and Safety** - The highest current risk ratings were 16, two of which were covered by the Health and Safety Culture Plan. Discussions are currently taking place to determine ownership of the third, which related to the management of bariatric patients.

The minutes of the Health and Safety Committee held on 18 October 2022 contain further details of the above matters highlighted in this report and will be available once approved.

Recommendation:

The Committee is requested to:

- Note** the contents of this Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
06/09/2023 11:37:43

Report Title:	Mental Health Legislation and Mental Capacity Act Committee – Chair's Report			Agenda Item no.	6.7
Meeting:	Board	Public	x	Meeting Date:	24 November 2022
Status (please tick one only):	Assurance	x	Approval	Information	
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Corporate Governance				
Main Report					
Background and current situation:					
<p>The purpose of this report is to provide the Board with a summary of key issues discussed at the Mental Health Legislation and Mental Capacity Act Committee Meeting held on 25 October 2022.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The standard items of business were discussed at the meeting. The following items are highlighted for the Board's information:-</p> <p>1. Mental Capacity Act</p> <p>Mental Capacity Act Monitoring Report – the Committee was concerned to hear that the Mental Capacity Training compliance levels had continued to remain low. Welsh Government funding had been utilised to secure an external provider (Edge Training) to train staff with regards to assessing mental capacity and best interest decision making. The seven sessions provided to date had been well received by staff with four more sessions booked in the New Year.</p> <p>It was noted that compliance levels had been identified as being low (27%) for Medical and Dental Staff and Members had queried where the biggest gaps were in the staff training and what impact (if any) that had on service delivery. Detailed information would be provided at the next Mental Health Legislation and Mental Capacity Act Committee. Further, it was noted that the Strategy and Delivery Committee was due to receive more detailed data with regards to the compliance levels for staff mandatory training generally. The general issues with regards to staff mandatory training were also being picked up as part of the monthly Clinical Board reviews.</p> <p>Liberty Protection Safeguards (LPS)– the feedback to Welsh Government following the Consultation exercise on draft Regulations and new Code of Practice for the Mental Capacity Act and the LPS for England and Wales was awaited and was due to be released in the Autumn 2022. As of yet, there was no confirmed date for the implementation of the LPS. In readiness for the implementation of the LPS, an LPS facilitator had been recruited by the Health Board and was supporting with the Mental Health Act training, plus the Health Board continued to work with Welsh Government and Local Authority partners. It was noted that the digital solution for recording and monitoring LPS was in the scoping phase of the LPS implementation.</p>					

2. Mental Health Act

Mental Health Act Monitoring Exception Report – during the quarter reporting period (July – September 2022) the number of Section 136 referrals had increased, of which 69% were not admitted to hospital. The Committee was advised that there was no specific reason for the increase, and that the number that had been received were (i) an appropriate use of Section 136, and (ii) within the appropriate parameters.

The number of those under 18 years old assessed under Section 136 had decreased from 19 in the previous quarter period to 8. There were 5 repeat presentations for one Patient.

HIW MHA Inspection Report – The report had yet to be published and would be brought back to the Committee once it has been received. Members were informed that the Audit Committee would track all HIW inspection recommendations.

Section 49 Requests – an increasing number of Court of Protection Section 49 instructions for Capacity assessments had been received. The Committee was informed of the challenges being seen in this area, which included having a small number of psychiatrists to undertake this work plus the preparation of the reports was complex and took time. In mitigation it was proposed that the Health Board should use both internal and external capability for assessment and implement better training and support for its own staff to ensure that the reports were of the appropriate quality, together with improved access to legal advice.

The Deputy Director of Operations – Mental Health agreed to consider some benchmarking data to see how the Health Board compared against other Health Boards in this area of work.

3. Mental Health Measure

Mental Health Measure Monitoring Report including Care and Treatment Plans Update Report – Members were informed of the current compliance rates with regards to the Welsh Government targets set in respect of Parts 1-4 of the Measure. Challenges and areas of concern continued to be seen in the CAMHS service due to a number of factors which included the number of referrals which had increased significantly since April 2021, and staff capacity due to sickness, maternity and annual leave (at 66% since December 2020). In order to combat these challenges the Committee was advised that:-

- (i) the team was focussing upon internal waiting lists as part of a new waiting list initiative with dedicated capacity;
- (ii) a Joint Assessment model which would combine CAMHS and PMH would be implemented to create dedicated assessment capacity (anticipated to be fully operational in April 2023);
- (iii) active sickness monitoring and wellbeing support to staff working within this service; and
- (iv) additional capacity by working in partnership with Healios to deliver Part 1 assessments and the use of agency staff to continue to deliver the waiting list initiative.

4. Draft Mental Health Bill

The Committee was provided with an update in relation to the key changes in the draft Mental Health Bill. The draft Bill was intended to reform the Mental Health Act 1983 and to improve the way that people with a learning disability and autistic people were treated in law.

5. Policies

The Committee approved a number of policies and associated procedures. They were: -

Saunders
06/09/2023 11:34:43

- (i) The Review of Detention & Community Treatment Order Mental Health Act 1983 Policy and the Review of Detention & Community Treatment Order, Mental Health Act 1983 Procedure;
- (ii) The Patient Rights Information to Detained & Community Patients' under Mental Health Act 1983 Policy and & Patient Rights Information to Detained & Community Patients' under Mental Health Act 1983 Procedure; and
- (iii) The application for Admission to Hospital under Part II of the Mental Health Act Policy and the application for Admission to Hospital under Part II of the Mental Health Act Procedure were approved

Further details in relation to the business discussed at the Committee's October meeting will be available in the minutes (once approved) of that meeting.

Recommendation:

The Committee is requested to:

- a) **Note** the contents of this Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
06/09/2023 11:37:43

Report Title:	Strategy and Delivery Committee – Chair’s Report			Agenda Item no.	6.7
Meeting:	Board	Public	x	Meeting Date:	24 November 2022
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval		Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Corporate Governance				

Main Report

Background and current situation:

The purpose of this report is to highlight any key matters that were discussed at the Strategy and Delivery Committee meeting which took place on 15 November 2022.

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

A number of important items were presented to the Committee and this report sets out a very brief synopsis of the following items: -

- a) **Adoption of the All Wales Guidance for Managing Industrial Action** – the Committee ratified the Chair's Action dated 2 November 2022 which had given approval for adoption of the said Guidance.
- b) **Shaping our Future Wellbeing Strategy** – the refresh of the Strategy was ongoing with the draft of the refreshed Strategy due to go to full Board in March 2023. The Committee received an update with regards to each Strategic Portfolio (ie (i) Shaping our Future Population Health, (ii) Shaping our Future Community Services, (iii) Shaping our Future Clinical Services , and (iv) Shaping our Future Hospitals Services).

With regards to (iv), it was noted that the Health Board might have to bring in specialist expertise to advise/assist on the Future Hospital Programme. The Committee was also advised that “do nothing” was not an option if that Programme did not go ahead. The Committee also discussed what role the University could play in considering new models of delivery/health care provision under the new hospital programme. The Committee was informed that the Vice Chancellor of the University sat on the Health Board's Future Hospital Programme Board.

- c) **IMTP** - Welsh Government streamlined planning guidance and financial allocation was expected in December 2022. Members were informed that the expectation was that the Health Board would be required to submit an annual plan in a three year context to balance each financial year. Members were advised that the draft plan should be ready in January 2023 with the intention of going to Board Members in February for further discussion and refinement.
- d) **Sustainability Action Plan** – Audit Wales had issued a report (Public Sector Readiness for Net Zero Carbon by 2030) which set out five calls for actions for organisations to tackle common barriers to decarbonisation in the Public Sector. It was noted that the Strategy refresh would have a strong commitment to this area and the decarbonisation action plan would form part of the Health Board's IMTP. Whilst the decarbonisation agenda raised many

challenges, the Committee discussed some potential ways in which the Health Board's carbon footprint could be reduced (e.g. using more recyclable devices rather than single use, embedding decarbonisation into staff Value Based Appraisals).

e) **Policies** – the following policies/plans were approved:-

- Business Continuity Policy
- Adverse Weather – Heatwave Plan
- Adverse Weather – Cold/Snow Plan.

f) **Capital Programme** – the Committee was advised of the progress made to date in relation to a number of capital projects. In particular, works were progressing in the EU department in order to improve patient and staff experience, the lifts in Maternity (no 8 and 9) were due to commence shortly, and there had been a delay in completing the works with regards to the Genomics project due to a number of factors (e.g. finalisation of the IT structure).

g) **Performance Reports**

– **Workforce** – There had been a focus on raising the compliance rates for Value Based Appraisals and mandatory training at the Clinical Boards' reviews. Sickness rates were decreasing but not at the rate expected. The Committee discussed the merit of undertaking some comparative benchmarking exercises. The potential impending industrial action was discussed. In particular, how the same could impact upon the Health Board's services and, importantly, what the result of the RCN ballot said in terms of the wellbeing of the Health Board's Nursing staff. Committee Members were informed that there were plans in place to cope with any disruption caused by the possible industrial action.

- **Operational** – the position remained challenging with attendances in Urgent and Emergency continuing to rise, and the risk that Winter pressures and potential industrial action would have on Planned Care. The Committee was informed that there was an operational focus on reducing ambulance delays at the front door.

The Committee asked for some benchmarking data to be presented at the next Committee so that Members could better understand the Health Board performance (in terms of workforce and operational performance) against other comparable Health Boards within Wales and the wider UK.

h) **Deep Dive – Cancer Services** – The Committee was advised that prior to COVID the waiting list comprised of 800 patients. That list had increased to over 3,000 patients, although that had now been reduced to 2,400. The Health Board's primary focus was to tackle the backlog and reduce the waiting list to a more manageable level. The Committee discussed the actions that were being taken to improve the provision of Cancer services. That included, the introduction of breach reports to target immediate actions, and bringing in additional resource to help to reduce the backlog.

i) **Winter Plan** – the main key challenges this Winter related to long lengths of stay and the number of medically fit patients awaiting discharge, and ambulance handover delays. That was against a backdrop of potential industrial action, potential future COVID waves, the impact of Flu, and workforce availability. The Committee was advised that the worst case scenario was a gap of 152 beds between November 2022 to March 2023. A discussion took place to understand where the primary focus would be to maintain and improve services during the Winter period. It was noted that the Health Board was working with its Local Authority partners in order to create an additional 1,000 bed capacity, and a new Fragility model of care had been implemented.

The Committee discussed the difficult challenge with regards to the delayed transfer of medically fit patients back into the community, noting that this challenge has been present for a number of years, and queried whether there was any “big thinking” on how this difficult issue could be resolved. The Committee was advised that the Health Board had carried out a detailed forensic review with regards to every medically fit patient ready for discharge, and that one of the biggest stresses within the system was the delay with such patients being allocated a social worker and waiting for the social worker’s assessment to be undertaken.

- j) **BAF** – the Committee discussed the following risks: (i) Emergency and Urgent Care, (ii) Workforce and (iii) Leading Sustainable Culture Change.

Recommendation:

The Committee is requested to:

- a) **Note** the contents of this Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
06/09/2023 11:37:43

Report Title:	Quality, Safety and Experience Committee – Chair's Report			Agenda Item no.	6.6
Meeting:	Board	Public	x	Meeting Date:	24 November 2022
Status (please tick one only):	Assurance	x	Approval	Information	
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Corporate Governance				
Main Report					
Background and current situation:					

The purpose of this report is to highlight the key issues which were raised and discussed at the Quality, Safety and Experience Committee's Special meeting held on 11 October 2022.

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

Each year the Quality, Safety and Experience Committee holds a Special meeting in order to review any themes and trends which have emerged from the previous year, to scrutinise and challenge any aspects of those emerging themes and trends, and, where appropriate, escalate matters to full Board.

This year the Committee received some detailed presentations which provided a thematic review of the following: -

Maternity/Neonatal Services – key items highlighted included: -

- New National Institute for Health and Care Excellence (NICE) guidance was issued in 2021. That had led to the majority of births requiring assisted delivery which added some additional complexities including the rise in Caesarean and instrumental deliveries.
- National Perinatal Mortality Review had identified that of the 24 reviewed intrauterine deaths in 2021, 23 had received good care. The Health Board worked with the Sands Charity to support bereaved parents.
- Ockenden Report – 89 recommendations were identified. The Health Board had undertaken a self-assessment exercise and had drawn up a compliance plan which identified the resource required across the Maternity and Neonatal Services in order to bring the Health Board in line with the recommendations. The Health Board has established an Ockenden Oversight Group.

The recommendations had highlighted a number of areas to address which included :-

- (i) Development of a Consultant led Neonatal Transitional Care Service.
- (ii) Investment into the Senior Midwives workforce.
- (iii) Lack of Consultant sessions to extend to resident labour ward presence 12 hours per day and review within 14 hours of emergency admissions.
- (iv) Psychology support.

It was noted that a detailed report regarding the Ockenden Report and the actions required to address the recommendations was scheduled to go to the Committee in November 2022, with the matter to be considered by full Board in the New Year.

Mental Health Services – the thematic review included: -

- Inpatient setting – sadly, there had been what was described as a “cluster of suicides”. The Committee was advised of the personal factors and care factors (eg change in medication, staff vacancies) that had contributed to the inpatient suicide rate. A suite of actions had been put in place to address this which included (i) a return to the Hafan Y Coed footprint, (ii) review of Sentinels and associated processes (iii) suicide prevention training, (iv) Royal College of Psychiatrists Review and (v) implementation of WARRN as a baseline assessment.
- Performance Data – the pandemic had brought many challenges to the provision of Mental Health services. In particular, there had been a significant increase in the numbers of children and young people being referred to these Services. Whilst meeting the Welsh Government (WG) targets had been challenging, the Health Board had achieved 100% compliance for the past three months with regards to WG targets for Parts 1a and 1b of the Mental Health Measure.
- Attention deficit/hyperactivity disorder (ADHD) – the number of ADHD referrals had increased significantly. This had impacted upon the quality of service provision as well as the number of complaints that related to ADHD diagnosis and referral.
- Improvement and Mitigation Measures – there had been no further in patient suicides since the “cluster”; NRIs and Concerns continued to reduce at a slow and steady rate; a well-developed, successful “lessons learned” process had been established; there was a focus upon improving and maintaining the skill set of staff in terms of clinical risk assessment (WARRN) and suicide mitigation training.

The Five Harms – the Committee was advised that most action had been taken with regards to the second Harm i.e. the indirect Covid-19 harms due to surge pressures on the Health and Social Care System and changes to healthcare activity, such as cancellation or postponement of elective surgery and other non-urgent treatment and delayed management of long term conditions. That included: -

- Establishment of the Same Day Emergency Care Centre at UHW. Among the benefits, this new model of care had helped to minimise and remove delays in the emergency surgical Patient pathway.

Quality, Safety and Experience Themes and Trends

- Concerns, Claims, Compliments, Inquests and Redress – whilst there was a continued increase in concerns, the majority (83%) were closed within 30 days.
- Clinical Negligence – 76 new claims in 2021-22. Multiple learning was taken from those claims, including the re-establishment of a collaborative to look at themes that were identified in avoidable pressure damage cases.
- New Datrix system – went “live” in March 2022. Pressure Damage and Falls continued to be the highest reported categories.
- Medical Examiner Service – Members were provided with an overview of this Service (i.e. the independent scrutiny of all hospital deaths not investigated by the Coroner), together with some concerning themes and actions taken to address the same (i.e. a Falls prevention programme, Falls Review Panel, and a COVID-19 Investigation team have been established,

liaising with the Medical Examiner to agree causes of death to improve accuracy with regards to death certification).

The minutes of the Quality, Safety and Experience Committee's Special meeting held on 11 October 2022 contain further details of the matters raised and discussed in the Special QSE meeting and will be available once approved.

-

Recommendation:

The Board is requested to:

- a) Note the contents of this Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	
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	
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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
06/09/2023 11:37:43

Report Title:	C&V Integrated Performance Report			Agenda Item no.	6.8
Meeting:	C&V UHB Board	Public		Meeting Date:	24/11/2022
		Private	X		
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Fiona Kinghorn, Jason Roberts, Rachel Gidman, Paul Bostock, Catherine Phillips				
Report Author (Title):	Information Manager				

Main Report

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 Balanced Scorecard comprises indicators that cover Population Health, Quality & Safety, Workforce, Performance and Finance for the Health Board.

Population Health									
Immunisation	Standard	Trend	2021 / 22 Qtr 4		Tobacco	Standard	Trend	2022 / 23 Qtr 2	
% of children up to date with scheduled vaccines by 4 years of age	95%	na	83.5%	**	% of smokers who become treated smokers	5%	na	0.5%	**
	Standard		Sep-22		% of treated smokers who quit at 4 weeks	40%	na	64%	**
% of adults aged 50 years and over who have received a Covid-19 Autumn 2022/23 booster vaccination	na	na	33%	*					
% of people aged 5-49 years in a clinical risk group who have received a Covid-19 Autumn 2022/23 booster vaccination	na	na	3%	*					
Quality & Safety									
Patient Satisfaction	Standard	Trend	Oct-22		Mortality	Standard	Trend	Aug-22	
30 day complaints response compliance %	75%		85%		Myocardial Infraction within 30 days of admission, age 35-74 (Rolling 12 Months)	na		4.5%	
			Sep-22		Stroke within 30 days of admission (Rolling 12 Months)	na		15.0%	
Patient Experience	na		72%		Hip Fracture within 30 days of admission, age 65 and over (Rolling 12 Months)	na		3.0%	
Falls			Sep-22		Crude Mortality (Last Week of the month)	0		26	
Slips Trips and Falls (30 day moving total)	na		319					Sep-22	
Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		53		Still births (Rolling 12 Months)	na	na	23	
Serious Incidents	Standard	Trend	Oct-22		Infection Control			Sep-22	
Nationally Reportable Incident (SI)**	na		12		All Reported Infections (Rolling 12 Months)	743		776	
Number of Never Events	0	na	0						
Workforce									
	Standard	Trend	Sep-22			Standard	Trend	Sep-22	
Sickness Absence Rate (in-Month)	6%		6.6%		Turnover Rate	7% - 9%		13.4%	
Sickness Absence Rate (12-Month Cumulative)	6%		6.8%		Mandatory Training Compliance	85%		73.5%	
Values-Based Appraisal Compliance	85%		41.8%		Fire Training Compliance	85%		61.9%	
Medical Based Appraisal Compliance	85%		78.0%						
Operational Performance									
	Standard	Trend	Oct-22			Standard	Trend	Aug-22	
A&E 12 hour waiting times	0		1097		Mental Health Part 1a - Assessments within 28 days	80%		97.0%	
A&E 4 hour waiting %	95%		62.0%		Mental Health Part 1b - Therapy Commencing within 28 Days	80%		96.5%	
Ambulance Handover Times >1 hour	0		719					Oct-22	
Ambulance Handover Times >4 hour	0		100		Total number of DTQCS	na	na	322	
Number of 12 hour trolley waits	0		153		Total number of bed days lost	na	na	13257	
Number of Patients over 24 hours in EU	0		1348		Average number of bed days lost per patient	na	na	41	
			Sep-22					Sep-22	
RTT Waiting less than 26 weeks %	95%		55.8%		Patients Delayed over 100% for follow-up Appt	0		46015	
RTT Waiting Over 36 Weeks	0		42992					Sep-22	
RTT Waiting Over 52 Weeks	0		28800		Single Cancer Pathway	75%		42.8%	
RTT Waiting Over 104 Weeks	0		7038		Total number of patients on Single Cancer Pathway	na		2956	
RTT Waiting Over 156 Weeks	0		619		Total number of patients on Single Cancer Pathway over 62 days	0		407	
Diagnostics >8 weeks Wait	0		4088		Total number of patients on Single Cancer Pathway over 104 days	0		152	
			Sep-22						
GP OOH 'emergency' patients requiring an attendance at a primary care centre within 1 hour	90%		Null	#					
GP OOH 'emergency' patients requiring a home visit within one hour	90%		38%						
Finance									
	Standard	Trend	Sep-22			Standard	Trend	Sep-22	
Deliver 2022/23 Draft Financial Plan	£17.1m planned deficit	na	£12.807m deficit		Delivery of £4m non recurrent target	£4m	na	£5.369m	
Remain within capital resource limits.	Within planned expenditure £10.967	na	£12.074m		Creditor payments compliance 30 day Non NHS (Cumulative)	95%		93.9%	
Reduce in Underlying deficit (Forecast)	Reduce from £29.7m to £20.0m	na	Forecast Year End ULD £29.7m		Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit	na	Forecast deficit	
Delivery of recurrent £15.400m 1.5% devolved target (Forecast)	£15.4m	na	£12.088m		Maintain Positive Cash Balance	Positive Cash Bal.	na	£4.669m	

* Those who have received two Covid-19 doses, with the exception of those who are severely immunosuppressed and are recommended three primary doses

** No new data available

No patients recorded within this measure during this time period

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

POPULATION HEALTH

Covid-19 and respiratory illness update:

• Epidemiology

- There was a small increase in many Covid indicators at the end of September, apparently peaking in early October
- Care home Covid clusters however were rising at the start of October, along with wastewater signals in the Vale of Glamorgan, giving a mixed picture and unclear trend
- Omicron BA.5 remains the dominant variant of Covid-19. However there are early indications from waste water sampling and variant surveillance of a wider range of variants starting to circulate; these remain in the minority for now but could increase as a proportion in the coming months
- With Covid vaccination, including autumn boosters, serious impacts should continue to be limited
- However, we are still likely to see waves of hospital admissions, due to increases in mixing indoors over autumn and winter, and waning immunity among those not recently vaccinated. A Covid variant showing significant vaccine escape remains a possibility
- Influenza incidence has been gradually increasing since early September

• Test, trace and protect (TTP)

- The Welsh Government published '[Our Public Health Approach to Respiratory Viruses Autumn/Winter 22/23](https://gov.wales/public-health-approach-respiratory-viruses-including-covid-19-2022-2023)' (<https://gov.wales/public-health-approach-respiratory-viruses-including-covid-19-2022-2023>) on 11th October, which sets out the national approach to responding to respiratory viruses in Wales over the coming autumn/winter, and the measures that will be taken in the current 'COVID Stable' environment; the possibility of having to move to 'COVID Urgent' is also being planned for.
- Test and tracing services continue to operate in line with this national guidance.

• Covid-19 vaccination

- An autumn Covid-19 booster vaccination has been offered to 92% of eligible citizens
- 103,614 autumn boosters have been delivered to date – which equates to approximately 40% of eligible citizens vaccinated
- Based on national PHW Surveillance data (extracted 20 Oct 2022) uptake is as follows FOR eligible priority groups:
 - Care Home residents - **79%** (*however local operational data shows that **101.2%** care residents are now vaccinated which includes data for those deceased after administration*)
 - Care Home Staff - **33%**
 - Health Care Workers - **52%**
 - Social care workers – No national % available. Local operational data shows **33.7%** vaccinated.
 - People aged 65 years and over - **71%**
 - People aged 50-64 years - **27%**
 - People aged 4-49 years in a clinical risk group - **10%**
- Walk-in appointments continue for 1st, 2nd and 1st booster doses to all eligible individuals at both MVC sites (Woodland House and Holm View).
- Citizens now have 3 options to reschedule or cancel their appointment: 1) Calling the booking centre on 029 21 841234; 2) e-mail to cvuhb.massimms@wales.nhs.uk or 3) an [online form](https://cavuhb.nhs.wales/covid-19/cavuhb-covid-19-mass-vaccination-programme/covid-19-forms/) (<https://cavuhb.nhs.wales/covid-19/cavuhb-covid-19-mass-vaccination-programme/covid-19-forms/>)
- As the majority of offers for vaccinations have now been made, 'pop-up' and outreach clinics are being arranged to address vaccine inequity and accessibility issues. Clinics in Butetown Multi-cultural resource centre will take place at the end of October. Further pop ups will be arranged subsequent to this.

Monkeypox update

- Up to 17 October 2022 there were 3,537 confirmed and 149 highly probable monkeypox cases detected in the UK: 3,686 in total. Of these, 94 were in Scotland, 34 were in Northern Ireland, 46 were in Wales and 3,512 were in England.
- As of 26 September 2022, Cardiff and Vale have managed 16 confirmed cases- no new cases reported in the last few weeks.
 - The 2022 outbreak has mainly been in gay, bisexual, and men who have sex with men.
 - There are no reported deaths in the UK.

- Limited household transmission has been described in the UK.
- The roll-out the pan-Wales pilot project to evaluate fractional dosing for pre-exposure prophylaxis in Cardiff and Vale is ongoing. This involves giving smaller doses and will increase the number of at-risk people getting a monkeypox vaccine, meaning that the supplies available in Wales should meet the immediate need. The pilot is being delivered from the Sexual Health Services site in CRI and eligible individuals will be notified.
- Up to 19th October we have vaccinated 571 (out of 1,308) high-risk individuals and 11 staff members with pre-exposure prophylaxis.

Tobacco Control update

• **Smoking Cessation**

Tier 1 Smoking Cessation:

No new data available from last reporting period (Quarter 1, 2022-2023), 64% of Treated Smokers quit smoking at 4 weeks (CO verified). High rates of quitting were achieved by HMQ Clients (79%) and Hospital Smoking Cessation patients (80%).

The community smoking cessation service is experiencing an increase in the number of clients reporting higher levels of anxiety and 'mental health issues' as a result of cost of living increases.

• **Model for Access to Maternal Smoking Cessation Support (MAMSS)**

Data for Quarter 2, 2022-2023, shows that 66% of pregnant women were referred to MAMSS for stop smoking advice. This reflects a slight increase from Quarter 1, 2022-2023, 65%. 25% of pregnant smokers engaged with the MAMSS Health Care Support Worker (Quarter 2, 2022-2023) with 60% of those, (an increase from 46%, Quarter 1, 2022-2023) accessing NRT on first contact with the MAMSS Health Care Support Worker, enabling immediate action to quit smoking.

Work is on-going to improve engagement with Smoking Cessation services (reflected across all MAMSS programmes in Wales currently), with options reflecting national guidance.

• **Smoking Prevalence**

National Survey for Wales, annual data. Previously reported on (July 2022). Cardiff and Vale UHB has 12% smoking prevalence; 26% smoking rates reported in the most deprived and 11% in the least deprived areas. Next release, July 2023.

QUALITY AND SAFETY

Concerns –Patient Experience

We have maintained an overall 30 working day response time for all concerns, of 85% (to 28 October) . This is despite a significant increase in the numbers of concerns being received (see Figure 1).

August 30 day performance 80%

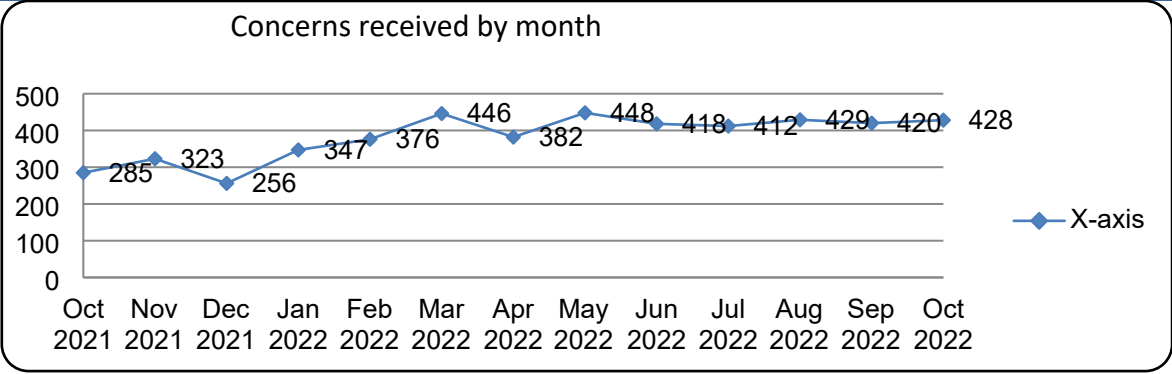
September 84 %

October 85%

In August and September, we processed **64%** of concerns in line with Early Resolution (*this process can be utilised dependent upon the nature of the concern*) it is pleasing to note that in October we closed **69%** of concerns under Early Resolution this ensures that a response is received within 2 working days, if however, we cannot issue a satisfactory response to a concern then the formal process must be used.

It should be noted that previously we have been able to process up to 80% of concerns via the Early Resolution route but it is dependent upon timely response to enquiries and ensuring that a satisfactory resolution for the complainant is achieved.

However, the volume of concerns is increasingly challenging and it is appreciated that failure to answer concerns in a timely way is not acceptable and we continue to be focused upon improving the response times whenever possible and addressing the underlying themes.



We currently have 417 active concerns. Surgery and Medicine Clinical consistently receive the highest number of concerns This is in line with the number of patient contacts and complex care both Clinical Board's provide. The number of necessary cancellations and delays due to covid and the significant increase and demand on services like EU.

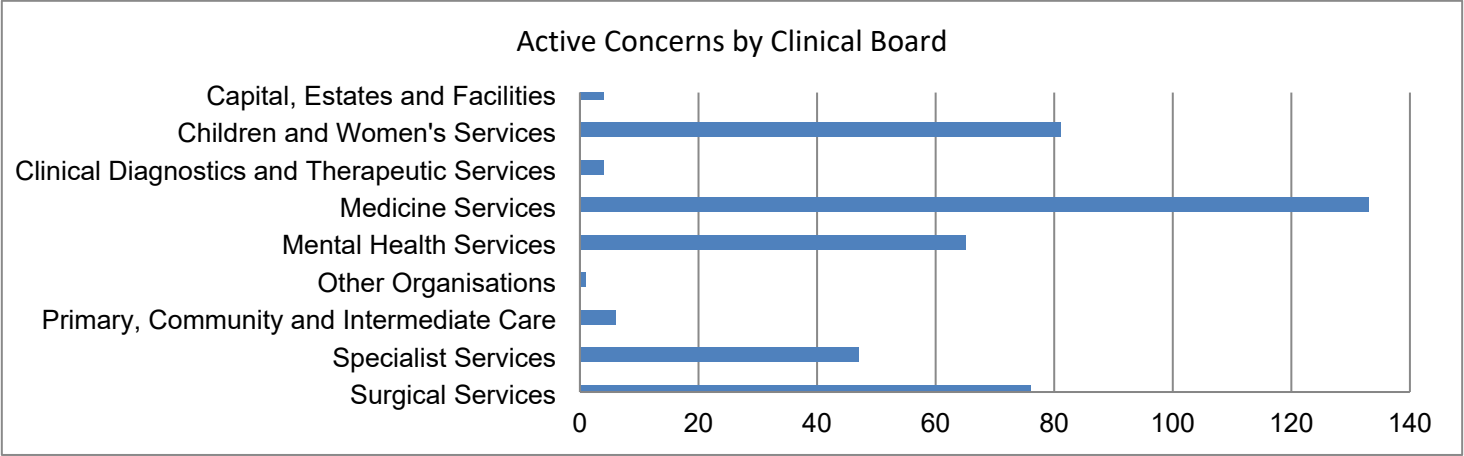
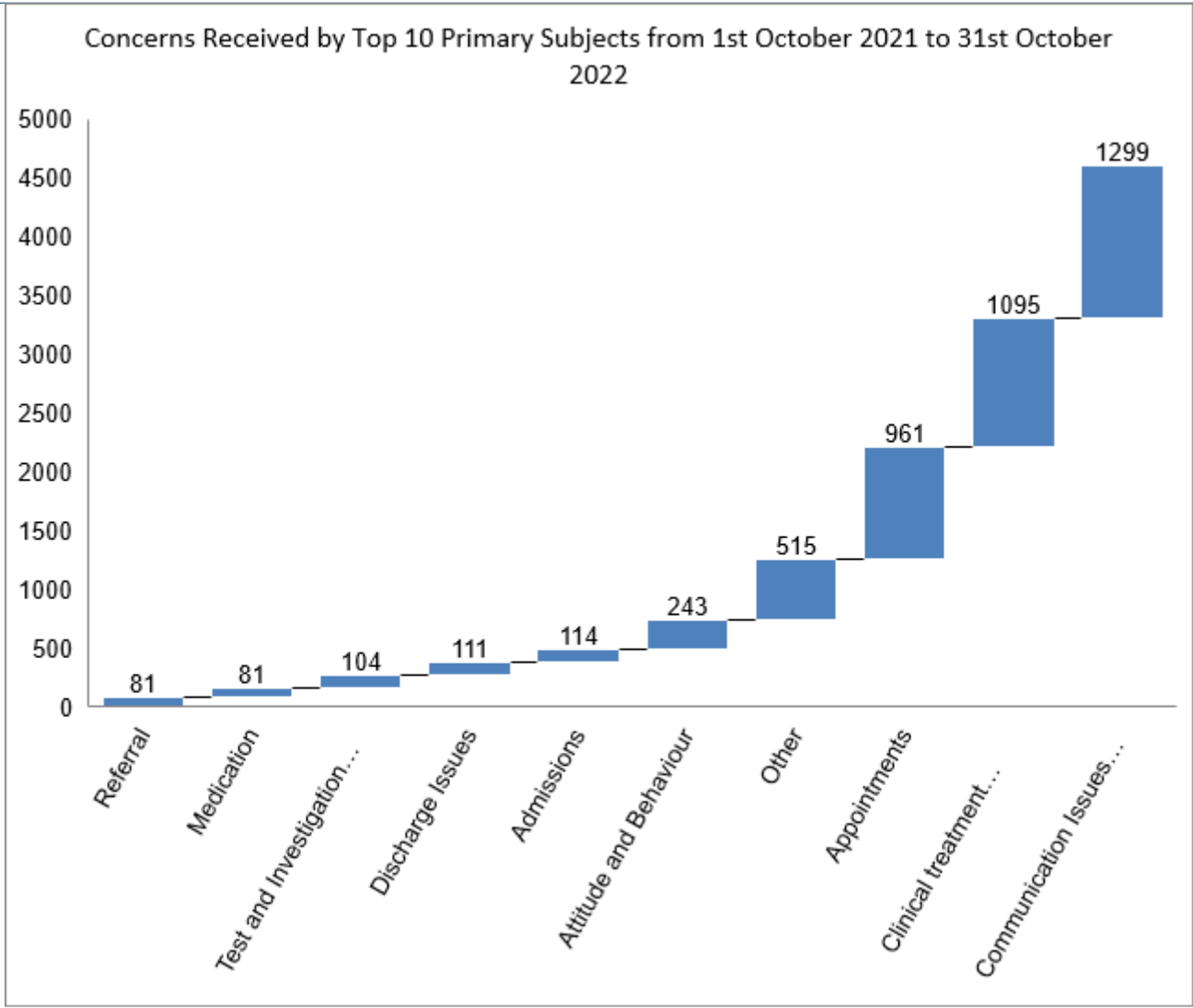


Figure 3: demonstrates the 10 main themes noted in Concerns. Communication continues to be a recurring theme in concerns, however, it should be noted that the number of concerns relating to Clinical treatment and attitudes and behaviours is rising. Whilst not showing highly on the chart above, we have noted a significant increase in concerns that mention Environment.

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Feedback HappyOrNot feedback (All locations)

In relation to the ‘HappyOrNot’ feedback, those reported as being satisfied are respondents who when asked: How would you rate the care you have received? chose the ‘Very happy’ or ‘Happy’ button options i.e. gave a positive response.

A breakdown of the feedback for August, September and October is:

Summary values	August	September	October
Surveys completed	2513	2252	1810
Response: Very happy button (Excellent/Very positive)	56%	64%	64%
Response: Happy button (Good/Positive)	9%	7%	9%
Response: Unhappy button (Fair/Negative)	6%	4%	5%
Response: Very unhappy button (Poor/Very negative)	30%	25%	22%
Respondents satisfied	65%	72%	73%

Fig 4. Gives the October feedback, broken down by which day of the week the feedback was received:

All units combined - weekday distribution

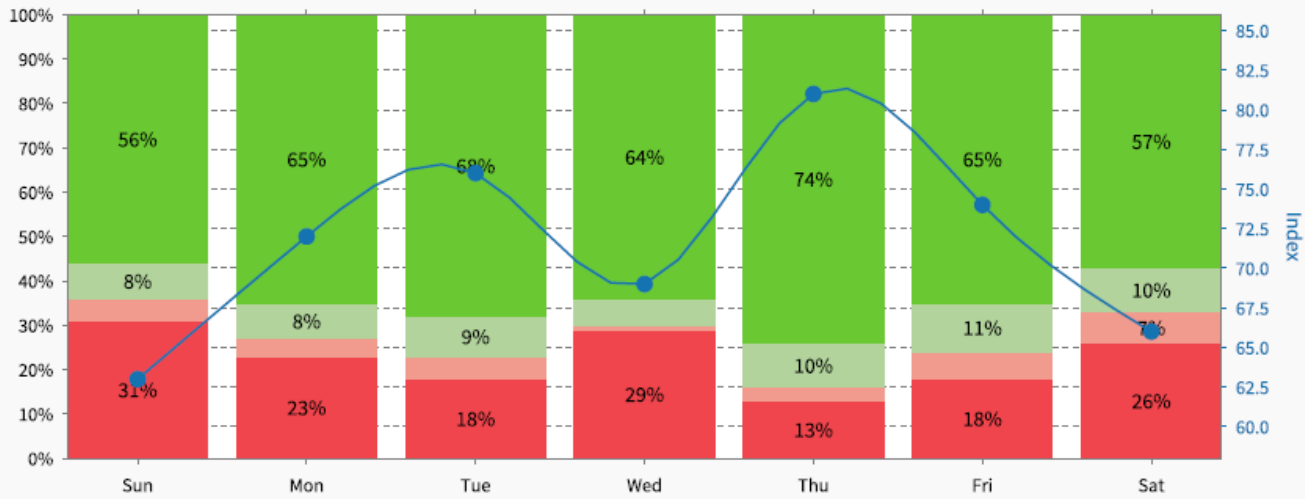
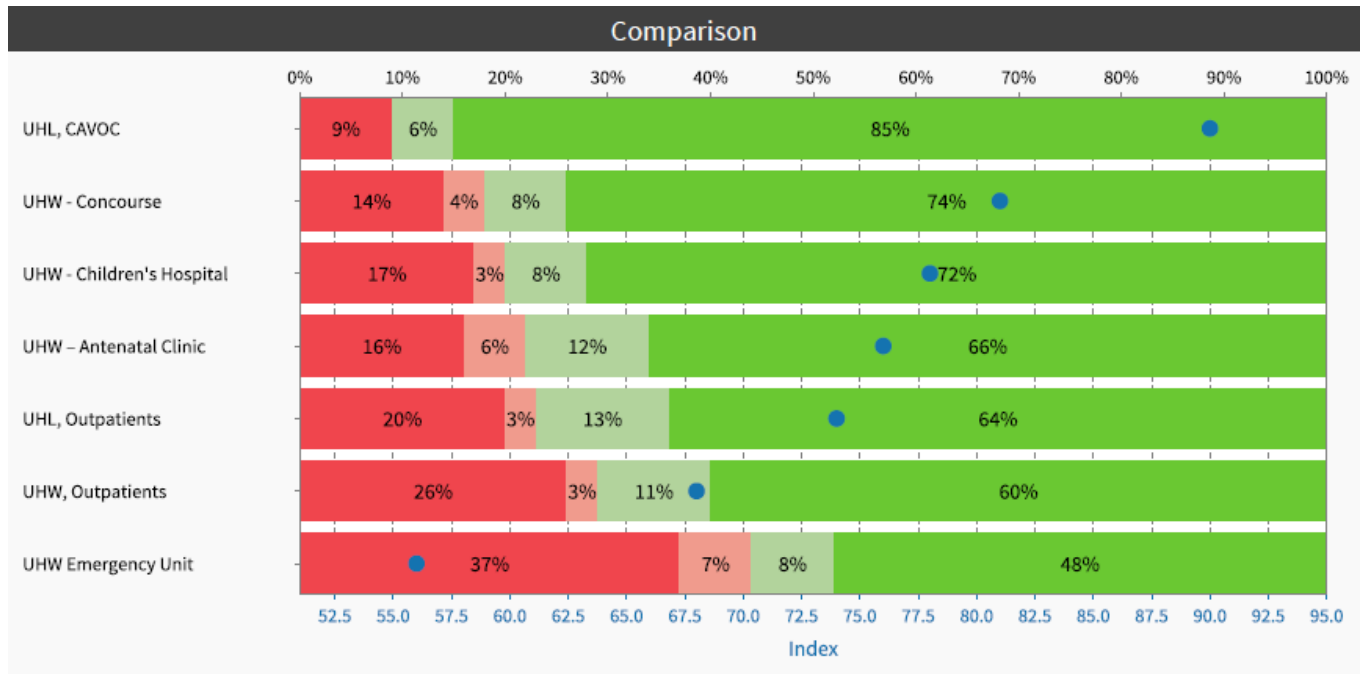


Fig 5. Gives the October feedback, broken down by kiosk location:



HappyOrNot feedback (EU areas only)

The table below is a basic summary of the information received from the HappyOrNot EU feedback:

Summary values	August	September	October
Surveys completed	914	631	515
Respondents satisfied	44%	50%	57%

Please note, the number of surveys completed has dropped in September and October, as two kiosks located in the EU reception and MAECU are no longer in use.

Bespoke project examples

We are also currently involved in numerous bespoke projects, for example:

- SOS and PIFU survey
- CMHT (Physical health pack) survey

- Prehabilitation survey

Civica 'Once for Wales' platform

The CIVICA 'Once for Wales' software platform enables Health Boards to collect and report on feedback. This could be feedback from patients, staff or the wider public. This initiative is currently being implemented across all Welsh Health Boards.

For our UHB, the system went live on Friday 28th October and we are currently surveying up to 600 patients daily via SMS.

Patients receive their text 3 days post discharge/appointment and the text includes a link to a survey. Once completed, their feedback is available straight away to users of the system. As of Monday 31st October, we have received 259 survey completions. For the next Board report, we will produce a more detailed breakdown of those sent and returned.

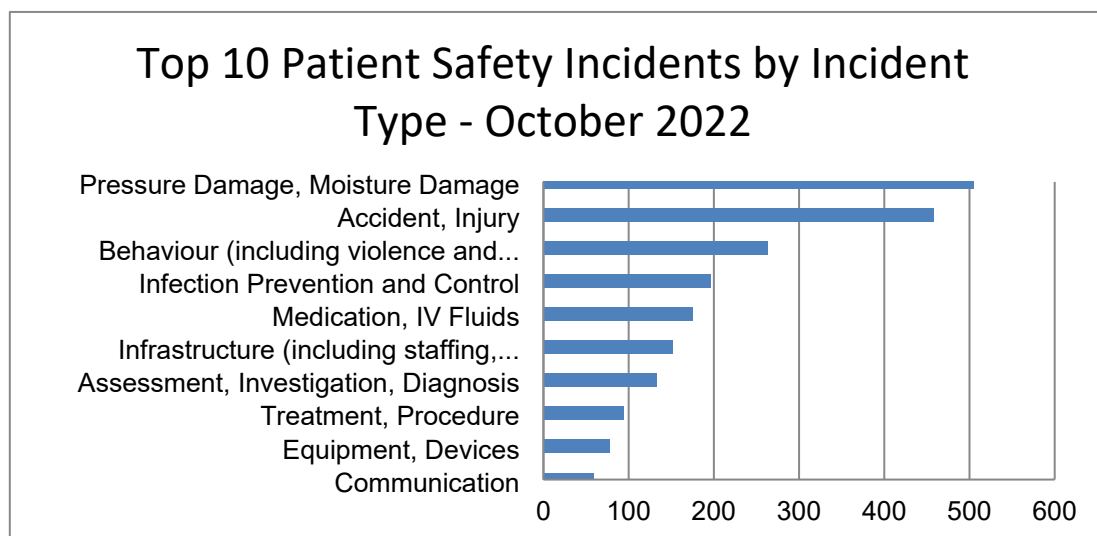
It is hoped that we will eventually use the system as our main 'hub' to collect and collate feedback from various sources e.g. electronic links, tablets and kiosks. The system will also enable users to create and deploy their own survey designs and analyse their feedback.

Incident reporting

The chart below illustrates patient safety incidents reported in October 2022 by incident type. A total of 2403 incidents were reported in October 2022, again, the most commonly reported incident relating to the development of pressure or moisture damage.

Pressure damage is subject to investigation to establish if there were any modifiable elements or omissions in healthcare. Pressure damage that is deemed to be associated with healthcare provision are subject to national reporting requirements.

Accident/Injury (falls) is the second most commonly reported incident; these 2 categories often alternate in terms of most prevalent.



Pressure Damage

As highlighted in last month's report, whilst there was a reduction in apparent pressure damage between May 2021 and March 2022, it is not known if this reduction was due to a genuine improvement or simply less reports completed on Datix. We are aware that there were significant operational staffing pressures during this period.

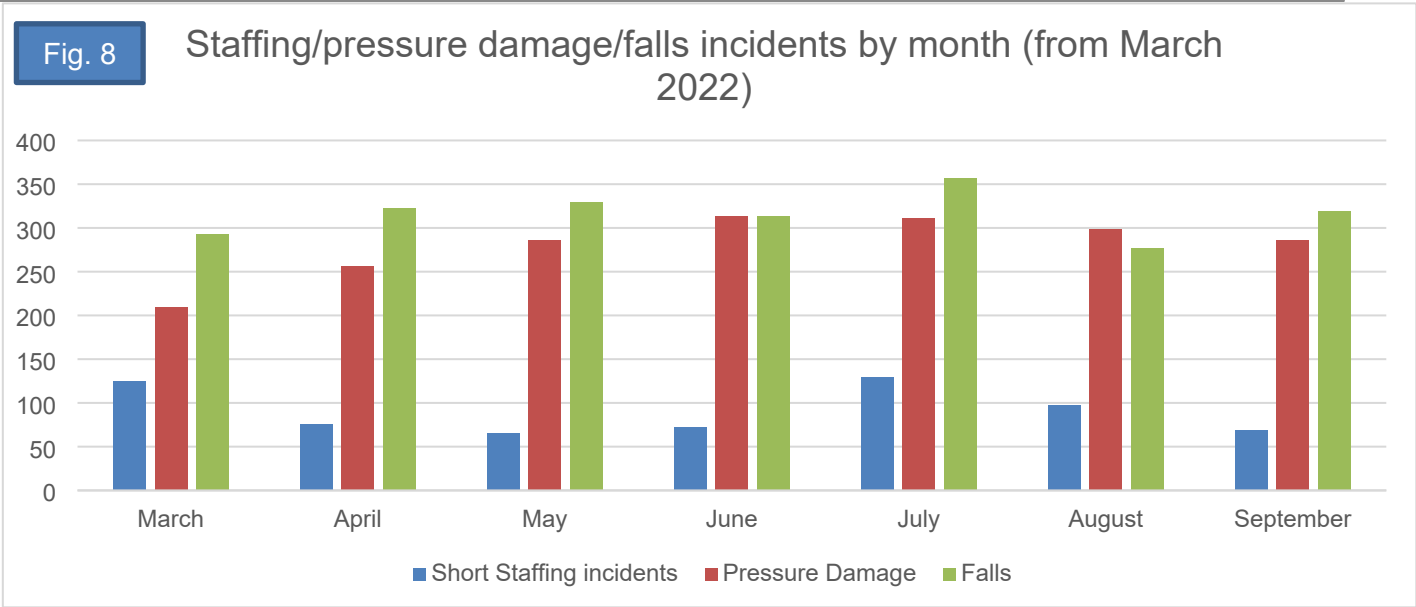
From April 2022 however, the incidence of reported pressure damage increased and peaked in July - a marked increase in Pressure Ulcers to 3.41 per 1000 bed days. We know that short staffing incidents also peaked in July 2022 over the summer holidays when it was more difficult to fill shifts with temporary staff.

There is also consideration that this potential increase in pressure damage in Spring 2022 may be a result of long waits for ambulances in the community and the long waits on an ambulance outside of EU as well as delays in

admission to beds on wards for patients with “decision to admit”. Welsh Ambulance Service are now starting to collate information relating to community/handover delays so that a more informed assessment can be made when assessing pressure damage risk.

Looking at short staffing incidents, the chart below shows the peak in the summer months, the usual impact of the summer holidays on the ability to fill unfilled shifts was exacerbated by the ongoing staffing pressures being experienced across the Health Board. As already mentioned, July (which shows the peak in short staffing incidents reported) also recorded the peak in pressure damage.

The figures reported whilst high, undoubtedly reflect an under-reporting.

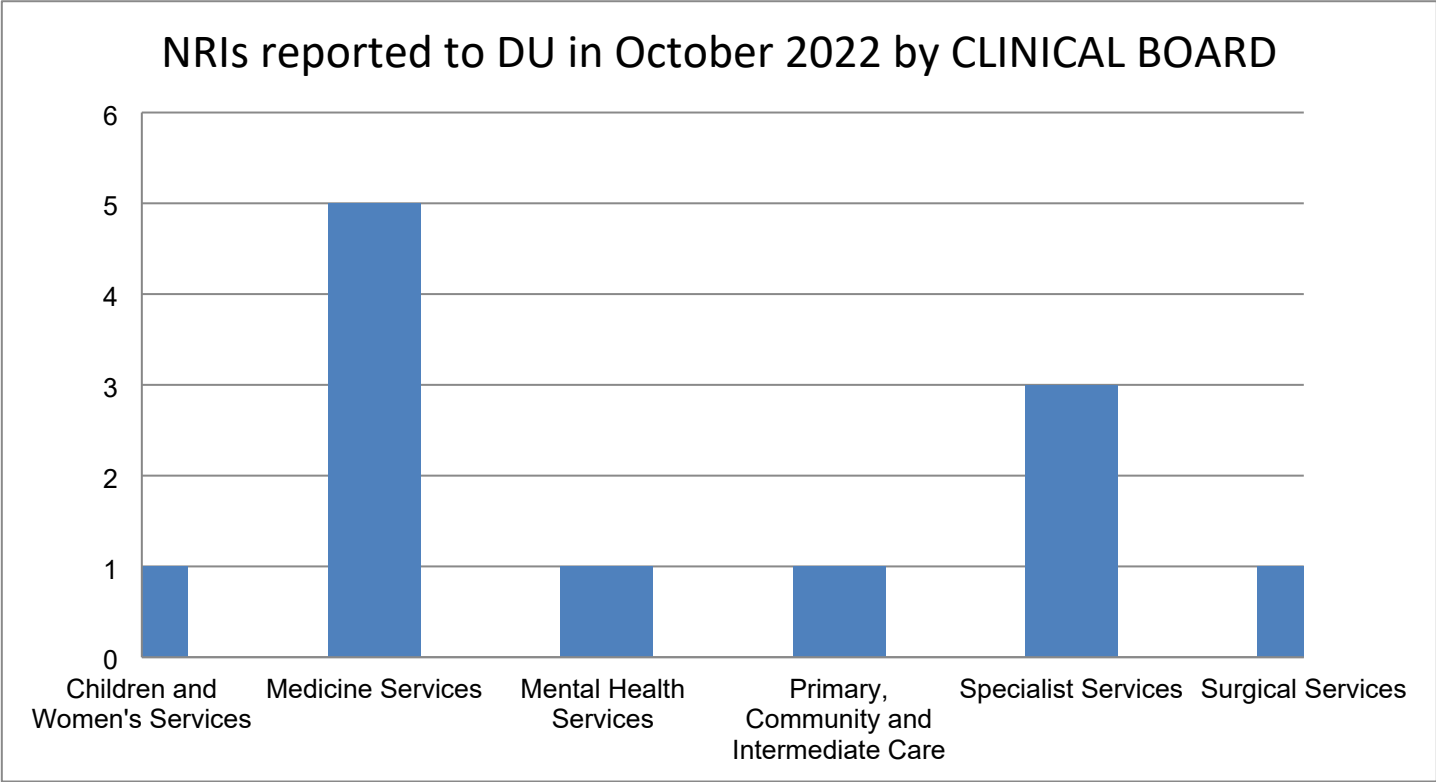


The purpose of Fig 8 was to examine whether there was any correlation between short staffing incidents and pressure damage and falls reporting. Specifically, to examine the theory that short staffing incidents leads to a reduction in falls, as there are not the staff to mobilise the patients, and therefore an associated increase in pressure damage as a result. This is not suggested in Fig. 2 above, however this data does not account for rates per 1000 bed days. July shows a peak in falls at the time when there was also a peak in short staffing incidents. We do know however that staffing is under reported so the true position of staffing may not be determinable from the above.

Nationally Reportable Incidents (NRIs)

The table illustrates performance of Nationally Reportable Incidents until 31st October 2022. The position has improved over the last month, the open NRIs have reduced as have the number of overdue NRIs. In September there were 53 open and 34 overdue, an approximate reduction of 10%. The two areas which have significantly reduced their overdue position are Mental Health, who had 7 overdue NRIs in September compared with 4 as of the end of October and Exec and Corporate, which has reduced from 6 in September to 3 in October, a reduction of 50%. The Exec and Corporate incidents relate to delays in ambulance conveyance (Appendix Bs).

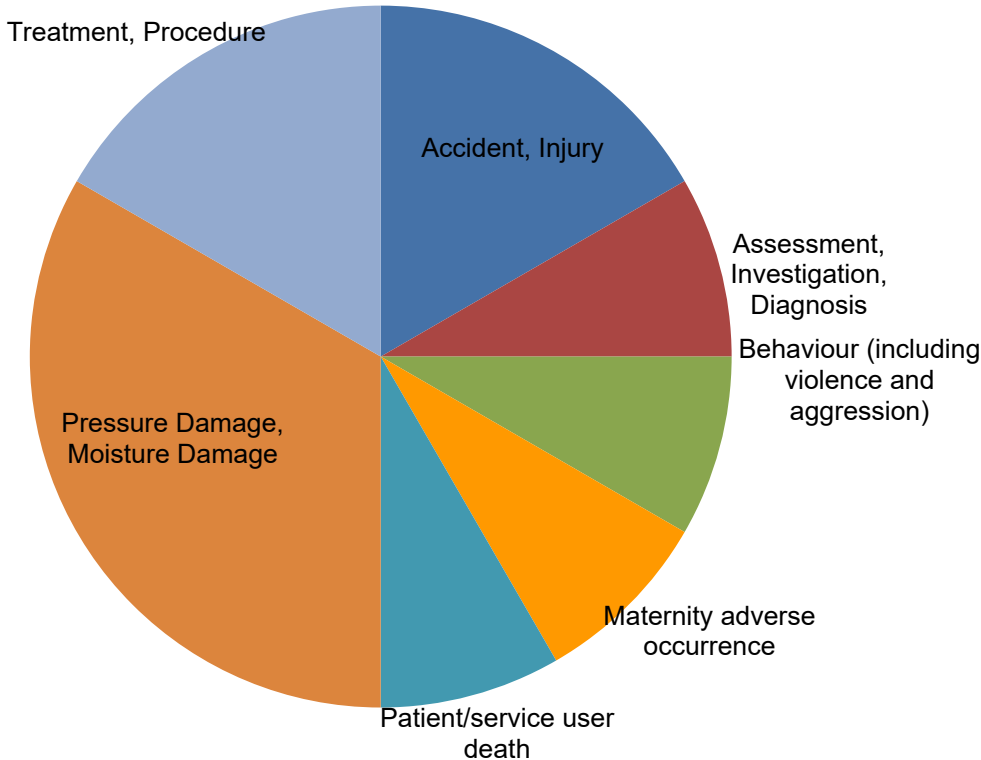
Clinical Board	Open NRIs as of 31.10.22	Overdue NRIs as of 31.10.22
Children and Women	11	5
CD&T	2	2
Executive	4	3
Medicine	9	8
Mental Health	7	4
Surgery	7	5
PCIC	3	2
Specialist	5	0
Total	48	29



Twelve NRIs were reported in October by C&V, compared with six in September.

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NRIs reported in October 2022 by Incident Type



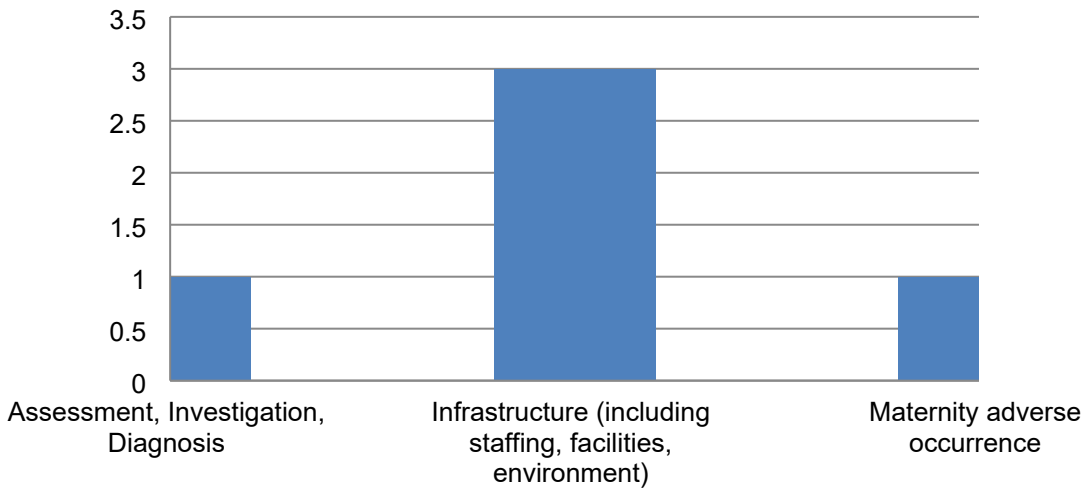
80% of the NRIs reported in September related to care acquired avoidable pressure damage, in October there were more NRIs and a wider scope of incidents reported, 67% of the total were attributable to avoidable pressure damage in October.

NRIs reported in October '22 by Actual Harm



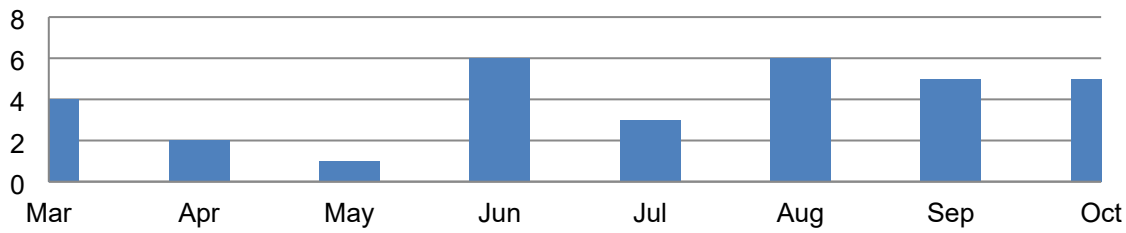
The above shows a more even distribution of assessed harm from the NRI, in September, 50% was attributed to moderate harm, 30% to severe and 20% to low harm.

Early Warning Notifications submitted to WG in October 2022 by Incident Type



The above illustrates the Early Warning Notifications reported to Welsh Government in October by incident type. This is the same number as last month.

Early Warning Notifications submitted to WG (Month)



The above chart shows the number of EWNs submitted to WG by month from March 2022.

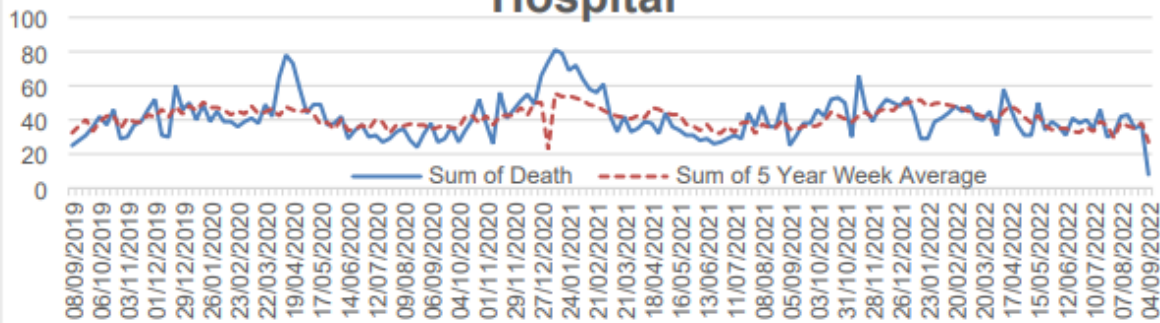
No Never Events were submitted during October 2022.

Mortality

There are a number of ways to measure mortality. Measuring the actual number of deaths over time (crude mortality) supports the monitoring of trends in mortality rates. Figure (14) demonstrates the numbers of inpatient deaths that occur in the Health Board on a weekly basis and compares this measure with the average for the previous 5 years for the same week. The blue line demonstrates a mortality rate that is comparable to the 5-year average for the same reporting week with the exception of March 2020 and December 2020 to February 2021, the first and second waves of covid-19 where inpatient deaths rose above the 5-year average.

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Crude Mortality: Weekly Deaths In Hospital

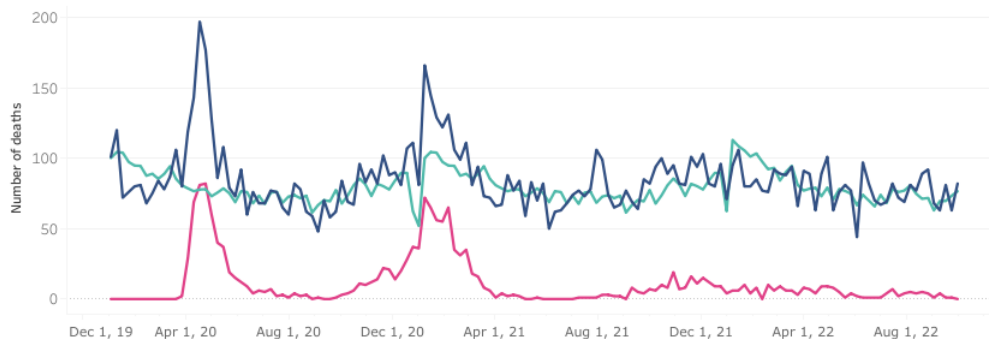


Weekly number of deaths registered, all deaths, COVID-19 deaths (any mention) and 5-year average*, week ending 3 January 2020 (Week 1) to week ending 30 Sep 2022 (Week 39), Cardiff and Vale UHB

Select Wales or Local Health Board

Cardiff and Vale UHB

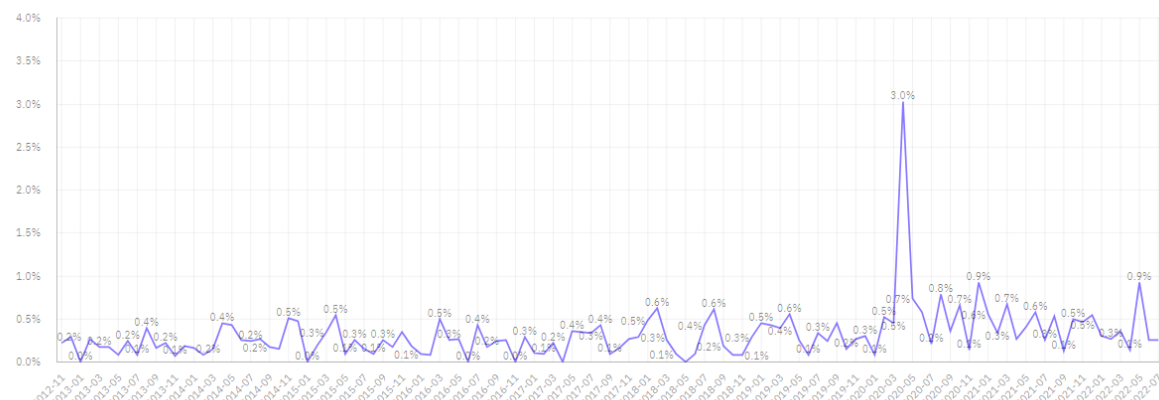
All deaths All deaths - 5-year average COVID-19



Date 1/3/2020 9/30/2022

Mortality in under 75-year olds with elective admission shows a consistent rate with the COVID exception.

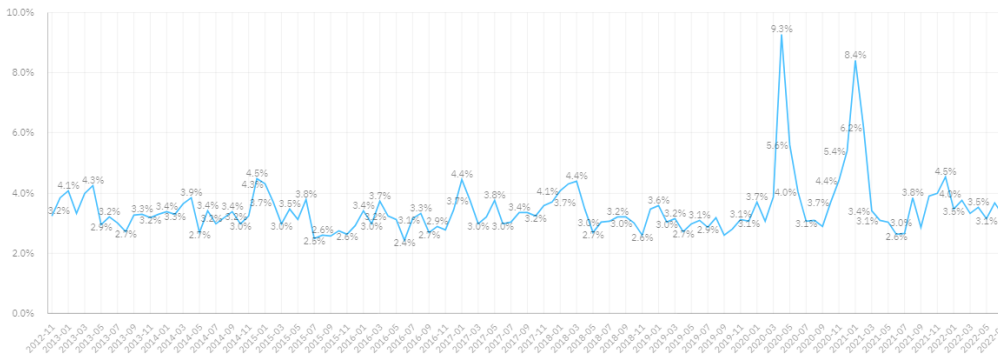
Mortality Age Under 75 (Elective Admission)



Similarly, the mortality within 30 days of emergency admission shows a consistent rate COVID notwithstanding.

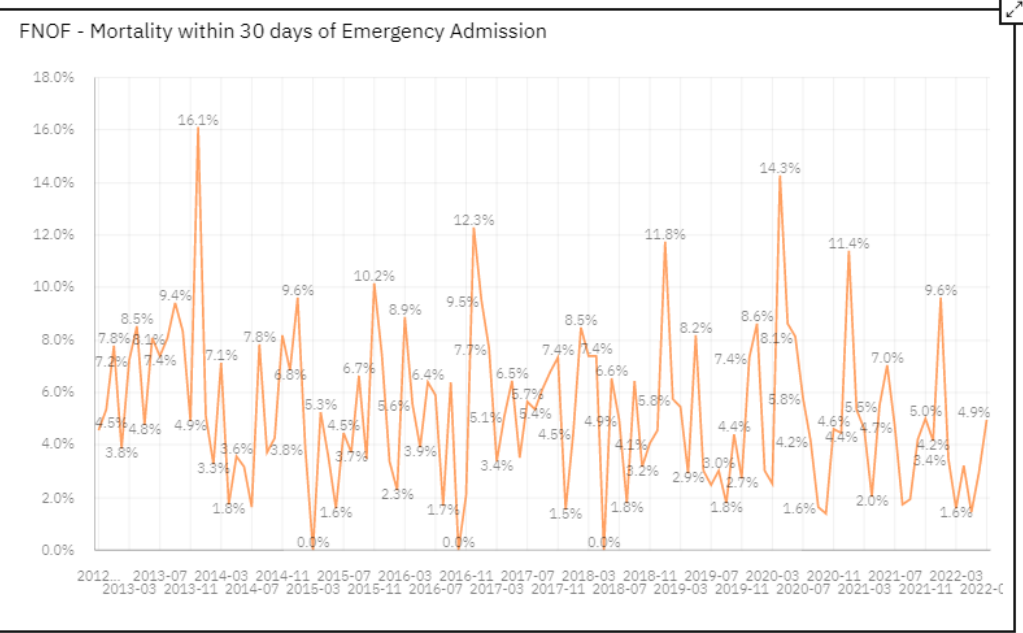
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Mortality within 30 days of Emergency Admission



Condition specific mortality is an acceptable form of assurance. Commonly, mortality within 30 days of emergency admission for fractured neck of femur, heart attack and stroke are used.

Figure below shows mortality from fractured neck of femur within 30 days of admission



The chart below shows Cardiff and Vale with the blue dot compared to peers

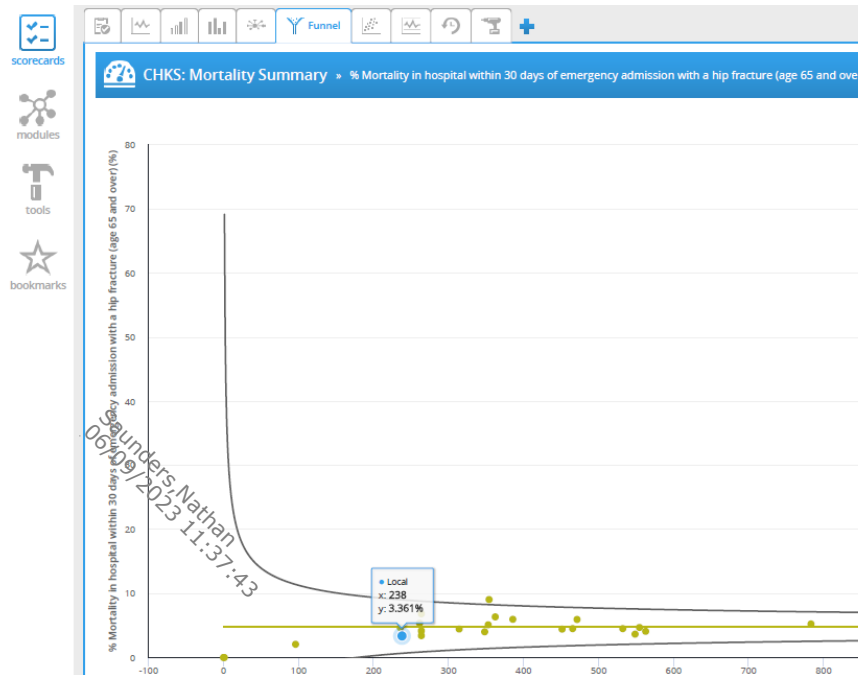
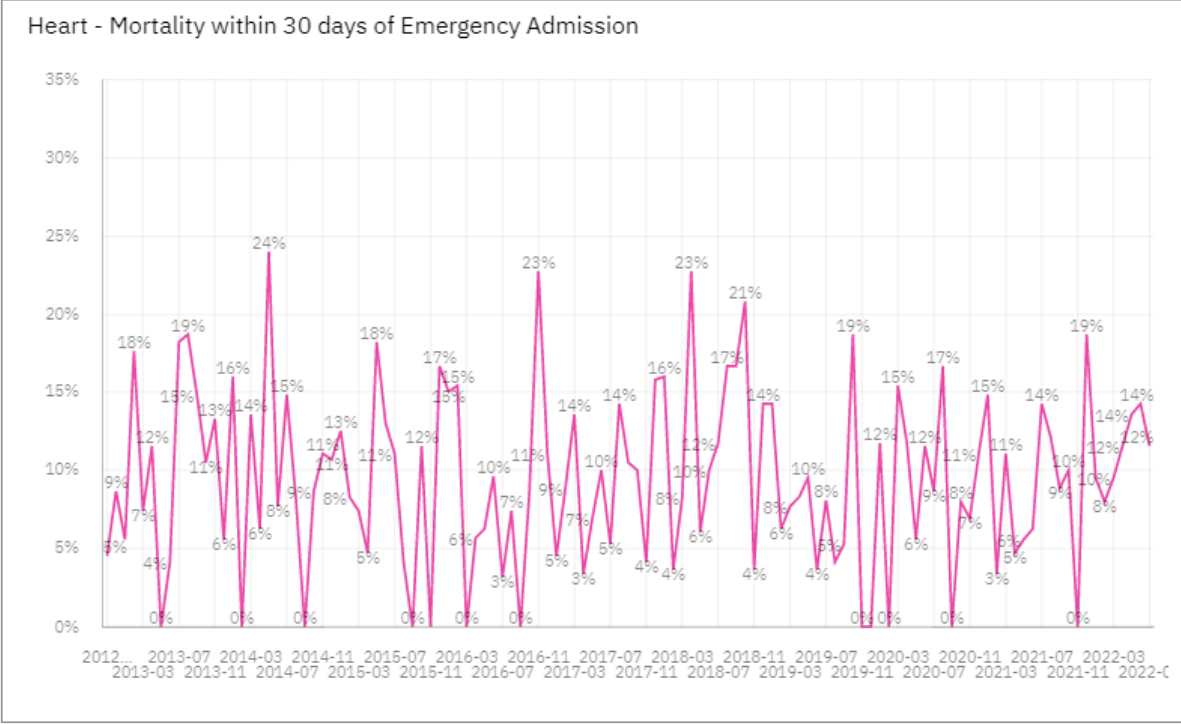
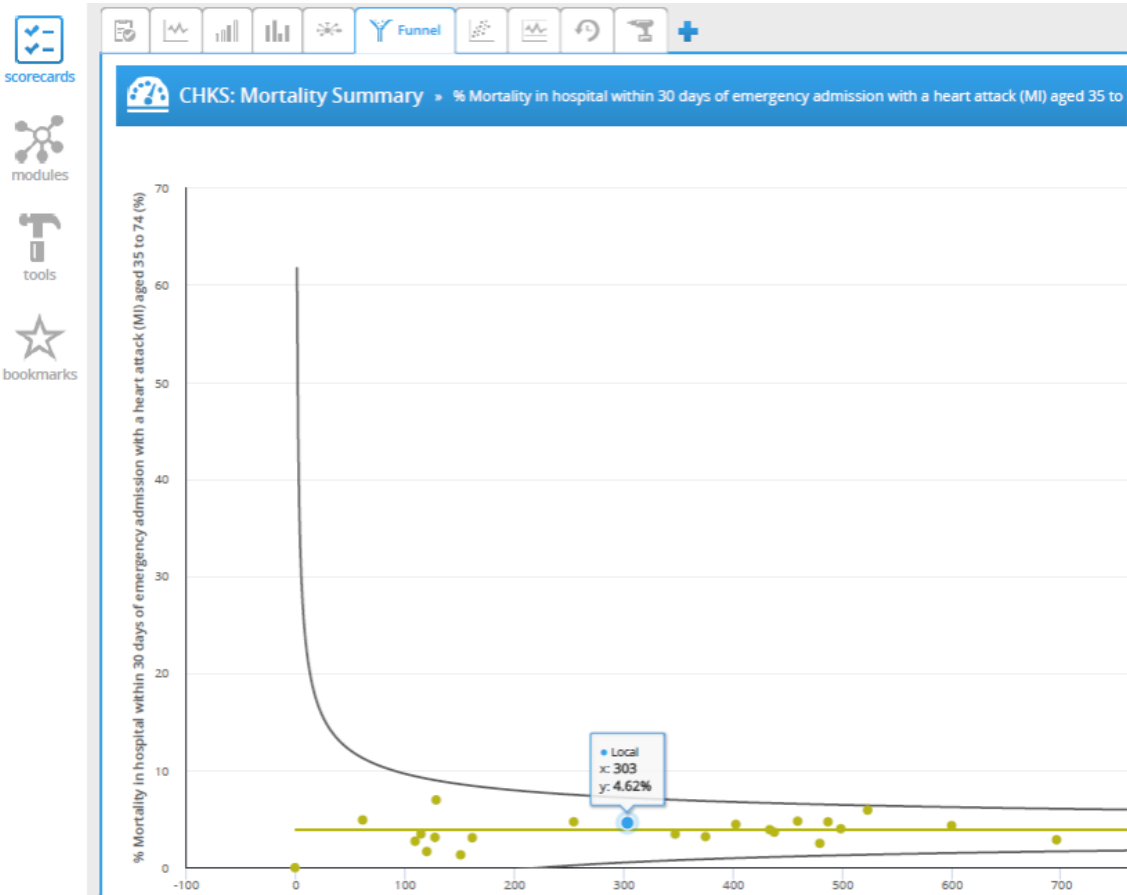


Figure below shows mortality from heart attack within 30 days of admission

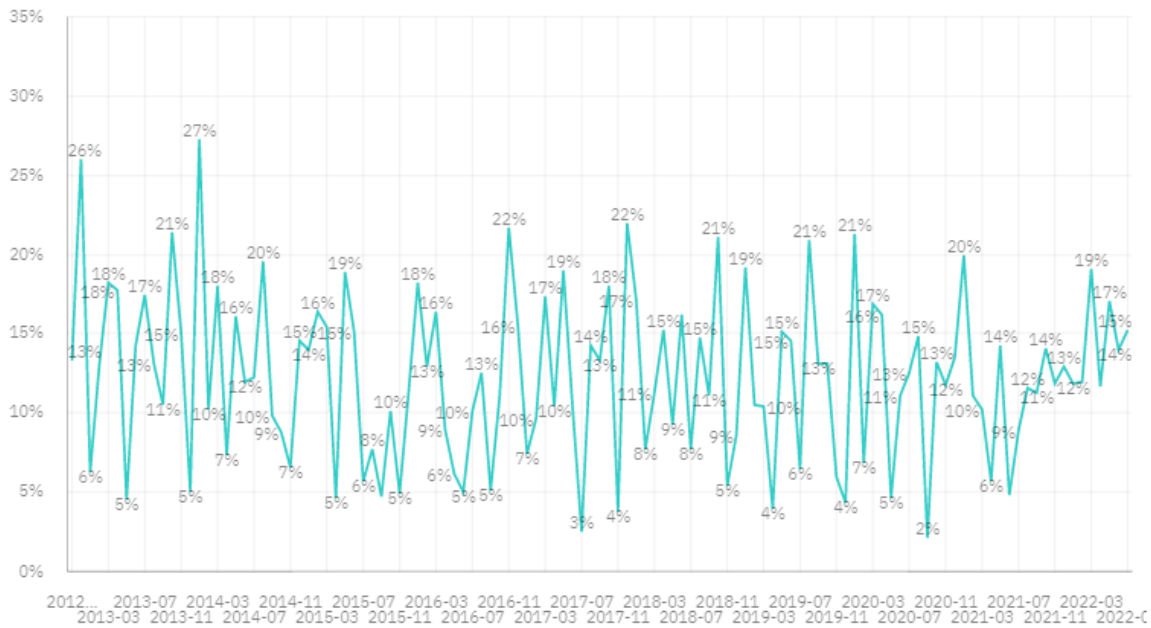


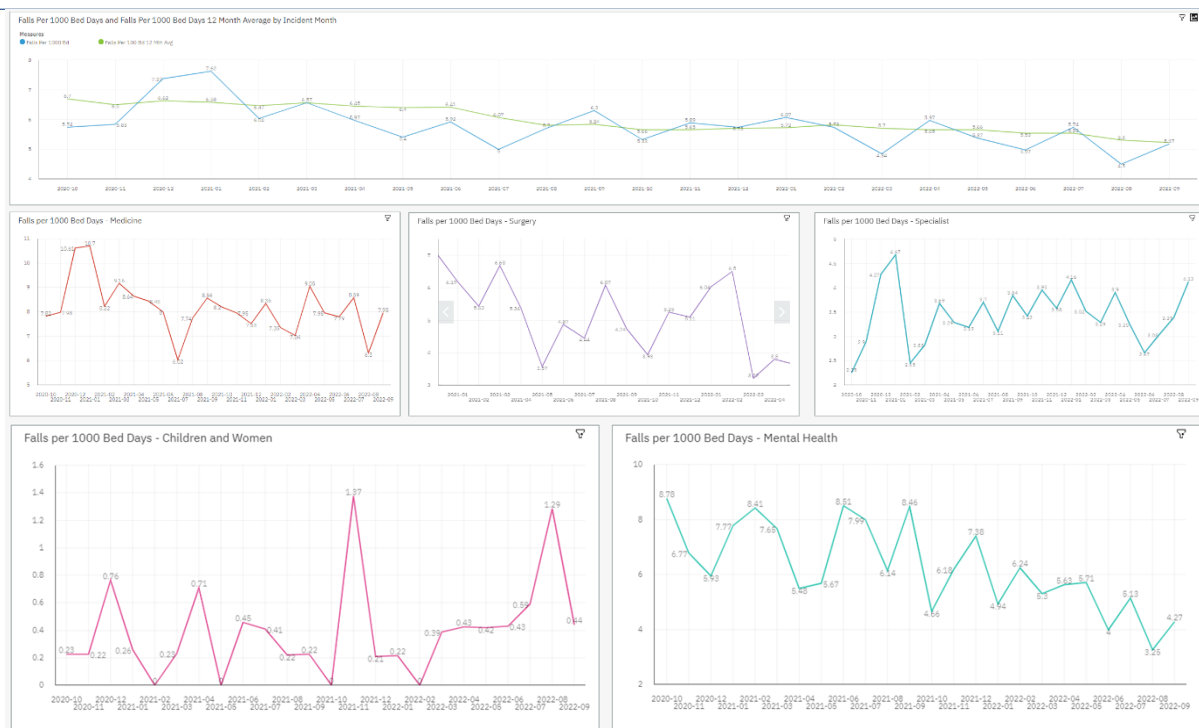
Performance compared to peers. Cardiff and Vale performance (blue dot) against peers.



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Stroke - Mortality within 30 days of Emergency Admission





All serious and catastrophic injurious hospital falls are reviewed by a multi-professional panel to identify modifiable factors that could have prevented the fall. Learning, including good practice, is fed back to the individual reporting teams and high-level lessons learnt are shared in an infographic.

Infection Control

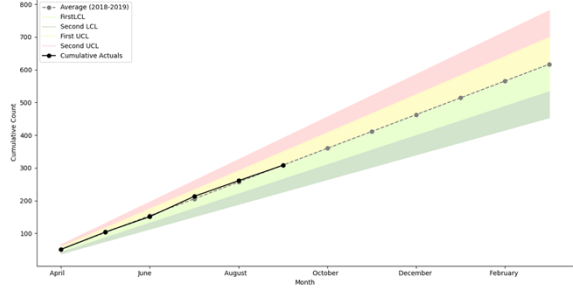
Hospital Infections – the grouped total Cdiff, Ecoli, MRSA and MSSA infections, is showing no in-year improvement against the 2018/2019 baseline. However, Ecoli, MRSA and MSSA are demonstrating an in-year improvement, whereas Cdiff in-year has increased, compared to baseline of December 2018.

Cdiff rates were observed to be high across the UK after the first and subsequent waves of Covid, all community cases are now subject to investigation to understand the cause of the infection.

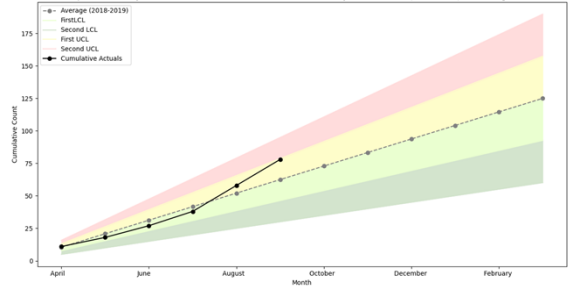
There has been significant investment in the IP&C team in the past 2 years, which has enabled increased audit and review of infections and supports a bespoke approach to supporting wards and primary care reviews.

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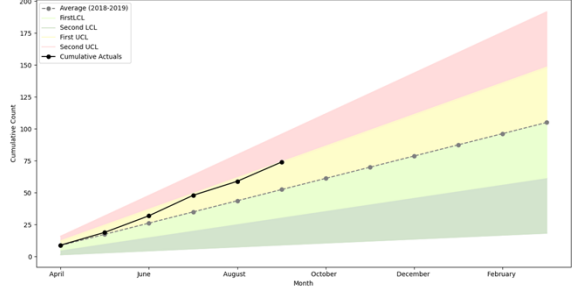
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Total Infections (CDIFF+MRSA+MSSA+ECOL) 2022-23 against baseline 2018-2019



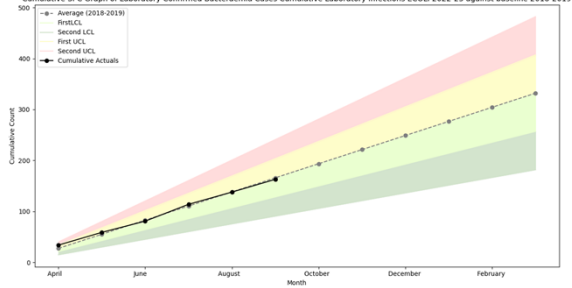
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Total Infections (KLEB+PAER) 2022-23 against baseline 2018-2019



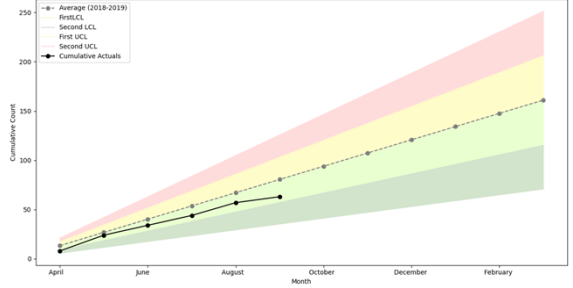
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections Cdiff 2022-23 against baseline 2018-2019



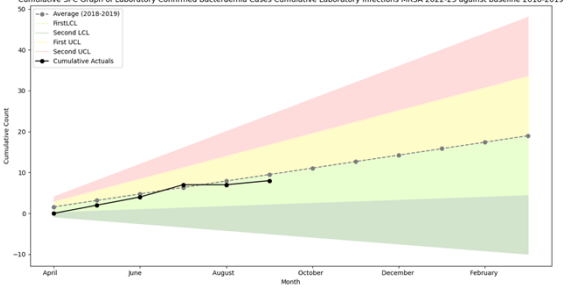
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections ECOLI 2022-23 against baseline 2018-2019



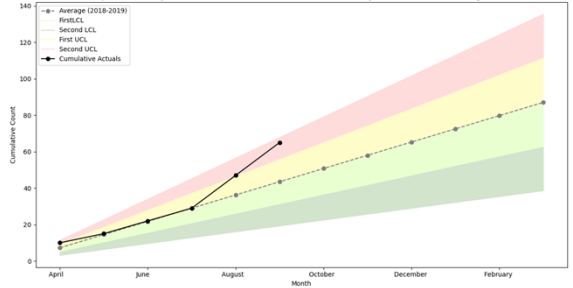
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections MSSA 2022-23 against baseline 2018-2019



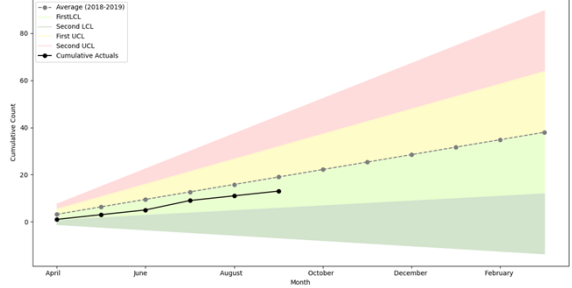
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections MRSA 2022-23 against baseline 2018-2019



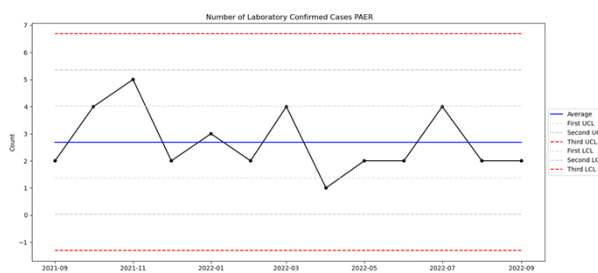
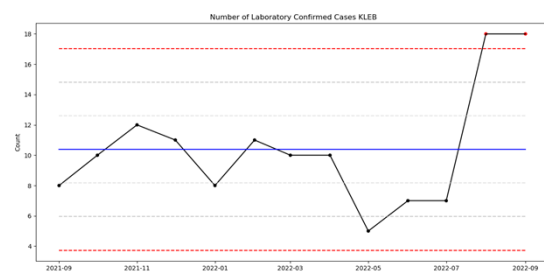
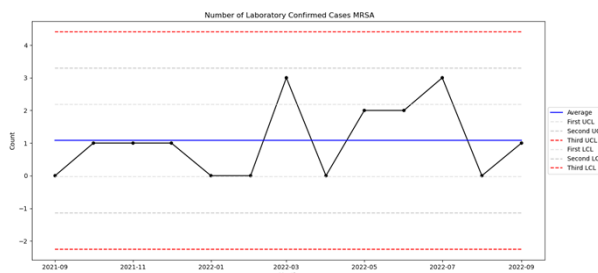
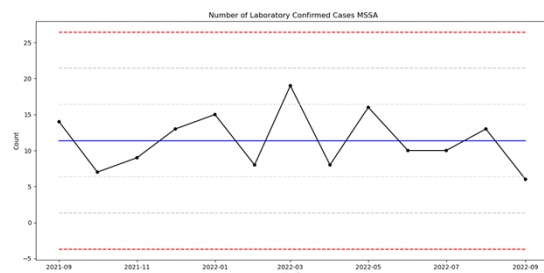
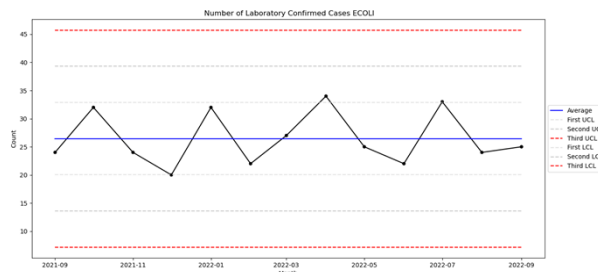
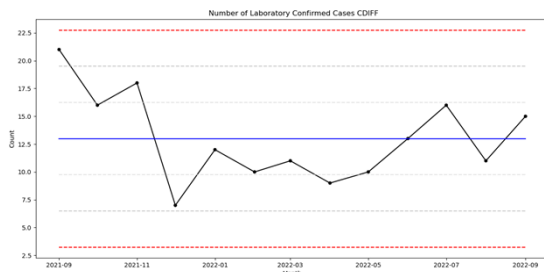
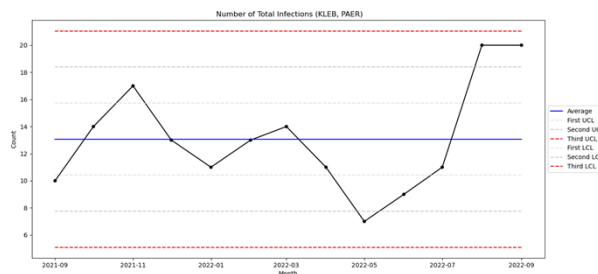
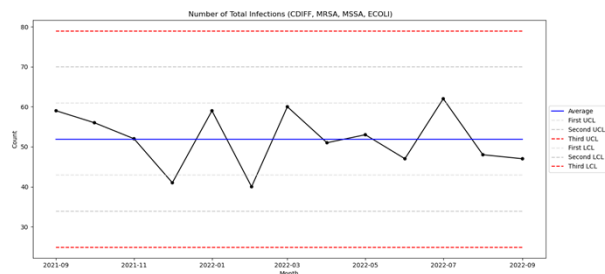
Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections KLEB 2022-23 against baseline 2018-2019



Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections PAER 2022-23 against baseline 2018-2019



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Actions to progress the improvement trajectory

- Weekly Cdiff/SAUR meeting with IP&C, Micro, AMR specialist pharmacists ongoing
- Plan to reinstate MDT review rounds with the above
- MRSA RCA review meetings with the EMD, EDON, IP&C and clinical teams
- IP&C audit plan for 2022/23 includes increased audits of PCV/CVC bundle compliance and insertion pack usage
- ICNET SSI surveillance to begin within the next month
- Working with clinical teams to further standardise products/procedures including IV access teams
- Regular audits of clinical environments and equipment
- Working with Capital/Estate/Facilities teams to improve clinical environments
- Build on the existing Education programme to widen staff groups included

PEOPLE/WORKFORCE

The Executive Director of People and Culture provides regular workforce metrics updates to the Board and an overview report demonstrating progress with the People & Culture Plan.

- **Turnover** rates peaked in May 22, at 13.65% UHB wide. The turnover rates have fallen slightly each month since then; the rate at September 22 is 13.37%. There has been a net 1.45% increase in turnover during

the last 12 months, which equates roughly to an additional 189 WTE leavers. A healthy turnover rate is reported to be between 7% - 9%. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'End of Fixed-Term Contract', 'Voluntary Resignation – Relocation' and 'Voluntary Resignation - Promotion'.

- **Sickness Absence** rates remain high; the monthly sickness rate for September is 6.36%. Whilst the trend for the past three months is downwards the current rates are significantly higher than normal for this time of year. The cumulative rate has fallen slightly during the last two months, to 6.84% for September; this figure is derived from absence over the last 12 months.

The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Cold, Cough, Flu – Influenza', 'Other musculoskeletal problems' and 'Other known causes - not elsewhere classified'

The number of staff on long term sick leave suffering where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 30/09/22 there were 234 (a reduction of 50 – 17.61%). There are 88 staff on long term absence where Covid-19 has been identified as a related reason.

- Statutory and Mandatory training compliance rate for September was 73.51%, 11.49% below the overall target (85%). It is likely that operational pressures continue to adversely affect compliance.
- Compliance with Fire training has fallen in September, down to 61.88%.
- The trend of the rate of compliance with Values Based Appraisal (VBA) has risen over the last three months; the compliance at September 2022 was 41.81%. Clinical Boards have been challenged to improve the compliance with VBA to 65% by March 2023, then a further improvement to 85% by the end of June 2023.

Appendix 1 - Workforce Key Performance metrics dashboard for September 2022.

Summarised below are a few examples of what the team have been working on since the previous Board report:

Improving the health & wellbeing of our staff

- The programme of Inner Wellness webinars concluded in September. The attendance at the three sessions was excellent, 470 people in total. Initial feedback has been positive and further evaluation will now take place.
- Five Wellbeing retreats have taken place since July 2022 with 47 individuals from medical workforce accessed the opportunity. Feedback gathered from The Fathom Trust has been incredibly positive and following session six in October 2022, a local evaluation will take place, including questionnaires and focus groups to ascertain the impact of the opportunity.
- MedTRIM Practitioner Training will start in October 2022 with over 70 people signed up to develop their peer support skills. This pilot is being developed in Nephrology and Transplant.
- Two clinical leads for Schwartz Rounds have been nominated, the final lead will be confirmed in October followed by establishing training dates for the Leads and Steering Group.
- Staff Wellbeing Framework development has commenced with a benchmarking exercise and collaboration with TU Partners. Options will be considered by the Strategic Wellbeing Group in December 2022.
- Cost of living web-pages for staff have been developed which includes signposting to MoneyHelper, an advice and guidance provider recommended by Welsh Government.
- An 'Ask Suzanne and Rachel' session took place on the 7th October focusing on Cost of Living. Suggestions have been gathered from attendees for consideration.
- Roadshows are in development to advise, guide and gain feedback on cost of living. These will take place in November 2022 and visit sites across the UHB.
- The staff room refurbishment work has continued with the community areas scheduled for completion by the 7th Oct. This will be the end of the extensive project, refurbishing over 30 staff areas, which has been managed by colleagues in CEF.

Enhancing the way, we engage and listen to our teams

- Analysis of the Winning Temp data, Wellbeing Survey and the SMSC Survey is taking place in October 2022 to triangulate the findings, identify themes and make recommendations. Individual analysis of the different engagement mechanisms is also being used to inform key pieces of work around retention and wellbeing.

- To date the Winning Temp Platform has had 887 responding users, giving a participation rate of 13% over the past 3 months. Highest scoring areas of engagement include Team Spirit, Self-Leadership and Commitment; lowest scoring areas include Work Situation, Job Satisfaction and Sustainability.
- People and Culture Roadshows in development for November to listen to, support and signpost staff around cost of living, wellbeing, HR queries etc.
- Continue to listen to, support and grow staff networks, including assisting in the planning and delivery of One Voice Awareness Sessions, planned for October during Black History Month.
- LGBTQ+ Network established a new committee in September, including a new Chair.
- CAVUHB Anti-Racist Action Plan Steering Group has been established with support from networks and trade union partners, first session scheduled for October.
- Board development sessions around Race commenced in August with a powerful presentation from a colleague on Representation. Further sessions to be delivered by Race Equality First and co-designed with the One Voice Network in October and December.

Improving the way, we attract, recruit and retain

- A further 4 Widening Access events with schools were held during September and early October to promote NHS careers. This takes the total to 43 since February 2022.
- Attended School Business Forums in partnership with Cardiff Commitment to promote the UHB to the next generation of UHB Staff.
- During September to November, the UHB will have 44 Overseas Nurses and around 190 newly qualified nurses start employment with the UHB.
- The People Resourcing Team have participated in 3 Afghanistan and Ukrainian Refugee careers events. We have secured placements for Doctors, Radiographers & Pharmacists within the UHB to gain NHS experience and support them in their UK Registration.
- Attended a "Work that Works for everyone" network event to share best practice in recruiting refugees and how we can do better.
- 6 Project Search Interns obtained permanent roles following completion of their course. 51 Kickstarter have now secured permanent employment since the launch of the scheme.
- Further work has been undertaken with the Temporary Staffing Department to support and streamline recruitment, invoicing and governance issues.
- Implemented the new recruitment modernisation process and digital ID checks to facilitate shorter times to recruit new staff.
- Undertook a shift authorisation process review at ward level and implemented a UHB wide simplified and consistent process to reduce delays in payments to agencies.
- The Workforce Hub has been re-introduced to identify and recruit the staffing resource required to open the additional winter capacity.

Improving workforce efficiency through systems and people analytics

- Safe Care will be live from December 2022 in four pilot areas across the UHB. The e-rostering team will be working closely with the Senior Nurse Lead to ensure staff in these areas are appropriately trained and supported.
- The procurement process for an e-rostering system for Medical and Dental staff has commenced.
- A programme of work has and will continue to be undertaken to improve the capture of equality and welsh language data in ESR.
- There has been a marked improvement in the way Managers/Leaders are utilising data to make informed decisions and improvement trajectories.
- The People Analytics team are working with managers to improve the accuracy of data in ESR, next month ESRGO will be added to the HealthRoster system which will drive the accuracy of data in ESR. Managers will need to make changes in ESR before they can effectively roster their teams, e.g. if a Nurse moves to another ward a Payroll Instruction Form (PIF) will need to be completed.

Offering excellent education, learning and leadership development

- Second Cohort of Royal College of Nursing Cadets has been recruited to, with 40 places filled. Cohort will commence in 2023.
- 388 Nurses that joined us via the International Nurse Recruitment campaign have now achieved registration.
- Funding secured from HEIW for a six-month 8a Practice Learning Lead. This role will help improve the nursing and midwifery student experience and enhance placement learning.
- Funding secured from HEIW to support a part-time Band 7 Facilitator (Midwifery).

- First cohort of Assistant Practitioners in Peri-Operative Care have completed their Level 4 qualification and will now move into the Band 4 Assistant Practitioner role.
- Extended HCSW induction programme launched which will support mass recruitment.
- Acceler8 Cohort 1 was completed in September 2022. The programme has evaluated very positively and the members of Cohort 1 have now joined the Leadership Alumni with Climb Delegates and will meet the Chief Executive in January 2023.
- Acceler8 Cohort 2 commenced in September 2022 with 16 delegates from a range of roles and professions. Professor Uzo Iwobi OBE attended Module 1 to tell her leadership story and engage the cohort in conversations around diversity, inclusion and equity.
- Collabor8 leadership programme will commence in October 2022. This provides a stepped approach to leadership development by providing the step before the Acceler8 Senior Leadership Programme.
- Collaboration with the Innovation team and Change Hub continues to ensure pathways between programmes (Climb; Acceler8; Collabor8), and to support co-design and delivery.
- Series of leadership and management masterclasses / bite size sessions being developed to support the need identified over Winter.

Future updates

Over the winter months the People and Culture Team will be focusing on the 'Main Effort' and the team will be aligned to the following UHB priorities and the People and Culture Plan:

- Wellbeing (including cost of living support)
- Recruitment
- Retention
- Workforce Planning

In addition to these areas, the People Services Team will be supporting managers with operational matters, e.g. Employee Relations, Managing Attendance, Change Management, Terms & Conditions, etc.

The next report will focus on progress against the above.

OPERATIONAL PERFORMANCE

System wide operational pressures have continued and we are still seeing access or response delays at a number of points across the health and social care system. Updates with regards to specific service areas are contained within the relevant sections.

There has been no change to national requirements for performance and waiting list reporting and published information since the last Board meeting. The revised NHS Performance Framework for 2022/23 was issued in June 2022, reflecting some of the Ministerial priorities outlined in national plans. Board reports will continue to update on two specific planned care ministerial ambitions – elimination of > 52 weeks new outpatients by the end of December 2022 and elimination of > 104 week waits for all stages of pathway in most specialties by the end of March 2023.

Emergency & Urgent Care

Attendances at the Emergency Unit have increased since the first Covid wave but remain lower than previous years. Performance against the 4-hour standard, 24-hour EU waits, 12-hour trolley waits and ambulance handover times are shown in the balanced scorecard.

The challenging position across the urgent & emergency care system as verbally reported at previous Board meetings has continued. There are two main factors which continue to combine to cause current difficulties. The first is the very high levels of adult bed occupancy, which is predominantly driven by the number of patients who are delayed transfers of care (DTOC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit.

The second is the sustained workforce challenges which is being driven by the high number of escalation beds that are open to support the DTOC levels, the number of trained nurse vacancies and our high sickness absence rate.

Despite the challenging position, there has been a renewed focus on ambulance handover which has led to an improvement in the volume of crews waiting greater than 4 hours to handover, reducing the number from 230 in September to 100 in October.

At the time of writing, the UHB had 107 Covid positive inpatients across its two acute hospital sites.

In order to address the current pressures and improve the operational performance for our patients, a number of plans, in conjunction with its Local Authority and WAST partners, have been brought together into an overall Winter Plan for the Health Board to bridge the anticipated gap in capacity this winter.

Fractured Neck of Femur

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has been poor. In September 2022, 1% of patients were admitted to a specialist ward with a nerve block within 4 hours. This is the same performance as the preceding 3 months but a reduction from 2.5% in September 2021 and below the national average of 7% over the last 12 months. In September, 54.3% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a reduction when compared to September 2021 performance (65.0%) and below the national average of 66% over the last 12 months.

Improvement plans for frailty hip fracture include the implementation of a rapid, straight to ward, fractured neck of femur pathway which was launched on 10th October. Additionally, a pilot of ambulance direct referrals will commence on 1st November.

Stroke

Stroke performance is below the standards in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP). In September 0.0% patients were thrombolysed within 45 minutes of arrival, the All Wales average was 17.5%. The percentage of CT scans that were started within 1 hour in September was 38.2%, the All Wales average was 52.0%. The percentage of patients who were admitted directly to a stroke unit within 4 hours was 20.8% in September, the All Wales average was 19.9%. A number of improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from ED effectively.

Cancer

Cancer performance remains significantly below the Single Cancer Pathway (SCP) standard, September saw a small 2.7% improvement compared with August with 42.8% of patients receiving treatments within 62 days, this is still markedly under the 75% standard. At the time of writing there are 2653 suspected cancer patients on a single cancer pathway, of which 491 have waited over 62 days. There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients and a cancer summit has taken place with the tumour group leads and operational teams to understand the demand (referrals for patients with suspected cancer have now exceeded pre-Covid levels), the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients. There is an ongoing Demand and Capacity exercise and analysis of monthly breach reports to inform our management of these pathways going forward.

Planned Care

The total number of patients waiting for planned care and treatment, the **Referral to Treatment (RTT)** waiting list was 128,179 as at September 2022. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – September – 619
- Patients over 104 weeks - September – 7,038
- Patients over 52 weeks – September – 28,800

The number of patients waiting for planned care and treatment **over 36 weeks** has decreased to 42,992 at the end of September 2022. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a **follow-up outpatient** appointment at the end of September 2022 was 183,614. 98.7% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 46,015.

95% of patients waiting for **eye care** had an allocated health risk factor in September 2022. 65.9% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Ministerial Measures:

Weekly tracking of delivery against the following ministerial priorities is established. The health board remains on track to deliver against trajectories shared with the NHS Wales Delivery Unit.

Measure	WG ambition	IMTP commitment	Trajectory shared with DU	April	May	June	July	August	September
Number of patients waiting over 52 weeks for a new outpatient appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,723 (end of December 2022)	15,588	15,810	16,272	16,584	16,179	15,291
Number of patients waiting over 104 weeks for treatment (all stages)	0 (end of March 2023)	750 (end of March 2023)	6415 (end of March 2023)	9,066	8,820	8,300	8,308	7,687	7,038

Where we are not able to deliver against the 104-week ambition, we are committed to eliminating 3 year waits in these specialties by March 2023. We have some further work to do to give full assurance on this for all specialties. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	June	July	August	Sept
Number of patients who will have waited more than 156 weeks for treatment (all stages) by end of March 2023	6,898	6,191	4,995	4,108

Diagnostics

The volume of greater than eight-week **Diagnostic** waits has increased to 4,088 at the end of September from 3563 in August 2022. The number patients waiting over 14 weeks for **Therapy** reduced to 1,328 from 1,962 in August, as reported at the September Board Meeting.

Mental Health

Demand for adult and children’s Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1,094 referrals in August 2022. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioural needs.

Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services. Part 1a: The overall percentage of Mental Health assessments undertaken within 28 days increased to 97.0% in August 2022, CAMHs performance was 82.9%. Part 1b: 94% of therapeutic treatments started within 28 days following assessment at the end of August 2022.

Primary Care

The Health Board was 38% compliant in September 2022 against the standard of 100% for ‘Emergency’ GP OOH patients requiring a home visit within one hour, with 3 of 8 patients receiving their visit with one hour.

No GP OOH patients required an ‘Emergency’ appointment at a primary care centre in September.

Pressure has continued within GMS. There were 12 reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. General Dental services were operating at around 58% of pre-Covid activity in September. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

FINANCE

How are we doing?

The Health Board agreed and submitted a final financial plan to Welsh Government at the end of June 2022. The final plan is structured in three parts in line with Welsh Government guidance as follows:

- Core Financial Plan including recovery
- National inflationary pressures which are out of the direct control of individual Health Boards.
- Ongoing COVID response costs.

The UHB’s core plan incorporated: -

- Brought forward underlying deficit of £29.7m
- Allocations and inflationary uplifts of £29.8m
- Capped cost pressures and investments of £36.9
- A £16.0m (2%) Initial Savings programme
- £3.7m Further Financial Recovery Actions (£3.4m Savings & £0.3m reduction in Investments)

This results in a 2022-23 planning deficit of £17.1m.

Reported month 6 position

The Welsh Government monthly financial monitoring returns capture and monitor costs due to COVID 19 and exceptional cost pressures that are over and above LHB core plans. The financial position reported to Welsh Government for month 6 is a deficit of £12.807m and this is summarised in Table 1.

Table 1 : Month 6 Financial Position

	Month 6	Forecast Year-End Position £m
COVID 19 Additional Expenditure	30.441	60.004
Exceptional Inflationary Pressures	8.620	22.098
Gross additional COVID and Exceptional Inflationary Pressures £m	39.061	82.102
Welsh Govt. Funding for additional COVID and Exceptional Inflationary Pressures	(39.061)	(82.102)
Planned deficit	8.550	17.100
Winter Plan Additional Authorised Expenditure	0.000	2.750
Operational position (Surplus) / Deficit	4.257	0.000
Financial Position £m (Surplus) / Deficit £m	12.807	19.850

The month 6 deficit of £12.807m comprised of the following:

- £8.550m planned deficit (6/12th of £17.100m);
- £4.257m adverse variance against plan.

The UHB plans to recover the adverse operational variance of £4.257m at month 6 as the year progresses. The forecast year end position is a deficit position of £19.850m which is comprised of the initial planning deficit of £17.1m plus an additional £2.750m of expenditure authorised in respect of the UHBs Winter Plan.

In line with the draft financial plan, the UHB expects Welsh Government funding to provide full cover for additional costs in relation to the management of COVID and exceptional cost pressures. At month 6, the UHB is projecting additional expenditure due to COVID-19 including local response and national programmes, to be £60.004m. The exceptional inflationary pressures in relation to Energy, the NI Levy and the Living Wage are forecast to be £22.098m.

Savings Programme

Delivery of the core financial plan includes a £19.400m savings requirement. At month 6, the UHB had identified £17.457m of green and amber schemes to deliver against the final £19.400m savings target leaving a further £1.943m schemes to identify. £12.088m recurrent schemes were identified against the £15.400m recurrent element of the target leaving a further £3.312m to find.

Underlying deficit position

The UHB’s accumulated underlying deficit brought forward into 2022/23 was £29.7m which reflects the £21.3m shortfall against the recurrent 2020/21 savings target due to the pandemic and the £4.4m shortfall against the 2021/22 recurrent savings target. Delivery of the UHB’s financial plan which includes a £15.4m recurrent savings target, will ensure that the underlying position does not deteriorate in 2022/23 and reduces to £20.0m.

Creditor payment compliance

The UHB’s public sector payment compliance performance was 93.9% at the end of September, which is just below the target of 95%.

Remain within capital resource limit

The UHB’s approved annual capital resource limit was £45.404m at the end of September 2022. Net expenditure to the end of September was 27% of the UHB’s approved Capital Resource Limit and all schemes were classified as low risk.

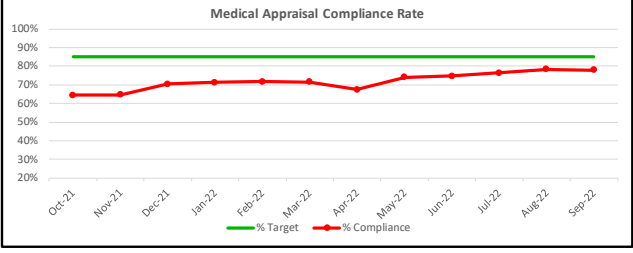
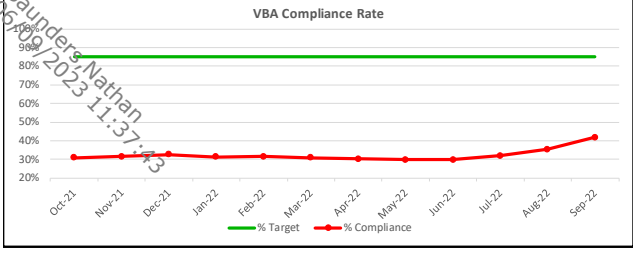
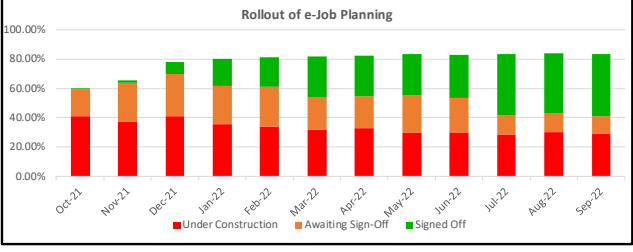
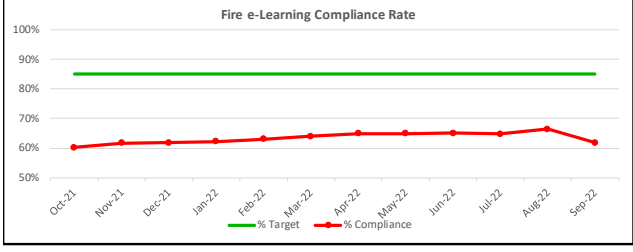
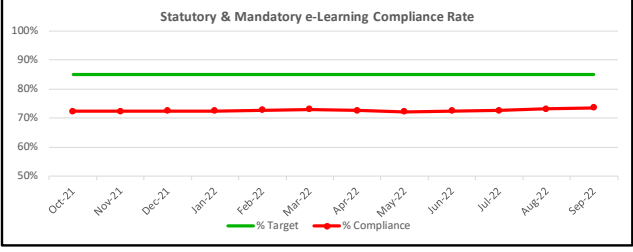
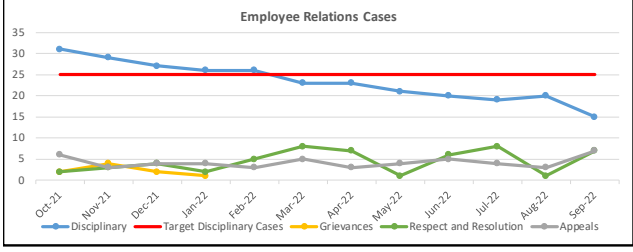
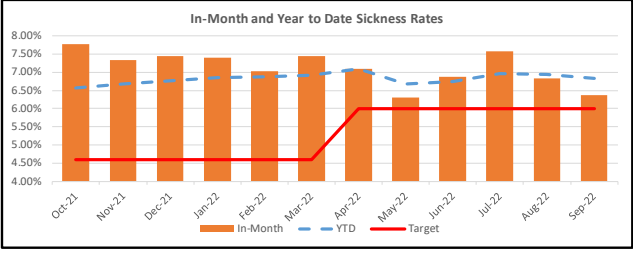
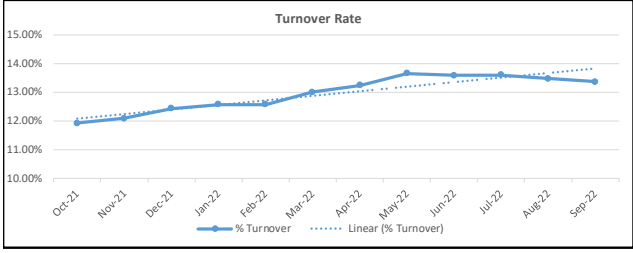
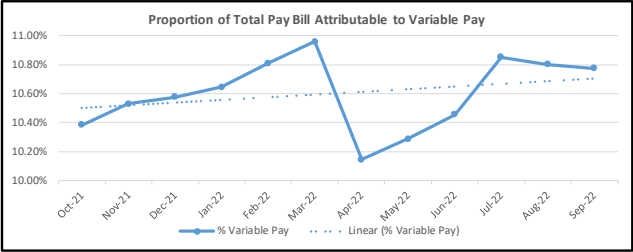
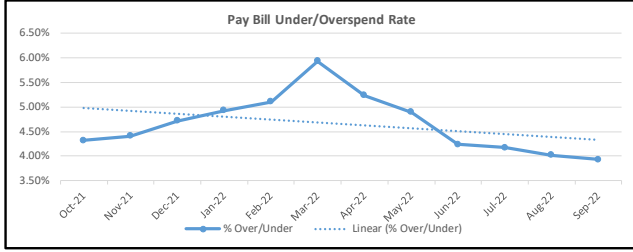
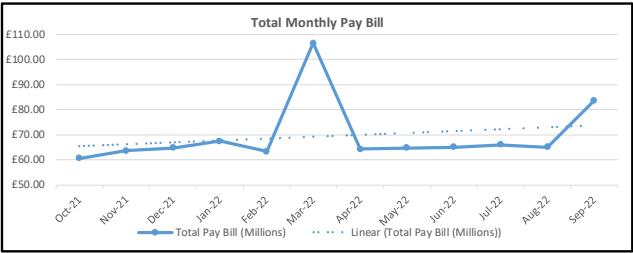
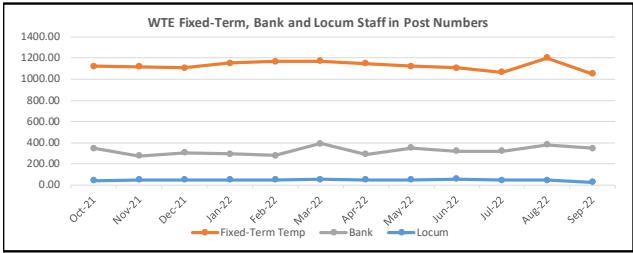
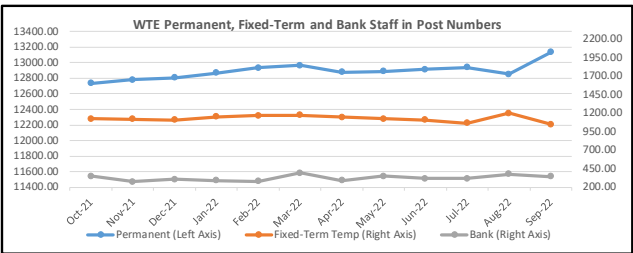
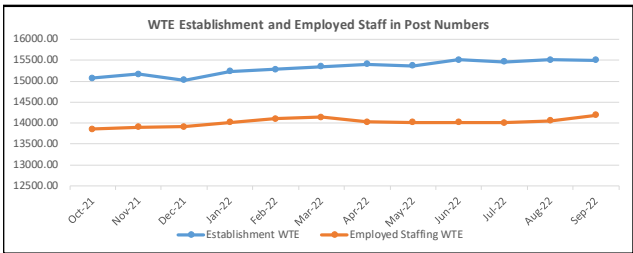
What are the UHB’s key areas of risk?

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2022-23-year end with a current planned deficit of £17.1m.

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Appendix 1

Workforce Key Performance Indicators Trends September 2022



Recommendation:

The Board is requested to:

a) NOTE the contents of this report**Link to Strategic Objectives of Shaping our Future Wellbeing:**

Please tick as relevant

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	
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	
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

Prevention	x	Long term		Integration	x	Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

N.A

Safety: Yes/No

N.A

Financial: Yes/No

N.A

Workforce: Yes/No

N.A

Legal: Yes/No

N.A

Reputational: Yes/No

N.A

Socio Economic: Yes/No

N.A

Equality and Health: Yes/No

N.A

Decarbonisation: Yes/No

N.A

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Saunders, Nathan
06/09/2023 11:37:43

Report Title:	2022-25 Integrated Medium Term Plan: Quarter 2 Delivery Assurance				Agenda Item no.	6.9
Meeting:	Board		Public	x	Meeting Date:	24.11.22
			Private			
Status (please tick one only):	Assurance	x	Approval		Information	
Lead Executive:	Executive Director of Strategic Planning and Commissioning					
Report Author (Title):	Head of Strategic Planning					

Main Report

Background and current situation:

The UHB has a Board approved 22-23 annual plan which is set in a three-year context. This follows a decision by the organisation that it would not in a position to develop a balanced full three year Integrated Medium Term Plan (IMTP).

The plan was submitted to Welsh Government at the end of June 2022. At the time of preparing this report the UHB still awaits feedback on the 'status' of its 22-23 plan.

This report and associated annex represents the UHBs quarter 2 position in regards to delivery of the plans commitments. Strategy and Delivery committee previously considered this summary position in its October meeting therefore this is being brought to Board for 'noting'.

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

Annex 1 provides the UHBs position regarding 22-23 plan delivery as at quarter two.

Annex 2 provides a summary of the UHBs baseline position i.e. what the original plan stated would be achieved.

Board are asked to note the following as part of considering **annex 1**;

- I. **Triangulation with wider organisational intelligence.** As the title of our plan suggests, it is an integrated finance, workforce, operational and quality plan. As such this assurance report should not be considered in isolation of wider finance and operational performance reports (for example) which will give important context and the wider holistic picture of the issues which the organisation is facing. Issues which are highly likely to impact on the organisations ability to deliver its wider medium-term plan.
- II. **Timing.** Whilst this is a quarter two update the timing of when papers needed to be finalised for Strategy and Delivery committee meant that that this update was produced shortly before the end of the quarter and prior to a number of data sources being updated and re-freshed.

In addition time has obviously subsequently lapsed between the paper being finalised (in late September), it being presented to Strategy and Delivery committee before then being shared with Board- some eight weeks later.

Consideration should be given to this when the position and progress of work is being scrutinised- this is a 'moment in time' snapshot from approximately eight weeks ago.

- III. **The outcomes framework.** The intention remains to provide a 'heat map' of the UHBs outcomes framework as part of these quarterly updates. The intension of this being that it supports consideration of the 'so what' question. What impact, or not, are these activities having on the organisations desired outcomes.

The development of the 'heat map' is in the final stages of development. It is likely a prototype may be available for the Quarter 3 report.

When the heat map is available it will remain important to note that progress against the UHB outcomes should be done in the context of *'the sum of the whole rather than the individual part'*. A level of sophistication will not yet exist to understand what proportion of impact any one individual intervention is contributing; although there is clearly an ambition to get to this point.

There also exists a key dependency upon which successful deployment of the heat map will rely. This is the ability to secure the necessary resource who has the expert capability to interrogating the *Signals from Noise (SfN)* system in order to update the heatmap. This is not an automated process. .

This is a re-freshed process to providing assurance on the delivery of the UHBs IMTP (as described in earlier reports/papers) and this update is now the second cycle of this new process. As we continue to mature this process and strengthen it even further it is now recognised that further work needs to take place with organisational leads to ensure that;

- a) There is consistency regarding the style in which updates are being provided. Early scrutiny of returns has flagged that there is variation in the level of detail being provided.
- b) There is a need to ensure a continued alignment in regards to what our original plan stated and what is now being reported on. Across some elements of this update it is recognised that this link could be stronger.

Planning is a dynamic discipline and it is entirely reasonable that circumstances may dictate that what the UHB is delivering and why it is delivering certain things may have changed and/or need to change from what the original planned stated. However, there is a need to ensure that these sorts of reports are describing these changes and why key deliverables have changed.

Both of these issues will be progressed and resolved via the UHBs strategy design and delivery group (SDDG).

Recommendation:

The Board is requested to:

- a) **NOTE** the progress being made in delivery of the 22-23 plan as at quarter two.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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 <i>Please tick as relevant</i>									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes/ No									
Safety: Yes/ No									
Financial: Yes/ No									
Workforce: Yes/ No									
Legal: Yes/ No									
Reputational: Yes/ No									
Socio Economic: Yes/ No									
Equality and Health: Yes/ No									
Decarbonisation: Yes/ No									
Approval/Scrutiny Route:									
Committee/Group/Exec		Date:							

Saunders, Nathan
06/09/2023 11:37:43

2022-2025 Cardiff and Vale Integrated Medium Term Plan

Update: Quarter Two



Saunders, Nathan
06/09/2023 11:37:43

TARGET FOR LAST QUARTER

Priorities for '22

- Establishment of the Organisational Learning Committee with themes identified and UHB wide improvements monitored
- Establishment of the Clinical Safety Group
- Psychological safety of staff
- Human Factors awareness/investigations
- What Matters to you questioning approach
- The implementation and UHB wide rollout of the Once for Wales Patient Experience System

ACHIEVED TARGETS

- Inaugural Clinical Safety Group meeting set
- Psychological safety of staff –Structured roll out of Healthcare Support Unit commencing in Surgery Clinical Board
- Human Factors awareness/investigations –new investigation model for Nationally Reportable incidents to encompass contributory factors being trialled in Clinical Boards
- Awareness raising of the process –to be trailed in relation to discharge
- Implementation of AMAT-Clinical Audit System-Structured roll out commencing in Children and Women's Clinical Board

SEE SLIDE [4] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

On going Operational Pressures
IT infrastructure-Wifi availability across the UHB
Significant delays in recruitment

MITIGATIONS

- Proportionate and prudent approach to Clinical Board involvement
- Development of a recruitment plan to support implementation of the QSE Framework and IMTP

TARGET FOR NEXT QUARTER

- Organisational Learning Committee will meet in Q3/4
- Agreement of Mortality Indicators for all specialities
- Further development of QSE Indicators to inform process and learning
- Development of Data Analyst Job description to support awareness of QSE information
- Implement the Once for Wales Patient Experience System in Quarter 3
- Implementation of the Clinical Audit Strategy
- Establishment of the Organisational Readiness Group for the implementation of the Duty of Candour Q3

FURTHER READING

[Insert any additional documents here]

PRIMARY CARE

TARGET FOR LAST QUARTER

- Increase activity in dental services
- Prepare for Dental contract reform
- Conduct evaluation of Vale UPCC model
- Planning for Accelerated Cluster model – Pan Cluster groups and Collaboratives

ACHIEVED TARGETS

- Mass Vaccination Centre opened in Woodlands house and Autumn booster programme commenced
- First meeting of Vale Pan Cluster Planning Group has taken place. Cardiff meeting planned for Sept
- Ongoing engagement and progress with professional collaboratives with initial focus on Dental and Optometry.
- Progressed General Dental Contract negotiations and reform agenda with over 70% of practices opting for reformed contract as at mid June 2022
- CAVHIS continues to provide services in response to the Afghan resettlement scheme and is responding to the continuing situation in Ukraine.

SEE SLIDE **5,6,7,8** IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- Funding to support 2nd UPCC in Cardiff
- Dental access and increasing activity levels

MITIGATIONS

- Review of Vale model to identify opportunities to consolidate across Vale and Cardiff
- Leverage benefits of GDS contract reform to increase activity and improve access

TARGET FOR NEXT QUARTER

- Delivery of Winter plans
- increase in dental activity in line with GDS contract reform opportunities
- Review the capacity of CAV 247 following go live of 111 (Qt4 21/22), to inform further integration of the model in line with UPCC Models.
- Progressing the ACD Programme for CAV. Next phase of Professional collaboratives and 2nd round of PCPG meetings
- Further increase in dental activity in line with GDS contract reform opportunities
- Scope options for Cardiff Urgent Primary Care Centre (UPCC) model
- Based on Evaluation, review and consolidated the Vale UPCC model

FURTHER READING

[Insert any additional documents here]

URGENT AND EMERGENCY CARE

TARGET FOR LAST QUARTER

1. Establish system wide 6 Goals Transformation Board
2. Open phase 2 of surgical SDEC model in UHW
3. Extended opening of medical SDEC in 7 days a week
4. Undertake a Proof of concept test of change for a diagnostic SDEC service in UHW
5. Extend capacity in the Rapid Assessment Treatment Zone (RATZ)
6. Planning for 111 Press 2 for Mental Health (Ambition to go live Q3)
7. Work with partners on response to "1000 beds/bed equivalents challenge and align with 2022 Winter plan and emerging work on flow programme.
8. Alignment of the ACP workforce to support 3 test of change workstreams – Acute Clinics within Virtual Ward, Ringfenced Short Stay Beds and GP Telephone Access to ACP

ACHIEVED TARGETS

1. Establishment of group in planning phase – discussions ongoing to agree required approach
2. Surgical SDEC phase 2 opened in July
3. Medical SDEC opened 7 days a week
4. Trauma SDEC in UHW in place and will continue over winter
5. RATZ capacity extended
6. Planning continues for NHS 111
7. 1000 beds progresses with 5 key schemes under discussion incl. additional care home capacity and step down beds
8. ACP workforce is being recruited with aim to have additional capacity during winter.

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

Risks

- Sustained pressure across UEC pathways
- Social care capacity challenges
- Delayed discharges and increased length of stay
- Ambulance Handover delays leading to increase community risk
- Long waits for admission and impact on patient experience
- Significant workforce pressure across Health and Social Care
- GMS Sustainability

Mitigations

- Joint working across Health and Social Care – implementation of CEO led Incident Management Team approach
- Revised focused on 6 Goals Programme
- Ambulance Handover planning and action plan jointly with WHSSC and EASC
- Winter Planning and capacity across Health and Social Care (incl. 1000 beds)
- Ongoing workforce recruitment (locally, nationally, internationally) and focus on staff wellbeing

TARGET FOR NEXT QUARTER

1. Reduce Ambulance Handover Waits
 - Average lost hours; total lost hours; number of four hour handover delays
2. De-escalate additional bed capacity to reduce workforce pressures in acute hospital
3. Delivery of 1000 beds priorities – care home and step down
4. Reduce >21 day length of stay
5. Sign off and begin delivery of Winter plan across Health and Social Care
6. Continued improvements in access for primary care services such as GMS, Dental and Optometry
7. Develop options for Urgent Primary Care Centre in Cardiff

FURTHER READING

[Insert any additional documents here]

PLANNED CARE

TARGET FOR LAST QUARTER

- Maintain pace and focus on reduction long waiting outpatient patients through increase in activity and validation of lists – focus on specialties where national performance ambition is deliverable by Dec and on improvement plans for high volume areas
- Sustain the increase in activity with Eye theatres and continue to explore short and medium term regional solutions for eye care.
- Commence activity through the mobile endoscopy unit in UHL and continue to engagement in the scoping of regional endoscopy and diagnostic opportunities.
- Commission the spinal facility in UHW to enable spinal outpatient and treatments to take place.
- Deliver key milestones in the orthopaedic recovery plan including GIRFT response, fracture clinic repatriation and scoping regional opportunities
- GIRFT reviews in gynaecology and general surgery
- Focus on our trajectories to improve paediatric surgery access times
- Launch of national “See on Symptoms” (SOS) and “Patient Initiated Follow Up (PIFU) website
- Full roll-out of ePOAC system across all specialties

ACHIEVED TARGETS

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT

- Weekly planned care performance meeting in place to track the 52 week outpatient cohort and ensure that it is reducing. Key specialties have undertaken D&C modelling. These have been RAG rated according to the deliverability of the 52 week target
 - 52 week cohort was 31,642 at the beginning of July and it is now 25,727
- Mobile Eye Theatres average weekly throughput in Q1 was 49 and average weekly throughput so far in Q2 is 78
- Mobile endoscopy started and will be running 7/7. Activity across endoscopy is at 119% of pre-COVID activity
- Timeline for the spinal facility was delayed from the original plan but it is now open and activity has commenced
- Orthopaedic Steering Group has been set up and first meeting is 8/8/22. Detailed D&C planning has been undertaken and a dashboard is in development to monitor performance. Job plan reviews are ongoing and a work plan in response to GIRFT has been developed
- GIRFT review in Gynae was held on 21/7/22 and the team are awaiting the report
- Paeds surgery trajectories have been completed and anaesthetic support from Swansea has been secured for additional theatre lists. Director of Operations for Children and Women has established regular paed surgery planning meetings to maximise booking and utilisation
- 8 week diagnostics target:
 - Endoscopy: 1766 at the end of Q1 and 1666 at the end of July
 - Echo Cardiogram: 355 at the end of Q1 and 235 at the end of August
- National SOS-PIFU staff facing website has been launched and bid for a SOS-PIFU patient facing website has been supported by Welsh Government’s Outpatient Transformation Fund
- POAC has moved from Outpatients to Lakeside Wing. This has increased the service’s capacity and released capacity in main Outpatients

RISKS AND MITIGATIONS

RISKS

- Availability of workforce to run additional capacity
- Availability of capital to enable transformational change
- Ability to deliver national delivery ambitions in timescales

MITIGATIONS

- Reviewing skills mix in delivery of planned care, working with insourcing companies where appropriate
- Clear, prioritised and Exec supported site masterplan in place to support targeting of resources
- Determined specialties where 52 week Op wait can be achieved and improvement plans in high volume specialties

TARGET FOR NEXT QUARTER

- Eliminate > 3 year waits
- Maintain the focus on ophthalmology theatres
 - 2 new consultants start in September which will increase the ability to cross-cover all lists and increase activity in Q3
- Relocation of spinal injection lists and outpatient clinics will lead to an increase in activity
- Orthopaedics:
 - Sign off plans for fracture clinic in Q3 and ensure funding is in place for the move
 - Additional activity starting in Barry Hospital
 - Spinal relocation will increase outpatient capacity in CAVOC
 - Insourcing should start in Q3
- GIRFT reviews for Gen Surg and Urology
 - Action plan for Gynae will be developed once GIRFT report is published
- A Supporting Patients Whilst Waiting subgroup is being established to take this workstream forward, which will be chaired by the Clinical Director for Therapies.
- First meeting of the Theatres Improvement Group is on 08/09/22, chaired by Clinical Director for Perioperative Care. This group will drive forward work around theatre booking, utilisation, resource allocation, and suite of metrics to track.
- Eliminate 8 week waits for echocardiogram and a downward trajectory for non obstetric ultrasound.

FURTHER READING

[Insert any additional documents here]

TARGET FOR LAST QUARTER

- Improve compliance with Part 1a 28 day assessment in child and young people's services and adults
- Complete scope, deliverables and critical path for all age Eating Disorders pathway and improvements
- Feasibility and critical path in place for "return to footprint" plan for adult services, including for example the repatriation of PICU service users from out of county
- Progress planning for 111 press 2 with initial Go Live of Q3
- Progress recruitment and preparation for combined assessment and intervention team for CAMHS with full implementation expected in Q3

ACHIEVED TARGETS

- Delivered and sustained improvements in part 1a assessment - all age performance for Part 1a at 97%
- Significant improvement against CYP standard at 72% for August and average wait at 23 days
- Improved access to Eating Disorder services (for example 40 weeks Dec 21 to 20 in August 22 for EDSOTT service)
- 111 Press 2 – service and workforce plan in place – commenced recruitment

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- Increasing demand into mental health services (CYP and adult) as compared to pre-covid
- Increase in out of area placements due to pressures in inpatient MH system
- Workforce recruitment and retention, including Recruitment to 111 press 2 service

MITIGATIONS

- Increase support into tier 0 (website) and recovery college to get upstream of pre urgent and acute demand
- Continue to develop innovative workforce solutions, for example peer support and work

TARGET FOR NEXT QUARTER

- Delivery of Winter plan priorities including inpatient capacity, Sanctuary provision, Mental Health Matters support
- Sustain improvements in delivery against part 1a standards for all ages
- Improvements in accessing to Eating Disorders services in CYP, and Adult
- Planning for Go Live for 111 Press 2 and identify go/no go criteria
- Commence new CAMHS combined intervention as assessment team and track impact on improving access and reducing waits
- Progress plan for neuro developmental services in children's services
- Inpatient Stability and Stabilisation focusing on staff communication and training alongside plan for out of area service users

FURTHER READING

[Insert any additional documents here]

TARGET FOR LAST QUARTER

- Further development of programme governance to include high level critical path in line with strategic programmes
- Completion of service line pilots
- Completion of a lessons learned report for project 1 to inform future approach to service line work
- Complete scoping for projects 2 & 3
- Development and approval of strategic communication and engagement strategy and plan with activities and timelines
- Development and approval of Programme Initiation Document at Programme Board
- Formal commencement of Projects 1,2 & 3

ACHIEVED TARGETS

- Programme governance developed with SRO confirmed. Programme board terms of reference completed and October date for first Board. Further work to do at portfolio level on interdependencies between strategic programmes.
- Service line pilots complete with final service line packs to be received by 16.09.22 and formal report and recommendations to be taken to Oct Programme Board.
- Scoping for project 2 to be undertaken once approach, resource and timelines agreed for project 1 as this is a foundational project for pathways
- Scoping underway for project 3 – cross cutting themes
- Recruitment of programme manager complete starting Oct 22.
- Programme Initiation document in draft awaiting Oct Programme Board.

SEE SLIDE [4] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

- Organisational capacity for strategic development
- Organisational engagement with clinical strategy is not to the level required

Mitigation

- Lessons learned undertaken to support future approach to enable most efficient use of time with teams across the organisation & ensure protected time is allocated
- Work to refresh the organisations strategy will support engagement with future vision and set clear objectives for the Clinical Services
- Communications and engagement plan for the strategic portfolio to be developed. Steering group established with key stakeholders in attendance.

TARGET FOR NEXT QUARTER

- Approval of Programme Initiation Document & approval of project 1 scope and approach based on pilot and lessons.
- Completion of scoping for projects 2 & 3
- Completion of high level programme plan & critical path in conjunction with other programme within the portfolio
- Development of detailed resourcing plans for project delivery
- Review of benefits realisation and risks
- Review of stakeholder mapping in development of wider communication and engagement plan for the strategic portfolio
- Development of a modelling approach/framework with strategic portfolio
- Development of programme office with SOFH to allow for consistency and robust programme governance.

FURTHER READING

- <https://shapingourfuturewellbeing.com/shaping-our-future-clinical-services/>

OUR CONTINUED COVID-19 RESPONSE

TARGET FOR LAST QUARTER

1. Find alternative location for Mass Vaccination Centres (MVC)
2. Begin planning for Autumn Booster Campaign
3. Continue de-escalation of dedicated covid positive capacity in acute hospitals
4. Ensure delivery of essential urgent and planned care services

ACHIEVED TARGETS

1. Woodland House confirmed as new location of MVC and is now operational.
2. Autumn Booster
 1. MVCs main delivery mechanism (Woodland House and Holm View)
 2. Mobile team to do care homes, housebound (and some harder to reach groups for eligible cohorts)
 3. GMS asked to do 80+ (awaiting confirmation of take up)
 4. Community pharmacy likely to do social care staff and provide some local cover if gaps for GMS
3. De-escalation of covid-capacity has progressed well, covid+ patients now cared for on speciality specifically wards. C7 beds 40% de-escalated with plan to close by end of September latest.
4. Performance challenges in key areas such as Urgent and Emergency Care, Cancer, Planned Care. Detail provided in previous slides.



RISKS AND MITIGATIONS

Risks

- Future peaks of covid demand
- Impact of significant winter peak in respiratory demand due to reduced exposure and continued increased social interaction
- Ability to balance future demands with the continued recovery of services
- Reduced sensitivity of modelling and demand predictions (less testing)

Mitigations

- Continue monitoring of covid demand through combination of public health and operational intelligence
- Develop winter plan to meet needs of covid and non-covid demand
- Continued partnership working to deliver improvement across unscheduled care

TARGET FOR NEXT QUARTER

1. Finalisation and approval of winter plan, to include continued response to covid
2. Autumn Booster Campaign and Flu Campaign
3. Final closure of additional covid positive capacity in acute sites (note this capacity currently functioning as amber)

FURTHER READING

[Insert any additional documents here]

TARGET FOR LAST QUARTER

The 22-23 IMTP outlined IMTP and other projects.

This Q2 report focusses on the 20 IMTP planned initiatives.

Quarter 2 status is as follows:

- 1 is a national programme
- 10 are on track
- 2 are off track
- 2 are going off track
- 5 projects have been paused pending resource

detailed summary of each of the above projects.

RISKS AND MITIGATIONS

RISKS

- Lack of resource and funding continue to be the major causes for projects that are either off track or going off track

MITIGATIONS

- Review and prioritisation means some activities have been paused, allowing us to move to a position where the majority of plans are on track

ACHIEVED TARGETS

The attached digital milestone progress report below provides a detailed summary of each of the above projects and the progress made over the last quarter.

SEE SLIDE [9] IN BASELINE DOCUMENT



TARGET FOR NEXT QUARTER

- These are as shown in the Milestone summary submitted as part of the IMTP
- Recover going off track projects where resources allow through mitigation

FURTHER READING

A detailed status report can found under the Supporting Documents Folder on AdminControl and the CAV website.

TARGET FOR LAST QUARTER

- Re-energise the programme after winter pressures which saw project leads focussed on operational issues
- Establish programme overview milestones and deliverables
- Develop and submit funding proposals for continued funding through the Regional Integration Fund
- Create a programme prospectus which clearly outlines the scope and ambition of the programme both for the public and workforce
- Viewer to be developed by Lightfoot to identify nature of demand and opportunities for new models
- Create a Digital Care Region programme to address partnership digital and intelligence needs.

ACHIEVED TARGETS

- Project leads have regrouped and clear definition work emerging to be able to move projects into delivery
- Proposals submitted and agreed for funding over at least the next 2 years
- Draft prospectus delivered for review which will set out the agreed target operating model
- Viewer developed, with work ongoing to make this live and align with the Regional Outcomes Framework including data from across statutory organisations
- Clinical leadership capacity secured
- Digital Care Region funding not secured.
- PCPG footprints agreed for Cardiff and for Vale of Glamorgan
- Alignment of programme activity to support delivery of 6 Goals programme
- Alignment of programme activity to support delivery of +1000 beds national initiative

SEE SLIDE [10] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

1. Lose momentum as the programme shifts from scoping to delivery
2. Failure to align with other major programmes (SOCS, Primary care transformation, Recovery, CC Ageing Well Strategy) and risk of gaps/duplication
3. Digital capability and maturity to support multi-agency integrated care model
4. Operational leadership capacity compromised due to ongoing pressures
5. Not securing cross-partnership agreement of the future TOM
6. Not defining clear benefits/metrics and interdependencies
7. Not including tapering of RIF funding over lifetime of the Syr programme into organisational financial planning and not securing local funding to replace it.
8. Ability to create investment and growth in community, primary and social care services to deliver more activity and impact in, out of hospital settings

MITIGATIONS

1. Clearly defined programme scope and deliverables with clear governance
- 2a. Close liaison with PCIC leads and programme directors
- 2b. Interdependencies mapping across key programmes
3. RPB-wide digital maturity programme to be established
4. Provide direct support and ensure programme supports operational priorities
5. Co-production of future TOM with org leads and seek agreement of execs
6. Alignment of organisational metrics to programme
- 7 and 8. Work with DOFs and service leads. Establishment of robust business cases with evidence of impact

TARGET FOR NEXT QUARTER

- To coproduce the target operating model for integrated locality delivery across health and social care, defining new ways of working including IT/systems, workforce and estates with a view to building detailed plans around each of these key areas moving forward
- To finalise programme and project deliverables, milestones and benefits for baselining and ongoing reporting
- To develop an engagement/consultation plan to begin workforce and public engagement, utilising the 'prospectus' as the basis for this.
- To work with Lightfoot to build a system-wide view of our data and to use this for tracking the impact of the programme
- To utilise the funding to begin recruitment to new posts identified and begin project delivery
- Inaugural PCPGs to meet and scope role/function
- Intermediate care delivery plan to feed into 6 Goals and +1000 beds.

FURTHER READING

- Programme board minutes from 6.6.22 are available via the programme manager, Chris Ball Christopher.ball@wales.nhs.uk
- Note that this programme is a partnership programme and as such is Regional Partnership Board-led, with the CVUHB as a major partner. It is also one of the CVUHB's strategic programmes

TARGET FOR LAST QUARTER

- Focus on staff health & wellbeing, reduce sickness absence %.
- Focus on actions within the Retention Plan to move towards a more sustainable turnover %.
- Prioritise appraisals to ensure our staff feel valued
- Advertise and appoint to vacancies in a timely manner, reduction in vacancies.
- Increase the capture of EDI data in ESR %.
- Complete the implementation of HealthRoster to all 12.5hour ward areas.
- Start to build internal workforce planning capabilities.
- Increase the number of apprenticeships.
- Introduce bitesize leadership & development opportunities.
- Continue to improve the way we engage and listen to staff.

ACHIEVED TARGETS

Examples of achievements (see detailed Flash Reports and papers attached):

- Wellbeing - additional investment was secured: a large no. of staff room refurbishments completed and hydration stations procured.
- A significant no. of managers have been trained on the Managing Attendance at Work since January 2022. Managers have also attended a Training session on Ill Health Retirement Process. Sickness absence for Aug 2022 has reduced to 6%.
- Increased the supply of HCSW on the bank to improve fill rate & reduce agency usage.
- Focused effort on recruitment of permanent HCSW's to ensure we are Winter ready and can reduce agency usage, to improve quality.
- VBA process and training has been streamlined, in this qtr compliance has improved by 5%.
- Roll out of EDI data campaign launched.
- Healthroster rolled out to 70% of 12.5 hour ward areas. Significant amount of system training provided and live to payroll
- Strategic Workforce Plan for Nursing – refreshed & re-submitted
- Wellbeing survey for our Medical & Dental teams closed - 378 responses, working on.
- 'Winning Temp' engagement tool has been launched, 12% participation rate to date.
- Acceler8 leadership programme - Cohort 1 delivered. Nominations for Cohort 2 received.
- Increased no. of apprentices appointed and introduced new engineering apprenticeship.
- Commenced skill mix review on our inpatient ward areas – new and extended roles.

SEE SLIDE [11,12] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- Whole system pressures, Winter and COVID uncertainty, lack of development for staff.
- Staff wellbeing - Absence may rise again as we move into Winter, burnout.
- Turnover is extremely high.
- Quality of patient care/service may be impacted by turnover, absence, vacancies
- Funding for cohort 2 - International Nurse Recruitment.
- Central funding for e-job planning and e-rostering systems.
- Increased requests across CBs re: leadership capability
- Poor engagement caused by work pressures, staffing levels and cost of living crisis.

MITIGATIONS

- WOD alignment to strategic programmes.
- Effective partnership working with TU representatives.
- Quarterly meetings to discuss progress against P&C Plan.
- Clinical Board Performance Reviews.

TARGET FOR NEXT QUARTER

- Develop staff health & wellbeing impact measures, reduce sickness absence %.
- Focus on actions within the Retention Plan to move towards a more sustainable turnover %.
- Continue to improve the way we engage and listen to staff.
- Advertise and appoint to vacancies in a timely manner, reduction in vacancies.
- Increase the capture of EDI data in ESR %.
- Continue to increase the number of apprenticeships.
- Workforce planning training commencing in October 2022
- Development of Anti-Racist Wales Action Plan.
- Cost of Living support and guidance for staff via working group.
- Complete the implementation of HealthRoster remaining 12.5hour ward areas. Analysis of rostering efficiencies where roll out has taken place. Commence SafeCare training & implementation.
- Commence e-rostering roll out for Capital, Estates & Facilities teams.
- Commenced development of new workforce models on wards, i.e. b4 Assistant Nurse Practitioners, skill mix review, b3 extended roles, etc.

FURTHER READING

The Flash Report from June, July & August can be found under the supporting documents folder on AdminControl and the CAV website.

The People Dashboard Covering Report from September 2022 can be found under the supporting documents folder on AdminControl and the CAV website.

The Workforce Key Performance Indicators Report from July 2022 can be found under the supporting documents folder on AdminControl and the CAV website.

SHAPING OUR FUTURE HOSPITALS

TARGET FOR LAST QUARTER

1. Consider cabinet decision of 11/7/22.
2. Follow up on actions agreed at Minister visit.
3. Holding special programme board on 24/6 to reflect on lessons from recent work and plan the management of scenarios resulting from the range of decisions Cabinet could make.
4. Continue to socialise Life Sciences vision with colleagues.
5. Meet with Cardiff University Med School Dean regarding Heath Park West plans
6. Reference discussions with Leeds, Whipps Cross, Toronto,

ACHIEVED TARGETS

1. Cabinet supported the need to consider options regarding CVUHB's infrastructure and for WG officials to continue working with us. Awaiting formal endorsement of the PBC which is likely to be requested at the same time as CVUHB submit a funding ask.
 1. SOC scoping completed and awaiting feedback from WG
2. Actions agreed at Minister's meeting have progressed. At time of writing (end August), the Research visit is being progressed after receiving response to letter send by CVUHB after the 9/6 visit.
3. Special programme board held and conclusions are helping inform future plans (SOC)
4. Life Sciences visit has been socialised and decisions around adopting the recommendations are the next step and expected to conclude in early September.
5. Held several meetings with University. Joint Future Estate Director position being considered.
6. Reference discussions held with Leeds, Whipps Cross, Toronto, Imperial, Princess Alexandra and the New Hospital Programme.

SEE SLIDE [13] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

1. Lost momentum after PBC not being endorsed

MITIGATIONS

1. Endorsement to be achieved after a clinical review. The ToR of this review are being drafted at the time of writing. SOC preparation can proceed

TARGET FOR NEXT QUARTER

- Complete SOC scoping after receiving feedback from WG stakeholders to ensure the right content will be produced.
- Agree ToR with WG for clinical review of model presented in PBC.
- With a stable SOC scope, build a costed delivery plan (including what expertise should be recruited and what should be procured)
- Seek PBC endorsement and funding to deliver SOC from WG
 - Commence any procurement and internal recruitment exercises once funding commitment has been received.
- Adoption of Life Sciences Vision and actions

FURTHER READING

[Insert any additional documents here]

TARGET FOR LAST QUARTER

Vaccination and immunisation

- Completion of outstanding Covid-19 Spring boosters (e.g. for people too unwell to receive it prior to July 2022)
- Increase vaccination of 5-11 year olds to c.30%
- Closure of Splott and Bayside MVCs and opening of new MVC for Cardiff
- Planning for flu and covid-19 autumn booster for autumn/winter 2022/23
- Commence and implement 'Amplifying Prevention' actions agreed jointly with Cardiff and Vale Councils
- Final report following Stakeholder Engagement Review for childhood immis.
- Commence bespoke communications / PR work to address low childhood immunisation uptake over summer holiday period
- Targeted work with GP practices and Primary Care Clusters where uptake is low
- Targeted work with GP practices and schools to address low MMR uptake at school level

Healthy weight: move more eat well

- Action to restrict junk food advertising across Cardiff and Vale progressed
- Delivery of Cardiff Physical Activity and Sport Strategy Year 1 implementation plan commenced (Active Environments, Active Societies, Active Systems and Active People)
- 40+ schools in Cardiff running the School Holiday Enrichment Programme, (Food and Fun)
- Peas Please Veg Advocates delivering community action projects
- Food Related Benefits digital package agreed with partners and launched
- Engagement underway with retailers to accept Healthy Start cards
- Process development for UHB response to planning applications from a health and healthcare perspective

ACHIEVED TARGETS (MID Q2)

Vaccination and immunisation

- Delivery plan for flu and Covid-19 autumn booster vaccination programmes for 2022/23 completed according to national guidance and Wales' Winter Respiratory Vaccination Strategy
- Over 42,000 Spring Booster vaccinations delivered to Care Home residents, people aged 75 years and over and those who are severely immunosuppressed: 79% uptake achieved across all eligible groups.
- 31% of 5-11-year-olds vaccinated against Covid-19 (compared to a national average of 22%)
- Amplifying Prevention Stakeholder Workshop delivered on 25 July 22 and actions developed.
- Covid-19 autumn booster vaccination campaign commenced 1st Sept 22
- Project plan developed for using TTP/Contact Tracing resource to increase uptake of childhood immunisations in selected GP practices.
- Revised CVUHB Staff Winter Vaccination policy developed, and staff consultation undertaken.
- Targeted work with 3 x PC Clusters (Cardiff SW, Cardiff SE and City & South Clusters) where uptake is low including access to Link Workers for practices with high numbers of families from ethnic minority communities.
- Resources produced to support GP practices to increase uptake (e.g., invitation letter template, FAQ).
- PR communications campaign launched 29 August (radio, bus ads, phone kiosk ads, TikTok, Spotify etc)
- Schools identified where MMR uptake is low / children have missing MMR vaccinations

Healthy weight: move more eat well

- MMEW action relating to educational settings, workplaces and healthier advertising part of Amplifying Prevention work
- Action to restrict junk food advertising across Cardiff and Vale progressed
- Delivery of Cardiff Physical Activity and Sport Strategy Year 1 implementation plan commenced (Active Environments, Active Societies, Active Systems and Active People)
- 29 Schools in Cardiff running the School Holiday Enrichment Programme, (Food and Fun)
- Veg Advocates in Cardiff running own projects to increase veg consumption
- Food Vale receives Sustainable Food Places Bronze Award and funding secured for Llantwit Major Food Access Project

SEE SLIDE [16/17] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- MMEW - Availability of future data to track overarching project outcomes
- Vaccination – childhood immunisation uptake is lower than national averages and declining in some areas (latest quarterly data Jan-Mar 2022)
- Flu Vaccination – several factors (including co-administration and concern about co-infection) may lead to increased demand for flu vaccine during 22/23 which may outstrip the supply.

MITIGATIONS

- MMEW – improving surveillance for Healthy Weight - HWHW priority /concerns raised with PH Observatory/HWHW Surveillance Group
- Vaccination – various work streams underway with Primary Care Clusters / GP Practices / local communities to increase uptake as well as communication/PR campaign.
- Flu Vaccination – i) requesting information from GPs as to whether there are supply concerns. ii) accessing a national/central supply of vaccine that will be available to all Health Boards if local supplies are depleted (tbc).

TARGET FOR NEXT QUARTER

Vaccination and immunisation

- Flu and autumn Covid-19 booster vaccination programmes launched across settings with co-administration of vaccines where possible
- All offers made to eligible groups for Covid-19 booster vaccination by end November 2022 with 75% uptake achieved across target populations
- All offers made to eligible groups for flu vaccination by end of December 2022 with 75% uptake achieved across eligible groups
- Commissioned Stakeholder Review report finalised, and recommendations presented to the CAV Immunisation Operational Board in Oct 22
- PR communications toolkit produced and disseminated to partners
- Targeted work with schools where uptake of MMR is low
- Utilise TTP/Contact Tracing to support uptake of Childhood Immunisations in Cardiff SE Cluster.

Healthy weight: move more eat well

- Continued expansion of the Cardiff and Vale Refill Region with at least 450 public water refill stations in place (Dec 22)
- Increase Food Cardiff membership to 250 individuals representing 100 organisations (Dec 22)
- Cardiff Sustainable Food Business network established with a minimum of 10 participating businesses (Dec 22)

FURTHER READING

[Insert any additional documents here]

TARGET FOR LAST QUARTER

Systematically tackle inequalities

- Further expand stakeholder engagement and networking opportunities
- Begin to address barriers to bowel screening identified by the survey
- Co-produce an approach to promotion of bowel screening with the Ethnic Minority Subgroup, and begin to address childhood immunisation
- Convene an operational workshop with LA partners and begin implementation of a partnership approach to amplifying prevention
- Initiate the development of a strategic framework for tackling inequalities

Sustainable and healthy environment

- Completion of Cardiff Healthy Travel Charter commitments, with confirmation of organisations signing up as initial cohort for Level 2 Charter (target >5 organisations by end of 22/23, including UHB)
- Updated healthy travel implementation toolkit published
- Successful second Healthy Travel Wales day run
- Respond to consultation on Vale of Glamorgan Replacement Local Development Plan (RLDP) vision and objectives, and provide candidate sites

ACHIEVED TARGETS (MID Q2)

Systematically tackle inequalities

- Preparatory work to devise a new strategic framework for C&VUHB to tackle inequalities in health outcomes, harm, experience and access for the organisation has commenced
- Conversations with the Digital Team and other partners to agree a measurement set to support the framework have been initiated
- Successful Amplifying Prevention workshop held with partners. Amplifying Prevention Delivery Board established and ToR agreed. Draft action plan developed and early actions commenced.
- Commentary on bowel screening promotional video being translated into several languages to aid dissemination in ethnic minority communities, informed by feedback from Ethnic Minority Steering group. Agreement reached for work of Engagement Coordinator to be aligned to Amplifying Prevention approach

Sustainable and healthy environment

- Completion of Cardiff Healthy Travel Charter commitments on track by most organisations for end Sep, with celebration event planned Oct 2022
- Development of national public health systems leadership group on transport and health
- Updated healthy travel implementation toolkit finalised
- Responded to consultation on Vale of Glamorgan Replacement Local Development Plan (RLDP) vision and objectives, and provide candidate sites

SEE SLIDE [16/17] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

MITIGATIONS

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TARGET FOR NEXT QUARTER

Systematically tackle inequalities

- Evidence of progress against revised Engagement Coordinator milestones
- Evidence of delivery of agreed partnership action on amplifying prevention, including agreement of indicators
- Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours

Sustainable and healthy environment

- Completion of Vale Healthy Travel Charter commitments
- First signatories to Level 2 Healthy Travel Charter announced
- Outcome of scoping of potential to measure air quality on UHB sites
- Respond to consultation on Preferred Strategy for Cardiff RLDP
- Respond to consultation on strategic growth options for Vale RLDP

FURTHER READING

- <https://cavuhb.nhs.wales/patient-advice/local-public-health-team/key-publications/shaping-our-future-population-health-plan-2022-2025/#:~:text=As part of delivering Cardiff,initial focused programmes for delivery.>
- Shaping our Future Population Health flash reports to Strategy and Delivery Committee

TARGET FOR LAST QUARTER

King's Fund recommended programmes

- King's Fund – Report expected July 2022. Results to inform future work programme.
- Commencement of AWDPP clinics across all three Clusters

Tobacco

- Smoking cessation services will increase face-to-face consultations in all settings to increase the number of smokers quitting smoking
- Working with key stakeholders, further implementation of measures needed to implement an integrated 'Ottawa' model for hospital smoking cessation will commence to include routine NRT prescribing for all admissions
- Increased referrals to MAMSS by ensuring smokers are targeted by specific scan clinics where the MAMSS Worker is present and routine NRT provision is offered
- Smoking cessation support to children and young people in areas of high deprivation and need (such as those in Pupil Referral Units)
- Working with Regulatory services, formal patrols (as part of 'enhanced enforcement' will take place to issue Fixed Penalty Notices to smokers on hospital grounds from 1 August 2022

ACHIEVED TARGETS (MID Q2)

King's Fund recommended programmes

- Majority of interviews complete and literature review underway
- Results of initial analysis reviewed and commented upon by UHB leads
- Unanticipated delays at the King's Fund have further impacted delivery of the final report; now expect an initial slide-pack of findings in mid September, with full reports and workshop towards the end of October

Tobacco (data for 2022-2023 not available currently)

- The smoking prevalence rate for Cardiff and Vale of Glamorgan is 12% (NSW, 2020-2021) – one of the lowest rates in Wales
- 2.1% of smokers made a quit attempt 2021-2022 which reflects a static position when compared to 2020-2021 (2.2%)
- 74% of 'Treated smokers' quit smoking at 4 weeks (self-reported) which is an increase from 66% the previous year
- Hospital and community smoking cessation services achieved over 70% 4 week quit rates for all quarters of 2021-2022
- A MAMSS Programme was implemented in April 2021. 64% (Qtr 3, 2021-2022, last available data) of pregnant smokers accepted a referral for smoking cessation advice – an increase from 38%, pre-MAMSS implementation.
- The hospital smoking cessation service achieved a 75% 4 week quit rate 2021-2022
- Children and Young People's Prevention Programme established with a Steering Group formed and Action Plan agreed.
- A No Smoking Enforcement Officer, (managed by UHB Security Services) challenges smokers on UHW site (to be extended to UHL). 423 smokers have been challenged from February 2022- 16 June 2022, 53% visitors, 23% staff. Discussion commenced on 'enhanced enforcement' with Regulatory services regarding the issuing of Fixed Penalty Notices (FPNs) on hospital grounds

SEE SLIDE [16/17] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- King's Fund – further unanticipated delays encountered by the King's Fund. Revised delivery plan is for an initial slide-pack in mid Sept 2022, and full reports end Oct 2022

MITIGATIONS

- King's Fund – further revised, phased plan will see full delivery by early Q3 2022/23

TARGET FOR NEXT QUARTER

King's Fund recommended programmes

- Review current delivery against King's Fund recommended programmes, identify gaps & key actions to address them

Tobacco

- Smoking cessation services will increase face-to-face consultations in all settings to increase the number of smokers quitting smoking
- Working with key stakeholders, further implementation of measures needed to implement an integrated 'Ottawa' model for hospital smoking cessation will commence to include routine NRT prescribing for all admissions
- Increased referrals to MAMSS by ensuring smokers are targeted by specific scan clinics where the MAMSS Worker is present and routine NRT provision is offered
- Smoking cessation support to children and young people in areas of high deprivation and need (such as those in Pupil Referral Units)
- Working with Regulatory services, formal patrols (as part of 'enhanced enforcement' will take place to issue Fixed Penalty Notices to smokers on hospital grounds
- From 1 September 2022 all mental health units (inside and grounds) in Wales will be smoke-free in line with the Smoke-Free (Wales) Regulations 2021. This will be applied to all relevant grounds and buildings within the UHB's Mental Health Clinical Board

FURTHER READING

[Insert any additional documents here]

OUR TERTIARY SERVICES STRATEGY

TARGET FOR LAST QUARTER

- Review consultation responses for adult specialised endocrinology , finalise service specification and EQIA, and identify implications for implementation, and submit to the NHS Wales Health Collaborative Executive for approval in principle.
- Work with Welsh Government to support the development of the Welsh Health Circular on Paediatric Orthopaedic Surgery.
- Work with WHSSC on development of the resource transfer approach to support transfer of commissioning responsibility.
- Submit revised funding release to establish South Wales Spinal Network.
- Finalise clinical guidelines for Cauda Equina, MSCC and Spinal Trauma
- Finalise acceptance and repatriation policies
- HPB- Prioritise and implement short term actions, prioritise medium term actions to inform CVUHB plan for 23/24
- HPB - Agree short list of options and benefit criteria – based upon agreed success measures with stakeholders
- OG -Agree draft service model, engage with patients, carers and staff.

ACHIEVED TARGETS

- Draft service specification for adult specialised endocrinology scheduled for discussion at September meeting of NHS Wales Health Collaborative Executive Group.
- Welsh Health Circular on Paediatric Orthopaedic Surgery published.
- Work ongoing with WHSSC to support resource transfer for Paediatric Orthopaedic Surgery
- South Wales Spinal Network (SWSN) business case / funding release approved by WHSSC
- Funding releases for SWSN MSCC coordinators submitted for consideration through WHSSC CIAG process
- Memorandum of Understanding for SWSN drafted and issued to Health Boards for approval
- HPB Workstreams completed initial analysis of actions – scheduled for discussion at September meeting of HPB Clinical Model Working Group
- Benefit criteria and options to be agreed at September meeting of HPB Clinical Model Working Group

SEE SLIDE [18] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- Delay in agreement of definitive OG cancer service model for SBUHB

MITIGATIONS

- Continue to support SBUHB OG cancer service through outreach surgeon

TARGET FOR NEXT QUARTER

- Agree MoU for SWSN
- Finalise and agree SWSN Clinical Governance and Data Sharing policies
- Recruit SWSN staff – network team
- SWSN pre launch programme – including communication plan, benefits realisation plan, guideline development, etc.
- Engage on RSSPPP Partnership Framework for Specialised Services
- Hold RSSPPP workshop on Specialised Services Partnership Strategy / Model
- Commence development of service specification for Specialised Infectious Diseases Services
- Establish HPB External Advisory Group and complete clinical option appraisal
- Agree principles for OG service model and commence engagement with patients, carers and staff

FURTHER READING

<https://gov.wales/sites/default/files/publications/2022-07/non-specialised-paediatric-orthopaedic-services.pdf>

WIDER REGIONAL WORKING WITH SOUTH EAST WALES PARTNERS

TARGET FOR LAST QUARTER

South East Wales Regional collaboration

- Appoint Programme Director
- Establish governance structure regarding the Orthopaedic programme which CAVUHB is responsible for
- Play an active partner in pursuing;
 - Regional Community Diagnostic Hub (diagnostic programme)
 - Interim regional cataract recovery solution and finalise regional eye care strategy (ophthalmology programme)
 - South East Wales regional pathology solution (Diagnostic Programme)

CAVUHB / VNSHT partnership

- Appoint to senior strategic planning manager post. Engage all stakeholders, review programme progress to date, identify priority areas and make recommendations on required next steps.

Stroke

- Agree proposal for regional delivery network, in line with the recommendations of the Stroke Implementation Group, and establish regional programme and its governance. Complete initial stakeholder with engagement with all stakeholders, making clear the case for change.

ACHIEVED TARGETS

South East Wales Regional collaboration

- Regional Planning Programme Director appointed and starts during September
- Clinical lead for Orthopaedics in place, active recruitment for a programme manager in place- proving problematic
- Regional Community Diagnostic Hub – *Scope developed and agreed by the region*
- Interim regional cataract recovery solution- *Model developed and agreed. Business case to support the interim model under development. Target go live date of March '23. Regional strategy undergoing soft engagement / testing*
- South East Wales regional pathology solution- *Scope developed*

CAVUHB / VNSHT partnership

Joint post between CAVUHB and VNSHT appointed. Programme health check undertaken with findings presented to V@UHW programme board; proposals made to strengthen programme definition and partnership working arrangements Structure and governance arrangements strengthen across both organisations.

Stroke

Cardiff and Vale UHB has agreed to partner with Cwm Taf Morgannwg UHB to establish the South Central Wales Delivery Network. Programme Manager appointed. Phase one plan, programme structure and governance arrangements agreed ahead of first regional programme board in September. Initial stakeholder events with staff held at both UHBs.

SEE SLIDE [17] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- Ability to for fill key leadership posts. Orthopaedic programme and diagnostic programme still without a programme manager.
- Alignment to national direction which is at varying stages of maturity

TARGET FOR NEXT QUARTER

South East Wales Regional collaboration

- Finalise leadership arrangements for Orthopaedic programme and establish early scope and objectives
- Regional Community Diagnostic Hub – *Undertake procurement exercise*
- Interim regional cataract recovery solution- Finalise business case and seek endorsement across all Health Boards. Finalised regional eye care strategy.
- South East Wales regional pathology solution- *Scope finalised, formal project board established with next steps agreed.*

CAVUHB / VNSHT partnership

- Develop memorandum of understanding and principles for partnership working
- Agree delivery plans with each project
- Work with colleagues on understanding the remit and function of the Haemato-oncology work stream.
- Merge the Acute Oncology Service and Unscheduled care projects to maximise best use of clinical and project resource.

Stroke

Appoint regional programme clinical lead.
Support National Stroke Programme in establishing a plan and milestones for their activity, which is a critical interdependency for the regional programme
Conduct joint stakeholder event for Cardiff and Vale UHB and Cwm Taf Morgannwg UHB to continue engagement around the plans for the new regional model.

FURTHER READING

- Slides providing further information regarding;
 - Principles agreed by three HBs as to how regional collaboration will be delivered
 - Current portfolio structure
 - Current status of the programmes across the portfolio in terms of appointments / agreed definition / leadership arrangements

Can be located under the Supporting Documents folder on AdminControl and the CAV website.

TARGET FOR LAST QUARTER

ACHIEVED TARGETS

SEE SLIDE [13 - 15] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

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TARGET FOR NEXT QUARTER

FURTHER READING

[Insert any additional documents here]

IMTP Background, Content and Baseline Information

Version 2.0



GIG
CYMRU
NHS
WALES

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

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OUR PLAN

This background, context and baseline information booklet provides a reference point / overview of the following which were described in the UHBs 22-23 Integrated Medium Term Plan;

- Our operational performance ambitions
- The objectives / ambitions of our strategic programmes (Shaping our future clinical services, Shaping our future hospitals, Shaping our population health, @Home and Delivering Digital)
- Our people and culture ambitions
- Priority areas for the Minister of Health and Social Care

Each quarter an IMTP update report will be produced that sits alongside this booklet and will provide a moment in time summary of the progress.



The IMTP is of course a strategic level plan. Consequently the quarterly update report on implementation is also set at strategic level. Where additional information is required regarding the specifics of a particular project/programme further information can be found from other sources (which are signposted to).

Quarterly update reports should always be read in conjunction with other key papers which the UHB routinely produces for Board and its sub committee's. For example the Director of Finance Financial report.

These update reports merely provide progress against specific actions/ambitions/targets. The impact that these actions are having is however equally important. As such it is also recommended that the update report provided is also considered in the context of the UHBs outcomes framework *heatmap* which is shown at the front of the update report.

Whilst this delivery report is shaped around the UHBs 9 priorities for 22-25 it is important to recognise that these priorities are not mutually exclusive. Actions being progressed against one priority will often also be materially progressing another priority. On this basis in two cases it is not be possible to specifically report against the priority. Both *address the main burdens of disease in Wales* and *Our continued covid-19 response* can not be reported on in isolation as they inherently sit across all of our other priorities.

OUR PRIORITIES FOR 2022-2025

OUR PRIORITIES

PARTNER COLLABORATION

- Tertiary services with Swansea Bay UHB
- Cancer services with Velindre NHST
- South East Wales vascular services
- South East Wales eye care
- South East Wales Pathology and diagnostics
- Stroke and Thrombectomy

PHYSICAL INFRASTRUCTURE

- Shaping our future wellbeing in the community plan
- Acute infrastructure plan
- Shaping our Future Hospitals programme

COVID-19 RESPONSE

- Managing the five harms associated with Covid-19

ADDRESSING THE BURDENS OF DISEASE

- Cancer
- Cardiovascular

INTEGRATION WITH COMMUNITY SERVICES

- @home programme
- Primary care infrastructure projects
 - Intermediate care
 - The Vale Alliance
 - Accelerated MDT Cluster development
 - Single Point of Access

DIGITAL

- Electronic patient record
- A digital front door
- E-consent
- Patient facing content
- Digital communications- choose and book
- Shared health and care records
- Self directed enquiry management
- Outpatients transformation
- Digital dictation and transcription
- Clinical / speciality applications
- Interoperability
- Sac4Safety
- Use your own device
- Managed print / follow me print
- Community, MH and PCIC services



WORKFORCE AND OD

- Seamless workforce models
- Engaged, motivated and healthy workforce
- Attract, recruit, retain
- A digitally ready workforce
- Excellent education and training
- Leadership and succession
- Workforce supply and shape

SHIFT TO PREVENTION

- Vaccination and Immunisation
- Systematically tackle health inequalities
- Healthy weight: Move more eat well
- Sustainable and healthy environment
- Kings Fund recommendations

SYSTEM RENEWAL AND DESIGN

- Planned care
- Unscheduled Care
- Primary Care
- Diagnostics
- Mental Health
- Shaping our Future Clinical Services

A BOLD APPROACH TO QUALITY, SAFETY AND PATIENT EXPERIENCE IS REQUIRED

Our IMTP puts quality, safety and patient experience at the heart of the plan when it described the UHBs five year QSE framework. The plan did not list QSE as a discrete priority recognising instead it was more fundamental than this. It is a golden thread which should sit across everything the UHB does. Eight key enablers in the revised QSE framework for the next five years were outlined:

- Safety Culture
- Leadership for QSE
- Patient Experience and Involvement
- Patient Safety learning and communication
- Staff engagement and Involvement
- Data and Insight
- Professionalism of QSE
- Quality Governance



TIMESCALE	AMBITION
<div>22-23 Qtr 2</div> <div>22-23 Qtr 3</div> <div>22-23 Qtr 4</div> <div> <div>Saunders Nathan</div> <div>06/09/2023 11:37:43</div> </div>	<ul style="list-style-type: none"> • Development of the support framework for staff involved in inquests • Implementation of the “What matters to me” conversations • Align some aspects of the QSE Framework all Wales experience self-assessment framework with Perfect Ward and the ward accreditation process (Gold, silver, bronze) <ul style="list-style-type: none"> • Agreement of a Humans Factor Framework and Implementation plan <ul style="list-style-type: none"> • Maximise the learning from near misses (to include the work currently being taken forward with Cardiff University to examine covid related incidents) • Establishment of the UHB stakeholder panel • Development of the organisational learning committee • Implement AMAT to strengthen governance in relation to National and Local audits, NICE Guidance and Patient Safety Solutions • Work with Welsh Government to implement the requirements of the Health and Social Care (quality and Engagement) (Wales) Act 2020 • Establish CAVQI as work stream to roll out of the current outputs from Health Foundation research project • Implement the CIVICCA - Once for Wales service user experience system • Complete the implementation Once for Wales Concerns Management System • Development of a QSE accreditation/ syllabus

OUR PLAN

Recovery and redesign as a priority spans both the UHBs recovery and redesign and the strategic transformation portfolios.

The 22-25 IMTP set a number of delivery ambitions for the next year across five areas; Primary Care, Mental Health, Planned Care, Urgent and Emergency Care and Diagnostics).

Shaping our Future Clinical Services (SOCs) is a transformational programme of work which in turn takes a >3year view of our health system. Its objective put simply is to develop and deliver an overarching clinical services strategy, delivery plans and structure in order to transform the way our patients access our clinical services in their homes, communities and in hospital over the next ten years.

This section of the delivery report provides a 'moment in time' position for the UHB against the ambitions provided across these areas. Further information regarding *how* progress is being made, *why* progress is on track (or off) can be found via the following documentation;

- The Director of Operations performance reports to Board
- The Shaping our Clinical Services programme reports given to the Strategic transformation portfolio board.
- The Operational plan and delivery group mechanisms.



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PRIORITY 1: RECOVERY AND DESIGN

ACROSS A SERIES OF SERVICES THE UHB SET A NUMBER OF AMBITIONS

SPECIALITY	Q1 – WHERE WE SAID WE WOULD BE	Q2 - WHERE WE SAID WE WOULD BE	Q3 - WHERE WE SAID WE WOULD BE	Q4 - WHERE WE SAID WE WOULD BE
Primary Care	Increased % of dental activity vs. pre-covid levels (subject to IPC guidance)	Increase in Eye Care Treatment by primary care Deliver option appraisal and develop plan for next UPCC centre	Reduction of emergency admissions for over 65s	Delivery of diabetes performance measures in line with WG targets
Unscheduled Care	Reduce ambulance lost hours by 25% above March '22 position 90% surgery patients via surgical SDEC	Reduce 21-day length of stay to pre-covid levels Medical SDEC at UHW open 7 days a week	Compliance with latest SNAPP targets	Eliminate 12 hour ED wait
Planned Care	<ul style="list-style-type: none"> 100% of pre-covid levels for elective surgery 100% of pre-covid activity levels for new OP 	<ul style="list-style-type: none"> 110% of pre-covid activity levels for new OP Increase SOS / PIFU pathways 	<ul style="list-style-type: none"> 110% of pre-covid activity levels of elective activity 110% of pre-covid activity levels for new OP Achieve 33% of outpatients via virtual Reduce volume of 104 week waits for treatment 	<ul style="list-style-type: none"> Eliminate 104 week waits for outpatients Eliminate 104 week waits for treatment 120% of pre-covid levels of elective activity 120% of pre-covid levels for new OP Achieve >65% Single Cancer Pathway target Deliver 30% reduction in delayed follow ups (>100%)
Mental Health	<ul style="list-style-type: none"> Deliver 80% compliance with Part 1a 28-day assessment target in CYP and Adults Improvement in Eating Disorder access times 	<ul style="list-style-type: none"> Deliver NHS 111 (press 2) programme Go live with sanctuary provision for crisis care in adults Maintain Part 1a & 1b CYP and Adult targets Improvement in Eating Disorder access times 	<ul style="list-style-type: none"> Maintain Part 1a & 1b CYP and Adult targets Improvement in Eating Disorder access times Deliver sustained improvement trajectory for neurodevelopment assessments 	<ul style="list-style-type: none"> Implement repatriation plan for delivery of trauma informed care services close to home Maintain Part 1a & 1b CYP and Adult targets Improvement in Eating Disorder access times Deliver sustained improvement trajectory for neurodevelopment assessments
Diagnostics and Therapies	<ul style="list-style-type: none"> Eliminate 8 week waits for all modalities excl. US, Echo and Endoscopy 	<ul style="list-style-type: none"> Eliminate > 8 week waits for US and Echo Endoscopy activity to exceed 125% of pre-covid activity levels 	<ul style="list-style-type: none"> Endoscopy activity to exceed 130% of pre-covid activity levels 	<ul style="list-style-type: none"> 50% reduction of >8 week wait in endoscopy (aim to clear by March '24) 50% reduction of >14 week wait in Therapies (aim to clear by March '24)

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PRIORITY 1: RECOVERY AND DESIGN

6 GOALS OF URGENT AND EMERGENCY CARE

PRIORITY MEASUREMENT	TARGET	BASELINE
Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	Increase by April 2023	1 x UPCC in Vale
Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	Waiting for WAST who are in discussions with NCCU regarding performance reporting for this measure
Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites	7 day a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025	MEACU – 5 days per week Surgical SDEC – TBC
Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 quarter reduction trend	Jan 2022 – 808 NB. LHBs and DHCW currently resolving data issues regarding this measure.
Percentage of total emergency bed days accrued by people with a length of stay over 21 days	4 quarter reduction trend	Jan 2022 – 60.2% NB. LHBs and DHCW currently resolving data issues regarding this measure.

CARE CLOSER TO HOME

PRIORITY MEASUREMENT	TARGET	BASELINE
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	4 quarter improvement trend, towards an annual increase of 10% from baseline data	2018-2019 – 41.58% (All Wales 43.02%)
Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: <ul style="list-style-type: none"> Blood pressure reading is 140/80 mmHg or less Cholesterol values is less than 5 mmol/l (<5) HbA1c equal or less than 58 mmol/mol or less 	1% annual increase from baseline data	2018-2019 – 30.28% (All Wales 33.35%)

PRIORITY 1: RECOVERY AND DESIGN

ACCESS TO TIMELY PLANNED CARE

PRIORITY MEASUREMENT	TARGET	BASELINE
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national zero target by 2024	2002 (Dec 2021); March 2022 forecast – 2,722
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national zero target by 2026	4330 (Dec 2021); March 2022 forecast – 6,263
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a 95% national target by 2026	55% (Dec 2021) ; March 2022 forecast – 44.5%
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	2199 (Dec 2021); March 2022 forecast – 4,646
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	12645 (Dec 2021); March 2022 forecast – 15,411
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	March 2021 – 49,862; Target = 34,903; 42,720 (Dec 2021)
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	1982 (Dec 2021); <i>Reportable Endoscopies</i> ; March 2022 forecast – 1413
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	March 2022 forecast – 65.8%

INFECTION, PREVENTION, CONTROL

PRIORITY MEASUREMENT	TARGET	BASELINE
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Health Board specific targets	Target < 125 (2018/2019) Acc. Actual 119 (Dec 2021); 33% above
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	Health Board specific targets	Target < 618 (2018/2019) Acc. Actual 460 (Dec 2021); 4% above

PRIORITY 2: DIGITAL INFRASTRUCTURE

OUR PLAN

The UHBs digital infrastructure is set within the IMTP as being recognised as being a key enabler for the UHB.
The 22-25 IMTP set a number of delivery ambitions across a range of key areas which included;



FUNDED AND PRIORITY 1

- Patient facing content
- PROMs
- Digital dictation and transcription
- TR radiology & GPeTR
- Scan4Safety

UNFUNDED PRIORITY 1

- Electronic patient record
- Shared health and care records
- Signals from Noise and power BI

UNFUNDED PRIORITY 2

- Digital front door
- E-consent
- Digital communications – choose and book
- Self-directed enquiry management
- Outpatient transformation
- Community, Mental Health and PCIC services
- Clinical / speciality applications
- Interoperability

OUT OF CAV CONTROL

- DSPP
- Vein2Vein transfusion (all Wales)

DIGITAL AND TECHNOLOGY

PRIORITY MEASURE

Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes

TARGET

Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)

BASELINE

The UHB has established Innovation & Improvement teams supporting Clinical Boards with project management, pathway redesign and efficiency opportunities.

The UHBs dedicated Costing, Benchmarking and Value finance team also supports the agenda, with business intelligence, analysis and evaluation work and they continue to support the UHB in finalising its baseline position.

PRIORITY 3: INTEGRATION WITH COMMUNITY SERVICES

OUR PLAN

The @Home programme is a key plank of the UHBs *Integration with community services* priority.

@Home is a multi-partner programme of work that is driven through our RPB structures. It is through this programme we are driving forward the locality placed-based model for care, linked to our nine clusters, and the right sizing of our community services in order to implement the new models of care.

Across this programme of work the UHB set a number of ambitions. These are highlighted below.



PRIORITY

Progress key Primary Care infrastructure projects

Intermediate Care

Vale Alliance

Accelerate MDT Cluster Development model

Single Point of Access

AMBITIONS

22/23 Qtr4

Development of an agreed service scope and finalising/submission of outline business cases for Barry Hospital and North & West Cardiff H&WBC

23/24 Qtr4> Development of full business case and proceeding to build/delivery (subject to funding)

22/23 Qtr4>

Development of a 24/7 crisis response service

Alignment of services and development of a 'rightsized' IC service provision

22/23 Qtr 2- Finalise agreement from partners and development of the model

23/24 Qtr2- Mobilised shadow arrangements

23/24 Qtr 3> - Implementation and ongoing development of model

By 22/23 Qtr 4 - Rollout of the cluster model to two further clusters

By 23/24 Qtr 4 - Rollout of the cluster model to remaining clusters

22/23 Qtr 4

Development of both the Cardiff and VoG provision for accessing community services

PRIORITY 4: SHAPING OUR FUTURE WORKFORCE

OUR PLAN

To meet our population's health and care needs effectively and deliver upon our quality improvement, recovery and transformation agendas we are completely dependent on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do.

A 3-year People and Culture Plan has been developed and is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

As part of the IMTP and supporting delivery of this people and culture plan the UHB set a number of ambitions. These are highlighted below.



AMBITIONS

Improve retention across the UHB to a healthy level, i.e. between 7- 9% by 22-23.

Reduce vacancies across the UHB to be 5% or below.

Reduce the bank and agency expenditure

Increase the number of staff employed in integrated health and social care roles by end 22-23

Streamline current recruitment processes, improving the onboarding time
Reduce absence to a more sustainable position

Reduce the number of staff on long term sick leave suffering with stress, anxiety, depression

Raise awareness of the importance of undertaking appraisals with staff and increase compliance
Increase the number of staff who access learning, development and training opportunities

Staff undertake the Senior Leadership Programme and identify leadership pathways at every level.

TARGET

Between 7-9% - by 202/23

5% or below

By end 2022-23

A reduction to 6% in 22-23 and 5.5% in 23-24

10% in 22-23 and a further 10% in 23-24

50% in 22-23 and 85% in 23-24

50% by 23-24

36 members by 2022/23

PRIORITY 4: SHAPING OUR FUTURE WORKFORCE

OUR PLAN

Falling within the people and culture priority of the UHB are also three areas which the Minister for Health and Social Care directed Health Boards to make certain improvements. These are highlighted below.



ECONOMY AND ENVIRONMENT

PRIORITY MEASURE

TARGET

BASELINE

Agency spend as a percentage of the total pay bill

12 month reduction trend

YTD Feb 2020: 1.9%; YTD Feb 2021: 1.9%; YTD Feb 2022: 2.9%

Overall staff engagement score

Annual improvement

2016: 3.64; 2018: 3.83; 2020: 3.70

Percentage of staff who report that their line manager takes a positive interest in their health and well-being

Annual improvement

2018: 68%; 2020: 63%

Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation

85%

2021 March: 71.07%; 2022 Jan: 72.43%

Percentage of sickness absence rate of staff

12 month reduction trend

Feb 2021: 5.79%; April 2021: 5.36%; Feb 2022: 7.12%

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (in the previous 12 months (including doctors and dentists in training)

85%

Feb 2020: 50.07%; Feb 2021: 33.84%; Feb 2022: 31.53%

PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

OUR PLAN

- 1. Community Infrastructure.** To develop our community infrastructure on a locality and cluster basis with the development of integrated Locality Health & Wellbeing Centre for each of our 3 Localities and integrated wellbeing hubs on a cluster basis, in line with our Programme Business Case, Shaping our Future Wellbeing in the Community, endorsed by Welsh Government in 2019.
 - 2. Hospital based infrastructure.** To continue to develop UHL as a site for ambulatory, diagnostics and low-risk, routine surgical care as well as rehabilitation and mental health inpatient care.
 - 3. UHW2.** The replacement of UHW is critical to support our long-term strategy the existing infrastructure is failing and much of the current hospital accommodation and departments are no longer fit for purpose in terms of functional layout, environmental suitability or physical condition.
- Across these three areas the UHB described a number of ambitions and/or schemes which would be progressed



ECONOMY AND ENVIRONMENT

PRIORITY MEASURE

Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach

Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan

TARGET

- 16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position

Evidence of improvement

BASELINE

2023 – All NHS Decarbonisation due in 2023 actions showing compliance

2024 - >10% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy)

2025 - > 16% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy)

Sustainability Action Plan provides detailed baseline position.

PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: OUR ACUTE INFRASTRUCTURE PROGRAMME

SCHEME	BASELINE
<p>Genomics – development of Phase One of Precision Medicine Institute for Wales. Joint infrastructure scheme with NPHS – critical enabler for national Genomics strategy at Coryton site.</p> <p>UHL Engineering Infrastructure to address single electrical point of failure and oxygen storage capacity</p> <p>UHL Endoscopy Expansion – expanding existing suite by 2 additional theatres to address capacity deficit</p>	<p>FBC approved by WG – Formal approval 07/09/2021; Commenced on site – 10/01/2022; Total scheme cost £15.2m</p> <p>Funding approved by WG 05/10/2021; Total scheme cost - £5.875m</p> <p>BJC approved by WG –18/01/2022 formal approval ; Revised capital cost of £6.688m</p>



MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: OUR ACUTE INFRASTRUCTURE PROGRAMME

SCHEME	BASELINE
<p>Hybrid/Vascular & Major Trauma Theatre – UHW Scheme critical to support regional service collaboration for SW MTC and SE Wales Vascular surgical centralisation</p> <p>UHL – CAVOC theatres - 2 replacement day case Ortho theatres @ UHL – incl laminar flow & IP&C works for 2 theatres in main CAVOC – critical to increase planned capacity</p> <p>Dental Block Main Electrical Distribution Replacement – to address significant risk of potential electrical infrastructure failure</p> <p>UHW Tertiary Tower Electrical infrastructure – essential works</p> <p>UHW Lift Refurbishment Programme to address urgent replacement due to increasing breakdowns</p> <p>Mortuary Refurbishment – UHW- HTA essential statutory compliance only at UHW</p>	<p>OBC approved – 21/01/2022; FBC in development and submission to WG planned – Q3 2022; Total cost est: £33.5m</p> <p>SOC approved 25/03/2021 – approval of fees 16/12/2021; OBC in development and submission to WG planned – Q3 2022; Total cost est: £11.8m</p> <p>In house design progressing from Jan 2022 to inform BJC for submission in 2022 –23</p> <p>Total cost est: £1.5m</p> <p>BJC due for submission to Board Q1 2022; Total cost est: £2.2m</p> <p>BJC due for submission to Board Q1 2022, Survey works commenced, Total Cost est: TBC</p> <p>Carried forward from 2021-22 , BJC in development, Total cost est: £2m</p>

PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: IN OUR COMMUNITY

SCHEME	BASELINE
<p>Interim SARC @ CRI to address immediate accreditation & accommodation issues £681k 2021-22 (plus £30k equipment) £340k 2022-23</p> <p>Maelfa Wellbeing Hub Development to support locality based services closer to home, support Cluster plans and essential to replace inadequate GP and Heath Centre facilities in line with RPB and UHB strategic priorities.</p>	<p>Funding approved by WG 02/09/2021; Construction commencement Oct 2021 Contract completion March 2022</p> <p>FBC approved by WG – 15/01/2021 Construction – completion scheduled Oct-22.</p>



MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: IN OUR COMMUNITY

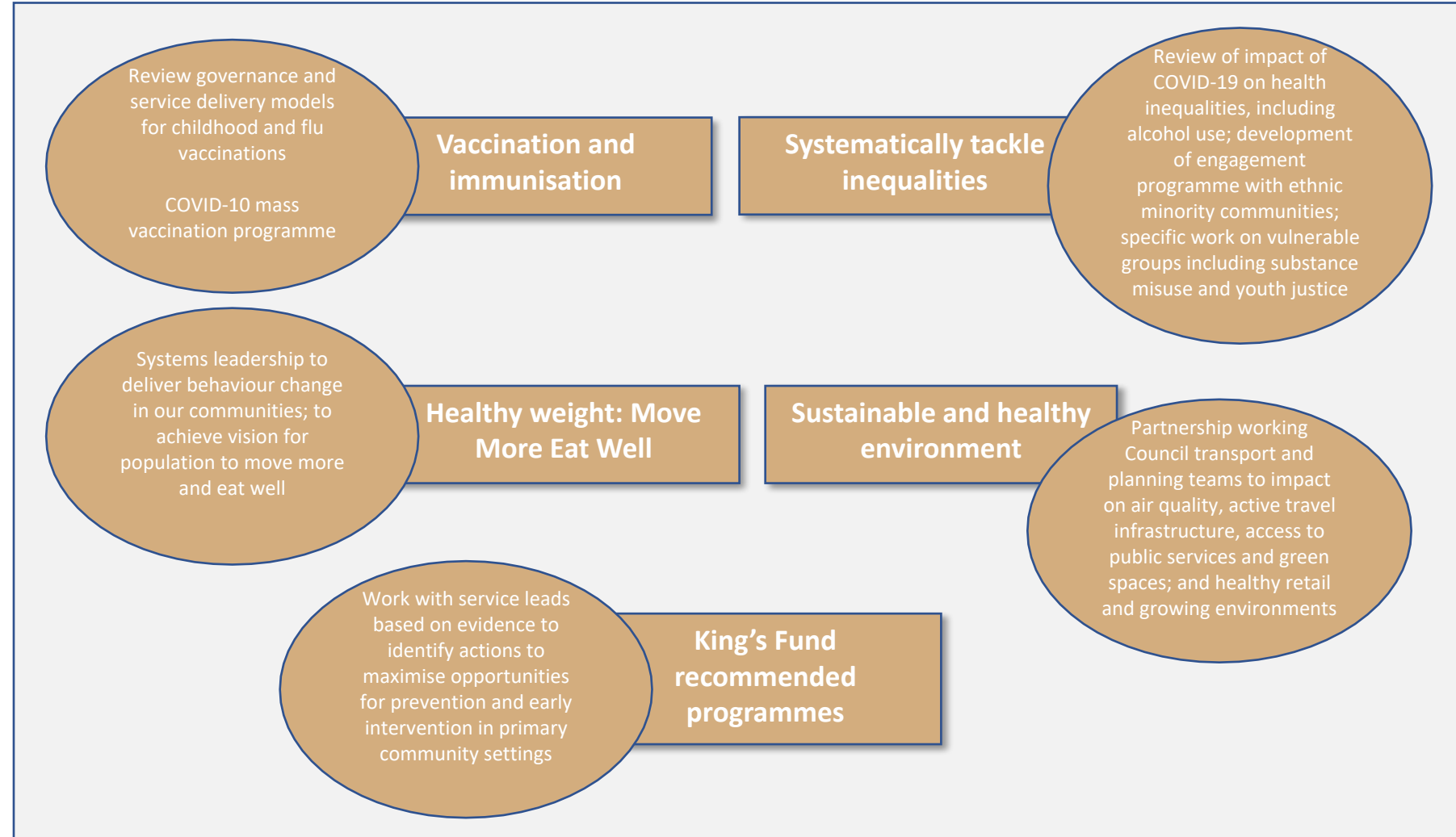
SCHEME	BASELINE
<p>Wellbeing Hub Penarth</p> <p>Wellbeing Hub Ely (Park View) - Essential scheme for providing alternative essential GP capacity to replace lost Health Centre facilities and meet local primary care needs in line with RPB and UHB strategic priorities</p> <p>SARC - Regional Hub – Modernised facilities to meet accreditation standards and support to the provision of transferred acute forensic SARC services from Risca and Merthyr SARCs as agreed through national programme. Scheme includes re-provision of Community Drug and Alcohol service & accommodation for Locality Mental Health Teams and services</p> <p>Health & Wellbeing Centre – CRI. The development of this facility is critical to the provision of an integrated Health and Wellbeing Centre for Cardiff South and East as endorsed in the PBC Shaping Our Future Wellbeing in Our Community</p> <p>CRI – Safeguarding Works (including MEP)</p>	<p>Original scheme under review due to changing requirements of Local Authority OBC due for submission to Board Q2 2022; Est Cost £21.4m</p> <p>SOC approved; OBC – submission to Board planned for May 2022. Total cost est: £45.8m</p> <p>OBC (progressing at risk) – submission planned for May 2022; £133m (phased over 10 years)</p> <p>FBC (progressing at risk) – submission planned for November 2022</p>

PRIORITY 6: A SHIFT TO PREVENTION

OUR PLAN



If we are to move from a system currently focusing on, and dealing with, the huge backlog of existing conditions created by the pandemic to a system based on wellness and the future we describe in *Shaping of Future wellbeing*, then the need for bold public health actions are now clearer than ever. They will be a vital enabler in ensuring we successfully bridge the gap between today and tomorrow. The image describes the SOFPH programme and five composite system level projects that were described within the IMTP



PRIORITY 6: A SHIFT TO PREVENTION

OUR PLAN

Falling within shift towards prevention priority of the UHB are also a series of measures which the Minister for Health and Social Care directed Health Boards to make certain improvements. These are highlighted below.



POPULATION AND HEALTH

PRIORITY MEASURE

TARGET

BASELINE

Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway

Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway

Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally

Percentage of adult smokers who make a quit attempt via smoking cessation services

Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates

Annual improvement

Evidence of improvement

A 5% prevalence rate by 2030

5% annual target

Evidence of Improvement

Current systems don't enable this data collection as paper records to date. L2 and children - data collection systems available from April 2022; however, weight is not routinely collected in virtual clinics

Report due for submission to WG at end of March 2022. Embedded slide shows service areas developed / in progress

Baseline: 14% Cardiff and Vale of Glamorgan

(National Survey for Wales 2019-2020) Trajectory: Reduction in Smoking Prevalence, 5% by 2030 2023 12%; 2024 11%; 2025 10%

Baseline: 2.2% Cardiff and Vale of Glamorgan

(PHW/CVUHB/NWISS 2020-2021) Trajectory: Increase in the percentage of adult smokers making a quit attempt via smoking cessation services 2023 2.5% / 2024 3% / 2025 3.5%

10% of Pregnant Women smoking on booking; 25% of pregnant women on booking, accepting a referral to Smoking Cessation Services (CVUHB, 2020-2021)

2023 9% Smoking at Booking / 2024 8% Smoking at Booking / 2025 7% Smoking at Booking
35% of Pregnant Women who smoke accepting a referral to Smoking Cessation Services 2023 / 45%, 2024 / 50% 2025

PRIORITY 7: COLLABORATION WITH OUR PARTNERS

OUR STRATEGY

We know success is not driven by individual organisations but how we collectively work as system. An important relationship exists across Health Boards and Trusts as we work together to deliver pathways of care and this was articulated in our plan across a range of areas.

Specialist Endocrinology (Adult) From Qtr 1 onwards work will continue in developing an integrated endocrine surgery service, which will improve resilience of service provision across South and West Wales.

Paediatric Orthopaedics From Qtr 1 onwards CAV/SBHB will work with the commissioners (Health Boards and WHSSC) to support the implementation of the service specifications to inform service delivery and commissioning.

Spinal Surgery: Operational Delivery Network (ODN) launches key deficits in the delivery and commissioning of these services. SBUHB will also act as the host of the ODN.

Hepato-Pancreato-Biliary Surgery: From Qtr 1 and over the course of 2022/23, work will be undertaken to address short and medium term actions to improve service provision across the whole patient pathway for patients, and to develop an integrated service model for South and West Wales in line with the All Wales Service Specification.

Oesophago-Gastric cancer surgery: From Qtr 1 onwards in 2022/23 the project will finalise and implement the clinical model for SBUHB and commence work to developing the clinical model for the other service spokes in South and West Wales.

OUR APPROACH

Cancer services partnership

Our plan described a collaboration between the UHB and VNHST to progress work across acute oncology, a research and development hub, haematology/oncology and unscheduled care pathways

South East Regional working

Our plan also described the wider South East Wales regional work which the UHB would progress with its local partners.

- | | |
|----------------------------------|--------------|
| ✓ Vascular services | Stroke |
| ✓ Stroke and Thrombectomy | Orthopaedics |
| ✓ Regional eye care services | Robotics |
| ✓ Sexual Assault Referral Centre | Endoscopy |



Report Title:	Strategic Planning Update			Agenda Item no.	6.10
Meeting:	Board	Public	X	Meeting Date:	24.11.22
Status (please tick one only):	Assurance	x	Approval	Information	
Lead Executive:	Executive Director of Strategic Planning				
Report Author (Title):	Executive Director of Strategic Planning				
Main Report					
Background and current situation:					
<p>This report provides the Board with an update on five key areas of strategic planning beyond progressed. Its purpose is to give the Board assurance that actions agreed in our annual work programme or Annual Plan are being progressed and risks around delivery are being managed. The four items are as follows:</p> <ul style="list-style-type: none"> • The development of the '23 – '26 Integrated Medium-Term Plan (IMTP). • Progress with the strategy refresh. • Progress with the regional planning work programme. • The development of the two PSB '23 – '28 Wellbeing Plans 					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The strategic planning team holds the ring on a number of key planning arenas including the updating of the Health Board's overarching strategy, the annual planning process leading to the production of our IMTP, regional planning and partnership planning – including both the RPB Area Plan and the two PSB Wellbeing Plans. It is key that there is alignment between the emerging refreshed strategy, our IMTP and our regional and partnership plans.</p> <p>1. '23 – '26 IMTP Development:</p> <ul style="list-style-type: none"> • Earlier in November the Strategy and Delivery Committee discussed the approach to the development of the IMTP for next year, and the emerging priorities. It was noted that the last IMTP (an annual plan set in a three-year context as not financially balanced) was submitted to Welsh Government (WG) in June '22. As it was not a financial balanced plan, it has been treated as an annual plan by WG, and the Health Board has been escalated to 'enhanced monitoring' status of escalation as a result of this. • It is recommended that the IMTP/Annual Plan for '23 – '26 builds on the 22/23 plan, updated to reflect the delivery of this year's priorities and commitments, the delivery of the financial plan and the emerging financial context for this year and expected for next year (which is anticipated to be extremely challenging). The plan would also need to reflect the next milestones in the delivery of our overarching strategy, including our service transformation work, and the emerging themes from our strategy refresh work, alongside the key implications for us flowing from our partnership plans. • Key priorities would include: <ul style="list-style-type: none"> → Cancer - continuing to improve our cancer pathway delivery ensuring time access to definite diagnostics and treatment. → Emergency and urgent care – continue to improve our whole system response to emergencies and urgent care needs to ensure people get treated in the right place at the right time, with only those needing the services of our acute hospitals accessing care there, and ensuring a timely return to home for people who did require hospital treatment. → Maternity care and services for children with complex needs 					

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- Planned care – increasing internal capacity through productivity gains, efficiency measures and delivering services in different ways; working regionally for high volume services to ensure capacity is increased by collaborating with neighbouring health boards on a regional footprint – evening out capacity and access across SE Wales; and continuing to source external capacity (both outsourcing or insourcing) where in-house capacity isn't sufficient to support the quickest pathway to address the Covid backlog.
 - Mental health services – ensuring services are able to respond in a timely way in times of crisis and on a planned basis – including services for children and young people – where we are seeing Covid impact resulting in increasing demand, working aged adults, and older people where we can expect to see demand rise as a result of an ageing population.
 - Primary care sustainability – continuing to embed the new models for the delivery of primary care services building on our primary care sustainability work, cluster working the locality placed-based approaches to the planning and delivery of local care, utilising third sector to support our delivery of social prescribing etc.
 - Disease prevention – accelerating our focus on partnership actions and services that reduce the prevalence of preventable disease and premature death. This includes increasing uptake of evidence-based screening programmes and tailoring access to services to needs of our different communities in order to help tackle the inequities that exist across the different populations we serve.
 - Economic and environmental impact – the plan will need to summarise the actions we need to take to reduce significantly our carbon footprint, protect our environment and promote biodiversity, and ensure we adapt to the climate change that is now inevitable. We also need to ensure we are doing as a big employer and consumer of goods that we are maximising our contribution to the local economy in SE Wales.
- WG has indicated that the timetable for submission of the plan has been moved to 31st March from 31st January, recognising the levels of uncertainty we are currently managing which is making planning more difficult. As mentioned earlier, the expectation is that the financial challenge next year will be greater than previously thought and health boards will need time to be able to plan out what is possible to achieve within the funding available – and the financial allocations will not be known until just before Christmas. It is likely that there will also be a greater emphasis in year 1 actions set in a three-year context, and a more focused set of priorities set out in the planning guidance which we expect to receive towards the end of November. We are also anticipating a slimmed down minimum data set which supports the plan, and the requirement to use standardised templates for key sections of our plans. We are still working to produce our draft plan for early in New Year so that the Board has ample time to work through the detailed plans assessing the context, challenges, opportunities and risks. This will include the difficult choices we need to make in order to deliver an acceptable financial plan.

2. Strategy Refresh:

- Working is ongoing to prepare for refreshing Shaping Our Future Wellbeing 2015 – 2025. This work is being overseen by the Strategy Refresh Steering Group which is meeting fortnightly. This group is made up of two Independent Members, four members of Management Executive and strategic planning, communications and operations and strategy clinical leadership colleagues. This Steering Group is supported by a small working group who are developing the detailed communication and engagement plans and materials.
- Pre-engagement conversations are currently taking place to help us refine the questions we ask during the engagement process. External capacity to support the work is also being sourced, and the Consultation Institute is providing assurance on our process. South Glamorgan Community Health Council is also providing advice about our

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engagement process through our strategic portfolio communication and engagement group and this is ongoing

- South Glamorgan Community Health Council is also providing advice about our engagement process through our strategic portfolio communication and engagement group and this is ongoing.
- Work is also being completed on ensuring that the narrative is clear about the status of our existing four strategic programmes, and where they fit with the strategy refresh.
- A more detailed update was considered at the Strategy and Delivery Committee on 15th November.

3. Regional Planning:

- The refreshed planning arrangements for SE Wales are taking the form of the South East Wales Collaborative, with monthly meetings (membership is CEOs plus Chief Operating Officers and Directors of Planning). A regional planning Programme Director has been appointed to work on behalf of the three health boards, ensuring that Welsh Ambulance Service Trust and Powys Teaching Health Board are also involved.
- The work programme includes the following areas:
 - Planned care recovery and medium-term regional model for high volume areas (ophthalmology, orthopaedics and diagnostics) – linking where necessary to the national programmes. The principle is to look at the SE Wales population as a whole, manage waiting lists across the patch so that we ensure equity of access for our populations. Transport will be critical to ensure people can access services which may be further away, and provision will be available locally for people who cannot travel. The CHCs are engaged and engagement plans are in place where they are needed. **Appendix 1** includes the latest flash report from the Programme Director and **Appendix 2** includes the Memorandum of Understanding being established between the organisations involved.
 - Developing a regional model for stroke services including the establishment of comprehensive stroke centre as part of an integrated stroke service which covers prevention through to rehabilitation and life-after-stroke. A National Programme Board has been established to oversee and support the work taking place in the regions. It is likely that Aneurin Bevan will be a region in its own right due to the population being able to sustain a full service (apart from tertiary thrombectomy services which are delivered at UHW and Bristol). A Cwm Taf Morgannwg and Cardiff and Vale Programme has been established with a dedicated programme manager and clinical lead (in addition to a planning lead and lead clinician in each health board). The programme board membership includes representation from both health boards, WAST, the CHCs and the Stroke Association. Over 80 people attended a regional stroke workshop on 26th October at which the National Programme clinical lead and programme lead presented on the case for change, and those attending helped articulate our vision for services for the south-central Wales population.
 - Transforming Cancer Services – we already have a programme of work in place in SE Wales to develop our cancer plans and improvement programmes together. We are bringing the oversight of this into the refreshed regional planning and delivery governance mechanisms to ensure alignment between plans.
- A workshop is taking place on 28th November to bring the senior clinical leaders together to set out how the agreed principles will be embedded in how we work across the region, and to agree the next steps in each of the areas referenced above.
- Regular meetings are taking place between the Chairs so that they have strategic oversight of this work.

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- Attached for Board endorsement is a Memorandum of Understanding which sets out the principles and governance arrangements in place.
- In respect of Specialist and Tertiary Services, work continues to develop our Specialist and Tertiary Services Strategy as part of the work being overseen by the Regional and Specialist Services Provider Partnership we have in place with Swansea Bay. Workshops are taking place with senior leaders from across both organisations are progressing and a joint response to the consultation on the WHSSC draft commissioning strategy is being produced in addition to organisation specific responses.

4. PSB and RPB Planning

- The Regional Partnership Board is currently undertaking work to develop the next Area Plan ('23 – '28) in line with the requirements set out in the Social Services and Wellbeing Act. The plan will set out the priority areas the RPB will focus on for the next five years in response to the population needs assessment that was signed off the beginning of the year, and the Market Stability Report on social care provision. A number of workshops are being held with RPB members to shape the new plan, and engagement activities are taking place to ensure that people who use services are also able to feed in their views.
- The two Public Services Boards are currently engaging on draft Wellbeing Plans ('23 – '28) in line with the requirements of the Wellbeing of Future Generations Act. This includes setting wellbeing objectives for the PSBs, in addition to the individual organisation wellbeing goals. The Health Board's wellbeing goals are ten strategic objectives set out in Shaping Our Future Wellbeing. These will be updated as we develop the next iteration of our Strategy. Board members are encouraged to access the draft Wellbeing Plans and provide any observations to the Executive Director of Strategic Planning so they can be considered in the drafting of the final plans.
- South Wales Spinal Network – the funding for the network team has been approved by the WHSSC Management Team, and recruitment of the team has commenced. The SWSN will be hosted by SBUHB, and commissioned by WHSSC. A Memorandum of Understanding has been developed that sets out the responsibilities of the host, and the network and the responsibilities of the network member organisations in order that the service can perform to its maximum effectiveness. The MoU is on the November agenda of the Board for consideration and approval. The aim is to launch the network on the 1st April 2023.
- Hepato Pancreato Biliary Service Model Project – The Clinical Model Working Group has shortlisted options for an integrated service model, and developed benefit criteria. An External Advisory Group (EAG) has been established, chaired by Professor Paula Ghaneh (Professor of Pancreatic Surgery, University of Liverpool). The EAG will use the benefit criteria to appraise the short list in December 2022, a further financial appraisal will be undertaken by the WHSSC Finance Subgroup in January.
- Further work is ongoing to finalise the service specification for Adult Specialised Endocrinology, and to commence the development of the service specification for Specialised Infectious Diseases.

The RSSPPP is developing a joint response to the consultation on the WHSSC draft commissioning strategy in addition to organization specific responses PSB and RPB Planning

- The Regional Partnership Board is currently undertaking work to develop the next Area Plan ('23 – '28) in line with the requirements set out in the Social Services and Wellbeing Act. The plan will set out the priority areas the RPB will focus on for the next five years in response to the population needs assessment that was signed off the beginning of the year, and the Market Stability Report on social care provision. A number of workshops are

being held with RPB members to shape the new plan, and engagement activities are taking place to ensure that people who use services are also able to feed in their views.

- The two Public Services Boards are currently engaging on draft Wellbeing Plans ('23 – '28) in line with the requirements of the Wellbeing of Future Generations Act. This includes setting wellbeing objectives for the PSBs, in addition to the individual organisation wellbeing goals. The Health Board's wellbeing goals are ten strategic objectives set out in Shaping Our Future Wellbeing. These will be updated as we develop the next iteration of our Strategy. Board members are encouraged to access the draft Wellbeing Plans and provide any observations to the Executive Director of Strategic Planning so they can be considered in the drafting of the final plans. Hyperlinks to the draft plans here:

The Cardiff PSB consultation can be found at this link -

<https://www.cardiffpartnership.co.uk/consultations/>

The Vale PSB draft Well-being Plan can be found at this link -

<https://www.valepsb.wales/en/Our-Plan/Draft-Well-being-Plan-2023-28.aspx>

and you can comment on the draft Plan by completing a short online survey here:

<https://participate.valeofglamorgan.gov.uk/wellbeing-plan> or by emailing

ValePSB@valeofglamorgan.gov.uk by the 29th January 2023.

Recommendation:

The Board is requested to:

1. **Endorse** the priority areas and process for developing the IMTP for '23 – '26.
2. **Note** the progress with developing the next iteration of our longer-term strategy.
3. **Note** and **endorse** the approach being taken to progress service planning on a regional footprint, including the MOU being put in place between the partner organisations.
4. **Note** the engagement on the PSB Wellbeing Plans and provide any comments to the Executive Director of Strategy Planning.
5. **Agree to receive** the Area Plan and two Wellbeing Plans for approval at the Board meeting in March.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No	
<i>No risk assessments relevant to the content of this report.</i>	
Safety: Yes/No	
<i>No specific safety issues highlighted by this report. There is a general safety issue if we are not able to deliver sustainable services for our population.</i>	
Financial: Yes/No	
<i>There will be financial implications in relation so some of the work highlighted in this report, but the details will be developed as part of the ongoing work. Plans for services should look to reflect the Health Board's overarching financial plan that is looking to reduce the cost of delivering services. Where a specific need for investment is determined, a business case will be developed.</i>	
Workforce: Yes/No	
<i>There will be workforce implications relating to the introduction of regional service models.</i>	
Legal: Yes/No	
<i>There is a legal requirement for the Health Board to work as part of the RPB and two PSBs to work with relevant partners to produce the Area Plan and Wellbeing Plans.</i>	
Reputational: Yes/No	
<i>No specific risks to highlight.</i>	
Socio Economic: Yes/No	
<i>The Wellbeing Plans and the plans for regional service models will explicitly consider the socio-economic duty. In relation to the later, we will be working across a wider footprint to ensure that those who most need to access services are able to do so addressing any 'inverse care law' impacts.</i>	
<i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</i>	
Equality and Health: Yes/No	
<i>EHIAs) will be undertaken for the key plans described in this report.</i>	
Decarbonisation: Yes/No	
<i>Responding to the climate emergency features strongly in the Wellbeing Plans and will need to be an important part of our IMTP.</i>	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date: Strategy and Delivery Committee 15 th November 2022.

Saunders, Nathan
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Programme Name: Regional Ophthalmology

Update Date: 20th October 2022

Prepared By: Hannah Brayford



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board



Bwrdd Iechyd Prifysgol
Cardiff and Vale
University Health Board



Offthalmoleg Ardal
De-ddwyrain Cymru
South East Wales
Regional Ophthalmology

Baseline: Does the programme and constituent projects have the following (delete as appropriate):

Programme / Project	Agreed definition / purpose	Required resources	Appropriate governance
Ophthalmology	YES	Yes in part	YES
Project 1: Cataract Recovery	YES	NO	YES
Project 2: Ophthalmology Strategy	YES	YES	YES
Project 3: Regional cataract and VR service	YES	NO	YES

Overall Programme and Project Assessment

Not started

On Track

At Risk






Off Track

Complete

Overall Programme Status (amend colour as appropriate)	<div></div>	<div>If Amber or red only explain why</div> <ul style="list-style-type: none">• Programme status at risk• Good Clinical Engagement• Clear demand and capacity plans• Further progress needed in cataract solution	<div>(1)Cataract Recovery: Project Status</div>	<div>If Amber or red only explain why</div> <ul style="list-style-type: none">• Project team in place• High risk project• Stage 1 (CTM & CAV) not being taken forward	<div>(3)Regional cataract and VR service: Project Status</div>	<div>If Amber or red only explain why</div> <ul style="list-style-type: none">• Clinical scoping workshop in October• Strong Clinical engagement
		<div>(2)Ophthalmology Strategy:</div>	<div>If Amber or red only explain why</div> <ul style="list-style-type: none">• Strategy Completed• Further light touch engagement underway• Sign-off route agreed			

What was committed to at the last meeting	What has been completed - This must directly correlate to the box on the left	What will be done by the next meeting (Nov 28)
<ul style="list-style-type: none">(1)Cataract Recovery<ul style="list-style-type: none">CTM Planned Care FundingCosting model agreedBusiness Case drafting completed(2)Strategy<ul style="list-style-type: none">Strategy engagement plan executed(3)Cataract and VR<ul style="list-style-type: none">Project Scope Agreed	<ul style="list-style-type: none">(1)Cataract Recovery<ul style="list-style-type: none">CTM Planned Care Funding reports completed but funding not availableBusiness Case drafting underway to be ready for next programme board on 7th November(2)Strategy<ul style="list-style-type: none">Strategy engagement concluded on 21st October(3)Cataract and VR<ul style="list-style-type: none">Project Scope agreed at workshop on 7th November and further developed on 28th Nov	<ul style="list-style-type: none">(1)Cataract Recovery<ul style="list-style-type: none">Business Case completed and at final stages of approval(2)Strategy<ul style="list-style-type: none">Ready for final endorsement through the governance structures(3)Cataract and VR<ul style="list-style-type: none">Project Scope further refined on 28th Nov

Major Risks:	Where does the risk sit i.e. at a programme level or a specific project	Mitigating Action(s):	Any Decision(s) / Intervention(s) required from Portfolio Board:
That not all Health Boards have Clinical Directors and Directorate Managers in place for Ophthalmology	Programme Level	High level negotiation with DU and WG about additional capital funding and where the funding will come from and how HB allocations of recovery monies will be affected	<ul style="list-style-type: none">Support to fill vacancies and clinical leadership postsNegotiation of 'new' and capital funding from WG/DUCommitment of funding for clinical lead sessions from HB funding
That the funding available is 'top sliced' and does not represent new/additional monies	(1)Cataract Recovery	High level negotiation with DU and WG about where the funding will come from and how HB allocations of recovery monies will be affected	

						<h1>PLAN ON A PAGE</h1>		
Programme Title	Regional Ophthalmology Programme		Prog Mgr	Hannah Brayford		SRO	Christopher Dawson-Morris	Clinical Lead
Programme Aims & Objectives	Vision: Ophthalmology Services in South East Wales are sustainable and deliver high quality care and improved outcomes to patients in a timely way			Programme level Benefits		Sustainable service delivery, Reduced Waiting times, Sustainable Staffing Equity of Service across the region		AB: Rhianon Reynolds CAV: Siene Ng CTM: Anjana Haridas
(1)Cataract recovery			(2)Ophthalmology Strategy			(3)Regional cataract and VR service		
Project Aim(s)		Project Milestone & timescales	Project Aim(s)		Project milestones & timescales	Project Aims		Project milestone and timescales
Stage 1 – In year insourcing in UHW for CAV and CTM Patients. 4-5 month arrangement funded by HB's until the end of March 2023 – funding not available Stage 2 – Business Case for maximising our current assets for 12-18 months to WG for funding. Utilising hubs in the South and North. Joint outsourcing contract between CTM and AB. To run from April 2023 onwards		Stage 1 Live by November 2022 to run for 4 months – funding not available Stage 2 Business Case finalised and submitted to Welsh Government by early December 2022 Stage 2 Solution live by April 2023	The aims of the project are: To socialise and raise awareness of the Regional Ophthalmology Strategy To allow sufficient space and opportunity for stakeholders and partners to contribute their views To gain agreement and momentum for the priorities in the strategy Strategy Aims: To set the future direction of the service in the region		October 2022: final light touch stakeholder engagement Early November: approval by SE Wales Planning Forum November: review through management Execs x 3 Early December 2022: quick review by SE Wales Planning Group December 2022: Consideration by Portfolio Board for final sign off December 2022 Project completed	Provisional Stage 3 – Developing sustainable staffing and clinical models for Cataracts and VR. For cataracts and VR in UHW, and cataracts and VR referral pathways and the associated staffing models and costings.		Provisional October 2022: Clinical Scoping Session November: Demand and Capacity scoping Jan-June 2023: Development of best practice clinical model and associated staffing models and capital requirements Jul-Sep: Costing and Funding models Oct-Dec 2023: Engagement process and completion of second business case detailing sustainable solutions for cataracts and VR
Project Scope (in and out)		Benefits inc measures	Project Scope (in and out)		Benefits inc measures	Project scope (in and out)		Benefits inc measures
In scope for this project are all cataracts procedures/patients Patients from AB, CAV and CTM Cataracts outpatient and surgical capacity across the whole region Out of scope are other Ophthalmology services and VR Services		Patient Benefits Reduced waiting times Improved quality of life (measured through PROMS/PREMS) Wider Organisational Benefits Increased Capacity across the region Reduced waiting list size Making the best use of regional resources Measurable Benefits The measurable benefits that will be delivered by this project are: Reduce Outpatient waiting times, Reduced Inpatient waiting times, Increased number of procedures undertaken (Capacity)	In scope are: Ophthalmic Services in South East Wales defined as suitable for regionalisation by the clinical group (set out in the strategy)		Shared understanding of future direction and priorities Alignment of priorities in IMTPs and other strategic documents Alignment of funding opportunities Specific measurable benefits will be delivered through the projects	In scope for this project are all cataracts and VR procedures/patients Patients from AB, CAV and CTM Cataracts and VR outpatient and surgical capacity across the whole region Clinical model Staffing Model Out of scope are other Ophthalmology services		Patient Benefits Reduced waiting times Improved quality of life (measured through PROMS/PREMS) Wider Organisational Benefits Increased Capacity across the region Reduced waiting list size Making the best use of regional resources Measurable Benefits The measurable benefits that will be delivered by this project are: Reduce Outpatient waiting times, Reduced Inpatient waiting times, Increased number of procedures undertaken (Capacity)

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Programme Name: Diagnostics

Update Date: 21/10/2022

Prepared By: E. Beadle



Baseline: Does the programme and constituent projects have the following (delete as appropriate):

Programme / Project	Agreed definition / purpose	Required resources	Appropriate governance
Diagnostics		PARTIAL	Programme Board to be established
Project 1:Community Diagnostic Hubs	Principles paper drafted	PARTIAL	See above
Project 2: Endoscopy	YES	PARTIAL	See above
Project 3: Regional Pathology	Vision and aims proposed	PARTIAL	See above

Overall Programme and Project Assessment

Not started On Track At Risk Off Track Complete

Overall Programme Status (amend colour as appropriate)		Community Diagnostic Hub: Project Status	Interim programme support has been secured. Workshop due on 27 th October to develop specification. ToR drafted to formalise the Project Board an newly formed Operational Group.	Regional Pathology: Project Status	Terms of reference in place for the Project Board. Communication documentation developed. Next meeting is due on 25th October 2022.
		Endoscopy: Project Status	Progress has been made with demand and capacity modelling, which has informed a draft plan to be discussed at the NEP Board on 3 rd November		

What was committed to at the last meeting		What has been completed - This must directly correlate to the box on the left		What will be done by the next meeting (Nov 28)
<ul style="list-style-type: none">Regional Diagnostics Board meeting schedule to be established.Full programme and project governance to be completed and confirmed.Progress recruitment to a programme/ planning manager role.		<ul style="list-style-type: none">ToR drafted for each of the three constituent project boards.Interim programme support in place for community diagnostics.Job description for programme post prepared for advertising.		<ul style="list-style-type: none">Programme Board will be in place.Project Board meetings held.Refer to specific updates for key actions for each project.
Major Risks:	Where does the risk sit i.e. at a programme level or a specific project	Mitigating Action(s):		Any Decision(s) / Intervention(s) required from Portfolio Board:

Inability to obtain programme support

Program me

If unable to recruit at Band 8C, there is potential to reframe the seek a Band 8B Programme Manager with support.
Interim support obtained for community diagnostics hubs

Any Decision(s) / Intervention(s) required from Portfolio Board:

Programme Title	Diagnostic Programme	Prog Mgr	TBC	SRO	Programme Board Membership
Programme Aims & Objectives			Programme level Benefits		
Community Diagnostic Hubs		Endoscopy		Regional Pathology	
Project Aim(s)	Project Milestone & timescales	Project Aim(s)	Project milestones & timescales	Project Aims	Project milestone and timescales
Principles document has been drafted which sets out the scope and proposed approach.	<ul style="list-style-type: none"> A working group has met to develop a formal principles document to initiate the community diagnostics work. Principles document is now in final draft for dissemination and formal consideration. This will need to be presented to a formal project board meeting. Work has been undertaken to develop the supporting project infrastructure to be confirmed during October 2022 and interim programme support has been obtained. A workshop is planned for 27th October to bring together colleagues to collaborate on a service specification for community diagnostics centres that would be fit for purpose across the region. 	<p>Recover the Endoscopy position in line with the ministerial measures i.e. Cancer targets and Improvement Trajectory of zero patients waiting over 8 weeks by March 2026.</p> <p>Contribute to National Endoscopy Programme work for sustainable training opportunities within Wales i.e. establishment of South Wales Academy</p> <p>Clinical Pathways – ensure consistent use of nationally agreed pathways across region.</p> <p>Agree Facilities and Infrastructure requirements for the region.</p>	<p>October 2022: Demand and Capacity work to be completed by HBs and DU in order to identify gaps as a region and work up potential solutions. Position to be monitored in monthly meetings.</p> <p>Nov 2022: Regional draft plan to be discussed at National Endoscopy Programme Board.</p> <p>Dec 2022: HBs to undertake two elements of National Programme modelling of existing workforce and competencies and present back to monthly meeting.</p> <p>Ongoing as standardised clinical pathways are developed.</p> <p>Plan the Infrastructure requirements for the region in addition to individual HB basis.</p>	<p>Vision statement needs to be agreed but discussions at first meeting of the South East Pathology Steering Group indicated the following –</p> <p>To identify and implement regional pathology solutions to create a robust, sustainable, future proofed and patient focussed service.</p>	<p>Actions from 1st meeting of the South East Regional Pathology steering group listed below. Project milestones and timescales to be agreed and project plan produced.</p> <ul style="list-style-type: none"> Establish monthly South East Regional Pathology Steering Group Meetings – Completed - 1st meeting held 15.09.22.. All dates 2022/23 scheduled Hold South East Pathology Operational lead Meeting – in progress – meeting scheduled for the 29.09.22 Produce overarching communication explaining regional CEO agreement to work collaboratively on specific service area's for all pathology staff and stakeholders – draft communication to be tabled and agreed at next meeting of the Regional Pathology Steering Group 25.10.22 Arrange joint operational group meetings between SE Regional partners – for discussion at next meeting of the Regional Pathology Steering Group

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Programme Name: Orthopaedics

Update Date: October 2022

Prepared By: Marie Davies



Baseline: Does the programme and constituent projects have the following (delete as appropriate):

Programme / Project	Agreed definition / purpose	Required resources	Appropriate governance
Orthopaedics	NO	YES	NO
Project 1:			
Project 2:			
Project 3:			

Overall Programme and Project Assessment										<div>● Not started</div>	<div>● On Track</div>	<div>● At Risk</div>	<div>● Off Track</div>	<div>● Complete</div>
Overall Programme Status (amend colour as appropriate)		If Amber or red only explain why <ul style="list-style-type: none">This programme has not yet commenced due to a lack of programme manager and full clinical engagement	Project 1: Project Status		If Amber or red only explain why <ul style="list-style-type: none">[Bullets]	Project 3: Project Status		If Amber or red only explain why <ul style="list-style-type: none">[Bullets]						
			Project 2: Project Status		If Amber or red only explain why <ul style="list-style-type: none">[Bullets]									
What was committed to at the last meeting			What has been completed - This must directly correlate to the box on the left				What will be done by the next meeting (Nov 28)							
<ul style="list-style-type: none">Further attempts to recruit a programme manager via a variety of routesSubsequent scoping of the programme to understand purpose, objectives and desired outcomes			<ul style="list-style-type: none">Successful appointment of a programme manager on the 20 Oct with a view to starting in the role during November.				<ul style="list-style-type: none">Scoping of the programme can commence in November with the appointment of a programme manager.Orthopaedic breakout session of the regional planning conference targeted as the forum by which we can ‘agree’ a work programme across all organisations							
Major Risks:	Where does the risk sit i.e. programme level or a specific project	Mitigating Action(s):				Any Decision(s) / Intervention(s) required from Portfolio Board:								
Substantial progress with this programme will not be made until there is dedicated resource(s) fully in place	programme level	This risk has been mitigated by successful appointment of a PM.												

DATED

MEMORANDUM OF UNDERSTANDING

IN RELATION TO

SOUTH EAST WALES REGIONAL PLANNING

between

ANEURAN BEVAN UNIVERSITY HEALTH BOARD

And

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

And

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

Saunders, Nathan
06/09/2023 11:37:43

THIS AGREEMENT is dated

Parties

- (1) **Aneurin Bevan University Health Board** of St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ (**ABUHB**)
- (2) **Cardiff and Vale University Health Board** of Woodland House, Maes y Coed Road, Llanishen, Cardiff, CF14 4TT (**CVUHB**).
- (3) **Cwm Taf Morgannwg University Health Board** of Ynyfmeurig House Unit 3 Navigation Park, Mountain Ash CF45 4SN (**CTMUHB**)

Background

ABUHB, CVUHB and CTMUHB have agreed to work together on the portfolio of regional opportunities that will initially include Orthopaedics, Ophthalmology, and Diagnostics.

The parties wish to record the basis on which they will collaborate with each other on the portfolio. This Memorandum of Understanding (**MoU**) sets out the:

- Key objectives of the portfolio;
- Governance structures the parties will put in place and agree to adhere to; and
- Respective roles and responsibilities the parties will have in delivery of the portfolio.

Key objectives for the Portfolio

The parties shall enter into the portfolio to achieve the following objectives;

- a) To reduce unwarranted variation and inequality in health outcomes, access to services and experience at a regional population level.
- b) To improve resilience.
- c) To make effective use of capacity and capability in whichever organisation it sits.
- d) To create critical mass for effective high quality care delivery when and where it makes sense to do so accepting that my not reside in every organisation.
- e) Take all opportunities to use the evidence base and best practice to improve quality, efficiency, productivity, and use of finite resources.
- f) To enable clinical leaders, and others, to work together, lead together and learn together.

Governance

A Regional Portfolio oversight board (RPOB) shall be established to oversee the portfolio (as per its terms of reference). Each Health Board shall be represented on this forum via its Chief Executive, Director of Planning and Chief Operating Officer

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Each Health shall 'host' a programme of work on behalf of the RPOB. This shall be as follows;

- Ophthalmology - *Aneurin Bevan University Health Board*
- Diagnostics - *Cwm Taf Morgannwg University Health Board*
- Orthopaedics – *Cardiff and Vale University Health Board*

Where additional programmes of work are bought into the portfolio at any point in the future the programme(s) hosting arrangements must be determined at the outset.

This MOU recognises that programmes do not always have to be a three-way programme if one particular organisation does not have a need to join. Specific partnerships/programmes may exist within this MOU where there are only two interested parties.

The RPOB must establish robust mechanisms for ensuring a clear line of site to any other regional programme, partnership, collaboration etc which are outside the scope of its terms of reference but could be depended on the delivery of work of the RPOB. Or vis versa.

Roles and responsibilities the parties

Hosting a programme shall not mean that the end clinical solution is to be found within the respective hosts Health Board boundary. Rather hosting shall mean a commitment to;

- Adequately resource a programme of work from both a manager and clinical perspective.
- Ensure the programme is fit for purpose in both its approach, governance
- Ensure a programme is representative of the region it is operating on behalf including a model of distributed leadership where, for example, the SRO maybe from organisation A, clinical lead from organisation B
- Ensure a programme robustly reports into the regional governance structures described in this ToR (annex A)

Escalation

If any party has any issues, concerns or complaints about the portfolio, or any matter in this MoU, that party shall notify the other party and the parties shall then seek to resolve the issue by a process of consultation. If the issue cannot be resolved within a reasonable period of time, the matter shall be escalated to the RPOB, which shall decide on the appropriate course of action to take.

If any party receives any formal inquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the Freedom of Information Act 2000) in relation to the

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portfolio, the matter shall be promptly referred to the RPOB (or its nominated representatives). No action shall be taken in response to any such inquiry, complaint, claim or action, to the extent that such response would adversely affect the portfolio, without the prior approval of the RPOB (or its nominated representatives).

Term and termination

This MoU shall commence on the date of signature by all three parties, and shall expire on receipt of formal notice from a partner that it wishes to withdraw from the portfolio.

Variation

This MoU, including the Annexes, may only be varied by written agreement of the RPOB.

Charges and liabilities

Except as otherwise provided, all parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoU.

All parties shall remain liable for any losses or liabilities incurred due to their own or their employee's actions and neither party intends that the other party shall be liable for any loss it suffers as a result of this MoU.

Status

This MoU is not intended to be legally binding, and no legal obligations or legal rights shall arise between the parties from this MoU. The parties enter into the MoU intending to honour all their obligations.

Nothing in this MoU is intended to, or shall be deemed to, establish any partnership or joint venture between the parties, constitute either party as the agent of the other party, nor authorise either of the parties to make or enter into any commitments for or on behalf of the other party.

Signed for and on behalf of **ANEURAN
BEVAN UNIVERSITY HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of **CARDIFF
AND VALE UNIVESITY HEALTH
BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of **CWM TAF
MORGANNWG UNIVESITY HEALTH
BOARD**

Signature:
Name:
Position:
Date:

Annex A. Regional Portfolio oversight board (RPOB) - Terms of Reference

1. Purpose

The RPOB is a joint forum consisting of ABUHB, CAVUHB and CTMUHB. Its purpose shall be to;

- On behalf of each organisation be assured on progress being made across the portfolio in developing and implementing sustainable and high quality regional services into the future.
- To take a shared view in identifying and initiating further regional opportunities.
- Ensure that a collaborative relationship between the three Health Boards is maintained to deliver the best quality and outcomes of care possible to patients.
- Ensure collaboration is pursued with benign intent, honesty, transparency, and integrity in order to build trusting and effective relationships.
- To agree approaches to engagement and communications together.
- To avoid leaving anyone behind and learn from the past and progress in an open, honest and humble way.

Initially the focus of the Portfolio shall include - *Orthopaedics, Ophthalmology and Diagnostics*. This may be amended at any point via a formal decision on the RPOB.

2. Membership

The forum will be made up of a core membership which includes the following from each of the three organisations–

- CEO
- Executive Directors of Strategy/Planning
- Chief Operating Officers

In addition the Regional Planning Programme Director shall be a core member.

Other Executives being invited to attend the meetings where appropriate. As to may Senior clinical and operational leaders from the appropriate services.

3. Portfolio scope

The RPOB will work on behalf of all three Health Boards. It will provide assurance to ABUHB, CVUHB, CTMUHB chairs, Boards and other relevant Board sub committees that both the key objectives of the Portfolio and programme specific outputs and outcomes are being met and that the portfolio is performing within the boundaries set.

The RPOB shall have the authority to endorse outputs / outcomes of programmes. Where required it shall recommend sign-off / support to individual organisation Boards and Committees but this will be handled by local organisation governance processes.

The RPOB shall have no delegated financial authority from any partner organisation.

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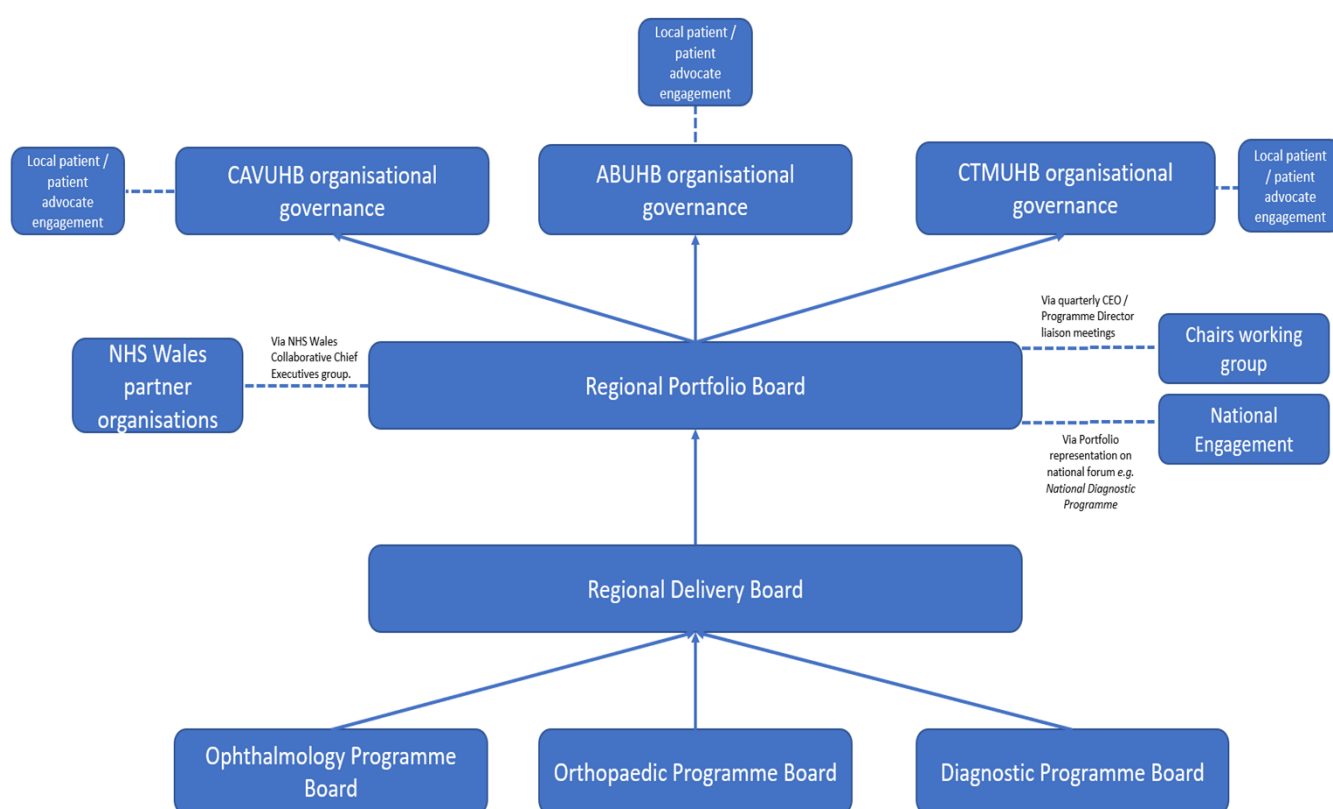
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4. Governance and Reporting

Where required Chief Executives will engage with Chief Executives of other Health Boards and Trusts on matters / decisions pertaining to the Portfolio that may impact on wider NHS Wales service delivery through the NHS Wales Collaborative Chief Executives group.

A Regional Delivery Board (RDB) shall report into the RPOB and work on its behalf to ensure effective design, delivery and implementation of the programmes of work within the scope of the Portfolio.

The RPOB will ensure there exist robust arrangements in place for ensuring ongoing assurance to Health Board Chairs, Welsh Government, Community Health Councils and other interested stakeholders.



The RPOB shall record current and future contributions made to the Portfolio (financial and otherwise) by respective partners to ensure and risk is being appropriately shared.

5. Meeting Arrangements

- The forum will meet on a monthly.
- Meetings will be held on MS Teams.
- The chair will be held on a three month rotational basis by each of the respective Chief Executives.

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- The secretariat function will be provided by the Regional Planning Programme Director.
- The meeting shall be quorate if each organisation is represented by a 'core' member

Date last reviewed:

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Version: 0.2
Date: 01.11.22

Report Title:	Decarbonisation Update for Board			Agenda Item no.	6.11
Meeting:	Board	Public	X	Meeting Date:	24/11/2022
		Private			
Status (please tick one only):	Assurance	x	Approval	Information	X
Lead Executive:	Abigail Harris, Executive Director of Strategic Planning				
Report Author (Title):	Edward Hunt, Programme Director, Shaping Our Future Hospitals				

Main Report

Background and current situation:

Context

According to the WHO in October 2021, "Climate change is the biggest single threat facing humanity". In 2022, there have been extreme weather events in the UK and globally, there have been almost 50 flood warnings and alerts in large parts of Wales due to storm Franklin. More than a third of Pakistan under water due to heavy rain, official declarations of drought throughout the UK this summer and wildfires blazing in the Arctic.

NHS Wales has set two targets: 1) a 16% reduction in carbon emissions by 2025 and 2) a 34% reduction in carbon emissions by 2030. The baseline from which the reductions should be measured against is 2018/19.

In January 2020, the CVUHB Board made a commitment to respond urgently to the climate emergency, confirming a desire to be an exemplar organisation. In November 2021, CVUHB's second sustainability action plan 2022/23 was approved, taking on board the learning from the first. This action plan runs through to 31/3/23 and is progressing satisfactorily. This year, CVUHB has learned that its approximate carbon emissions are 202,000 tonnes p/a. There is much to do to reduce this.

In July 2022, Audit Wales published the Public Sector Readiness for Net Zero Carbon by 2030 report:

https://www.audit.wales/sites/default/files/publications/Public_Sector_Readiness_for_Net_Zero_Carbon_by_2030.pdf

This report called for an increase in pace of activity amid uncertainty about whether it is possible to achieve an ambition for net zero emissions by 2030 for the Welsh Public Sector. The next sustainability action plan which will form part of the IMTP will need to mature beyond where we are today, learn from the past two years' experience, increase pace and take on board the suggested actions by Audit Wales. Audit Wales say that all organisations are to "ramp up" activities, increase collaboration and put decarbonisation at the heart of day-to-day activities.

This report asks Board to:

- Note CVUHB's estimate of carbon emissions
- Note the key areas of progress CVUHB has made against its action plan for 2022/23
- Note that a new decarbonisation action plan is in the early stages of development which will form part of the next IMTP and that early thinking on what that could contain is presented below.
- Note that there is no line of sight to the 2025 or 2030 targets and that radical action is needed to embed sustainability as a core way of doing business.

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

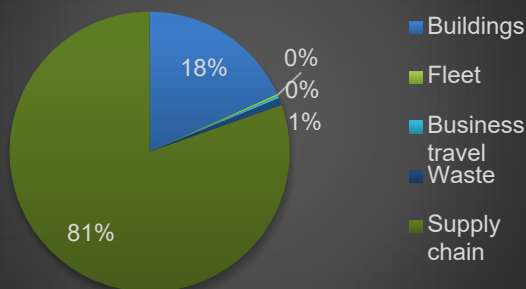
CVUHB's Carbon Emissions

Over the past year, WG have been developing a means to report carbon emissions from the public sector. Data on our energy consumption, waste, business mileage, supply chain spend, etc get input into a template which estimates a carbon footprint of CO₂e. All public sector organisations should report in this way. The reporting method is evolving but has begun provide some useful insight to CVUHB with regards progress towards the 2025 target.

The current estimate of CVUHB's carbon emissions are 202,000 tonnes of CO₂e.

Saunders Nathan
09/09/2023 11:37:43

Emissions profile 2021/22



Sector	Emissions (tonnes CO2e)
Buildings	36,871
Fleet	458
Business travel	589
Waste	1,690
Supply chain	162,541
Total	202,149

Data quality and calculation issues have been raised with WG so that more accurate reporting can be achieved over time. There has also been concern raised with WG over the 2018/19 baseline of c160,000 tonnes CO2e which was calculated using a different method to that used for 2021/22. CVUHB have undertaken an exercise to calculate as best as possible its historic emissions using a single consistent method from the best information available (EFPMS). Excluding supply chain data, this estimates a 1% decrease in emissions from 18/19 to 21/22.

22/23 Action Plan

An update on progress against CVUHB's 2022/23 action plan has been provided to the Audit and Strategy & Delivery Committees. Much has been achieved this year including:

- In October 2022, CVUHB agreed a clear governance structure for the decarbonisation programme.
- Each Executive Director has a decarbonisation objective for 22/23.
- Part time clinical, nursing and therapies leadership positions have been put in place this autumn
- Emissions data is being reported, getting understood and some of the flaws/learning raised with WG.
- Set up a staff award for most sustainable team
- Hired an Environmental Sustainability Manager within the Strategy team.
- 10 colleagues trained in sustainable quality improvement (SusQI) and running small improvement projects with the aim of reducing or understanding carbon in healthcare.
- Investment made into a new bike locking facility which is approaching completion in UHW.
- A multi-disciplinary team have reduced nitrous oxide use in CVUHB, estimated to realise 1m litres p/a savings in gas usage and around 535 tonnes of CO2e avoided per annum.
- Clinical colleagues providing years 1 – 5 teaching and supervision to Medical School students with the aim of embedding 'climate smart healthcare' into future doctors at the earliest opportunity.

However, when stepping back and putting into context the 2025 and 2030 targets of a 16% and 34% reduction in emissions, a number of red flag findings can be concluded:

- The current financial landscape doesn't allow the NHS to reach Net Zero.
- The NHS supply chain business model is largely based upon single use/disposal.
- The existing method for calculating supply chain emissions is immature.
- Sustainability is not embedded throughout decision making (operational, clinical, corporate).
- COVID-19 recovery focusses on increasing the amount of clinical activity to address the backlog.
- Sustainable healthcare is not a mature discipline.
- Unless dedicated resource or time is provided to already stretched and overburdened staff, sustainability will continue to be seen as an add-on to existing work and priorities.

Responses to these areas of learning need to be embedded into the next action plan to be near a trajectory to the first NHS Wales target in 2025.

Audit Wales Findings

Furthermore, Audit Wales have set out 5 calls to action as they feel there is uncertainly whether the Welsh Public Sector as a whole can achieve WG's ambition by 2030 of having a net zero public sector. These calls for action are:

- Strengthen your leadership and demonstrate your collective responsibility through effective collaboration;
- Clarify your strategic direction and increase your pace of implementation;
- Get to grips with the finances you need;
- Know your skills gaps and increase your capacity; and
- Improve data quality and monitoring to support your decision making.

The next sustainability action plan should be prepared with these 5 criteria in mind.

WG’s response to the Audit Wales report was that the investment required to achieve targets should come from existing expenditure. In para 29, it highlights that “Public bodies recognised that significant investment in decarbonisation will be required, particularly for upfront infrastructure costs. But they were uncertain about where the funding for this investment would come from. The Welsh Government is providing funding to public bodies in various ways, but it has said it cannot fund everything. Public bodies will therefore need to think carefully about how they can use their existing funding in different ways, explore potential additional funding opportunities and consider how they might share costs with partner organisations.”

Developing the 2023/24 Sustainability Action Plan

Early thinking has gone into the 2023/24 action plan which will be part of the next IMTP. It will consider the learning from the past year and the Audit Wales calls to action. The following is being considered:

- As an immature field, it cannot be said that decarbonisation is yet being driven naturally within the organisation. Therefore, consideration for the next action plan could include each part of the organisation being set carbon savings targets after a suitable baseline position has been measured. Why: This would help generate more ownership, though early socialisation of this idea hasn’t shown strong support. Additionally, CVUHB is home to a rich variety of specialties which have different characteristics, so one size may not fit all necessitating local approaches.
- Build mitigation and adaption practices into the SOFW Strategy Refresh and Shaping Our Future Clinical Services. Why: As CVUHB rethinks the way it delivers services in the future, designing in lean and green approaches, pathways and services will be the right thing to do easier than bolting them on later.
- Further work could be done so all decisions across the UHB could be made with decarbonisation in mind, notwithstanding patient need being primary. Why: the carbon impact of a project, proposal, policy, etc can be assessed and form part of decision making criteria.
- There is not clarity what sustainable healthcare is amongst our colleagues. Calls could be made to the Royal Colleges on their policies to help understand the promoted approaches, behaviours and techniques that could be adopted in CVUHB. The time of people will need to be allocated to undertake this research, disseminate learning and win hearts & minds. Why: It has been proven over the past two years that unless people have dedicated time to devote to decarbonisation, the ‘day job’ will take priority, furthermore, its needs to be established what decarbonisation means for the many specialties and professions that form CVUHB.
- Adoption of the Level 2 travel charter (<https://www.healthytravel.wales/level2.html>) Why: For a public body such as CVUHB to show leadership in promoting healthy travel amid such public health issues as declining levels of physical activity, obesity and diabetes.
- Take advantage of as much grant funding as possible. Why: With budgets committed and under pressure and a healthcare operation to keep running out of old buildings, opportunities to fund improved energy efficiency should be taken.

Summary

The Sustainability Action Plan 22/23 was deliberately broad and challenging. Taking the learning from our first action plan (2020/21), it was clear that our level of maturity needed to increase because as good things were being achieved, it tended to be because a small number of enthusiasts were making a difference rather than more systematic change. It is the case that there is more activity and awareness this year, but it is still small relative to the size of the UHB.

Notwithstanding the data/reporting immaturity/issues mentioned in this paper, CVUHB currently has no line of sight to the 16% by 2025 carbon reduction target. Significant change is needed to ensure that target can be achieved and everyone will need to play a part.

Recommendation:

This report asks Board to:

- **Note CVUHB’s estimate of carbon emissions**
- **Note the key areas of progress CVUHB has made against its action plan for 2022/23**
- **Note that a new decarbonisation action plan is in the early stages of development which will form part of the next IMTP and that early thinking on what that will contain is presented in this paper.**
- **Note that there is no line of sight to the 2025 or 2030 targets and that radical action is needed to embed sustainability as a core responsibility and ensure delivery of the action plan.**

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	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

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No

There is a risk that the financial impact of meeting NHS Wales decarbonisation targets cannot be met through current methods of funding. The mitigation is to better understand the scale of the requirement in a prudent way as per the recommendation from Audit Wales mentioned in this paper.

Workforce: Yes/No

There is a risk that given the need to make progress against NHS Wales targets, our workforce doesn't understand how the need to decarbonise impacts their day to day work. There is also a risk that under the current operational pressures, colleagues will focus their attention on the day job and not take on board additional asks. The mitigation is to undertake further sensitive culture change activity and also understand how the representative bodies (such as Royal Colleges) are responding and rolling out initiatives.

Legal: Yes/No

Reputational: Yes/No

There is a risk that as a public body, not showing leadership on decarbonisation will cause reputational damage amongst our colleagues, Welsh Government, public sector bodies and our population. The mitigation is to demonstrate results and share these successes through internal and external channels.

Socio Economic: Yes/No

Equality and Health: Yes/No

There is a risk that not adapting to the impacts of a changing climate, the health of the most vulnerable in society could decrease. The mitigation is to consider widespread adoption of adaption strategies.

Decarbonisation: Yes/No

There is a risk that NHS Wales carbon saving targets of 16% by 2025 and 34% by 2030 are not met. The mitigation is to increase and accelerate participation and ownership of decarbonisation across the UHB through an updated Sustainability Action Plan.

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders,Nathan
06/09/2023 11:37:43

Report Title:	Assurance Mapping Phase 2 Update			Agenda Item no.	6.12	
Meeting:	Board	Public	x	Meeting Date:	24.11.2022	
		Private				
Status <i>(please tick one only):</i>	Assurance	x	Approval		Information	x
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Risk and Regulation					
Main Report						
Background and current situation:						
<p>At the April 2021 Meeting of the Audit and Assurance Committee approval was given to develop an Assurance Strategy ("the Strategy") for the implementation of a Framework of Assurance.</p> <p>The paper in April 2021 described that the organisation had a number of tools which provided assurance but no overarching strategy which pulled those tools together to give an overall view on assurance.</p> <p>A copy of the newly developed Strategy was shared at the July 21 meeting of the Audit and Assurance Committee which recommended the Strategy to Board for approval. The Strategy was subsequently reported to, and Approved by the Board at the September 2021 Board Meeting.</p> <p>It is hoped that the implemention of the Strategy will improve the overall governance of the organisation and the assurance provided to the Board by identifying gaps or limited assurance. This in turn will enable better targeting of resources in order to obtain assurance where required.</p>						
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:						
<p>Since September 2021, due to competing Clinical and Pandemic response pressures, it has proven difficult to secure the time of colleagues to move the Strategy and the development of an Assurance Map forward, particularly as we entered the winter period.</p> <p>Following an initial round of discussions with Clinical Board Triumvirates and Corporate colleagues progress stalled, however, meetings have recommenced and the Head of Risk and Regulation has had the opportunity to meet with Clinical and Corporate colleagues to re-engage and begin populating the Health Board's Assurance Map.</p> <p>Coupled with this Internal Audit have begun an Advisory Review of the Strategy which is split into two phases:</p> <ul style="list-style-type: none"> Phase 1: A desktop review of key documentation, including the Assurance Strategy, Audit Committee and Board papers; and Phase 2: Meeting with key staff as appropriate to determine the progress being made with the objectives set within the Assurance Strategy, such as the progress of developing assurance maps. 						

Saunders, Nathan
06/09/2023 11:37:43

Phase 1 of the Review has now been completed with three possible opportunities to enhance the Strategy being identified. These opportunities are:

- 1) To consider reviewing and revising the Health Board's approach to the 'Three Lines of Defence' model, so that it aligns to external risk, governance and assurance models.
- 2) To consider reviewing and revising the current Assurance Map template, appended to the Assurance Strategy, so that the layout and content takes a risk-based approach, which will assist in prioritising areas to take forward; and
- 3) To consider developing an action plan with actions, designated responsibility and timescales for implementation / review of the Assurance Strategy.

Following the September Audit and Assurance Committee work has been undertaken to action the above recommendations. In particular the following progress has been made:

- 1) A revised Three Lines of Defence Model has been prepared and shared with Internal Audit Colleagues for comment. That model incorporates elements of best practice highlighted within the Advisory Review so that it aligns with examples of external risk, governance and assurance models. Specifically, the updated model re-aligns functions within the Lines of Defence to ensure that the more accurately reflect recognised best practice.

Once agreed with Internal Audit, the revised Model will be embedded within the Health Board's Risk Management Policies and Procedures and Assurance Strategy and shared with the Audit and Assurance Committee and Board for Approval.

- 2) A revised version of the Health Board's Template Assurance Map has also been prepared and shared with Internal Audit Colleagues for comment. The revised map has been designed so that it specifically maps Assurance Levels in relation to risks that are reported within the Corporate Risk Register. Once agreed with Internal Audit, the revised Assurance Map will be embedded within the Strategy and shared with the Audit and Assurance Committee Board for Approval.

It is hoped that monitoring the level of Assurance that can be provided against those risks held within the Corporate Risk Register will enable more targeted action to be taken to proactively manage these risks and identify opportunities to control the same.

Once this approach is fully embedded it is proposed that supplemental Assurance Maps will be populated and reviewed within specific corporate and clinical areas. These maps will identify what levels of assurance can be provided to the Board in areas where high scoring risks are frequently held for prolonged period of time and will enable more targeted reviews and support to be undertaken/provided by Internal Audit and other colleagues.

- 3) The below action plan has been prepared and shared with Internal Audit

Action:	To be actioned by:	Completion Date:
To agree revised Three Lines of Defence Model and Assurance Map with Internal Audit.	Head of Risk and Regulation and Internal Audit	November 2022
To fully populate an updated Assurance Map in relation to those risks included within the Corporate Risk Register at the November 2022	Head of Risk and Regulation	December 2022

<p>To share an updated Assurance Strategy and Risk Management and Board Assurance Framework Strategy with the Audit and Assurance Committee and Board for approval.</p> <p>To share a copy of the fully populated Corporate Risk Register Assurance Map with the Audit and Assurance Committee and Board for approval and/or comments.</p>	<p>Director of Corporate Governance</p> <p>Head of Risk and Regulation</p>	<p>January/February 2023</p>	
Commencement of Phase 2 of Advisory Audit Work	Internal Audit	February 2023	

The above approach to the development of this work was agreed at the Audit and Assurance Committee on the 8th November.

Recommendation:

The Board is requested to:

- **NOTE** the progress made against the Advisory Recommendations made by Internal Audit;
- **APPROVE** the proposed action plan detailed at point 3 above;
- **AGREE** that a further Assurance Strategy update, to include an updated Assurance Strategy and Risk Management and Board Assurance Framework Strategy for approval, be with the Board following approval at the February 2023 Audit and Assurance Committee Meeting.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

The Health Board’s Assurance Strategy forms part of a suite of documents that support the Health Board’s Risk Management and Assurance processes. No specific Impact assessment has been undertaken, however by its very nature, the development of the Assurance Strategy will consider risk and the areas detailed below.	
Safety: No	
Financial: No	
Workforce: No	
Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders, Nathan
06/09/2023 11:37:43

Report Title:	Corporate Meeting Schedule 2023/2024			Agenda Item no.	7.1
Meeting:	Public Board	Public	X	Meeting Date:	24.11.22
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	X	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Senior Corporate Governance Officer				
Main Report					
Background and current situation:					
<p>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 2023/24 and, accordingly, the draft Corporate Meeting Schedule for the year 2023/2024 is being presented to Board for formal approval.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The proposed Corporate Meeting Schedule for 2023/2024 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.</p> <p>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.</p> <p>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.</p>					
Recommendation:					
<p>The Board is requested to:</p> <p>a) Note and approve the draft Corporate Meeting Schedule for 2023/24, a copy of which is attached as Appendix 1.</p>					
Link to Strategic Objectives of Shaping our Future Wellbeing: <i>Please tick as relevant</i>					
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance			
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X		
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X		

4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

N/A

Safety: Yes/No

N/A

Financial: Yes/No

N/A

Workforce: Yes/No

N/A

Legal: Yes/No

N/A

Reputational: Yes/No

N/A

Socio Economic: Yes/No

N/A

Equality and Health: Yes/No

N/A

Decarbonisation: Yes/No

N/A

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders, Nathan
06/09/2023 11:37:43

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

Agenda Setting	21 December 2023		13 December 2023	06 December 2023				04 December 2023	18 December 2023	27 November 2023	11 December 2023		
Deadline for Papers	28 December 2023		05 January 2024	29 December 2023				02 January 2024	15 January 2024	22 December 2023	08 January 2024		
Date of Meeting	04 January 2024		25 January 2024	18 January 2024			17 January 2024	16 January 2024	30 January 2024	09 January 2024	23 January 2024	23 January 2024	
Agenda Setting	03 January 2024												
Deadline for Papers	10 January 2024												
Date of Meeting	17 January 2024												
Feb-24													
Agenda Setting	18 January 2024	04 January 2023				03 January 2024							
Deadline for Papers	25 January 2024	22 January 2024				29 January 2024							
Date of Meeting	01 February 2024	06 February 2024	29 February 2024			13 February 2024	21 February 2024						
Agenda Setting	01 February 2024												
Deadline for Papers	08 February 2024												
Date of Meeting	15 February 2024												
Mar-24													
Agenda Setting	22 February 2024		14 February 2024		05 February 2024					22 January 2024	29 January 2024		
Deadline for Papers	29 February 2024		08 March 2024		04 March 2024					19 February 2024	26 February 2024		
Date of Meeting	07 March 2024		28 March 2024		19 March 2024		20 March 2024			05 March 2024	12 March 2024	21 March 2024	
Agenda Setting	07 March 2024												
Deadline for Papers	14 March 2024												
Date of Meeting	21 March 2024												
Apr-24													
Agenda Setting	21 March 2023	19 February 2024						04 March 2024	18 March 2024				
Deadline for Papers	28 March 2023	18 March 2024						02 April 2024	15 April 2024				
Date of Meeting	04 April 2023	02 April 2024	25 April 2024				17 April 2024	16 April 2024	30 April 2024				
Agenda Setting	04 April 2023												
Deadline for Papers	11 April 2023												
Date of Meeting	18 April 2023												

= Quarterly SLB attended by Accountable Members and Supporting Members.

=Board Development Dates

Special Meeting

Report Title:	Appointment of Cardiff and Vale Stakeholder Reference Group Vice Chair			Agenda Item no.	7.2
Meeting:	UHB Board	Public	X	Meeting Date:	24th November 2022
Status (please tick one only):	Assurance	Approval	X	Information	
Lead Executive:	Executive Director of Strategy and Planning				
Report Author (Title):	Sam Austin, Chair of Stakeholder Reference Group				
Main Report					
Background and current situation:					
<p>The Stakeholder Reference Group (SRG) is currently without a Vice Chair as the previous incumbent's term of office has expired. Expressions of interest in the role were sought from current SRG members. There were initially two expressions of interest but one person subsequently withdrew from the process.</p> <p>At its meeting on 4 October, the SRG agreed that Board approval be sought for the appointment of Sivagnanam Sivapalan as Vice Chair.</p> <p>This is a report provided to the Board by the Chair of the UHB Stakeholder Reference Group, recommending that the UHB Board approve Sivagnanam Sivapalan's appointment as Vice Chair of the Stakeholder Reference Group.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
The Executive Director supports this recommendation.					
Recommendation:					
<p>The Board is requested to:</p> <ul style="list-style-type: none"> Approve the appointment of Sivagnanam Sivapalan as Vice Chair of the Stakeholder Reference Group. 					
Link to Strategic Objectives of Shaping our Future Wellbeing:					
<i>Please tick as relevant</i>					
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance			
2. Deliver outcomes that matter to people		7. Be a great place to work and learn			
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology			
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us			
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			
Five Ways of Working (Sustainable Development Principles) considered					
<i>Please tick as relevant</i>					

Prevention		Long term		Integration		Collaboration		Involvement	
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes/No									
n/a									
Safety: Yes/No									
n/a									
Financial: Yes/No									
n/a									
Workforce: Yes/No									
n/a									
Legal: Yes/No									
n/a									
Reputational: Yes/No									
n/a									
Socio Economic: Yes/No									
n/a									
Equality and Health: Yes/No									
n/a									
Decarbonisation: Yes/No									
n/a									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				

Saunders, Nathan
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Report Title:	UHW Tertiary Tower Building			Agenda Item no.	7.3
Meeting:	UHB Board	Public	√	Meeting Date:	24 th November 2022
Status <i>(please tick one only):</i>	Assurance	Approval	√	Information	
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Director of Capital, Estates and Facilities				
Main Report					
Background and current situation:					
<p>The purpose of this report is to set out a summary of proposals and associated Capital and Revenue implications for the upgrade of the main electrical infrastructure within the Tertiary Tower Building on the University Hospital of Wales site. It is provided to the Board to approve the submission of the Business Justification Case (BJC) to Welsh Government (WG) to provide capital funding support of £2.286m.</p> <p>The Executive Summary is attached. The Full Business Case (FBC) contains commercially sensitive/confidential information and has therefore not been published on the Health Board's website. A copy of the FBC has been made available to the Board Members prior to the Board meeting.</p> <p>The capital cost figures included within the document have been prepared following a comprehensive procurement process in line with the UHB Standing Financial Instructions.</p> <p>The existing electrical system consists of a single high voltage electrical substation feeding directly to a main low voltage electrical switch panel. The panel then feeds various essential and non-essential distribution boards via a rising bus-bar system. There is an emergency backup feed to the panel via an automatic changeover system from the Maternity Unit electrical sub-station. This feed is undersized and only supplies a small percentage of sockets and lighting services within the building which houses several critical areas including the PET Imaging Centre, three main Operating Theatres, a Cardiology Transesophageal Echocardiogram Theatre, Paediatric Care Ward and Operating Theatres along with outpatient departments and Wards.</p> <p>During January 2021, an earth fault occurred on two occasions which resulted in a loss of power to the Tertiary Tower building. There were a small number of socket outlets and essential lighting available within the building but insufficient given the critical services affected. The first outage lasted two hours, following which the supply was successfully reinstated with the second outage being of greater magnitude which required high voltage specialist switching in order to affect an isolation of the damaged cable. This process resulted in power loss for some three hours.</p> <p>As a result of there being no local generator backup for the Tertiary Tower building the power failure drastically affected clinical services within the building during this period.</p> <p>Any fault on the current system will results in loss of supply and clinical service provisions within the Building. There is a potential for a single-point failure with very little resilience provided on the current system. The distribution network does not meet the requirements of HTM 06-01.</p> <p>Having identified the deficiency of maintaining the critical infrastructure, it was necessary to design and upgrade the electrical infrastructure to ensure its compliance with HTM-06-01 and thereby ensuring continuity of supply in the event of a mains failure.</p>					

The scheme will include installation of a new switchboard and local generator to provide 100% electrical supply in the event of any failure.

A summary of the projected capital costs is shown below:

	£000
Works costs	1.647
Fees	308
Non-works costs	135
Equipment	0
Risk provision	247
Total Net	2.337
VAT Reclaim	51
Total Gross	2.286

The revenue implication for this scheme relates to the annual maintenance of the new plant and equipment and is estimated at £1k which will be managed within the existing allocation.

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

- The BJC has been developed to provide improved infrastructure to enhance the resilience of the electrical supplies to critical service areas such as the PET Imaging Centre, three main Operating Theatres, a Cardiology Transoesophageal Echocardiogram Theatre, Paediatric Care Ward and Operating Theatres
- The revenue consequences relate only to the annual maintenance of the plant installed and will be managed within the existing Capital Estates and Facilities budget
- The BJC has been considered by the Capital Management Group who have recommended its approval to the Board.

Recommendation:

UHB Board are requested to:

1. **APPROVE** the submission of the electrical infrastructure upgrade for the UHW Tertiary Tower – Business Justification Case to Welsh Government for capital funding support of £2.286m
2. **APPROVE** the awarding of the construction contract, subject to Welsh Government approval of the BJC, to Amberwell Engineering Services Ltd at a value of £1.647m (inclusive of VAT) under the terms and conditions of the NEC short form contract
3. **APPROVE** the appointment of Gleeds Management Services as the Project Manager, subject to Welsh Government approval of the BJC, at the cost of £50.435k (inclusive of VAT) under the terms and conditions of the SBS Framework
4. **APPROVE** the appointment of Gleeds Cost Management as the Cost Advisor, subject to Welsh Government approval of the BJC, at the cost of £38.572k (inclusive of VAT) under the terms and conditions of the SBS Framework

APPROVE the Health Board to enter into the said contracts, subject to recommendations 2,3&4 being satisfied

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	√	Long term	√	Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

Lack of capital funding to deliver the scheme has implications on statutory compliance and clinical service delivery.

Safety: Yes

The scheme has clinical safety implications as limited backup power is available for the building that will impede clinical service delivery and patient safety in the event of a power failure.

Financial: Yes/No

Workforce: Yes/No

Legal: Yes

Statutory obligations require investment and the lack thereof can lead to exposure to risk and legal challenge.

Reputational: Yes

The UHB's ability to reduce waiting times and deliver services in an appropriate setting being cognisant of patient's privacy and dignity.

Socio Economic: No

Equality and Health: Yes

Increasing resilience of electrical services will improve overall reliability of the infrastructure ensuring clinical staff are able to appropriately perform intensive clinicals activities.

Decarbonisation: Yes

Although not been specifically, new equipment installed will be more energy efficient.

Approval/Scrutiny Route:

Committee/Group/Exec

Date:



GIG
CYMRU
NHS
WALES

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

Electrical Infrastructure Resilience Upgrade of the Tertiary Tower Block at University Hospital of Wales

Business Justification Case: Executive Summary

August 2022 – v3 – Final

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06/09/2023 11:37:33



GIG
CYMRU
NHS
WALES

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

1.0 EXECUTIVE SUMMARY

1.1 Overview and Introduction

This business case seeks the approval for a capital investment of £2.286m to enable the electrical infrastructure resilience upgrade of the Tertiary Tower Block at University Hospital of Wales (UHW).

1.2 Strategic Context

Cardiff and Vale University Health Board (UHB) is responsible for planning and delivering health services for its local population of around 502,000, which represents 15.5% of the country's residents. This includes health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres, community health teams and mental health services. The Health Board employs approximately 15,000 staff and has an annual budget of £1.6 billion. The Health Board provides approximate 75 distinct tertiary services i.e. those that meet the Welsh Health Specialised Services Committee (WHSSC) definition of 'services provided' in a relatively small number of centres and requiring planning at a population of more than 1 million.

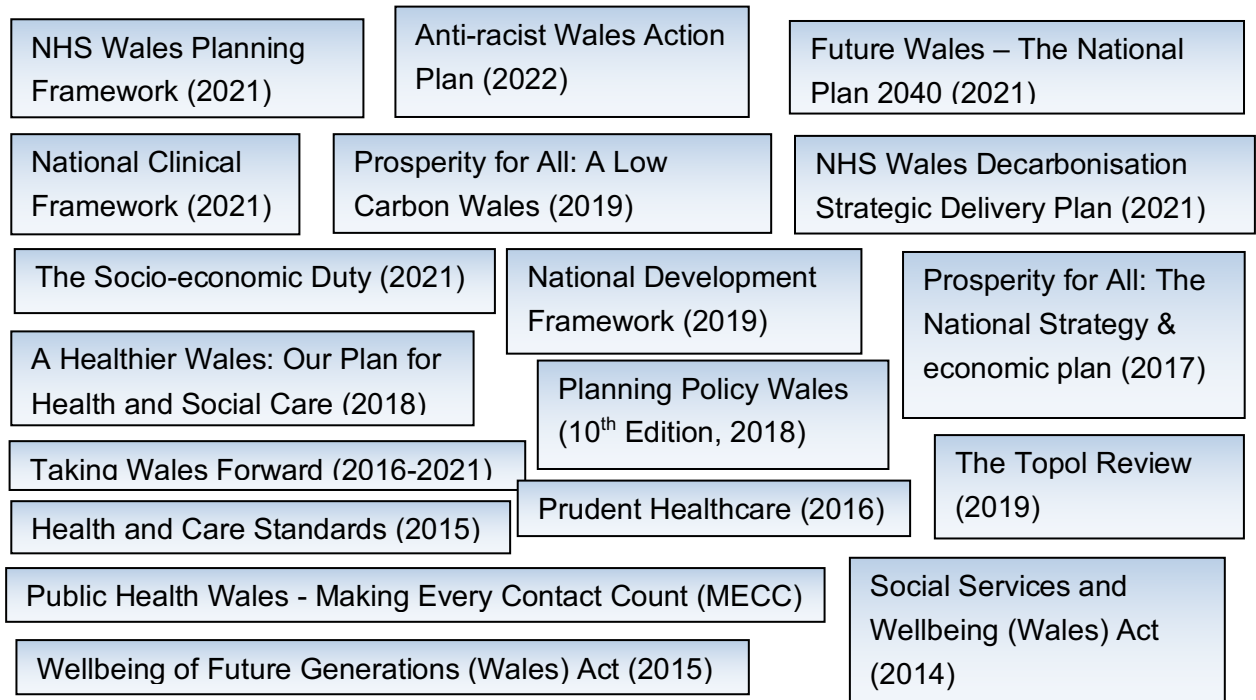
As a teaching Health Board, there are very close links to Cardiff University, which boasts a high-profile teaching, research and development role within the UK and abroad. This is alongside other academic links with Cardiff Metropolitan University and the University of South Wales. Training the next generation of clinical and non-clinical professionals, in order to develop expertise and improve clinical outcomes is a key priority for the Health Board.

The population served by the Health Board is growing rapidly in size, projected to increase by 10% between 2017-27, higher than the average growth across Wales and the rest of the UK. An extra 36,000 people will live in Cardiff over the next five years who require access to health and wellbeing services.

The Health Board is confident that the strategic drivers for this investment and associated strategies, programmes and plans are consistent with national, regional and local strategy and policy documents.

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Some of the key Welsh Government policies that have shaped this Business Justification Case (BJC) are:



Executive Summary Figure 1: Overarching National Policies considered within this BJC

This BJC also takes cognisance of the relevant local strategies, these are:

- 2022 – 2023 Integrated Plan (June 2022)
- Shaping Our Future Wellbeing – Future Hospitals Programme Business Case (September 2021)
- Cardiff and Vale People and Culture Plan 2022 – 2025
- Shaping our Future Clinical Services
- Shaping Our Future Wellbeing Strategy 2015 – 2025
- Integrated Medium Term Plan 2022 – 2025
- Cardiff and Vale UHB Estates Strategy

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1.3 Case For Change

The specific investment objectives for this business case are:

Investment Objective 1: Quality and Safety of Electrical Services	
Specific	Services that deliver to appropriate quality and safety standards
Measurable	Evidenced by: <ul style="list-style-type: none"> The services meeting all applicable regulatory requirements
Achievable	Providing functionally suitable equipment appropriately sized to appropriate quality and safety standards
Relevant	This objective ensures the service will: <ul style="list-style-type: none"> Provide compliance with legislation, regulations and accreditation standards / performance; Support rapid adoption of best practice.
Time-bound	Service remains open throughout the development of the new facility and meets regulatory requirements upon commissioning
Investment Objective 2: Provide Sufficient Capacity to Meet Demand	
Specific	To ensure that the changing needs at UHW are met and that the solution does not destabilise other mechanical or electrical services
Measurable	Evidenced by: <ul style="list-style-type: none"> Facility meeting current demand; Providing increased capacity to ensure growth in demand is met; Providing resilience to provide short term capacity when required
Achievable	Providing functionally suitable equipment with sufficient capacity to meet the demands both now and in the future.
Relevant	This objectives will ensure access to services is optimised with: <ul style="list-style-type: none"> Service capacity that will meet demand in a timely way; Services delivered in an appropriate manner.
Time-bound	Upon commissioning of the new equipment
Investment Objective 3: Effective Use of Resources	
Specific	To maximise the use of available resource and provide equipment that delivers improved service efficiency Onsite infrastructure that can be drawn upon during contingency and business continuity management
Measurable	Evidenced by: <ul style="list-style-type: none"> Meeting capacity; Minimal emissions
Achievable	By providing additional capacity through the installation of modern equipment
Relevant	This objective will promote improved service efficiency through improved resilience
Time-bound	Upon commissioning of the new equipment

Investment Objective 4: Sustainability

Specific	To provide a solution that will ensure the reputation of the Health Board and will support the delivery of safe and sustainable services both in the short and medium term
Measurable	Evidenced by: <ul style="list-style-type: none"> Utilising new / modern transformers - less energy will be lost in the form of wasted thermal energy generated from the existing ohmic resistance of the transformer's nonferrous windings
Achievable	By providing new equipment specified to modern standards and in line with best practice in regard to the green agenda and move towards zero carbonisation
Relevant	This objective will ensure built-in resilience to adapt to changing needs
Time-bound	One year after commissioning the new equipment

Executive Summary Table 1: Investment Objectives

1.3.1 Current Arrangements and Business Need

The University Hospital of Wales is a large and complex site comprising of Health Board and Cardiff University services, all of which require a significant amount of electrical power to operate. In order to supply and distribute the large electrical demands of the site, the site is supported by an electrical high voltage network. This network is split into sections and consists of fifteen high voltage substations to feed the various buildings/areas of the site.

The Tertiary Tower Building was built in 2009 to house the PETIC treatment area. The building upon completion was built with areas above left as "a shell" to allow for potential future development opportunities/requirements of the UHW Services. The building however when completed and housing the current services did not consider the need to provide a generator as back up to this building, but at the time the building may have been thought to be used as "back of house" services rather frontline clinical services.

There is a secondary emergency supply to the Tertiary Tower from the Maternity Building however this supply is only sized to feed a small amount of lighting and small power sockets within the building and is not suitably rated to provide power to the essential services located within the building or enough power for any clinical functions to continue to operate.

1.3.2 Business Need

1.3.2.1 Current Issues

On the 6th January 2021 part of the Health Board's own internal high voltage network experienced an earth fault causing the system to trip to off. Initial investigations of the electrical infrastructure found no obvious causes for the fault and the supply was successfully re-instated.

On the 10th January 2021 a further loss of power was experienced on the same section of the high voltage network. On this occasion the fault had increased in magnitude enough to allow the earth fault to be located on the network. High voltage switching of the network was

carried out to isolate the affected section of the network, power was restored and a repair was immediately carried out.

The network fault caused a power loss that affected the Sir Geraint Evans (SGE) Building, the Tenovus Building, the Tertiary Tower Building, the Maternity Unit and the Concourse area.

SGE, Tenovus and Maternity all have local onsite generator backup and power was restored a short time after the initial fault. The Tertiary Tower and Concourse, however, have no local generator backup facility and were without electricity for the duration of the network fault until the supply was able to be restored.

1.3.2.2 *Existing Risks*

The risk implications are as occurred during the events of the 6th January 2021 and 10th January 2021, failure to implement a new back-up system will result in the loss of services provided within the Tertiary Tower Building.

In the meantime the Capital, Estates and Facilities project team are implementing a short term measure to improve resilience in the event of service failure for certain specific elements of the Tertiary Tower Building that relate to, and impact on, patient care and treatment.

1.3.3 **Proposed Scope**

This section describes the potential scope for the project in relation to the investment objectives and business needs.

The usual process is to comply with Welsh Government guidance is to assess the scope against a continuum of need ranging from:

- A minimum – essential or core requirements/outcomes;
- An intermediate – essential and desirable requirements/outcomes;
- A maximum – essential, desirable and optional requirements/outcomes.

However, with regards to this business case there is only one scope that is possible and that is a proposed electrical substation to house a back-up generator to supply the Tertiary Tower Building. There is no other scope that can be considered as part of the development of this BJC in order to deliver the required project outcome and investment objectives.

1.3.4 **Main Benefits**

This section describes the main outcomes and benefits associated with the implementation of the investment of the identified scope in relation to the identified business needs.

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Benefits are expressed in relation to the developed appraisal criteria that were derived from the investment objectives as follows:

Investment Objective	Beneficiary	Main Benefits
Investment Objective 1: Quality and Safety of Electrical Services	Service Users and wider Health Board	Non QB - High quality, safe and timely services to patients QB - Services that meet all applicable regulatory requirements
Investment Objective 2: Provide Sufficient Capacity to Meet Demand	Service Users and wider Health Board	QB - Provision of sufficient capacity to meet the demands both now and in the future in the Tertiary Tower at UHW QB – Reducing pressures on other facilities and provide resilience in the short term
Investment Objective 3: Effective Use of Resources	Service Users and wider Health Board	QB – Improved service efficiency
Investment Objective 4: Sustainability	Service Users, Health Board and wider societal economy	QB – Provides a reduction in emissions, promotes best practice in regard to the green agenda and move towards zero carbonisation

Executive Summary Table 2: Main Benefits

1.3.5 Main Risks

The table below provides a summary of the key risks that might affect the delivery of the project along with the counter measures:

Risk Description	Counter Measure
Current world events and effects on world economy (steel, oil, etc)	Review of market place throughout scheme and tender
Risk of interruption to hospital operational services during construction stage	Ongoing engagement with users during design and construction
Interaction of site constraints on construction	Review of restrictions between the Health Board and Contractor on a live hospital site
Interruption to existing services (utilities) during construction	Review current capacity of infrastructure and assess demand. Potential for existing services to require upgrading
Access to work site	Site access is tight and needs to be considered by the Contractor at tender stage. Welfare and storage areas not in close proximity to working area.

Executive Summary Table 3: Main Risks

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1.4 Available Options

Due to the specific nature of this business case, there is only one viable option, that is to provide:

- A new electrical substation which will house a new transformer, generator and electrical switchboard

The only suitable location is in the emergency admissions lane at UHW, immediately adjacent to the Tertiary Tower Building. Whilst there were some minor options with regards to the exact location these were all in very close proximity as to make no material difference to either qualitative or economic values, therefore no option appraisal has been undertaken.

1.5 Preferred Option

The preferred option to be developed is for a new electrical substation which will house a new transformer, generator and electrical switchboard to feed and provide the required additional electrical resilience to the Tertiary Tower Building

The substation will be developed and created in the emergency admissions lane at UHW, immediately adjacent to the Tertiary Tower Building and will be constructed on a raised platform to sit at the upper ground floor level of the site therefore connecting this new structure with the existing plantroom housed within the Tertiary Tower.

The plan of works will be to create the platform, install the back-up generator and transformer, then finally install the electrical panel and breakthrough into this existing plantroom area for full connectivity.

The provision and siting of this new substation will inevitably cause some disruption whilst works are taking place on site but this will be minimised wherever possible. The connection of the new back-up generator supply may also require the Tertiary Tower Building to be shut down for a period of time however, again this will be controlled and agreed with all parties and minimised to reduce the impact on services and patient treatment.

Further information is contained within the Estates Annex that accompanies this business justification case.

1.6 Procurement Route

Due to the specialist nature of the scheme, the procurement route to be utilised will be as follows:

- NHS SBS Construction Consultancy Service (NHS Shared Business Services);
- The Health Board's Construction Services Framework (Contractor).

The procurement strategies are in line with the procedures and practices as laid down in the varying frameworks. The construction elements of the proposed scheme were formally competitively tendered as part of the production and agreement of the target price. An open

book approach to prices was adopted in line with the Framework and all costs were closely scrutinised to ensure that the Health Board is getting the best value for money

1.7 Funding and Affordability

1.7.1 Capital Costs

This Business Case seeks approval to invest £2.286m from the All Wales Capital Programme, a breakdown of the capital costs is summarised in the table below:

	£000
Building/Engineering	2.286
Equipment costs	0.000
Total	2.286

Executive Summary Table 4: Capital Costs for the Preferred Option

1.7.2 Capital Charges and Depreciation

A summary of the capital and depreciation for the project is as follows:

	£000
Impairment	1.588
Depreciation - Building/Engineering	-0.017
Depreciation – Equipment	0.00
Accelerated Depreciation	0.00
Total Capital Charges/Depreciation	1.571

Executive Summary Table 5: Capital Charges and Depreciation

The following is a summary of the total impact of impairment by year until the planned opening of the new facility:

	2023/24 £m	2024/25 £m	2025/26 £m
DEL Impairment	0	0	0
AME Impairment	1.588	0	0
Total Impairment	1.588	0	0
Depreciation – Build	(0.012)	(0.017)	(0.017)
Depreciation - Equipment	0	0	0
Total Depreciation	(0.012)	(0.017)	(0.017)

Executive Summary Table 6: Impairment for the Preferred Option

This BJC assumes all capital charges and depreciation will be funded by Welsh Government in each of the years as per the above.

1.7.3 Revenue Costs

It has been estimated that the revenue costs will be minimal and circa £1,000 per year.

1.7.4 Impact On The Income And Expenditure Account

The anticipated capital spend, capital charges and depreciation profile for the extent of the project is as follows:

	2022/23 £000	2023/24 £000	2024/25 £000
Capital (Ex VAT) - DEL	1.049	1.247	0.041
Accelerated Depreciation		(0.012)	(0.017)
Total	1.049	1.235	0.024

Executive Summary Table 7: Impact on Income and Expenditure Account

All assets will be shown on the Health Board's balance sheet. The asset will be valued on completion and recorded on the balance sheet at that value. Subsequently it will be treated as per the Health Board's capital accounting policy.

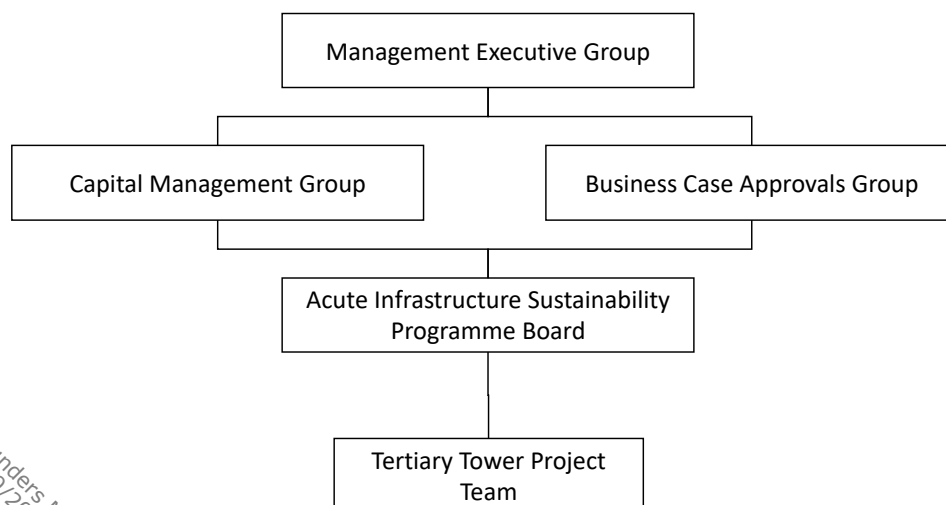
1.7.5 Project Bank Account

The Health Board can confirm that a Project Bank Account will be prepared at the appropriate stage as the project exceeds the Welsh Government value threshold for the mandatory use of Project Bank Accounts.

1.8 Management Arrangements

Robust project management arrangements are vital to ensure the implementation of the overall project and that effective control is maintained over the capital scheme.

The reporting organisation and the reporting structure for the whole of the project is shown as follows:



Executive Summary Figure 2: Project Reporting Structure

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
BJC submission to WG	October 20 22
Construction commencement	January 2023
Completion	October 2023

Executive Summary Table 8: Project Plan

1.8.1 Risk Management

The risk management strategy has been integrated into the project management procedures, with responsibility for implementation of the strategy resting with the Project Director. A project risk register has also been established and is subject to review and update on a regular basis. The current risk register is included within the Estates Annex.

1.9 Recommendation

If this project does not go ahead, the risk is that without a back-up power supply to the affected buildings the electrical supply could be interrupted due to a repeat of the similar faults already seen and this would impact on patient care and safety. Therefore, it is recommended that approval be given for the Cardiff and Vale University Health Board to develop the preferred option to secure the infrastructure required.

Saunders, Nathan
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Report Title:	Development of the Hybrid/Major Trauma theatres at UHW – Submission of Full Business Case		Agenda Item no.	7.4
Meeting:	Cardiff & Vale University Health Board		Meeting Date:	24 November 2022
Status (please tick one only):	Assurance	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
			Information	<input type="checkbox"/>
Lead Executive:	Abi Harris, Executive Director of Strategic Planning			
Report Author (Title):	Director of Capital Estates and Facilities			
Main Report				
Background and current situation:				
<p>The attached Full Business Case (FBC) sets out the rationale for constructing a hybrid theatre and major trauma theatre at UHW and makes the case for a capital investment of £40.611m to be funded from the All Wales Capital Programme.</p> <p>The OBC was approved by Welsh Government 30th September 2021, with funding support to progress the FBC.</p> <p>The development of a dedicated theatre for trauma was an integral part of the service model identified in the business case for the Major Trauma Centre (MTC) at UHW and whilst the MTC has been operational since 2020 theatre capacity has been available as a result of the inactivity during COVID. However, as activity returns to pre-COVID levels, and with additional activity planned to deal with a backlog the need for this dedicated facility is even more significant.</p> <p>The delivery of a hybrid theatre (a surgical theatre that is also equipped with interventional radiology equipment) has been identified as key to the successful implementation of the network model of vascular surgery across SE Wales and is aligned with the recommendations of the Vascular Society of Great Britain and Ireland for the provision of high-quality care.</p> <p>Benefits will include:</p> <ul style="list-style-type: none"> • Sustained good clinical outcomes, as a result of increased volumes of procedures in one location. • Significantly increased likelihood of recruitment to consultant posts. • Sustainable on-call rotas. • Improvement in surgical training. <p>A number of options were shortlisted for consideration:-</p> <ul style="list-style-type: none"> • Option 0 Do nothing; • Option 1 New build/ remodelling of ground floor (Jubilee Court); • Option 2 On a podium deck adjacent to existing main theatres (Academic Avenue); • Option 3 On a podium deck adjacent to the rear of existing main theatres (Emergency Access Road). <p>Having re-assessed the non-financial and economic appraisals of the shortlisted options, the preferred option as outlined within the FBC remains as Option 2 due to its capability of meeting the various criteria of the project as set out within the economic case.</p> <p>The proposed development comprises of an elevated building linking in to the existing main theatre suite at the UHW Site. The project consists of the provision of two theatres; both fitted out with interventional radiology equipment providing maximum flexibility with one dedicated to vascular interventions and the other for Major Trauma. Additional recovery capacity will be provided by extending the existing area, maximising resource.</p>				

The FBC has been written in accordance with Welsh Government guidance for the development of better business cases. It sets out the strategic context for the development; the case for change, which summarises the business need for the investment and the need for service improvement; consideration of the options available and identification of the preferred option following economic appraisal; the procurement strategy and intended contractual arrangements; capital and revenue costs, funding arrangements and overall affordability of the scheme; management arrangements for the project, including governance, risk management and benefit realisation.

Capital and Revenue Costs

The capital costs for the preferred option are shown below. The scheme will be funded through the All Wales Capital Programme.

Capital Costs	£'m
Works Costs	24.593
Fees	3.581
Non Works Costs	0.621
Equipment costs	10.448
Quantified Risk Contingency	1.998
VAT Recovery	-0.63
Total Capital Cost/ Cost Forms	40.611

The indicative summary revenue costs for the preferred option are shown below:

The hybrid theatre development represents two theatres equipped to an extremely high standard significantly outstripping anything that currently exists within the Health Board. The designation of this capacity needs to be strictly controlled to ensure there are no additional costs incurred outside of those outlined in this case.

This equipment has a life expectancy of up to 10 years, similar to that of other major diagnostic equipment, it is not therefore expected that there will be a requirement to relocate to any new development associated with the Shaping Our Future Hospitals Programme.

The working assumption has always been that one Theatre would be for Major Trauma activity and the second for Vascular Surgery in terms of reflecting the additional revenue costs of this development by commissioner. This position is subject to the above clarification and as such is likely to change.

The total revenue cost is £1.297m, which is required to be funded via commissioners. This assumes that there are no additional Radiology staffing costs, with an associated transfer of existing baseline. This needs to be confirmed.

The commitment is split equally between LHB's and WHSSC at c£648k each. The table below summarises the LHB requirement, of which an investment of £251k is required from C&VUHB.

Additional revenue costs have increased since the OBC was submitted, specifically due to the increased costs of energy as can be seen in the table below:-

	Preferred Option OBC £'000	Preferred Option FBC £'000
Equipment Service/Maintenance	800	800
Energy	96	349
Business Rates	22	22
Domestic Service	65	67

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Estates Maintenance	41	48
Waste	5	6
Security	4	4
Post	1	1
Total additional revenue Costs	1,034	1,297

Maintenance costs remain an estimate based upon total capital projected expenditure on equipment.

All workforce and direct service revenue costs associated with the MTC and Regional Vascular Network service reconfiguration were assessed, apportioned and agreed through the previously agreed revenue business cases as the service changes have already taken place pending the commitment to commissioners for Cardiff & Vale UHB that this specialist theatre infrastructure would be provided. It should be noted that, in the interim, some Cardiff & Vale UHB emergency and planned surgical capacity has had to be reallocated and/or extended to accommodate additional regional Major trauma and vascular theatre activity.

The additional revenue costs in this business case relate to clinical equipment and maintenance costs and building related costs. These additional revenue costs will be apportioned to commissioning health boards for their share of the vascular hybrid theatre costs, as previously agreed through the South East Wales regional vascular business case (see table 7a below) The additional review costs associated with the MTC theatre are being addressed through WHSSC, as commissioner of the services for the MTC component – each UHB's contribution to this additional cost based on risk shares is also illustrated on the table below.

Revenue Costs	C&V	SB	CTM	AB	HDd	Powys	Total
MTC % share (through WHSSC)	20.77%	18.44%	17.23%	25.36%	16.8%	1.4%	100%
MTC £000	134,693	119,583	111,737	164,460	108,948	9,079	648,500
Vasc % share	38.74%	0.19%	24.41%	34.98%	0.87%	0.81%	100%
Vasc £000	251,221	1,235	158,325	226,840	5,632	5,247	648,500
MTC & Vasc £000	385,915	120,818	270,062	391,300	114,580	14,326	1,297,000

The business case approved by WHSSC to establish Cardiff and Vale UHB as a Major Trauma centre acknowledged that a significant step up in activity would be required that could not be accommodated within the existing Theatre footprint. The additional revenue costs as identifiable at that time to support the anticipated activity costs were included in that business case, with the exception of equipment maintenance and facilities costs. Both the South Wales Major Trauma Network Board and WHSCC have acknowledged the essential nature of this development to delivering the required service in line with similar arrangements elsewhere in the UK. The cost is understood, but given implementation will not be before April 2024 provision is not yet within WHSSC's financial plans.

Whilst the centralisation business case sets out the additional infrastructure required associated with the estimated increase in demand, confirmation is required that the nature of the integrated theatres does not require any further investment in Radiology. The same requirement extends to Major Trauma.

It is assumed that the impairment and recurrent charges for depreciation, shown in the table below, will be funded by Welsh Government.

Assumptions that underpin affordability:

- Funding is anticipated from WG for additional recurrent capital charges and non-recurrent impairment based on actuals – see table below.
- It is assumed that there will not be any transition or decant costs.

	£000
WG Impairment	26,627
WG depreciation	1,625

Clinical Assurance

The selection of principal equipment and internal theatres design has been clinically led and undertaken in two phases as described within a previous report.

Project Milestones

Milestone	Target Date
Submission of Full Business Case to Welsh Government	November 2022
WG approval of the FBC	February 2023
Start on Site	February 2023
Completion and Handover	February 2025

Benefits

The benefits to patients are:

- Potential to speed diagnosis and therapy
- Access to minimally invasive techniques that support the goal of faster recovery
- Eventual elimination of corrective surgeries and reduction of anaesthetics
- Real-time availability of high-quality imaging that helps surgeons preserve as much healthy tissue as possible
- Better imaging for better diagnosis and surgical precision
- Assists in reducing procedure length with online diagnostic
- Increased safety due to direct control § Better quality of care
- Improved cross-speciality communication
- Expansion of reputation-enhancing medical services
- Flexibility to focus on increasing the number of patient-preferred minimally invasive procedures
- Shorter patient stay resulting in patient satisfaction and revenue generation

Risks

A Risk Potential Assessment has been undertaken and this is included in the OBC.

Equality Health Impact Assessment (EHIA)

An EHIA has been undertaken for the proposals (Appendix 13 of the FBC refers). Both positive and negative impacts have been identified and recommended actions noted where appropriate.

Governance

At the time of writing the FBC is currently being assurance tested within the Health Board. It was signed off by the project team on 15 September then reviewed and supported by the Capital Management Group on 18 October. It will continue its passage through Health Board’s governance process and is scheduled to be reviewed by the Business Case Approval Group on 9 November 2022 ahead of the Finance Committee on 23 November.

The full FBC is available on request.

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

- This project is key to supporting the delivery of the Vascular Network Service and the Major Trauma activity.
- The commitment of Cardiff & Vale UHB to the delivery of the scheme was an agreed dependency on which commissioner support for the Major Trauma Centre and SE Wales Vascular Network service reconfiguration cases was secured.
- The revenue associated with the activity was included in the respective Major Trauma and Vascular business cases, but the operational costs including cleaning, estates maintenance and energy was not considered at that time and so is included in this business case.
- Capital Management Group have supported the capital element of the business case.

Recommendation:

The Board is asked to:-

1. **NOTE** the contents of the attached FBC;
2. **APPROVE** the submission of the FBC to Welsh Government with a recommendation for approval to progress to the next stage - construction.
3. **APPROVE** the award of the contract to the Supply Chain Partner, Willmott Dixon Construction Ltd, subject to WG approval of the FBC, under the terms and conditions of the NEC Option 3 contract, as required by the Building For Wales Programme with an anticipated target cost of £28.075m (Inclusive of VAT) and a commencement date to be agreed,
4. **APPROVE** the award of the contract to the Project Manager, Gleeds Management Services, subject to WG approval of the FBC, under the terms and conditions of the NEC Professional Services contract, as required by the Building For Wales Programme at a cost of £0.156m (Inclusive of VAT) and a commencement date to be agreed
5. **APPROVE** the award of the contract to the Cost Advisor, Gleeds Cost Management, subject to WG approval of the FBC, under the terms and conditions of the NEC Professional Services contract, as required by the Building For Wales Programme at a cost of £0.130m(Inclusive of VAT) and a commencement date to be agreed
6. **APPROVE** the appointment of an NEC Supervisor to be procured under the SBS Framework, subject to WG approval of the FBC, at a cost of £0.125m (Inclusive of VAT) and a commencement date to be agreed
7. **APPROVE** the Health Board enters into the said contracts, subject to recommendation 3,4,5 & 6 being approved

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No
Risk Potential Assessment has been undertaken, which considered the project risk in relation to strategic alignment, finance/funding, stakeholder engagement, governance, project dependencies, and concluded that the overall risk is **medium**

A project risk register has also been completed.

Safety: Yes/No
The capital design incorporates statutory health and safety requirements

Financial: Yes/No
Capital funding for this project is anticipated to come from the All Wales Capital Programme. The FBC sets out the rationale and capital costs for the theatres. Cardiff and Vale UHB has a robust project management structure in place to manage the project.

The revenue business case to support the MTC activity has been approved by WHSSC. A revenue business case for vascular activity is in development by the network and has been approved by the appropriate SE Wales health boards.

Workforce: Yes/No
The revenue business case was included in the vascular network business case and the MTC business case and will be subject to BCAG Approval prior to Board submission

Legal: Yes/No

Reputational: Yes/No

Socio Economic: Yes/No
Socio-economic assessment undertaken as part of the EHIA

Equality and Health: Yes/No
A completed EHIA is appended to the main FBC document.

Decarbonisation: Yes/No
The capital design incorporates required decarbonisation measures

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
Project Team	15 th September 2022
Capital Management Group	18 th October 2022
Business Case Approval Group	9 th November 2022
Finance Committee	23 rd November 2022
CAV Board	24 th November 2022
Submission to Welsh Government for scrutiny and approval	30 th November 2022

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University Health Board

Development of Hybrid/Major Trauma Theatres at University Hospital of Wales

Full Business Case Executive Summary (Document 1)

November 2022 – Draft v6

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Cardiff and Vale
University Health Board

Document Information

Status	Draft Final
Date	2 nd November 2022
Authors	Adcuris/CVUHB
Circulation	CVUHB Project Team

Version	Date Issued	Summary of Change	Document Owner
Draft v1	19 th April 2021	Initial draft	Geoff Walsh
Draft v2	19 th January 2022	Strategic case updated	Geoff Walsh
Draft v3	26 th May 2022	Review by team	Geoff Walsh
Draft v4	29 th October 2022	Review by team	Geoff Walsh
Draft v5	2 nd November 2022	Finance case update	Geoff Walsh
Draft v6	10 th November 2022	BCAG review update	Geoff Walsh

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1.0

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Executive Summary

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1.0 EXECUTIVE SUMMARY

1.1 Overview and Introduction

This business case seeks the approval for a capital investment of £40.6m to enable the introduction of a Hybrid Theatre and Major Trauma Theatre at the University Hospital of Wales (UHW).

The Hybrid Theatre, which is a surgical theatre that is also equipped with interventional radiology equipment, is required to support the implementation of a network model for Vascular Surgery, with arterial surgery and more complex endovascular interventions centralised at University Hospital of Wales (UHW). This network model is in line with the recommendations of the Vascular Society of Great Britain and Ireland for the provision of high quality care. The benefits of the scheme are: sustained good clinical outcomes, as a result of increasing volumes of procedures in one location; significantly increased likelihood of recruitment to consultant posts; sustainable on-call rotas; and an improvement in surgical training.

As a result of the option appraisal carried out by the South Wales Health Collaborative in June 2015 University Hospital of Wales has been designated as the Major Trauma Centre.

Major trauma is the leading cause of death in people under the age of 45 and as such is a serious public health problem. Over a number of years the level of care for these patients has been shown to be poor, with lack of regional organisation and a poor consultant level involvement in decision-making (National Confidential Enquiry into Peri- Operative Deaths(NCEPOD) "Trauma who Cares" 2007, National Audit Office "Major Trauma Care in England 2010"). Many deaths could be prevented with systematic improvements to the delivery of major trauma care.

A key element of a major trauma centre is the provision of a dedicated major trauma theatre and this document covers the Health Board's plans for the creation of this theatre. Other elements required for major trauma services are contained within separate business cases.

1.1.1 Progress since the Outline Business Case

The Outline Business Case (OBC) was approved by Cardiff and Vale University Health Board in 25th March 2021 and Welsh Government (WG) in 30th September 2021.

During the development of this Full Business Case (FBC) the outputs within the OBC have been reviewed and this review has reaffirmed the assumptions and outputs of the OBC. The result of this is that the rankings of the non-financial option appraisal and economic appraisal remain unchanged, however due to increased inflation costs and the impacts of COVID-19 there is an increase in the overarching capital costs.

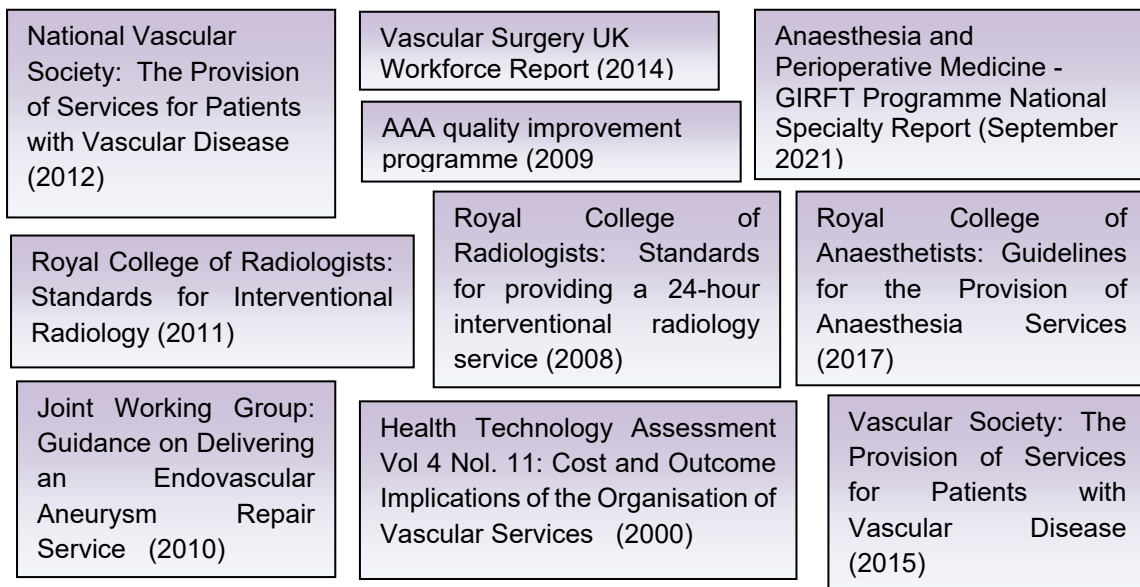
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1.2 Strategic Case

1.2.1 The Strategic Context

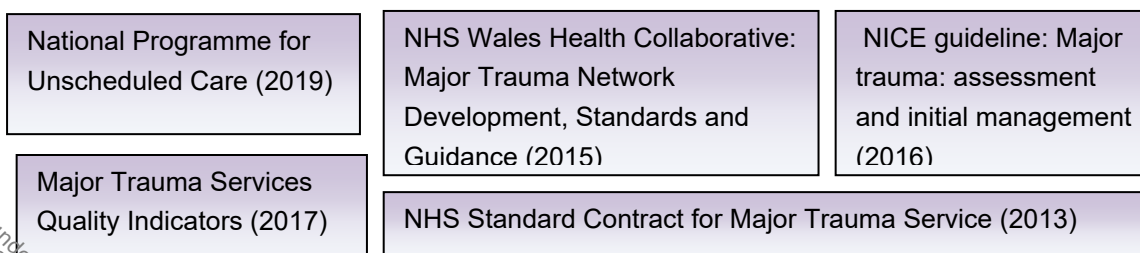
The strategic drivers for this investment and plans include:

- National Strategies
 - NHS Wales Planning Framework 2022 – 2025 (2021)
 - Anti-racist Wales Action Plan 2022
 - Future Wales – The National Plan 2040 (2021)
 - NHS Wales Decarbonisation Strategic Delivery Plan (2021)
 - A More Equal Wales - The Socio-economic Duty (2021)
 - A Healthier Wales: Our Plan for Health and Social Care (2018)
 - Taking Wales Forward 2016 – 2021
 - Public Health Wales - Making Every Contact Count
 - Prudent Healthcare (2016)
 - Health and Care Standards (April 2015)
 - Well-being of Future Generations (Wales) Act 2015
- Context for Vascular Services



Executive Summary Figure 1: Vascular Services National Context

- Context for Major Trauma



Executive Summary Figure 2: Major Trauma National Context

- Regional Strategies
 - South Wales Health Collaborative Service Model Overview Major Trauma Network
 - South East Wales Vascular Network
 - Surgery Tertiary service collaboration
 - Thoracic Surgery
 - Robotics
 - NHS Wales Health Collaborative
- Local Strategies
 - Integrated Medium Term Plan 2022 – 2025
 - Integrated Plan 2022 - 2023
 - Cardiff and Vale People and Culture Plan 2022 - 2025
 - Shaping Our Future Wellbeing - Future Hospitals Programme Business Case (2021)
 - Shaping Our Future Clinical Services Plan 2019 - 2029
 - Shaping Our Future Wellbeing Strategy 2015 - 2025
 - Partnership Strategies and Priorities
 - Cardiff and Vale UHB Estates Strategy
 - Cardiff and Vale UHB Delivering Digital
 - Operating Theatre Strategy
- Other Relevant Context
 - Replacement of UHW
 - CVUHB Theatres Development Plan

1.2.2 The Case for Change

1.2.2.1 Vascular Services

The University Hospital of Wales currently does not have a hybrid theatre, surgery is undertaken within existing theatres and radiology review is either undertaken with the aid of an image intensifier equipment or, at a later stage, via angiography. Both options are sub-optimal. The hybrid theatre concept is new to the Health Board with all surgery currently undertaken in theatre facilities across both UHW and University Hospital Llandough (UHL), with major and complex vascular surgery undertaken at UHW. The space, adjacencies and quality of existing accommodation does not deliver to the level of expectations of recent clinical developments requiring either transfer of patients or equipment. There is currently no dedicated combined theatre and imaging suite, patients are required to attend the main theatres or the imaging department reducing efficiencies and to the detriment of patient experience and safety.

There has been a technological revolution in vascular surgery with a paradigm shift away from open surgical reconstructive procedures to minimally invasive catheter delivered treatments such as angioplasty and stenting. The delivery of acute and planned vascular surgery interventions is now inextricably linked with Interventional Vascular Radiology (IVR)

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services, a fact now reflected in the joint training programmes being driven by the Royal Colleges as well as the Vascular Society.

The '*Provision of Services for Patients with Vascular Disease 2012*' published by the Vascular Society and the '*Service Specification for Specialised Vascular Services*' by NHS England documents recommend reorganisation of vascular services in order to improve outcomes following elective and emergency interventions by concentrating inpatient care into arterial centres, which should be based around a population of at least 800,000 in order to ensure the most efficient use of staff, specialist equipment and facilities. This preferred model of care is delivered by centralising inpatient arterial care to a hub (Arterial Centre), with key aspects of the vascular service being maintained at spoke sites (Non-Arterial Centres). This serves the dual aims of generating the best outcomes for patients requiring inpatient care whilst delivering as much of the service as possible closer to the patient.

Therefore there is good evidence to support the concentration of specialist vascular services with surgeons doing minimum volumes of activity and the centres having the necessary critical care, radiological and surgical support services. It is no longer acceptable to provide elective or emergency vascular cover outside a fully centralised service or a formalised modern clinical network with a designated single site for all arterial interventions providing a 24/7 on-site service.

1.2.2.2 Major Trauma

The on-going care and reconstruction section of the South Wales Service Model for Major Trauma sets out the requirements for:

- A defined ward for major trauma patients;
- A ward environment suitable for people with disability to practice and maintain their activities;
- A nursing team in the ward, who are able to facilitate practice of and independence in functional activities by the patient and undertake the activities with the patient as advised by the rehabilitation team.

The area covered by the major trauma network is the fastest growing population in Wales & the UK with 100,000 more people expected to be living in the area by 2035.

In March 2018, all 6 regional Local Health Boards fully endorsed the recommendations of an independent expert panel review, which indicated that:

- A major trauma network for South and West Wales and South Powys with a clinical governance infrastructure should be quickly developed;
- The adult and children's MTCs should be on the same site;
- The MTC should be at University Hospital of Wales, Cardiff;
- Morriston Hospital should become a large TU and should have a lead role for the major trauma network;
- A clear and realistic timetable for putting the trauma network in place should be set.

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1.2.2.3 Potential Scope and Key Service Requirements

The OBC defined the scope as to provide fit for purpose facilities which will deliver hybrid theatre provision for vascular and major trauma surgery. This scope will not only meet all statutory requirements and best practice models but will also support improved access to existing services and provide additional services to support current and project demand.

In the instance of this business case it was not possible to determine a minimum, intermediate or maximum scope as the hybrid theatre capability is either delivered or not.

The only options were to either to provide this to minimum standards, best practice and for either current or future projected demand.

Therefore the proposed scope through the FBC for this project is the development of a hybrid theatre and a major trauma theatre on the University Hospital of Wales (UHW) site.

1.3 Economic Case

1.3.1 The Long List

The long list shown within the OBC has been revisited in the context of the FBC and it has been confirmed that no changes are required since the evaluation of those options presented within the OBC.

The table below provides the findings from the long list appraisal undertaken at OBC:

Option	Finding
1.0 Scope	
Option 1.1 do nothing – status quo	Discounted
Option 1.2 The 'minimum' scope – A facility that meets minimum statutory requirements with regard to environmental and care quality standards for all current services and sized for current demand	Discounted
Option 1.3 The 'intermediate' scope – A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies and sized to meet current demand	Possible
Option 1.4 The 'maximum' scope – A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies sized to meet future demand	Preferred
2.0 Service Solutions	
Option 2.1 Convert A3 Link	Discounted
Option 2.2 Convert area adjacent to theatres (existing animal house)	Discounted
Option 2.3 New build/ remodelling of ground floor (Jubilee Court)	Possible
Option 2.4 New Build at high level linked back to existing Main theatres (Academic Avenue)	Preferred

Option	Finding
Option 2.5 On a podium deck adjacent to rear of existing main theatres (Emergency Access Road)	Possible
3.0 Service Delivery	
3.1 In House	Preferred
3.2 Outsource	Discounted
3.3 Strategic Partnership	Discounted
4.0 Implementation	
4.1 Big Bang	Discounted
4.2 Phased	Preferred
5.0 Funding	
Only public funding has been considered as it has been agreed with Welsh Government that this project will be supported	

Executive Summary Table 1: Summary of Long Listing

The findings from the table above allowed the development of the preferred way forward at OBC stage by taking forward those options which were described as either “possible” or “preferred” into a short list of options. All dimensions and options listed as ‘discounted’ were then excluded at that stage with the exception of the Do Nothing option which was carried forward for comparative purposes only.

1.3.2 The Short List

The overview of the short listed options shown below is also taken directly from the OBC:

- Do nothing – carried forward for comparative purposes;
- Option 2.3 New build/ remodelling of ground floor (Jubilee Court);
- Option 2.4 New Build at high level linked back to existing Main theatres (Academic Avenue);
- Option 2.5 On a podium deck adjacent to the rear of existing main theatres (Emergency Access Road).

Please note that for ease of reference, and to ensure compatibility with the financial and economic appendices the shortlisted options have now been renumbered to range from 0 – 3 and in summary are as follows:

- Option 0 Do nothing;
- Option 1 New build/ remodelling of ground floor (Jubilee Court);
- Option 2 New Build at high level linked back to existing Main theatres (Academic Avenue);
- Option 3 On a podium deck adjacent to the rear of existing main theatres (Emergency Access Road).

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1.3.3 Qualitative Benefits Appraisal Key Findings

A workshop evaluation of the qualitative benefits associated with each of the shortlisted options was undertaken in August 2019 as part of the development of the OBC, the results of which are shown for completeness within the FBC. Key considerations that influenced the scores achieved by the various options were as follows:

- Option 0 – do nothing, this option ranks 4th, key considerations were:
 - The Health Board would need to continue to outsource hybrid capability;
 - This option would not provide a major trauma theatre;
 - There would be no enhancement to quality of care and the clinical risk of transferring patients off site would remain;
 - Patients undergoing procedures within traditional theatres would not be benefitting from best practice (that requires a hybrid theatre);
 - Very limited changes could potentially be made to existing theatre capacity for improvements for flexibility;
 - Specialist staff may look to utilise their skills elsewhere.
- Option 1 – this option ranks 3rd, key considerations were:
 - This option eliminates the need to outsource hybrid theatre capability;
 - One of the new theatres proposed would provide a dedicated major trauma theatre to the level of specification required;
 - Refurbishment of the existing accommodation and potential existing footprint limitations may make it difficult to provide all accommodation to full national guidance / standards;
 - The location of the existing SSU / supporting accommodation is remote from the main theatres at UHW and therefore causes concern due to the logistically challenging nature of splitting emergency work across floors. The distance from Critical Care is also not ideal.
- Option 2 – this option ranks 1st, key considerations were:
 - This option eliminates the need to outsource hybrid theatre capability;
 - One of the new theatres proposed would provide a dedicated major trauma theatre to the level of specification required;
 - Location of this new build facility adjacent to the existing main theatres at UHW would optimise ideal departmental adjacencies and patient flows
 - Provision of additional theatre services, support and recovery accommodation would provide some level of flexibility for the future in terms of some overall service capacity. However this option has the additional complication of accommodation housed on stilts and therefore does really not provide flexible accommodation for the overall estate at UHW.
- Option 3 – this option ranks 2nd, key considerations were:
 - This option eliminates the need to outsource hybrid theatre capability;
 - One of the new theatres proposed would provide a dedicated major trauma theatre to the level of specification required;
 - Location of this new build facility adjacent to the existing main theatres at UHW would provide better departmental adjacencies and patient flows
 - Provision of additional theatre services, support and recovery accommodation would provide some level of flexibility for the future in terms of some overall service capacity. This option also has the additional complication of the

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accommodation housed on stilts and therefore does really not provide flexible accommodation for the overall estate at UHW;

- The site access is also constrained and delivery will be complex

1.3.4 Economic Appraisal Key Findings

The economic costs for the scheme are as follows:

Capital Costs at PUBSEC 250	Option 1 £000	Option 2 £000	Option 3 £000
Works Costs	16,090	12,430	8,916
Fees	3,181	2,651	2,025
Non-Works	1,085	735	1,035
Equipment Costs	9,850	9,850	9,850
Planning Contingency	2,815	2,745	2,745
Total Capital exc Optimism Bias in line with OB forms	33,021	28,411	24,571
Optimism Bias	4,164	2,915	2,607
Total Capital Cost for VfM	37,185	31,326	27,178

Executive Summary Table 2: Economic Costs

Economic Cost	Option 0 £000	Option 1 £000	Option 2 £000	Option 3 £000
Net Present Cost (NPC)	471,887	567,029	558,019	552,277
Equivalent Annual Cost (EAC)	17,614	21,165	20,829	20,631
Ranking of Development Options		3	2	1
EAC Margin Development Options		534	198	0
EAC Switch Value		(534)	(198)	198
EAC Margin above preferred %		2.6%	1.0%	

Executive Summary Table 3: Summary of Economic Appraisal Outputs

On the basis of the appraisal undertaken, it is noted that:

- The economic cost of each of the development options is relatively similar;
- Option 3 is marginally (1%) preferred over Option 2;
- Option 1 is least preferred by a margin of 2.6%.

Sensitivity testing indicates that for switch values to be triggered sufficient to show Option 2 to be preferred over Option 3, differential cost changes of 9% (capital) or 1% (revenue) would be required. Given the common approach taken to costing, changes at these levels are not thought to be likely.

Option 0 is included for comparison only.

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1.3.5 Combined Appraisal Outputs

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

Economic Cost	Option 0	Option 1	Option 2	Option 3
Weighted Non-Financial Score	116	806	861	840
Equivalent Annual Cost (EAC £000)	17,614	21,165	20,829	20,631
Benefit Points per EAC £000	0.0066	0.0381	0.0413	0.0407
Ranking	4	3	1	2
Margin below preferred %	-84.1%	-7.9%	0.0%	-1.5%

Table 1: Summary of Combined Appraisal Outputs

This highlights that:

- Option 0 is clearly least preferred;
- Option 1 is ranked 3rd by a margin of 7.9%;
- Option 2 and 3 show very similar ratios; but
- Option 2 is preferred by a margin of 1.5%.

Sensitivity tests indicate that for Option 3 to rank above Option 2 would require:

- The non-financial score for Option 2 to fall by 4.1% (to 825, which would be 15 lower than the base score for Option 3); or
- The non-financial score for Option 3 to increase by 1.7% (to 875, which would be 15 higher than the base score for Option 2);
- Changes of this magnitude are considered to be unlikely.

Option 2 is therefore confirmed as the preferred option.

1.3.6 Preferred Option

The preferred option as outlined within the OBC and as demonstrated within the appraisal outputs above, remains as Option 2 due to its capability of meeting the various criteria of the project as set out within the economic case.

The proposed development comprises a single storey building to be constructed at the UHW Site. The project consists of the provision of two theatres; a Hybrid Theatre and a Major Trauma Theatre. In addition, an 8-bed Recovery Area and associated accommodation and a 10-bed Surgical Assessment Area is also required.

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1.4 Commercial Case

1.4.1 Procurement Strategy

The preferred procurement route is to use the NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) established NHS 'Building for Wales' Framework. The Supply Chain Partner (SCP) Wilmott Dixon has been appointed under the framework to develop both the design and construction of the proposed facility.

The procurement strategy is in line with the procedures and practices as laid down in the NHS Building for Wales framework.

It is a requirement of Welsh Government that in developing capital projects and particularly those that are seeking central funding via the business case process, that decarbonisation is at the forefront of the design solutions and costs specific to the options chosen are identified with the reduction in CO₂ included. With regard to this particular project a range of systems to reduce the carbon produced have been incorporated, including, Photo voltaic, improvement of the building fabric to PassivHaus standard, Electric steam generation and Air source heat pumps. The project also allows for the installation of EV Charging points, however this does not directly contribute to the emissions reduction of the building.

1.4.2 Required Services

The scope of services required is for the project management, cost advice and the design and construction of a hybrid theatre and a major trauma theatre within a new block on a podium deck adjacent to the existing theatres and located on Academic Avenue, UHW.

1.4.3 Potential for Risk Transfer and Potential Payment Mechanisms

The general principle is to ensure that risks should be passed to "the party best able to manage them", subject to value for money (VFM). The ongoing future management of risks during the life of the scheme, will generally follow the process described in the Management Case: Arrangements for Risk Management.

The Health Board intends to make payments in respect of the proposed products and services as follows:

- Charging will be completed under the 'Building for Wales' Framework terms and conditions.
- The contract will be managed by Cardiff and Vale University Health Board under the NEC3 Option C Target Cost Contract.

1.5 Financial Case

1.5.1 Financial Expenditure

Capital Costs	£'m
Works Costs	24.593
Fees	3.581
Non Works Costs	0.621

Equipment costs	10.448
Quantified Risk Contingency	1.998
VAT Recovery	-0.63
Total Capital Cost/ Cost Forms	40.611

Executive Summary Table 4: Capital Costs for the Preferred Option

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The following table shows how the capital costs have changed from OBC to FBC:

	Changes since OBC £000's
PUBSEC Uplift	5,642,939.00
Works costs	7,170,539.00
Major Items Inclusion of Transformers and Generators due to additional load required by CT Scanners - £2,395,790 Inclusion of Decarbonisation measures - £1,247,287 Non Works costs included - £225,000 Design development - cost transfer from risk - £1,849,392 Commissioning, medical gases, works to existing switchgear and SUDs - £315,000 Wayfinding, planning and allowance for ART - £84,000	
Fees	(134,137.00)
Non works costs	(409,176.00)
Equipment	(3,357,349.00)
Quantified risk contingency	(1,849,392.00)
VAT reclaim	9,689.00
TOTAL	7,073,113.00

Executive Summary Table 5: Changes to Capital Costs since OBC

	£'000
Impairment	22.627
Depreciation - Building/Engineering	0.124
Depreciation – Equipment	1.501
Accelerated Depreciation	0.000
Total Capital Charges/Depreciation	24.252

Executive Summary Table 6: Summary of Capital Charges and Depreciation

Revenue Costs	Baseline £000	Additional Revenue Implications			
		Option 0 £000	Option 1 £000	Option 2 £000	Option 3 £000
Direct Pay	10,010	0	205	0	0
Direct Non-Pay	9,027	0	0	0	0
New Equipment Service/Maintenance		0	800	800	800
Total Direct Costs	19,037	0	1,005	800	800

Revenue Costs	Baseline £000	Additional Revenue Implications			
		Option 0 £000	Option 1 £000	Option 2 £000	Option 3 £000
Facilities					
Business Rates		0	11	22	22
Energy		0	205	349	349
Estates Maintenance		0	24	48	48
Domestic Service		0	33	67	67
Security		0	2	4	4
Waste		0	3	6	6
Post		0	1	1	1
Total Facilities Costs	762	0	279	497	297
Total Additional revenue Costs		0	1,284	1,297	1,297
Depreciation (funded by Welsh Gov)				1.625	

Executive Summary Table 7: Revenue Costs

All workforce and direct service revenue costs associated with the MTC and Regional Vascular Network service reconfiguration were assessed, apportioned and agreed through the previously agreed revenue business cases as the service changes have already taken place pending the commitment to commissioners for Cardiff & Vale UHB that this specialist theatre infrastructure would be provided. It should be noted that, in the interim, some C&V UHB emergency and planned surgical capacity has had to be reallocated and/or extended to accommodate additional regional Major trauma and vascular theatre activity.

The additional revenue costs in this business case relate to clinical equipment and maintenance costs and building related costs.

These additional revenue costs will be apportioned to commissioning health boards for their share of the vascular hybrid theatre costs, as previously agreed through the South East Wales regional vascular business case (see table 7a below)

The additional review costs associated with the MTC theatre are being addressed through WHSSC, as commissioner of the services for the MTC component – each UHB's contribution to this additional cost based on risk shares is also illustrated on table 7a below.

It is assumed the impairment and recurrent charges for depreciation will be funded by WG

Revenue Costs	C&V	SB	CTM	AB	HDd	Powys	Total
MTC % share (through WHSSC)	20.77%	18.44%	17.23%	25.36%	16.8%	1.4%	100%

Revenue Costs	C&V	SB	CTM	AB	HDd	Powys	Total
MTC £000	134,693	119,583	111,737	164,460	108,948	9,079	648,500
Vasc % share	38.74%	0.19%	24.41%	34.98%	0.87%	0.81%	100%
Vasc £000	251,221	1,235	158,325	226,840	5,632	5,247	648,500
MTC & Vasc £000	385,915	120,818	270,062	391,300	114,580	14,326	1,297,000

Executive Summary Table 8a: Additional Revenue Costs split by service and commissioner

1.5.2 Overall Affordability and Balance Sheet Treatment

The anticipated capital spend, capital charges profile for the extent of the project is as follows:

	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Capital (Ex VAT) (Per Project cashflow OB5)	1.406	0.503	9.073	23.386
CRL Funding (incl VAT)	1.406	0.503	10.648	28.054

Executive Summary Table 9: Impact on Income and Expenditure Account

1.5.2.1 Assumptions That Underpin Affordability

- Funding is anticipated from WG for additional recurrent capital charges and non-recurrent impairment based on actuals;
- It is assumed that there will not be any transition or decant costs.

1.6 Management Case

1.6.1 Project Management Arrangements

Robust project management arrangements are vital to ensure the implementation of the overall project and that effective control is maintained over the capital scheme.

For the Health Board to successfully deliver this project, it is vital that the following overall approach is taken for the organisation and management of the project:

- The Health Board will adopt the general principles of PRINCE 2 methodology in managing the activities and outputs of the project and will meet the requirements of the WHC (2015): 012; Infrastructure Investment Guidance; and subsequent guidance which may be issued during the projects' lifespan;
- The project will use NHS Wales standard documentation and products where these are available, and will seek to benefit from experience and best practice from other NHS Wales projects;

- Specialist professional and technical advisers will be employed for those activities where the necessary skills and experience are not otherwise available to the project team. The transfer of skills and knowledge from specialist advisers to the project team will be achieved wherever possible and appropriate.

The project structure has been well-defined and includes the following identified key roles:

- Investment Decision Maker;
- Senior Responsible Owner;
- Project Director;
- Project Board;
- Project Team;
- Other Roles:
 - Capital Planning;
 - Finance;
 - Strategic Clinical Engagement;
 - Workforce;
 - IM&T.

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
Completion of the Full Business Case (FBC)	November 2022
WG approval of the FBC	February 2023
Start on Site	February 2023
Completion and Handover	February 2025

Executive Summary Table 10: Key Project Milestones

1.6.2 Benefits Realisation and Risk Management

Benefits are anticipated when a change is conceived and there are measurable improvements that result from the outcome which is perceived as an advantage by the organisation and/or stakeholders. Benefit management and realisation therefore aims to identify, define, track, realise and optimise benefits within and beyond the programme. A benefits realisation plan was developed during the OBC stage and has been further developed to provide a framework for this aim and is overseen by the Project Board.

However, with regard to the provision of hybrid theatres the key benefit is providing a service that is currently not available, this means that the measurable benefits are limited as no baseline can be provided. The benefits to patients are:

- Potential to speed diagnosis and therapy
- Access to minimally invasive techniques that support the goal of faster recovery
- Eventual elimination of corrective surgeries and reduction of anaesthetics
- Real-time availability of high-quality imaging that helps surgeons preserve as much healthy tissue as possible
- Better imaging for better diagnosis and surgical precision

- Assists in reducing procedure length with online diagnostic
- Increased safety due to direct control
- Better quality of care
- Improved cross-speciality communication
- Expansion of reputation-enhancing medical services
- Flexibility to focus on increasing the number of patient-preferred minimally invasive procedures
- Shorter patient stay resulting in patient satisfaction and revenue generation

The risk management strategy has been integrated into the project management procedures, with responsibility for implementation of the strategy resting with the Project Director. The key risks of the preferred option have been assessed and strategies for managing them outlined. An initial risk register has been developed for the preferred option which includes all risks identified to date.

1.6.2.1 Gateway Review Arrangements

Gateway Reviews undertaken across the health service have identified a range of common deficiencies within projects.

The impact of the project has been scored against the risk potential assessment (RPA) and a RPA stage 1 form has been completed.

1.6.3 Post Project Evaluation Arrangements

The Health Board is committed to ensuring that positive lessons are learned through full and effective evaluation of key stages of the project. This learning will be of benefit to the Health Board in undertaking future projects, and potentially to other stakeholders and the wider NHS. The Health Board has therefore identified a robust plan for undertaking PPE in line with current guidance, which is fully embedded in the project management arrangements of the project.

1.7 Recommendation

The Full Business Case (FBC) for the development of a Hybrid Theatre and a Major Trauma Theatre at UHW enables Cardiff and Vale University Health Board to deliver the required technological theatre capability and capacity to meet the commitments given to Welsh Government and the Major Trauma Network in the approved South Wales Trauma Network Major Trauma Centre Business Case 2020 and also to the SE Wales Vascular Trauma Network through the approved SE Wales Vascular Network Business Case 2020, approval of which was dependent on the commitment to deliver this scheme. The provision of this high specification theatre facility will provide the technical capability and dedicated physical capacity to optimise outcomes for patients requiring major trauma and major arterial surgery.

This capacity will also release the temporary capacity that has been allocated to this patient cohort from Cardiff and Vale UHB core, local, theatre capacity which will, in turn, improve

flow for urgent surgical emergencies as the congestion in the CEPOD theatres is reduced but will also free up diverted elective capacity which is one of the key requirements to support Cardiff & Vale UHB to optimise local surgical activity levels.

There will remain the opportunity to optimise the utilisation of the hybrid theatre capability in the future by widening access to other specialist services; this will be dependant on the reallocation of existing standard theatre sessions for hybrid sessions and/or reconfiguration of current resources, but this will be progressed through full commissioner and stakeholder engagement to ensure affordability and also value and outcomes optimisation.

It is therefore recommended that **approval** be given for the project to go ahead into the delivery stage.

Saunders, Nathan
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Report Title:	SOUTH WALES SPINAL SERVICES OPERATIONAL DELIVERY NETWORK MEMORANDUM OF UNDERSTANDING				Agenda Item no.	7.5
Meeting:	Board Meeting	Public	X	Meeting Date:	24.11.22	
		Private				
Status <i>(please tick one only):</i>	Assurance		Approval	X	Information	
Lead Executive:	Executive Director of Planning					
Report Author (Title):	Associate Programme Director for Tertiary and Specialist Services Planning Partnership					
Main Report						
Background and current situation:						

1. INTRODUCTION

1.1. This report describes the proposed governance framework for the South Wales Spinal Operational Delivery Network and seeks approval of the Memorandum of Understanding.

2. BACKGROUND

2.1. Swansea Bay University Health Board has been designated as the host health board to establish and manage the Operational Delivery Network (ODN). The primary purpose of the ODN is to provide the management function for the network, to maintain and coordinate patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways, and promote and support cross-organisational and clinical multi-professional collaboration.

2.2. The Welsh Health Specialist Services Committee (WHSSC) has been designated as the commissioner of the ODN and have developed a service specification. A consultation on the service specification was conducted between 8th March 2022 and 19th April 2022. The service specification has now been approved, as the basis on which WHSSC will commission the ODN for the population of South Wales, West Wales and South Powys.

2.3. As a healthcare provider, Cardiff and Vale University Health Board (CVUHB) will be responsible as provider of adult spinal surgery, delivered by the spinal surgery service and the neurosurgery service based at University Hospital of Wales (UHW), Cardiff.

2.4. As a commissioner, CVUHB has delegated responsibility for commissioning the ODN to WHSSC, and is also responsible for commissioning adult and paediatric spinal surgery provided by the spinal surgery service at UHW. Spinal surgery provided by the neurosurgery service is commissioned through WHSSC.

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

3. SPINAL DISORDERS

4.1. Spinal disorders cost the NHS more than £1000 million per year¹ and are mostly managed within primary care. However a large proportion of all musculoskeletal triage services activity is spinal disorder related, for example in South Wales, West Wales and South Powys the number is approximately 50%. A total of 2,000 patients per annum in Wales receive spinal surgical interventions.

4. SOUTH WALES SPINAL NETWORK

- 5.1 After the reorganisation of neurosurgery services in South and West Wales in 2010, a number of attempts were made to further improve the organisation and delivery of spinal surgery services. Unfortunately, for a variety of reasons, none of these initiatives were successful, and there remained a lack of clarity around the pathway for elective and emergency spinal care.
- 5.2 Following discussion at the NHS Wales Health Collaborative Executive Group, the Cardiff and Vale UHB and Swansea Bay UHB Regional and Specialised Services Provider Planning Partnership (RSSPPP) set up a project to develop a new service model, to clarify the regional model for South East and South West Wales respectively, as well as the supra-regional model for South Wales, West Wales and South Powys.
- 5.3 The project was launched in October 2020, with the aim of developing recommendations for delivering a safe, effective and sustainable model for spinal surgery in South and West Wales.
- 5.4 The final report was submitted to the Regional and Specialised Services Programme (RSSPPP) in March 2021. It concluded that the current arrangements for commissioning spinal services in South and West Wales were not fit for purpose, and that spinal services need to be underpinned by a clear strategy for delivery and commissioning.
- 5.5 The report recommended Operational Delivery Network should be established with the operational authority to maintain and coordinate patient flow across the spinal surgery pathway; lead the development, and coordinate implementation and delivery of standards and pathways; and promote and support cross-organisational and clinical multi-professional collaboration.
- 5.6 The recommendation to establish an ODN was agreed by NHS Wales Health Collaborative Executive Group (CEG) in July 2021. WHSSC were then asked to commission the ODN on behalf of the six Health Boards in South Wales, West Wales and South Powys.
- 5.7 A briefing paper has been prepared to explain the rationale for developing the ODN, and its role in working collaboratively to improve patient outcomes by developing a Value-Based healthcare approach to the management of spinal disorders, delivering care at the most effective part of the pathway. The briefing is attached at **Appendix 1**.

6 MEMORANDUM OF UNDERSTANDING

- 6.1 SBUHB has developed a hosting agreement that sets out the responsibilities of the ODN and the responsibilities of the MTN member health boards in order that the service can perform to its maximum effectiveness.
- 6.2 The hosting agreement takes the form of a Memorandum of Understanding (MoU) and will be signed by SBUHB as host to the ODN and all health boards within the Spinal Services Operational Delivery Network. The MoU is attached at **Appendix 2**.

7 GOVERNANCE AND RISK ISSUES

- 7.1 The MoU makes reference to a series of policies, as listed below.
 - Clinical Governance Policy
 - Data sharing agreement
- 7.2 These policies are currently under development by the interim network team and will be submitted to the Implementation Board for approval, then onwards to each member Health Board. Each health board is expected to adopt each policy/agreement through their own processes at or before go-live of the ODN.

- 7.3 It is important to note that the Spinal Services Operational Delivery Network will not have statutory responsibility for clinical governance within the ODN. Rather the ODN will be responsible for ensuring regular and complete reporting into the Network Board on clinical governance matters relating to the ODN.
- 7.4 The network members will provide the information requirement outlined in the Network Clinical Governance and Quality Improvement Structures document, enabling the ODN to be compliant with reporting requirements. All network members will provide confirmation to the ODN that clinical governance information and incidents have been reported to their own organisations Quality and Safety Committee.

Recommendation:

The Board is requested to:

- APPROVE the Memorandum of Understanding.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	X	Long term	X	Integration		Collaboration	X	Involvement	
Prevention	The research element of the Spinal Services ODN will lead to improved outcomes. Also, whilst not covered in this paper there is an aspirational aspect to the ODN Work to work with all providers across the spinal pathway to review current practice and evaluate the evidence base for non-surgical and surgical interventions.								
Long Term	Development of the Spinal Services ODN will improve patient outcomes in both the long-term and short-term.								
Collaboration	The ODN is a collaboration of all health boards in South Wales, West Wales and South Powys, and the Welsh Ambulance Service NHS Trust and Velindre NHS Trust working together to deliver improved outcomes and experiences for patients with spinal conditions.								

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: Yes

The primary purpose of the ODN is to provide the management function for the network, to maintain and coordinate patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways, and promote and support cross-organisational and clinical multi-professional collaboration.	
Financial: Yes	
The ODN is funded through the WHSSC Integrated Commissioning Plan. There is a minimal risk to the UHB as the staff employed by the ODN are fully funded, however the MoU contain the following paragraph: “Where there are unavoidable long term ODN staff absences (> three weeks) network member health boards will contribute to the unplanned costs of cover”.	
Workforce: No	
Legal: Yes	
The MoU outlines what the accountability arrangements and resulting responsibilities will mean for both SBUHB and all ODN member organisations. The MoU shall be capable of being varied only by a written instrument signed by a duly authorised officer or other representative of each of the parties. In line with usual NHS arrangements, a notice period of 6 months will apply to a variation or termination of agreement to abide by this MOU. No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this MoU. This MoU shall be governed and construed in accordance with the laws of England and Wales	
Reputational: No	
Socio Economic: No	
Equality and Health: Yes/No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Briefing – MoU Spinal Network

As clinical directors we are delighted to support the introduction of a new Spinal Network for South Wales, West Wales and South Powys.

By working together in a co-ordinated and more efficient way, this represents a real opportunity to improve the way spinal services are delivered.

Spinal disorders represent a significant medical, social and economic problem because of the increasing incidence within the general population. There are a wide range of disorders, some of which can result in significant life changing problems, such as paralysis if patients are not diagnosed and receive timely and appropriate treatment. There is a further impact on the ageing populations in South Wales, West Wales and South Powys as the prevalence of complex degenerative spinal disorders increases with age.

Spinal disorders cost the NHS more than £1000 million per year¹ and patient mostly present to primary care, and are managed either within primary or secondary care through a complex interaction of multidisciplinary pathways. A proportion of patients will be referred into the spinal surgery centres for assessment for complex or non-complex surgery. A smaller but significant group of patients will be referred directly to spinal surgery services for management of highly time-critical, complex spinal surgical conditions including spinal trauma.

A total of 2,000 patients per annum in South Wales, West Wales and South Powys receive spinal surgical interventions.

Table 1 - Spinal Surgery Activity – 2019/20

	South East			South West	Total
	ABUHB	CVUHB - Spinal	CVUHB - Neuro	SBUHB	
Adult deformity and specialised orthopaedic spinal surgery	0	90	0	50	140
Cauda Equina	97 ²			50	147
Infection	12	12	0	10	34
Intradural Pathology	0	10	25	10	45
Metastatic Spinal Cord Compression (MSCC)	5	15	0	12	32
Major Trauma		50		25	75
Non Specialised Cervical Spine	67	115	60	138	380
Non Specialised Lumbar Spine	202	490	65	344	1101
Total					1954

There is currently no coordinated regional strategy for these services across South Wales, West Wales and South Powys, and patient flows have been largely determined by historic demand. These arrangements are widely acknowledged to be unsatisfactory, and there is consensus across the clinical community that

¹ <https://www.nice.org.uk/guidance/ng59/update/NG59/documents/low-back-pain-update-draft-scope2>

² Total activity in South East region.

they need to be improved to improve service resilience and sustainability, and to enhance patient outcomes and experience.

Following discussion at the NHS Wales Health Collaborative Executive Group, the Cardiff and Vale UHB and Swansea Bay UHB Regional and Specialised Services Provider Planning Partnership (RSSPPP) established a project to develop recommendations for delivering a safe, effective and sustainable model for spinal surgery in South Wales, West Wales and South Powys.

The project concluded in March 2021, and one of the key recommendations was to establish an operational delivery network with the operational authority to:

- maintain and coordinate patient flow across the spinal surgery pathway.
- lead the development, and coordinate implementation and delivery of standards and pathways.
- promote and support cross-organisational and clinical multi-professional collaboration.

In response to these recommendations, the six Health Boards in South Wales, West Wales and South Powys agreed to establish a spinal services operational delivery network – the South Wales Spinal Network (SWSN).

The SWSN will act as an overarching network for the South East Wales and the South West Wales regional spinal surgery networks for residents within the following areas:

- South East Wales:
 - Aneurin Bevan University Health Board
 - Cwm Taf Morgannwg University Health Board
 - Cardiff & Vale University Health Board, and
 - South Powys
 -
- South West Wales:
 - Swansea Bay University Health Board
 - Hywel Dda University Health Board, and
 - South Powys

Each region contain the following elements of service provision:

- Non-Spinal Partner Hospitals - Hospitals with an emergency department but without any surgeons undertaking spinal surgery on site.
- Spinal Partner Hospitals - These hospitals may have Spinal Consultants offering 'non-specialised' +/- 'specialised' spinal surgery and may offer an emergency service without a 24/7 emergency on-call.
- Spinal Hubs - These hospitals are where the 24/7 emergency spinal service is located but not necessarily where all the emergency work for the region is done. Spinal Hubs can provide regional or supraregional services.

The SWSN will develop, monitor, and review the pathways for each region, and clarify the roles of non-spinal and spinal partner hospitals and the regional and supraregional spinal hubs.

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The SWSN will be a partnership between participating organisations, working collaboratively to improve patient outcomes by developing a Value-Based healthcare approach to the management of spinal disorders, delivering care at the most effective part of the pathway. The aim is to develop an inclusive, collaborative, world leading spinal services network, with quality improvement, informed through evidence-based medicine and lessons learnt from others.

The SWSN will be hosted by Swansea Bay University Health Board, and will be commissioned by the Welsh Health Specialised Services Committee.

SBUHB has established an Implementation Board to oversee the establishment of the SWSN. The aim is to have the network fully established and operational by April 2023.

Mr. Iqroop Chopra
Joint Clinical Director - Interim
Spinal Network,
Consultant Spinal Neurosurgeon,
Cardiff and Vale UHB

Mr. Navin Verghese
Joint Clinical Director - Interim
Spinal Network,
Consultant Spinal Surgeon,
Swansea Bay UHB

Saunders, Nathan
06/09/2023 11:37:43

**Memorandum of Understanding – for the Operational Delivery Network (ODN)
as part of the Spinal Services Operational Delivery Network for South Wales,
West Wales and South Powys**

This Memorandum of Understanding is made on **insert date**

Between

SWANSEA BAY UNIVERSITY HEALTH BOARD as host of ODN
1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot
SA12 7BR

and

ANEURIN BEVAN UNIVERSITY HEALTH BOARD
Headquarters, Headquarters, Lodge Road, Caerleon, Newport
NP18 3XQ

CARDIFF AND VALE UNIVERSITY HEALTH BOARD
Headquarters, Cardigan House, University Hospital of Wales, Heath Park, Cardiff
CF14 4XW

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
Headquarters, Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon
Taff CF45 4SN

HYWEL DDA UNIVERSITY HEALTH BOARD
Headquarters, Ystwyth Building, Hafan Derwen, St Davids Park, Jobswell Road,
Carmarthen SA31 3BB

POWYS TEACHING HEALTH BOARD
Headquarters, Glasbury House, Bronllys Hospital, Brecon, Powys LD3 0LU

SWANSEA BAY UNIVERSITY HEALTH BOARD Headquarters, 1 Talbot Gateway,
Baglan Energy Park, Baglan, Port Talbot SA12 7BR

WELSH AMBULANCE SERVICE NHS TRUST
Headquarters, Ty Elwy, St. Asaph Business Park, St Asaph, Denbighshire, Wales,
LL17 0LJ

VELINDRE UNIVERSITY NHS TRUST

Headquarters, Velindre University NHS Trust, Unit 2, Charnwood Court, Parc
Nantgarw, Nantgarw, Cardiff, CF15 7QZ

Collectively established as the Spinal Services Operational Delivery Network for
South Wales, West Wales and South Powys

Saunders Nathan
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- (1) Swansea Bay University Health Board has been identified as the host health board to establish and manage the Operational Delivery Network (ODN). The primary purpose of the ODN is to provide the management function for the network, to maintain and coordinate patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways, and promote and support cross-organisational and clinical multi-professional collaboration. Further detail of the role and responsibilities of the ODN are described in paragraph 2 below.
- (2) This Memorandum of Understanding (MoU) should be read in conjunction with the board paper that was approved by each ODN member organisations in **November 2022**.
- (3) The purpose of this MoU is to outline what the accountability arrangements and resulting responsibilities will mean for both SBUHB and all ODN member organisations.
- (4) The ODN membership comprises six Health Boards and two NHS Trusts – Welsh Ambulance Service NHS Trust and Velindre University NHS Trust. The six Health Boards have delegated the responsibility for commissioning the ODN to the Welsh Health Specialised Services Committee.

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1 Background

- 1.1. The vision for the establishment of the Spinal Services Operational Delivery Network (ODN) is to enhance patient outcomes and experience, by maintaining and coordinating patient flow across the spinal pathway. The network will improve patient outcomes by developing a Value-Based healthcare approach to the management of spinal disorders, delivering care at the most effective part of the pathway. The network will be a partnership between participating organisations, working collaboratively to achieve this common goal and purpose. The aim is to develop an inclusive, collaborative, world leading spinal services network, with quality improvement, informed through evidence-based medicine and lessons learnt from others.
- 1.2. Following the reorganisation of neurosurgery in South Wales, there have been a number of attempts to improve the organisation and delivery of spinal surgery services. Unfortunately, for a variety of reasons, none of these initiatives were successful, and there remained a lack of clarity around the pathway for elective and emergency spinal care.
- 1.3. The establishment of an interim network (funded by CVUHB and SBUHB) to take forward the work of the project, and to support the establishment of the ODN (funded by the six Health Boards in Mid, South and West Wales) were approved by members of the NHS Wales Collaborative Executive Group (CEG) in July 2021. The CEG subsequently wrote to WHSSC requesting that WHSSC be asked to commission the ODN on behalf of the networks, as WHSSC has significant expertise commissioning complex and specialised services – see letter at **Appendix 1**.
- 1.4. The programme for the Spinal Services ODN was established, following full endorsement by all six health boards in the region, of the following recommendations made by the South and West Wales spinal surgery project:
 - An Operational Delivery Network should be established with the operational authority to:
 - maintain and coordinate patient flow across the spinal surgery pathway (elective and non-elective).
 - lead the development, and coordinate implementation and delivery of standards and pathways.
 - promote and support cross-organisational and clinical multi-professional collaboration.
- 1.5 On the 7 September 2021 the WHSSC Joint Committee approved that WHSSC commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards in Mid, South and West Wales. With the required funding identified and invested in through the WHSSC Integrated Commissioning Plan (ICP) 2022-2025.
- 1.6 All members of the ODN have freely agreed to abide by this MOU. In accordance with the WHSSC Standing Orders any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB. (SO 1.1.5)

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- 1.7 Swansea Bay University Health Board (SBUHB) was designated as the host of the Operational Delivery Network (ODN) The primary purpose of the ODN is to maintain and coordinate patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways, and promote and support cross-organisational and clinical multi-professional collaboration.

2 Responsibilities of Swansea Bay University Health Board (SBUHB)

2.1. Role of SBUHB as host of the Operational Delivery Network (as distinct from SBUHB as provider of Spinal Services) is to manage the ODN in line with the service specification: CP Spinal Services Operational Delivery Network as prepared by the Welsh Health Specialised Services Committee (WHSSC), commissioner of the ODN on behalf of:

- ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Headquarters, Headquarters, Lodge Road, Caerleon, Newport
NP18 3XQ

- CARDIFF AND VALE UNIVERSITY HEALTH BOARD

Headquarters, Cardigan House, University Hospital of Wales, Heath Park, Cardiff
CF14 4XW

- CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

Headquarters, Ynysmeurig House, Navigation Park, Abercynon,
Rhondda Cynon Taff CF45 4SN

- HYWEL DDA UNIVERSITY HEALTH BOARD

Headquarters, Ystwyth Building, Hafan Derwen, St Davids Park,
Jobswell Road, Carmarthen SA31 3BB

- POWYS TEACHING HEALTH BOARD

Headquarters, Glasbury House, Bronllys Hospital, Brecon, Powys LD3
0LU

- SWANSEA BAY UNIVERSITY HEALTH BOARD

Headquarters, 1 Talbot Gateway, Baglan Energy Park, Baglan, Port
Talbot SA12 7BR

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2.2. To undertake the role and responsibilities as detailed below:

Service Specification

- The specifications will need to be in place before the ODN becomes operational (i.e. before Day 1). Each element will be ongoing from the point of implementation, unless otherwise stated.
- Essential - These aspects are considered essential and are critical to the successful delivery of the ODN and its key investment objectives.

Strategic planning

- Provide professional and clinical leadership across the network.
- Collaborate with other relevant networks to ensure coproduction of phases of pathways that may have cross cutting themes.
- Develop and implement an effective framework for monitoring quality and performance; and to establish a network-wide audit programme.
- Develop a value-based healthcare approach to the management of spinal disorders, delivering care at the most effective part of the pathway, and reducing interventions of limited efficacy.
- Provide advice on future service provision to commissioners and providers, including the commissioning, delivery, designation of regional and supra-regional spinal services, e.g. in response to changes in legislation or guidance, emerging published evidence or technological developments.
- Host a risk and issues register and undertake risk and issue management across the network.
- Produce quarterly and annual reports for the Network Board Delivery Assurance Group and WHSSC
- Develop an annual working plan for the network to deliver against the quality and delivery framework.
- Contribute to a comprehensive evaluation programme of the network.
- Develop a longer-term plan (5-10 years) to ensure new capabilities can be brought into core operations as quickly and efficiently as possible.

Operational delivery

- The ODN will have the operational authority to maintain, coordinate and when necessary, direct/arbitrate patient flow across the spinal surgery pathway.
- Lead the development, and coordinate implementation and delivery of standards and pathways.
- Ensure improved access and equity of access to spinal services.

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- Be responsible for monitoring of day-to-day capacity across the network, agreeing and working to an escalation plan (with agreed thresholds for escalation triggers) both within and across the network to monitor and manage surges in demand.
- Support capacity planning and activity monitoring across the whole of the spinal pathway.
- Support workforce monitoring to ensure minimum standards are met in line with network specifications and policies, for areas providing spinal services across the pathway e.g. FCPs, triage & treat APP/ESP/AMP spinal specific appointments, Spinal surgical hub team junior surgeon and medical/ Orthogeriatric cover.
- Ensure the quality of the network is monitored and subject to a process of continuous quality improvement through clinical audit and peer review.
- Deliver a Spinal Services Network Annual Report and intended work plan to ensure consistent evaluation and development.

Tactical (local) advice and support to commissioners

- Development of both clinical and operational policies, and specifications to support the commissioning of spinal services.
- Improved availability of quality and performance data to inform the commissioning of spinal services.

Improved quality and standards of care

- Mandate the use of the British Spine Registry across the pathway in line with network and pathway specific specifications.
- Develop and implement network protocols for patients.
- Develop value-based healthcare outcomes
- Deliver a robust clinical governance framework across the ODN.
- Evaluate and ensure consistent revision of policies and protocols where appropriate to support the delivery of spinal services.
- Ensure on-going service improvements and best practice models are embedded and contribute to improved quality performance.
- Ensure on-going workforce establishment infrastructure, training and best practice models are embedded and contribute to improved quality performance e.g. Frailty and medical models.
- Use both clinical and operational process and outcome measures to compare and benchmark providers.
- Deliver an annual quality improvement and audit programme.

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Partnership development

- Engage with patient representatives and all relevant third sector organisations.
- Promote and support cross-organisational and clinical multi-professional collaboration.
- Link with other relevant networks across NHS Wales and NHS England.
- Embed communication strategies and key communication deliverables.
- Monitor and performance manage active engagement by members in the network to improve performance against agreed outputs.
- Participate in relevant national policy or guideline development.

Desirable/aspirational areas of development

- Instigate a research programme for the spinal pathway.
- Instigate a spinal health promotion scheme.
- Support development of spinal networks in other parts of Wales.
- Design and develop an effective and fully integrated digital infrastructure for spinal services.
- Design and develop an effective training and education programme for spinal services across South Wales, West Wales and South Powys.
- Work with all providers across the spinal pathway to review current practice and evaluate the evidence base for non-surgical and surgical interventions.

2.3. The full draft WHSSC Service Specification is aligned to this document.

Note: the service specification remains draft at the time of writing this MoU, any significant changes in the specification will lead to a change in this document.

2.4. Swansea Bay University Health Board responsibilities continued:

- To have in place appropriate governance arrangements and a Scheme of Delegation as necessary and required on the part of SBUHB to enable the ODN to carry out its duties.
- To hold and manage the budget for the ODN making payments and receiving income as necessary.
- To be the legal entity which enters into agreed procurement arrangements to include, but not restricted to, procurement contracts, quotations, terms of engagement commissioned by the ODN and to ensure that the individuals appointed and employed to support the functions of the ODN.

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- To be authorised to appoint lawyers and other professional advisors and to agree the terms and conditions from time to time on behalf of the ODN/MTN.
- 2.5. SBUHB will *not* be responsible or accountable for the planning, funding or providing of clinical services within the ODN.
- 2.6. In fulfilling its obligations and responsibilities under this MoU, SBUHB shall not be required to or not do and shall not do or omit to do anything which does not comply with SBUHB's statutory powers and duties, Standing Orders and Standing Financial Instructions, corporate governance requirements generally, procurement requirements or any legal obligations not covered by the foregoing.

3 Employment of Staff

- 3.1. To appoint and employ staff in line with the posts agreed through the Operational Delivery Network (ODN) Board.
- 3.2. New staff appointed to work within the ODN will be employed by SBUHB, they will be entitled to be treated as any other SBUHB employee. They will be expected to abide by all SBUHB policies, procedures and guidance including, but not limited to, fire safety and health and safety procedures. ODN staff will benefit from access to all applicable policies and procedures including training and development.
- 3.3. The ODN staff will be accountable for their performance to the Interim Associate Service Director who, for this role, is accountable to the ODN SRO.
- 3.4. The ODN team will be situated on a non-hospital site.
- 3.5. ODN staff members will be expected to maintain professional CPD, complete all mandatory training and uphold competencies in line with the requirements of the role.
- 3.6. ODN staff will be subject to all SBUHB HR policies including annual appraisals/PADR and disciplinary processes.
- 3.7. Where there are unavoidable long term ODN staff absences (> three weeks) network member health boards will contribute to the unplanned costs of cover.

4 Operational Authority

- 4.1. Where there is a difference of opinion with patients waiting to be admitted into a spinal surgery service or an inability of a health board to accept a patient back into their 'home' health board, the Network Clinical Director will have the final say on the action to be taken.

5 Governance Arrangements

- 5.1. SBUHB will have in place appropriate governance arrangements and schemes of delegation as may be necessary and required on the part of the health board to enable the ODN to carry out its functions.

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5.2. The ODN will be accountable to the SBUHB for all arrangements pertaining to the running of the ODN. This will include, but not be limited to, employment of staff to work within the ODN, provision of all employment and corporate services, accommodation and training.

- The ODN will report quarterly into the SBUHB Senior Leadership Team (SLT) meeting to provide assurance and evidence that the service is being delivered in line with expectations.
- The SRO of the ODN will report twice yearly into the SBUHB Quality and Safety Committee providing assurance on the on-going compliance with the clinical governance requirements of the service specification. This reporting will include a summary of issues escalated via the Network Board (NB) to the Delivery Assurance Group (DAG).

5.3. The ODN will be held to account by the Delivery Assurance Group (DAG) for delivery of all elements of the Service Specification. In discharging its accountability role the ODN will:

- Ensure any significant matters under consideration by the NB are brought to the attention of the DAG.
- Seek assurance that actions have been taken by ODN member organisations and appropriate Executives (Health Board and Commissioners) of any urgent or critical matters that may compromise patient care and affect the operation of the ODN or the reputation of NHS Wales.

5.4. The ODN will discharge its responsibilities for delivery via the following framework of meetings:

- The DAG will meet on a bi-monthly for the first year and quarterly thereafter. The DAG will be chaired by a WHSSC Executive or WHSSC Independent member. Attendance at the DAG will include the ODN Clinical Director and ODN Manager as a minimum.
- The NB will meet on a monthly basis. Attendance from the ODN will include the ODN SRO, the ODN Clinical Director and service specific Clinical Leads and the ODN Manager. The NB will be chaired by an independent chair, appointed by Host Organisation. Representation from all of the network health boards (including SBUHB) will include the COO along with senior representation from Welsh Ambulance Services Trust (WAST) and Velindre NHS Trust.
- Note the frequency of the meetings may change, with the agreement of all ODN member organisations, depending on the needs of the network.

5.5. The ODN will 'employ' on a sessional basis a Network Clinical Director. This post will not necessarily be clinicians that are substantively employed by SBUHB, rather they are likely to be clinicians employed by other network ODN member organisations. Where this is the case, SBUHB will require written confirmation from the substantive employer that all competence monitoring is up to date and that by taking on the sessional responsibility for the ODN they will not be exceeding the Working Time Directive.

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6 Reporting Arrangements

- 6.1. The ODN will discharge its accountability to the DAG via reporting through the Network Board (NB) which will be organised and managed by the ODN.
- 6.2. The DAG report formally to the WHSSC on the DAG's activities and will make recommendations to the Joint Committee on behalf of the DAG relating to the commissioning of services. This includes updates on activity, the submission of DAG minutes and written reports as well as quarterly reports
- 6.3. The DAG will bring any significant matters under consideration by the DAG to the Joint Committee's attention,
- 6.4. The DAG Ensure appropriate escalation arrangements are in place to alert the relevant Director (HB and WHSSC, where relevant) of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee
- 6.5. Escalation from the NB of clinical concerns will be considered by the DAG and referred to the WHSSC Quality and Patient Safety Sub-Committee as deemed necessary by the DAG in order to provide assurance to the Joint Committee.

7 Delivery Assurance Group meetings

7.1 Frequency of meetings

Meetings shall be held monthly or as the Chair deems necessary in accordance with the work programme.

7.2 Quorum

At least two members from each of the provider organisations and three HB representatives must be present for the DAG to be quorate.

7.3 Dealing with Members Interests During Meetings

Where individual DAG members identify an interest in relation to any aspect of business set out in the DAG's meeting agenda, that member must declare an interest at the start of the meeting. DAG members should seek advice from the Chair before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the DAG's minutes.

7.4 Withdrawal of individuals in attendance

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

7.5 Circulation of Papers

The Chair and Secretariat will ensure that all papers and reports are distributed at least five working days prior to the meeting.

The confirmed Minutes of the Committee will be sent to the Joint Committee for information.

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8 Engagement

The Chair must ensure that the DAG's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual DAG members must demonstrate, through their actions, that their contribution to the DAG's decision making is based upon the best interests of the NHS in Wales.

9 Clinical Governance Arrangements

The ODN will not have statutory responsibility for clinical governance arrangements within each health board within the Spinal Services ODN. The ODN will be responsible for ensuring regular and complete reporting into the NB on clinical governance matters relating to the ODN.

All network members will provide the information requirement outlined in the Network Clinical Governance and Quality Improvement Structures document, enabling the ODN to be compliant with reporting requirements.

All network members will provide confirmation to the ODN that clinical governance information and incidents have been reported to their own organisations Quality and Safety Committee.

All network members will report and share learning from concerns and serious incidents into the NB.

10 Data requirements

10.1 Full details of data sharing requirements as per the Wales Accord on the Sharing of Personal Information (WASPI) has been shared with each network member organisation's Information Officer.

10.2 All organisations will be required to report against parameters set out in the clinical governance policy

10.3 In the event of a SUI involving the ODN, ODN member organisations will:

- provide information as required enabling the ODN to complete investigations following SUI;
- Disseminate learning following the outcome of the investigation by the ODN

11 Spinal Services ODN Policies

11.1 The policies listed below have been developed collaboratively and approved by the ODN Network Board. All health board are expected to adopt each policy/agreement through their own processes at or before go-live of the ODN.

- Clinical Governance Policy
- Data sharing agreement

11.2 The policies will be accessible on the SharePoint website to all ODN member organisations. New policies and updates to existing policies will be developed and approved through the ODN governance structure. Each health board will

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be responsible for ensuring it has a process in place for receiving and implementing notifications of new policies and updates to existing policies.

12 Clinical Guidelines

- 12.1 All clinical guidelines will be developed collaboratively with the process of development having been approved by the ODN Board. Each health board should acknowledge access to the guidelines.
- 12.2 The ODN will update the clinical guidelines as required and provide notification to all ODN member organisations. ODN member organisations are responsible for having in place a system of receiving updates to clinical guidelines.

13 Budget and Funding

- 13.1 WHSSC will transfer funds to SBUHB on a quarterly basis in advance to allow SBUHB to perform its functions as the Operational Delivery Network, provided that WHSSC may attach conditions to the expenditure of such funds.
- 13.2 SBUHB will set up and manage an income and expenditure account for the ODN. This includes all income received from WHSSC and health boards and all ODN expenditure. This account will be separate from all other SBUHB funds.

14 Ownership of Assets

- 14.1 All assets (including intellectual property rights) acquired by SBUHB in connection with the ODN shall belong to SBUHB but be held upon trust for the ODN.
- 14.2 SBUHB shall, to the extent it is legally entitled to do so, transfer ownership and any other rights in such assets to such party or body as the commissioner shall require and within such timescales as are reasonably required.
- 14.3 In the event that any income is derived from such assets or from their disposal, such revenues shall be regarded as part of the ODN income and accounted for accordingly.

15 Duty of Care

- 15.1 SBUHB shall be responsible for ensuring that all reasonable skill, care and diligence are exercised in carrying out those services which it is required to perform under the agreement properly and efficiently in accordance with this Memorandum of Understanding and its overall responsibilities under the National Health Service (Wales) Act 2006 and all other appropriate legislation. SBUHB shall keep the Commissioner informed of any foreseeable or actual changes in circumstances which are likely to affect its ability to comply with the terms of this MoU as the Host health board.

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16 Legislation

- 16.1 SBUHB shall ensure that it, and its employees and agents, shall in the course of this MoU comply with all relevant legislation, Welsh Government directions and Guidance and procedures.

17 Audit

- 17.1 SBUHB, through the Shared Services arrangements, will provide an effective independent internal audit function as a key source of its internal assurance arrangements. This will be in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Government.
- 17.2 SBUHB will ensure that relevant external audit arrangements are in place which give due regard to the functions of the ODN.

18 Management of Concerns

- 18.1 Where a matter is received into the ODN and is regarded as an individual concern, SBUHB will only be responsible for the management of those concerns where qualifying liability in Tort is established, which relates to its geographical area of responsibility. In such circumstances, the Chief Executive of SBUHB will be responsible for investigating and responding to the concern in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulation 2011.
- 18.2 Individual concerns received into the ODN and relating to patients resident outside SBUHB's geographical area of responsibility will be referred to the Chief Executive of the health board in the appropriate geographical area.
- 18.3 Where a matter is regarded as a concern and where qualifying liability in Tort has been established, SBUHB will only be responsible for managing the arrangements for redress arising from its own resident population.
- 18.4 Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in the All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

19 Management of FOIA/GDPR Requests

- 19.1 Where a request under the Freedom of Information or General Data Protection Regulations is received by the ODN, the request will be dealt with in accordance with SBUHB's procedures. Where the request is considered to be an issue relating to information which is held by other ODN member organisations, then the request will be forwarded to the Board Secretary of the respective health board to respond in accordance with the Freedom of Information Act Code of Practice.

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20 Dispute

- 20.1 In the event of a dispute between the ODN and any of the ODN member organisations that cannot be resolved locally, the issue will be referred up to the DAG and if necessary the Joint Committee.
- 20.2 In resolving the dispute, WHSSC will rely on the Business Framework included within its hosting agreement with all health boards in Wales.
- 20.3 A dispute may include non-adherence to this MoU.

21 General

- 21.1 This MoU shall be capable of being varied only by a written instrument signed by a duly authorised officer or other representative of each of the parties.
- 21.2 In line with usual NHS arrangements, a notice period of 6 months will apply to a variation or termination of agreement to abide by this MoU.
- 21.3 No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this MoU.
- 21.4 This MoU shall be governed and construed in accordance with the laws of England and Wales. Subject to paragraph 18 above, the parties hereby irrevocably submit to the exclusive jurisdiction of the Courts of England and Wales.
- 21.5 In the event of SBUHB's determining (acting reasonably) that the performance by SBUHB of its obligations under this MoU is having a detrimental effect on SBUHB's ability to fulfil its core functions, SBUHB may instruct the ODN SRO and SBUHB's Chief Executive to review the operation of this MoU.
- 21.6 In carrying out a review of this MoU further to paragraph 21.4 above, the ODN SRO and SBUHB's Chief Executive shall consider the source and manner of any detriment identified by SBUHB's Board further to paragraph 21.4 and shall put forward such amendments and variations to this MoU and the associated governance arrangements between the ODN and SBUHB as they may consider appropriate.
- 21.7 SBUHB's Board shall consider the recommendations made further to paragraph 21.5 and may recommend to the ODN SRO and the Chief Executive of SBUHB that this MoU and the associated governance arrangements are amended accordingly.

22 Review

The MoU will be reviewed annually by the DAG.

23 Abbreviations

CPD	Continued Professional Development
DAG	Delivery Assurance Group
FOIA	Freedom of Information Act
GDPR	General Data Protection Regulations
IPFR	Individual Patient Funding Request
MoU	Memorandum of Understanding

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NB	Network Board
OD	Operational Delivery Network
QI	Quality Improvement
SBUHB	Swansea Bay University Health Board
SRO	Senior Responsible Officer
WAST	Welsh Ambulance Service Trust
WHSSC	Welsh Health Specialist Services Committee

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Signed for and on behalf of
**ANEURIN BEVAN UNIVERSITY
HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
**CARDIFF AND VALE
UNIVERSITY HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of **CWM
TAF MORGANNWG
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**POWYS TEACHING HEALTH
BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
**SWANSEA BAY UNIVERSITY
HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
**WELSH AMBULANCE SERVICE
NHS TRUST**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
**VELINDRE UNIVERSITY NHS
TRUST**

Signature:
Name:
Position:
Date:

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Report Title:	Tissue and Organ Donation Annual Report			Agenda Item no.	7.6
Meeting:	UHB Board	Public	X	Meeting Date:	24/11/2022
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Meriel Jenney, Executive Medical Director				
Report Author (Title):	Michael Stephens				
Main Report					
Background and current situation:					
<p>Organ donation saves and enhances lives but is complex to coordinate and highly emotive. NHS Blood and Transplant (NHSBT) are responsible for auditing organ donation and transplant outcomes and produce an annual report for both deceased and live organ donation. The annual reports for 2021-22 show an improving picture following the disruption of COVID-19, and that C&V are amongst the UK leaders in several areas.</p> <p>During 2021-22 there were 19 proceeding deceased organ donors in UHW, producing life saving transplants for 49 patients. There were also 29 live kidney donor transplants performed in the Cardiff Transplant Unit including several via the UK Kidney Sharing Scheme.</p> <p>The live donor report shows that Cardiff Transplant Unit has achieved the highest rate of pre-emptive live donor transplants of any unit in the UK. Pre-emptive (meaning before dialysis) live donor transplantation offers the very best outcomes for patients with advanced kidney disease and this is the second time in 3 years that Cardiff have led the UK.</p> <p>UHW is in the top 20 UK hospitals for number of deceased organ donors and the only hospital outside of England in the top 20. The NHSBT report shows the Health Board is performing 'exceptionally' in the referral of potential donors to the Specialist Nurses for Organ Donation (SNODs) and above or within the benchmark UK range for all other measured parameters. Consent rates are not yet back to pre-pandemic levels but have increased in comparison with the previous year.</p> <p>The Cardiff Organ Retrieval Team are one of only 3 teams in the UK capable of performing an innovative organ retrieval technique called Normothermic Regional Perfusion (NRP). This technique has been shown to significantly improve outcomes for the recipients of the retrieved organs and is likely to become the standard technique in the future, but requires additional training for the surgeons and theatre team and also new equipment. Cardiff are now well positioned to help train other UK units as this technology rolls out across the rest of the country.</p> <p>The Cardiff Transplant Unit were the first UK transplant unit to transplant organs from hepatitis C positive organ donors into hep C negative recipients and remain the UK leaders in this field. This has required strong collaborative working between the transplant team, infectious diseases and virology teams, and specialist pharmacists. This approach now accounts for 10-20% of the deceased donor transplant numbers in Cardiff.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>Cardiff is providing a UK leading organ donation and transplantation service. Overall numbers haven't returned to pre-pandemic baseline yet but there has been good progress in the last year.</p>					

Recommendation:									
The Board is requested to:									
a) Approve the Tissue and Organ Donation Annual Report.									
Link to Strategic Objectives of Shaping our Future Wellbeing:									
<i>Please tick as relevant</i>									
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							
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us							
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X						
Five Ways of Working (Sustainable Development Principles) considered									
<i>Please tick as relevant</i>									
Prevention		Long term		Integration		Collaboration		Involvement	
Impact Assessment:									
<i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: No									
<i>Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)</i>									
Safety: No									
<i>Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>									
Financial: No									
<i>Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>									
Workforce: No									
<i>Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>									
Legal: No									
<i>Are there any legal implications that arise from the content and proposals contained within this report? If so, have advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)</i>									
Reputational: No									
<i>Are there any Reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>									
Socio Economic: No									

The Socio Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)
(If this has been addressed in the main body of the report, please confirm)

Equality and Health: No

Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.
Useful guidance on the completion of an EHIA can be found at the following link: [EHIA toolkit - Cardiff and Vale University Health Board \(nhs.wales\)](#)
(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: No

If appropriate, has consideration been given to the delivery of proposals in accordance with NHS Wales Decarbonisation Plans. If so, please confirm the detail of issues considered and plans made.
(If this has been addressed in the main body of the report, please confirm)

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders,Nathan
06/09/2023 11:37:43

Report Title:	Welsh Language Annual Report and Mwy na geiriau/More than just words: The Welsh Governments Welsh Language in Healthcare Strategy				Agenda Item no.	7.7
Meeting:	Public Board Meeting		Public	/	Meeting Date:	24/11/2022
			Private			
Status (please tick one only):	Assurance		Approval	/	Information	
Lead Executive:	Executive Director for Workforce and Organisational Development					
Report Author (Title):	Welsh Language Officer Equality, Diversity and Inclusion Manager					

Main Report

Background and current situation:

Welsh Language Annual Report 2021-2022

Under Standard 120 of the Welsh Language Standards the UHB are required to publish an annual Welsh Language Report setting out organisational performance against the Standards and outline work undertaken in the UHB around inclusion of the Welsh language.

In compliance with the Standards, the UHB's Welsh Language Report 2021 – 2022 (Appendix 1) was published in September 2022 and covers the period from 1st April 2021 to 31st March 2022.

Mwy na geiriau 2022 – 2027 (More than just words)

Mwy na geiriau 2022-2027 is the Welsh Government's strategic framework to strengthen Welsh language provision in health and social care. The strategy refreshes and build on the previous iteration of the *Mwy na geiriau* strategy, considering feedback received and societal changes since it was first published. The aim of the strategy is to enable Welsh speakers to receive care and access services through their preferred language. Research by the Welsh Language Commissioner demonstrates that care through a preferred language leads to a better patient experience. Enabling patients to discuss healthcare in their chosen language leads to improved communications, lessens anxieties, and ultimately leads to better patient outcomes.

Prior to publishing an updated version of the *Mwy na geiriau* action plan in August 2022, an assessment of Welsh language provision in health and social care services across NHS Wales was undertaken by Welsh Government. The assessment highlighted the need for more work around the implementation of the strategy and identified increased support from senior executive colleagues from across NHS Wales as being key to its success. The plan recommends that goals are embedded into senior leaders' annual objectives, which could include increased recruitment of staff with Welsh language skills and the provision of opportunities to develop and build these skills within our workforce.

A key aspect of the plan is to create an 'active offer' at the beginning of a patient's journey. The 'active offer' means that at the point of accessing our services a patient or service user should be asked whether they would prefer to communicate in Welsh or English and the care received should then be delivered in their chosen language.

The primary goal of the plan is to ensure that by 2027 patients and service users whose preferred language is Welsh will be able to access healthcare in their language of choice.

The UHB will need to implement the updated strategy, *Mwy na geiriau 2022-2027*, and report progress to Welsh Government. The UHB will be expected to:

- Deliver an 'active offer' – where patients are proactively asked whether they prefer to speak Welsh or English when receiving care.
- Ensure senior leaders attend the '*Leading in a Bilingual Country*' programme to help embed the objectives set out in 'Cymraeg 2050' project, which aims to create one million Welsh speakers by 2050, into organisational culture and policymaking.
- Develop patients' pathways for vulnerable patients, such as older people and children, who prefer to speak Welsh.
- Identify the skills gaps in front-line areas and continue to ensure that staff record their range of Welsh language skills on ESR.
- Improve the recruitment of Welsh speaking staff into the organisation and develop current staff's Welsh language skills.

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

Welsh Language Annual Report 2021 – 2022

The Board are asked to ratify the *Welsh Language Report 2021 – 2022*.

Mwy na geiriau 2022 – 2027

The UHB will be required deliver on the strategy through:

- Improving the recruitment of staff with Welsh Language skills.
- Increasing the number of Welsh speaking employees through development of skills.
- Continuing staff registration of Welsh Language skills in ESR.
- Ensuring that provision of the Welsh language is considered when patients access care.
- Ensuring that staff with Welsh Language skills are available to care for patients who prefer to speak Welsh.

Over the coming months, the UHB will work to continue to improve its compliance with the Welsh Language Standards through aiming to increase the number of bilingual job adverts and job descriptions published, with the intention of attracting more Welsh speakers into the organisation. There will also be a drive to improve the data held around Welsh language skills in ESR, with further phases of the equality and Welsh language data campaign being rolled out.

Buy-in from the Clinical Boards will be key in implementing the plan and the Equality Strategy and Welsh Language Standards Group will seek assurances on progress made in these areas.

It is recommended that the Board continue to seek assurances that the UHB is actively progressing against the objectives of the strategy.

Recommendation:

The Board is requested to:

- a) Ratify the *Welsh Language Report 2021 – 2022* and note the work and support needed around *Mwy na geiriau 2022-2027*

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

Failure to deliver on the strategy will lead to negative impact of the patient and service user experience and treatment for those who prefer to speak Welsh.

Safety: Yes

Patients who prefer to speak Welsh might struggle to communicate in English when they are anxious, confused or in pain. Being able to talk in their preferred language will lead to improved communication and safety.

Financial: No

Workforce: Yes

Failing to recognise the Welsh language skills of staff may impact negatively on their morale and feel unable to use their Welsh language skills with patients and service users.

Staff being denied their ability to learn Welsh or improve their Welsh will impact negatively on their personal development.

Legal: Yes

The *Mwy na geiriau* strategy is intrinsically linked to the Welsh Language Standards. Failure to enact the requirements of the strategy will impact organisational compliance with the Standards.

Reputational: Yes

Failure in delivering the strategy will lead to reputational harm for the organisation. It will indicate to the public that the organisation is not taking the strategy and its own Welsh Language agenda seriously.

Socio Economic: No

Equality and Health: Yes

Welsh language inclusion is tied closely to the equity and inclusion agenda with it being embedded in the UHB's Strategic Equality Plan. An example of where failure to deliver may directly impact

patient care would be a patient who suffers from dementia and only being able to communicate in Welsh being denied appropriate care due to a lack of Welsh language skills in our workforce.	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
06/09/2023 11:37:43

Welsh Language Standards

Annual Report
2021-2022

Cymraeg

Saunders, Nathan
06/09/2023 11:37:43



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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Cardiff and Vale University Health Board

Annual Welsh Language Standards Report

2021-2022

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Introduction

On 30th May 2019, the Welsh Language Measure (2011) came into force placing legislative duties on Cardiff and Vale University Health Board (CAVUHB) with regards to the Welsh language. The specific duties that Health Boards are required to comply with, set by the Welsh Language Commissioner, are available [here](#). As set out in the compliance notice, the Health Board must provide a service for patients, service users, and the general public whose preferred language is Welsh. Additionally, CAVUHB is required to deliver a range of services for its staff through the medium of Welsh.

The story of the Welsh language in Cardiff and the Vale of Glamorgan is unique. According to the latest Welsh Government statistics, when considering the percentage of the local population who speak Welsh, Cardiff came in as the 8th highest with 28% of residence speaking the language. The Vale of Glamorgan was ranked 19th, with 18.5% of people living in the area being Welsh speakers. When considering, the actual number of those who speak Welsh, Cardiff tops the list with 102,000 people, higher than any other region in Wales. The Vale of Glamorgan. The Vale of Glamorgan has 18,000 Welsh speakers, which is ranked as the 18th largest in the country.¹

¹ Annual Population Survey – Ability to speak Welsh by local authority - <https://statswales.gov.wales>

Governance and structure

The Chief Executive is corporately responsible for the Welsh Language Standards, with the Executive Director for People and Culture responsible at Board level. The Assistant Director for Organisational Development, Wellbeing and Culture alongside the Equity and Inclusion Senior Manager provides strategic leadership.

The Welsh Language Officer, working within the CAVUHB's Equity and Inclusion Team, is responsible for the Standards on a day-to-day basis and acts as a point of contact for the Standards and other matters relating to the Welsh language.

The Equality Strategy and Welsh Language Standards Group is responsible for assessing and ensuring organisational compliance and provide assurances to the UHB's Strategy and Delivery Committee. Complaints received by Cardiff and Vale University Health Board are dealt with and responded to through one of two processes. All concerns regarding patient care and patient experience are dealt with through the Putting Things Right process, administered by the CAVUHB's Concerns Team. Concerns relating to compliance in corporate areas are dealt with directly by the Welsh Language Officer. The corporate concerns process is available on CAVUHB's website.

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People and Culture Plan

In 2021-2022, CAVUHB launched its People and Culture Plan. The aim of the plan is to improve the experience of staff, to ensure the improvements CAVUHB have made over recent years continue, and to confront the challenges which have arisen as a result of the pandemic and subsequent recovery period. It has a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce. Equity and inclusion, including that for the Welsh language, underpins the plan, and staff are encouraged to develop their Welsh language skills for use with patients, service users, colleagues, and the general public.



Welsh Language Officer, Jessica Sharp presents prize to one of the category winners of the CAV Eisteddfod.

‘Meddwl Cymraeg - Think Welsh’ Campaign

The ‘Meddwl Cymraeg - Think Welsh’ campaign was developed to support the embedding of the Welsh language into organisational culture. The following events and promotional days were organised as part of the campaign during 2021-2022.

CAV Eisteddfod - Supported by the Cardiff and Vale NHS Health Charity, CAVUHB held its inaugural organisational Eisteddfod in 2021. All staff were welcomed to participate in four categories: photography, written word, sculpture, and painting.

The winner in each category received a glass trophy and a £50 gift voucher.

20 entries were received in total and the winner was announced on Diwrnod Shw’mae Day, 15th October 2021.

Diwrnod Shw’mae Day

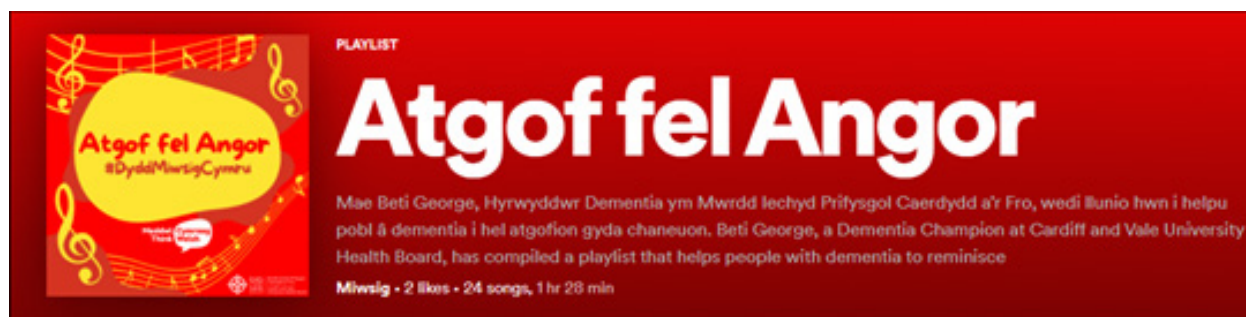
CAVUHB promoted the importance on using the Welsh language with colleagues and patients. The winners of the CAV Eisteddfod were announced and were awarded their prizes.

Welsh Language Rights Day

CAVUHB promoted Welsh Language Rights Day through working with the Communications and Engagement Team to record an interview with a Paediatric Anaesthetist discussing the importance of offering a Welsh language service to their young patients. The video was uploaded onto CAVUHB's social media platforms including YouTube, Facebook and Twitter.

Welsh Language Miwsig Day

To celebrate Welsh Language Miwsig Day, CAVUHB worked with Beti George, a member of the Dementia Champions, to create a playlist of Welsh language music to promote the use of the arts in healthcare. This enables people who suffer from dementia to reminisce through music.



Santes Dwynwen Day

On Diwrnod Santes Dwynwen, CAVUHB promoted the tag 'Cariad at yr Iaith / Love for the Language'. The Communication and Engagement Team interviewed members of staff who spoke of their love for the Welsh language.



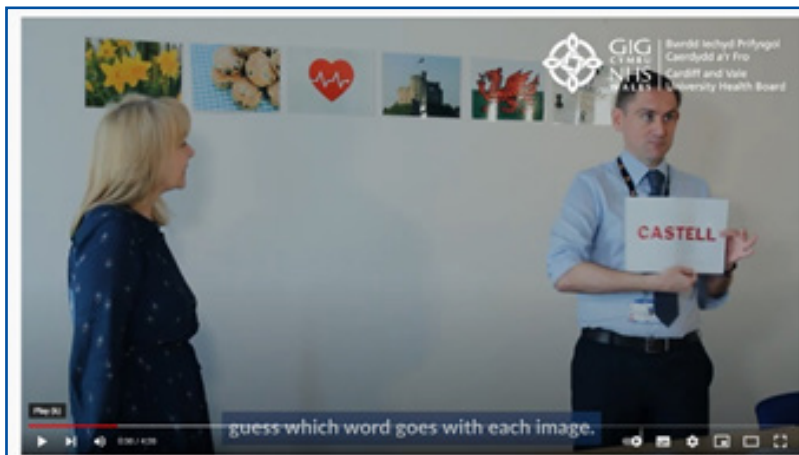
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St David's Day

On 1st March, CAVUHB took the opportunity to celebrate the Patron Saint of Wales by promoting the importance of learning Welsh.

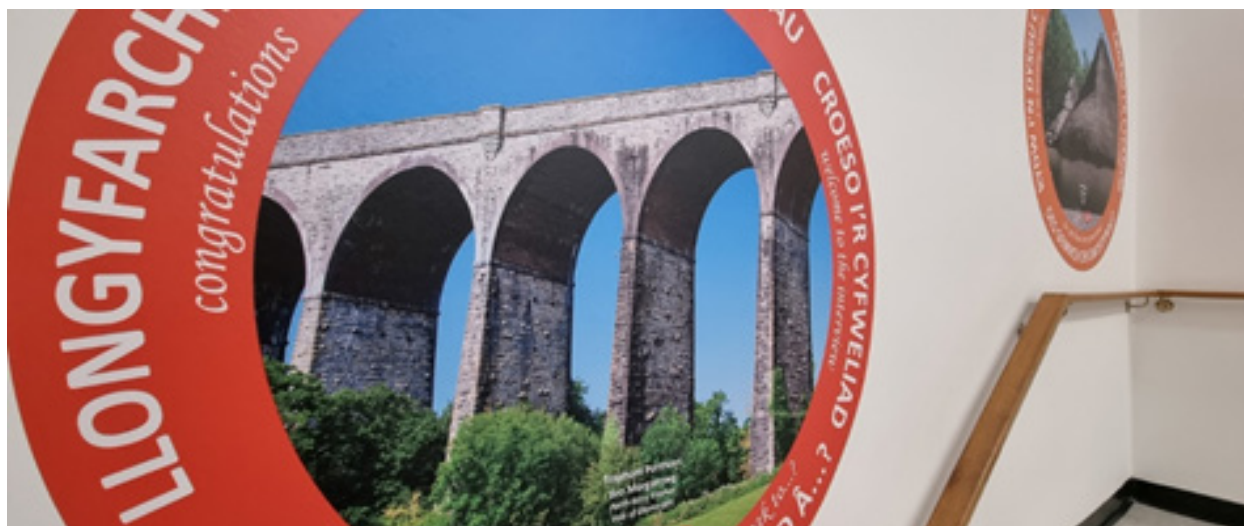
The Communication and Engagement Team launched a video of the new Chief Executive, Suzanne Rankin, participating in a promotional video where she learnt simple Welsh phrases alongside the Welsh Language Officer.

Additionally, CAVUHB's catering team created a lunchtime menu at the UHW and UHL restaurants celebrating traditional Welsh recipes.



Welsh Language Welcoming Wall

As part of the 'Meddwl Cymraeg – Think Welsh' campaign, CAVUHB placed murals in Woodland House containing simple Welsh phrases to promote use of the language. The mural was funded by Cardiff & Vale Health Charity and features artwork of Welsh landmarks encircled by popular Welsh words and phrases. Through placing the murals in one of the main staircases, the aim is that staff will learn these simple greetings and phrases to use with colleagues and patients.



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Welsh Language Awareness Training

The Equity and Inclusion Team provided Welsh Language awareness to staff as part of mandatory training. It includes an explanation of the Welsh Language Standards, the importance of providing Welsh language care, and what steps staff can take to support CAVUHB in providing effective healthcare in Welsh.

Bilingual Greeting Cards

To encourage and support staff to answer the phone bilingually, a prompt card has been designed providing simple phrases that staff can use when answering calls, which include the “Meddwl Cymraeg – Think Welsh” campaign logo. The cards are available to all staff to help in their use of the Welsh language.



Welsh Language Translation Unit

The Unit continues to provide an effective translation service for CAVUHB. Over the 2021-2022 period, the unit have translated over one million words, which includes a wide range of documents for CAVUHB’s front-line areas.

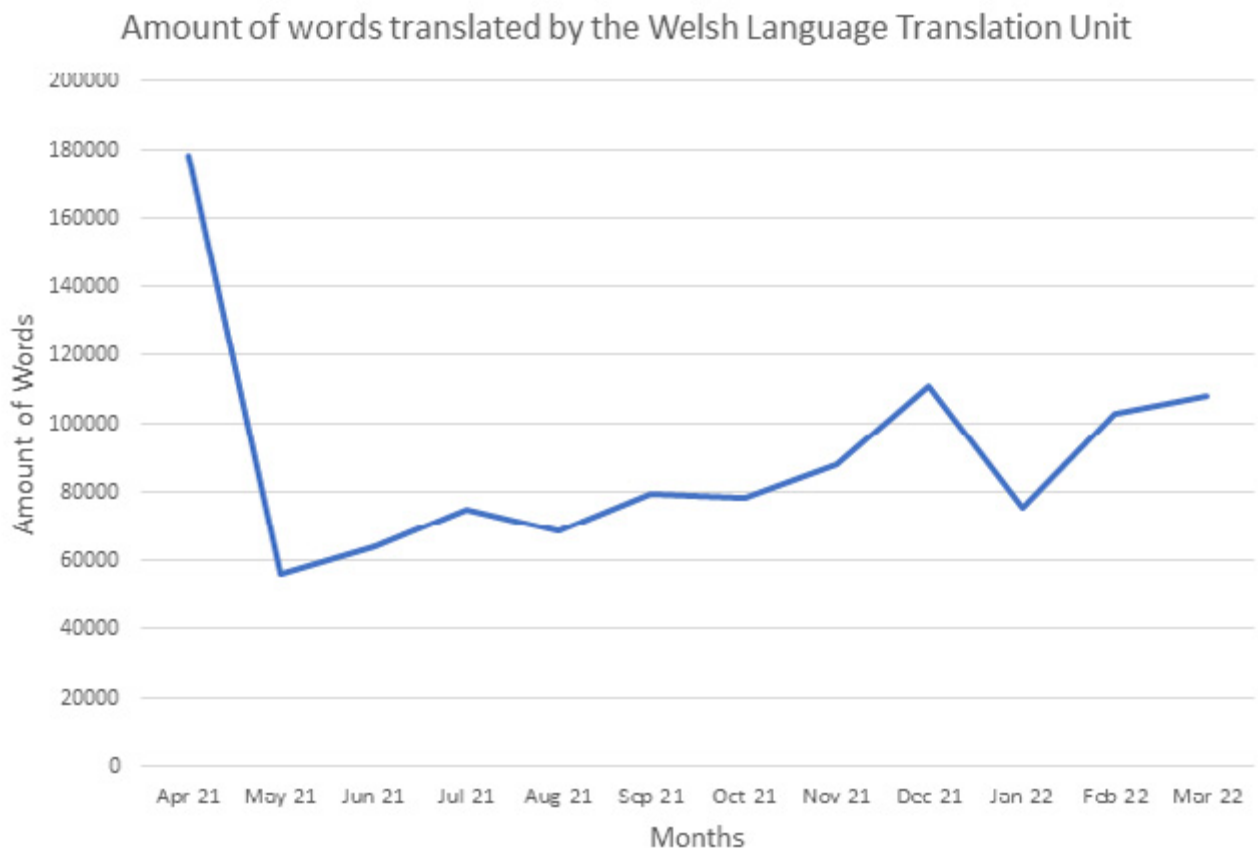
Over the course of 2021-2022, the team have regularly increased their monthly translating rate, improving the service provided to CAVUHB.

Some high-profile documents translated by the team include:

- Cardiff and Vale University Health Board’s People and Culture Plan
- Pharmaceutical Needs Assessments
- Welsh Language Report 2021-2022

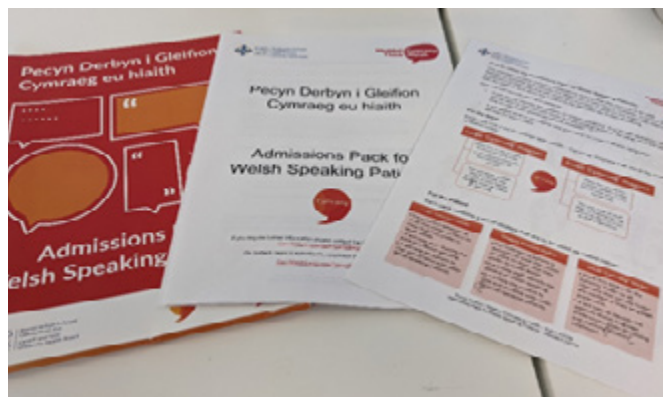
CAVUHB has also utilised the service level agreement with Bilingual Cardiff, the Welsh Language translation service managed by Cardiff City Council. During the 2021-2022, Bilingual Cardiff have translated over 1 million words for CAVUHB.

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Welsh Language Patient Welcoming Pack

A Welsh Language Patient Welcoming Pack has been developed to support with the admission of Welsh speaking patients. Over the past year, CAVUHB has piloted the pack in three clinical areas to assess its impact and effectiveness with Welsh language patients and staff. The innovative pack has been praised by the Welsh Language Commissioner's Office.



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Service Delivery Standards

Progress from the Clinical Boards

The Clinical Boards are responsible for providing the healthcare services on behalf of CAVUHB to patient and service users across Cardiff and Vale of Glamorgan. During 2021-2022, the Clinical Boards have been working to improve compliance with the Welsh Language Standards, ensuring they provide effective services through the medium of Welsh.

A number of Clinical Boards have Welsh Language Ambassadors in place who aim to promote and improve their Welsh language services. This includes sharing guidelines on how to comply with the Standards and information for staff interested in learning and developing their Welsh language skills. The intention is to continue to grow the role of Welsh Language Ambassadors within Clinical Boards.

The Clinical Boards regularly check and update any signage across the offices and patient and service-user areas. They also review and assess patient information to ensure documentation complies with the Welsh Language Standards.

Clinical Boards have been helping patients and service users access and enjoy a Welsh language service by distributing the 'iaith gwaith' badges to staff who are happy and able to deliver a Welsh language service to patients and service-users. The Clinical Boards have also improved opportunities for staff to use Welsh in the workplace, through work such as the development of a video in Welsh regarding raising awareness of mental health matters as part of the Values into Action work. The Clinical Boards have also been promoting the availability of fully funded Welsh language courses, with many of our front-line staff taking up the opportunities to learn Welsh language skills.

Main Switchboard Services

CAVUHB has been able to extend and improve the level of Welsh language services on the main switchboard by employing two Welsh speaking Switchboard Operators.

Patient Reported Outcome Measures

The Equity and Inclusion Team has been working with the Cedar Team in the all-Wales service 'NHS Value in Health' organisation to establish a Welsh Language Co-ordinator role to assist with ensuring that their PROMS (Patient -Reported Outcome Measures) process complies with the Welsh Language Standards.

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Website and Social Media

Over the winter period, the Communication and Engagement Team appointed an external translator contractor to ensure that the entire website is available bilingually. The team have also worked to ensure that all messages on CAVUHB's social media platforms comply with the Welsh Language Standards.

Below is a breakdown of the engagement on CAVUHB social media accounts have enjoyed during 2021-2022:

Twitter	
Followers for the Welsh Language account	178
Messages	1806
Views	178,448
'Retweets'	389
'Likes'	400
Responses	88

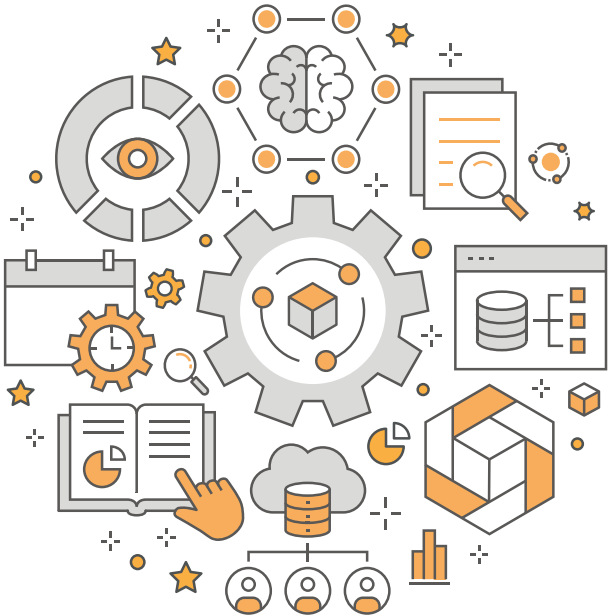
Facebook	
Followers 'liked' the Welsh Language account	60
Messages	1721
Views	20,690
'Shares'	59
'Likes'	105
Responses	1

Public Consultation Meetings

The Strategy and Planning Team ensured that the Welsh language was integrated into the public consultation process for their 'Shaping their Future Strategy'. The online public meetings offered simultaneous Welsh translation.

Additional Learning Network

The Cwm Taf and Cardiff Additional Learning Network has been established to assist the Cwm Taf and Cardiff and Vale University Health Boards to ensure that the organisational compliance with the Additional Learning Needs Measure. The Equity and Inclusion Team are actively involved to ensure that due consideration is given to the Welsh language when providing additional learning services for children through the medium of Welsh.



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Dementia Champions

CAVUHB has a network of Dementia Champions who promote and support on the organisational Dementia Strategy. The Champions remind colleagues of the needs of people living with dementia, and encourage staff to think of simple steps and small changes that can be made to better meet their needs. Having Welsh language as an ongoing item on the agenda when the Champions meet has helped to continually remind the Champions of the importance of the Welsh language for many patients who have dementia. The Champions have also invited speakers, who specialise in the Welsh language and dementia to attend meetings to raise awareness.

Welsh Language Ambassadors

CAVUHB recruited a number of Welsh Language Ambassadors for the Clinical Boards, including Surgery and Clinical Diagnostics and Therapies. The Ambassadors will be responsible for promoting the Welsh Language in their local areas, to celebrate success, and report any challenges encountered.

Collaboration with other organisations

Cardiff and Vale University Health Board supported Cardiff City Council in devising the 'Bilingual Cardiff' Strategy, to increase the awareness and use of the Welsh Language within the city.

The Health Visiting Team distributed 'Bilingual from Birth' packs developed by Menter 'Twf' which encourages new parents to use Welsh with their new born babies.

The UHB attended a number of career days in local comprehensive schools to discuss the importance of Welsh language skills when working within the NHS, speaking with the pupils about the advantages of a career in healthcare.

Policy Standards

CAVUHB continues to assess the impact on the Welsh language when drafting policies through the use of an Equality Health Impact Assessment (EHIA). During 2021-2022, the UHB has approved a total of 24 policies. All policies have a completed EHIA form including an assessment on their impact on the Welsh Language.

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Organisational Standards

Staff Tribunal process

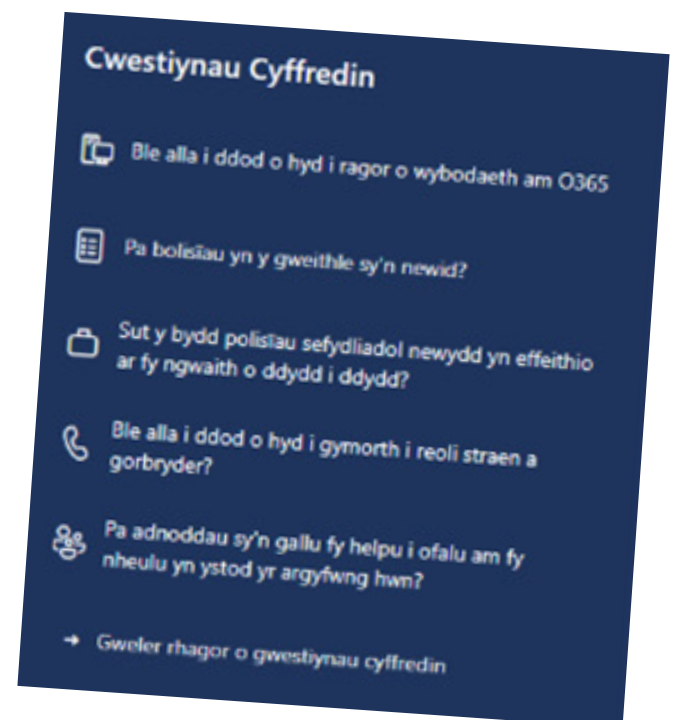
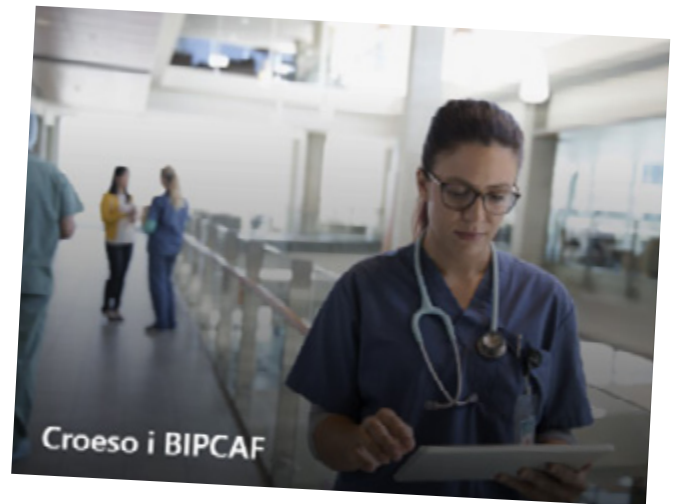
The Welsh language has been integrated into the staff tribunal system where people are asked whether their preferred language is Welsh or English at the outset. Those involved are then able to use their preferred language throughout the process, including during tribunal meetings.

CAVUHB's intranet site

During 2021-2022, CAVUHB has been developing its new intranet site. The Welsh language page provides information bilingually on the following areas:

- Welsh Language Standards: Provides an overview of the Welsh Language Standards
- Advice, Guidance and Good Practice: A range of guidelines and good practice to assist staff and areas to comply with the Welsh Language Standards.
- Developing Welsh Language Skills: Information on available Welsh language courses to support staff in developing their Welsh Language skills.
- Internal Welsh Language Translation services: Provides information on the Welsh Language translation services for all areas in CAVUHB.

The home page is also available bilingually.



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Recruitment

(Information required as per the Standards)

Total number of vacancies advertised as:	
Welsh language skills are essential	4
Welsh language skills are desirable	2597
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	139
Total Number of vacancies advertised 01/04/2021 to 31/03/2022	2740

The Recruitment Team has been working to set up the future structures and processes to ensure that Welsh language skills are assessed during the recruitment process. The team have produced a guide on assessing and categorising Welsh language skills for a vacancy. The People and Culture function have piloted the roll out of mandatory bilingual adverts. The team have created generic job descriptions to reduce the need to translate individual job descriptions.

Finally, the Recruitment Team have incorporated a requirement for job descriptions to be translated and published bilingually into the New and Changed Jobs Procedure.

Clinical Boards have been working to improve the mainstreaming of the Welsh language into CAVUHB's recruitment process. The Clinical Boards are developing the process of creating bilingual job descriptions when advertising new roles.

CAVUHB has also been working to develop material for local recruitment events in the Cardiff and the Vale area. All material for recruitment events are available bilingually, including bilingual role adverts, bilingual media posts, bilingual pop-up banners and contact cards.



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Welsh Language Concerns

(Information required as per the Standards)

Cardiff and Vale University Health Board has two formal complaints systems to handle complaints and concerns in relation to the Welsh Language.

The 'Putting Things Right' concern system handles concerns around patient and service-user care. The Concerns Team liaises closely with the Equity and Inclusion Team to ensure that any concerns in relation to the Welsh language are managed appropriately.

A separate corporate concerns process is available for non-clinical and corporate concerns. A copy of the process is available on CAVUHB's website:

The Concerns Team received one concern by a patient/service user in relation to the Welsh language provision. CAVUHB has been working with the Welsh Language Commissioner on a total of 8 concerns received by the health board during 2021/2022. The concerns covered a range of issues, including CAVUHB's website, social media and Covid Vaccination Service.

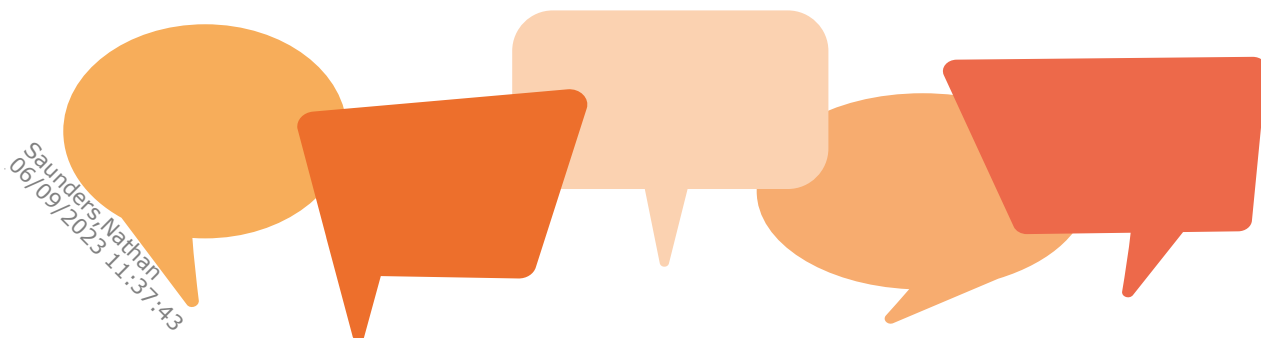
CAVUHB worked with the Commissioner to respond to the Welsh Language concern and the subsequent inquiry to ensure that the issues raised were dealt with appropriately. For example, the COVID Vaccination appointment line now provides a Welsh Language Service on the its automated section of the telephone line with the availability of Welsh Language booking agents.

Welsh Language Skills of Staff Profile

(Information required as per the Standards)

As a consequence of the COVID pandemic, CAVUHB saw an unprecedented increase in the recruitment of staff to support the service during this challenging time. Currently, CAVUHB employs 17,000 members of staff.

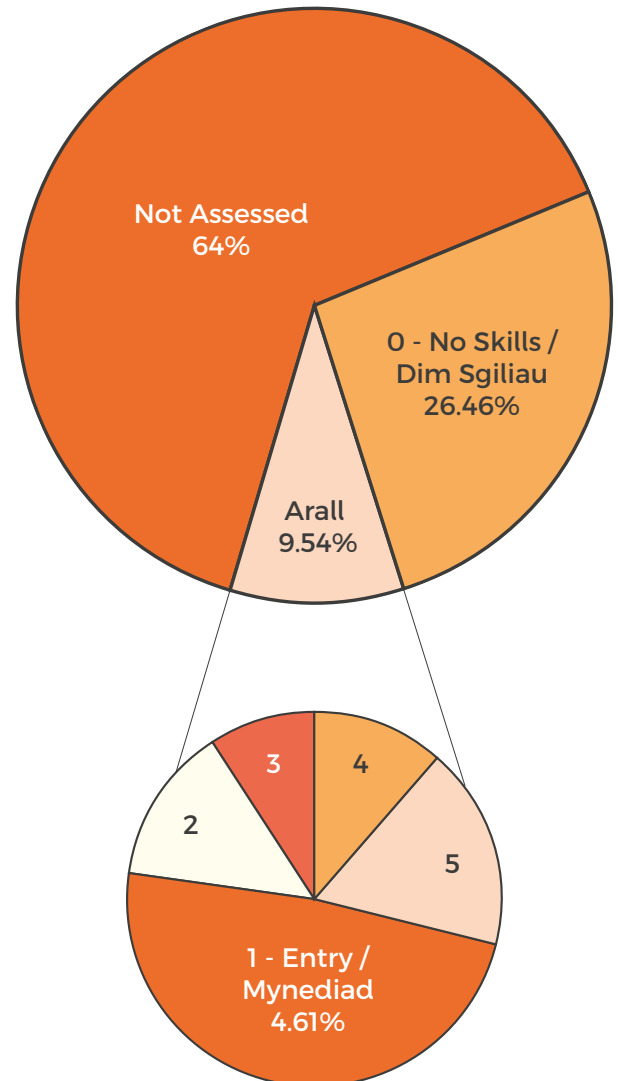
Cardiff and Vale UHB understands that more needs to be done to improve the number of staff who have registered their Welsh language Skills through ESR.



CAVUHB had planned to start the exercise for staff to register their Welsh Language skills in January 2022; However, the emergency pressures experienced during the winter period and the recovery from COVID took priority. The UHB is currently running an organisational wide campaign encouraging and supporting staff to update their Welsh Language Skills in their ESR records and will continue to work diligently to ensure we improve our understanding of the language skills of our workforce.

Listening/ Speaking Welsh	Headcount
Not Assessed	10659
0 - No Skills / Dim Sgiliau	4406
1 - Entry/ Mynediad	768
2 - Foundation / Sylfaen	215
3 - Intermediate / Canolradd	145
4 - Higher / Uwch	185
5 - Proficiency / Hyfedredd	276
Blank	33
Grand Total	16687

Listening/Speaking Welsh



- 2 - Foundation / Sylfaen 1.29%
- 3 - Intermediate / Canolradd 0.87%
- 4 - Higher / Uwch 1.11%
- 5 - Proficiency / Hyfedredd 1.66%

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Conclusion and Vision 2022 - 2023

Despite the ongoing challenges from the recovery of the pandemic, CAVUHB continues to progress in providing a Welsh language service for its patients, service users, and the wider public.

The 'Meddwl Cymraeg - Think Welsh' campaign has helped CAVUHB to establish the cultural change through highlighting the importance of the Welsh language. The campaign has enjoyed positive feedback and helps to promote and encourage staff to use the Welsh in the workplace. Welsh language lessons were also extensively promoted amongst the staff.

Cardiff and Vale UHB has ensured that the Welsh language agenda is mainstreamed and incorporated into organisational strategy, such as the People and Culture Plan. Through the Equality Strategy and Welsh Language Standards Group, CAVUHB now has a greater understanding of the compliance with the Standards for each of the Clinical Boards.

During 2021-2022, CAVUHB has improved its compliance with the Welsh Language Standards and developed good practice to embed a Welsh language culture within the UHB.

Cardiff and Vale University Health Board intends to use the 2022-2023 period to increase the use of the language via the following objectives:

- Establish the Welsh Language Ambassador in each Clinical Board area.
- Continue to improve the level of staff who have registered their Welsh language skills on the ESR.
- Increase the number of patients and service users who have indicated their language preference on all of our patient management systems.
- Support the further integration of the Welsh language into the recruitment process.
- Further promote the 'Meddwl Cymraeg - Think Welsh' campaign messages with further awareness raising days across CAVUHB.
- Increase the number of staff members attending or enrolling onto Welsh language lessons.
- Establish 'practice your Welsh' sessions across CAVUHB, to assist staff to re-engage staff who may have lost confidence in their Welsh language skills.

Saunders, Nathan
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Report Title:	Annual Board Nurse Staffing Levels (Wales) Act report to Welsh Government				Agenda Item no.	7.8
Meeting:	Board	Public	X	Meeting Date:	24.11.22	
		Private				
Status <i>(please tick one only):</i>	Assurance		Approval	X	Information	
Lead Executive:	Executive Nurse Director					
Report Author (Title):	Nurse Staffing Levels Lead					
Main Report						
Background and current situation:						

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, surgical and paediatric wards. This report provides the Board with a detailed summary of the nurse staffing level for wards to which section 25B pertains, which has been agreed by the designated person in consultation with the Clinical Board teams. The report aims to assure the Board that all the legislative requirements associated with the 'duty to calculate' nurse staffing levels within acute adult medical, surgical and paediatric wards are being maintained.

The Board is asked to receive and note this report which together with the summary of nurse staffing levels provides ongoing assurances on the approach, mechanisms, ongoing monitoring and management of risks to nurse staffing levels during the past year.

Background

The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016. The 2016 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 to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisation. Section 25B identifies wards where there is a duty to calculate and maintain nurse staffing levels using a prescribed methodology outlined in Section 25C. The process of determining the staffing levels across the Health Board is well established. Wards to which section 25B pertains, 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 to undertake a review of their staffing in line with this timetable to provide assurance of compliance with 25A.

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

Assessment

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 2016 Act are considered. These considerations are informed by professional judgment and national standards where available. The agreed process of signing off these establishments within the UHB has 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 Clinical Boards and Executive Nurse Director have agreed establishments that they consider will meet all reasonable requirements and provide care sensitive to patient needs. The annual presentation of Nurse Staffing Levels to the board is contained in Appendix 1. This national template produced by the

All Wales Nurse Staffing Group outlines the number of wards that are included in Section 25B by clinical board and provides assurances to the Board that principles of the Nurse Staffing Levels (Wales) Act 2016 has been applied when calculating nurse staffing levels. Appendix 2 outlines the agreed establishments for wards to which section 25B pertains.

As we transition into the endemic phase of COVID-19 the impact of the pandemic still remains. Cardiff & Vale UHB have continued to see unprecedented demand on clinical services. This has resulted in a continual review and monitoring of nurse staffing to ensure the appropriate levels are maintained to meet the operational footprint. A number of strategies have been put in place to support this, and these are outline below.

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. There is ongoing work across the clinical board to ensure the professional, service and financial envelop are aligned. In some areas across the Mental Health Clinical Board 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.

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.

It is acknowledged that currently there are no further plans to extend the Nurse Staffing Levels (Wales) Act 2016. The All Wales Mental Health Workstream Group have devised a workforce planning tool. The Mental Health Clinical Board are due to test this tool during a planned audit period in December. The Mental Health Clinical Board will provide feedback to the All Wales Mental Health Workstream Group as to whether this is a reliable and informative tool to continue with into 2023.

Acuity

In addition to dealing with the challenges associated with the planned care backlog as a result of the pandemic, acuity across the Health Board is rising. This is a picture that is replicated across other Health Boards in Wales. The Welsh Levels of Care is a national tool, used to calculate patient acuity (Table 1). The graph below (Graph 1) highlights the increasing acuity across the organisation particularly in relation to the number of level 3 and 4 patients. This increase in acuity places additional demand on clinical services with a need for an increase in nurse staffing.

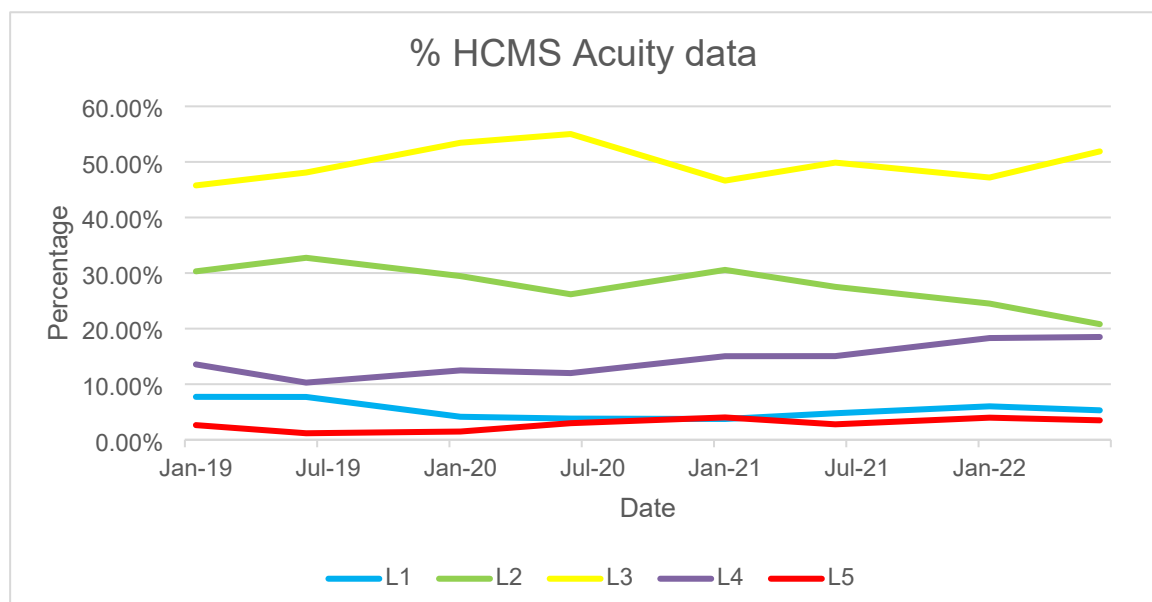
The All Wales Nurse Staffing programme has long recognised that capturing acuity within the Health Care Monitoring System combined with nursing knowledge of Welsh Levels of Care definitions have caused issues with the reliability and integrity of data. To this end, Welsh Government have procured a dedicated ‘SafeCare’ platform to improve reporting. It is anticipated that the introduction of ‘SafeCare’ will ease the burden of inputting acuity data in the HealthCare Monitoring System and improve the Health Board’s ability to accurately monitor acuity.

Table 1 - Welsh levels of Care

Level 5	One to One Care - the patient requires at least one to one continuous nursing supervision and observation for 24 hours a day.
Level 4	Urgent Care - The patient is in a highly unstable and unpredictable condition either related to their primary problem or an exacerbation of other related factors.

Level 3	Complex Care - The patient may have a number of identified problems, some of which interact, making it more difficult to predict the outcome of any individual treatment.
Level 2	Pathway Care - The patient has a clearly defined problem but there may be a small number of additional factors that affect how treatment is provided.
Level 1	Routine Care - The patient has a clearly identified problem, with minimal other complicating factors.

Graph 1- Acuity Data



Recruitment and Retention

The recruitment of nursing staff continues to be a challenge nationally and this is replicated in Cardiff and Vale. During the audit period of June 2022 vacancy rates were recorded as 11.26% across the registered nursing and midwifery staff groups. A similar vacancy rate has been observed in the unregistered staff group recorded as 10.66%.

Vacancy rate target is currently set at 5% and significant recruitment strategies are being implemented to overcome current vacancies. These include:

- The overseas nurse recruitment programme which has seen over 400 nurses join the Health Board.
- Recruitment events held across a range of settings including attendance at student streamlining events.
- The development of the Nurse Retention Steering Group with 6 Workstreams led by Senior and Lead Nurses.
- A Director of Nursing employed to oversee the nursing workforce issues and to support consistency in decision making and risk management around the deployment of staff.

Temporary Change to Establishment

In order to support the challenges with recruiting and retaining registered nurses across the Health Board, a temporary change to the establishment has been agreed. An increased number of HealthCare Support Workers have been employed on permanent contracts across the Health Board to provide an increase in staff numbers across the workforce and improve continuity of care for patients. The Health Care Support Workers will be part of the unregistered nursing workforce and it is

anticipated that the increase in Health Care Support Workers will improve patient experience through an increase in staff present on the ward and team working across the organisation.

The Nurse Staffing Level (Wales) Act 2016 requires the UHB to mitigate risks associated with being unable to achieve the planned roster. As such this change to the establishment is on a temporary basis, as strategies are underway across the Health Board to recruit and retain registered nursing staff. The risk of employing additional Health Care Support Workers is mitigated due to the high vacancy and attrition rate which is currently being addressed.

Health Roster

Health Roster is a new e-rostering system being introduced across Cardiff and Vale UHB. As part of this rollout there is a dedicated E-rostering team providing training to all ward managers and rostering administrators in the use of Health Roster and improving rostering practices across the organisation. Using Health Roster there is a newly created process to automatically escalate unfilled shifts to bank/agency at the earliest opportunity. This replaces manual processes and human resourcing issues that could lead to delays. Furthermore, as part of the Health Roster rollout, training is being provided to all Lead and Senior Nurses. The expectation is that they will use rostering Key Performance Indicators to scrutinise rosters before approving (e.g. ensuring annual leave is allocated equitably across a year) and hence ensuring effective rostering across the organisation.

SafeCare

SafeCare is an additional ward management module that forms part of the e-rostering system Health Roster. It provides a visual presentation of live data entered by operational staff relating to the acuity of patients and planned and deployed nurse staffing levels. SafeCare is the national system for use within Wales and Cardiff & Vale UHB is in the early phases of implementation. SafeCare training has been initiated on four early adopter sites and the implementation plan anticipates that all 25B wards will be using SafeCare by May 2023. This system has the potential to improve the operational decision making across the organisation, clearly highlighting areas which are requiring additional support. Reporting acuity data is a necessity in SafeCare and this information will provide accurate data about patient acuity that will support the establishment review process.

Recommendation:

The Board is requested to:

- a) The Board is asked to formally **receive, note** and **approve** the information contained within the Nurse Staffing Levels (Wales) 2016 Act Annual presentation, which has been produced using the All Wales reporting template as outlined below.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered									
Please tick as relevant									
Prevention	X	Long term		Integration		Collaboration		Involvement	
Impact Assessment:									
Please state yes or no for each category. If yes please provide further details.									
Risk: Yes/No									
n/a									
Safety: Yes/No									
n/a									
Financial: Yes/No									
n/a									
Workforce: Yes/No									
n/a									
Legal: Yes/No									
n/a									
Reputational: Yes/No									
n/a									
Socio Economic: Yes/No									
n/a									
Equality and Health: Yes/No									
n/a									
Decarbonisation: Yes/No									
n/a									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				

Saunders, Nathan
06/09/2023 11:37:43

Appendix 1	Annual Presentation of Nurse Staffing Levels to the Board
Health Board	Cardiff & Vale UHB
Date of annual presentation of Nurse Staffing Levels to Board	November 2022
Period Covered	November 2021-October 2022
Number and identity of section 25B wards during the reporting period. <ul style="list-style-type: none"> • Adult Acute medical inpatient wards • Adult Acute surgical inpatient wards • Paediatric inpatient wards 	Paediatrics – 2 Surgery - 17 Medicine - 20 Specialist (includes a mix of specialist medical and surgical specialties) - 13
Using the triangulated approach to calculate the nurse staffing level on section 25B wards	<p>The Nurse Staffing Levels (Wales) Act 2016 requires that all wards included in section 25B 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:</p> <p><u>Professional judgement</u> – 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.</p> <p><u>Patient acuity</u> – The June 2022 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.</p>

Saunders Nathan
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Appendix 1	Annual Presentation of Nurse Staffing Levels to the Board
	<p><u>Quality indicators</u> – quality indicators that are particularly sensitive to care provided by a nurse are used as part of the calculation. These include established data sources:</p> <ul style="list-style-type: none"> • Patient falls • Pressure ulcers • Medication errors <p>A record of this process is documented for each clinical area using an All Wales Recording Template. These records, details 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.</p>
<p>Finance and workforce implications</p> <p>Saunders Nathan 06/09/2023 11:37:43</p>	<p>The process for managing nurse staffing and ensuring that all reasonable steps are maintained is now well established in Cardiff and Vale UHB, particularly as we recover through the COVID-19 pandemic. This includes:</p> <ul style="list-style-type: none"> • Daily review of nurse staffing levels through the Clinical Boards. • Daily recording of staffing levels and reasonable steps documented on Healthcare Monitoring System, this will transition to the use of SafeCare. • Staffing deficits escalated and reviewed to Director of Nursing for Clinical Boards. • Escalation through daily Local Command Centre meeting for each site. • Registered Nurses and Health Care Support Workers deployment, as and where required. <p>All funding requirements have been met within the Clinical Boards allocated budget for all areas of 25B wards. There has been an ongoing significant reliance on temporary staffing to cope with the effects of pandemic and subsequent workforce challenges. It should be noted the temporary change to the establishment with the increase in HealthCare Support Workers introduced to support current staffing pressures across the Health Board.</p>
Conclusions and Recommendations	

Appendix 1	Annual Presentation of Nurse Staffing Levels to the Board
<ul style="list-style-type: none"> • 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. • The bi-annual calculation is well established in Cardiff & Vale UHB. • The vacancies across the nursing profession and the 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 the Executive Team. 	

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Appendix 2: 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 2021		End Date: October 2022		
Number of wards where section 25B has applied during the period:	Medical: 20		Surgical: 17		
	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 2021)		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 2022)		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	53.23	13.65	Yes	Yes	Yes	No change to planned roster includes the 26.9% uplift.	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	52.17	10.56	Yes	Yes	Yes	No change to planned roster includes the 26.9% uplift.	No	No	
	L						L											
	LD	8	2				LD	8	2									
	TW						TW											
	N	9	1				N	9	1									

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.				

Version 1, Issued March 2020

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	3	3	16.86	12.64	Yes	E	3	3	22.08	12.64	Yes	Yes	Yes	Return to previous establishment prior to COVID.	No	No	
	L						L											
	LD	2	1				LD	2	1									
	TW						TW											
	N	2	1				N	2	1									
Trauma SDEC	E	-	-	-	-	-	E	1	1	5.69	5.69	Led by Lead and Senior Nurses	Yes	No	Newly established area. Upper and lower limb injuries, patient predominately ambulatory.	No	No	
	L	-	-				L	1	1									
	LD						LD											
	TW						TW											
	N	-	-				N	1	1									
Ward SSDEC	E	5	3	22.74	11.25	Yes	E	7	5	32.27	19.9	Yes	Yes	No		Yes	Yes	Amalgamation of 2 areas SSDEC-Surgical Same Day Emergency Care.
	L	5	3				L	7	5									
	LD						LD											
	TW						TW											
	N	3	1				N	4	2									
Ward DUTHIE	E	5	3	21.93	11.37	Yes	E	5	3	22.17	14.21	Yes	Yes	No		Yes	Yes	Change in establishment due to ward environment and acuity of patients.
	L	4	3				L	4	3									
	LD						LD											
	TW						TW											
	N	3	1				N	3	2									
A5 PESU	E	4	2	18.06	8.53	Yes	E	4	2	18.06	8.53	Yes	Yes	No		No	No	
	L	4	2				L	4	2									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									
Ward B2 NORTH ASW, Now A5 North	E	5	2	19.09	11.37	Yes	E	5	2	19.09	11.37	Yes	Yes	No		No	No	Ward now moved to A5N since change to vascular services.
	L	5	2				L	5	2									
	LD						LD											
	TW						TW											
	N	3	1				N	2	2									

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 B2 Vascular	E	4	2	15.48	8.53	Yes	E	8	4	34.3	19.90	Yes	Yes	No		Yes	Yes	Centralisation of vascular service requiring an increase in inpatient beds from 19 to 35.
	L	3	2				L	8	4									
	LD						LD											
	TW						TW											
	N	2	1				N	4	3									
Ward A2	E	7	4	31.46	17.06	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	8	5	21.41	12.23	Yes	E	8	4	21.68	10.32	Yes	Yes	No		Yes	Yes	SSSU facilitates overnight stays depending on capacity in PESU.
	L	8	5				L	8	4									
	LD						LD											
	TW						TW											
	N	3	1				N	2	1									
Ward WEST 1	E	4	4	19.90	19.90	Yes	E	4	4	19.90	19.90	Yes	Yes	No		No	No	
	L	4	4				L	4	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Ward WEST 3	E	3	2	14.15	11.37	Yes	E	3	3	15.21	12.79	Yes	Yes	No		Yes	Yes	Additional establishment required to support an additional 4 beds.
	L	3	2				L	3	3									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									

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 2021)		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 2022)		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 WEST 4	E	2	1	8.99	4.50	Yes	E	2	1	8.57	2.12	Yes	Yes	No		Yes	Yes	Elective breast surgery ward, closed Saturday pm and Sunday.
	L	2	1				L	2	1									
	LD						LD											
	TW						TW											
	N	2	1				N	2	0									
Ward CAVOC	E	5	3	21.93	16.24	Yes	E	5	3	21.93	16.24	Yes	Yes	No		No	No	
	L	5	3				L	5	3									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Ward WEST 5	E	4	2	17.05	12.79	Yes	E	3	4	14.21	17.10	Yes	Yes	Yes	Increase in HCSW due to increase in acuity and support nursing vacancies.	No	No	
	L	4	2				L	3	4									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Ward B6	E	7	4	30.46	17.05	Yes	E	7	4	30.46	17.06	Yes	Yes	No		No	No	
	L	7	4				L	7	4									
	LD						LD											
	TW						TW											
	N	4	2				N	4	2									
Ward 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									
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	3				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									

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 2021)		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 2022)		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
Lakeside Wing Ward 1	E	5	4	29.75	19.90	Yes	E	3	9	15.21	36.96	Yes	Yes	Yes	Temporary change to establishments to increase the number of staff available to deliver patient care.	No	No	Dietetic Assistants included within the establishment.
	L	4	4				L	3	9									
	LD						LD											
	TW						TW											
	N	3	3				N	2	4									
Lakeside Wing Ward 2	E	3	3	14.80	14.70	Yes	E	2	6	12.37	25.87	Yes	Yes	Yes	Temporary change to establishments to increase the number of staff available to deliver patient care.	No	No	Dietetic assistant included in the establishment.
	L	3	3				L	2	6									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Ward EAST 2	E	4	4	20.90	17.06	Yes	E	4	4	20.9	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	20.9	17.06	Yes	Yes	No		Yes	No	Increased establishment in March 2022, E6 support staffing extra capacity in the annexe.
	L	3	5				L	4	4									
	LD						LD											
	TW						TW											
	N	3	2				N	3	2									

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.				

Version 1, Issued March 2020

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		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 2022)		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	20.9	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	20.44	16.67	Yes	E	4	5	20.9	17.06	Yes	Yes	Yes	Increased uplift due to increased acuity. 0.81 WTE dietetic assistant in post.	No	No	
	L	4	4				L	4	4									
	LD						LD											
	TW						TW											
	N	3	2				N	3	2									
Ward WEST 2	E	4	4	20.90	19.09	Yes	E	4	4	20.90	19.90	Yes	Yes	No		No	No	
	L	4	4				L	4	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Ward ANNEXE	E			-	-	-	E	2	3	13.5	14.21	Yes	Yes	Yes	Annexe to open in winter, staff recruitment begun.	No	No	
	L						L	2	3									
	LD						LD											
	TW						TW											
	N						N	2	2									
Ward A1 LINK	E	4	3	16.48	17.06	Yes	E	3	4	15.21	18.06	Yes	Yes	Yes	Temporary change to establishment to support current vacancies.	No	No	
	L	3	3				L	3	3									
	LD						LD											
	TW						TW											
	N	2	3				N	2	3									

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 2021)		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 2022)		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 HEULWEN NORTH	E	3	2	15.21	11.37	Yes	E	2	3	12.37	14.21	Yes	Yes	Yes	Reduced bed base but high number of cubicles.	No	No	Change to Ward area and separation of North and South Side.
	L	3	2				L	2	3									
	LD						LD											
	TW						TW											
	N	3	2				N	2	3									
Ward HEULWEN SOUTH	E	2	2	12.37	11.37	No	E	3	2	14.21	11.37	Senior Nurse/ Charge nurse provided by Heulwen North	Yes	Yes	Additional RN will act as Nurse in Charge/ Co-ordinator for Ward	No	No	Heulwen South will open 13 beds for winter
	L	2	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Ward B7	E	7	4	37.96	17.06	Yes	E	7	4	37.96	17.06	Yes	Yes	No		No	No	
	L	7	4				L	7	4									
	LD						LD											
	TW						TW											
	N	6	2				N	6	2									
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	16.23	11.37	Yes	E	6	4	29.43	19.44	Yes	Yes	Yes	RN establishment uplift required overnight.	No	No	
	L	6	4				L	6	4									
	LD						LD											
	TW						TW											
	N	3	3				N	4	3									
Ward A1 MDU	E	7	4	30.69	17.06	Yes	E	7	5	31.84	19.9	Yes	Yes	Yes	Additional capacity funded via Covid recovery.			
	L	6	4				L	7	5									
	LD						LD											
	TW						TW											
	N	4	2				N	4	2									

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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 2021)		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 2022)		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 C4 SOUTH	E	3	3	18.01	11.37	Yes	E	3	4	19.06	17.06	Yes	Yes	No		Yes	Yes	Increase in establishment to support 4 telemetry beds.
	L	3	3				L	3	4									
	LD						LD											
	TW						TW											
	N	3	1				N	3	2									
Ward C6	E	7	4	27.79	20.71	Yes	E	5	6	27.04	23.86	Yes	Yes	Yes	Temporary change to establishment to support current vacancies.	No	No	
	L	6	4				L	5	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Ward C7	E	8	8	46.49	45.48	Yes	E	7	4	30.44	19.9	Yes	Yes	Yes	Reduction in the number of patients requiring COVID AGP. Continues to be funded via the UHB COVID response.	No	No	
	L	8	8				L	6	4									
	LD						LD											
	TW						TW											
	N	8	8				N	4	3									
Ward EAST 4	E	5	4	25.90	19.90	Yes	E	4	4	20.9	17.06	Yes	Yes	No		Yes	Yes	Establishment previously increased due to COVID acuity and now returned to previous levels.
	L	5	4				L	4	4									
	LD						LD											
	TW						TW											
	N	4	3				N	3	2									
Ward C5	E	7	4	27.6	20.71	Yes	E	7	4	27.6	20.71	Yes	Yes	No		No	No	
	L	6	4				L	6	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									

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Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		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 2022)		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
C4 North	E	2	2	11.37	8.53		E			-	-	-	-					Currently Closed
	L	2	2				L											
	LD						LD											
	TW						TW											
	N	2	1				N											
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	8	5	36.35	25.18	Yes	Yes	No		Yes	Yes	Increase ward capacity, from 29 to 33 beds.
	L						L	8	5									
	LD	7	4				LD											
	TW						TW											
	N	4	3				N	5	4									
West 8	E	5	7	21.68	23.65	Yes	E	5	7	21.68	23.65	Yes	Yes	No		No	No	
	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	2	1	11.37	5.69	Yes	E	3	1	11.37	5.69	Yes	Yes	No		No	No	Increase in rostered RN numbers but no change to establishment.
	L	2	1				L	3	1									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									

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Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		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 2022)		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 TCT	E	3	1	18.22	5.69	Yes	E	3	1	18.22	5.69	Yes	Yes	No		No	No	
	L	3	1				L	3	1									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									
Ward C3/CCU	E	9	3	34.96	9.54	Yes	E	9	3	34.86	9.89	Yes	Yes	No		No	No	
	L	6	3				L	6	3									
	LD						LD											
	TW						TW											
	N	5	1				N	5	1									
Ward B1	E	7	3	29.89	13.40	Yes	E	7	3	29.66	13.40	Yes	Yes	No		No	No	
	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	18.32	Yes	Yes	No		No	No	Increase in HCSW due to additional Band 3 role 2.84 WTE
	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	29.7	13.64	Yes	Yes	No		No	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	7	4	37.6	21.67	Yes	Yes	Yes	Increase in HCSW to support the unscheduled care area.	No	No	
	L	8	3				L	7	4									
	LD						LD											
	TW						TW											
	N	5	2				N	5	3									
Polytrauma Unit	E	5	4	24.2	19.90	Yes	E	5	4	24.2	19.90	Yes	Yes	No		No	No	14 bedded ward area opened September 2021.
	L	4	4				L	4	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
W6	E	5	2	22.13	8.53	Yes	E	4	2	22.13	8.53	Yes	Yes	No		No	No	Newly located ward.
	L						L	4	2									

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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 2021)		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 2022)		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
	LD	5	2				LD											No recorded change to establishment.
	TW						TW											
	N	3	1				N	3	1									

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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.				

Version 1, Issued March 2020

Report Title:	Funded Nursing Care: Setting the 2022/23 Rate			Agenda Item no.	7.9
Meeting:	Board	Public	X	Meeting Date:	24 November 2022
		Private			
Status (please tick one only):	Assurance		Approval	X	Information
Lead Executive:	Jason Roberts, Executive Nurse Director				
Report Author (Title):	Assistant Director of Finance, Head of Finance PCIC Clinical Board/Deputy Director of Nursing PCIC				

Main Report

Background and current situation:

Funded Nursing Care (FNC) is the term used to describe the NHS funding of Registered Nurse (RN) time in care homes for those residents assessed as requiring nursing supervision and input into their care.

The rate is set annually by HBs working together to ensure a consistent rate is applied across Wales. The rate is calculated using the Inflationary Uplift Mechanism (IUM) which is made up of two components

- (i) an identified amount of RN time
- (ii) continence products.

The RN component is calculated using Agenda for Change Band 5 and is uplifted annually in line with the NHS Pay Award. The continence component is uplifted annually in line with the Consumer Price Index (CPI).

A Supreme Court Judgment in 2017 determined the services provided by the RN that should be reflected in the FNC rate and the IUM used by HBs to set the rate annually complies with that Judgment. In its Judgment the Supreme Court also found that a proportion of the RN time was used undertaking roles and tasks that were incidental¹ and should therefore be funded by either the local authority² or the self-funder.

The extant Welsh Government policy guidance was issued in 2004 so is now some 18 years old. It does not reflect the current national legislative and policy landscape. WG has committed to undertaking a review of the FNC Policy Guidance but as yet there has been no commitment to a timescale for this. Instead, in the short term WG intend to issue an Interim Policy Statement. This is currently being drafted by WG. Early drafts indicate it is likely to confirm the current position is that determined by the Supreme Court but this is not yet confirmed.

HB Boards initially approved the IUM to apply for a period of five years and then review. The five year period ended with the 2018/19 calculation.

HB Boards then approved an extension to the IUM for a further two years, to cover 2019/20 and 2020/21, the intention being that this would allow for WG to issue revised FNC Policy Guidance which would include a policy expectation regarding what services should be included within the rate. The COVID-19 pandemic led to a suspension of many planned policy developments, leading to the current plan by WG to issue an Interim Policy Statement as a short-term measure during 2022.

The two year extension approved by HB Boards completed in March 2022. The matter of convenience rather than needing to be undertaken as a nursing task/skill should not be included as a charge to the NHS. This amounted to 0.385 hours per nursing resident per week and this amount is the responsibility of either the self-funder or the LA, as appropriate.

² WG provided local authorities with recurring funding via the Revenue Support Grant to meet the costs of the 0.385 hour of RN time that comprise the LA component of the rate

Health Boards need therefore to formally consider whether to continue with the IUM as an appropriate option or to implement an alternative mechanism. This option has been considered by: HB professional and finance leads; HB accountable executive Directors; and most recently by HB Chief Executives. The recommendation is that the IUM be further extended to commence with the current 2022/23 year and for further years until a revised WG Policy indicates it to be inappropriate.

Should the anticipated WG Policy Guidance review not be forthcoming for any reason it is proposed the IUM be reviewed again after three years to ensure it remains an appropriate mechanism. This would mean that in the absence of a policy update the IUM would be reviewed before the end of 2024/25.

The benefits of retaining the IUM are:

- It is a well-established and tested mechanism which was not challenged during the 2017 legal proceedings;
- It provides a mechanism that allows for the rapid calculation of the FNC rate once the annual announcement of the NHS Pay Award is made.
- It complies with the Supreme Court Judgment.

Care home Providers continue to experience significant financial pressures and view the current FNC rate as insufficient to meet the full costs of delivering nursing care within a care home. WG has indicated that updated FNC Policy Guidance would consider all perspectives and views.

Extending the IUM for 2022/23 and beyond requires formal consideration and approval by each HB. This paper is being considered by the Board as the appropriate decision making and governance process

The 2021/22 FNC rate was £191.80. Based on the 2022/23 NHS Pay Award the in-year FNC rate has been calculated as £201.74. This is made up of the components set out in the table below. Previous years have been included to reflect the uplifts over time. The £201.74 includes the component that the local authorities are responsible for. Excluding this the total FNC rate for NHS Wales for 2022/23 is £193.88.

The total cost of this to the UHB is £0.474m. The initial planning assumption was £0.249m, but agreed national funding agreements have meant that there is an impact of an additional £0.225m which will impact on the UHB's position (This is currently within the PCIC forecast)

Financial Year	RN component	Continence component	HB component of FNC rate	Social care related to FNC and so funded by LA (0.385 hours)	Total FNC weekly rate (9.24 hours plus continence component)
2014/15	£150.62	£11.00	£161.62	£6.55	£168.17
2015/16	£150.98	£11.00	£161.98	£6.56	£168.54
2016/17	£152.48	£11.00	£163.48	£6.63	£170.11
2017/18	£153.99	£11.29	£165.28	£6.70	£171.98
2018/19	£156.30	£11.57	£167.87	£6.80	£174.67
2019/20	£161.15	£11.82	£172.96	£7.01	£179.97
2020/21	£167.11	£12.02	£179.13	£7.27	£186.40
2021/22	£172.12	£12.20	£184.32	£7.48	£191.80
2022/23	£180.73	£13.15	£193.88	£7.86	£201.74

The position regarding FNC in England differs to that in Wales. In England the rate is set and announced annually by the Department for Health and Social Care and relates purely to the RN time; continence products are provided via NHS procurement routes in addition to the FNC rate. In May 2022 the DHSC announced an 11.5% uplift to the FNC rate, backdated to also cover 2021/22. Whilst the two rates are not directly comparable as they reflect different funding components this has led to a divergence in rates.

The matter was considered by the UHB Finance Committee on the 16th November and the recommendation of HB professional and finance leads; HB accountable executive Directors; and HB Chief Executives that the IUM be further extended to commence with the current 2022/23 year and for further years until a revised WG Policy indicates it to be inappropriate supported

Recommendation:

The Board are requested to:

- **Note** the update provided in this paper.
- **Note** and **support** the recommendation of the Finance Committee³ that the IUM be extended to 2022/23, and beyond, thus providing the opportunity to respond to requirements in future financial years in a timely manner using a tried and tested methodology. . This would allow time for WG to formulate revised FNC Policy Guidance that may impact on the way the FNC rate is calculated in future; a review of the mechanism to set the rate that complies with any future policy requirement would then be necessary.
- **Note** and **support** the proposal that, should the anticipated updated policy guidance not be forthcoming, the IUM will be reviewed after three years to ensure it remains an appropriate mechanism to set the FNC rate.
- **Approve** the recommended uplift to the HB component of the weekly FNC rate to £193.88, backdated to 1 April 2022⁴

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	
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, at the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where each HBs staff thrive	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	Long term	Integration	Collaboration	Involvement
is awaited. In light of this and other COVID-19 related pressures being experienced by the care home sector, WG asked HBs earlier to 2022 to consider applying an interim uplift with an in year adjustment once the pay award was announced. Some HBs actioned this, for those that did an in year adjustment will be necessary.				

Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>	
Risk: No	
Safety: No	
Financial: Yes	
Detailed in Main Report	
Workforce: No	
Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
)	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
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Report Title:	Inclusion Health in Cardiff and the Vale of Glamorgan: A Draft Health Needs Assessment and Action Plan			Agenda Item no.	7.10
Meeting:	Board	Public	✓	Meeting Date:	24 th November 2022
		Private			
Status (please tick one only):	Assurance		Approval	✓	Information
Lead Executive:	Executive Director of Public Health				
Report Author (Title):	Specialty Registrar in Public Health				

Main Report

Background and current situation:

Roughly 5,000-7,000 people live in Cardiff and the Vale of Glamorgan who would benefit from an Inclusion Health approach, which seeks to redress inequalities for those who are marginalised in society. Looking at trends, this number will likely stay the same in future. These include people experiencing homelessness, people engaged in sex work, people recently released from prison, vulnerable migrants (including asylum seekers and refugees) and the Gypsy and Traveller community.

These groups have markedly worse health outcomes than the general population and, due to limited inclusion health service provision at present, these populations disproportionately use emergency/urgent care.

A number of particular inclusion health gaps were identified in Cardiff and Vale of Glamorgan:

- Limited leadership structures for inclusion health
- Limited inclusion health included in regular reviews and assessments
- Limited inclusion health in strategic plans
- Lack of awareness/skills on trauma and Adverse Childhood Events (ACEs)
- Variable access to primary care services for health excluded patients
- Limited dental service provision for health excluded patients
- Difficulty accessing or engaging with mental health services for health excluded patients
- Lack of effective case management for certain health excluded groups
- Limited equity on smoking cessation, screening, vaccines, and health promotion

Improving the health of health excluded populations will require inclusive models of healthcare (especially in dental and primary care), leadership, action on ACEs and trauma, complex case management, and public health inputs.

Meeting these needs will relieve pressure on emergency and urgent care services, reduce health inequities and improve public health outcomes for these population groups.

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

Health excluded populations have the highest levels of morbidity and mortality in our local population. Tackling health inequities is a key priority focus for the University Health Board, of which one focused component is to improve the health of people who are most marginalised.

Key issues include:

1. Poorer health outcomes in the five health excluded populations.
2. A picture of stark health inequity
3. High emergency care usage by these populations.

Providing leadership and support to this agenda, including a renewed and refocused Health Inclusion Network, and implementing the accompanying action plan, will provide clear direction and

a step change to addressing these issues. We will require refocused efforts and will need to find ways to support different models of care, rebalancing resource to meet the greatest needs.

Recommendations:

The Board is requested to:

1. **NOTE the findings in the draft Health Needs Assessment**
2. **DISCUSS and APPROVE the accompanying action plan for implementation**

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

N/A

Safety: No

N/A

Financial: Yes

Potential for financial implications, where indicated within the draft Action Plan.

Workforce: Yes

Further training will be required for relevant staff.

Legal: No

N/A

Reputational: No

N/A

Socio Economic: Yes

All five health excluded groups experience socio-economic disadvantage. The accompanying draft Action Plan will demonstrate action to mitigate against poorer health outcomes seen in these population groups

Equality and Health: Yes	
<i>EHIA is complete and ongoing. Initial findings demonstrate a positive impact for the draft Health Inclusion Action Plan.</i>	
Decarbonisation: No	
N/A	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategic Leadership Board	20 th October 2022
Board	24 th November 2022

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A Health Inclusion Needs Assessment for Cardiff and the Vale of Glamorgan: Executive Summary

Key Messages:

- Roughly 5,000-7,000 people live in Cardiff and the Vale of Glamorgan who would benefit from an Inclusion Health approach, which seeks to redress inequalities for those who are marginalised in society. Looking at trends, this number will likely stay the same in future.
- These include people experiencing homelessness, people engaged in sex work, people recently released from prison, vulnerable migrants (including asylum seekers and refugees) and the Gypsy and Traveller community
- These groups also face a number of particular health needs. Key health needs include mental health, dental health, and infectious diseases, including diseases like hepatitis and TB
- They also face a number of healthcare barriers. Key barriers include fixed appointment times and length, long waiting times, appointments being in different places with different services, and facing stigma and discrimination
- Improving their health will require newer, different models of healthcare, such as walk-in centres with specialist staff and careful case management and outreach
- It will also require continued investment in prevention (including smoking cessation, immunisations, and screening) and supporting people with their housing, work, support networks, and finances

Background

Inclusion health is a "research, service, and policy agenda that aims to prevent and redress health and social inequities among the most vulnerable and marginalised in a community". It focusses on five populations:

- Vulnerable migrants, including asylum seekers and refugees
- People engaged in sex work
- People recently released from prison
- People with experience of homelessness
- And Gypsy and Traveller communities

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Health excluded groups have long experienced markedly worse health outcomes than the general population, even in high income countries. This includes higher disease prevalence as well as premature morbidity and mortality. This is the result of several factors, including impacts of the wider determinants of health, as well as healthcare access and quality. These groups often experience “crisis management at multiple disconnected points of episodic intervention” whilst encountering discrimination and not being afforded dignity or respect.

Positively addressing these issues needs to be a priority for Cardiff and Vale University Health Board and NHS Wales as part of a wider approach to tackling health inequities. It will require leadership, a fresh look, concerted effort, and new models of health and care as well as new strategies and ways of working.

Methods

In this study, a health needs assessment methodology was used to establish and prioritise health needs for health excluded populations in the area as well as healthcare barrier and facilitators. The methodology has 3 elements (corporate/stakeholder engagement; epidemiological data collection and analysis; and comparisons between current services and analogous services elsewhere). The assessment involved both the populations themselves as well as professional stakeholders. It collected, analysed and synthesised qualitative data, quantitative data, and literature reviews.

Results

Key Health Needs:

- Mental health, particularly traumatic stress and substance misuse
- Dental health
- Sexual health
- Infectious disease, specifically Tuberculosis and Blood-borne viruses

Key Health Barriers:

- Stigma
- Discrimination
- Lack of trauma awareness
- Fixed appointment systems
- Lack of care continuity
- Language & literacy barriers
- Street-based lifestyles
- Long waits

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- Fragmented services
- Lack of dedicated strategies for inclusion health

Key Health Facilitators:

- Staff friendliness
- Knowing individual histories
- Case management/advocacy,
- Ability to have flexible care (drop-ins, evening hours etc.)
- Co-location of services

Wider Determinants of Health Inequity:

- Housing
- Income security
- Employment
- Community/peer support

Health Priorities in Cardiff and Vale of Glamorgan:

- Mental health, including substance misuse
- Dental care
- Management of complex cases
- Reducing discrimination
- Improving access to services
- Improving flexibility of care
- Inclusion health strategies and collaboration
- Prevention of trauma and Adverse Childhood Events (ACEs)

Inclusion Health Gaps in Cardiff and Vale of Glamorgan:

- ❖ Leadership structures for inclusion health
- ❖ Inclusion health included in regular reviews and assessments
- ❖ Limited inclusion health in strategic plans
- ❖ Lack of awareness/skills on trauma and ACEs
- ❖ Variable access to primary care services for health excluded patients
- ❖ Limited dental service provision for health excluded patients
- ❖ Difficulty accessing or engaging with mental health services for health excluded patients
- ❖ Lack of effective case management for certain health excluded groups
- ❖ Limited equity on smoking cessation, screening, vaccines, and health promotion

Key Recommendations

Recommendations for addressing leadership structures:

Cardiff and Vale Health Inclusion Network to be reformed with strong leadership, a formal Terms of Reference with consideration to appropriate resourcing

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2. Use Public Health Consultant leadership to champion inclusion health and to collaborate on opportunities with other Health Boards
3. Cardiff and Vale University Health Board Pan Cluster Groups, Clusters and Collaborative Groups to engage with Health Inclusion Network

Recommendations for incorporating inclusion health in reviews/assessments:

4. Health inclusion to be specifically addressed in future population needs assessments for Cardiff and the Vale of Glamorgan Regional Partnership Board, including a focus on stigma
5. Future Gypsy and Traveller Accommodation Assessments by the local authorities and Substance Misuse Assessments by the Area Planning Board to involve a public health team lens
6. Future Prison Health Needs Assessments for HMP Cardiff to additionally consider the health needs of those recently released

Recommendations for involving inclusion health in future plans:

7. Health Board Homelessness and Specific Vulnerable Population Groups Actions Plan articulation and delivery to restart and include focus on inclusion health
8. Future Cardiff and Vale UHB IMTPs and pan-cluster IMTPs to include inclusion health

Recommendations for improving care/prevention around trauma and ACEs:

9. The Health Board and local authorities to become trauma-skilled and ACE-aware organisations with trauma-informed environments where relevant (such as emergency departments), and CAVHIS aims to become trauma-enhanced as per the "Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity" (PHW, 2022)
10. Cardiff and Vale UHB continues to develop its traumatic stress service, to contribute to the criminal justice and asylum seeker/refugee work streams in Traumatic Stress Wales, and specifically review trauma-related health needs in health excluded populations working with Alliance Leadership

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Recommendations for improving primary care and dental access for health excluded groups:

11. CAVHIS to make further inclusion health service changes and consider how component parts of service provision, such as walk-in clinics, recommended by RCGP could be met/provided with consideration to resourcing required
12. Community dentistry in Cardiff and Vale UHB to increase its health inclusion offer by establishing dedicated facilities co-located with CAVHIS and allowing attendance by any member of a health excluded group
13. Cardiff and Vale UHB accelerated primary care cluster project to consider prioritisation of dedicated resources, support, and training to constituent providers who are significantly engaged in inclusion health, such as those serving large homeless populations
14. Co-location of CAVHIS, community dentistry, mental health, community pharmacy, optometry, podiatry, sexual/reproductive health, and the VCS (offering homelessness assistance and financial support)

Recommendation for improving access and engagement around mental health services for health excluded groups:

15. Cardiff and Vale UHB Community mental health teams to work in closer partnership with CAVHIS and the Cardiff Homelessness MDT and specifically review secondary mental health needs in health excluded populations

Recommendations for complex case management of health excluded groups:

16. The Cardiff Homelessness MDT to increase its health inclusion offer by allowing referral for any member of a health excluded group and integrating further with CAVHIS for medium/long-term primary care needs
17. HMP Cardiff Prison Health team to provide written case summaries and care plans to people being discharged from prison when appropriate and current transfer of care pathways to be strengthened, incorporating probation services

Recommendations for public health inputs into inclusion health:

18. Opportunistic health promotion/harm reduction for health excluded groups

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19. Better incorporation of smoking cessation offer/services into CAVHIS and into routine substance and alcohol misuse assessment and treatment
20. Further action on wider determinants of health and prevention in Cardiff and the Vale of Glamorgan. In particular, housing, income security, employment, education, community support for health excluded groups as well as incorporating inclusion health into health inequalities, screening, and immunisations work
21. Increase research and evaluation on Inclusion Health

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Inclusion Health in Cardiff and the Vale of Glamorgan

A Health Needs Assessment and Action Plan

Fiona Kinghorn/Dr Suzanne Wood/Dr Ayla Cosh

Acknowledgements: Dr Daniel Jones

24 November 2022



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Outline

- Background
- Methods
- Results
 - Health Needs & Wider Determinants
 - Health Barriers & Facilitators
 - Comments
 - Health Priorities
 - Inclusion Health Gaps
- Recommendations



Background

Inclusion Health



❖ Inclusion health is:

"A research, service, and policy agenda that aims to prevent and redress health and social inequities among the most vulnerable and marginalised in a community"

❖ It focusses on five populations:

❖ Vulnerable migrants, including asylum seekers and refugees

❖ People engaged in sex work

❖ People recently released from prison

❖ People with experience of homelessness

And Gypsy and Traveller communities

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Background

Why this is important?

- ❖ These groups have markedly worse health outcomes and poor healthcare access and quality
 - ❖ All-cause mortality is 12 times higher in men and 8 times higher in women on average for health excluded groups compared to the general population
 - ❖ Average age of death is 48 for men and 43 for women experiencing homelessness
 - ❖ Mortality 6 times higher than expected for women during active sex work
 - ❖ Mortality 20 times higher in the first year following prison release
 - ❖ Over 6 months, emergency department use by people experiencing homelessness in Wales cost £11 million more in healthcare costs than a general comparator group
- ❖ To help redress this, the CVUHB Local Public Health Team have undertaken a Health Needs Assessment for health excluded populations

Methods

- Health Needs Assessment methodology
 - Epidemiological – Routine data from local/national source; rapid review on health outcomes for health excluded populations
 - Corporate – Surveys/interviews for each population; surveys from CAVHIS; stakeholder survey; regular Health Inclusion Network meetings
 - Comparative – Local stakeholder interviews; interviews with service providers in other regions; rapid review on inclusion health models
- Findings synthesised into Gap Analysis
- Gap Analysis used to generate an action plan for partners

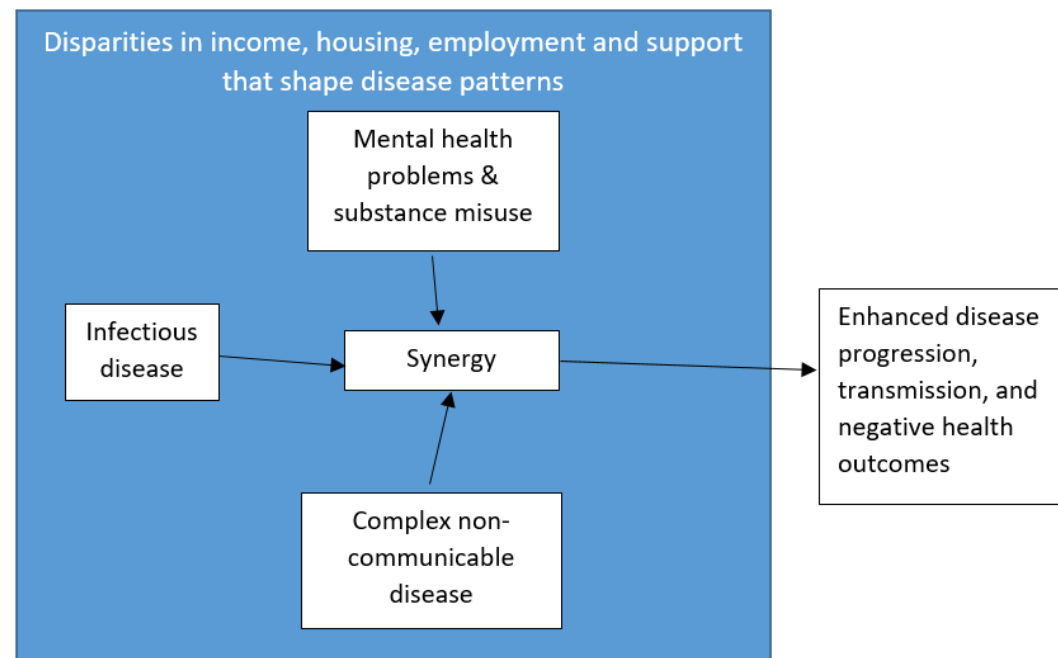
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Results

Key Health Needs & Wider Determinants of Health Inequity

❖ Roughly 5,000-7,000 health excluded people in Cardiff and Vale

- Mental Health (particularly traumatic stress and substance misuse)
 - Dental Health
 - Sexual Health
 - Infectious Disease (TB and BBVs specifically)
-
- Housing
 - Employment
 - Income security
 - Community/peer support



Results

Key Health Barriers & Facilitators



Barriers	Facilitators
Stigma & Discrimination	Staff friendliness
Lack of trauma Awareness	Case Management
Inflexible service models	Advocacy
Lack of care continuity	Flexible Care Models
Language & Literacy Barriers	Knowing individual cases/histories
Street-based lifestyles	Stable Housing
Fragmentation	Co-location of services
Lack of dedicated strategies for inclusion health	Inclusion Health Plans

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Results

Stakeholder Comments

"People need support to do things. It's hard when I can't read letters, I'm missing appointments. Other people can drive, I can't"

Quote from interview

"I have walked out of a few appointments as I have not been listened to. It is too easy for professionals to blame your life style and substance misuse"

Quote from homelessness survey

"Can't see the dentist, can't get an appointment"

Quote from prison survey

"Tried to register with GP, incorrectly told that I needed to present ID"

Quote from interview

"Drugs and sex work came in hand-in-hand. The doctors wouldn't listen to my problems they would just blame the drugs and lifestyle. It got to the part where I didn't bother going anymore. What's the point when no one listens?"

Quote from sex work survey

"I feel that the GP doesn't take my issues seriously. I think the GP does not make it easy to attend the surgery. I do not always have a phone..."

Quote from asylum seeker

Results

Key Health Priorities



- Mental Healthcare, including Substance Misuse
- Dental Care
- Complex Case Management
- Prevention/Care of Trauma and Adverse Childhood Events
- Improving Access to Services
- Flexible Care Models
- Inclusion Health Strategies
- Reducing Discrimination
- Prevention

Results

Inclusion Health Gaps in Cardiff & Vale of Glamorgan

- ☐ Limited leadership structures for inclusion health
- ☐ Inclusion health not included in regular reviews and assessments
- ☐ Limited inclusion health in strategic plans
- ☐ Lack of awareness/skills on trauma and ACEs
- ☐ Variable access to primary care services for health excluded patients
- ☐ Limited dental service provision for health excluded patients
- ☐ Difficulty accessing or engaging with mental health services for health excluded patients
- ☐ Lack of effective case management for certain health excluded groups
- ☐ Limited equity on smoking cessation, vaccines, and health promotion

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Headline recommendations

- ✓ Public Health Consultant Leadership and Network for Inclusion Health
- ✓ Incorporate Inclusion Health in 2027 PNA and future reviews and assessments
- ✓ Incorporate Inclusion Health in IMTPs and Homelessness Action Plans
- ✓ Improve care and prevention around trauma and adverse childhood events
- ✓ Improve primary care and dental access for health excluded groups, using specialist primary care and community dentistry
- ✓ Increase Complex Case Management for Inclusion Health through MDT
- ✓ Improve access and engagement around mental health services for health excluded groups through health inclusion services
- ✓ Equity for vaccines, screening, research, health promotion and smoking cessation

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Sgwrs/Discussion

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A Health Inclusion Needs Assessment for Cardiff and the Vale of Glamorgan: Full Report

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Acknowledgements

I am extremely grateful to all of the residents of Cardiff and the Vale of Glamorgan who have contributed to this Health Needs Assessment, through completing the surveys, and attending focus groups and interviews. I would like to extend my thanks to the voluntary and community sector and the statutory organisations who have helped shape this report through the Cardiff and Vale of Glamorgan Health Inclusion Network.

I would like to thank the professional stakeholders who have contributed to this Health Needs Assessment, through completing surveys, and taking part in interviews. I am also grateful to the various stakeholders who kindly provided data and information for this report, in particular Dr Ayla Cosh who has been championing inclusion health in the university health board for some time.

Finally, I am grateful to Fiona Kinghorn and Dr Suzanne Wood, for their supervision and guidance.

Dr Daniel Jones, Specialty Registrar in Public Health

§1. Introduction

Inclusion health approaches are increasingly used in high income countries to address health inequalities and poor health outcomes affecting specific groups in the population (FHIH, 2018). These groups, typically described as “socially excluded”, “health excluded”, “underserved” and/or “vulnerable”, are a particular concern due to their poor health outcomes, difficulty in accessing various healthcare services, and vulnerability to the wider determinants of health inequity. Exclusion, and its inversion, inclusion, reflects a social model of health and disability that focuses on the barriers and structures that prevent certain groups from attaining good health.

The groups in the inclusion health agenda classically include: vulnerable migrants, those with experience of sex work, those who have recently left prison, people with experience of homelessness, and Gypsy and Traveller communities.

Of note, Cardiff and the Vale of Glamorgan contains notable numbers of each of these groups (CVRPB, 2022). For both the University Health Board (UHB), and Wales more broadly, there are explicit policy and strategy commitments to the improvement of population health and reduction of health inequalities. These include ‘A Healthier Wales’ from the Welsh Government (WG, 2021), Health Board’s (UHB) ‘Shaping our Future Wellbeing’ strategy (CAVUHB, 2015), Cardiff and Vale UHB’s Integrated Medium Term Plan [IMTP] (CAVUHB, 2020), and Public Health Wales’s new three-year strategic plan (PHW, 2022).

In September 2021, the new Cardiff and Vale Health Inclusion Service (CAVHIS) launched in order to “provide timely and comprehensive health assessments, including public health screening, for individuals who find it challenging to access healthcare and are not registered with a GP” (CAVHIS, 2021). It also seeks to “provide patient centred care and immediate treatment to patients in need, whilst making appropriate onward referrals to other services” and “to support and empower these individuals to register at GMS Practices”.

Relatedly, an informal Health Inclusion Group for the area has recently been developed and includes various stakeholders, including representatives

from public health, primary care, secondary care, and local authorities, amongst others. In turn, this group has requested the UHB Executive Director of Public Health and the Cardiff and Vale Local Public Health Team (LPHT) to produce this health needs assessment for the health excluded groups.

The aims of this work are:

- To assess the health needs and priorities of vulnerable migrants, those with experience of sex work, those who have recently left prison, people with experience of homelessness, and Gypsy and Traveller communities in Cardiff and the Vale of Glamorgan using multiple methods
- To assess current healthcare provision and access for these groups
- To assess alternative care models and interventions for health inclusion, where adapted mainstream healthcare cannot meet needs
- To additionally consider the wider determinants of health inequity as identified in the Welsh Health Equity Status Report affecting these groups (PHW, 2021)
- To provide recommendations for CAVHIS, the University Health Board, the local authorities, the health inclusion group, and other partners going forward on how to promote health inclusion for these groups

The work has involved the use of multiple methods as part of a health needs assessment framework, a systematic tool developed and used by public health professionals (Cavanaugh and Chadwick, 2005). It was completed over the course of 6 months with work commencing in April 2022. The remainder of this document sets out the final report including a background, methods, current provision, health needs, health barriers and facilitators, health priorities, future options, and gap analysis. Finally, it presents a summary and recommendations.

§2. Background

2.1 Health Inclusion Definition

The Faculty of Homeless and Inclusion Health defines inclusion health as a “research, service, and policy agenda that aims to prevent and redress health and social inequities among the most vulnerable and marginalised in a community” (Luchenski *et al.*, 2018). Classically, the specific groups that inclusion health concerns itself with are:

- Vulnerable migrants¹, including asylum seekers and refugees²
- People engaged in sex work³
- People recently released from prison
- People with experience of homelessness⁴
- And Gypsy and Traveller communities⁵

2.2 Health Inclusion Rationale

Health excluded groups have long experienced markedly worse health outcomes than the general population, even in high income countries (Aldridge *et al.*, 2018a). This includes higher disease prevalence as well as premature morbidity and mortality. For example, the UK homeless population has a

¹ Vulnerable migrants include people who are seeking asylum, refugees, those with humanitarian protection and their families, separated children, Roma, Gypsies and Travellers, people who are undocumented, refused asylum seekers (including destitute asylum seekers), and those who are trafficked for various forms of forced labour, sexual exploitation and modern slavery (FHIH, 2019).

² Asylum seekers are defined under the 1951 Refugee convention as persons who owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of their nationality and are unable or unwilling to avail themselves of the protection of that country; or who, not having a nationality and being outside the country of former habitual residence as a result of such events, is unable or unwilling to return to it (UN, 1951). Destitution is defined under Section 95 of the Immigration and Asylum Act 1999 as a person with accommodation needs but no recourse to public funds [refused asylum seekers are not entitled to social security, homelessness assistance, or social housing] (HM Government, 1999)

³ Sex workers are people who provide sex work (the exchange of sexual services, performances, or products for material compensation) on a regular or occasional basis. The majority of sex workers are women and, whilst a proportion undertake sex work in pursuit of wage income akin to jobs in the formal economy, significant numbers will be undertaking sex work as a result of coercion, debt, exploitation, or sex slavery (Jeal *et al.*, 2008)

⁴ Homelessness is a broad term that has a variety of potential definitions. Crisis, an independent homelessness charity, conducts research using a core homelessness definition that is taken to include rough sleeping, unconventional sleeping, unsuitable temporary accommodation, hostel accommodation, and sofa surfing (Bramley, 2021)

⁵ Gypsies and Travellers are a recognised and protected ethnic group under UK law that includes Romany Gypsies (the majority group in Wales), Scottish Gypsies/Travellers, Travellers of Irish heritage (Irish Travellers), Roma, Fairground and Show people, Circus people, New Travellers, and Bargee and water craft/canal boat Travellers (FHIH, 2019)

mortality rate ten times higher than standard (Morrison, 2009) as do street-based sex workers in London (Jeal and Salisbury, 2004). The specific health needs facing each population are set out in extensive detail in the Health Needs section.

Poorer health outcomes for these populations are the result of several inter-related factors across the life course, including wider determinants of health, such as income insecurity, unemployment, lack of community support, and poor living conditions (CSDH, 2008; Dyakova *et al.*, 2021). In addition, a particular concern of the health inclusion agenda is healthcare access and healthcare quality. Health excluded populations typically experience care characterised by “crisis management at multiple disconnected points of episodic intervention” whilst encountering significant levels of discrimination and being afforded a marked lack of dignity and respect (FHIH, 2018). These populations are also characterised by poor health expectations and low uptake of primary and preventive services, such as routine general practice, routine dental practice, screening programmes, and immunisations (Hewett, 2017).

This represents a powerful example of Julian Tudor Hart’s ‘Inverse Care’ law in action (Hart, 1971), or rather, the more recently described ‘disproportionate care’ law (Cookson *et al.*, 2021). This occurs when individuals with the greatest health needs access more healthcare but in an urgent, unplanned setting, where healthcare is reactive, less cost-effective and has a greater risk of associated harms. Compounding all of this is a lack of health and demographic data with these populations sometimes being described as ‘invisible’ from a healthcare system planning perspective (Cabinet Office, 2010).

There is also an impetus for health inclusion due to the impact of austerity measures on public services following the 2007-8 financial crisis, and the Covid-19 pandemic. At a critical time for financial prudence, the cost of health inequalities, which health exclusion significantly contributes to, is estimated to be £322 million per year in Wales due to variation in hospital admission rates alone (Kadel *et al.*, 2021).

Finally, health excluded groups encounter trauma throughout their life course, notably including adverse childhood events, that is often socially

determined (PHW, 2019). These groups are then faced with a number of barriers when attempting to access the social security, housing, fair work, and healthcare that they are entitled to and genuinely need (Hewett, 2017). The health and care system, in particular, is a system that was not historically designed for or with these groups. Several of its core features such as gatekeeper primary care, fixed appointments with penalties for non-attendance, and reliance on written, formal communications may work well for the general population but let down health excluded groups, as a form of social exclusion (Luchenski *et al.*, 2018; WHO Europe, 2010).

2.3 Strategic Context at UK, National and Regional levels

Addressing health inclusion is the subject of legislation and policy objectives at numerous levels of government. At the UK level, the reduction of health inequalities is an explicit part of the UK government's "levelling up" agenda (HM Government, 2022). The new Office for Health Improvement and Disparities works as a cross-government body across the UK, with an explicit remit to reduce health inequalities. In turn, it has endorsed the inclusion health agenda and provides a range of resources under its 'All Our Health' programme (OHID, 2021).

The Faculty of Homeless and Inclusion Health was created in the last decade as a network organisation arising from the Pathway charity, a UK healthcare charity that supports the creation of multi-disciplinary, hospital-based homeless teams (Pathway, 2019). It has set out a number of standards for the care of health excluded populations, including continuity of care, ease of access, integrated care, cultural competence and sensitivity, recovery approaches, quality improvement, working with secondary care and public health, offer of respite care, and actively offering services to vulnerable migrants.

Meanwhile, Welsh Government is also committed to the reduction of health inequalities and equitable provision of high-quality, person-centred, preventative healthcare, as per its long term health plan 'A healthier Wales: Long term plan for health and social care' (Welsh Government, 2021). The plan sets out the quadruple aim (improved population health; better quality and more

accessible health and care; higher value health and care; a motivated and sustainable health and care workforce) and reminds us of the prudent healthcare principles (co-production; caring for those with the greatest need first; doing only what is needed whilst avoiding harm; reducing inappropriate variation).

Inclusion health works in line with all of the above principles and inclusion health interventions are consistent with the national design principles set out in 'A Healthier Wales' (See Appendix One). Investment in health inclusion is also an important element of both value based care (a delivery model that maximises key health outcomes achieved per unit cost whilst minimising waste and harm) and proportionate universalism (the delivery of universal health and care costs at scale with an intensity proportionate to the needs of the relevant user groups)(Welsh Government, 2018). Both of these concepts are envisioned as key elements of future health and care strategy in Wales.

Through the Wellbeing of Future Generations (Wales) Act 2015 (FGC, 2020), all Welsh public services are also now committed to working towards a society that enables people to fulfil their potential no matter what their background or circumstances and in which people's physical and mental wellbeing is maximised. Finally, the vision of Cardiff and Vale UHB's ten year plan 'Shaping our future wellbeing' is that "A person's chance of leading a healthy life is the same wherever they live and whoever they are" (CAVUHB, 2015).

2.4 Plans currently in place at UK, National and Regional levels

As part of its strategic plan, "Shaping our Future Well-being", Cardiff and Vale UHB has a broad objective "To achieve measurable improvement in the health of the population, reducing the stark inequalities in health that exist in between and within our communities, through the provision of the best possible quality services accessible in a timely way, optimising outcomes for our patients" (CAVUHB, 2015). As part of the NHS Wales delivery framework, health boards must also develop and review action plans for Homeless and Specifically Vulnerable groups and make progress on five qualitative domains on this issue:

leadership, joint working, health intelligence, access, and action planning (Welsh Government, 2021).

The most recent Cardiff and Vale UHB Integrated Medium Term Plan (IMTP) (2022-5) contains a number of priorities, relevant to health inclusion, across the UHB, including:

- Implementation of the Duty of Quality obligations under the 'Health and Social Care (Quality and Engagement) (Wales) Act 2020
- Increasing the use of urgent primary care
- The ambition to reduce pressures on urgent and emergency secondary care
- Increasing use of Community Health Pathways
- Developing CAVHIS to address growing inequities of care for vulnerable individuals and to enable a safe response to Afghan and Ukraine Refugee Resettlement Schemes
- Improving governance and sustainability of services at Her Majesty's Prison (HMP) Cardiff
- Aligning planning across the UHB for people who have experienced prolonged trauma, single event or complex trauma, Post Traumatic Stress Disorder (PTSD) or Adverse Childhood Experiences (ACEs)
- Equitable uptake of vaccination across communities
- Completing the rollout of and embedding support for trauma informed, and safety and stabilisation training and practice across all substance misuse services
- Completing a review of pathways and capacity to facilitate identification, treatment, and onward referral of people who are injecting substances and are accessing inpatient and emergency unit services
- Capital investment in a number of Wellbeing community hubs

The Local Public Health Team (LPHT) in Cardiff and Vale UHB has its own 2020-23 plan as part of the UHB's previous IMTP (CAVUHB, 2020) which contains a strategic approach to tackling health inequalities. This looks to reduce gaps in healthy life expectancy with a current focus on specific initiatives such as tackling food poverty, and increasing uptake of immunisations and screening programmes. Recently, all Health Boards in Wales have been undertaking

Accelerated Cluster Development as the latest step in the new Primary Care Model for Wales set out in 'A Healthier Wales' (PHW, 2022). Cardiff and the Vale of Glamorgan has 9 clusters that serve 25,000-100,000 people each. These will soon further mature to be successful collaborations bringing together general practice, dentistry, community pharmacies, optometrists, community nurses, allied health professionals, social services and others to help plan services.

Public Health Wales also has an IMTP which has relevant component parts in support of adapting services to tackling health inequities (PHW, 2022). These include a strategic inequity plan for screening, a vaccine equity strategy, the 'Cost of Health Inequality Reports' programme, and the 'Welsh Health Equity Status Reports' initiative (including a solutions platform). There are no specific mentions of health excluded populations but theoretically these plans could have an impact on such groups.

Several recommendations for health excluded populations were seen in the recent Cardiff and Vale of Glamorgan Regional Partnership Board (RPB) Population Needs Assessment (PNA) (CVRPB, 2022). These included:

- Increasing awareness of violence against women, domestic abuse, and sexual violence (VAWDASV)
- Continuing to deliver relevant training on VAWDASV
- Investing in specialist VAWDASV services and trauma informed care
- Developing target hardening and move on accommodation opportunities regarding VAWDASV
- Reducing reliance on digital access to substance misuse services
- Increasing provision of needle and syringe programmes and take home naloxone
- Strengthening blood borne virus screening
- Improving collaboration between substance misuse and mental health services
- Improving routine alcohol screening in primary care
- Supporting those with adverse childhood experiences
- Improving data transfer between healthcare providers on prison release
- Strengthening housing pathways for those being released from prison

- Working towards co-location of health with other services such as mental health, benefits/ accommodation providers/third sector services for those who are most vulnerable
- Providing training and ongoing support for all professionals working with vulnerable migrants and improving multi-agency liaison
- Considering different models of primary care to overcome known barriers to healthcare, for example, walk in clinics and opportunistic provision of care such as screening, vaccination and contraceptive services for those service users who are the most vulnerable and despite flexibility, would continue to struggle to fit in to the current model of care

Finally, Welsh Government has specific plans for asylum seeker and refugee health, homelessness (albeit without a primary focus on health), and prison health. These are more aspirational in nature and there are no current, specific plans on addressing health issues facing Gypsy and Traveller communities and those engaged in sex work.

§3. Methods

A Health Needs Assessment methodology was used: a structured, systematic approach for understanding the health needs of specific populations and is a common tool used by public health professionals, amongst others, involved in service design and commissioning. Accordingly, the assessment was performed in five discrete stages (Cavanaugh and Chadwick, 2005):

1. An introductory stage that set out the scope and objectives of the assessment (See Introduction), with regular consultation of stakeholders.
2. An assessment stage that investigated the health needs and priorities of the relevant populations through the use of three approaches (Stevens and Rafferty, 1997): An epidemiological approach that used routine data and literature/desktop reviews; A corporate approach that used qualitative techniques to establish the views of the populations as well as key stakeholders; and a comparative approach that established current service provision and made comparisons with other similar services.
3. An options stage that generated possible options for action, based on the assessment stage. These options are then prioritised for action in co-ordination with stakeholders with feasibility and effect being key concerns.
4. A reporting stage that drafted this report and a formal action plan, in consultation with key stakeholders.
5. A review stage that is currently ongoing and will evaluate the Health Needs Assessment as a whole.

3.1 Epidemiological Approach

Routine data were gathered that focussed on demographics, health conditions, and healthcare utilisation in Cardiff and the Vale of Glamorgan. Routine data sources included:

- Office of National Statistics
- Cardiff and Vale RPB PNA 2022
- StatsWales and Welsh Government
- National Survey for Wales
- Public Health Wales Observatory

- CAVHIS and other services provided by Cardiff and Vale UHB
- Her Majesty's Prison and Probation Service (HMPPS)

These data were screened for relevance by a single author, with an emphasis on key statistics that would improve understanding of health needs in the area for the relevant populations.

A rapid review was conducted according to a pragmatic interpretation of Cochrane Collaboration guidance on rapid review conduct (Garritty *et al.*, 2021). A narrow search strategy was developed (See Appendix 2) and run through topic-specific, non-bibliographic databases (Welsh Government, Cardiff and Vale RPB, Public Health Wales, and Cardiff and Vale UHB) as well as the MedLine bibliographic database. For the former, the reference lists of grey literature were screened for key papers to include. For the latter, results were restricted to secondary, English Language publications published within the last ten years, in the interests of expedition.

An initial 1884 results were obtained from all searches conducted. These were subject to title and abstract screening by a single author. Inclusion criteria focussed on secondary articles reviewing the health status/issues of health excluded adult populations in high income countries. Studies were excluded if they were older than ten years, focussed exclusively on children/adolescents, or focussed exclusively on low/middle-income countries.

Screening led to 108 articles being included and subject to full-text review. Due to the secondary nature of the data as well as the diversity of topics, a narrative synthesis of key findings was produced and incorporated into the health needs section of this report.

3.2 Corporate Approach

The corporate element of the assessment sought to characterise the views and opinions of the relevant stakeholders, including input from the target populations themselves, on the relevant health needs and priorities.

The first element consisted of an anonymous, enumerated paper survey (n=24) for two of the health excluded populations (people recently released from prisons and vulnerable migrants; see Annex 4 and 5 for questionnaires), and a set of semi-structured interviews with people engaged in sex work (n=3) and representatives (n=5) from the Gypsy and Traveller communities (See Annex 6 for questions). The surveys were conducted by trusted and experienced health/Voluntary Community Sector (VCS) professionals who normally work with their respective population on an opportunistic basis. The survey was co-designed with the Cardiff and Vale UHB Patient Experience Department. The surveys/interviews were checked with the Cardiff and Vale UHB Information Governance team (or other relevant authorities) to ensure data governance policies were followed correctly.

Data from this element were combined with additional data from two recent enumerated paper surveys (conducted by CAVHIS with people experiencing homelessness, and people engaged in sex work) and two focus groups (commissioned by the RPB, with asylum seekers/refugees, and current prisoners as part of the 2022 Population Needs Assessment).

The second element consisted of a self-completed, anonymous, electronic survey for professional stakeholders that aimed to capture their opinions on health needs and priorities for health excluded populations (See Annex 7 for questionnaire). It was constructed using Microsoft Forms and sent by email to a wide group of stakeholders from the professional email account of the lead author (See Annex 2 for full list).

Given that the data were collected with an aim of service evaluation and improvement, research ethics approval was not required. Both elements contained discrete choice questions as well as limited free text space. The former was inputted into a simple Microsoft Excel document and used to generate descriptive statistics. The latter was inputted into a Microsoft Word Document and subjected to thematic analysis. The results were then ultimately used to generate a narrative synthesis that was incorporated throughout this report.

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Qualitative data were grouped into 3 themes: Health Needs, Health Barriers and Facilitators, and Health Priorities. Subthemes are discussed in the relevant sections.

3.3 Comparative Approach

The comparative element of the assessment sought to characterise current service provision for the target populations and compare this with alternative service models and interventions. It consisted of a qualitative component and a rapid/restricted review.

The qualitative element utilised semi-structured interviews with 24 key professional stakeholders who directly provide relevant services (See Annex 2 for full stakeholder list). These stakeholders included:

- CAVHIS representatives
- Primary care representatives
- Substance misuse Area Planning Board (APB)
- Local secondary care representatives
- Mental health service representatives
- Local authority representatives
- Local Public Health Team representatives
- Voluntary and community sector (VCS) representatives
- England based healthcare providers focussed on health inclusion
- Public Health Wales Screening and Immunisation team representatives
- Criminal justice services representatives

The interviews were generally 30-45 minutes in length and consisted of 5 questions (See Annex 3 for questionnaire). Most sessions were recorded (provided consent was granted) and the recording reviewed and summarised; notes were made for sessions that were not recorded. In some instances, stakeholders chose to share written information in addition to or instead of interviews. The information was subject to thematic analysis eventually leading

to a narrative synthesis for incorporation into the health needs and priorities sections of this report.

The rapid review consisted of the development of a narrow search strategy focussed on the evaluation of health inclusion service models and interventions. This strategy was reviewed with a Cardiff University subject librarian (Search terms available in Appendix). The strategy was used with MedLine (a comprehensive biomedical database that allows for the use of MeSH terms), EMBASE (a database with exclusive access to relevant journals), and Google Scholar (a useful online tool for accessing grey literature).

Following the removal of duplicates, 1284 papers were identified for screening by title/abstract review using a single reviewer; 344 papers were included for full text review. Inclusion criteria focussed on primary articles (qualitative and quantitative) reviewing/evaluating interventions specifically targeted at health excluded adult populations in high income countries or describing barriers that they face. Studies were excluded if they were older than ten years, were study protocols, were single case studies without formal evaluation, were conference abstracts, focussed exclusively on children/adolescents, or focussed exclusively on low/middle-income countries.

Following this, 179 papers were included and were then be subject to critical appraisal using the relevant CASP checklist (CASP, 2019). Papers of appropriate quality were then used to form a narrative synthesis (due to the variety of studies and measures used) which was incorporated into the health needs, health priorities, and future options/recommendations section.

3.4 Future Options and Recommendations

Relevant health needs, barriers, and facilitators, were set out in respective chapters.

A range of evidence-based interventions, derived from the relevant rapid review, were then set out. These were framed in line with a model of care originating with the Cardiff and Vale APB (CAVAPB, 2019). This is based on a spectrum of

engagement that begins with prevention and then moves on to opportunistic care (including harm reduction) to early specialist care (including walk-in hubs and outreach) to ongoing, adapted mainstream services.

Following this, a gap analysis that synthesised available results was conducted. A number of feasible service reconfiguration options were set out in order to introduce key interventions. Again, this was presented with an emphasis on impact as well as likely costs in terms of investment, time, and disruption. The service options presented were framed in line with a proposed model originating from CAVHIS (CAVHIS, 2022).

This chapter concluded with a series of recommendations that were then taken to key partners in order to generate an agreed action plan with SMART⁶ objectives.

⁶ Specific, Measurable, Achievable, Realistic, Time-related

§4. Current Provision

This section aims to describe the current provision of relevant services relevant to health needs, including health and care, to health excluded populations. It is based on stakeholder interviews and general reading. It provides an overview, followed by a description of current NHS services, social care services, dedicated health inclusion services, and other relevant services.

4.1 Overview

Cardiff and Vale UHB provides comprehensive services in line with the NHS Wales delivery framework, with universal healthcare provided free at the point of care. It is one of the largest NHS organisations in Europe and employs approximately 16,000 staff, with spending of around £1.7 billion every year on providing health and wellbeing services to a population of over 500,000 people living in Cardiff and the Vale of Glamorgan (CAVUHB, 2022). It also serves a wider population across South and Mid Wales for a range of specialties and has close links with the university sector. Some specialties are also provided for the Welsh population as a whole.

Services include primary and community based services including GP practices, Dental practices, Community Pharmacy, Community Nursing, Primary Mental Healthcare, Optometry, and a host of community led therapy services via community teams, such as Community Mental Health Teams (CAVUHB, 2022). Services also include acute, emergency, maternity, and elective services provided through university hospitals and the Children's Hospital for Wales. Finally, public health services, including advice and guidance, are also provided.



Figure 1 – Logos of supporting organisations for inclusion health

4.2 NHS Services

All NHS primary and dental care is available free to anyone in Wales regardless of migration or housing status. Registration at NHS practices does not require identification/proof of address, merely connection to the local area. Free access to secondary care services is residency-based (it is worth emphasising that even nomadic Gypsy and Traveller communities are UK residents for this purpose) unless it is concerning medical emergencies or infectious disease.

In Wales, asylum seekers and refugees are entitled to free secondary care as well as those who have been refused asylum (OHID, 2022). Liability to overseas NHS charges is only relevant for certain visa holders in Wales, which can be waived in many instances through payment of a healthcare immigration surcharge. Unfortunately, public and even professional knowledge of the above factors is variable and many health excluded groups encounter difficulties, such as being refused GP registration (EHRC, 2018). This was seen both in the literature and in anecdotal accounts from professional stakeholder interviews.

Healthcare is typically accessed in the UK through primary care or emergency secondary care which then refer on to secondary services as appropriate. Other countries operate a variety of other models, some being radically different. Whilst primary care providers can use a number of approaches, most dental and general practice services require registration (temporary or permanent and subject to availability) followed by fixed, time-limited appointments which typically focus on one problem. Secondary care outpatient/elective services can be even more rigid, including the use of punitive measures for non-attendance (such as defaulting to the back of a waiting list after missing an initial appointment). These features can in turn present difficulties for health excluded populations who often have limited resources and competing priorities, of which healthcare can be low (Luchenski *et al.*, 2018).

Many NHS Wales services also emphasise the use of address-based written communication provided in English and Welsh language only. In turn, this can cause issues for health excluded populations given their transience and variable language/literacy levels (Khanom *et al.*, 2019).

Finally, certain NHS services, such as dental treatments or optician services, may also require charges (or co-payments) that can often constitute a financial and/or administrative barrier for health excluded populations (OHID, 2022). Many members of these groups will be entitled to exemption from charges under the NHS Low Income scheme (which grants a HC2 certificate as proof of exemption). However, knowledge of and pursuit of this entitlement by asylum seekers and refugees is variable (Khanom *et al.*, 2019). This was seen both in the literature and in anecdotal accounts from professional stakeholder interviews.

4.3 Social care services

Social care and services in Wales are provided by local authorities and are guided by the Social Services and Well-being (Wales) Act 2014 and associated regulations (Welsh Government, 2014). The Act established Regional Partnership Boards (RPB) which bring together several partners⁷ across health and social care to regularly assess population well-being and service provision in their area and make improvements.

Regarding social care, the Act firstly establishes a duty of assessment for any carer, child or adult that may need care and support where they are ordinarily resident in the local authority area, or are unsettled but currently present in the local authority. Secondly, there is an additional duty to protect from abuse or neglect or risk of abuse and neglect, and to meet care and support needs identified, through the provision of information, advice, assistance, and preventative services.

Both duties apply regardless of housing or migration status although the duty of support does not apply to adults in breach of immigration laws and who would not have their human rights breached by a failure to support, or to adult destitute asylum seekers with no recourse to public funds. Local authorities also

⁷ Minimally, this includes an elected member of each local authority, a local health board representative, a Director of Social Services for each local authority, a local authority housing representative, a registered social landlord, a local authority education representative, a VCS representative, a lay member of the public, and a carer

have a duty to maintain family contact for children in care, regardless of whether families have no recourse to public funds. However, issues have arisen from confusion regarding the complex legal position (Welsh Refugee Coalition, 2020).

Finally, local authorities may also charge for services following a financial assessment (Welsh Government, 2022). Charges are £100/week for non-residential care (for those on a high income or with assets >£24,000) and full costs for residential care (for those with capital >£50,000 with means-tested support for those with less). Whilst charging is less of an issue for health excluded populations, the time and stability required for a comprehensive assessment and the arrangement of services to take place has historically been a barrier for them accessing the social care and support they need (FHIH, 2019).

4.4 Dedicated health inclusion services

CAVHIS is a local example of a dedicated, limited health inclusion service in Cardiff and Vale UHB. It currently provides limited homelessness services, alternative treatment services (ATS), services to those engaged in sex work, and services for asylum seekers (CAVHIS, 2021). The homelessness service consists of occasional GP outreach and regular, open access clinics run by specialist homelessness nurses with GP support. The ATS provides primary care services for those patients who have been aggressive or abusive at previous general practice surgeries. Those engaged in sex work have open access to sexual health screening, medical review, and urgent referrals whilst also being supported to register at a general practice. Finally, asylum seekers are routinely offered health assessments, public health screening, and limited primary care until they are able to be registered with a general practice.

In addition to CAVHIS, the University Health Board offers a number of dedicated services for members of the relevant populations. These include staff contributions to the homelessness multi-disciplinary team (MDT), community dentistry, dedicated health visitors for Gypsy and Traveller communities, substance misuse services, and the prison healthcare service at HMP Cardiff. There is also limited adaptation of particular services that have significant

contact with these population, such as individual general practices and emergency departments.

Recently, substance misuse and alcohol services (both NHS, non-NHS, and VCS) have been brought together in alliance under 'CAVDAS', the Cardiff and Vale Drug and Alcohol Service. This new alliance, pertinent to health excluded populations due to their higher prevalence of these disorders, emphasises recovery and aftercare approaches, harm reduction, "no wrong door", and co-production.

Finally, a number of VCS organisations work with health excluded populations in Cardiff and the Vale of Glamorgan (Dewis, 2022). These include, amongst others:

- Kaleidoscope (a charity providing housing and substance misuse and alcohol services as well as dedicated support to prisoners)
- The Salvation Army (a Christian Church and charity that provides homeless services amongst others, including the Ty Gobaith centre)
- Huggard (a leading homelessness centre and charity based in Cardiff)
- The Wallich (a homelessness charity that provides accommodation and employment advice and support)
- Citizen's Advice (a leading charity that provides advice and advocacy on legal and financial matters to those in need)
- Safer Wales (a charity providing support, including outreach services and case management, to women engaged in sex work as well as women suffering domestic abuse)
- Red Cross (a leading charity that provides refugee services in Cardiff)
- Gypsies and Travellers Wales (a Cardiff-based, Welsh charity that provides support and advocacy for Gypsy and Traveller communities)

4.5 Other services relevant to health excluded populations

A range of wider services currently exist concerning the wider determinants of health inequity that affect health excluded groups, including housing, employment, and income security. Cardiff and Vale of Glamorgan local authorities provide homelessness services in partnership with VCS groups and in

line with their statutory obligations under Housing (Wales) Act 2014, including the use of temporary accommodation and provision of support into permanent housing (Welsh Government, 2014).

Under the Welsh Government's Ending Homelessness High Level action plan, Wales is rapidly moving towards preventing homelessness altogether and ensuring that where it occurs that it is rare, brief, and unrepeatable (Welsh Government, 2021). This is inclusive of those with no recourse to public funds, such as refused asylum seekers, although technically local authorities are not obliged to provide such assistance. However, a controversial point has been the removal of 'priority need' status for temporary accommodation for a prisoner returning to their local area in Housing (Wales) Act 2014. This has been strongly suggested to be a contributing factor to the rising homelessness for Wales as a whole, since the Act, in those recently released from prison (Jackson, 2018).

Prior to the Covid-19 pandemic, concerted efforts by public and charity services in Cardiff have helped to dramatically curb homelessness, in particular rough sleeping. One significant innovation is the creation of the Cardiff homelessness MDT which provides comprehensive case management and assertive community treatment for persons experiencing homelessness that are referred to it. The MDT includes local authority workers, housing providers, VCS workers, nurses, counsellors, substance misuse services, and social workers, amongst others.

Employment support schemes and welfare payments, including universal credit, are also available from the Department of Work and Pensions, both local authorities and certain VCS organisations (Citizen's Advice, 2022). Local authorities in particular have a significant ability to provide discretionary financial help, as both Cardiff and the Vale of Glamorgan consistently do (Cardiff Council, 2022; Vale of Glamorgan Council 2022). However, many of these processes involve significant knowledge, engagement, and bureaucracy which can then act as barriers. Furthermore, many migrants, including refused asylum seekers, have no recourse to public funds and thus no entitlement to social security, homelessness assistance, or social housing. Certain VCS groups, notably Citizen's advice, offer effective advocacy and guidance to help individuals navigate such systems and receive their entitlements.

More specifically, the local authorities provide specific services for Gypsy and Traveller communities under the Housing (Wales) Act 2014 (Welsh Government, 2014). The Act includes provisions for local authorities to conduct accommodation assessments for Gypsy and Traveller populations in their area, including future projections, every 5 years. In turn, this allows local authorities to plan and ensure that there is always an availability of approved, high quality pitches and plots complete with local authority services, such as waste disposal. Both the Cardiff and Vale of Glamorgan recent assessments indicate that there is currently adequate provision in this regard.

The Home Office currently disperses asylum seekers through a series of centres in the country and then provides accommodation via outsourcing, with Clearel being the company that operates in Wales (HM Government, 2022). There is one initial accommodation centre in Wales, in Cardiff, and four dispersal centres (Cardiff, Newport, Swansea, and Wrexham). The Home Office provides £40.85 per person per week with small, extra payments for childcare/maternity. Asylum seekers are entitled to free NHS care and state education but are not able to work or claim other social support whilst their application being processed. Cardiff became a City of Sanctuary in 2014 and Wales is aiming to be the world's first Nation of Sanctuary (Welsh Government, 2019). The vision of this is "of a Wales wherever people seeking sanctuary go, they are met with welcome, understanding and celebration of their unique contribution to the rich tapestry of Welsh life".

People serving sentences in prison are typically released on a licence which has probation conditions, such as regular meetings with a probation officer, attached to it for a specified period of time. Probation services in Wales have recently transferred back to the National Probation Service from the relevant Community Rehabilitation Company, with regulation provided by Her Majesty's Inspectorate of Prisons and Probation (Jones, 2020). Some specific probation services remain outsourced to private companies.

Finally, sex work in the UK is subject to a number of laws with significant discretion exercised by individual police services. Prostitution itself is not illegal but many activities related to it are, such as loitering in order to solicit, the keeping of a brothel, or controlling individuals engaged in sex work for personal

gain (HM Government, 2003 and 2009). In Cardiff and the Vale of Glamorgan, South Wales Police use liaison officers to work with those engaged in sex work and associated VCS organisations. The Cardiff Community Safety and Safer Vale Partnerships⁸ develop and action safety plans and strategies that are then enacted by the relevant partners (Cardiff CSP, 2022; Safer Vale, 2022). Of relevance, the partnership in Cardiff includes Safer Wales and part of its focus is street-based lifestyles, including those engaged in sex work, whilst the partnership in the Vale of Glamorgan has part of its focus on domestic abuse and violence.

Current Provision Summary:

- A comprehensive array of health and care services are publicly available in Cardiff and the Vale of Glamorgan
- Support on wider determinants of health, such as housing and income security, are also publicly available
- Furthermore, Cardiff and Vale UHB offers a specific but limited health inclusion service in the form of CAVHIS
- A number of VCS organisations and statutory services also support specific health excluded groups
- There are several features of current provision that do not work well for health excluded populations, such as complex eligibility rules
- There is significant complexity around eligibility and entitlement for health excluded populations, regarding access to mainstream services
- Where Inclusion Health services/models already operate in Cardiff and the Vale of Glamorgan, they are very effective

⁸ Community Safety partnerships are statutory bodies (under the Crime and Disorder Act 1998) featuring police, local authorities, fire and rescue, probation, and health (HM Government, 1998). In South Wales, they are funded by the relevant Police and Crime Commissioner and Welsh Government. Both partnerships also invite VCS organisations to take part. The remit of these bodies is to protect local communities from crime, deal with local crime and anti-social issues, and help people feel safer.

§5. Health Needs

This section describes the health needs of health excluded populations in Cardiff and the Vale of Glamorgan. It provides an overview of health needs that generally affect these populations. This is then followed by a section describing a demographic overview of data for each group. There are then 4 further sections on: premature morbidity and mortality, infectious disease, non-communicable health conditions and associated risk behaviours, and mental health conditions, including substance/alcohol misuse.

5.1 Overview

The literature review confirmed that adult health excluded populations in high income countries generally experience marked premature morbidity and mortality compared to the general population (Luchenski *et al.*, 2017). Morbidity is often co-morbid and more severe than that seen in the general population. Qualitative data under the 'Health Needs' theme focussed on mental health and dental health as key subthemes and this is highlighted where relevant.

The drivers of these outcomes are increased prevalence and earlier onset of infectious diseases, non-communicable disease, and mental health conditions, including alcohol and substance misuse (Aldridge *et al.*, 2018a; See Table 1 overleaf). These phenomena interact with each other (in the form of co-morbidity and co-infection) and the multiple, intersecting forms of social/health exclusions these populations face, as part of a powerful 'syndemic' phenomenon (See Figure 2 below; Singer *et al.* 2017; Bramley *et al.*, 2019).

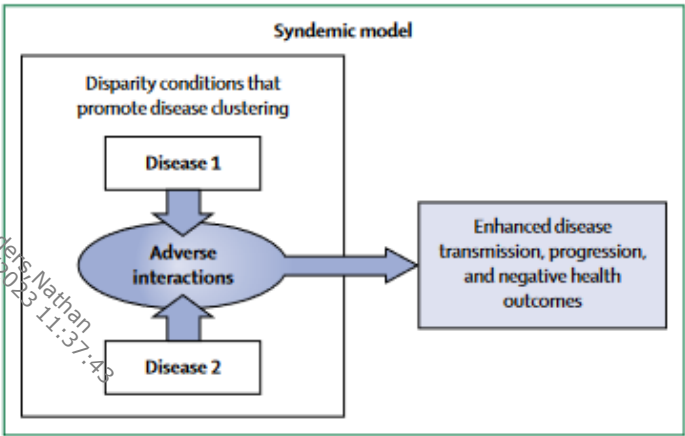


Figure 2 – A diagram illustrating the syndemic model (Reproduced from Singer *et al.* 2017)

Figure: Model of a syndemic

Table 1 – A table describing the key health needs identified in our assessment

Category	Condition
Infectious disease	Blood-borne viruses (BBV), including HIV Tuberculosis (TB) Sexually transmitted infections (STIs) Skin infections Acute respiratory infections Skin Infections, including abscess Tropical diseases
Non-communicable disease	Dental conditions, including caries and oral cancer Reproductive and maternal health needs Chronic respiratory disease, including asthma Cardiovascular disease, including coronary artery disease Cancer, especially tobacco-related Violence and physical trauma Podiatry conditions Risk behaviours and malnutrition
Mental health conditions	Mild to moderate mental health disorders Severe mental health disorders, including psychosis Substance and alcohol misuse Personality disorders Post-traumatic stress disorder and related illnesses Suicide and self-harm

5.2 Demographics and local data

The Cardiff and Vale of Glamorgan 2022 RPB PNA conducted an in-depth review of the area's demography this year, summarised here (CVRPB, 2022):

- In 2020, the Cardiff and Vale of Glamorgan populations had risen to 369,202 and 135,295 respectively
- Both populations are projected to increase in future, in particular Cardiff
- Both areas will see the proportion of the population aged 65+ increase, in particular the Vale of Glamorgan
- Cardiff is one of the most diverse places in Wales with a rising racial and ethnic minority group proportion, approaching 20% in 2020
- Healthy life expectancy at birth for males in Cardiff has increased slightly to 62 years and is now above the Welsh average whereas it has fallen to below 61 years in the Vale of Glamorgan from a 2012 peak of 65.5 years
- Healthy life expectancy for females has fallen for both areas since 2011-13 to around 63 years, although there has been recent recovery in this statistic for Cardiff

The healthy life expectancy gap between the most and least deprived areas is 13.3 years for men and 16.9 years for women (PHW, 2022)

The Welsh Index of Multiple Deprivation 2019 shows a clear southern arc of established inequality across Cardiff and East Barry (Welsh Government, 2021). Cardiff has 39 lower super output areas (roughly 1/5 of the population) living in the most deprived 10% of lower super output areas across Wales, while the Vale of Glamorgan has 3 such areas.

Finally relevant totals and trends for each health excluded population in Cardiff and the Vale of Glamorgan have been estimated from the data collected in this report, with considerable caveats to be borne in mind regarding the quality and accuracy of data sources. The totals are presented in Table 2 below and discussed throughout the section. For ease, the combined total assumes there is no overlap between the groups, although this is known to not be the case.

Table 2 – A table describing the population totals and trends for health excluded populations in Cardiff and the Vale of Glamorgan

Population	Total for CAVUHB	Future Trend
People experiencing homelessness	2,265 households on statutory assessment (for all of 2020/21); currently 1,600 estimated to be experiencing core homelessness	Stable, predicted to gradually decline
People engaged in sex work	100-1,000 estimated (note the wide range reflects methodology and the difficulty of estimating this group)	Unknown, estimated to be stable
Vulnerable migrants	1,300-1,500 asylum seekers currently; 40-50 resettled refugees per year; unknown number of undocumented migrants	Increase for asylum seekers and refugees (reflecting the Ukraine conflict); unknown for undocumented migrants
People recently released from prison	Currently 1,967 released under licensed supervision in Cardiff & Vale from the National Probation service	Stable
Gypsy and Traveller communities	524 on 2011 census, 227 caravans on latest count	Stable, gradual increase in Cardiff
Total	5,500-6,700	Overall stable

5.2.1 *People experiencing homelessness*

Homelessness statistics can be of variable quality, further complicated by the Covid-19 pandemic and policy responses. Current statutory measures of homelessness, such as prevention and relief, demonstrate significant and rising levels of homelessness assistance in Cardiff and the Vale of Glamorgan (StatsWales, 2022). In particular, both local authorities have seen rising temporary and emergency placements.

Specifically, over 2021/22, 1,848 households were assessed as homeless in Cardiff (a small reduction) and 417 households were assessed as homeless in the Vale of Glamorgan (stable). In addition, in 2021/22, 3,312 households were threatened with homelessness in Cardiff (a rise of roughly 1,000 although the vast majority were prevented) and 237 were threatened in the Vale of Glamorgan (stable, with roughly half of which were prevented). The latest official rough sleeper count had risen to 92 in Cardiff in 2019 however conversations with the homelessness MDT in Cardiff confirmed that current levels are typically in single figures, if not zero.

Crisis, a homelessness charity, regularly conduct a technical report on homelessness in Wales incorporating a range of measures and a definition of core homelessness⁹ (Fitzpatrick *et al.*, 2021). The latest homelessness monitor report for Wales demonstrates core homelessness of roughly 9000, with the largest proportion in South Wales. The share for Cardiff and the Vale of Glamorgan would be roughly 1,600, given a 0.74 rate per 100 households in South Wales. This number had been gradually rising prior to Covid-19, largely being driven by increasing numbers people rough sleeping or staying in hostels.

Modelling estimates from Crisis predict an upcoming decline in core homelessness in Wales, up to a third under certain policy scenarios, although the ongoing decline in UK living standards could compromise this. Welsh Government has an ongoing ambition to end homelessness in Wales (Welsh Government, 2021).

⁹ This includes rough sleeping, unconventional accommodation, hostels, unsuitable temporary accommodation, and sofa surfing

Our stakeholders expressed particular concern for this population over substance misuse (especially opiate abuse), tobacco smoking, TB, dental problems, and mental health issues, in particular severe mental health disorders (diagnosed and undiagnosed) and accessing secondary services.

All stakeholders described a pattern of high and repeated use of urgent and emergency care in this population. The 2021 data linkage study by Public Health Wales (Song *et al.*, 2021) established emergency attendance and admission rates for people experiencing homelessness in Wales that were over 6 times higher than for the general Welsh population. Finally, focus group data (n=10) from the Cardiff and Vale of Glamorgan 2022 PNA also highlighted mental health as a key unmet health need compounded by difficulty accessing community mental health teams.

5.2.2 People engaged in sex work

There is little local data available regarding sex work in Cardiff and the Vale of Glamorgan. Relevant data quality is poor due to the sensitive nature of disclosure, potential involvement of the criminal justice system, variability of sex work (including online), and the threat of stigmatisation. Academic studies in the UK have recommended a local mapping approach that establishes a rough estimate of sex work prevalence via a composite of recent local/regional studies, population share of national estimated prevalence, crime data, and VCS insights (Hester *et al.*, 2019).

No crime data were able to be obtained for our assessment. The population share for Cardiff and the Vale of Glamorgan, based on national and UK estimates (Hester *et al.*, 2019), would be roughly 384-677 people engaged in sex work (although the true number will likely be much higher on this basis, due to Cardiff's urban density). A 2014 South Wales cross-sectional study estimated that the number of people engaged in sex work in Cardiff was at least 100 (Sagar *et al.*, 2014). Meanwhile, conversations with local VCS organisations suggested that 500-1,000 people were engaged in sex work across Cardiff and the Vale of Glamorgan, with at least 50 engaged in street-based sex work. Current UK research literature suggests that sex work prevalence is stable,

although there are anecdotal reports of increasing numbers of people using online platforms to sell a range of sexual services.

Stakeholders highlighted dental problems, substance misuse, and mental health issues as being of key concern, with access to the relevant services proving difficult. Specific concerns were highlighted around trauma and accessing post-traumatic stress disorder pathways for this group. Finally, a need for greater provision of appropriate refuge and accommodation for women fleeing domestic violence and abuse (a common occurrence for women engaged in sex work) was also highlighted. The Cardiff and Vale VAWDASV Strategy 2018-23 estimates that, in Cardiff and the Vale of Glamorgan, 10,791 women and girls aged 16-19 will have been a victim of domestic abuse in the past year, 4,196 a victim of sexual assault in the past year, and 17,049 a victim of stalking in the past year (Cardiff CSP, 2018).

5.2.3 Vulnerable migrants

Cardiff and the Vale of Glamorgan have both seen significant net in-migration since 2001, driven by international migration for the former and internal migration for the latter (CVRPB, 2022). Little data are available on undocumented migration. Asylum seeker and refugee statistics are held by the Home Office with local data only available for those currently receiving statutory support. Overall, asylum applications are reported annually and have been gradually rising since 2010 albeit with significant variation recently (Home Office, 2022).

As of March 2022, the Home Office reports that 1347 asylum seekers are receiving support in Cardiff and the Vale of Glamorgan, a stable number (Home Office, 2022). It also reports that 42 people have been settled in the area since the start of 2020 and end of 2021 under UK resettlement schemes, a number that may now rise under the schemes created following the start of the conflict in Ukraine. In 2018, Welsh Government estimated that there were 1458 asylum seekers residing in dispersed accommodation in Cardiff, as one of Wales's four dispersal centres (Welsh Government, 2018).

Stakeholders reported that dental problems and mental health issues (in particular trauma-related issues) were key areas of concerns, a finding reiterated by conversations with inclusion health services based in other areas. Focus group data (n=7) from the Cardiff and Vale of Glamorgan 2022 RPB PNA highlighted health information/education, dental health, and mental health as key unmet needs.

5.2.4 People recently released from prison

Prison statistics are held by the Ministry of Justice with limited public availability, although the Wales Governance Centre publishes a comprehensive report series (Jones, 2020). Wales has seen its prison population increase in recent years, driven predominantly by an increasing number of English prisoners being held at HMP Berwyn in Wrexham. The overall number of Welsh prisoners now remains stable at roughly 4700 although 1/3 of these will be held in English prisons (due to general lack of prison capacity in South Wales and absence of any women's prisons and high-security prisons in Wales). The number of Welsh prisoners had been rising gradually over the last few decades (Wales now has the highest incarceration rate in Western Europe) due to a combination of greater use of custodial sentences and an increase in average custodial sentence length.

Cardiff and the Vale of the Glamorgan host one prison, HMP Cardiff, which has a stable prison population fluctuating between 700 and 750. Due to use for holding/remand purposes, there is considerable transience in HMP Cardiff with many prisoners being released or transferred after short stays. In 2019, there were 2,459 first prison receptions at the prison and 1,560 releases¹⁰ (Jones, 2019). Most prisoners, and by default those serving sentences of 12 months or more, will be released under licensed supervision from the National Probation Service. This therefore represents the most reliable statistic for people recently released from prison in the area. As of July 2022, this number was 1,967 for Cardiff and the Vale of Glamorgan.

¹⁰ Note the disparity in these figures reflects the fact that some prison entries will go on to be transferred to other parts of the prison system

A specific issue of homelessness on release has been highlighted for HMP Cardiff by Her Majesty's Prison Inspectorate (HMI, 2019) and 20% of prisoners released in 2019 from the prison were released without a fixed address to return to. The Cardiff and Vale of Glamorgan 2022 RPB PNA prison survey (n=96) found that 13% of prisoners were homeless on entry and 23% were expecting to be homeless on release. The survey for this assessment (n=13) found that the vast majority of prisoners were expecting to be homeless and unemployed on release.

Stakeholders reported that dental problems and mental health issues were key areas of concerns in prison, in particular accessing the relevant services. Tuberculosis (TB) was also highlighted as a concern. On release, stakeholders pointed to particular concerns around substance misuse relapse and discontinuance of important medications. Focus group data (n=8) from the Cardiff and Vale of Glamorgan 2022 RPB PNA highlighted mental health and well-being, and housing as key unmet needs for prisoners facing release.

5.2.5 Gypsy and Traveller Communities

The 2011 Census estimated that there were 524 Gypsies and Irish Travellers in Cardiff and the Vale of Glamorgan, of which roughly half indicated living in permanent accommodation (ONS, 2011). The 2016 Gypsy and Traveller Accommodation Assessments for Cardiff and the Vale of Glamorgan showed stable caravan counts of 169 (137 authorised; 32 unauthorised) and 20 (all authorised) respectively (Cardiff Council and Vale of Glamorgan, 2016). As of January 2020, the latest caravan counts, showed 202 caravans (all authorised) for Cardiff and 25 (24 unauthorised; 1 authorised) for the Vale of Glamorgan (StatsWales, 2022).

Stakeholders reported particular concern over women's health and maternal outcomes (such as miscarriage and stillbirths) as well as poor dental outcomes in children. Geriatric services, such as memory clinics, and mental health issues were also highlighted as emerging issues.

5.3 Morbidity and mortality

Several recent systematic reviews were identified that explored morbidity and mortality across multiple health excluded groups. Notably, Aldridge *et al.* meta-analysed 337 studies involving homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high income countries (Aldridge *et al.*, 2018a). All-cause mortality was 11.8 times [95% Confidence Interval (CI) 10.42-13.30] higher in women and 7.8 times [95% CI 7.03-8.74] higher in men belonging to these groups compared to the general population. Specific cause mortality was higher across all categories of disease compared to the general population with the highest category being deaths due to external causes¹¹. Stakeholder conversations also highlighted a specific concern over drug-related deaths.

Tweed *et al.* conducted a further systematic review to investigate the effects of multiple, intersecting exposures vs. single exposures (Tweed *et al.*, 2021). The exposures included homelessness, imprisonment, substance use, sex work, or severe mental illness with 444 studies included. The meta-analysis found that multiple exposures vs. fewer increased all-cause mortality by 57% [95% CI 38-77%] with deaths due to external causes being the biggest contributor.

More recently, Tweed *et al.* conducted a retrospective cohort study of 536,653 adults based in Glasgow investigating homelessness, opioid dependence, justice involvement, and psychosis (Tweed *et al.*, 2022). Avoidable mortality was higher in those with multiple exposures vs. single exposure vs. no exposure (10.5 times higher [95% CI 9.1-12.3] for imprisonment plus other exposures vs. no exposures; and 3.8 times higher [95% CI 3.0-4.8] for imprisonment vs. no exposures).

5.3.1 People experiencing homelessness

For persons experiencing homelessness in the UK, a retrospective cohort study in Glasgow (n>18,000) found a mortality rate ten times higher in this cohort compared to the general population (Morrison, 2009). A comprehensive study by Crisis concluded that the average age of death for homeless men was 48 in 2011

¹¹ External causes include: accidents, trauma, violence, poisonings, self-harm and suicide

and 43 for women (Thomas B, 2011). Meanwhile, an English data linkage study by Aldridge *et al.* identified that external causes, liver disease, influenza, and pneumonia were key sources of excess mortality in this group (Aldridge *et al.*, 2019). Finally, the 2021 CAVHIS homelessness survey (n=22) identified that 60% of people had a significantly limiting illness/disability and a further 10% had an illness disability that limited them a little.

5.3.2 People engaged in sex work

There were few high quality studies investigating people engaged in sex work. A 9-year prospective cohort study (n=402) in West London estimated that the mortality rate of women engaged in sex work was 12 times higher than the expected rate (Ward *et al.*, 1999). Similarly, a retrospective study in the US (Potterat *et al.*, 2004) estimated mortality to be nearly 6 times higher than expected for women during active sex work and nearly twice as high overall (Standardised mortality ratios 5.9 [95% CI 3.2-9.0] and 1.9 [95% CI 0.5-5.2] respectively). Both studies found violence, including homicide, drug-related deaths, and AIDS-related deaths to be significant contributors.

A 2004 health needs assessment of street-based sex work in Bristol found over twice the level of long-term illness/disability and poor health than expected (Jeal and Salisbury, 2004). The 2022 CAVHIS survey for people engaged in sex work (n=28) found that 40% of participants self-reported an illness/disability that limited them a lot and a further 40% had one that limited them a little.

5.3.3 Vulnerable Migrants

Aldridge *et al.* conducted a systematic review focussing on international migrants with 92 studies included (Aldridge *et al.*, 2018b). They found that all-cause mortality was 30% lower [95% CI 24-35%] for migrants compared to the destination country general population, 50% lower for refugees [95% CI 46-54%] but comparable for asylum seekers. Lower mortality was seen across all ICD-10 categories of disease except for external causes, which was 28% higher [95% CI 9-49%], and infectious diseases which was more than double (Mortality ratio 2.38 [95% CI 1.77-3.20]).

5.3.4 People recently released from prison

For released prisoners, Kinner *et al.* conducted a systematic review of prison linkage studies in high income countries featuring 29 studies (Kinner *et al.*, 2012). Mortality was 20 times higher in the first year following release compared to the general population and 1.6 times higher thereafter (Standardised mortality ratios 20.3 [95% CI 5.1-81.9] and 1.6 [95% CI 1.1-2.4] respectively). Significant contributors to this were suicide and drug-related deaths. Drug-related mortality was over 30 times higher during the first year compared to the general population.

In a prospective cohort study in England and Wales (Pratt *et al.*, 2006), suicide rates were higher and the overall mortality was 8 times higher for men recently released from prison compared to the general population and 35 times higher for women (Standardised mortality ratios 8.3 [95% CI 7.5-9.3] and 35.8 [95% CI 25.4-50.2] respectively). A Health and Social Care Committee report identified double the expected mortality for released prisoners (UK Parliament, 2019).

The Cardiff and Vale of Glamorgan 2022 RPB PNA prison survey (n=96) found that roughly half of prisoners reported a mental health condition and that a similar amount reported a drug or alcohol problem. It also found that roughly a quarter had an additional long term health condition/disability. The HMP Cardiff prison survey for this assessment (n=13) found that roughly half of those who answered reported a long-term health condition that caused at least a little limitation.

5.3.5 Gypsy and Traveller Communities

Gypsy and traveller communities in the UK have not been extensively researched and routine life-expectancy data is currently not broken down by ethnicity in England and Wales. However, several parliamentary reports have explored their health. A 2012 report by the Department for Communities and Local Government found that life expectancy was over 10% less than average with significant health deterioration after age 50 and concern over chronic physical diseases, mental health, and maternal and infant mortality (DCLG, 2012). Meanwhile, a UK Parliament Women and Equalities Committee Inquiry in

2019 reported life expectancy for both men and women as being 10-12 years lower in these communities compared to the general population with twice the level of long term health conditions and poor health (UK Parliament, 2019)

5.3.6 Wider determinants

Regarding the wider determinants of morbidity and mortality, the World Health Organisation (WHO) Europe Health Equity Status Report Initiative recently conducted an econometric analysis of several datasets for European populations collected over the last two decades (WHO, 2019). This analysis sought to identify and quantify the contributions to health inequity, specifically the variation in self-reported health due to socio-economic position.

The analysis found that 10% of this variation was due to health services (largely due to quality differences), 35% was due to income insecurity, 29% was due to living conditions (largely due to housing deprivation and fuel poverty), 19% was due to social/human capital (largely due to differences in educational attainment), and 7% was due to employment conditions (due to either unemployment, or excessive hours when in work).

5.4 Infectious disease

Several health exclusion populations suffer from a relatively high prevalence of infectious disease and high mortality from infectious disease (Aldridge *et al.*, 2018a and 2018b). The systematic reviews by Aldridge *et al.* and Tweed *et al.* both identified higher prevalence of and mortality from TB, HIV, hepatitis B and hepatitis C amongst health excluded populations compared to the general population. Prevalence was considerably heterogeneous but was above 50% in certain individual studies. A recent health needs assessment concerning injecting in public in Cardiff has also highlighted hepatitis C transmission as a particular issue in the city of Cardiff (Emmerson, 2021).

5.4.1 People experiencing homelessness

Specifically, people experiencing homelessness have high prevalence of TB (above 0.25% consistently, >16% in certain studies) and blood-borne viruses

(approaching over 30% for hepatitis C in certain areas) in addition to higher prevalence of lice/mites (at least 4 times higher than the general population) and higher mortality from acute respiratory conditions, such as influenza and pneumonia (Fazel *et al.*, 2014; Aldridge *et al.*, 2016 and 2019). Skin infections, such as cellulitis and infected leg/foot ulcers, are also a common cause of hospital presentation (Raoult *et al.*, 2001).

5.4.2 People engaged in sex work

People engaged in sex work within the UK have historically had higher HIV and STI rates than the general population although this has dramatically reduced and stabilised within the last two decades with less risk-taking behaviour seen [such as penetrative sex without condoms] (Scambler and Paoli, 2008; Balfour and Allen, 2014). However, the potential for transmission remains high and elevated rates are still seen in street sex workers, sex workers who suffer with substance misuse disorders, and migrant sex workers, with considerable overlap between these groups.

5.4.3 Vulnerable migrants

Depending on their country of origin, migrants may display higher prevalence of a number of infectious diseases, including chronic and tropical diseases. The UK Office for Health Improvement and Disparities recommends consideration of screening for Chagas disease, helminth infections, BBVs, STIs (in particular Syphilis), and TB depending on country of origin incidence (OHID, 2022). Incomplete/unknown childhood immunisation is also a known issue for migrants entering high-income countries, with full completion of the schedule recommended in the UK in order to limit the spread of vaccine-preventable disease (UKHSA, 2021).

5.4.4 People recently released from prison

Prison populations experience infectious disease outbreaks, such as influenza, and have higher prevalence of TB and BBVs (at least double general population levels), as well as STIs, with release being known to have a negative effect on viral suppression/treatment in the cases of HIV and hepatitis C respectively (Wilderman and Wang, 2017). Recent incarceration is an established risk factor for latent TB infection (Aldridge *et al.*, 2016).

5.4.5 Gypsy and Traveller Communities

Although infectious disease prevalence is not described as being consistently elevated in Gypsy and Traveller communities, there are historically lower immunisation rates for this group (Dar *et al.*, 2013). In turn, there have been a number of outbreaks of vaccine-preventable diseases, such as measles, described in the UK (Maduma-Butshe and McCarthy, 2012). Improving immunisation uptake in this group has been a long-held priority for public health authorities (Mytton *et al.*, 2020).

5.5 Non-communicable disease and associated risk behaviours

In addition to infectious disease, a number of non-infectious, physical diseases and conditions affect health excluded populations (FHIH, 2019). The Aldridge *et al.* systematic review identified excess mortality from external causes (such as accidents and poisonings), cancer, cardiovascular disease, and respiratory disease in health excluded groups compared to the general population (Aldridge *et al.*, 2018b). The Tweed *et al.* systematic review found higher prevalence (typically 1.5-2 times higher than average) of cardiovascular disease, respiratory disease, hepatic disease, skin disease and conditions (including podiatry conditions) in the presence of health exclusion factors, with substance misuse highlighted as a key exposure (Tweed *et al.*, 2021).

Qualitative data repeatedly highlighted dental health as a concern and unmet need. Poor dentition (such as missing teeth), dental pain (such as nerve root related pain), and difficulty accessing dental services were highlighted.

Several users also reported concerns over continuity of care, especially regarding prescriptions.

“People need support to do things. It’s hard when I can’t read letters, I’m missing appointments. Other people can drive, I can’t”

Quote from interview

5.5.1 People experiencing homelessness

Homeless populations are known to be at higher risk of injury and violence with one systematic review of 36 studies identifying higher rates of emergency department presentation than average, with up to 1.5 times greater likelihood of presenting due to injury for men (Vohra *et al.*, 2022). Traumatic brain injury is estimated to be significantly more prevalent in these groups (8-53% lifetime prevalence) than the general population in another systematic review (Topolovec-Vranic *et al.*, 2012).

These populations are also known to have higher prevalence of cardiovascular disease and at least twice the related mortality (Baggett *et al.*, 2018). The recent Public Health Wales linkage study on Welsh people experiencing homelessness found higher levels (up to 3 times higher than average) of chronic obstructive pulmonary disease (COPD), neurological disorders, diabetes, and liver disease (Song *et al.*, 2021). This study also found higher levels of hypertension and many studies have identified other risk factor concerns, including much higher smoking prevalence than the general population as well as worse nutrition, namely low fruit and vegetable consumption and micronutrient deficiencies (Seale *et al.*, 2016).

Oral health is also problematic with high levels of dental pain, caries, and missing teeth reported in these groups in the context of numerous oral risk factors, such as smoking, alcohol misuse, substance misuse, and malnutrition (Hill and Rimington, 2010). Finally, people experiencing homelessness have generally been observed to start developing geriatric disorders (such as

cognitive decline) at much younger ages, with age 50 considered a natural point to begin considering such disorders rather than 65 (Fazel *et al.*, 2014).

5.5.2 People engaged in sex work

There are few studies investigating non-communicable disease in people engaged in sex work and this has been identified as a research need, especially for oral health (FHIH, 2019). However, cross-sectional studies in the UK have identified that the majority of this population have been exposed to violence and abuse, more so for street-based workers (Jeal and Salisbury, 2004; Potter *et al.*, 2022). Such studies have also identified a clear reproductive health need, especially with street-based workers, with high numbers relying on condom use only as a contraceptive method, poor antenatal attendance, and higher rates of miscarriages and stillbirths compared to the general population (Jeal and Salisbury, 2007).

5.5.3 Vulnerable migrants

The systematic review identified by Aldridge *et al.* identified generally lower prevalence of, and mortality from, physical non-infectious diseases for migrants, excepting morbidity and mortality from external causes (Aldridge *et al.*, 2018a). On this latter point, systematic reviews have found migrants are more likely to face occupational hazards (Hargreaves *et al.*, 2019) and to have past experience of violence and trauma (Ottisova *et al.*, 2016), including sexual violence and female genital mutilation, particularly in the context of certain triggers for migration and pathways of migration. There is also mixed systematic review evidence for worse maternal and perinatal outcomes (Heslehurst *et al.*, 2018) and individual scoping reviews suggest worse oral health for this group (Keboa *et al.*, 2016). Risk factors are generally dependent on cultural context and country of origin with certain communities displaying high tobacco use, including chewing tobacco (Abubakar *et al.*, 2018).

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“Can’t see the dentist, can’t
get an appointment”

Quote from prison survey

5.5.4 People recently released from prison

Studies of prison populations typically focus on infectious disease, however surveys have found higher levels of hypertension, diabetes, asthma, and musculoskeletal disorders, such as arthritis, compared to the general population (Fazel and Baillargeon, 2011). A report by the UK Parliament Health and Social Care Select Committee identified that skin conditions, neurological disorders, digestive disorders were also relatively higher in the prison population (UK Parliament, 2019). This pattern will likely become more pronounced in future due to the significant ageing of the current UK prison population as a result of general population ageing, the use of longer prison sentences, and increasing imprisonment for historic sex offences (UK Parliament, 2019). Women prisoners have specific issues around reproductive health, notably significant variation reported regarding antenatal and perinatal care both before and after prison release (Ginn, 2013).

Whilst physical health often improves in prison (due to the relative stability, better nutrition, reliable healthcare access, and reduced substance and alcohol misuse), chronic conditions typically become uncontrolled following release, with healthcare use much reduced (Fazel and Baillargeon, 2011). Regarding risk factors, the prison population is known to have significantly higher levels of smoking (up to 63 times higher in some studies) than the general population (Spaulding *et al.*, 2018). Normally, this pattern continues into the community on release although having smoke-free prisons is an effective intervention that reduces smoking rates and increases use of smoking cessation services (Tweed *et al.*, 2021b). Unfortunately, relapse rates are high following release if smoking cessation efforts are not continued (Puljević and Segan, 2019).

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5.5.5 Gypsy and Traveller Communities

Regarding Gypsy and Traveller health, relatively little research was identified. However, the policy review conducted for the Welsh Government in 2015 identified several concerning physical health differences compared to the rest of the population as well as higher rates of smoking and poorer diet (Welsh Government, 2015). Specifically, a cross-sectional study in England identified apparently higher prevalence of cardiovascular disease, COPD, asthma, arthritis, and dental disease as well as higher incidence of accidents, domestic violence incidents, miscarriages, stillbirths, and infant mortality (Parry *et al.*, 2007; Cemlyn *et al.*, 2009). The interviews conducted for this assessment (n=5) highlighted dental issues and access as key concern for these communities.

5.6 Mental health conditions

No review information was identified that collectively analysed the mental health outcomes of health excluded populations. Substance misuse and death from suicide are issues that affect all health excluded populations to varying degrees, however statistics are only available for the whole population aggregated at a health board/local authority level (PHW, 2022):

- In 2020/21, Cardiff and the Vale of Glamorgan had 237 and 273 hospital admissions for an alcohol-specific condition per 100,000 residents (European Age Standardised) which are both below the Welsh average of 276 and represent declines since 2016
- The Health Board had 90 hospital admissions for an illicit drug-specific condition per 100,000 residents (European Age Standardised) which is significantly below the Welsh average and represents a decline from stable levels prior to 2019
- Alcohol attributable deaths in the Health Board were 49.9 per 100,000 residents (European Age Standardised) in 2020, slightly below the Welsh average and a stable figure
- Deaths from drug misuse were roughly 3 per 100,000 residents (European Age Standardised) in 2020, a significant decline from the year before and well below the Welsh average

Substance misuse services in Cardiff and Vale of Glamorgan received 6,611 referrals, and treated 3,084 people during 2020/21 (CAVUAPB, 2021). Alcohol was the most prevalent main problematic substance used by people over 18, followed by heroin, cannabis, and cocaine. The Cardiff and Vale of Glamorgan 2022 RPB PNA also highlighted how the number of people drinking in excess of guidelines was higher in the area than the Welsh average (CVRPB, 2022).

The Cardiff and Vale of Glamorgan Suicide and Self-harm Prevention Strategy identified 32 deaths from suicide in the combined area in 2020, with the highest suicide rates seen in people aged between 30 and 64 years (CAVUHB, 2021). There were 2691 emergency admissions related to self-harm by a resident of Cardiff or the Vale of Glamorgan in 2020/21.

Qualitative data extensively featured mental health needs. Anxiety, post-traumatic stress, substance misuse, traumatising healthcare experiences, difficulty accessing mental health care, and difficulty obtaining consistent access to psychiatric medications were all highlighted as key concerns.

5.6.1 People experiencing homelessness

A systematic review by Fazel *et al.* identified 29 studies that investigated the prevalence of neuropsychiatric disorders, including substance and alcohol misuse, in homeless populations (Fazel *et al.*, 2008). Such disorders were consistently more common in these populations compared to the general population (psychosis prevalence up to 42%, depression prevalence up to 49%, alcohol dependence up to 58%, drug dependence up to 54%, and post-traumatic disorder up to 53% higher).

A UK Health Needs Audit conducted by Homeless Link, featuring 2590 persons experiencing homelessness, identified that 44% of homeless populations have a mental health diagnosis and 41% of a diagnosis of substance/alcohol misuse (Homeless Link, 2014). Both factors serve as a contributing cause to and exacerbating factor of homelessness in many cases. Adverse childhood events are again reported as a significant early risk factor for this population (Fazel *et al.*, 2014).

"Drugs and sex work came in hand-in-hand. The doctors wouldn't listen to my problems they would just blame the drugs and lifestyle. It got to the part where I didn't bother going anymore. What's the point when no one listens?"

Quote from sex work survey

5.6.2 People engaged in sex work

Few studies were identified discussing the mental health of people engaged in sex work. However, the UK cross-sectional study of 71 street-based sex workers by Jeal and Salisbury identified very high levels of anxiety and depression (68%) with all of the workers admitting to substance misuse, classically as part of a work-score-use cycle (Jeal and Salisbury, 2004). Two thirds of participants described childhood abuse (mainly sexual abuse) and a quarter of the participants had a partner who was currently abusive/coercive. A larger cross-sectional study of off-street and on-street sex workers in Switzerland identified higher rates of anxiety, depression, psychosis, and post-traumatic stress disorder than the general population (Rossler *et al.*, 2010).

5.6.3 Vulnerable migrants

For migrants, systematic reviews have found higher prevalence of mental health disorders, excepting substance and alcohol misuse, compared to the host country population although these associations are not present in second generation migrants (Abubakar *et al.*, 2018). Schizophrenia and psychosis are consistently at least double the average of the host country (Bourque *et al.*, 2011). Depressive disorders (prevalence up to 44%), anxiety disorders (prevalence up to 40%), and post-traumatic stress disorder (prevalence up to 36%) were found to be higher than the general population, in a systematic review of review by Close *et al.*, albeit with considerable heterogeneity between studies (Close *et al.*, 2016).

Post-traumatic stress disorder is recognised as a particular issue for this group due to the potentially traumatic nature of their migration trigger, migration journey, asylum application and immigration detention (where applicable), discrimination encountered in the host country, as well as concerns over charges, such as the NHS Overseas Charges regime (FHIH, 2019).

5.6.4 People recently released from prison

The review by Aldridge *et al.* identified several studies investigating prison populations (Aldridge *et al.*, 2018b). They found increased lifetime prevalence of mental health disorders of chronic mental health disorders, including depression (up to 53% in certain studies), schizophrenia (up to 4%), and bipolar disorder (up to 45%). The latest strategy on prison health from NHS England and the Ministry of Justice (NHS England, 2018) found increased prevalence of personality disorders, largely anti-social (50% for women; 64% for men), anxiety disorders (32% for women; 21% for men), major depressive disorders (50% for women; 35% for men), drug dependence (roughly 40% for both sexes), and hazardous drinking (38% for women; 64% for men). Substance misuse likely has a bidirectional relationship here, contributing to a higher likelihood of criminal activity and imprisonment (Bennett *et al.*, 2008)

A key early risk factor in the above pattern is the number of adverse childhood events (ACEs). The Prisoner ACE study in Wales interviewed 468 men in Welsh prisons and found that over 80% had experienced at least one ACE and that over 50% had experienced at least four (Ford *et al.*, 2019). Imprisonment itself is also a traumatic experience and generally results in a decline in psychological well-being (Wildeman and Wang, 2014).

The systematic review by Pratt *et al.* identified that suicide rates were 3-10 times higher for both male and female released prisoners compared to the population, with 25-39 years a key age group at risk and the first 28 days being the highest risk period (Pratt *et al.*, 2007). A previous Home Office review identified high levels of drug-related deaths in recently released prisoners, with a standardised mortality ratio of over 30 in the first week following release (Singleton *et al.*, 2003). Reduced tolerance as a result of prison stay is

suggested as a key reason for these and a significant number of such deaths feature poly-drug use and concomitant alcohol consumption.

5.6.5 *Gypsy and Traveller Communities*

There was a relative lack of evidence on Gypsy and Traveller mental health due to a lack of research and the historical status of mental health as a taboo subject in these communities. However, reviews generally concluded that there were higher rates of anxiety and depressive disorders as well as specific, anecdotal concerns over abnormal bereavement reactions, substance/alcohol misuse, and suicide (Cemlyn *et al.*, 2009; Welsh Government, 2015).

The matched cross-sectional study by Parry *et al.* (n=553) found the anxiety/depression score on the EQL-5D was 3 times higher in Gypsies and Travellers compared to the general population (Parry *et al.*, 2007). Parry *et al.* also identified that this pattern was exacerbated in families who were settled in permanent accommodation, as opposed to a living nomadic lifestyle, out of necessity rather than choice.

Previous reviews have also expressed concern over domestic violence and ACEs in certain communities, especially in the presence of strong hierarchy and male-dominated relationships, although no specific research has been conducted (Cemlyn *et al.*, 2009). The interviews conducted for this assessment (n=5) identified mental health issues affecting younger adults, especially self-harm and suicide, as a key concern along with the mental toll of everyday racism.

5.6.6 *Wider Determinants*

Regarding the wider determinants of mental health, the WHESRi report identified that the majority of socio-economic variation in mental health was due to a combination of income insecurity and housing deprivation (WHO, 2019).

Health Needs Summary:

- It is estimated that there is a stable population of 5,500-6,700 in Cardiff and the Vale of Glamorgan that would benefit from inclusion health
- Health excluded populations have a number of specific health needs, often affecting multiple groups
- Many of these health needs stem from the interaction of diseases, risk behaviours, and social exclusion with each other
- Regarding infectious disease, BBVs, STIs, TB, acute respiratory infections, and skin infections are of notable concern
- Regarding non-communicable disease, dental conditions, reproductive conditions, cancer, trauma, cardiovascular disease, and chronic respiratory disease are of notable concern
- Regarding mental health, common mental health disorders, substance and alcohol misuse, personality disorders, suicide, self-harm, and post-traumatic stress disorders are of notable concern
- Regarding risk behaviours, tobacco smoking, malnutrition, unsafe sex, high-risk drug use, and alcohol abuse are of notable concern
- Regarding wider determinants of health, lack of housing, unstable employment, income insecurity, and poor community support are highlighted as key sources of health inequity affecting socio-economically deprived groups

§6. Health Barriers and Facilitators

The surveys and interviews undertaken with stakeholders and members of the relevant populations in Cardiff and the Vale of Glamorgan revealed a number of relevant barriers and facilitators to health and care services for health excluded populations in Cardiff and the Vale of Glamorgan. This has been synthesised with the outputs from qualitative studies from the literature reviews. Due to the complexity and richness of the relevant data, a summary approach has been taken in this chapter.

For the synthesis of these results, a socio-ecological framework was used, specifically the eco-social model initially proposed by McLeroy *et al.* (1988). The model describes five related and interconnecting levels of factors. These levels being: intrapersonal factors, interpersonal factors, organisational factors, community/institutional factors, and public policy (See Figure 1 below). Each level subsumes the other, for example high-level action plans, with appropriate resourcing and planning can ultimately impact on individual lives as seen with immigration policies as a health barrier or ending homelessness in Wales as a facilitator.

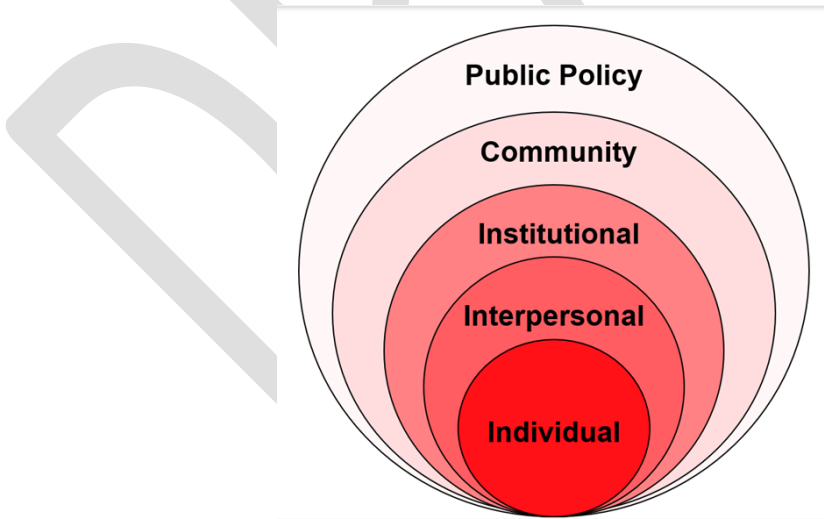


Figure 1 – A diagram illustrating the five levels in McLeroy *et al.*'s eco-social model of health and their relationship to each other

Results are presented in two tables (See Tables 3 and 4 in the following pages) with one summarising barriers and the other summarising facilitators

(Key references in Bibliography). It should be noted that not all of these barriers and facilitators will apply to all health excluded populations, they will be present to different degrees for different people at different times. A series of illustrative quotations from people in health excluded groups is also presented below.

Quotes from service users (Barriers in purple and facilitators in green):

"I have walked out of a few appointments as I have not been listened to. It is too easy for professionals to blame your life style and substance misuse"

"They don't care about me, they look at me like I'm a weirdo"

"Can't get an appointment"

"Tried to register with GP, incorrectly told that I needed to present ID"

"Fobbed off. Can't do anything with me"

"I feel that the GP doesn't take my issues seriously. I think the GP does not make it easy to attend the surgery. I do not always have a phone..."

"People don't listen. What's the point of going? A lot of the time I don't go"

"I can never make the times they give me"

"Less paperwork needed to register with GP. More flexible hours than 8-9 to arrange appointment for call back"

"Help with transport. Late opening"

"Health passport. A sheet of paper that would give background information that would stop the need to repeat yourself"

"Make it easier to make GP appointments, not just phone first thing in the morning. GPs with a better understanding of the homeless population and treat people with kindness and respect. More time for appointments as often want to address more than one thing"

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Table 3 – A table summarising the potential barriers facing health excluded populations for health and care access, synthesised from qualitative themes and review findings, framed using an eco-social model (Key factors are highlighted in purple; key references in bibliography)

Intrapersonal Factors	Interpersonal Factors	Organisational Factors	Community Factors	Public Policy
Competing priorities	Lack of social support	Fixed and regular opening hours	Stigma and discrimination	Low priority for health inclusion historically
Street-based lifestyles	Abusive and coercive relationships	Fixed appointments with fixed length	Drug and alcohol availability	Funding challenges
Substance and alcohol misuse	Stigma and discrimination	Lack of trauma awareness and skills	Lack of employment opportunities	Workforce challenges
Language barriers	Traumatising actions and lack of trauma awareness	Fragmented and siloed services	Lack of housing opportunities	GMS contract structure
Low literacy levels, including digital literacy	Negative influences from peer network	Poorly accessible locations with poor transport links	Segregation	GDS contract structure
Transience and Migration		Stigma and discrimination	Social exclusion	Historical focus on reactive services
Trauma-related stress		Written, communications and medical records		Historical focus on acute hospitals
History of ACEs		Low priority for health inclusion historically		Historical criminalisation policies
Financial constraints		Long waiting times		Criminal justice system policies
Fear		Gender insensitivity		Devolution challenges
Poor risk perception		Cultural insensitivity		Migration policies
Poor mental health		Reliance on fixed address for service access		NHS Overseas charging regime
Limiting illness/disability		Confidentiality concerns		Clinical pathway challenges
Low health expectation		Punitive actions for non-attendance		
Low health education		Lack of co-production historically		

Table 4 – A table summarising the potential facilitators for health excluded populations for health and care access, synthesised from qualitative themes and review findings, framed using an eco-social model (Key factors are highlighted in green; key references in bibliography)

Intrapersonal Factors	Interpersonal Factors	Organisational Factors	Community Factors	Public Policy
Health information	Peer support	Trauma aware services and environments	Equality and Inclusion	Well-being of Future Generations Act
Personal motivation	Social support	Co-location of services with good transport	Supportive employment opportunities	A Healthier Wales
Well managed dependency or recovery	Trauma-skilled support	Flexible appointment times and length	Housing options availability	Travelling to Better Health
Financial advice and resources	Advocacy	Complex case management	Active VCS community	Prison health policy
Stable housing	Positive influences from peer network	Co-production and involvement	Health inclusion networks	Ending homelessness action plan
Stable employment	Inclusive behaviours	MDT working, such as Cardiff Homeless MDT	Open and supportive environments	Substance misuse strategies
Good health		VCS collaboration and partnership	Access to green and blue space	HSVPG ¹² Action Plans
Crises as health triggers		Health inclusion services, such as CAVHIS		NHS Wales Delivery Framework
Multilingualism		ACE awareness		Actions on wider determinants of health
		Outreach activities		Traumatic stress Wales
		In-reach activities		ACE Prevention and Management
		Health inclusion prioritisation		
		No wrong door approaches		
		Harm reduction approaches		
		Sensitive services		
		Interpreter provision		

¹² Homeless and Specifically Vulnerable Population Groups

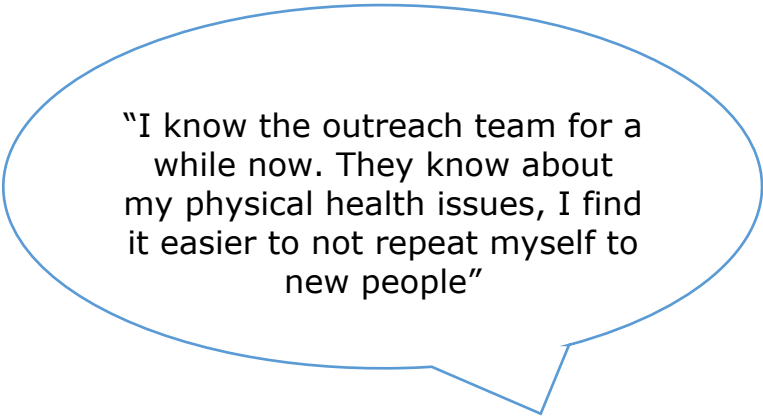
§7. Health Priorities

In order to prioritise health needs, barriers, and facilitators for health excluded populations, surveys and interviews were undertaken with stakeholders and members of the relevant groups. Sessions were also run with the health inclusion network in Cardiff and the Vale of Glamorgan to aid this effort. Finally, findings from the relevant focus group sessions and surveys undertaken in the Cardiff and Vale of Glamorgan 2022 RPB PNA were incorporated (CVRPB, 2022). The findings from the health excluded groups are presented first, followed by the stakeholder findings, and then a summary table (See Table 5).

7.1 Priorities from health excluded groups

7.1.1 People experiencing homelessness

CAVHIS has undertaken a survey with people experiencing homelessness and identified that they tended towards using urgent/emergency care despite often being registered with GPs. They expressed support for walk-in facilities and emphasised the importance of staff friendliness and staff knowing their medical history. In addition, the PNA featured a focus group of individuals experiencing homelessness. The group highlighted difficulties in accessing GPs and community mental health teams, and the lack of sensitivity of certain healthcare workers. The group also emphasised the importance of case workers and advocacy on their behalf.

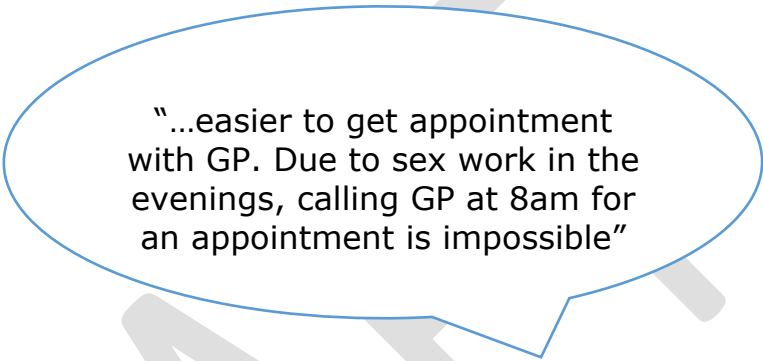


"I know the outreach team for a while now. They know about my physical health issues, I find it easier to not repeat myself to new people"

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7.1.2 People engaged in sex work

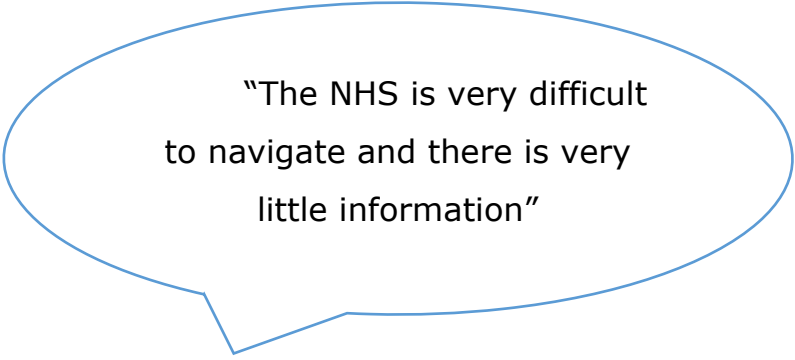
CAVHIS also undertook a survey with people engaged in sex work, complemented by report findings from semi-structured interviews conducted by VCS providers who work with this group. These similarly emphasised support for walk-in facilities and the importance of staff friendliness whilst highlighting serious concerns over the level of stigma and discrimination they can face. In addition, having flexible opening hours and appointment times where appointments can be used for multiple issues was highlighted as important.



"...easier to get appointment with GP. Due to sex work in the evenings, calling GP at 8am for an appointment is impossible"

7.1.3 Vulnerable migrants

The PNA also conducted a focus group with asylum seekers and refugees which emphasised the difficulty that some of that group had in accessing and navigating the healthcare system, with reports of some being turned away. The group also highlighted the burden of mental health issues, the impact of the asylum process on those issues, and the difficulty accessing community mental health teams. Difficulty accessing dental services was also highlighted. The survey conducted by Red Cross and shared for this report also highlighted difficulties in accessing primary care and mental healthcare at times as well as the complexity of the system.

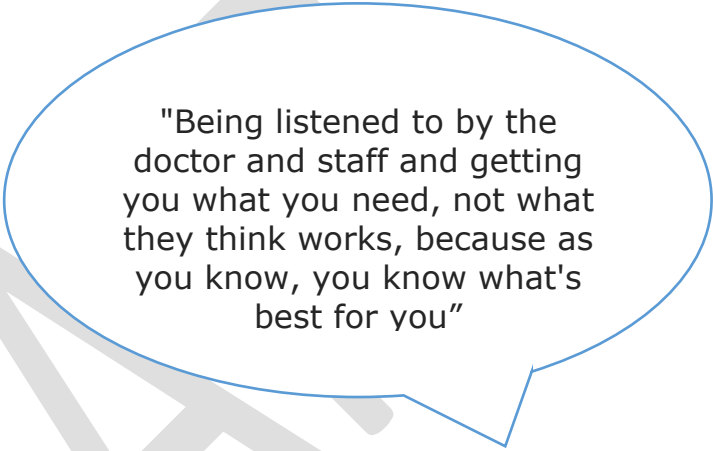


"The NHS is very difficult to navigate and there is very little information"

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7.1.4 People in contact with the criminal justice system

The PNA prison survey highlighted significant numbers of participants that were significantly concerned about discrimination and stigma when accessing services. Long waiting times for mental health and dental appointments as well as disruption caused by medical record/prescription transfer were also highlighted. A focus group with current prisoners reiterated issues around accessing mental healthcare and also highlighted important concerns around housing on release. The assessment prison survey found similar findings and also expressed important concerns over mental health access.



"Being listened to by the doctor and staff and getting you what you need, not what they think works, because as you know, you know what's best for you"

7.2 Priorities from professional stakeholders

In professional stakeholder interviews, several health priorities emerged that were consistent across different health excluded populations. These included TB, BBVs, dental conditions, substance misuse, mental health issues, maternal care, and traumatic stress.

Professional stakeholders also emphasised health and care issues around a lack of trauma awareness and trauma informed care, a lack of data, poor data quality, difficulties around communications and medical records, a relative lack of funding/staff time given the complexity of these patient populations, and a difficulty in accessing certain services, such as community mental health and dentistry. Stakeholders were particularly supportive of case management, GP outreach, walk-in access, flexible opening hours, opportunistic care, and co-location of services.

Finally, a priority survey of the Cardiff and Vale of Glamorgan Health Inclusion Network was conducted and received 25 responses from partners (50% response rate) with good coverage across different services. For physical health needs, the highest priority items were BBVs, STIs, TB, dental conditions, and reproductive health conditions. For mental health needs, suicide, substance misuse, alcohol misuse, severe mental health conditions, and post-traumatic stress were highlighted as high priority. For health and care barriers, poor service access (including fixed appointment length, referral times, fragmentation, and normal opening hours), poor service location, stigmatisation, street lifestyles, low health education/expectations, and literacy/language barriers were highlighted as high priority.

7.3 Summary

The findings from our various qualitative data sources are summarised below in Table 5 (Key references in Bibliography).

Table 5 – A table summarising the health priorities of surveys and interviews from health excluded populations and relevant professional stakeholders

Priority Area	Priorities from Health Excluded Population Groups	Professional Stakeholder Priorities
Health Needs	<ul style="list-style-type: none"> Mental health (specifically severe mental health disorders and traumatic stress) Dental health Management of chronic conditions 	<ul style="list-style-type: none"> Mental health (specifically severe mental health disorders, traumatic stress, suicide, and substance/alcohol misuse) Dental health Reproductive/maternal health STIs, BBV and TB

Health Barriers	<ul style="list-style-type: none"> • Stigma and Discrimination • Access without fixed address • Healthcare system complexity • Lack of continuity of care • Long waiting times • Inconvenient opening hours • Primary care access 	<ul style="list-style-type: none"> • Stigma and Discrimination • Lack of trauma awareness • Street lifestyles • Poor service location • Low health education/expectations • Literacy/language barriers • Fragmentation of services • Referral difficulties/waits • Fixed, normal opening hours
Health Facilitators	<ul style="list-style-type: none"> • Walk-in appointments • Flexible opening hours • Case management and advocacy • Staff friendliness • Continuity of care 	<ul style="list-style-type: none"> • Walk-in appointments • Flexible opening hours • Case management and advocacy • GP outreach • Co-location of services • Opportunistic testing and treatment provision

§8. Options

This section aims to set out the options for future health inclusion as well as firm recommendations. A summary of options that have been demonstrated at least partially effective is set out (See list below and Figure 3 overleaf). The section then sets out some particularly notable examples of UK health inclusion models. Next, it sets out a baseline scenario predicting what will happen if nothing is done before, finally, then setting out a series of recommendations.

8.1 Baseline Scenario where status quo continues

There is a significant health excluded population in Cardiff and the Vale of Glamorgan (estimated at roughly 5,500-6,700) and projected this will stay roughly stable overall with current policy. Current service provision to these populations, including specific health inclusion services, is described in Chapter 4. However, even with these services, there is mixed methods evidence of marked health inequalities currently being experienced by these groups.

Health inequalities are, by definition, unfair and unnecessary differences in health status between particular groups in a population (King's Fund, 2020). There are a number of normative arguments that such inequalities are an injustice that require correction (Venkatapuram, 2011) and there is also significant public and political support for this (Kane *et al.*, 2022).

Failure to address health inequity adequately will also contribute to homelessness, exploitative sex work, substance and alcohol misuse, and criminal justice involvement. This is due to the reciprocal relations between poor health and the underlying determinants of these social phenomena, such as poor health and long term unemployment (CSDH, 2008).

Health excluded populations also display markedly higher acute secondary care use than the general population. Typically, they present reactively in an emergency department setting at crisis points with late, complex presentations involving multiple, chronic conditions that are poorly controlled (FHIH, 2018). Compared to community-based primary/preventative care, this represents a

particularly expensive form of healthcare utilisation and a significant source of healthcare system cost, both financial and carbon, with a greater risk of iatrogenic harm as well (Gray, 2017).

Accordingly, the health board has a key aim of reducing emergency and urgent care. However, emergency attendances have continued to range from 10,237 to 12,524 per month for the last 12 months¹³, similar to pre-pandemic levels, with only 64.2% of attendances currently spending less than 4 hours in the department, below the Welsh average (StatsWales, 2022). Emergency department resources are disproportionately used by a small proportion of attenders (predominantly frequent attenders), with health excluded groups overrepresented in this group (LaCalle and Rabin, 2010). Therefore, the aim will prove difficult to achieve in the years ahead without further health inclusion interventions.

Indeed, a recent study in Wales, between January and July 2020, demonstrated that those with lived experience of homelessness accessed acute secondary care at more than six times the rate of the general population (Song *et al.*, 2021). Jeal and Salisbury (2004) found that people engaged in sex work attended A&E at 2.5 times the rate of the general population, in their health needs assessment. Meanwhile, people recently released from prison are estimated to use emergency departments at 1.4 times the rate of the general population (Frank *et al.*, 2014).

Regarding the relevant costs, in the 6-month period investigated in the Wales homelessness study by Song *et al.* (2021), emergency department use by people experiencing homelessness in Wales alone cost £11 million more in healthcare costs than a general comparator group. Analogously, poor health status in these groups will likely exacerbate use and dependence on other public services, such as housing provision and social security, pressuring public finances.

Finally, poor health of these populations has an indirect impact on the finances of local authorities and health and care services through its impact on the wider

¹³ Note this has a number of causes beyond frequent attenders such as increasing frailty in the general population

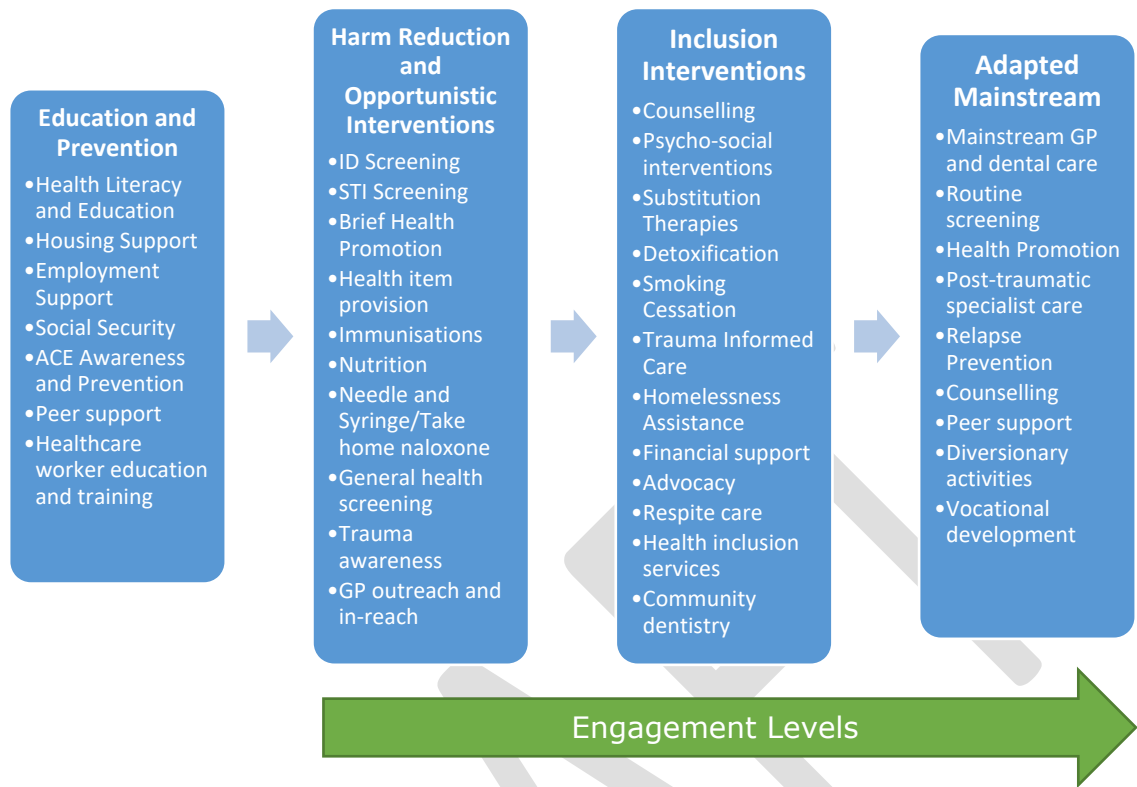
economy. Taking the human capital perspective, the fact that each of these populations experience premature morbidity and mortality relatively early in their working age means that otherwise productive persons are removed from the economy (Stein and Sridhar, 2019). In turn, without their production, there is a reduction in economic activity and commensurate government revenue leading to lower levels of public spending than there would be if these populations were healthy enough to work well through until retirement.

8.2 Effective health inclusion options in Cardiff and the Vale of Glamorgan from literature review (Key references available in bibliography)

- Housing First
- MDT case management with assertive community treatment
- Harm reduction/Recovery
- Opportunistic/mobile ID/STI testing
- General Health screening
- Specialist nurses and GPs
- Flexible Care Model (*Opening hours, walk-in, same/next day etc.*)
- Respite Care with intermediate beds
- ACE awareness and prevention
- Provision of written case summaries/plans
- Hospital In-reach
- Community GP outreach
- Financial advice/advocacy
- Trauma informed care
- Social prescribing¹⁴
- Cognitive behavioural therapy
- Occupational therapy
- Health inclusion training (*including undergraduate*)
- Health Promotion (*including Motivational Interviewing*) and health literacy
- Medical-legal partnership

¹⁴ Note that social prescribing has historically proven difficult to evaluate due to variable definitions. In Wales, a consultation for a common framework is underway (Welsh Government, 2022). Under the proposed definition that emphasises the use of link workers and community connection, social prescribing can be considered to be efficacious

Figure 3 – A figure summarising the spectrum of health inclusion interventions, ranging from prevention to adapted mainstream care



8.3 UK examples of health inclusion services

Several examples of health inclusion models already exist in the UK and key information on these was obtained through a combination of literature review and written/verbal communication with the relevant services. The Royal College of General Practitioners (RCGP) has set out four tiers of health inclusion service provision (RCGP, 2013) ranging from Tier 0 (Awareness), Tier 1 (Competence via GPs with special interests for example), Tier 2 (Specialism via a dedicated GP practice hosting an inclusion health MDT) and Tier 3 (Full integration via Tier 2, outreach and intermediate care).

8.3.1 Homelessness Services

Luther Street is a multi-disciplinary GP practice that provides registration to people experiencing homelessness in the city and is located in the Cowley area in the Eastern inner city of Oxford. It employs several inclusion GPs and specialist nurses and provides adapted general medical services with a mix of drop in and booked appointments offered (Oxford Health NHS Foundation Trust, 2021). It also hosts a range of specialist clinics on-site, including sexual health,

psychiatry, podiatry, vaccination, and support for alcohol/substance misuse. Finally, it delivers education and training to undergraduate and postgraduate healthcare workers, including medical student placements. It continues to receive excellent feedback from both its service users as well as healthcare professionals based in the city.

The Pathway model, originating in University College London, features the use of hospital-based homelessness MDTs led by specialist GPs with specialist nurses managing the relevant caseload (Pathway, 2019). These teams also have access to housing specialists who co-ordinate between VCS services and local authority homelessness assistance ahead of discharge. Certain Pathway teams also feature Care Navigators, who have experienced homelessness themselves, occupational therapists, social workers, and mental health practitioners. The model has been demonstrated to reduce length-of-stay and readmission rates for homeless admissions (Pathway, 2019).

The Abertawe Medical Partnership in Swansea offer a multi-disciplinary homeless health service (featuring GPs, mental health nurses, and homelessness nurses) that offers open-access appointments to people experiencing homelessness with opportunistic outreach (AMP, 2022). It provides screening and immunisations and uses a harm reduction approach to drug and alcohol problems. It also provides onwards referral to hepatology, sexual health, and substance misuse services.

8.3.2 Asylum seeker and Refugee Services

Respond is a London-based clinic for asylum seekers that offers support for GP registration, sexual health services, psychological support, dentistry, and child development services (Farrant *et al.*, 2022). It initially begins with a comprehensive assessment for newly arrived asylum seekers, which includes screening for infectious disease, and is done on an individual or family basis. The assessment then leads to the production of a written plan, with a copy provided to patients to take away, and referrals as appropriate. Respond continues to receive excellent feedback from its service users and refugee charities (Farrant *et al.*, 2022).

8.3.3 Services for people engaged in sex work

The One25 charity in Bristol offers a night outreach volunteer service for local street sex workers and a drop-in centre during weekday afternoons that hosts GPs, nurses, and life coaches and provides trauma-informed care (One25, 2022). It also hosts specialist case-workers who can undertake one-on-one case management as appropriate. The service supports dozens of women to safely exit street work every year and protects even more from domestic violence.

8.3.4 Prison release services

Dyfodol is an integrated partnership between Kaleidoscope, G4S and the Welsh Centre for Action on Dependency and Addiction working with the South Wales Police and Crime Commissioner, three Area Planning Boards (APBs), seven local authorities, and several Welsh public prisons (WCADA, 2022). This team provides universal information on harm minimisation advice and signposting to all incoming prisoners, in addition to brief and structured interventions. For engaged individuals, it then undertakes assessment, case management, and care planning to provide support and therapy in prison and ensure that that care continues on transfer to the community.

8.3.5 Services for Gypsies and Travellers

Finally, Community Health Matters is a project delivered by Minority Ethnic Carers of People and supported by Public Health Scotland (PHS, 2022). It has trained local Gypsy and Traveller women to become Community Health Workers who in turn assist with GP registration, accompany community members to healthcare appointments and act as advocates, and provide mental health first aid. They also help to distribute Access to Healthcare Cards which can be carried by individuals and used to remind front-line staff of the universal entitlement of anyone to primary care in the UK, including non-residents and nomadic Gypsies and Travellers. The scheme has received excellent feedback from the relevant communities (PHS, 2022).

Options Summary:

- A range of evidence-based inclusion health interventions have been identified in the literature, across public services, that improve health outcomes for the relevant groups
- These interventions include action on wider determinants, education/prevention measures, harm reduction, dedicated inclusion health services, and adaptations for mainstream health and care
- Several powerful examples of such interventions in action exist in Wales and the UK
- Many of these interventions are currently undertaken in some form or would be viable to undertake in Cardiff and the Vale of Glamorgan
- If no further inclusion health measures are taken in Cardiff and the Vale of Glamorgan then ongoing ambitions to tackle health inequalities, reduce emergency and unplanned care levels, undertake more care in the community, and deliver better value healthcare will be even more challenging to meet

§9. Gap Analysis and Recommendations

The report recommendations are based on the needs, priorities, and options that have been described in this assessment. In this section, a gap analysis of health needs for health excluded populations in Cardiff and the Vale of Glamorgan is presented. This is then followed by a series of recommendations.

9.1 Gap Analysis

The results from both the assessment’s quantitative and qualitative elements have been synthesised to form a gap analysis for inclusion health in Cardiff and the Vale of Glamorgan. The results of this are presented in Table 7 below.

Table 7 – A table illustrating an applied gap analysis synthesised from the health needs assessment findings

Current State	Desired State	Gaps	Implications	Suggestions
Urgent need for an inclusion health agenda	Consistent, high quality, cross-sector leadership for inclusion health	Established mechanisms and structures for leadership	Limited drive for inclusion health in future	<ul style="list-style-type: none">- Health Inclusion Network reform- Health Inclusion leadership- Primary Care Cluster involvement- Health & social care integration
		Lack of inclusion health in current review and assessment cycles	Lack of measurement and planning for inclusion health	<ul style="list-style-type: none">- Changes to PNA and other assessments, such as Gypsy & Traveller Accommodation Assessments
		Limited inclusion health in strategic plans		<ul style="list-style-type: none">- Changes to Homeless and Specific Vulnerable Population Groups action plans- Inclusion health in IMTP

Significant unmet needs resulting from trauma	Trauma skilled and ACE-aware organisations with trauma informed care and accessible specialist pathways	Lack of trauma-informed care and environments, lack of trauma skills, unmet service user needs, lack of ACE awareness in organisations	Limited ACE and trauma prevention, poorer health outcomes for those affected by trauma	<ul style="list-style-type: none"> - Health board and local authorities systematically promote trauma-skilled and ACE-aware care - CAVHIS provides gender/culture sensitive, trauma-informed care - Further develop traumatic stress pathways
Lack of effective primary care for certain groups	Entitled individuals receiving high quality, appropriate primary care in community	Variable access (opening hours, appointments, locations), stigma, lack of specialist primary care	Certain groups continue to have poor primary care, have high rates of urgent or emergency care, and long hospital stays	<ul style="list-style-type: none"> - CAVHIS starts in-reach, outreach, registration of health excluded groups, and flexible access (See RCGP standards) - Support for primary care clusters serving certain groups
Lack of community dentistry for certain groups	High quality community dentistry service able to serve health excluded groups	Limited service provision and access to certain patients	Certain groups miss out on dental prevention and have high rates of emergency dental care	<ul style="list-style-type: none"> - Co-location of CAVHIS with new facilities - Flexible access - Dental outreach - Opportunistic provision of dental items and health promotion
Significant unmet mental health needs	Comprehensive mental healthcare at all levels	Certain groups not accessing or engaging with mental health services	Certain groups have poor mental health outcomes and repeated crises	<ul style="list-style-type: none"> - Homeless MDT mental health provision - Inclusion health agenda for community mental health
Variable complex inclusion health cases	Complexity well-managed with gradually improving engagement	Certain complex cases not improving or being engaged	Certain cases will have poor outcomes and high emergency care use	<ul style="list-style-type: none"> - Homeless MDT expands to take on more inclusion health

Lack of public health for inclusion health	Public health and inclusion health agendas fully integrated	Limited equity on smoking cessation, health promotion, and vaccines	Significant burden of preventable disease in certain groups	<ul style="list-style-type: none"> - Vaccine equity planning - Integrate smoking cessation into substance misuse and mental health - Opportunistic health promotion - Action on wider determinants (housing, income security, employment, education, community support)
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9.2 Recommendations

Recommendations are divided into 3 types, strategic, operational, and future directions, with high-level descriptions used here. The implementation of our recommendations is addressed in a separate action plan and more detailed suggestions for relevant recommendations are contained in the first part of the appendices.

Recommendations for addressing leadership structures for inclusion health:

1. Cardiff and Vale Health Inclusion Network to be reformed with strong leadership, a formal Terms of Reference with consideration to appropriate resourcing
2. Use Public Health Consultant leadership to champion inclusion health and to collaborate on opportunities with other Health Boards
3. Cardiff and Vale University Health Board Pan Cluster Groups, Clusters and Collaborative Groups to engage with Health Inclusion Network

Recommendations for incorporating inclusion health in reviews/assessments:

4. Health inclusion to be specifically addressed in future population needs assessments for Cardiff and the Vale of Glamorgan RPB, including a focus on stigma

5. Future Gypsy and Traveller Accommodation Assessments by the local authorities and Substance Misuse Assessments by the Area Planning Board to involve a public health team lens
6. Future Prison Health Needs Assessments for HMP Cardiff to additionally consider the health needs of those recently released

Recommendations for involving inclusion health in future plans:

7. The Health Board Homelessness and Specific Vulnerable Population Groups Action Plans to restart on a six-monthly basis and include focus on inclusion health
8. Future Cardiff and Vale UHB IMTPs and pan-cluster IMTPs to include inclusion health

Recommendations for improving care/prevention around trauma and ACEs:

9. The Health Board and local authorities to become trauma-skilled and ACE-aware organisations with trauma-informed environments where relevant (such as emergency departments), and CAVHIS aims to become trauma-enhanced as per the "Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity" (PHW, 2022)
10. Cardiff and Vale UHB continues to develop its traumatic stress service, to contribute to the criminal justice and asylum seeker/refugee work streams in Traumatic Stress Wales, and specifically review trauma-related health needs in health excluded populations working with Alliance Leadership

Recommendations for improving primary care and dental access for health excluded groups:

11. CAVHIS to make further inclusion health service changes and consider how component parts of service provision, such as walk-in clinics, recommended by RCGP could be met/provided with consideration to resourcing required
12. Community dentistry in Cardiff and Vale UHB to increase its health inclusion offer by establishing dedicated facilities co-located with CAVHIS and allowing attendance by any member of a health excluded group
- Cardiff and Vale UHB accelerated primary care clusters to consider prioritisation of dedicated resources, support, and training to constituent

providers who are significantly engaged in inclusion health, such as those serving large homeless populations

14. Co-location of CAVHIS, community dentistry, mental health, community pharmacy, optometry, sexual/reproductive health, and the VCS (offering homelessness assistance and financial support)

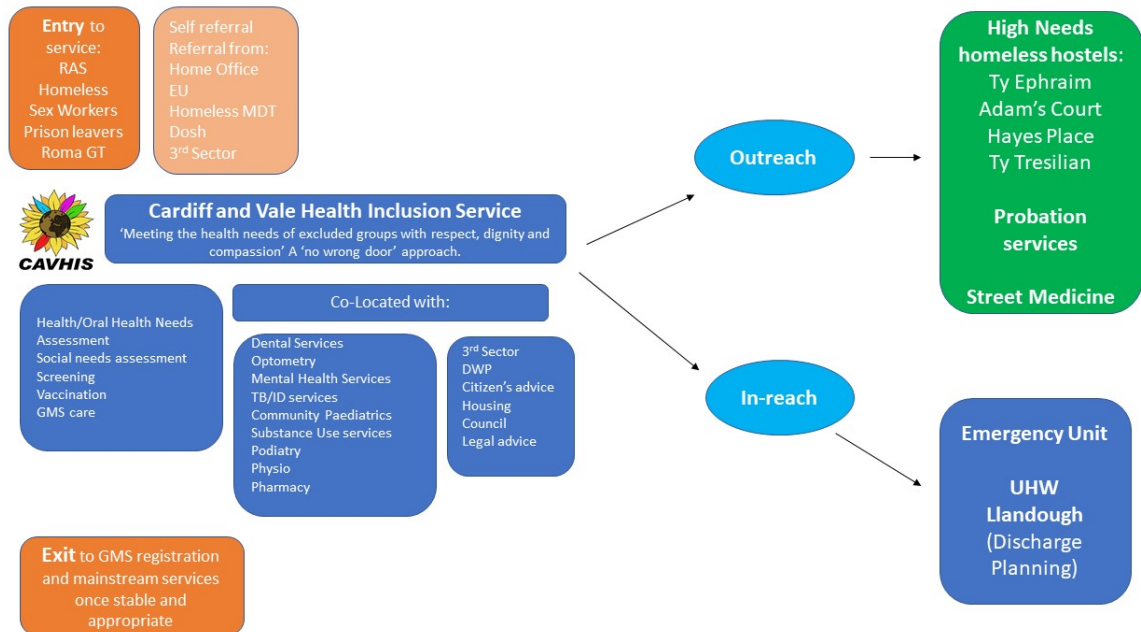


Figure 4 – A diagram illustrating the proposed future structure for CAVHIS

Recommendation for improving access and engagement around mental health services for health excluded groups:

15. Cardiff and Vale UHB Community mental health teams to work in closer partnership with CAVHIS and the Cardiff Homelessness MDT, with appropriate resourcing provided, and specifically review secondary mental health needs in health excluded populations

Recommendations for complex case management for inclusion health:

16. The Cardiff Homelessness MDT, with appropriate resourcing, to increase its health inclusion offer by allowing referral for any member of a health excluded group and integrating further with CAVHIS for medium/long-term primary care needs

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17. HMP Cardiff Prison Health team to provide written case summaries and care plans to people being discharged from prison when appropriate and current transfer of care pathways to be strengthened, incorporating probation services

Recommendations for public health inputs into inclusion health:

18. Opportunistic health promotion/harm reduction for health excluded groups
19. Better incorporation of smoking cessation offer/services into CAVHIS and into routine substance and alcohol misuse assessment and treatment
20. Further action on wider determinants of health and prevention in Cardiff and the Vale of Glamorgan. In particular, housing, income security, employment, education, community support for health excluded groups as well as incorporating inclusion health into health inequalities, screening, and immunisations work
21. Increase research and evaluation on Inclusion Health

Recommendations for future directions:

- *Cardiff and Vale UHB considers developing a specific primary mental healthcare offer for health excluded populations*
 - *Considering investing in the use of dedicated mental health practitioners in CAVHIS*
 - *Continuing to support mental health provision in the Cardiff Homelessness MDT*
 - *Considering investing in a community mental health project for its Gypsy and Traveller population, analogous to Public Health Scotland's 'Community Health Matters' work*
- *Cardiff and Vale UHB considers exploring the appropriateness of providing respite/intermediate care beds in the Health Board which would accept referrals from emergency/urgent care, primary care, and palliative care in order to avoid hospital admission and step-down hospital referrals in order to avoid unsafe discharges*

§10. Summary

In this health inclusion assessment for Cardiff and Vale UHB, a range of methods were used including multiple literature reviews, routine data analysis, semi-structured interviews, and surveys. Input from stakeholders, experts, and previous assessments was used throughout.

The assessment identified a stable population of groups that form part of the inclusion health agenda (5,500-6,700) in Cardiff and the Vale of Glamorgan. We identified a number of health needs, including infectious diseases, physical health conditions, and mental health conditions. A number of health barriers and facilitators were identified that operated at a spectrum of levels, ranging from the individual level to the policy level.

Stakeholders and health excluded groups took part in a number of prioritisation exercises which emphasised mental health and dental health as key unmet health needs, alongside sexual health and infectious diseases, specifically TB and BBVs. Key health barriers emphasised included stigma, discrimination, lack of trauma awareness, fixed appointment systems, lack of care continuity, and fragmented services. Meanwhile, key health facilitators emphasised were staff friendliness, case management and advocacy, staff knowing the patient’s medical history, and the ability to have drop-in/walk-in care.

Accordingly, a number of recommendations are made in this report for strategy, operations, and future directions. These will be the subject of an agreed action plan with partners and are given in this report, its executive summary, and a health inclusion briefing.

Glossary

ACE – Adverse Childhood Events

ATS – Alternative Treatment Services

BBV – Blood-Borne Viruses

CAVDAS – Cardiff and Vale Drug Alliance Services

CAVHIS – Cardiff and Vale Health Inclusion Service

CI – Confidence Interval

COPD – Chronic Obstructive Pulmonary Disease

CVRPB – Cardiff and Vale Regional Partnership Board

DCLG – Department for Communities and Local Government

FHIH – Faculty of Homeless and Inclusion Health

GP – General Practice

HMIP – Her Majesty's Inspectorate of Prison

HMP – Her Majesty's Prison

HMPPS – Her Majesty's Prison & Probation Service

HSVPG – Homeless and Specific Vulnerable Population Groups

ID – Infectious Disease

IMTP – Integrated Medium Term Plan

LPHT – Local Public Health Team

MDT – Multi-disciplinary Team

NHS – National Health Service

OHID – Office for Health Improvement and Disparities

PCIC – Primary, Community, and Intermediate Care

PHW – Public Health Wales

PNA – Population Needs Assessment

PTSD – Post-traumatic Stress Disorder

RCGP – Royal College of General Practitioners

RPB – Regional Partnership Board

STI – Sexually Transmitted Infection

TB – Tuberculosis

UHB – University Health Board

VAWDASV – Violence Against Women, Domestic Abuse, and Sexual Violence

VCS – Voluntary and Community Sector

WHESri – WHO Health Equity Status Report Initiative

WHO – World Health Organisation

§Bibliography

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§Appendices

1. Detailed suggestions for recommendations

Recommendation 1:

- *It is suggested that the Network includes representation from CAVHIS, PCIC, the LPHT, community dentistry, relevant VCS partners, CAVAPB, Cardiff and Vale Traumatic Stress Service, representatives from health board clusters and primary/community care providers engaged in health inclusion, the Cardiff homelessness MDT, Alliance Leadership representation, local authority representation, health visitor representatives, community mental health, Community Safety Partnership representatives, sexual health, maternity services, palliative care, HMP Cardiff prison health, and emergency/urgent care*
- *It is suggested the Network develops links to national groups and organisations, including Traumatic Stress Wales, Public Health Wales (specifically immunisations and screening), the ACE Hub, the PRIME Centre, local universities (especially health and care training providers), the National Centre for Mental Health, and others engaged in health inclusion*
- *It is suggested the network pursue joining the FHIH as a corporate partner*
- *It is suggested the network pursues a local medical-legal partnership which works towards setting up a local reciprocal referral system*
- *It is suggested that there is remuneration for involvement*

Recommendation 2:

- *It is suggested that this lead should undertake a dedicated health inclusion assessment and plan, analogous to this one, in 5-10 years following publication of the next Cardiff and Vale of Glamorgan PNA*
- *It is suggested this lead as a key member of the Health Inclusion Network with partial co-chairing responsibilities*
- *It is suggested this lead regularly liaises with Public Health Wales and other Health Boards*

Recommendation 4:

- *It is suggested that the secure estate theme is expanded to include those recently released and on probation; the VAWDASV theme is expanded to include those engaged in sex work; the asylum seeker and refugee theme is expanded to include all forms of vulnerable migrant; and that new themes on Gypsies and Travellers and homeless populations are created*

Recommendation 7:

- *It is suggested that the action plans are created and reviewed collaboratively between the CAVUHB Primary, Community and Intermediate Care (PCIC) Board and the LPHT with involvement of the Cardiff and Vale of Glamorgan Health Inclusion Network*
- *It is suggested that the FHIH Homeless and Inclusion Health Standards for Commissioners and Service Providers are reviewed in the action plans*

Recommendation 11:

- *Gaining the ability to register any member of a health excluded population according to appropriate criteria, with the eventual aim of supporting said individuals to register at their local GMS practice*
- *Offering drop-in sessions, general health screening, opportunistic health provision, flexible appointment booking and length, and considering offering non-standard opening hours*

- Offering trauma-informed care and environments
- Offering patients written case summaries and care plans
- Offering culturally-sensitive and gender-sensitive care
- Offering placements and volunteering opportunities to undergraduate and postgraduate healthcare, including medical students, nursing students, and GP specialist trainees
- Hosting a large MDT with GPs (including GPs with interests in homeless and inclusion health), specialist nurses (including inclusion health nurses), and dedicated mental health practitioners, amongst others
- Setting up a regular hospital in-reach service for emergency and general medicine in Cardiff and Vale UHB hospitals and a regular primary care outreach service to hostels, shelters, probation, streets, and VCS organisations
- Hosting regular specialist clinics/services in the practice oriented to inclusion health, including psychiatry, counselling, podiatry, substance misuse/addiction specialists, physiotherapy, gastroenterology, infectious disease specialists, TB specialists, and dieticians

Recommendation 13:

- Offering services to any member of a health excluded population, according to appropriate criteria, whilst supporting them to register with a local GDS practice
- Offering trauma-informed care and environments
- Offering patients written case summaries and care plans
- Considering offering a regular dental outreach service to hostels, shelters, and VCS organisations
- Offering drop-in sessions, general health screening, opportunistic health provision, flexible appointment booking and length, and considering
- Becoming trauma-enhanced
- Co-locating with CAVHIS

Recommendation 16:

- Accepting referrals from a member of any health excluded population, subject to appropriate criteria and resourcing, whilst preserving a focus on homelessness
- Referring clients to CAVHIS and community dentistry as required
- Establishing a dedicated referral pathway for appropriate persons at the point of hospital or prison discharge
- Continuing its excellent mental health offer
- Becoming trauma-enhanced
- Integration with CAVHIS for medium/long-term primary care

Recommendation 18:

- Including testing (BBV/TB/STI), appropriate health promotion messaging, and health-related items (such as contraception, food, feminine hygiene products, toothpaste/toothbrush, safe needles, take-home naloxone)
- Taking place in key health inclusion settings, including CAVHIS, Well-being hubs, certain general practices and community pharmacies, prison discharge, hospital/emergency department discharge, and probation

Recommendation 20:

- Relevant elements of public, such as smoking cessation, screening and immunisations, should incorporate inclusion health

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2. National design principles

The ten national design principles to drive change and transformation – and examples of how they could be applied are:

Prevention and early intervention – acting to enable and encourage good health and wellbeing throughout

life; anticipating and predicting poor health and wellbeing.

Safety – not only healthcare that does no harm, but enabling people to live safely within families and

communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm.

Independence – supporting people to manage their own health and wellbeing, be resilient and independent

for longer, in their own homes and localities, including speeding up recovery after treatment and care, and

supporting self-management of long term conditions.

Voice – empowering people with the information and support they need to understand and to manage their

health and wellbeing, to make decisions about care and treatment based on ‘what matters’ to them, and to

contribute to improving our whole system approach to health and care; simple clear timely communication and

co-ordinated engagement appropriate to age and level of understanding.

Personalised – health and care services which are tailored to individual needs and preferences including in

the language of their choice; precision medicine; involving people in decisions about their care and treatment;

supporting people to manage their own care and outcomes.

Seamless – services and information which are less complex and better co-ordinated for the individual;

close professional integration, joint working, and information sharing between services and providers to avoid

transitions between services which create uncertainty for the individual.

Higher value – achieving better outcomes and a better experience for people at reduced cost; care and

treatment which is designed to achieve ‘what matters’ and which is delivered by the right person at the right

time; less variation and no harm.

Evidence driven – using research, knowledge and information to understand what works; learning from and

working with others; using innovation and improvement to develop and evaluate better tools and ways of

working.

Scalable – ensuring that good practice scales up from local to regional and national level, and out to other

teams and organisations.

Transformative – ensuring that new ways of working are affordable and sustainable, that they change and

replace existing approaches, rather than add an extra permanent service layer to what we do now.

3. Search strategies

1. ("gyps*" OR "Irish traveller*" OR "roma" OR "sex worker*" OR "prostitut*" OR "homeless*" OR "rough sleep*" OR "asylum seeker*" OR "refugee*" OR "migrant*" OR "prison*" OR "prison leaver*" OR "criminal justice" OR "convict*" OR "criminal*")
2. ("intervention*" OR "service*" OR "model*")
3. ("healthcare" OR "housing")
4. ("Andorra" OR "Antigua Barbuda" OR "Aruba" OR "Australia" OR "Austria" OR "Bahamas" OR "Bahrain" OR "Barbados" OR "Belgium" OR "Bermuda" OR "British Virgin Islands" OR "Brunei" OR "Canada" OR "Cayman Islands" OR "Channel Islands" OR "Chile" OR "Croatia" OR "Curacao" OR "Cyprus" OR "Czech Republic" OR "Denmark" OR "Estonia" OR "Faroe Islands" OR "Finland" OR "France" OR "French Polynesia" OR "Germany" OR "Gibraltar" OR "Greece" OR "Greenland" OR "Guam" OR "Hong Kong" OR "Hungary" OR "Iceland" OR "Ireland" OR "Isle of Man" OR "Israel" OR "Italy" OR "Japan" OR "Korea" OR "Kuwait" OR "Latvia" OR "Liechtenstein" OR "Lithuania" OR "Luxembourg" OR "Macao" OR "Malta" OR "Monaco" OR "Nauru" OR "Netherlands" OR "New Caledonia" OR "New Zealand" OR "Northern Mariana Islands" OR "Norway" OR "Oman" OR "Palau" OR "Poland" OR "Portugal" OR "Puerto Rico" OR "Qatar" OR "San Marino" OR "Saudi Arabia" OR "Seychelles" OR "Singapore" OR "Sint Maarten" OR "Slovak Republic" OR "Slovenia" OR "Spain" OR "St. Kitts and Nevis" OR "St. Martin" OR "Sweden" OR "Switzerland" OR "Trinidad and Tobago" OR "Turks and Caicos Islands" OR "United Arab Emirates" OR "United Kingdom" OR "UK" OR "England" OR "Scotland" OR "Wales" OR "Northern Ireland" OR "United States" OR "US" OR "USA" OR "Uruguay" OR "Virgin Islands")

4. Stakeholder list

Full stakeholder list:

VCS Stakeholders	Healthcare stakeholders	Public health stakeholders	Social care stakeholders
Homeless Charities e.g. Hubbard	UHW ED	LPHT	Homeless MDT
Substance misuse charities eg kaleidoscope	Primary Care, including CAVHIS	PHW R&E homeless research	Accommodation providers
Safer Wales	Dentistry	PHW Screening	Probation services
Streetlife	Prison healthcare	PHW Immunisations	Police and Crime Commissioner's Office
WCVA	Mental Health		Community Safety partnership
Red Cross	Substance misuse Area Planning Board		
Dyfodol	Patient Experience		
Travellers Wales	Infectious disease		
	Sexual Health		

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5. Questionnaires and Interview questions

Key stakeholder semi-structured interview blurb:

Thank you for agreeing to take part in this piece of work. To recap, this work is a health needs assessment of certain populations resident in the CVUHB area, including [insert relevant population]. The assessment will use a variety of methods to explore current healthcare access and quality for this group and suggestions for how these could be improved. The aim of this discussion is to provide insightful thoughts and opinions into the health priorities for the people you provide services to, their healthcare at the moment, and how that healthcare could be improved. The session will last for 30-45 minutes and consist of 5 questions. I will record the session for later review, the session will be stored securely on a single PHW computer only, and the answers will be anonymised for the purpose of the assessment. The analysis of the answers will solely be conducted by myself and the output from this will feed directly into our report recommendations. I will send you a draft version of the report for feedback and, once the final report is published, I will delete all stored recordings. The final report will be used by the health board to plan services going forward. Are you happy to continue?

Semi-structured interview questions for key stakeholders:

1. Please describe your role and the services you provide
2. What do you think are the most important health priorities for those you provide services to?
3. What is the current healthcare experience like for those you provide services to?
4. What could be done to improve healthcare for those you provide services to and what could be done on wider causes of ill health, such as income insecurity, poor living conditions, unemployment, and lack of community support?
5. Is there anything else that you think is relevant for this piece of work?

Enumerated, paper survey questions for vulnerable migrants (please note that this will be adapted for the prisoner survey):

1. Are you registered with a GP / Family doctor?
 Yes → Go to Question 2
 No → Go to Question 3
2. If you had a health problem that you felt was not an emergency, who would you approach first for advice and/or treatment?
 GP / Family doctor
 GP 'Out of Hours' clinic or OOH

- Urgent care centre
- Emergency unit / A&E / Casualty
- Other, please say

Once answered, please go to Question 4

3. If you had a health problem that you felt was not an emergency, who would you approach first for advice and/or treatment?
 - GP 'Out of Hours' clinic or OOH
 - Urgent care centre
 - Emergency unit / AandE / Casualty
 - Other, please say
4. Why would you approach these first?
 - Staff are friendly and approachable
 - Staff know my medical history
 - It's easy to get an appointment
 - I don't need an appointment
 - Staff treat me with dignity and respect
 - It's close to where I live / work
 - I can attend at any time
 - Other, please say
5. Thinking about the healthcare you've received over the last 12 months, have you ever felt discriminated against because you're currently homeless?
 - Yes, always → Go to Question 6
 - Yes, sometimes → Go to Question 6
 - No → Go to Question 7
 - Not applicable → Go to Question 7
6. Are you happy to tell us how you felt discriminated against?
 - No
 - Yes (please tell us below)
7. We are currently looking into ways we can improve public access to healthcare. If we were to set up a 'walk in' clinic, that was open during normal working hours and you didn't need an appointment, would you consider attending for general healthcare advice and/or treatment?
 - Definitely would
 - Probably would
 - Probably would not
 - Definitely would not
8. Do you have any suggestions on what else we could do to make it easier for you to get access to healthcare?
 - No
 - Yes (please add your suggestions)
9. Are there any other public services (such as housing, community support, and benefits) that you feel are important to your health and what could be improved about them?
10. We are committed to ensuring that everyone receives fair and equal respect. Whatever your age, disability, ethnicity, faith, gender or sexual identity, you can expect to be treated with dignity. We can only achieve this with your help by providing the information below. Data will be used for monitoring purposes only and held in strictest confidence. Your identity will not be disclosed to anyone. Can we collect a few basic details about you?
 - Yes → Go to Question 10
 - No → Go to Question 17
11. What is your age?
 - Less than 18 years
 - 18 – 25 years

- 26 – 30 years
 - 31 – 35 years
 - 36 – 40 years
 - 41 – 45 years
 - 46 – 50 years
 - 51 – 55 years
 - More than 55 years
 - Prefer not to say
12. What is your gender?
- Male
 - Female
 - Prefer not to say
 - If you prefer to use your own term, please provide it here:
13. Which of the following options best describes how you think of yourself?
- Heterosexual or straight
 - Bisexual Gay or Lesbian
 - Other, please say
 - Prefer not to say
14. What is your ethnic group?
- White
 - Mixed / Multiple ethnic groups
 - Asian / Asian British
 - Black / African / Caribbean / Black British
 - Other ethnic group
 - Prefer not to say
15. What is your religion?
- No religion
 - Buddhist
 - Christian
 - Hindu
 - Jewish
 - Muslim
 - Sikh
 - Other, please say
 - Prefer not to say
16. Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last, at least 12 months?
- Yes, a lot
 - Yes, a little
 - Not at all
 - Prefer not to say
17. Do you consider yourself to be disabled?
- Yes
 - No
 - Prefer not to say
18. Thank you for taking the time to complete this survey. Your anonymous feedback will form part of a report that will be passed to the CAVHIS team and will be used to help shape their future service. We would also like to share your anonymous feedback with the wider community, for example, with other Healthcare providers and/or the general public. This may be as part of a report, presentation and/or publication. Would you be happy for us to share your anonymous feedback with the wider community?
- Yes
 - No

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Survey for use in prison setting:

For these questions, please answer from the perspective of having been released

1. Would you normally be registered with a GP / Family doctor when not in prison?
 Yes → Go to Question 2
 No → Go to Question 3
2. If you had a health problem that you felt was not an emergency, who would you approach first for advice and/or treatment?
 - GP / Family doctor
 - GP 'Out of Hours' clinic or OOH
 - Urgent care centre
 - Emergency unit / AandE / Casualty
 - Other, please say

Once answered, please go to Question 4

3. If you had a health problem that you felt was not an emergency, who would you approach first for advice and/or treatment?
 - GP 'Out of Hours' clinic or OOH
 - Urgent care centre
 - Emergency unit / AandE / Casualty
 - Other, please say
4. Why would you approach these first?
 - Staff are friendly and approachable
 - Staff know my medical history
 - It's easy to get an appointment
 - I don't need an appointment
 - Staff treat me with dignity and respect
 - It's close to where I live / work
 - I can attend at any time
 - Other, please say
5. Thinking about the healthcare you've received in the past outside of prison, have you ever felt discriminated against because you have had contact with the criminal justice system?
 - Yes, always → Go to Question 6
 - Yes, sometimes → Go to Question 6
 - No → Go to Question 7
 - Not applicable → Go to Question 7
6. Are you happy to tell us how you felt discriminated against?
 - No
 - Yes (please tell us below)
7. We are currently looking into ways we can improve public access to healthcare for those who have been released from prison. If we were to set up a 'walk in' clinic, that was open during normal working hours and you didn't need an appointment, would you consider attending for general healthcare advice and/or treatment?
 - Definitely would
 - Probably would
 - Probably would not
 - Definitely would not
8. Do you have any suggestions on what else we could do to make it easier for you to get access to healthcare following your release?
 - No
 - Yes (please add your suggestions)

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9. Apart from healthcare, what other public services do you feel are important for your health when in the community and what could be done to improve them?
10. We are committed to ensuring that everyone receives fair and equal respect. Whatever your age, disability, ethnicity, faith, gender or sexual identity, you can expect to be treated with dignity. We can only achieve this with your help by providing the information below. Data will be used for monitoring purposes only and held in strictest confidence. Your identity will not be disclosed to anyone. Can we collect a few basic details about you?
 - Yes → Go to Question 10
 - No → Go to Question 15
11. What is your age?
 - Less than 18 years
 - 18 – 30 years
 - 31 – 50 years
 - More than 50 years
 - Prefer not to say
12. Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last, at least 12 months?
 - Yes, a lot
 - Yes, a little
 - Not at all
 - Prefer not to say
13. Do you consider yourself to be disabled?
 - Yes
 - No
 - Prefer not to say
14. Following release, how likely is it that you will experience homelessness in the near future?
 - Very likely
 - Likely
 - Unlikely
 - Very unlikely
 - Not sure
15. Following release, how likely is it that you will experience long term unemployment in the near future?
 - Very likely
 - Likely
 - Unlikely
 - Very unlikely
 - Not sure
16. Thank you for taking the time to complete this survey. Your anonymous feedback will form part of a report that will be passed to the CAVHIS team and will be used to help shape their future service. We would also like to share your anonymous feedback with the wider community, for example, with other Healthcare providers and/or the general public. This may be as part of a report, presentation and/or publication. Would you be happy for us to share your anonymous feedback with the wider community?
 - Yes
 - No

Gypsy and Traveller community semi-structured interview blurb:

Thank you for agreeing to take part. To recap, this work looks at the health needs of certain populations resident in the area. The aim of this conversation is to explore your

access to healthcare and suggestions for how this could be improved. The session will last for 30-45 minutes and has 5 questions. I will record the session to look at later, the session will be stored securely on a single computer only, and the answers will be anonymised. The analysis will be conducted by myself and the answers will feed directly into our report recommendations. Once the final report is published, I will delete all stored recordings. The final report will be used by the health board to plan services going forward. Are you happy to continue?

Semi-structured interview questions for Gypsy and Traveller community:

1. How do you normally access healthcare (including dental) services, if at all?
2. What is the current experience of healthcare experience like for you and your community?
3. What do you think are the most important health needs for your community?
4. What could be done to improve the health and the healthcare experience for your community?
5. Is there anything else that you would like to discuss?

Self-filled, electronic survey questions for stakeholders:

1. Of those you provide services to, how many are registered with a GP?
% answer
2. Who would they typically approach if they had a health problem?
 - a. GP / Family doctor
 - b. GP 'Out of Hours' clinic or OOH
 - c. Urgent care centre
 - d. Emergency unit / AandE / Casualty
 - e. Other, please say
3. What are their biggest barriers to healthcare access? (Select up to 3)
 - a. Staff are not friendly/approachable to them
 - b. Staff do not know their medical history
 - c. It's difficult to get an appointment
 - d. They must have an appointment to be seen
 - e. They are not treated with dignity and respect
 - f. They do not live / work close to healthcare facilities
 - g. They can only attend at certain times
 - h. Other, please say.....
4. If they had access to a 'walk in' clinic, that was open during normal working hours and didn't require prior appointments, how likely would they be to consider attending for general healthcare advice and/or treatment?
 - Definitely would
 - Probably would
 - Probably would not
 - Definitely would not
5. What do you think are the 3 most important health priorities for those you provide services to?

6. What else could be done to improve the healthcare experience for those you provide services to?
7. What could be done on wider determinants of health, such as housing and income security, for those you provide services to?
8. Is there anything else that you think is relevant for this piece of work?
9. Finally, which sector do you work in?
 - a. NHS - Community/primary care
 - b. NHS – Hospital care
 - c. NHS - Dental
 - d. Local authority
 - e. Public health
 - f. Voluntary/community sector
 - g. Prison services, including prison healthcare and probation

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Inclusion Health for Cardiff and the Vale of Glamorgan

2022-27

Action Plan



GIG
CYMRU
NHS
WALES

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



BWRDD PARTNERIAETH
RHANBARTHOL
CAERDYDD A'R FRO
CARDIFF & VALE
REGIONAL PARTNERSHIP
BOARD

Planned action			Outcome measure	Lead	Timescale
1. Addressing leadership structures for Inclusion Health					
1.1	Cardiff and Vale Health Inclusion Network to be reformed with strong leadership, a formal Terms of Reference with consideration to appropriate resourcing	<i>Network includes representation from relevant partners, including Alliance Leadership team and 3rd sector; develop links to relevant national groups and organisations, including Traumatic Stress Wales and Public Health Wales; FHIH as a corporate partner; streams on mental health, dental health, and infectious disease; remuneration for involvement</i>	Formal review and adoption of Terms of References by Health Inclusion Networks with relevant suggestions included	- Chair(s) of Health Inclusion Network	Year 0: 2022/23
1.2	Use Public Health Consultant leadership to champion inclusion health and to collaborate on opportunities with other Health Boards	<i>This lead should undertake a dedicated health inclusion plan, analogous to this one, in 5-10 years following publication of the next Cardiff and Vale of Glamorgan RPB PNA; lead becomes key member of the Health Inclusion Network; liaises with other health boards</i>	Appointment of inclusion health lead in LPHT	- Cardiff and Vale Local Public Health Team: Executive Director of Public Health	Year 0: 2022/23
1.3	Cardiff and Vale University Health Board Pan Cluster Groups, Clusters and Collaborative Groups to engage with Health Inclusion Network	<i>Regular attendance from nominated representatives with aim to share and adopt best practice</i>	Consistent attendance and engagement of cluster representatives in Health Inclusion Network	- Cardiff and Vale University Health Board Primary, Community, and Intermediate Care (PCIC) Clinical Board: Clinical Lead	Year 1: 2023/24
2. Incorporating Inclusion Health in future reviews and Assessments					
2.1	Health inclusion to be addressed in future Population Needs Assessments for the Regional Partnership Board, including a focus on stigma	<i>Secure estate theme is expanded to include those recently released and on probation; the VAWDASV theme is expanded to include those engaged in sex work; the asylum seeker & refugee theme is expanded to include all forms of vulnerable migrant; and new themes on Gypsies & Travellers and homeless populations are created</i>	Relevant inclusion health themes form part of next report	- Cardiff and Vale Regional Partnership Board	Year 4: 2026/27

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2.2	Relevant assessments to feature public health and Inclusion Health	<i>Gypsy and Traveller Accommodation Assessments by the local authorities; Substance Misuse Assessments by the APB; HMP Cardiff Health Needs Assessments</i>	Inclusion health specifically addressed in relevant assessments	- Cardiff and Vale Local Public Health Team: Inclusion Health Lead	Year 4: 2026/27
3. Incorporating Inclusion Health in future plans					
3.1	Health Board Homelessness and Specific Vulnerable Population Groups Actions Plan articulation and delivery to restart and include focus on inclusion health	<i>Action plans are created and reviewed collaboratively between the PCIC Board and the LPHT with involvement of the Cardiff and Vale of Glamorgan Health Inclusion Network; FHIH Homeless and Inclusion Health Standards for Commissioners and Service Providers are reviewed in the action plans</i>	Ongoing publication of Homelessness and Specific Vulnerable Population Groups Actions Plans	- Cardiff and Vale University Health Board Primary, Community, and Intermediate Care Clinical Board	Year 1: 2023/24
3.2	Future Cardiff and Vale UHB IMTPs and pan-cluster IMTPs to include inclusion health	<i>FHIH Homeless and Inclusion Health Standards for Commissioners and Service Providers are reviewed; Share lessons through Health Inclusion Network, Public Health Networks, and Public Health Wales; Dental leadership</i>	Inclusion health specifically addressed in future IMTP	- Cardiff and Vale University Health Board	Year 4: 2026/27
4. Improving Care and Prevention around Trauma and Adverse Childhood Events					
4.1	Relevant bodies to meet obligations on traumatic stress and adverse childhood events	<i>Health board and local authorities to become trauma-skilled and ACE-aware organisations, and CAVHIS to become trauma-enhanced; environments such as UHW ED to become trauma-informed and develop trauma pathways</i>	Relevant criteria in “Societal Approach to Trauma and Adversity” met	- Cardiff and Vale Regional Partnership Board - CAVHIS Lead - Cardiff and Vale University Health Board: Clinical Director for Child Health	Year 4: 2026/27
4.2	Cardiff and Vale UHB to further develop its traumatic stress management for health excluded groups	<i>Develop traumatic stress service; contribute to the criminal justice and asylum seeker/refugee work streams in Traumatic Stress Wales; review trauma-related health needs in health excluded populations; review Alliance trauma service pilot and liaise with Alliance leadership;</i>	Appropriate service provision for traumatic stress disorders with appropriate scrutiny from Health Inclusion Network	- Cardiff and Vale University Health Board Mental Health Clinical Board: Clinical Director for Psychology	Year 4: 2026/27
5. Improving primary care and dental access for health excluded groups					
5.1	Cardiff and Vale UHB accelerated primary care	<i>Dedicated resources to constituent providers who are significantly engaged in inclusion health, such as those serving large homeless</i>	Progress demonstrated in updates from	- Health Inclusion Network Chair(s)	Year 4: 2026/27

	clusters to consider prioritising resources to constituent providers significantly engaged in inclusion health	<i>populations, considering adopting elements of Inclusion Health services according to the RCGP framework; review role of optometry and podiatry regarding Inclusion Health</i>	relevant cluster representatives in Health Inclusion Network		
5.2	CAVHIS to make further inclusion health service changes, including walk-in clinics, co-location with other services, and hospital in-reach with consideration to resourcing required	<i>Registration for health excluded patients; Flexible care models; Trauma-informed care/environments; Written case summaries and care plans; Culturally-sensitive/gender-sensitive care; Placements/volunteering opportunities; Regular hospital in-reach service and regular outreach, including probation; Host specialist clinics/services; Co-location</i>	Business case, including benefits' realisation, for relevant service expansion produced and included in plans	- CAVHIS: Clinical Lead	Year 1: 2023/24
5.3	Community dentistry in Cardiff and Vale UHB to establish dedicated facilities co-located with CAVHIS, allowing attendance by any health excluded group	<i>Offering services to any health excluded patient; Offering trauma-informed care/environments; Offering written case summaries and care plans; Offer regular dental outreach service; Offer flexible care model; Co-locate with CAVHIS; Consideration of dentistry, specifically for inclusion health, in pan-cluster IMTPs; Education/training opportunities</i>	Proposals drawn up for relevant changes with appropriate scrutiny by Health Inclusion Network	- Cardiff and Vale University Health Board PCIC Clinical Board: Clinical Lead for Dentistry - Cardiff and Vale University Health Board Capital and Planning team	Year 1: 2023/24
6. Improving access and engagement around mental health services for health excluded groups					
6.1	Cardiff and Vale UHB Community mental health teams to work in closer partnership with CAVHIS and the Cardiff Homelessness MDT	<i>Work in closer partnership with CAVHIS, health inclusion network, and the Cardiff Homelessness MDT; Specifically review secondary mental health needs in health excluded populations</i>	Consistent involvement in Health Inclusion Network with appropriate scrutiny	- Cardiff and Vale University Health Board Mental Health Clinical Board	Year 1: 2023/24
7. Complex case management for Inclusion Health					
7.1	Improve continuity of care for people being discharged from prison	<i>HMP Cardiff Prison Health team to provide written case summaries/care plans to people being discharged from prison; review existing pathway, involving probation; review new substance misuse treatment framework and</i>	Continuity measures adopted with appropriate scrutiny from Health Inclusion Network	- HMP Cardiff Prison Health team - Cardiff Homelessness MDT Chair - CAVHIS: Clinical Lead	Year 1: 2023/24

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		<i>Standards for mental health services for prisons when available</i>			
7.2	Cardiff Homelessness MDT, to allow referral for any health excluded group and to integrate further with CAVHIS	<i>Accepting referrals for health excluded populations, subject to appropriate criteria and resourcing; Expanding dedicated referral pathways for appropriate persons at the point of hospital or prison discharge; Becoming trauma-enhanced; Integration with CAVHIS for medium/long-term primary care</i>	Expanded referral criteria and pathways Opportunities to resource to be considered	- Cardiff Homelessness MDT Chair	Year 3: 2025/26
8. Public health inputs into Inclusion Health					
8.1	Opportunistic health promotion/harm reduction for health excluded groups	<i>Including testing (BBV/TB/STI), appropriate health promotion messaging, and health-related items; Taking place in key health inclusion settings</i>	Increased provision of opportunistic health promotion/harm reduction with monitoring by Health Inclusion Network	- Health Inclusion Network Chair(s)	Year 2: 2024/25
8.2	Better incorporation of smoking cessation services into routine substance and alcohol misuse care	<i>Strengthen provision in CAVHIS, homeless MDT, and substance and alcohol misuse assessment and treatment; Smoking cessation, should incorporate inclusion health in future</i>	Proposals drawn up with appropriate scrutiny by Health Inclusion Network	- Cardiff and Vale Local Public Health Team: Inclusion Health Lead	Year 2: 2024/25
8.3	Further action on wider determinants of health and prevention in Cardiff and the Vale of Glamorgan for health excluded groups	<i>Incorporation of measures helping housing, income security, employment, education, community support into inclusion health services; review inclusion health for health inequalities, screening, and immunisation streams</i>	Increased provision of relevant services with monitoring by Health Inclusion Network	- Cardiff and Vale Local Public Health Team: Inclusion Health Lead - CAVHIS: Clinical Lead	Year 2: 2024/25
8.4	Increase research & evaluation on inclusion health	<i>Disseminate report and other findings; create links between PRIME Centre and Health Inclusion Network; monitor Buvidal switch; undertake health economic studies</i>	Increased research and evaluation with monitoring by Health Inclusion Network	- Health Inclusion Network Chair(s)	Year 1: 2023/24

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Equality & Health Impact Assessment for

Inclusion Health for Cardiff and the Vale of Glamorgan

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Inclusion Health for Cardiff and the Vale of Glamorgan
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Public Health Dr Daniel Jones, SpR in Public Health (Daniel-peter.jones@wales.nhs.uk)
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<ul style="list-style-type: none"> To assess the health needs and priorities of vulnerable migrants, those with experience of sex work, those who have recently left prison, people with experience of homelessness, and Gypsy and Traveller communities in Cardiff and the Vale of Glamorgan using multiple methods To assess current healthcare provision and access for these groups To assess alternative care models and interventions for health inclusion, where adapted mainstream healthcare cannot meet needs To additionally consider the wider determinants of health inequity as identified in the Welsh Health Equity Status Report affecting these groups (PHW, 2021) To provide recommendations for CAVHIS, the University Health Board, the local authorities, the health inclusion group, and other partners going forward on how to promote health inclusion for these groups
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> population data staff and service users data, as applicable needs assessment engagement and involvement findings 	Background information included routine, quantitative data (including demographic) from local data sources, Office of National Statistics, Census 2011, local authorities, and Cardiff and Vale University Health Board. It also included extensive literature reviews of epidemiology and service issues affecting the relevant groups, included studies featured both quantitative and qualitative data. In addition, it featured surveys/interviews involving the relevant groups as well as professional stakeholders, the latter were regularly consulted

	<ul style="list-style-type: none"> • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	<p>throughout (See below). Finally, the work encompassed a health needs assessment approach and also drew on the findings of the 2022 Cardiff and Vale Regional Partnership Board Population Needs Assessment.</p> <p>Stakeholders:</p> <ul style="list-style-type: none"> • Service users: Health excluded groups • VCS: Kaleidoscope, Huggard, Safer Wales, Streetlife, Red Cross, Dyfodol, Travellers Wales • Health: Emergency care, primary care, community dentistry, prison healthcare, mental health teams, area planning board, patient experience, infectious disease, sexual health • Public health: Local Public health team, PHW screening team, PHW immunisations team • Other services: Respond, Abertawe Medical Partnership, Luther Street • Local authority partners: Homeless MDT, Gypsy & Traveller site officers, community safety partnership
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<ul style="list-style-type: none"> • Vulnerable migrants, including asylum seekers and refugees • People engaged in sex work • People recently released from prison • People with experience of homelessness • And Gypsy and Traveller communities

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¹ <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

² <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	Potential positive impact: Benefits likely to accrue to working age population as they disproportionately make up these groups (due to low life expectancy). Older and younger groups will not be excluded.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Potential positive impact: Measures will likely help to improve inequalities associated with disabilities. The relevant groups have disproportionately high levels of disability and recommendations encompass accessibility improvements.		
6.3 People of different genders: Consider men, women, people undergoing gender	Potential positive impact: Measures will likely help to improve inequalities associated		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	with gender in relevant groups. Gender sensitive care is a specific recommendation.		
6.4 People who are married or who have a civil partner.	No impact		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	Potential positive impact: Measures will likely help to improve. Women's health, advocacy and financial/employment support are specific recommendations. Women's charities are key partners.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers,	Potential positive impact: Measures will likely help to improve. Specifically, the work		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
gypsies/travellers, migrant workers	aims to improve health outcomes for asylum seekers, refugees, and gypsies and travellers. Culturally aware care is also a recommendation.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Potential positive impact: Measures will likely help to improve as culture sensitive care is a specific recommendation		
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	Potential positive impact: Measures will likely help to improve as people encountering discrimination on basis of sexuality disproportionately make up relevant groups. Improving access and providing sensitive care are key recommendations.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	No potential impact	Ambition to provide Welsh language materials in relevant services and to signpost to Welsh language learning as a diversionary activity where	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language		relevant	
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	Potential positive impact: Measures will improve as low socio-economic position is a key feature of many health excluded individuals and the work aims to improve access for them		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Potential positive impact: Measures will improve as living in isolated/deprived areas is a key feature of many health excluded individuals and the work aims to improve access for them		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	Potential positive impact: The work will have a positive impact due to its main aim of improving healthcare access for health excluded groups		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination,	Potential positive impact: The work features recommendations aimed at providing opportunistic testing, vaccination and health promotion. It also has an aspiration to improve screening rates for the relevant groups.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>Potential positive impact: The work has an aspiration to provide financial/employment services for relevant individuals via the VCS and medical-legal partnership</p>		
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment</p>	<p>No impact</p>	<p>Aspire to ensure relevant care settings also feature plant life and contribute to improving bio-diversity</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>Potential positive impact: Will improve as fostering peer support and VCS involvement are key recommendations of the work</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	No impact. However, relevant partners are subject to the NHS Wales Decarbonisation Strategic Delivery Plan and Decarbonisation Strategies from relevant local authorities	Aspire to reduce energy and carbon impact of relevant services going forwards as well as to reduce waste	

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	This strategy will have a range of positive impacts on both equality and health with no significant negative impacts identified
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Health Inclusion Network to review and consider suggested improvements	Health Inclusion Network Chair	1 year	
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	None			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions:- <ul style="list-style-type: none"> Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> continues unchanged as there are no significant negative impacts adjusts to account for the negative impacts continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) stops. Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment Monitor and review 	Continue with plan with aim to gain approval Share EHIA with health inclusion network	D Jones	3 months	

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Report Title:	UHB Forecast Financial Out-turn 2022-23			Agenda Item no.	7.11
Meeting:	UHB Board	Public	X	Meeting Date:	24 November 2022
Status (please tick one only):	Assurance	Private		Information	
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance				
Main Report					
Background and current situation:					
<p>The UHB Financial Plan submitted to Welsh Government in June 2022 projected a year end 2022-23 deficit of £17.1m. This plan incorporated savings plans and the assumption of Welsh Government funding from Welsh Government to meet Covid and exceptional (energy) costs in year.</p> <p>The UHB has been reporting an adverse variance against the planned £17.1 million deficit in each month of the financial year. This has reflected cost pressures greater than those anticipated in the financial plan and new unforeseen cost pressures emerging in year.</p> <p>These include pressures arising from general inflation in non-pay costs, an increase in prescribed medicines and the enhanced cost of temporary variable staffing.</p> <p>The UHB has assessed its ability to return to its planned deficit by the end of the financial year in light of the position at Month 7 and reflecting additional unforeseen cost pressures that have emerged in 2022-23.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The continued deterioration of the UHB position into Month 7 and the ongoing nature of the cost pressures experienced in 202-23 places the UHB ambition to return to a position within the 2022-23 planned deficit at significant risk.</p> <p>Executive Performance Reviews with Clinical Boards have been held and finance has been a central theme of Operational Group meetings. Clinical Board forecasts combined with an assessment of corporate budgets and UHB reserves have concluded that the most likely UHB Financial Out-turn will be £26.899m. This remains subject to external risk factors during 2022-23 that may worsen the position.</p> <p>Actions have been agreed with Clinical Boards for the rest of 2022-23 to help deliver, and where possible improve, the forecast out-turn including the issuing of revised year end budgetary control totals.</p> <p>The deterioration in the financial outlook has been discussed with Welsh Government colleagues through the mid-year review meeting with the Financial Delivery Unit on 10 November 2022.</p> <p>The financial outlook was discussed in detail at the UHB's Finance Committee meeting held on 16th November 2022. The Finance Committee noted :-</p> <ul style="list-style-type: none"> • The revised forecast out-turn and the cost pressures that had contributed to the revision • The requirement to report the revised forecast out-turn to the UHB Board 					

- The requirement for the Chief Executive Officer to send an Accountable Officer letter to Welsh Government confirming the revision to the UHB forecast financial outlook and requesting cash support for the position.

Recommendation:

The Board is requested to:

- **Note** the revised forecast Financial Out-turn for 2022-23
- **Approve** the submission of an Accountable Officer letter from the UHB Chief Executive Officer to Welsh Government confirming the UHB's forecast Financial Out-turn and requesting cash support for the forecast position.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	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

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Yes. Failure to meet financial targets impacts the ability of the UHB to deliver healthcare to its residents

Safety: Yes/No

No

Financial: Yes/No

Yes. Failure to meet financial targets impacts the ability of the UHB to maintain investment in developing meet financial balance in future years

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

Yes. Failure to meet financial targets may lead to escalation of intervention by Welsh Government.	
Socio Economic: Yes/No	
No	
Equality and Health: Yes/No	
No	
Decarbonisation: Yes/No	
No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Finance Committee	16 th November 2022

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Cardiff & Vale UHB

Revised Forecast Financial Out-turn
2022-23

NOVEMBER 2022

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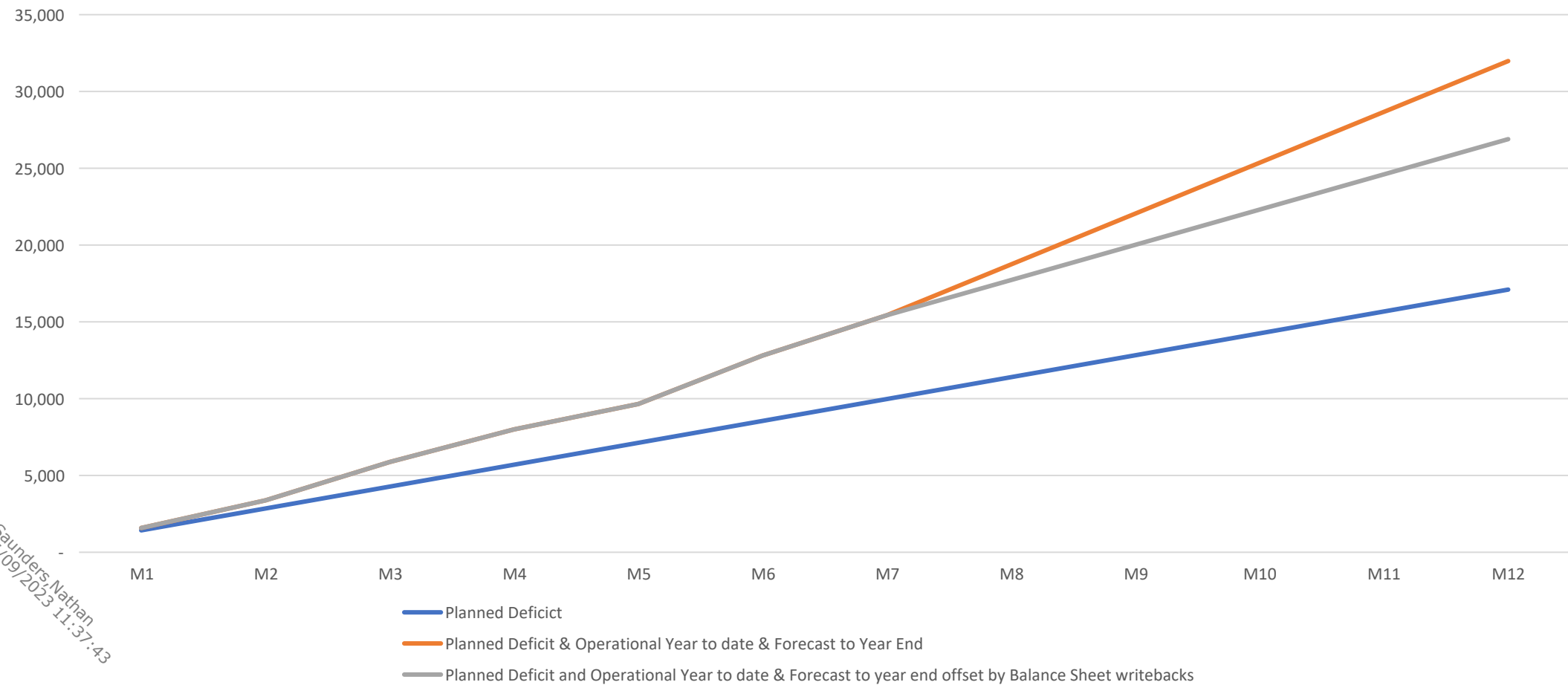
CARDIFF AND VALE UHB - 2022-23 REVISED OUT-TURN FORECAST AT NOVEMBER 2022

		£s
Planned Operational Deficit in submitted June plan to Welsh Government		17,100,000
<u>Variances Against plan</u>		
Prescribing Medicines	3,050,000	
CHC Price and Volume Trend	3,840,275	
Winter provision excess costs approved by Board(£6.729m Total)	2,750,000	
Income Loss from Retail Outlet sales and unleased units	<u>1,335,000</u>	
		10,975,275
<u>New Unforeseen Cost pressures inc. Fire Safety Enforcement</u>		3,824,000
Revised Deficit		31,899,275
Opportunities to offset additional pressures		-5,000,000
Projected 2022-23 Out-turn		26,899,275

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Revenue Forecast Delivery against Plan

Cardiff & Vale UHB - Planned versus current EOY Trajectory 2022-23 @ MONTH 7



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Cross clinical board actions agreed

- Prescribing
 - primary and secondary care interface review
 - review of high cost patients
- INNUs – Tighter gatekeeping, Data Quality review and Choice for patients waiting
- Cost/benefit review of community procedure service
- Demand management for PH Wales testing service
- Theatres and waiting list sustainability through
 - Increased core productivity and GIRFT reviews
 - Exit plans for insourcing and additional capacity contracts
- Procurement
 - Controls and governance levels
 - Non essential expenditure review/ban?

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Support requested by Clinical Boards

- Review of temporary doctor booking system benefits and possible alternatives
- Targeted HR support for resolution of workforce issues & hotspots
- Agree the Bed base for next financial year to include
 - Surge capacity and elective expectations understood
 - Management plan for crystalising patient pathway improvements

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Risks

- Enhanced winter rates of pay
- Strike action impact
- Fire safety compliance breach
- Excess Covid response cost

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Report Title:	2022-23 Strategic Cash Request Submission			Agenda Item no.	7.12
Meeting:	Board	Public	X	Meeting Date:	24 th November 2022
Status (please tick one only):	Assurance	Approval	X	Information	
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance				
Main Report					
Background and current situation:					

The UHB receives an annual cash allocation (*“the cash limit”*) broadly in line with its annual Revenue Resource Limit. This allows the UHB to support its payroll, contract and non-pay liabilities with cash payments.

The UHB would require an increase in its cash limit for two reasons :-

- An in year movement in the working balances brought forward in the UHB's Balance Sheet. This reflects late accruals for liability made in the 2021-22 financial year that were not backed by cash in the prior financial year due to their proximity to year end. These commitments, created in recognition of 2021-22 liabilities, require payment in 2022-23 and separate cash support from the cash limit intended to support liabilities arising in 2022-23.
- Strategic cash support recognising deficits in the UHB's forecast financial out-tun.

The Finance Directorate, Health and Social Services Group (Welsh Government) issued Technical Update Note (2022-23) on 8th November 2022 confirming that cash implications of the UHBs operational deficit are a separate and additional issue to the annual movement of working balances cash exercise.

Health Boards are required to submit an Accountable Officer letter (once requirements are established) in support of a request for Strategic Cash Support

The following application requirements are in place for Strategic Cash Support to ensure appropriate oversight by LHB Boards of the cash requirements:

- All applications for Strategic Cash Support are required to be made to the Chief Executive NHS Wales
- All applications are to be approved by the Board prior to submission, including consideration of the cumulative cash support position of the LHB and the actions management are taking to mitigate the cash support requirement;
- All applications must be made by the Accountable Officer of the LHB.

Application requests should be submitted by Thursday 8th December.

The UHB has highlighted the required cash support for the planned deficit of £17.1m throughout the 2022-23 financial year to date. At month 7, the UHB reported a forecast deficit of £19.850m, subject to a number of risks. The UHB forecast deficit subject to board approval has been assessed at £26.9m.

This position was discussed with the UHB's Finance Committee on 16th November 2022 which noted the cash requirement forecast by the UHB and submission of a paper to the Board to approve further action as set out by Welsh Government.

With Board recognition of the revised deficit forecast and approval for an Accountable Officer to be sent to Welsh Government, a request will be sent requesting £31.334m comprising:-

- Forecast financial out-turn of £26.9m deficit
- Working cash balance sheet requirement of £4.234m

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

The UHB request for Strategic Cash Support in 2022/23 will be consistent with the forecast deficit reported to the UHBs Finance Committee and the UHB Board.

Recommendation:

The Board is requested to:

- **Note** the UHBs working cash balance requirement of £4.234m identified in the October 2022 Welsh Government Monitoring return.
- **Note** that UHB's strategic assistance cash support requirement will need to be consistent with the Board's recognition of the forecast financial out-turn for 2022-23.
- **Approve** the submission of an Accountable Officer letter from the UHB Chief Executive Officer to Welsh Government confirming the requirement for cash support in line the UHB's working balance sheet movements and the UHB's forecast financial out-turn.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	Long term	x	Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No	
Financial: Yes	
As detailed above.	
Workforce: No	
Legal: No	
Reputational: Yes	
Yes, if the ability for the UHB to meet payment timetables is impacted	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Finance Committee	Date: 16 th November 2022

Saunders, Nathan
06/09/2023 11:37:43

**Confirmed Minutes of the Public Audit & Assurance Committee Meeting
Held On 6 September 2022 at 9am
Via MS Teams**

Chair:		
David Edwards	DE	Independent Member for ICT and Committee Vice Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Union
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Catherine Phillips	CP	Executive Director of Finance
Ian Virgil	IV	Head of Internal Audit
Wendy Wright-Davies	WW	Deputy Head of Internal Audit
Robert Mahoney	RM	Interim Deputy Director of Finance (Operational)
Gareth Lavington	GL	Lead Local Counter Fraud Specialist
Aaron Fowler	AF	Head of Risk and Regulation
Tim Davies	TD	Head of Corporate Business
Urvisha Perez	UP	Audit Wales
Rhodri Davies	RD	Audit Wales
Andrew Crook	AC	Head of People Assurance & Experience
David Thomas	DT	Director of Digital Health and Intelligence
Martyn Lewis	ML	IT Audit Manager
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
John Union	JU	Independent Member for Finance and Committee Chair
Ceri Phillips	CP	UHB Vice Chair
Rachel Gidman	RG	Executive Director of People & Culture
Mark Jones	MJ	Audit Wales

Item No	Agenda Item	Action
AAC 001 6/9/22	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
AAC 002 6/9/22	Apologies for Absence The Committee resolved that: a) Apologies were noted.	
AAC 003 6/9/22	Declarations of Interest The Committee resolved that: a) No Declarations of Interest were noted.	
AAC 004 6/9/22	Minutes of the Meeting Held on 5 July 2022 The Minutes were received.	

	<p>The Committee resolved that:</p> <p>a) The draft minutes of the meetings held on 5th July 2022 were a true and accurate record of the meeting.</p>	
AAC 6/9/22 005	<p>Action Log – Following Meeting held on 5 July 2022</p> <p>The Action Log was received.</p> <p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
AAC 6/9/22 006	<p>Any Other Urgent Business</p> <p>The Committee resolved that:</p> <p>a) No other urgent business was noted.</p>	
	Items for Review and Assurance	
AAC 6/9/22 007	<p>Internal Audit Progress Report</p> <p>The Head of Internal Audit (HIA) presented the Internal Audit Progress Report and highlighted the following:</p> <p><u>Section 2</u></p> <ul style="list-style-type: none"> Two audits were scheduled for the September Committee. However, due to delays Internal Audit were not able to meet the deadline. <p><u>Section 3</u></p> <ul style="list-style-type: none"> 5 audits have been completed. The Waste Management Audit was the final piece of work that remained from the 21-22 plan and had now been finalised. <p><u>Section 4</u></p> <ul style="list-style-type: none"> The table highlighted the current stage in producing the progress report. 3 audits have been finalised from the 22-23 plan. 13 pieces of work were in progress. <p><u>Section 5</u></p> <ul style="list-style-type: none"> 3 additional audits have been proposed for inclusion to the 22-23 plan. A follow up of the limited assurance reports have been agreed. The audit of Stock Management within the Neuromodulation Service had been added to the plan following agreement by the Committee at the May 22 meeting. 	

<p style="transform: rotate(-45deg); transform-origin: left bottom;">Saunders, Nathan 06/09/2023 11:37:43</p>	<p>The Independent Member for ICT (IMI) queried the amount of work that was outstanding. Also, what assurance could be given to the Committee that the plan was still deliverable.</p> <p>The HIA responded that they did have resources in place to deliver the work before the end of 2022/23 to feed into the Head of Internal Audit Opinion.</p> <p>The HIA added that it was reliant on the Health Board being able to engage in the work. However, considering the Winter pressures, early discussions would need to take place with the Executives.</p> <p>The Director of Digital Health and Intelligence (DDHI) stated that there had been a delay with finalising one of the audits due to the availability of people. The DDHI queried whether there was a mechanism in place to prioritise critical audits.</p> <p>The Director of Corporate Governance (DCG) responded that there was a minimum number of audits that were required to obtain the Head of Internal Audit Opinion. The DCG added that the audits were under constant review.</p> <p>The IMI queried what the minimum number of audits required were.</p> <p>The HIA responded that there was not a definitive number. The audit plan needed to give sufficient coverage.</p> <p><u>Waste management report</u></p> <ul style="list-style-type: none"> • The purpose was to give assurance with regards to compliance with the Waste Management legislation. • Reasonable assurance was given. • There had been significant challenges faced by the Health Board in regards to waste. • A number of areas of good practice were identified to develop. • 5 medium priority recommendations were made. • Section 9 included the management actions to deal with the recommendations. <p>The Deputy Head of Internal Audit (DHIA) highlighted the following:</p> <p><u>Integrated Medium Term Plan 2022-2025: Development process</u></p> <ul style="list-style-type: none"> • Substantial assurance was given. • The audit looked at the plans in place to develop the IMTP. • A number of small recommendations that were medium priority were made. • Two further low priority recommendations were also made. 	
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	<p><u>Monitoring and reporting of staff sickness absence</u></p> <ul style="list-style-type: none"> • Reasonable assurance was given. • The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to monitoring and reporting of staff sickness absence. <p><u>Follow-up: Ultrasound Governance</u></p> <ul style="list-style-type: none"> • The overall objective of this audit was to provide the Health Board with assurance regarding the implementation of the agreed management actions from the Ultrasound Governance review that had provided limited assurance. • The two high priority recommendations raised were now complete. That moved the overall rating from a 'Limited' to 'Reasonable' Assurance, given the mitigation in risk. • Of the five recommendations made, only one medium priority remained incomplete and was a work in progress. • The outstanding recommendation would remain on the Tracker. <p><u>Stock Management - Neuromodulation Service (Specialist Services CB)</u></p> <ul style="list-style-type: none"> • Reasonable assurance was given. • This audit was not included in the plan initially. • However, the Internal Audit team were approached by the Clinical Board. <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports, were considered. b) The proposed additions and adjustments to the planned timings for the identified 2022/23 audits were approved. 	
<p>AAC 6/9/22 008</p> <p>Saunders, Nathan 06/09/2023 11:37:43</p>	<p>IT Service Management Verbal Update</p> <p>The DDHI updated the Committee on the following:</p> <p>The verbal update related to the limited assurance report which had been carried out on the ITIL compliant services.</p> <ol style="list-style-type: none"> 1) Service desk and service design. <ul style="list-style-type: none"> – 3 recommendations were made. – It was originally agreed that they would be completed by September. Those recommendations had now been met. – The business case had been approved for additional resourcing. – The intention was that all Digital staff would go onto the ITIL training. 	

<p style="transform: rotate(-45deg); transform-origin: left bottom;">Saunders, Nathan 06/09/2023 11:37:43</p>	<p>2) Lack of documented guidance</p> <ul style="list-style-type: none"> - 2 recommendations were made around procedures and guidance. - Those recommendations had now been completed. - Management were now working on the Ivanti system. <p>3) Call classification and prioritisation</p> <ul style="list-style-type: none"> - There were a few recommendations. - Calls should be drawn up and training provided. That had now been completed. - The free text fields that were applicable have been removed. - Call type and priority fields had been completed on the new Ivanti System. <p>4) Call status monitoring</p> <ul style="list-style-type: none"> - The process to ensure call activity was maintained had been completed. - The team was looking to procure a piece of software for reporting. The proposal was that this would be added to the system in September. <p>5) Service catalogue</p> <ul style="list-style-type: none"> - Service Catalogue setting out the service level had now been added onto the system. - The Service Level Agreements (SLAs) were not being formally enforced yet but were being reported on. There was a piece of work to do with individual departments regarding SLAs. <p>6) Call resolution</p> <ul style="list-style-type: none"> - There were 2 actions to complete. Both had now been added. <p>7) Problem management</p> <ul style="list-style-type: none"> - This had been postponed. However, master incident had been installed. This was another method of collating incidents. - The team would look at whether it would address the challenge. <p>8) Knowledge management</p> <ul style="list-style-type: none"> - The FAQs and knowledge-based information was available on the portal and was being expanded as more customer feedback was received. <p>The HIA commented that it was positive to see that the recommendations were being addressed.</p>	
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	<p>The HIA added that they would be completing a separate audit to look at the Ivanti system and would use that audit to give assurance on the implementation of the recommendations from the IT Service Management Audit.</p> <p>The DDHI stated that they would be taking formal standing reports on Ivanti system through the DHIC Committee.</p> <p>The IMI stated that the Health Board would not see the full benefit of the actions for a while. It was important to recognise that it was a journey and the change in behaviour would take time.</p> <p>The Committee resolved that:</p> <p>a) The IT Service Management Verbal Update was received.</p>	<p>IA</p> <p>DDHI</p>
<p>AAC 6/9/22 009</p>	<p>ChemoCare IT System – Verbal</p> <p>The DDHI highlighted the following:</p> <ul style="list-style-type: none"> • There were a number of actions with timescales. • There had been a delay mainly with the DHCW building interfaces and getting it signed off. • The changes were scheduled to take place at the end of October. • The Digital Team was running on Version 5 at the moment. • The first recommendation to create an SLA breach log with an annual review had started. • The second recommendation related to an activity to implement post Version 6 had been pushed back to October. • Section 2 <ul style="list-style-type: none"> – Looked at the database. – All 6 actions related to the upgrade. – The first 2 related to servers and they had been procured. – The Digital Team was currently awaiting the Version 6 upgrade. – The remaining actions relied on the upgrade and had been paused. • Section 3 <ul style="list-style-type: none"> – Looked at user training logs. - The refresh training was currently underway. • Section 4 <ul style="list-style-type: none"> – Looked at user management. - The SOP had been updated to reflect current roles. 	

	<ul style="list-style-type: none"> - Generic accounts on the Paediatric system had been actioned and was now complete. <p>The DDHI stated that the Audit was taking place in November.</p> <p>The IMI queried whether it was realistic to do a follow up in November as there could be set backs.</p> <p>The HIA stated the key was to do the follow up before the year-end to feed into the Head of Internal Audit opinion.</p> <p>The DCG queried the impact of the delay and whether there was any risk.</p> <p>The DDHI responded that he had checked with services and had spoken to Pharmacy teams and there were no real risks.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The ChemoCare IT System verbal update has been received. 	
AAC 6/9/22 010	<p>Audit Wales Update to include:</p> <ul style="list-style-type: none"> • Audit of Accounts' Addendum Report • Estates Follow Up Review <p>Rhodri Davies (RD) updated the Committee on the following:</p> <ul style="list-style-type: none"> • There were two main pieces of work that were ongoing. • The 21/22 Annual Accounts were certified on 17 June 2022 • The other piece of work that was being undertaken was on the Charity audit 21-22. The audit plan was issued at the Board of Trustee (BOT) meeting last Thursday. Audit Wales were looking to commence the work late October. <p>Urvisha Perez (UP) updated the Committee on the following:</p> <ul style="list-style-type: none"> • The Estates Management follow up review was now complete. • Exhibit 3 showed the work that was currently underway. • The field work for this year's Structured Assessment was progressing well. Audit Wales were looking to bring the report to the November Audit Committee. <p><u>Audit of Accounts' Addendum Report</u></p> <ul style="list-style-type: none"> • Recommendations that followed the Annual Accounts. • 8 recommendations were made this year and were set out in paragraph 2 of the Report along with the management responses. <p><u>Estates follow up review</u></p> <ul style="list-style-type: none"> • Audit Wales found that the Health Board was taking steps for estates improvement. 	Audit Wales

	<ul style="list-style-type: none"> It was a follow up review of the 7 recommendations. 2 were complete, 1 was ongoing, and 2 had been superseded. There was no progress in 2 of the recommendations. <p>The Committee resolved that:</p> <p>a) The Audit Wales Update was discussed and noted.</p>	
AAC 6/9/22 011	<p>Declarations of Interest, Gifts and Hospitality Report</p> <p>The Head of Risk and Regulation (HRR) presented the report and highlighted the following:</p> <ul style="list-style-type: none"> There had been a modest increase in submissions since July 2022. The Risk and Regulation Team was undertaking a piece of work with Welsh Government which focussed on healthcare practitioners and how to record their interests. Between now and the next update a cleanse would be done. DOI recorded on the Health Board website had not changed a lot. <p>The Committee resolved that:</p> <p>a) The ongoing work being undertaken within Standards of Behaviour was noted.</p> <p>b) The Declarations of Interest, Gifts, Hospitality & Sponsorship Register was approved.</p>	
AAC 6/9/22 012	<p>Internal Audit Tracking Report</p> <p>The HRR presented the report and highlighted the following:</p> <ul style="list-style-type: none"> The Risk and Regulation Team met regularly with Internal Audit. There had been an increase in recommendations from 91 to 115. Of the 115 recommendations listed within the Tracker, 31 were recorded as completed, 58 were listed as partially complete and 26 were listed as having no action taken or reported since the July Committee meeting. The request was that the outstanding actions be targeted at future Committee meetings. <p>The HIA advised that there was a need to move reports forward and to give focus to recommendations that have been on the Tracker for a long period of time.</p> <p>The Committee resolved that:</p> <p>a) The tracking report for tracking audit recommendations made by Internal Audit was noted.</p> <p>b) The progress which has been made since the previous Audit and Assurance Committee Meeting in July 2022 was noted.</p>	

AAC 6/9/22 013	<p>Audit Wales Tracking Report</p> <p>The HRR presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • The Tracker recorded 24 Audit Wales recommendations brought forward from the Audit and Assurance Committee in July 2022, all of which were partially complete. • That represented an increase of 7 entries which were attributed to the 'Review of Quality Governance Arrangements' Audit which was presented to the July Committee meeting. • A review of all outstanding recommendations had been undertaken with the Executive and Operational Leads for each recommendation since July 2022. • That work will continue and be reported at each Audit and Assurance Committee to provide regular updates on the status of recommendations. <p>Urvisha Perez (UP) requested an offline discussion about the new process.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) Assurance from the progress which has been made in relation to the completion of Audit Wales recommendations was noted. b) The continuing development of the Audit Wales Recommendation Tracker was noted. 	DCG/H RR/AW
AAC 6/9/22 014	<p>Assurance mapping</p> <p>The DCG presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • The Risk and Regulation Team had been trying to develop an assurance map together with Internal Audit. • Internal Audit have completed an advisory report. • The Risk and Regulation team was looking to introduce those recommendations. • Phase 2 would involve completing an audit which would come to the Audit Committee and Board in November. • It was a huge piece of work. However, once it was in place it would just involve keeping it up to date. <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The Assurance Mapping Update was noted and it was agreed that a further update, following implementation of the opportunities identified by Internal Audit, would be shared at the November Audit and Assurance Committee Meeting. 	DCG

AAC 6/9/22 015	<p>Regulatory Compliance Tracking Report</p> <p>The HRR presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • This was a tool used to monitor compliance with Welsh Health Circulars and recommendations made by Health regulators. • Since the July meeting, there have been 3 completed entries which were removed from the Tracker. <p>The DCG stated that the Health Inspectorate Wales reports were now being reported at the Quality Safety Experience Committee and tracked through the Audit Committee.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The assurance provided by the Regulatory Tracker and the confirmation of progress made against recommendations was approved. b) The continuing development of the Legislative and Regulatory Compliance Tracker was noted. 	
AAC 5/7/22 016	<p>Procurement Compliance Report</p> <p>The Executive Director of Finance (EDF) presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • The Procurement Team was currently doing improvement work which would be discussed in the Private session of the Committee meeting. <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The contents of the Report were noted. b) The contents of the Report were approved and agreed. 	
AAC 5/7/22 017	<p>Counter Fraud Progress Report</p> <p>The Lead Local Counter Fraud Specialist (LCFS) presented the Report and highlighted the following:</p> <ul style="list-style-type: none"> • A lot of time had been spent on developing the infrastructure of the Counter Fraud Team (CF Team). • The CF Team had developed Fraud awareness tools, such as posters placed throughout the organisation. • There had also been a pop-up Fraud session in the Health Board. • 1 member of the CF Team had left and the recruitment process to fill that post had started. By the end of Quarter 3 the CF Team should be back up to speed. • 2 prevention fraud notices have been issued. They have had no impact on the Health Board. • The CF Team have issued one local fraud alert in relation to a phishing scam targeting • 2 fraud sessions have been delivered to the overseas Nurses and Primary Care team. 	

	<ul style="list-style-type: none"> 9 referrals have been made. None were progressed to formal investigation. 6 formal investigations have been opened to start. <p>The Independent Member for Trade Union (IMTU) commented that the posters for Counter Fraud are really helpful. The screen savers were also a deterrent.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report were noted.</p>	
AAC 5/7/22 018	<p>Procedure for Internal and External Tracking Reports Update</p> <p>The DCG updated the Committee on the following:</p> <ul style="list-style-type: none"> The plan was to bring in people who are not responding to chasers or have long standing recommendations on the tracker to the Committees. That would help to improve the process. <p>The Committee resolved that:</p> <p>a) The amendment of the of the Committee work plan to reflect the reduction in frequency with which the Internal Audit, Audit Wales and Legislative and Regulatory Recommendation Trackers are reported to Committee was approved.</p>	
Items for Approval / Ratification		
AAC 5/7/22 019	<p>Internal Audit reports for information:</p> <ol style="list-style-type: none"> Monitoring and Reporting of Staff Sickness Absence Ultrasound Governance Follow-up (CD&T CB) Integrated Medium Term Plan 2022 – 2025: Development Process Stock Management – Neuromodulation Service (Specialist Services CB) Waste Management 	
AAC 5/7/22 20	<p>Agenda for Private Audit and Assurance Committee</p> <ol style="list-style-type: none"> Private Audit Minutes – 14 June 2022 and 5 July 2022 Counter Fraud Progress Report (Verbal) Workforce and Organisational Development Compliance Report Overpayment of Health Board Salaries (Verbal) Procurement Influenceable Spend Report and Improvements 	
AAC 5/7/22 021	<p>Any Other Business</p> <p>No Other Business was discussed.</p>	
Review and Final Closure		

AAC 5/7/22 022	Items to be deferred to Board / Committee No items were deferred to Board / Committees.	
	Date and time of next committee meeting Tuesday 8 November 2022 at 9am via MS Teams	

Saunders, Nathan
06/09/2023 11:37:43



**Confirmed Minutes of the Public Digital & Health Intelligence Committee Meeting
Held On 7 June 2022 at 9 am
Via MS Teams**

Chair:		
David Edwards	DE	Independent Member - Digital
Present:		
Gary Baxter	GB	Independent Member - University
Michael Imperato	MI	Independent Member - Legal
Sara Moseley	SM	Independent Member – Third Sector
In Attendance:		
Suzanne Rankin	SR	Chief Executive Officer
Nicola Foreman	NF	Director of Corporate Governance
Angela Parratt	AP	Director of Digital Transformation
David Thomas	DT	Director of Digital & Health Intelligence
Daniel Jones	DJ	Information Governance Manager
Hywel Pullen	HP	Assistant Director of Finance
Mark Wardle	MW	Consultant Neurologist
Observers:		
Emily Howell	EH	Audit Wales
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
James Webb	JW	Information Governance Manager
Catherine Phillips	CP	Executive Director of Finance
Charles Janczewski	CJ	UHB Chair
Meriel Jenney	MJ	Executive Medical Director

Item No	Agenda Item	Action
DHIC 07/06/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the public meeting and confirmed the meeting was quorate.	
DHIC 07/06/002	Apologies for Absence Apologies for absence were noted. The Committee resolved that: a) The apologies were noted.	
DHIC 07/06/003	Declarations of Interest The Independent Member – Third Sector (IMTS) declared a Declaration of Interest due to her working for the GMC.	

	<p>The Committee resolved that:</p> <p>a) The Declaration of Interest were noted.</p>	
<p>DHIC 07/06/004</p>	<p>Minutes of the Meeting Held 1 February 2022</p> <p>The Director of Digital & Health Intelligence (DDHI) advised that page 6 needed to be amended to state “did not sign because it would be inferior to the current Paris system.”</p> <p>The Committee Resolved that:</p> <p>a) Pending the above changes, the minutes of the meeting held on the 1 February 2022 were confirmed as a true and accurate record.</p>	
<p>DHIC 07/06/005</p>	<p>Action Log – Following the Meeting held on 1 February 2022</p> <p>The Action Log was received.</p> <p>The Committee Resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
<p>DHIC 07/06/006</p>	<p>Chair’s Action taken since the Committee Meeting held on 1 February 2022</p> <p>The Committee Resolved that:</p> <p>a) There were no Chair’s Action.</p>	
	Items for Review and Assurance	
<p>DHIC 07/06/007</p>	<p>Digital Transformation Progress Report</p> <p>The Director of Digital Transformation (DDT) presented the Report and highlighted the following:</p> <ul style="list-style-type: none"> • The Digital Strategy was due a refresh. The first one had been produced in 2020. • It was noted that work had progressed with defining the Digital Roadmap and associated business cases to support the Digital Transformation Programme. • Other items would also be added to the Roadmap and would help to give a 2-3 year forward view. • Cash releasing business cases had also been included into the progress report provided in Appendix 1. • The Roadmap also included year end funded initiatives. 	

<p>Saunders, Nathan 06/09/2023 11:37:43</p>	<ul style="list-style-type: none"> • “Green” showed initiatives that had been completed and “amber” showed initiatives that were mobilising and starting. • All of the activities were either completed or mobilised, which showed good progress. • The current position regarding business cases in development and Roadmap items were summarised in Appendix 2 • The Roadmap also included those initiatives that had been completed in 2021-22. <p>The IMTS asked about any funding discussions which had taken place since the last Committee meeting. The IMTS added that she was also concerned about electronic patient records because it was fundamental to working across the organisation.</p> <p>The DDHI responded that there were a number of business cases that had been reviewed by Finance colleagues at BCAG. These were not approved yet and queries had been raised regarding those. The request was for a total of over £1 million and that would need to be dealt with by the Executive Director of Finance (EDF). However, if those business cases were not accepted, it would be a struggle to deliver the Roadmap.</p> <p>The DDHI added that the Cyber team bid had been successful.</p> <p>The Independent Member – Legal (IML) commented that Appendix 2 was a very useful document. The IML queried how digital communications and electronic patient records would be achieved. There needed to be more of a definite date of the milestones and actions.</p> <p>The DDHI responded that it was a matter of resources. The team could put in as much information into the timelines as possible. However, if the funding resources had not been identified then it was difficult to achieve.</p> <p>The Chief Executive Officer (CEO) commented that the paper was quite tactical. The CEO queried whether everyone understood the scale of investment required to get the Health Board to an electronic patient record status. That would involve hundreds of millions of pounds. Firstly, there was no capital and the digital programme for Wales had been cut this year. The CEO queried whether the Roadmap should be prioritised and a strategic emphasis created. The CEO stated that a long term financial commercial model was required.</p>	
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	<p>The DDT responded that everything the CEO had mentioned was correct. On the one hand the team needed to carry out the basics and they were hampered by resource challenges. At the same time the expectations on what technology could deliver were high. The DDT added that his team was making progress but that were progressing very slowly on big strategic items.</p> <p>The DDT added that in relation to the Electronic Patient Record (EPR), some pieces of work had been undertaken in the past 12 months. The team wanted to put data at the centre and make it available to all healthcare colleagues.</p> <p>The DDHI advised the Committee that there was a high-level plan and he would share that with Board Members. The plan contained an estimate of a 10-year forecast which set out what was needed for Digital, which included capital and revenue. The plan had been submitted to WG. The DDHI added that it excluded the UHW2 work. The total cost was £275 million and that was a slight under estimation.</p> <p>The Independent Member – Digital (IMD) commented that it was good to have all the items on the Roadmap. However, once the budget for Digital was agreed, it would be beneficial to create a list of items that would definitely be delivered.</p> <p>The Committee noted that Windows 11 would be replacing Windows 10 and that would also require resources.</p> <p>The Committee Resolved that:</p> <p>a) The progress made across the Digital Strategy – Roadmap delivery programme was noted.</p>	DDHI
DHIC 07/06/008	<p>IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)</p> <p>The Information Governance Manager (IGM) presented the IG Data & Compliance Paper and highlighted the following:</p> <ul style="list-style-type: none"> Information Governance (IG) staffing levels remained stable with 5 full time equivalent members of staff. The overall number of serious incident reports had dropped. That was partly due to a change from the local e-Datix system to the new system. 	

<p>Saunders, Nathan 06/09/2023 11:37:43</p>	<ul style="list-style-type: none"> • The number of IG related incidents had increased during Quarter 4. It was a natural fluctuation and had not reflected anything significant. • The overall compliance of FOI requests had increased across the Health Board during Quarter 4 of 2022 • The IG team had updated the public disclosure log for 2020 – 2022. • There had been a drop-in compliance in Quarter 4 regarding health record requests. The Medical Records team was taking measures to address that with the IG team's support. • The non- health Subject Access Requests compliance rate had increased to 88% from 80%, despite an increase in Police requests. • The IG team had begun to process a large number of letters that had been sent to staff. Those were being reviewed with HR. The team was already starting to see a drop in the numbers after a few months of targeting those. • The level of IG training compliance was around 63% and the target was 85%. <p>The DDHI commented that following discussions at ME, it was noted that it was important to bring the IG training rate up to the 85% target. It was recognised that there was targeted work to do in that area.</p> <p>The IML queried how many of the access to medical records requests came from (i) solicitors and (ii) members of the public, and what were the reasons for those requests. For example, were the requests driven by Covid or by random requests.</p> <p>The IGM responded that they did not have to record the purpose. However, they would record who made the request for medical records and he added that he would ask Medical Records for a breakdown of who was making the requests.</p> <p>The team was also putting together a procedure document that would help with the efficiency of processing.</p> <p>The Independent Member – University (IMU) queried whether the volume of FOI requests had changed substantially since the pandemic and what was the longer-term trend. The IMU also queried whether the Health Board's FOI compliance rate was typical for a Health Board in Wales.</p> <p>The IGM responded that from a FOI perspective, the level of requests had remained steady. He would provide further detail at the next Committee meeting.</p>	<p>IGM</p>
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	<p>The IMD stated a lot of FOI requests were often repeated. The IMD queried if there was a way to reduce the requests and make the information more transparent.</p> <p>The IGM responded that the disclosure logs had been updated from January 2021 onwards. However, a lot of the requests would ask for similar information. Therefore, there was a small percentage that could be sent to the disclosure log.</p> <p>The Committee Resolved that:</p> <p>a) The series of updates relating to significant Information Governance issues as set out in this report were received and noted.</p>	IGM
DHIC 07/06/009	<p>Joint IMT & IG Corporate Risk Register</p> <p>The DDHI presented the Joint IMT & IG Corporate Risk Register Paper.</p> <p>It was noted that the Risk Register set out the individual risks and a lot of risks related to resourcing. The DDHI requested that the red risk noted at 20 (the Cyber Security Risk) be included on the Corporate Risk Register.</p> <p>The Director of Corporate Governance (DCG) responded that it was important to include the Cyber Security risk on the Corporate Risk Register</p> <p>The IMTS queried if any insight could be given on the heightened Cyber Security risk.</p> <p>The DDHI responded that this would be discussed in the Private meeting.</p> <p>The IMD stated that all public organisations needed to maintain Cyber Security and there were a lot of external events that the Health Board needed to be mindful of.</p> <p>The Committee Resolved that:</p> <p>a) The progress and updates to the Risk Register report were noted.</p>	DCG
DHIC 07/06/010	<p>Development, procurement and implementation of national and Local IMT systems</p> <p>The DDHI presented the Report and highlighted the following:</p>	

	<ul style="list-style-type: none"> • The purpose of the paper was to pick up on items that were not included on the Roadmap. • The team had a new service desk tool. The team did a “mock-up” of the type of reports that the system would produce which was included in the appendix. • The team would use that to update the Committee and the Health Board, where appropriate. • The Welsh Community Care Information System had not been taken up by the Health Board because the Paris system was chosen instead. • In the Capital Digital Funding Programme, the Health Board was able to receive and spend appropriately across a range of things. The team would be looking at the technology stack to understand what was needed going forward. <p>The IMD queried if there were plans to expand the ITIL training. The whole IT department needed the training to make it effective.</p> <p>The DDHI responded that the training was aimed at the service desk staff initially. However, there were plans to expand it to project managers and network staff.</p> <p>The Committee Resolved that:</p> <p>a) The progress made against the workplan and the areas of exception which required further attention and consideration, were noted.</p>	
DHIC 07/06/011	<p>Digital Strategy Refresh including Investment Requirements</p> <p>The Consultant Neurologist (CN) advised the Committee that, data and digital services were the best way to build quality systems. A lot of good work had been undertaken and more could be done.</p> <p>The DDT presented the Digital Strategy Refresh Paper and highlighted the following:</p> <ul style="list-style-type: none"> • The strategy was originally signed in 2020. • A lot of tactical work had been carried out to make improvements. • The purpose was to build a new relationship with the organisation with a core principle of co-production. • An enterprise architecture was required. That would pull together all of the basics and what was needed in terms of infrastructure and would be carried out in a co-productive way with technical people and senior leaders in the organisation. 	

<p>Saunders, Nathan 06/09/2023 11:37:43</p>	<ul style="list-style-type: none"> • In terms of EPRs, there was dependency on other partners, local government and third parties. <p><u>Visual explanation of APIs</u></p> <ul style="list-style-type: none"> • It was noted that the “back end” was the engine room and that was where the data “lived”. • The “front room” was what colleagues and patients interfaced with. • The API got the data from the back into the front in a way that people could use. <p>It was noted that Digital Health and Care Wales (DHCW) were developing an API cluster to allow the Health Board to consume data.</p> <p>It was noted that it was really important to understand the future strategies within the 2022/25 IMTP.</p> <p><u>Cardiff and Vale Digital Strategy</u></p> <ul style="list-style-type: none"> • The overall point was that the Health Board should become a learning and health care system and data would be at the heart of it. • Digital must respond to the IMTP plan, IMTP priorities and commissioning intentions. • The aim was that patient information followed the patient so that anyone who needed to use and see the data could. • That would be underpinned by standards, plans and investments. • The objective was to get access to data anywhere and on any device. <p><u>Enterprise architecture</u></p> <ul style="list-style-type: none"> • An enterprise architecture would give a viewpoint to show how infrastructure needed to change. • It should clarify what the organisation would look like and how it would operate. <p>The DDHI added that his team had been working with Grant Thornton, a national consultancy firm. A plan would need to be created to set out how everything would be delivered.</p> <p><u>What’s next - EPR business case</u></p> <ul style="list-style-type: none"> • There was very rich and comprehensive data that should be made available. <p><u>Co-production</u></p>	
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	<ul style="list-style-type: none"> • There needed to be a vision and shared understanding and shared resources. • There was a lot of co-working with other organisations that had built hospitals or were embarking on that. <p>The CEO agreed on the importance of data following the patients. The CEO queried clinical decision-making driving safer practice and creating a discussion that it was not about putting decisions in clinicians' hand but getting them to make the right decisions using clinical evidence. For example, EPMA prescribing would be a great safety benefit to patients and clinicians, but that example had not been spoken about sufficiently.</p> <p>The IMD queried if anyone was looking at the emerging new technologies and the implications, especially when building new hospitals.</p> <p>The DDT responded that the main sources of horizon scanning were what colleagues brought to the table, conversations with other organisations who were going along the same route as the Health Board, and talking with suppliers.</p> <p>The IMU stated that he posed a question to the END on how to bring people along with digital transformation and how to achieve maximum co-production.</p> <p>The DDT responded that the Welsh nursing care records showed something had been developed by clinicians for clinicians, supported by the Digital team.</p> <p>The Committee Resolved that:</p> <p>A) The progress across the Digital programme refresh plans as described were noted.</p>	
DHIC 07/06/012	<p>Framework Policies, Procedures & Controls</p> <p>The DDHI presented the Framework Policies, Procedures & Controls Paper and highlighted that due to limited capacity in the team, the policies had not been reviewed.</p> <p>It was noted that they hope to complete the work before the next Committee.</p> <p>The Committee Resolved that:</p> <p>a) The progress made and the verbal update received at the Committee meeting, was noted.</p>	DDHI

DHIC 07/06/013	Committee Effectiveness Survey Results 2021-2022 <p>The DCG presented the Committee Effectiveness Survey Results 2021-2022 Paper and highlighted the following:</p> <ul style="list-style-type: none"> • The results were really good. • 5 respondents had filled it in. Next year it would be broadened to include those in attendance at the meetings. • There were no actual areas for improvement. However, all Committees of the Board could improve in some way. • Next year it would take a different approach. Instead of Survey Monkey, a face to face workshop could be used instead. <p>The DDHI queried that it would be helpful to see how the Committees could improve.</p> <p>The DCG responded that next year they were looking to have a workshop earlier in the year. Work was also being undertaken to align the Committees and Board with the Health Board's overall strategic objectives.</p> <p>The IMU stated it would be useful to move towards a more discussion type of Committee effectiveness review. He also queried if comments were captured.</p> <p>The DCG responded that comments were not captured very well using the Survey Monkey.</p> <p>The Committee Resolved that:</p> <p>a) The results of the Annual Board Effectiveness Survey 2021-2022, relating to the Digital and Health Intelligence Committee were noted.</p>	
	Items for Noting and Information	
DHIC 07/06/014	Clinical Coding Performance Data <p>The DDHI presented the Clinical Coding Performance Data Paper.</p> <p>The DDHI stated that the Health Board was losing clinical coders to other companies because of the ability to work at home.</p> <p>The IMU commented that around 2-3 years ago, Stuart Walker gave a presentation on the importance of clinical Code staffing. It highlighted a national problem in Wales</p>	

	<p>The CEO stated that a Clinical Coding academy was established in her last workplace. That could be done on an all Wales basis.</p> <p>The DCG queried the status of the DHCW Clinical Coding Audit Report and asked if the recommendations had been accepted and should they be added to the Tracker.</p> <p>The DDHI confirmed they would need to be added to the Tracker and would liaise with the DCG.</p> <p>The Committee Resolved that:</p> <p>a) The performance of the UHB's Clinical Coding Department was noted.</p>	DCG
DHIC 07/06/015	<p>Minutes: Digital Directors Peer Group</p> <p>i. Digital Directors Peer Group – 7 March 2022 and 4 April 2022</p> <p>The DDHI stated that the Digital priority investment fund had been reduced on capital and revenue. Confirmation from WG on what the final allocations would be was awaited.</p> <p>There was commitment from the DDPG to work on an all Wales basis.</p> <p>The Committee Resolved that:</p> <p>a) The Minutes of the Digital Directors Peer Group of Meeting held on 7th March 2022 and 4th April 2022 were received and noted.</p>	
DHIC 07/06/0016	<p>Agenda for Private Digital & Health Intelligence Meeting</p> <p>i. <i>Cyber Update</i></p>	
DHIC 07/06/017	<p>Any Other Business</p> <p>No Other Business was discussed.</p>	
DHIC 07/06/018	<p>Items to bring to the attention of the Board / Committee</p> <p>No Items were brought to the attention of the Board / Committee.</p>	
	<p>Date & Time of next Meeting:</p> <p>4 October 2022 via MS Teams</p>	

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06/09/2023 11:37:43

**Confirmed Minutes of the Finance Committee Meeting
Held On 24 August 2022 at 2pm
Via MS Teams**

Chair:		
Rhian Thomas	RT	Independent Member - Capital and Estates
Present:		
John Union	JU	Independent Member – Finance
David Edwards	DE	Independent Member – ICT
In Attendance:		
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CP	Executive Director of Finance
Hywel Pullen	HP	Interim Deputy Director of Finance (Strategy)
Mike Bond	MB	Managing Director – Acute Services
Tim Davies	TD	Head of Corporate Business
Kris Prosser	KP	Assistant Head of Finance - Financial Planning & Transformation
Wendy Wright – Davies	WWD	Internal Audit
Nicola Foreman	NF	Director of Corporate Governance
Observers:		
Darren Griffiths	DG	Audit Wales
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Robert Mahoney	RM	Interim Deputy Director of Finance (Operational)
Charles Janczewski	CJ	UHB Chair

Item No	Agenda Item	Action
FC 24/8/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FC 24/8/002	Apologies for Absence The Finance Committee resolved that: a) Apologies were noted.	
FC 24/8/003	Declarations of Interest The Finance Committee resolved that: a) No Declarations of Interest were noted.	
FC 24/8/004	Minutes of the meeting Held on 27 July 2022 The minutes of the meeting held on 27 July 2022 were received. The Finance Committee resolved that:	

	a) The minutes of the meeting held on 27 July 2022 were held as a true and accurate record of the meeting.	
FC 24/8/005	Action Log following the meeting held on 27 July 2022 The Action Log was received. The Finance Committee resolved that: a) The Action Log was up to date.	
FC 24/8/006	Chairs Action since previous meeting There had been no Chair's actions taken since the last meeting.	
	Items for Review and Assurance	
FC 24/8/007	Financial Report – Month 4 The Interim Deputy Director of Finance Strategy (IDDFS) presented the Financial Report and highlighted the following: <u>Table 1: Month 4 Financial Position 2022/23</u> <ul style="list-style-type: none"> • The Health Board reported an £8m deficit in Month 4. • £5.7m related to the planned deficit of £17.1m. • £2.3m related to the operational position (Surplus) / deficit. <u>Table 3 - Key Performance Indicator dashboard at July 2022</u> <ul style="list-style-type: none"> • The Health Board was “red” in terms of the operational deficit impacting the delivery of the financial plan. • The Health Board was yet to find the full recurrent savings that it wished to achieve. • The Health Board was overachieving on non-recurrent savings being found. • Creditor performance continued to be below 95%. • The Health Board was forecasting a deficit of £17m at the year end. It would need cash support from Welsh Government (WG) to cover the Health Board cash position in relation to revenue deficit. <u>Financial performance of Clinical Boards</u> <ul style="list-style-type: none"> • The Health Board had a £2.3m operational deficit. • Largest operational overspends experienced were in the Medicine Clinical Board, Mental Health Clinical Board, and Capital Estates and Facilities. • That was all due to a continuation of trends which included the pressure of recruiting nursing and medical staff and agency staff. 	

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<p style="transform: rotate(-45deg); transform-origin: left bottom; white-space: nowrap;">Saunders, Nathan 06/09/2023 11:37:43</p>	<p>The Managing Director – Acute Services (MDAS) advised on the following in relation to the Clinical Boards:</p> <ul style="list-style-type: none"> • The Specialist Clinical Board had moved from adequate to substantial. It had an underspend and a good grip on its financials. • Medicine continued to be under pressure. That was mainly due to the workforce. It was also driven by the combination of back door and delayed transfer of care. There was lots of work to do to support the workforce and ensure costs were reduced. • There was ongoing work that needed to happen. • Surgery had moved from adequate to limited assurance. This is due to complexity of activity. There are some historical CRPs that need to be worked on with additional savings. • Mental Health had a good grip but there were significant challenges in terms of inpatients. There was also an increased demand. • All Clinical Boards were currently looking for ways to reduce their current expenditure. <p>The Committee Chair (CC) commented that it was very reassuring to have the Clinical Board reviews. However, there should be more quantifiable plans in place. The CC requested a push for more concrete data. It would be useful to get more information on what the recovery plan was.</p> <p>The MDAS stated he would work with the IDDFS to obtain the details and share the cost improvement plans with the Committee.</p> <p>The Independent Member – ICT (IMI) agreed with greater visibility on plans. He expressed concern that the pressures which caused the overspend did not seem to be going away. The Health Board might need to include how to stabilise and how to recover.</p> <p>The MDAS responded that the workforce challenges seen at the moment would be compounded in the Winter. The Health Board needed to recognise what the costs would be and make decisions about what it could do financially. The overall aim was to maintain a safe service, to look after staff and meet the financial target set at the start.</p> <p>The Independent Member for Finance (IMF) commented that in previous years where the Health Board was in overspend, the Finance Committee looked at all aspects. It could mean looking at other areas across the Health Board where expenditure could be stopped and delayed to get back on track.</p> <p>The MDAS responded that he reviewed the situation with the Executive Director of Finance (EDF). Within Medicine there were different ways of working and it was about introducing</p>	<p>MDAS/IDDFS</p>
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change and different roles. There were matters being undertaken by the operational team to ensure it got the best out of the current staff and reduced costs where possible.

The EDF advised there was a piece about how Clinical Boards were working to their budgets and how to get them back on track if they were off track. The EDF added that the wider Corporate areas could possibly support the Clinical Boards that were under pressure. The vast majority of expenditure was spent on delivering services across the 7 Clinical Boards.

Exceptional costs

It was noted that the forecast for the energy costs had increased significantly. That reflected the global situation of energy prices.

COVID 19 Expenditure and Funding

It was noted that Table 7 captured the COVID costs from the national programmes and local response. The costs came down by £1m. They were continuing to reduce the Health Board expenditure in that area.

Table 9: Risk Register at July 2022

It was noted that there was one risk rated red. The Health Board was not planning to meet the Revenue Funding Limit and was unlikely to achieve its Three Year Rolling Breakeven Duty.

Savings Programme

It was noted that the savings target was £19.4m which reflected the additional £3.4m savings that were part of the improved plan submitted at the end of June.

The IDDFS added that £2m was required to achieve that target. Appendix 2 detailed the areas that needed action to improve the financial position. It was split between the different Clinical Boards and the different financial recovery areas.

The IMF queried what the impact on cash would be if the Health Board was at 95% compliance.

The IDDFS responded that it would have an impact on cash initially. That would be managed through the amount of money forecast from WG.

The EDF confirmed that the reason the Health Board was not meeting the payment compliance was not because of cash difficulties. A bigger cash balance should be driven at this point than expected because invoices were not being paid in the way expected.

	<p>The EDF added that the Audit Committee had an interest in the creditor payment process and procedure and it would be overseeing the improvement work.</p> <p>The CC queried the statement in the report regarding the Finance Delivery Unit (FDU) and what constituted Covid costs. The CC queried the risk around what costs the Health Board thought were covered compared to what WG thought it was.</p> <p>The IDDFS responded that there were a few Health Boards that stated that local Covid costs were significant. The FDU was undertaking a piece of work to understand that.</p> <p>The Finance Committee resolved that at Month 4:</p> <ol style="list-style-type: none"> The reported overspend of £7.999m due to £2.299m of operational pressures and a planning deficit of £5.700m, was noted. The financial impact of COVID 19 which was assessed at £20.739m, was noted. The additional Welsh Government COVID 19 funding of £20.739m assumed within the position was noted. The financial impact of Exceptional inflationary pressures which was assessed at £5.238m, was noted. The additional Exceptional inflationary pressures funding of £5.238m assumed within the position, was noted. The forecast deficit of £17.1m, which was consistent with the Final Financial plan and was a reduction of £3.7m from the £20.8m included within the initial Draft Financial Plan, was noted. The 2021/22 brought forward Underlying Deficit of £29.7m and the £3.6m variation from the planned forecast carry forward of £20.0m to 2023/24, was noted. 	
<p>FC 24/8/008</p> <p>Saunders, Nathan 06/09/2023 11:37:43</p>	<p>High Level Resource Map</p> <p>The IDDFS presented the High Level Resource Map and highlighted the following:</p> <ul style="list-style-type: none"> The purpose was to provide an overview of the funding the Health Board had received and how it was used. Funding was received from WG. The Health Board also received money for services it provided to WHSCC and neighbouring Health Boards. <p><u>What is a high-level resource map?</u></p> <ul style="list-style-type: none"> It assisted decision making by providing insight into the distribution of resources. 	

<p>Saunders, Nathan 06/09/2023 11:37:43</p>	<ul style="list-style-type: none"> • The Finance Team was looking to update it on an annual basis to inform the financial strategy and long-term financial plans. • The CAVUHB resource map spanned financial years 18/19 – 21/22. It was split into two elements – (i) the source of funding and (ii) application of funding. <p><u>Source of funding</u></p> <ul style="list-style-type: none"> • The biggest element was the allocation from WG. This was based on a formula driven by the population. • The next biggest element of funding was from WHSCC. <p><u>Source of funding extract</u></p> <ul style="list-style-type: none"> • Revenue resource limit was a large number. The Health Board also provided £35m services to Aneurin Bevan. • The Health Board also had a role in providing education and training to Clinical staff. The Health Board received money for that. <p>The CC queried what costs were being incurred in providing the income services and could the Health Board determine which were the most profitable.</p> <p>The IDDFS responded that in certain places, they have tried to drill down.</p> <p><u>Revenue resource limit</u></p> <ul style="list-style-type: none"> • The revenue resource limit could be broken down into additions to the baseline i.e. recurrent changes and in year allocations/technical accounting allocations. • Recurrent allocation and in year non-recurrent allocations had increased. <p>The CC queried how the Finance Team was audited to ensure that it was spending money in the right areas.</p> <p>The IDDFS responded that WG ring fenced certain items in its allocation, such as Mental Health Services, and was also required to submit invoices to WG. Internal Audit also looked at the programme of work.</p> <p><u>WHSSC</u></p> <ul style="list-style-type: none"> • It was noted that the Committee had previously had deep dives on WHSSC funding. • The funding the Health Board received has grown over the years. <p><u>Application of funding</u></p>	
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	<p>The funding received was split across 3 main areas which included Clinical Boards, specific commissioning reserves and other reserves.</p> <p><u>Clinical Board expenditure</u></p> <ul style="list-style-type: none"> It was noted that Primary Care had doubled the expenditure. Overall it had been a steady growth. However, the Medicine Clinical Board expenditure had increased by £46m. <p>The Head of Corporate Business (HCB) queried whether a service generating income goes directly back to the service or to the Health Board.</p> <p>The Assistant Head of Finance (AHF) responded that the income would sit in the Clinical Board and should fund the service.</p> <p>The Finance Committee resolved that:</p> <ul style="list-style-type: none"> a) The information included with the High Level Resource Map was noted; and b) The High Level Resource Map would be presented at a future Board development session. 	DCG
	Items for Information and Noting	
FC 24/8/009	Financial Monitoring Return – Month 4	
	Agenda for Private Finance Committee Meeting	
FC 24/8/010	<ul style="list-style-type: none"> i. Approval of Private Minutes ii. Update on the Financial Plan 	
FC 24/8/011	<p>Any Other Business</p> <p>It was agreed that the High-Level Funding Resource Map would be presented at a future Board development session.</p>	
	Review and Final Closure	
FC 24/8/012	<p>Items to be deferred to Board / Committee</p> <p>No items were deferred to Board/Committee.</p>	
	<p>Date & time of next Meeting</p> <p>Wednesday 28th September 2022 at 2pm Via MS Teams</p>	

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**Confirmed Minutes of the Public Finance Committee Meeting
Held On 28 September 2022 at 2pm
Via MS Teams**

Chair:		
Rhian Thomas	RT	Independent Member - Capital and Estates
Present:		
John Union	JU	Independent Member – Finance
David Edwards	DE	Independent Member – ICT
In Attendance:		
Charles Janczewski	CJ	UHB Chair
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CP	Executive Director of Finance
Hywel Pullen	HP	Interim Deputy Director of Finance (Strategy)
Tim Davies	TD	Head of Corporate Business
Nicola Foreman	NF	Director of Corporate Governance
Robert Mahoney	RM	Interim Deputy Director of Finance (Operational)
Marie Davies	MD	Deputy Director of Planning
Robert Wilkinson	RW	Programme Support Manager
Jason Roberts	JR	Executive Nurse Director
Paul Bostock	PB	Chief Operating Officer
Geoff Walsh	GW	Director Capital Estates and Facilities
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		

Item No	Agenda Item	Action
FC 28/9/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FC 28/9/002	Apologies for Absence The Finance Committee resolved that: a) No Apologies were noted.	
FC 28/9/003	Declarations of Interest The Finance Committee resolved that: a) No Declarations of Interest were noted.	
FC 28/9/004	Minutes of the meeting Held on 24 August 2022 The minutes of the meeting held on 24 August 2022 were received. The Finance Committee resolved that:	

	a) The minutes of the meeting held on 24 August 2022 were held as a true and accurate record of the meeting.	
FC 28/9/005	Action Log following the meeting held on 24 August 2022 The Action Log was received. The Finance Committee resolved that: a) The Action Log was up to date.	
FC 28/9/006	Chairs Action since previous meeting There had been no Chair's actions taken since the last meeting.	
	Items for Review and Assurance	
FC 28/9/007	Financial Report – Month 5 The Interim Deputy Director of Finance Operations (IDDFO) presented the Financial Report Month 5 and highlighted the following: The Health Board had a planned deficit of £17.1m and was currently reporting a £9.652m overspend at Month 5. <u>Table 1: Month 5 Financial Position 2022/23</u> It was noted that there was an additional Covid 19 expenditure reported at £25m to date. It was anticipated that this would be £58m by year end. It was split into two components. Firstly, the Covid response costs and, secondly, the national programmes that were being delivered. The exceptional inflationary pressures covered several items. It was noted that £6.7m had been spent on energy costs so far. The Health Board anticipated to spend £45m by year end. The Health Board was anticipating funding from Welsh Government (WG). <u>Table 2 - 2022/23 Draft Financial Plan - Resubmitted 30 June 2022</u> It was noted that the Health Board had overspent by £9.652m against its core financial plan, of which (i) £7.125m was planned as part of the underlying financial deficit, and (ii) £2.527m was unplanned as an overspend in delegated and central positions.	

<p>Saunders, Nathan 06/09/2023 11:37:43</p>	<p>The rate of unplanned overspend fell in month, deteriorating by £0.228m from the cumulative Month 4 unplanned overspend of £2.299m.</p> <p><u>Table 3 - Finance - Key Performance Indicator Dashboard at August 2022</u></p> <p>The IDDFO stated that delivering the financial plan was “red” at the moment because the Health Board had overspent.</p> <p>The IDDFO added that the Health Board was still managing within the capital resource limit anticipated and was ambitious that it would remain “green” throughout the year.</p> <p>It was noted that the pressure of the plan also had an effect on the underlying deficit and savings. Some of the savings delivered were not recurrent and the total savings plan had not been reached yet.</p> <p>The IDDFO highlighted that creditor payments had improved. It could take a while for the non-compliance rates to improve.</p> <p>The Committee Chair (CC) queried the Finance team’s confidence in meeting the financial plan as it stood. The Health Board was about to go into the Winter period and it was already showing a month by month deficit.</p> <p>The IDDFO responded that there was a table, in the meeting pack, which dealt with the financial pressures that were not anticipated. There was pressure to deliver the £17.1m plan. The Finance team would need to get a forecast position of the year end.</p> <p>The UHB Chair stated that as the Health Board was shortly approaching Month 6, it was a key time for Welsh Government (WG) to take a keen interest in the financial plan. It was therefore important that the Finance team put together a forecast and highlighted any revision to the financial plan. The Board would also be keen to understand the position as soon as possible.</p> <p>The IDDFO responded that was the intention as it was a mid-way point. It was also a forecast month upon which WG placed great reliance. The Finance team would also make sure that the Health Board governance structures were appropriately engaged if any revision was needed.</p> <p><u>Table 5 - Key Cost pressures and risks within delegated positions as at Month 5</u></p>	<p>IDDFO</p>
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<p>Saunders, Nathan 06/09/2023 11:37:43</p>	<p>The IDDFO noted that some of the unfunded medical agencies were “in play”, but not to the levels being experienced at the moment. There were initiatives underway, especially with Healthcare Support Workers, to have enhanced recruitment and to take pressure off some of those costs.</p> <p>The Independent Member for Finance (IMF) queried whether the Finance team would also be looking at options where costs could be stopped, paused or reduced.</p> <p>The IDDFO responded that he had expressed an awareness of where there might be a stop programme. However, he did not want to mix actions with forecast in the initial forecast. It was important to present realistic expectations to the Finance Committee and Board.</p> <p>The Independent Member for ICT (IMI) stated that he did not envisage any of the pressures changing. He queried what a realistic timescale would be and when would the Health Board act.</p> <p>The IDDFO responded that they would need to respond as soon as they reached the conclusion that the year end forecast would need to be revised.</p> <p>The Executive Director of Finance (EDF) stated that the first matter was how to get back on the forecast and deliver the plan. The Finance Team had envisaged some improvement over the Summer, but that had not happened.</p> <p>The Chief Operating Officer (CEO) gave assurance that the Clinical Boards and the operational teams were working with the Finance team to give that forecast.</p> <p>The CC queried whether a breakdown of the costs in table 5 was already assumed for the planned deficit and any unplanned deficit elements.</p> <p>The IDDFO responded that when budgets were set it was upon the assumption that they were appropriately funded to deliver. However, the level of vacancies the Health Board was currently experiencing was unforeseen.</p> <p>It was noted that the WHSCC LTA performance was still being worked up to see if some of it could be recovered. There was nothing indicating that there would be a swing on prescribing.</p>	
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	<p>The Finance Committee resolved that:</p> <ul style="list-style-type: none"> a) The reported overspend of £9.652m due to £2.527m of operational pressures and a planning deficit of £7.125m, was noted. b) The financial impact of COVID 19 which was assessed at £25.063m, was noted. c) The additional Welsh Government COVID 19 funding of £25.063m assumed within the position, was noted. d) The financial impact of Exceptional inflationary pressures which was assessed at £6.783m, was noted. e) The additional Exceptional inflationary pressures funding of £6.783m assumed within the position, was noted. f) The forecast deficit of £17.1m, which was consistent with the Final Financial plan and was a reduction of £3.7m from the £20.8m included within the initial Draft Financial Plan, was noted. g) The 2021/22 brought forward Underlying Deficit of £29.7m and the planned forecast carry forward of £20.0m to 2023/24, was noted. 	
<p>FC 28/9/008</p>	<p>BAF Risk – Financial Sustainability</p> <p>The Director of Corporate Governance (DCG) presented the BAF Risk – Financial Sustainability Report.</p> <p>The BAF risks had been taken to the Committees of the Board so that they could be scrutinised. The risks were agreed between the DCG and the EDF.</p> <p>The DCG advised that the financial sustainability risk was currently scored at 15 and consideration should be given as to whether this should be high taking into account the previous discussion on the financial position. However, it could be better to wait until the Month 6 financial report had been received by the Committee before amending the rating.</p> <p>The EDF agreed that then the score given could be changed, once the Month 6 position had been reviewed.</p> <p>The Finance Committee resolved that:</p> <ul style="list-style-type: none"> a) The attached risk in relation to Financial Sustainability was reviewed to enable the Committee to provide further assurance to the Board when the Board Assurance Framework was reviewed in its entirety. 	

**FC
28/9/009**

Velindre NHS Trust Business Cases - Radiotherapy Services and Radiotherapy Satellite Centre

The Executive Director of Strategic Planning (EDSP) presented the Velindre NHS Trust Business Cases for (i) Radiotherapy Solution IRS and (ii) Radiotherapy Satellite Centre and highlighted the following:

- These were two interconnected business cases to improve the capability in the South East region.
- It would allow for new treatments to be provided for patients across South East Wales.
- The number of linac machines would increase from 8 to 10.
- An increase in demand had been predicted.
- The costs would come from the increased capacity.
- The summary paper attached gave a good breakdown of the financial elements.
- It was a significant investment over 10 years.

The Interim Deputy Director of Finance (Strategy) (IDDFS) advised the Committee that the costs expected from the Health Board were slightly less than the costs under the current framework with Velindre. That would be the small advantage if the activity actually occurred.

The IDDFS added that because the Health Board was investing upfront into a second centre, if the activity did not materialise then the Health Board would have committed money upfront to have that capacity.

It was noted that there was an agreement with Velindre that if there was additional capacity in the early years and they were able to treat patients from other areas in Wales, then they would share that information.

The EDSP commented that at the moment the Health Board was commissioning additional capacity from additional places, such as the Rutherford Centre which was a private facility in Newport.

The EDF commented that looking at the cumulative situation the Health Board was not paying that much more for 8 brand new linac facilities. It was just over £300,000 to refresh the technology and the Health Board would get a 28% share of that.

The EDF added that £400,000 would be committed this year and next. She asked how it would deliver on the organisations agenda and was it funded from recovery or commissioning?

	<p>The COO responded that he did not know the answer. However, the Cancer backdrop had grown. In March 2020, there were 820 Cancer patients on a single Cancer pathway. 20 patients were waiting more than 62 days. In September 2022, there were 3,300 patients on a single Cancer pathway. 817 patients had been waiting more than 62 days. The COO stated that it would take a long time to reduce the backlog.</p> <p>The CC queried whether the Committee needed more assurance.</p> <p>The EDF responded that it was not a reason not to move forward with the business case. The conditions outlined were important and understanding how the extra capacity would help the Health Board's recovery journey and whether they would receive the activity for the population. The EDF added that the Committee would need to keep an eye on it.</p> <p>The Finance Committee resolved that:-</p> <p>a) that the Board be recommended to: -</p> <ol style="list-style-type: none"> 1. Approve that the IRS replacement of the existing LINAC fleet at Velindre; 2. Agree to support up to the maximum annual revenue funding level (with indexation to be applied), and contract mechanisms reflected within this paper; 3. Note the associated IRS cost element of the RSC, as an independent approval of the RSC overall FBC was noted; 4. Approve the RSC FBC subject to: <ol style="list-style-type: none"> a) agreement on sharing any benefits from the use of redundant LINAC capacity to provide services to other Commissioners outside of South East Wales b) the provider seeks to minimise and defer the transitional costs were approved; and 5. Agree in principle to support the revenue costs associated with the provision of radiotherapy for Cardiff and Vale residents following the procurement of the new radiotherapy equipment and the development of the Radiotherapy Satellite Centre at Nevill Hall Hospital. 	
	Items for Approval / Ratification	
FC 28/9/010 Saunders 06/09/2023 11:37:43	Fracture Clinic	

<p>Saunders, Nathan 06/09/2023 11:37:43</p>	<p>The Director of Capital Estates and Facilities (DCEF) presented the Fracture Clinic Paper and highlighted the following:</p> <ul style="list-style-type: none"> • The proposal was to move the Fracture Clinic to the Lakeside Wing. • During the Pandemic it was moved from UHW to UHL. • The move was supported by Clinical teams and the Clinical Boards. • To help expedite work as quickly as possible, a Chair's Action would be taken to the Board tomorrow. • The Capital Management Group had identified £1m to undertake the work. <p>The CC queried the revenue and cost consequences from making the move. She added that a lot of it would be funded from Recovery money. The CC queried what the medium to long term plan was to fund the costs.</p> <p>The IDDFS responded that the Health Board had been given Recovery money on a reoccurring basis. It was to close £23m. The move from UHL would free capacity, especially for elective Orthopaedic work and also provided benefit. There was some opportunity to benefit the Health Board as the major commissioners.</p> <p>The Finance Committee resolved that:</p> <ol style="list-style-type: none"> a) A recommendation was made to the Board to APPROVE: <ol style="list-style-type: none"> (i) the development of a new Fracture Clinic in the Ground Floor of the Lakeside wing at UHW to enable the return of the service from UHL; (ii) the proposed procurement and approval process, being Chairs action, recognising the need to commence works on site at the earliest opportunity to support the Clinical Recovery Programme; and (iii) the Chairs action to enter into contract with the successful framework contractor subject to the tender return being within 10% of the budget allowance set by the CMG, that being £1.653m inclusive of VAT. b) The successful contractor and contract value would be reported to the November UHB Board, was noted. c) The revenue implications, funding source and the proposal to minimise any additional investment was noted. 	
	<p>Items for Information and Noting</p>	

FC 28/9/011	Financial Monitoring Return – Month 5 The Finance Committee resolved that: a) The extract from the UHB’s Monthly Financial Monitoring Return was noted.	
	Agenda for Private Finance Committee Meeting	
FC 28/9/012	i. Approval of Private Minutes ii. Health & Wellbeing Centre Business Case - Park View iii. Update on the Financial Plan iv. 10 Year Capital Plan	
FC 28/9/013	Any Other Business No Other Business was discussed.	
	Review and Final Closure	
FC 28/9/014	Items to be referred to Board / Committee The BAF Risk – Financial Sustainability agenda item was referred to Board.	DCG
	Date & time of next Meeting Wednesday 19 October 2022 at 2:30pm Via MS Teams	

Saunders, Nathan
06/09/2023 11:37:43

**Confirmed Minutes of the Health & Safety Committee
Held On 19th July 2022 at 09:00 am
Via MS Teams**

Chair:		
Mike Jones	MJ	Independent Member – Trade Union / Committee Chair
Present:		
Ceri Phillips	CP	UHB Vice Chair
In attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People & Culture
Fiona Kinghorn	FK	Executive Director of Public Health
Robert Warren	RW	Head of Health and Safety
Janice Aspinall	JA	Safety Representative RCN
Rachael Daniel	RD	Assistant Head of Health and Safety
Jonathan Strachan-Taylor	JS	Safety Representative GMB
Stephen Gardiner	SG	Head of Estates and Facilities
Daniel Crossland	DC	Director of Operations - Mental Health Clinical Board
Geoff Walsh	GW	Director of Estates, Capital and Facilities
Observers:		
Urvisha Perez	UP	Audit Wales
Marcia Donovan	MD	Head of Corporate Governance
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Akmal Hanuk	AH	Independent Member – Local Community
Michael Imperato	MI	Independent Member – Legal
Charles Janczewski	CJ	UHB Chair
Catherine Phillips	CP	Executive Director of Finance

Item No	Agenda Item	Action
HS 19/07/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
HS 19/07/002	Apologies for Absence Apologies for absences were noted.	
HS 19/07/003	Declarations of Interest No Declarations of Interest were noted.	
HS 19/07/004	Minutes of the Meeting Held on 19 April 2022 The minutes of the Committee Meeting held on 19 April 2022 were received.	

	<p>The Health & Safety Committee resolved that:</p> <p>a) The minutes of the meeting held on 19 April 2022 were approved as a true and accurate record.</p>	
HS 19/07/005	<p>Action Log – Following Meeting Held on 19 April 2022</p> <p>The Action Log was received.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The Action Log was noted.</p>	
HS 19/07/006	<p>Chair’s Action taken since last meeting</p> <p>No Chair’s Actions were noted.</p>	
	Items for Review and Assurance	
HS 19/07/007	<p>Health & Safety Overview (Verbal)</p> <p>The Head of Health & Safety (HHS) presented the Health and Safety (H&S) Overview and highlighted the following:</p> <p>NWSSP Audit</p> <ul style="list-style-type: none"> • An audit was undertaken to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to Health and Safety (H&S) in response to an external review undertaken in 2021. • Many of the actions have been incorporated into the three-year H&S Culture Plan. • Substantial assurance was provided. • However, it required a ‘buy in’ from all Clinical/Service Boards to maintain that assurance. <p>Review recommendations not implemented</p> <ul style="list-style-type: none"> • Recommendation 06 <ul style="list-style-type: none"> – The Estates H&S team would support Capital, Estates and Facilities (CEF). – For the avoidance of confusion H&S would be removed from titles and replaced with “compliance”. – The ownership of key H&S policies would be moved to H&S. – That would ensure H&S independence which was important. • Recommendation 09 <ul style="list-style-type: none"> - A H&S Charter which provided a clear demonstration of the commitment of the Executive Board, Clinical 	

<p>Saunders, Nathan 06/09/2023 11:37:43</p>	<p>Board and Department towards the H&S statement and the safety and wellbeing of those employed by the Health Board.</p> <ul style="list-style-type: none"> - The requirement to write and embed a H&S policy statement of intent. - It would “water down” the importance of the H&S policy which was a legal requirement. - That would potentially be revisited in the future. <ul style="list-style-type: none"> • It was suggested that the name of the occupational H&S team to be changed as part of a rebranding. <ul style="list-style-type: none"> - The rationale behind that was to remove any negative perception of the H&S team. That could only really be achieved by hard work, openness, transparency - The name of the department would not be changed to include wellbeing. - There would not be an additional band 7 H&S advisor. That had been considered but due to individuals leaving there was an opportunity to reconfigure the department with no additional head count. <ul style="list-style-type: none"> • Current work <ul style="list-style-type: none"> - The Operational H&S Group’s Terms of Reference had been updated, to include a new exception report. - The Training Team had undergone an external verification on their competence to deliver manual handling training. - The Training Team would also be undergoing PAMOVA external certification training in August. The course would be updated to include positive behaviour management. That was also being done in the Mental Health department. - A wall had been removed in the UHL training room to increase class sizes. - A new intuitive H&S Share Point site was also being built. - The RACI document was currently being worked on. - All work was based on the H&S management system. That would include different topics, such as waste management, and would allow everyone to know what they were responsible for in relation to H&S. It would be brought back to the Committee for sign off and approval. - A new H&S Share Point site was also available and included topics such as manual handling and fire safety management. <p>The Committee Chair (CC) queried who would be able to access the Share Point.</p>	<p>HHS</p>
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<p>Saunders, Nathan 06/09/2023 11:37:43</p>	<p>The HHS responded that it would be sent to all Clinical Boards and Directorates.</p> <p>The EDPC queried whether it was one H&S management system and whether CEF could put in their details and take ownership of it.</p> <p>The HHS responded that it was on a single system.</p> <ul style="list-style-type: none"> • Lone worker - The current contract ended yesterday. The new contract was agreed in principle and would be signed immediately. - Local administrators in Child Health/Maternity and CRT had been trained and were granted access to the provider portal. <p>It was noted that a calibration cylinder was put in a waste bin in UHW. An investigation was being undertaken. The HHS emphasised that these items should not be put in general waste.</p> <p>The CC queried the consequences of that type of action.</p> <p>The HHS responded that the Health Board could be liable.</p> <p>The CC requested that an update on the investigation was provided at the next Committee meeting.</p> <p>It was also noted that a staff member had left their unlocked bike outside the office door in UHW. When the staff member was spoken to they thought it was safe to do that. The HHS confirmed that he would be speaking to their manager. However, the mindset/culture regarding that sort of behaviour needed to change.</p> <p>It was also noted that someone had thrown food outside the food bank and that could attract pigeons and vermin.</p> <p>The CC queried if the CEO could put a piece in her staff bulletin to highlight those types of behaviour (or example, bikes and food waste) should not be taking place.</p> <p>The EDPC responded that she would speak to the CEO about this.</p> <p>The UHB Vice Chair commented that a message to staff should be conveyed in relation to people's behaviour at work should reflect how they behave at home.</p>	<p>HHS</p> <p>EDPC</p>
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	<p>The CC thanked the HHS and his team for the work they were doing in the department.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The Health and Safety Overview, which included the Lone Worker Device update, was noted.</p>	
HS 19/07/008	<p>Health and Safety Culture Plan Update</p> <p>The EDPC advised the Committee that the draft H&S Culture Plan had already been presented to the Strategy and Delivery Committee, and was due to be presented to the Board in July for approval.</p> <p>The EDPC added that there was a People and Culture plan and a Health and Safety Plan which related to keeping people safe through HR procedures and H&S.</p> <p>The HHS highlighted that the document set the scene for the next 3 years and had superseded the H&S Priority Improvement Plan.</p> <p>The HHS added that the Plan was made up of 6 themes that covered 111 actions.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The Health and Safety Culture Plan Update was noted.</p>	
HS 19/07/009	<p>Fire Safety Report</p> <p>The Fire Safety Report was received.</p> <p>The HHS advised the Committee on the following:</p> <ul style="list-style-type: none"> • There were no new fire issues to report. • The Letter under Caution remained open. The team was also working closely with the Mental Health team. • A paper had been submitted for additional head count within the fire resource department. That would help the team going forward. • The Enforcement Notice against A4 was still open. A4 had been closed recently to allow work to take place. <p>The DCG queried if there was a timeline and how long the caution would be open.</p> <p>The HHS responded there was no timeline provided. In the meeting with the CEO, EDPC and the South Wales Fire</p>	

	<p>Service (SWFS), no timeframe was discussed. The SWFS was looking for a clear period in which no events had occurred.</p> <p>The EDPC commented that there was a good relationship with SWFS. It was noted that the H&S team had started an action log and were logging actions.</p> <p>The EDPC also added that the A4 work had demonstrated good collaboration with the Capital and Estates Team. They had upgraded A4 a year earlier than it was expected.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The on-going efforts to meet the requirements of enforcement action and C&V UHB's statutory and mandatory fire safety obligations were considered and noted.</p>	
<p>HS 19/07/010</p>	<p>Environmental Health Inspector Report</p> <p>The Environmental Health Inspector Report was received.</p> <p>The Director of Estates, Capital and Facilities (DECF) advised the Committee that Barry Hospital had received a rating of 5.</p> <p>The DECF queried whether the central processing unit issue had been brought to the Committee yet.</p> <p>The DECF advised that 12 months ago the central processing unit had been shut because of problems with the freezers. Environmental Health had picked up on some issues. The Health Board had replaced a lot of the drainage and had repaired the freezers.</p> <p>The DECF added that the Environmental Health officers returned and picked up on an issue with the floor drainage, and they gave a score of 2 because of the work required.</p> <p>The DECF advised that his team were in the process of rectifying the floor drainage and replacing the floor.</p> <p>The CC queried how long it would take to complete the work.</p> <p>The DECF responded that it would take several months.</p> <p>The DCG confirmed that it had not been reported to the Committee before. However, it would be tracked on the Regulatory Compliance Tracker in the Audit Committee.</p> <p>The Health & Safety Committee resolved that:</p>	<p>DCG</p>

	<p>a) The achievement of the food business in maintaining its food hygiene rating of 5 and the associated action plan were noted.</p>	
HS 19/07/011	<p>Enforcement Agencies Report</p> <p>The Enforcement Agencies Report was received.</p> <p>The HHS advised the Committee on the following:</p> <ul style="list-style-type: none"> • The Environmental Health Officer saw leaks at UHL. They passed concerns to HSE and asked for further information. The HHS suggested to get the work done. • The HHS went down to see the food production. The DECF's team had done a lot of good work. • A concern from HSE arrived a week late. The HHS sent a holding email and gave a more detailed response. That query had now been closed. • Two further requests for information from January and March still remained open. <p>The Health & Safety Committee resolved that:</p> <p>a) The contents of the report were noted.</p>	
HS 19/07/012	<p>Waste Management Compliance Report</p> <p>The Waste Management Compliance Report was received.</p> <p>It was noted that the Health Board had received a recent positive audit. There were some actions listed on the action plan. The Health Board generated a significant amount of waste.</p> <p>The UHB VC queried the disposal of unwanted chairs and tables. He commented that there were many companies that would take them.</p> <p>The DECF responded that they were often reused by the organisation due to additional staff.</p> <p>The EDPC stated that when the Dragon Heart Hospital (DHH) was established, at that time staff had thought about the DHH beds replacing community beds and the intention was to recycle some of the furniture.</p> <p>The Health & Safety Committee resolved that:</p>	

	<p>a) The current position of the attached Waste Management Audit Action Plan and the need to ensure progress was being made in line with the agreed target dates set, was noted; and</p> <p>b) The ongoing segregation of waste through the Clinical Boards, and the correct Procedure for Waste Disposal was adhered to when disposing of waste within areas was supported.</p>	
HS 19/07/013	<p>Risk Register for Health and Safety</p> <p>The Risk Register for Health and Safety was received.</p> <p>The HHS updated the Committee on the following:</p> <ul style="list-style-type: none"> - The full Risk Register was brought to the April meeting. - The highest risk score was 16. - The H&S Culture Plan superseded the PIP Priority Improvement Plan (PIP). <p>The Health & Safety Committee resolved that:</p> <p>a) The findings of the new identified risks and the actions in place to reduce the risk rating were noted.</p>	
HS 19/07/014	<p>Committee Self Effectiveness Survey</p> <p>The Committee Self Effectiveness Survey was received.</p> <p>The DCG stated that the results had fed into the Health Board's Annual Report. Overall the results were fair.</p> <p>The DCG added that she would look at a different approach next year because the Survey Monkey platform did not allow for results to be analysed properly.</p> <p>The CC queried the two responses for question 11. One was adequate and the other was non-adequate. The CC queried whether there were any comments.</p> <p>The DCG responded that she would will look at the results and if comments were made they could be picked up.</p> <p>The Health & Safety Committee resolved that:</p> <p>a) The results of the Annual Board Effectiveness Survey 2021-2022, relating to the Health and Safety Committee were noted.</p>	DCG
	Items for Approval/Ratification	

HS 19/07/015	Health and Safety Annual Report The Health and Safety Annual Report was received. The Health & Safety Committee resolved that: a) The contents of the Report were noted.	
	Items for Noting and Information	
HS 19/07/016	Sub Committee Minutes: i. Operational Health and Safety Group - 01/03/22	
HS 19/07/017	Items to bring to the attention of the Board/Committee The DCG advised that a Chair's Report would go to the Board meeting. The EDPC queried discussions about chemicals. The DCG responded that it would come to H&S first. The recommendations would then be tracked through the Audit Committee. The Health & Safety Committee resolved that: a) Items to bring to the attention of the Board/Committee were discussed and noted.	
	Review of the meeting	
	Date and time of next meeting Tuesday 18 th October 2022 at 09:00am MS Teams	

Saunders, Nathan
06/09/2023 11:37:43

**Minutes of the Mental Health Legislation and Mental Capacity Act Committee
Held on 26th July 2022 – 10am
Via MS Teams**

Chair:		
Ceri Phillips	CP	UHB Vice Chair and Committee Chair
Present		
Akmal Hanuk	AH	Independent Member - Community
Sara Moseley	SM	Independent Member – Third Sector
In Attendance:		
Rebecca Aylward	RA	Interim Deputy Executive Nurse Director
Jeff Champney-Smith	JCS	Chair, Powers of Discharge sub-Committee
Daniel Crossland	DC	Deputy Director of Operations - Mental Health
Timothy Davies	TD	Head of Corporate Business
Marcia Donovan	MD	Head of Corporate Governance
Hannah Evans	HE	Managing Director Operations – Non-Acute
Charles Janczewski	CJ	UHB Chair
Robert Kidd	RK	Interim Clinical Director Psychology & Psychological Therapies
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nurse Director
David Seward	DS	Interim Mental Health Act Manager
Rose Whittle	RW	Directorate Manager – Child Health
Observers:		
Emily Howell	EH	Audit Wales
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Nicola Foreman	NF	Director of Corporate Governance
Sara Moseley	SM	Independent Member – Third Sector (from 11am)
Catherine Wood	CW	Director of Operations – Children & Women's

Item No	Agenda Item	Action
MHLMCA 22/07/001	Welcome & Introductions The Committee Chair (CC) welcomed everybody to the meeting.	
MHLMCA 22/07/002	Apologies for Absence Apologies for Absence were noted	
MHLMCA 22/07/003	Declarations of Interest No declarations of Interest were noted.	
MHLMCA 22/07/004	Minutes of the Meeting held on 26 April 2022 The Minutes of the Meeting held on 26 April 2022 were received. The Committee Resolved that:	

Saunders Nathan
06/09/2023 11:37:43

	a) The minutes of the meeting held on 26 April 2022 were agreed as a true and accurate record.	
MHLMCA 22/07/005	<p>Action Log from the meeting held on 26 April 2022</p> <p>The Action Log was received and discussed.</p> <p>The Committee Resolved that:</p> <p>a) The Action Log was noted.</p>	
MHLMCA 22/07/006	<p>Chair's Action taken since last meeting</p> <p>The Committee Resolved that:</p> <p>a) No Chair's Actions were taken since the last meeting.</p>	
MHLMCA 22/07/007	<p>Any Other Urgent Business Agreed with the Chair</p> <p>The Committee Resolved that:</p> <p>a) No other urgent business was agreed with the Chair.</p>	
MHLMCA 22/07/008	<p>Mental Capacity Act Monitoring Report</p> <p>The Mental Capacity Act Monitoring Report was received.</p> <p>The Executive Nurse Director (END) advised the Committee that after appropriate concerns raised from the Committee regarding the level of detail within the report, the report had been revised to outline 3 broad areas:</p> <ul style="list-style-type: none"> • Mental Capacity Act and the detail on referrals received • Mental Capacity training and compliance • Deprivation of Liberty Safeguards (DoLS) applications received. <p>The END advised the Committee that the first area highlighted the number of Independent Mental Capacity Advocate (IMCA) referrals and noted that out of the 97 total referrals received, 60 of those were for Relevant Person's Representative (RPR).</p> <p>He added that it was appropriate because most referrals required an RPR to be appointed to support the patient.</p> <p>It was noted that the second part of the report highlighted the overall Compliance by Staff group in relation to Mental Capacity training. It was identified that overall 59% of the relevant staff had undertaken the training.</p> <p>The END advised the Committee that the third part of the report highlighted the DoLS actions.</p>	

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	<p>It was noted that there had been a considerable improvement, compared to 18 months ago, with the Health Board's ability to process the referrals as they came in.</p> <p>The END advised the Committee of the May 2022 DoLs data and noted that out of the 76 applications received, 53 were urgent, 19 were standard and 4 were reviewed.</p> <p>He added that out of the 76 applications, 26 had breached. That had meant 70% of the referrals had been completed and 30% had breached.</p> <p>The Independent Member – Third Sector (IMTS) commented that whilst the breaches had come down they were still high. She noted that training compliance appeared to be getting worse.</p> <p>The END responded that it was complex because the Health Board had struggled to achieve good levels of MCA training.</p> <p>He added that the last 2 years of the pandemic had not helped the situation with regards to statutory training in general.</p> <p>It was noted that the Mental Capacity element of the training had now been linked to the Safeguarding training in order to improve the MCA training compliance rates and so it was hoped an improvement trajectory would be seen.</p> <p>It was noted that a Liberty Protection Safeguards project lead had been appointed and that new appointee would be providing MCA training.</p> <p>The Independent Member – Community (IMC) asked if newly recruited people into the Mental Health area were pre-trained in Mental Health law or did they receive that training after appointment.</p> <p>The END responded that Mental Health law was a very unique area of knowledge and the ability to recruit relevant staff was very difficult due to the fact a lot of other Organisations were also looking for those staff.</p> <p>He added that in the upcoming paper being presented to the Committee it would be identified that Welsh Government (WG) had provided resource to employ 2 “best interest” assessors which would help reduce breaches.</p> <p>The Committee resolved that:</p>	
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	<p>a) The contents of the report and the current compliance and actions with Mental Capacity Act and Deprivation of Liberty indicators were noted.</p>	
<p>MHLMCA 22/07/009</p>	<p>Liberty Protection Safeguards</p> <p>The Liberty Protection Safeguards (LPS) information was received.</p> <p>The END advised the Committee that the Consultation in connection with the Welsh Government LPS draft Regulations, was launched on 17th March 2022.</p> <p>He added that the Consultation deadline for responses had been extended to 15th July 2022 and that the draft Regulations for Wales were aligned with the UK Government's Consultation on draft Regulations for England and new Code of Practice for the Mental Capacity Act and the LPS for England and Wales.</p> <p>It was noted that the Consultation was closed and the Health Board was waiting for feedback.</p> <p>The END advised the Committee that the main issue to raise was that the Health Board had been given the funding from WG and had advertised , at risk, permanent appointments within the Organisation.</p> <p>It was noted that further funding had been received from WG to undertake a training needs analysis in connection with Health Board staff.</p> <p>The END added that further risk to the Organisation was that WG had advised against undertaking any LPS training because until the outcome of the Consultation was known, a training package could not be provided until early 2023.</p> <p>It was noted that the risk would be minimised by the fact that the Health Board would be running DoLS alongside LPS for the first year so that the safety of patients would be captured in two frameworks which should mitigate the risk of staff not being trained as this time.</p> <p>The UHB Chair noted that the funding identified was £466,000 and asked if that was all for the Health Board and if it was sufficient.</p> <p>The END responded that it was all for the Health Board and that a further piece of work would be undertaken to identify if the funding was the appropriate amount. He added that it was in line with other Health Boards.</p> <p>The UHB Chair noted that it would be important to make that assessment as early as possible.</p>	

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	<p>The Committee resolved that:</p> <p>a) The contents of the report and the current progress to the implementation of Liberty Protection Safeguards were noted.</p>	
<p>MHLMCA 22/07/010</p>	<p>DOLs Audit update on recommendations</p> <p>The update regarding the progress made with regards to Internal Audit's recommendations from the DOLs Audit was received.</p> <p>The END advised the Committee that the paper outlined 4 key recommendations and that they were all completed.</p> <ul style="list-style-type: none"> Recommendations 1&3: Improvement of timescales for undertaking DoLS urgent authorisations (high priority) and standard authorisations. <p>Action taken - it was noted that WG funding for Mental Capacity Act 2005 / Deprivation of Liberty Safeguards (DoLS) for financial year 2022/23 would enable the recruitment of two full time Best Interest assessor posts which would clear the backlog of DoLS standard (7 day) and urgent (21-day) authorisations. The recruitment to those two permanent posts was approved at Management Executive on 13th June 2022.</p> <ul style="list-style-type: none"> Recommendation 2: Deprivation of Liberty training <p>Action taken - it was noted that the DoLS awareness training was now provided within the mandatory Safeguarding training and that individual areas within the Health Board had received targeted training.</p> <p>It was noted that the focus of future training was Mental Capacity assessments in preparation for transition to LPS</p> <ul style="list-style-type: none"> Recommendation 4: Produce Implementation plan for implementation of LPS. <p>Action taken - it was noted that the LPS Draft Code of Practice and Regulations consultation had commenced on 17th March 2022 and had closed on 14th July 2022.</p> <p>The Health Board would be unable to produce a detailed implementation plan until the outcome of the Consultation was known and the new Code of Practice was finalised. Accordingly, the Committee noted that this action should remain "amber". The Health Board had received Welsh Government Phase 1 & 2 funding to support the preparation for LPS.</p>	

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	<p>The Committee resolved that:</p> <p>a) the contents of the report and the assurance provided to the completion of the recommendations and transition as part of the implementation of the Liberty Protection Safeguards were noted.</p>	
<p>MHLMCA 22/07/011</p>	<p>Mental Health Act Monitoring Exception Report</p> <p>The Mental Health Act Monitoring Exception Report was received.</p> <p>The Mental Health Act Manager (MHAM) advised the Committee that there had been one defective application during the last quarter. That related to a patient who had been detained at UHW under Section 2.</p> <p>It was noted that a conversation had been held with the Local Authority regarding the defective application and the MHAM would attend the quarterly AMHP meetings so that he could advise on what was expected and the outcomes.</p> <p>The MHAM also advised the Committee that during the first quarter there had been one lapsed Section 5(2) detention.</p> <p>The IMTS asked what the situation was generally in terms of the availability of AMHPs.</p> <p>The MHAM responded that he was unsure because they were employed by Local Authorities but after speaking with the lead AMHP for Cardiff it was identified that the LA had been struggling with annual leave, sickness and Covid-19.</p> <p>The Interim Clinical Director Psychology & Psychological Therapies (ICDPPT) added that LA colleagues had identified the struggles and the shortage of AMHPs. However in the last Mental Health Legislation and Governance Group (MHLAGG) it was noted that there were no incidents where the shortage of AMHPs had an impact on the Health Board's ability to carry out relevant functions under the Act.</p> <p>The Managing Director Operations – Non-Acute (MDONA) asked if the exceptions being raised were normal numbers and if the position the Health Board was in was good or bad.</p> <p>The MHAM responded that whilst there had been one fundamental defective application this quarter, it was a "one off". The last one occurred in September 2021 and then prior to that there was one in September 2020.</p>	

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<p style="transform: rotate(-90deg); transform-origin: left bottom;">Saunders, Nathan 06/09/2023 11:37:43</p>	<p>He added that the improper use of Section 5(2) was a training issue which would be addressed and that an online module for the Mental Health Act was being developed.</p> <p>The Chief Executive Officer (CEO) noted that the level of MCA compliance with doctors was the worst amongst the staff groups and asked if the MHAM could attend a “grand round” for training and also provide a presentation to the Clinical Senate Group which should help with training compliance levels.</p> <p>The MHAM responded that it was something he would be happy to discuss offline.</p> <p>The IMTS added that the training should be more incidental and accessible and should provide people with the information about what legislation and guidance applied under what circumstances.</p> <p>The MHAM advised the Committee that Section 136 numbers had stayed roughly the same and there had not been a large increase or decrease at the moment for adults.</p> <p>He added that for Child and Adolescent Mental Health Services (CAMHS) there had been 19 assessments this quarter compared to 6 in the last quarter. That was a large increase.</p> <p>It was noted that of those 19 assessments, 9 had related to the same person, 4 related to one patient, and 3 for another patient. Whilst a number of repeat presentations were identified, it was noted that each counted as a separate assessment.</p> <p>It was noted that a management plan was in place for repeat presenters and conversations had been held with the Police to ensure that they know what processes were in place and how to follow those.</p> <p>The IMTS noted that the increase in CAMHS referrals was hard to read and asked the Directorate Manager – Child Health (DMCH) if assurance could be provided around those.</p> <p>The DMCH responded that the system was dealing with very complex young people at the moment with significant issues interlinked with Social Care and Social Services and the support that Social Services were able to actually provide to those young people.</p> <p>She added that the Health Board had been working hard to improve relationships with Social Services and noted that there would be a</p>	
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	<p>development of a joint team that would support some of the young people.</p> <p>The DMCH concluded that the difficulties being seen across teams could not be underestimated. She added that the complex and difficult situations were not entirely in the gift of the Health Board to address because a multi-agency response was required.</p> <p>The CEO added that she was in regular dialogue with the Chief Executives from the Local Authorities on the risks described in relation to children and young people who required Mental Health services. She acknowledged that some Young People in our care have needs which would be better met elsewhere.</p> <p>The IMC asked if more training for the Police was required because sometimes it appeared that the use of section 136 was misused/overused at times.</p> <p>The Deputy Director of Operations - Mental Health (DDOMH) responded that the Mental Health Team held regular meetings with the Police and were also involved in the joint planning from the Regional Crisis Care Concordat and that the issues identified were discussed regularly and any joint training opportunities are also discussed.</p> <p>The MHAM concluded that the Operations Manager at the Tribunal had left and that he was waiting to hear of his replacement.</p> <p>It was noted that there had been no official update from the Tribunal regarding the rollout of Teams or all Hearings. However, the majority of new hearings were being listed via Teams rather than teleconference.</p> <p>It was noted that nothing has been communicated to the Health Board that this would be standard practice going forward, but the MHAM advised the Committee that he had raised the issue again with the Business Manager and was awaiting an official decision which would be shared with the Committee at the next meeting.</p> <p>The Committee Resolved that:</p> <p>a) The approach taken by the Mental Health Clinical Board to ensure compliance with the appropriate Mental Health legislation, as set out in the report was noted.</p>	DC/DS
<p>MHLMCA 22/07/012</p>	HIW Mental Health Act Annual Report – Verbal Update	

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	<p>The HIW Mental Health Act Annual Report – Verbal Update was received.</p> <p>The DDOMH advised the Committee that the formal report had not yet been received from HIW. Minimal issues had been identified for escalation. HIW had advised the Mental Health Team that there was very little to note and that they were happy with the provision provided from the Mental Health Act office.</p> <p>The Committee Resolved that:</p> <p>a) The HIW Mental Health Act Annual Report verbal update was noted.</p>	
<p>MHLMCA 22/07/013</p>	<p>Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report.</p> <p>The Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report was received.</p> <p>The DDOMH reminded the Committee that the Mental Health measure was a piece of legislation divided into 4 parts.</p> <p>Part 1 related to the primary Mental Health Support Services and was a tier one target of referral to assessment within 28 days.</p> <p>It was noted that the Health Board had achieved 95% compliance, that the WG target was 80% and so performance was good with a background of increasing activity.</p> <p>It was noted that in 2020/21 referrals had been up by 30% and that in the first quarter of 2021/22 referrals were up 8% by comparison.</p> <p>The DMCH advised the Committee that overall, in part due to the Adult compliance rate, the CAMHS compliance rate was ok but had dropped off from March 2022.</p> <p>She added that CAMHS had been struggling with a combination of vacancies, short term and long-term sickness and a significant decrease in the capacity within the team.</p> <p>It was noted that the average weight for an appointment was around 29 days, although that was a very volatile target.</p> <p>The Committee was advised that there was a plan in place for CAMHS recovery. Agency staff had started that week and 2 core members of staff had completed their induction and would start that week.</p>	

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	<p>The DDOMH advised the Committee that in relation to Part 1b (ie the 28-day assessment to intervention compliance target of 80% for the Adult service), compliance was currently at 100%.</p> <p>The DMCH advised the Committee that CAMHS were not at the same level as the Adult service for Part 1b compliance and that compliance against Part 1b target had not been achieved since December 2021 as a result of focus on the external waiting list for assessment and reduced capacity over school holiday periods.</p> <p>It was noted that as part of the move towards a Joint Assessment Team model, a brief intervention pathway would be created to ensure that young people were seen within 28 days of the commencement of their treatment, following assessment.</p> <p>The DMCH also added that the Health Board was reorganising the “front door” and that should have an impact upon the Part 1a and Part 1b assessments.</p> <p>The DDOMH advised the Committee that 90% of individuals under Part 2 of secondary Mental Health services had a valid care and treatment plan.</p> <p>He added that there had been a steep climb in April 2022 although it was suspected that there had been reporting anomalies within the PARIS system from the beginning of the financial year.</p> <p>It was noted that the Mental Health team had written to the Digital team to ask them to look at that and to query the accuracy of the reporting.</p> <p>The DMCH added that it was recognised that CAMHS needed to make improvements within Part 2 and it was hoped that the services rearrangement would help to define areas.</p> <p>The DDOMH commented that with regards to Part 3 of the legislation (right to request an assessment by self referral) the target was that service users should receive a confirmation letter regarding the outcome of their assessment within 10 days.</p> <p>He added that since changes in the data captured in August 2021 had indicated some inaccuracies in reporting performance, the performance was improving, whilst Part 3 referrals were rising.</p> <p>It was noted that performance had improved since the issue was identified and that in May 2022 there was one breach (confirmation letter was sent at 11 days).</p>	
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	<p>The DDOMH advised the Committee that Part 4 of the legislation related to advocacy and the standard was to have access to an IMHA within 5 working days.</p> <p>He added that advocacy remained 100% compliant.</p> <p>The CC noted that given the demands of the service the work undertaken by the DDOMH, DMCH and their teams was highly commendable and thanked everybody for their hard work.</p> <p>The Committee Resolved that:</p> <p>a) The contents of the report were noted.</p>	
<p>MHLMCA 22/07/014</p>	<p>Care and Treatment Planning Audit</p> <p>The Care and Treatment Planning Audit was received.</p> <p>The DDOMH advised the Committee that the audit sat behind the data of the Care and Treatment Plans (CTP) and noted that the team had developed a quarterly audit using Microsoft Forms and Teams.</p> <p>He added that the Local Authorities were invited to contribute and that every quarter the Mental Health Team looked at a random selection of CTPs that were reviewed by managers and themes were identified.</p> <p>It was noted that themes had developed from the CTP audit that reflected the same issues from previous Delivery Unit audits which included:</p> <ul style="list-style-type: none"> • CTPs could be more strength based as they tended to focus on medical / diagnostic issues • Incorporation of service users' views on outcomes, strategies for risk / safety management could be more developed. • Outcome focused care with a view towards discharge is something that was not reflected in most CTPs audited. • Inclusion and engagement of carers / relatives / significant others in CTP planning was limited in the audit. <p>The DDOMH advised the Committee that the challenges identified were around goals focused and strengths focused outcomes of the CTPs which included:</p>	

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	<ul style="list-style-type: none"> • Timescales, • SMART goals, • Strengths, • Focus, • User involvement. <p>It was noted that there was good compliance with the scale and scope of the different areas in connection with crisis planning and safety planning around risk assessment.</p> <p>The Committee was advised of the actions being taken to provide assurance which included:</p> <ul style="list-style-type: none"> • Continuation of the quarterly audit • Local data would be shared with managers for action • A new Data Subgroup was being set up within the Cardiff and Vale Crisis Care Concordat Group where the data report would be collated and any issues escalated to the National Crisis Care Concordat. • A range of service areas in Mental Health Clinical Board and Local Authority had undergone Care Aims training, Suicide Mitigation training, and Collaborative Conversations training all of which supported outcome focused, collaborative care and safety planning. <p>It was noted that further work was needed to engage service users in Care and Treatment Planning to develop more co-produced and outcome focused CTPs that reflected the needs of the service user and their carers more effectively.</p> <p>The Chair of the Powers of Discharge sub-Committee (CPDSC) advised the Committee that the Hospital Managers felt that there was an improvement overall in the CPTs in both completion and the quality of them.</p> <p>The Committee Resolved that:</p> <p>a) The content of the audit was noted.</p>	
MHLMCA 22/07/015	<p>Sub-Committee Meeting Minutes:</p> <p>The Committee received copies of the Sub-Committees' meeting minutes:</p> <ul style="list-style-type: none"> • Mental Health Act Hospital Managers Power of Discharge Sub Committee • Mental Health Legislation and Governance Group (MHLGG) 	

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	<p>The Committee Resolved that:</p> <p>a) The Sub-Committee Meeting Minute were noted.</p>	
<p>MHLMCA 22/07/016</p>	<p>Corporate Risk Register</p> <p>The Corporate Risk Register (CRR) was received.</p> <p>The Head of Corporate Business reminded the Committee of the change to the CRR and how it only recorded risks scored 20 or above unless the risk was deemed to have potential impact on strategic objectives.</p> <p>He added that there was one Mental Health related risk on the CRR which related to the health and well-being of minor inpatients who were being, by necessity, admitted to Adult Mental Health services locations.</p> <p>The MDONA advised the Committee that there were ongoing actions around the risk which could be added to the CRR to provide the Committee with assurance and noted that she would speak to the HCB offline around those actions.</p> <p>The Committee Resolved that:</p> <p>a) The Corporate Risk Register risk entry linked to the Mental Health Legislation and Mental Capacity Act Committee and the Risk Management development work which was now progressing with Clinical Board, was noted.</p>	<p>HE/TD</p>
<p>MHLMCA 22/07/017</p>	<p>Committee Effectiveness Survey Results 2021-2022</p> <p>The Committee Effectiveness Survey Results 2021-2022 were received.</p> <p>The HCB advised the Committee that routine monitoring of the effectiveness of the Board and its Committees was a vital part of ensuring strong and effective governance within the Health's Board's governance structure.</p> <p>He added that there had been discussion at other Committees of the Board around the effectiveness of the tool being used to perform the assessments and noted there was a plan to move towards a more nuanced and more qualitative method.</p> <p>The Committee Resolved that:</p>	

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	a) The results of the Annual Board Effectiveness Survey 2021-2022, relating to the Mental Health Legislation and Mental Capacity Act Committee were noted.	
MHLMCA 22/07/018	<p>Policies</p> <p>The Committee received 1 policy:</p> <ul style="list-style-type: none"> Community Treatment Order Policy & Procedure <p>The Committee resolved that:</p> <p>a) The Committee approved the policy</p>	
MHLMCA 22/07/019	<p>Any Other Business</p> <p>The MHAM advised the Committee that the draft Mental Health Act Bill was published at the end of June 2022 and that had outlined a number of changes.</p> <p>He added that a full report would be received by the Committee at the next meeting in October.</p> <p>The DDOMH advised the Committee that the Mental Health Clinical Board had noticed increasing Mental Capacity Act Section 49 activity and the number of requests being received.</p> <p>He added that the he had worked with the ICDPPT and legal teams to develop an SBAR which would be brought to the next Committee meeting.</p> <p>The CC asked the DDOMH to update the Committee on the Deputy Ministerial visit to the Mental Health Clinical Board.</p> <p>The DDOMH advised the Committee that the Deputy Minister had visited Hafan Y Coed to have discussions with peer workers who were people with “lived experience” and who had used their experience therapeutically to the benefit of other service users.</p> <p>He added that it was a very positive visit and that the Minister had met with a number of peer workers who had commented upon the Recovery College. Positive feedback had been received.</p> <p>The Committee resolved that:</p> <p>a) All other business was noted.</p>	<p>DS</p> <p>DC</p>
	<p>To note the date, time and venue of the next meeting:</p> <p>October 25 2022 at 10am</p> <p>Via MS Teams</p>	

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LOCAL PARTNERSHIP FORUM MEETING

Wednesday 10th August 2022 at 10am, via Teams

Present

Dawn Ward	Chair of Staff Representatives – BAOT/UNISON
Emma Cooke	Head of Physiotherapy
Fiona Kinghorn	Executive Director of Public Health
Janice Aspinall	RCN
Jason Roberts	Executive Director of Nursing
Jessica Castle	Director of Operations Specialist Services
Jonathan Pritchard	Assistant Director of People Resourcing
Lorna McCourt	UNISON
Matthew Thomas	UNISON
Mike Jones	Independent Member – Trade Union
Pauline Williams	UNISON
Peter Hewin	BAOT/UNISON
Peter Welsh	General Manager, UHL and Barry
Rachel Gidman	Executive Director of People and Culture
Rebecca Christy-Harold	BDA
Steve Gauci	RCN
Suzanne Rankin	Chief Executive
Timothy Davies	Head of Corporate Business
Joanne Brandon	Director of Communications and Engagement
Rachel Pressley	Deputy Head of People Assurance and Experience

In attendance

Mitchell Jones	Head of Equity and Inclusion
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Apologies

Abigail Harris	Executive Director of Planning
Ceri Dolan	RCN
Claire Whiles	Assistant Director of Organisation Development, Wellbeing and Culture
Catherine Phillips	Executive Director of Finance
Fiona Salter	RCN
Joe Monks	UNISON
Jonathan Strachan-Taylor	GBM
Katrina Griffiths	Head of People Services
Lianne Morse	Assistant Director of People and Culture
Maryanne Bray	RCM
Meriel Jenney	Executive Medical Director
Nicola Foreman	Director of Governance
Rhian Wright	RCN
Rob Mahoney	Deputy Director of Finance

Secretariat

Chandra Almeida	People and Culture Coordinator
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LPF 22/040 WELCOME AND APOLOGIES

Dawn Ward (DW) welcomed everybody to the meeting and apologies for absence were noted. Chandra Almeida (CA) was introduced to the Forum as she is taking over minute-taking from Rachel Pressley (RP). DW noted that this was a positive move in terms of succession planning and thanked RP for her ongoing support.

LPF 22/041 DECLARATIONS OF INTEREST

There were no declarations of interest made in respect of agenda items.

LPF 22/042 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meeting held on 16th June 2022 were agreed to be an accurate record of the meeting with the following minor changes requested by Fiona Kinghorn (FK):

- Bottom of page 3, line 2 - slight 'uptick' not 'uptake'; penultimate sentence to be amended to 'expecting a continued rise of this wave'.

LPF 22/043 ACTION LOG

The Action Log was noted and the following matters arising raised:

- LPF 22/030 Jessica Castle (JC) confirmed that the protective covid screens have been left in place in the specific area Matthew Thomas (MT) had identified.
- LPF 22/032 Rachel Pressley (RP) has received nominees for Anti-Racist Wales staff representatives. (Roisin Kirby, with DW as deputy).

LPF 22/044 CHIEF EXECUTIVE'S REPORT

Suzanne Rankin (SR) provided an update report to the Forum, key points included:

- SR asked members of the Forum to feedback her thanks to their teams for continuing to respond with compassion and care during the covid situation as well as the recent heat waves.
- SR confirmed that an IMTP proposal and plan was submitted to Welsh government at the end of June stating that the UHB would be unable to achieve a balance position. Through efficiency saving the organisation anticipates improved financial performance and deficit position of £17.1m by the end of this financial year. The organisation also anticipates a potential move towards annual planning and an escalated position within the regulatory framework. We are currently awaiting Welsh government's formal response.
- SR reported on pressure across our acute hospitals, as well as within mental health and primary care. All services are experiencing increased levels of demand which is having a distressing effect on both our staff and patients. SR highlighted the importance of promoting and discussing the wellbeing of our teams especially in light of the current cost of living crisis. The organisation has established an incident management team with local authority colleagues in the Cardiff and Vale

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councils. It was noted that the governance structure for this is similar to that implemented during the height of the pandemic and is being treated as equally challenging.

- SR also noted that Cardiff council have highlighted 3 newly commissioned services including a rapid response domiciliary care framework. A complete review of hospital discharge has also taken place and 5 pathways initiated which will provide more nuanced discharge options.
- SR reported that local authorities are describing a crisis situation with a different focus; whereas ours is on demand and patient flow impact on service delivery, Cardiff council describe a crisis in children's services and the refugee crisis, with hundreds of Ukrainian families now having arrived in Cardiff. RG discussed the pressure to move refugees into more permanent housing but also the opportunity provided by this new labour market. JP and Carys Fox (CF) are looking at setting up a task and finish group to look at how we can support these individuals into the organisation.
- RG and her team have also been in discussion with the assistant directors of workforce for HEIW and Social Care Wales around ways we can break down barriers and integrate the workforce, utilising HCSWs differently to help with the nursing shortage and reduce our bank and agency spend. It was recognised that high acuity areas need registered nurses but in other areas HCSWs can be utilised to improve patient care and experience.
- JP reported that the temporary staffing department (bank) now recruit nurses and HCSWs the first week of every month. So far, they have received 130 applications and have appointed 80 of these; the focus is now on ensuring the infrastructure is in place to provide their committed to care and mandatory training to get these individuals into work.
- Peter Hewin (PH) emphasised the need for different ways of working in line with the seamless working theme of the People and Culture Plan, noting that there are employment rights, terms and conditions and line management responsibilities to consider here.
- SR reported that following Eluned Morgan's visit to UHW a business case for 'UHW 2' has been submitted to cabinet. We are expecting an official notification regarding moving this forward after the summer recess.
- SR also reported on the visit by IHI (Institute for Health Improvement) which took place over 2 days in July. It was noted that although the feedback from this was positive regarding team working it was felt that the organisation wasn't very joined up. SR confirmed that decision making currently takes place at senior leadership board level which is governed through the management executive (ME) and HSMB meetings. It was agreed that the UHB would move towards more shared decision making; ME will continue but decision making will move to SLB (Senior Leadership Board), a core group of Executives and Clinical Board Directors.
- PH welcomed this more shared approach to decision making and suggested this might be a good time to review the triumvirate terminology. SR agreed that the clinical board leadership model could be looked at, noting that the organisation had previously moved away from the term 'division'. SR advised that the organisation would need to focus on getting through the winter before embarking on this piece of work.
- Mike Jones (MJ) discussed the cost of living crisis in the context of possible industrial action. He raised the issue of subsidised food within the staff canteens and asked that if enhanced rates of pay are offered again that we ensure this is done fairly. MJ also warned of the effect of this crisis on mental health and potential impact on staff sickness absence levels. SR and DW agreed that the organisation will do everything within their gift to support staff during this time. RG also highlighted the financial wellbeing group led by Karen Vaughan which she has asked to be progressed at pace; benchmarking is taking place and staff side representation have been invited to be involved.
- SR referred to the potential for industrial action. DW advised that staff representatives are currently in the ballot phase and awaiting results. The approach will be to work with the organisation with full transparency and sight around any planned activity.

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POPULATION HEALTH

- FK confirmed that the most recent covid wave is now decreasing, community rates are dropping and in-hospital covid incidences down to just a few. TTP services have shrunk and now sit within local government focussed on high risk settings, although our own IPC team within the UHB are also keeping a close eye on the situation.
- A final JCVI statement has been released in which everyone highlighted will receive an autumn booster; this includes 50-64-year olds which were not originally included in the draft report. The MVCs are closing; Bayside has closed and Splott is closing at the end of August. The MVC service will now be re-provided at Woodland House.
- Primary care has been asked to vaccinate the over 80s and there has been some discontent around the likelihood of patients receiving their covid vaccine separate to the flu jab due to vaccines arriving at different times. Community pharmacies are also being utilised as pop-ups. SR confirmed that wherever possible the UHB will support co-delivery of vaccines whilst recognising that this will not always be possible.
- FK confirmed that we are on high alert for new variants and surveillance is in place for sub-variants of omicron. We anticipate the impact of any new variants to be less because people are now vaccinated and we know that the vaccine stands up. We can't guarantee that this will continue to be the case but are confident that vaccines can be tweaked to accommodate new strains. FK reassured the Forum that in general our vaccine regime stands up and has broken the link with the severe ill health and extent of mortality experienced previously.
- The Winter Vaccination Policy is currently out for consultation and will be discussed at the Employment Policy Sub Group prior to being presented at the Strategy and Delivery Committee for approval in September.
- There are currently 33 monkey pox cases in Wales, 14 of which are in Cardiff. Overall, the majority of cases are in still in England, predominantly in London, and these are starting to plateau. The hope is to utilise pharmacies for both the flu programme and monkey pox.
- It was noted that following a 3-year rise, uptake of the flu vaccine was down last year right across Wales, probably because flu leads and champions were too busy to advocate in the same way as they had in previous years. The organisation will work together to improve rates this year and will endeavour to provide protected time for teams to champion this. FK noted that vaccine fatigue is an issue and we will work with our communications team to nuance the messaging with this in mind. Co-delivery of the flu and covid vaccines will be possible for some staff and clinical board leaders have been asked to assist with this.
- Joanne Brandon (JB) gave an update on a broader winter communications package around covid, flu, childhood immunisations, IPC and student infections. The staffing element will look slightly different, revolving around winter pressures, operational and primary choices, right bed first time etc. National and local virologists and epidemiologists are myth busting and our ambassadors are helping to deliver these messages; the Forum also agreed to champion this message.

QUALITY AND SAFETY

- Jason Roberts (JR) reported that the number of concerns has risen to 4000 per year (over 150 a week) however 80% of these have been responded to within 30 days by our concerns team which is positive.

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- Fall, slips and trips are the most commonly reported and a band 7 falls lead is being appointed to work on improving this position. Serious harm from falls is low; last November NOF fracture rates had risen but have since reduced.
- Nationally reported serious incidents have also improved since the report was published, with 79 reducing to 69. 39 of these are overdue but 16 will close in August.
- There has been no in-year improvement in hospital acquired infections which is concerning, however the IPC team are now more available now that covid is waning. A significant piece of work regarding root cause of analysis C-Diff and MRSA is being undertaken.
- JR reported an improving picture regarding pressure damage, however due to the new Datix system this apparent improvement could be due to incidents on the old system not having been picked up.
- Meriel Jenney (MJ) will be bringing an in-depth deep dive regarding our mortality index to the next Quality and Safety Board.
- MT highlighted the need for training around falls and protected time in order for this to take place. JR acknowledged that nursing shortages play a part in this and confirmed that we are looking into video-based training which staff can do at a time which suits them. The group agreed that when there are staff shortages, training is the first thing to suffer and RG noted that the increase in falls coincides with a decrease in mandatory training compliance.
- PH highlighted the outstanding action from last year's pay round regarding wellbeing and reminded the group of a letter from Martin Mansfield to CEOs asking for a conversation with LPFs with a deadline of mid-September. A discussion will need to take place before the next LPF meeting in October **Action: Rachel Pressley**
- Janice Aspinall (JA) mentioned a recent workplace inspection in which it was highlighted that many staff don't know where to locate generic risk assessments on wards. Pauline Williams (PW) also noted that some ward managers haven't been on the training for health and safety risk assessments and suggested that bringing link workers back might help with this. JR agreed to pick this up with the Health and Safety Team.
Action: Jason Roberts
- DW acknowledged that there has been a recent reform and reshape of LPF reports but asked if never events and medication errors could again be included. JR confirmed that he is reviewing the quality dashboard and would take this into consideration.
- JR discussed the idea of an organisational quality dashboard to give ward accreditation and recognise good work. This would be a tangible method in which to build accreditation with a range of indicators. The group acknowledged that rewards and job satisfaction is a regular topic of conversation and this would be a good way in which to implement this.

PEOPLE AND WORKFORCE

- RG reported that sickness had decreased to 6.5% but has now risen again to 6.7%. It was acknowledged that sickness is higher in certain areas and we are trying to be more analytical by looking other factors (VBAs and turnover etc.) to triangulate understand this and identify hot spots with the Clinical Boards .
- RG has reviewed monthly VBA performance with the clinical boards; overall compliance is at 32.5% but in some areas is as low as 13%. An engagement plan is being implemented with the aim of reaching 85% compliance. A streamlined document has also been launched with help from staff side so there is now a choice around documentation.
- From October staff will need to have had a documented VBA in order to progress through their pay gateway, however if we are unable to provide training the increment will not be held back. It was noted that this is a national change and we need to take a pragmatic approach.
- The second inner inclusive wellness webinar has taken place and has received positive feedback; the third is due to take place in September. The winning temp engagement tool has also been

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rolled out to nurses, midwives and ODPs and managers are being encouraged to praise staff via email. In response to the cost of living crisis, a Health and Safety Culture Plan has been approved at Board level with the focus of looking after our people.

- RG clarified that our high turnover is due to more than just staff leaving due to temporary contracts; from comments in exit questionnaires we know that there is work to be done around management and development. The plan now is to focus on these hot spots and how we can support these areas.
- MT highlighted the importance of gratitude and the need for this to be fair and equitable; we need to work on providing everyone with an NHS email address in order for recognition via email to be effective. It was clarified that David Thomas is working on this.
- Lorna McCourt (LM) highlighted that when exit questionnaires are completed they are not returned directly to line managers which can make it harder for them to learn from the information provided. SR, JR and RG are aware of this and are having conversations around learning from concerns and exit questionnaires.
- RP and Donna Davies (DD) are in the process of reviewing the agile working framework at will share this in more detail at WPG.

PERFORMANCE

- JC reported that we are experiencing significant operational pressure 'at the front door' in terms of long ambulance delays and 12-hour trolley waits; this pressure is being felt by staff and is resulting in poor patient experiences. We are seeing a reducing picture in terms of covid admissions but are keeping a small number of 'red beds' available every day.
- There is good work happening around surgical same day emergency care, which is helping to stream surgical patients away from the front door and resulting in a faster turnover. Work is also ongoing around high inpatient occupancy, programmes of work around unscheduled care and the '6 goals'.
- There is a big focus on making sure we meet both the needs of clinically urgent patients and targeting long waiters. Pressure on unscheduled care is being felt across the organisation, especially within mental health and primary care, however there are also challenges within planned care with patients awaiting elective treatment. There are no patients waiting over 52 weeks for new OPD appointment but there are specific areas which are more challenging and we need to reduce these as quickly as possible.
- Mobile cataract operating theatres are now open and as well as the mobile endoscopy unit at UHL. There is also a spinal unit opening at the end of August; patients who need injections can now receive these as an outpatient procedure.
- There is a focus on a 'back to basics' piece of work around OPD and theatres as we return to pre-covid capacity. Innovative work is also taking place within clinical boards around dental and eyecare, engaging with partners in community services rather than in hospital, as well as ongoing work around diagnostics and long waits for patients over 8 weeks. ECG and USS remain high, but echo is reducing to 0 and radiology is coming down steadily.

FINANCE

- Hywel Pullen (HP) reiterated that a revised financial plan was submitted at the end of June and found further savings to reduce the deficit from £20.8% to £17.1% million. At end of July the organisation reported our financial position as a deficit of £8m after the first 4 months. £5.7m of this is 4/12 of the planned deficit, whilst operationally we are £2.3m overspent. There is a trend in terms of operational overspend and we need to get to grips with this over the next 8 months.
- The core financial plan shows a forecast of close to £60m this year due to TTP and local response to covid. There is an anticipated allocation from Welsh government to cover those costs as well

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as those due to national inflationary pressure. Energy was noted to be a very volatile area; at the beginning of the year £28m in exceptional costs connected with energy were advised by the national shared services partnership. £37m in exceptional costs are also anticipated from Welsh government in continuation of the additional funding received during the pandemic.

LPF 22/046 STRATEGIC EQUALITY PLAN (SEP)

- Mitchell Jones (MJ) confirmed that we are just over half way through our strategic equality plan, highlighting some of the work that's taking place and what's coming up. MJ asked for support in taking this forward as well as thoughts and feedback from the Forum.
- MJ noted that the OneVoice network will be key in engaging with Black and Minority Ethnic staff and developing our Anti-Racist Action Plan. MJ added that his team have provided administrative support in putting forward a recent charity bid to promote awareness days throughout September.
- MJ has developed a working relationship with Race Equality First; board development sessions will be taking place in October and December and representatives will also meet with the OneVoice network to learn about their lived experience.
- The inclusion ambassador programme aimed at senior leadership is being launched, asking for at least one ambassador for each protected characteristic at clinical board level. The pack is designed to be clear and easily digestible, outlining what the role entails and further resources for candidates to go away and educate themselves. MJ confirmed that he has already had lists of nominees from PCIC, CD&T and Surgical Services and is working with the other clinical boards to get their names.
- PW queried that difference between a trade union representative and an inclusion ambassador. MJ clarified that the inclusion ambassador role is focussed on awareness and education and is more akin to a sponsor or champion. MJ and CA will work together on the wording within the pack to ensure this is made clear.

Action: Mitchell Jones

- A workforce data campaign has also been launched to address the gaps in the data we hold and understand how representative our workforce is of our community in order to better implement inclusion and equity practice. A pilot was run within People and Culture to iron out any issues and the campaign is now being cascaded to the wider UHB with regular milestones to maintain momentum.
- MJ also confirmed that the organisation has applied for Disability Confident Level 3 status which is currently awaiting review.
- Steve Gauci (SG) applauded the work being carried out by the Equity and Inclusion team, in particular the Access Ability group which Abigail Bernard has set up. SG also noted that we are the first UHB in Wales to launch an Access Ability wellbeing passport. SG requested that TU contacts be included on the key contacts page, noting that they have a wealth of knowledge in all the protected characteristics as well as lived experience. MJ will ensure the pack is amended to reflect this.

Action: Mitchell Jones

- FK praised the progress and drive for the data campaign, noting that she RG and JR are currently exploring the linkages between equality and inequity, health outcomes in the community and access to services. The plan is to set up dedicated teams to look at these complimentary overlaps, framework and actions to understand how different areas of the UHB connect. DW also praised this work and agreed that it is vital to have an overview of the overlaps and how the UHB connects.

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LPF 22/047 EMPLOYMENT POLICY SUB GROUP MINUTES FROM 29 JUNE 2022

The Local Partnership Forum noted the minutes from the Employment Policy Sub Group meeting held on 29 June 2022.

PH and RP flagged that a number of employment policies are being reviewed at the moment. Equality health impact assessments were raised and it was agreed that MJ's thoughts on how we're addressing diversity of workforce were needed.

LPF 22/048 NURSING STAFF ACT ANNUAL ASSURANCE REPORT

It was agreed that an exceptional WPG meeting with JR would take place outside of meeting regarding staffing and how we utilise additional HCSWs over the winter to cope with the nursing shortage.

Action: Rachel Pressley

LPF 22/049 ANY OTHER BUSINESS

- DW discussed the possibility of an LPF development day. It was agreed that the group would plan ahead for spring next year.
- JR confirmed he has signed off relaxation of the uniform policy again for the coming heat wave.

LPF 22/050 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on 20th October 2022 at 10am with a staff representatives pre-meeting at 8.45am. The meeting will be held remotely.

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**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
6 SEPTEMBER 2022 AT 13:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Glyn Jones	Aneurin Bevan ABUHB
Jo Whitehead	Chief Executive Betsi Cadwaladr, BCUHB
Paul Mears	Chief Executive Cwm Taf Morgannwg CTMUHB (in part)
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

In Attendance:	
Meriel Jenney	Medical Director, Cardiff and Vale CVUHB
Lee Davies	Director of Planning, Hywel Dda HDdUHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Phil Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

In Attendance:	
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Julian Baker	Director of National Collaborative Commissioning, NCCU
In Attendance for agenda item 2.3 'Focus on' Session Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru	
David Lockey	National Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
David Rawlinson	Clinical Informatics and Research Manager, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Sue Barnes	Chief Executive, Wales Air Ambulance Charity
Mark Winter	Operations Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Michael Slattery	Consultant and Clinical Lead, Adult Critical Care Transfer Service, EMRTS Cymru
Matt Cann	Programme Manager, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Steve Stokes	Director of Communications and Strategic Engagement, Wales Air Ambulance Charity
For Agenda item 2.4	
Tef Jansma	Optima supporting Welsh Ambulance Services NHS Trust (WAST)
Brendan Lloyd	Medical Director, Welsh Ambulance Services NHS Trust (WAST)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/91	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.	Chair
EASC 22/92	APOLOGIES FOR ABSENCE Apologies for absence were received from Steve Moore and Andrew Carruthers (Lee Davies representing), Suzanne Rankin (Meriel Jenney representing); Nicola Prygodzicz, Mark Hackett, Steve Ham and Ross Whitehead.	Chair
EASC 22/93	DECLARATIONS OF INTERESTS There were none.	Chair

EASC 22/94	<p>MINUTES OF THE MEETING HELD ON 12 JULY 2022</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 12 July 2022.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 12 July 2022. 	Chair
EASC 22/95	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 22/79</p> <ul style="list-style-type: none"> • EASC Action Plan <p>Members noted that the EASC Action Plan received in the papers did not include the immediate release information. However, this had been included in the latest version which was submitted on 5 September 2022 and had been circulated to Chief Executives and Chief Operating Officers (COOs) in NHS Wales.</p> <ul style="list-style-type: none"> • Different staff input to WAST Control / call options <p>Jason Killens explained that discussions were progressing in some community areas which reflected WASTs longer term strategy to work more closely with local authority staff within the call centres (Item to remain on Action Log).</p> <p>Carol Shillabeer raised this potential development in the ongoing work with all local authorities in relation to increasing community care capacity and confirmed that the first steering group meeting would take place on 12 September. Jason Killens welcomed the opportunity to develop a joint approach with local authorities across Wales.</p> <ul style="list-style-type: none"> • Red demand and variation <p>Included within the WAST update section on Agenda Item 2.4.</p> <p>EASC 22/81</p> <ul style="list-style-type: none"> • Roster Reviews <p>Jason Killens gave an overview of the work to date and confirmed that the first roster would 'go live' on 26 September 2022 in the Hywel Dda UHB area. For ease of reference, WAST agreed to forward a table of the roster changes on a health board basis (Added to Action Log). Members noted that as a result of these changes 30 more vehicles could be available at peak times.</p>	WAST

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	<ul style="list-style-type: none"> • WAST Working Practices Jason Killens confirmed that progress had been made with the Trade Unions, including an agreement that adjustments would be made on continuing professional development time for emergency medical services staff and this would be added into front line production (as identified in the Emergency Medical Services Demand and Capacity Review). It was likely to be implemented as a 'soft' launch in the financial year and would be mandatory from next year. Members noted that a further meeting was planned with the Trade Unions with the expectation that this would (best offer) be presented to their members. The next phase would discuss post production lost hours and the sensitive issue related to the management of meal and rest breaks. Some concerns regarding the current climate and pressures over winter were noted and therefore no timeline had yet been identified for delivery. An update would be provided at the next meeting. • Immediate Red Release The Chair asked Members to note that this action had been undertaken at health board level and that Chairs of health boards would be keen to be notified of any specific issues. <p>EASC22/20</p> <ul style="list-style-type: none"> • Performance Report To remain on the action log awaiting further update re Digital Health and Care Wales looking at linked data sets related to patient outcomes. <p>EASC 21/26</p> <ul style="list-style-type: none"> • Committee effectiveness The Chair reported that attempts had been made to contact the Citizen's Voice Body and would report progress at the next meeting. <p>Members RESOLVED to: NOTE the Action Log.</p>	
EASC 22/96	<p>MATTERS ARISING</p> <p>There were no matters arising from the minutes.</p>	Chair
EASC 22/97	<p>CHAIR'S REPORT</p> <p>The Chair's report was received.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report and the wider circulation to the Chairs • NOTE the Chair's objectives set by the Minister. 	Chair

Part 2. ITEMS FOR DISCUSSION AND APPROVAL	ACTION
<p>EASC 22/98</p> <p>PERFORMANCE REPORT</p> <p>The Performance Report was received. In presenting the report Phill Taylor explained that data had been used from July (Ambulance Service Indicators) and August for the wider performance report and highlighted the following areas:</p> <p>Ambulance Service Indicators (July data)</p> <ul style="list-style-type: none"> • The improving outcomes and numbers of patients managed via 'hear and treat' • Incidents receiving a response were reduced (possible impact of the Clinical Safety Plan?) • Conveyance had reduced, although it was important to consider this in light of a reduction in attendance in response to escalation decisions relating to the clinical safety plan • Ongoing work on post production lost hours and were now included in the EASC Action Plan • All-Wales red 8minute performance was 52% (target 65%) • Handover lost hours – over 24,000 in July (and subsequently 22,000 in August) • Weekly performance dashboard now circulated widely within health boards and Welsh Government. <p>Members raised important points including:</p> <ul style="list-style-type: none"> • Relentless demand across Wales and hours lost, would remain a challenge, whilst the work to deliver the circa 1,000 community or alternative beds continued • The significant numbers of patients within the system that were 'fit for discharge' • Concerns regarding the trajectory for the winter and the need for effective partnership working • That the volume of demand at the front door was likely to increase • Useful ideas that had been identified within the fortnightly handover improvement meetings, including the measurement of the total wait from dialling 999 to the definitive point of care and development of an evening transport system • Support for the use of the EASC mechanisms to feed ideas back into the system, for example using the CEO group meetings. <p>Members noted that the first steering group meeting would take place on the week commencing 12 September regarding the development of the 1,000 community beds. It was agreed that there was a need to be realistic about what could be achieved with this work.</p>	<p>CASC</p>

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	<p>The Chair noted the good work being undertaken and the challenges being encountered, emphasising the need to coordinate efforts and to work together over coming months.</p> <p>Immediate Release</p> <ul style="list-style-type: none"> • WAST had presented the protocols to manage immediate release at the last meeting • Amber release increased from 31% to 44% with WAST and health boards working together. <p>Handover delays</p> <ul style="list-style-type: none"> • Fortnightly Handover Improvement Plan meetings continued with a focus on working towards the 2 agreed trajectories • Improvements in both areas across Wales during the last 3 months with the number of patients waiting over 4 hours reducing • Overall lost hours remained very high. <p>EASC Action Plan</p> <ul style="list-style-type: none"> • Latest plan submitted to Welsh Government on 5 September • Discussion at Directors of Planning meeting and linking to the integrated medium term plan (IMTP) process • Progress with some actions and linking to existing mechanisms with Welsh Government • Some small improvements and positive signs with good local actions seen. <p>Members noted that the EASC Action plan was being well received and that it was important that any further actions were captured and included as necessary.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report. • NOTE the Ambulance Services Indicators • NOTE the performance reporting information submissions • NOTE additional actions that the committee could take to improve performance delivery of commissioned services • NOTE the handover improvement trajectories • NOTE the EASC Action Plan. 	
<p>EASC 22/99</p> <p>Saunders, Matthew 06/09/2023 11:43</p>	<p>QUALITY AND SAFETY REPORT</p> <p>The Quality and Safety Report on commissioned services was received.</p> <p>In presenting the report, Matthew Edwards reminded Members that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).</p>	

<p>Saunders, Nathan 06/09/2023 11:37:43</p>	<p>The following areas were highlighted:</p> <ul style="list-style-type: none"> • The work of the Healthcare Improvement Wales (HIW) Task & Finish Group (convened by the EASC Team) established to lead and coordinate the work in response to the recommendations made as part of the HIW "Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover"; a position update had been undertaken with the aim to meet with HIW and close some recommendations. A further update would be provided at the next meeting (Action Log) • An update on progress of the NHS Wales Delivery Unit on Appendix B Task & Finish Group (convened by the EASC Team), which was established to review the process related to the WAST-led serious incident joint investigation framework, was received. Members noted that the first meeting had taken place with representatives of health boards, WAST, the EASC Team and the NHS Wales Delivery Unit. The meeting had been well attended by a mixed group of Directors of Nursing and Assistant Directors of Quality and Safety. The aim of the meeting was to agree a consistent approach to joint investigations between organisations in line with the nationally agreed policy. Members noted that the next meeting would take place on 8 September 2022 and progress would be reported to the EASC Management Group. <p>Members noted the general growth in the number of adverse incidents and the renewed focus on quality and safety issues which were closely linked to the deteriorating performance position. Further work would be undertaken to include other commissioned services such as non-emergency patient transport services and emergency medical retrieval and transfer services in this report.</p> <p>The Chair thanked the EASC Team for the report and highlighted the importance of considering the performance report and the quality and safety report together at meetings as they were both fundamental to the effectiveness of the Committee as a commissioning body.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report and the progress made by both Task and Finish Groups • NOTE the content of the discussion in the Appendix B Task and Finish Group and the agreed next steps • NOTE the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services • NOTE the provision of Quality and Safety Reports relating to commissioned services at all future meetings. 	<p>EASC Team</p> <p>EASC Team</p>
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EASC 22/100	<p>'FOCUS ON' EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU)</p> <p>David Lockey was welcomed to the meeting and introduced his team which included Mark Winter, Sue Barnes, Steve Stokes, David Rawlinson and Michael Slattery.</p> <p>David Lockey led a presentation which gave an overview of the EMRTS Cymru service which included:</p> <ul style="list-style-type: none"> • The journey in the development of EMRTS Cymru since becoming operational in 2015 and the service changes made over recent years including phase 1 of the 24-hour provision, implementation of the Adult Critical Care Transfer Service (ACCTS) and establishment of an Aftercare Service • The service continued to work closely with the Wales Air Ambulance Charity (the Charity) • Use of the CAREMORE Quality and Delivery Framework • Operational overview was now available instantly within the portal EMRTS Cymru AQIs - Power BI • 2021/22 data: 3,247 incidents; 46% by road; 54% by air; 68% conveyance to hospital; 9 calls per day; 8 trauma desk calls per night; 16% air stand down (compared to industry average of c. 25%); 141 sedations; 119 blood transfusions; 561 intubations and 412 anaesthetics • Data overview of the services (available in the Annual Report) • Longitudinal view of the service from 2016 to present; seeing an increase in activity • An overview of EMRTS Commissioning Intentions for 2022/23 • A presentation by Dr Michael Slattery covering the first year of the newly established ACCTS service including the strong relationship with the Welsh Critical Care Network, work undertaken with NHS England and activity 22% higher than forecasted and continuing to grow • A focus on the Strategic Review undertaken by the Charity System to determine "the optimal operational configuration and physical footprint for the lifesaving services that brings greatest benefit to all the people of Wales" ahead of the forthcoming commercial aviation procurement process. <p>Members noted that the internal service analysis had included consideration of base activity data since establishment of the service in 2015, service reviews already undertaken including the EMRTS Service Evaluation (undertaken with Swansea University) and comprehensive demand and capacity modelling. It was confirmed that this analysis has been undertaken at a health board and regional level in order to understand the demand and current unmet need.</p>	
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<p>Saunders/Nathan 06/09/2023 11:37:43</p>	<p>Key headlines from the service analysis included under-utilisation and unmet need (geographic, overnight and hours of darkness). The robust analysis and modelling indicated the need for extended hours of operation and changes to optimise base location.</p> <p>Members noted recent challenges due to a media leak ahead of the finalisation of the data analysis and the subsequent planned stakeholder engagement process. A strong reaction was reported and a perception of a loss of service, particularly in Powys.</p> <p>The key headlines of a proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales included attending an additional 583 patients, improved average response times (on average 11 minutes quicker) and achieving 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).</p> <p>The Chair thanked the team for their work to date and the clarity provided by the presentation in terms of the service provided but also the potential for an enhanced service in the future.</p> <p>Members raised:</p> <ul style="list-style-type: none"> • The need to have follow up conversations related to the Powys health board area and the Powys related data • Carol Shillabeer recognised the importance of embracing the opportunity for change and the need to celebrate the excellent service developed to date but also emphasised the need to be sensitive about this as an all-Wales service and the importance of equity of access (particularly for people in rural Wales and representing the views of people in mid Wales) • Members noted that Powys had disproportionately benefited from the service but on the other hand it was important in terms of the use of 'Cardiff' within the slides providing the impression of a south Wales centric service – important therefore to see the all-Wales view • It would be helpful to map out and present the changing demand and the service changes over the years • The ability of the expanded service to reach more people and the usefulness of the graphics in demonstrating this • The importance of clarifying the distinctive roles of the ambulance service and EMRTS • Future opportunities for the ACCTS service and other transfer services like neonatal 	
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<p>Saunders, Nathan 06/09/2023 11:37:43</p>	<ul style="list-style-type: none"> • The emotional ties of communities to the Wales Air Ambulance Charity (particularly to bases) and the impact of any change • Carol Shillabeer raised the issue related to the role of EASC as the commissioners in progressing this matter; it was agreed that this was a commissioning issue for the committee • The question regarding who would lead on the ongoing work to ensure a robust, appropriate and managed process ensuring the required engagement; it was agreed that further discussions would take place at the next EMRTS Delivery Assurance Group (to be held 12 September) and the CASC also undertook to consult with CEOs • That a briefing session had been planned with the Minister week commencing 12 September to consider the press leak • Stuart Davies asked regarding a presentation received earlier at the Welsh Health Specialised Services Committee (WHSSC) in relation to the Major Trauma Centre in the south and the main impact on primary and secondary transfers and if this has settled or were further impact assessments required? – David Lockety responded and emphasised the importance of taking patients to the right place at the right time and since EMRTS Cymru had been in operation there had been a considerable reduction in the number of secondary transfers. The Major Trauma Network had made the pathway easier as expected and no further large changes were anticipated but fine tuning would be required and the trauma desk had been very helpful • That it was important to recognise the current level of service and how it was delivered as an all Wales service and that 65% of the Welshpool based air ambulance activity provided services outside Powys; at night the only EMRTS service was provided from Cardiff but the proposed changes may widen this provision • The importance of ensuring an all-Wales view during the consideration process, for example, David Lockety explained the impact that the expanded day shift in Cardiff had in ensuring that the aircraft in West Wales was available to support rural areas • Stephen Harrhy suggested the importance of using the commissioning resource envelope, aligned to health board strategies, to meet the needs of the population of Wales • The desire to support the system to get this right and it was agreed that further consultation with CEOs would help to better understand the information and the local nuances • That the presentation was compelling but that this was an emotive subject and there was a need for wider engagement • Important to consider the impact on the Charity 	<p>CASC</p>
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	<ul style="list-style-type: none"> The importance of ensuring the approach was fair and balanced in terms of service change and the potential impact on WAST in terms of their roster changes. The variety of transfer services would need to be scoped out and with a report back to the next meeting (Action Log) Next steps and the need for a structured approach including clear project plan, clear governance and decision-making framework (including decision timelines) and a clear engagement (or consultation) / handling plan with clarity in relation to whether this is significant service change. <p>(Tef Jansma joined the meeting)</p> <p>The Chair thanked members for their contribution to this important discussion, confirming that Members were receiving the information as a starting point of the engagement process. Members were advised that a structured and considered approach would be undertaken in line with the discussion held.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the presentation RECEIVE formally the Service Development Proposal at a future meeting AGREE in the meantime to develop a structured approach including a project plan, to include a detailed engagement plan, to clarify the next steps. 	<p>EMRTS Team</p> <p>EASC Team</p> <p>EASC Team</p>
EASC 22/101	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE</p> <p>The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas:</p> <ul style="list-style-type: none"> The link to the performance and quality & safety reports (already received) Clinical outcomes implementation of electronic patient clinical record (EPCR) which went live nationally in March 2022; now receiving care bundle reports and trend of improvement with compliance in two of the three care bundles and work to draw data from the e-case card and the new reporting regarding the quality of care provided and how this might be changed. Members noted that there was more to come in this area and would be received in future meetings <p>(Paul Mears joined the meeting at 15:10)</p> <ul style="list-style-type: none"> Capacity – good progress had been made on recruiting the additional 100 front line staff (by January 2023) and confident of recruitment <p>Immediate release and the latest compliance report had been shared and Jason Killens welcomed the support in terms of week on week improvement</p>	

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- Roster reviews would share current state in line with the Action Log.

(Brendan Lloyd joined the meeting)

Red Demand and Variation

Tef Jansma gave a presentation 'Variables affecting Red Performance'. The following areas were highlighted:

- Inverse relationship between Red performance and vehicle utilisation – the increase on utilisation makes it difficult to have high red performance and a certain amount of excess vehicle availability is required
- Correlations (one variable is affected by another variable not necessarily causal relationship) can be positive or negative, 0% is no relationship at all (and range from -100% to +100%)
- Comparison requested by WAST between 2021 and 2022; script of correlations developed by Optima and in 2021 -53% red travel duration of emergency ambulance (EA) vehicles; - EA utilisation 50%; red calls responded to -50%. In 2022, the top correlations were highlighted WAST have some scope to influence (includes duration spent at hospital)
- Red underperformance was not the result of a single issue and therefore required a multi-faceted approach.

A further presentation by WAST 'Actions being undertaken to reduce variation and improve red performance' was provided which highlighted:

- The number of responded incidents (WAST expansion of clinical support desk; ECNS patient triage and streaming and implementation of forecasting and modelling; in Health boards roll out PTAS in all areas)
- Red performance varies significantly from one day to the next and is the result of many correlations
- Number of hours produced with key actions identified
- Capacity and utilisation including hours produced (100 additional staff; increased overtime; procurement of third-party ambulance resources; managing attendance)
- Re-rostering and Cymru High Acuity Response Unit (CHARU)
- Travel durations and mobilisation (time spent on scene; deep dive into clinical contact centre analysis and modelling on community first responders)
- Duration at hospital including alternatives.

The Chief Ambulance Services Commissioner explained that he had expected that if an improvement had been seen in amber performance there would also be an improvement in red performance. The CASC wanted to understand why this was not the case and how additional capacity could be deployed to improve red performance.

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	<p>The CASC raised that significant variation was occurring on a day-by-day basis and there was a need to undertake more analysis to explain this. Members noted that Amber performance did not chase seconds but this would make a big difference in red call performance times. It was agreed to consider this at the next EASC Management Group meeting to ensure the most effective use of the additional capacity being progressed within the service and improve red performance, this would then need to be reported back to Committee.</p>	EASC Team
	<p>Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table</p> <p>Jason Killens presented the report on the Clinical Response model and the Dispatch Cross Reference Table. Members noted the variation with red, amber and green categories used in Wales, conversely categories 1 to 5 are used in England.</p> <p>Brendan Lloyd highlighted the current differences between England and Wales. The Clinical Priority and Assessment Software (CPAS) Group in Wales regularly reviewed the Dispatch Cross Reference Table and usually any changes were minor and were managed internally. However, the changes proposed were significant and were driven by patient safety concerns.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • Changes to patients fitting and the poor outcomes for this group of patients (this was also the subject of a HM Coroner’s report) • Codes for haemorrhage proposed to change from Amber 1 to Red • As a consequence of the changes to be made this would impact on the movement of patients and would lead to a marginal positive impact (improvement) but would have a noticeable impact on Amber 1. Although a strong clinical outcome it was likely to see a slight improvement in red but a negative impact on Amber performance • The proposition to move to the changes from the 1st Monday in October in line with the clinical recommendation. <p>Members asked:</p> <ul style="list-style-type: none"> • How in partnership meetings would the impact for each HB community be identified and clarified? – Jason Killens responded this would happen in due course and a written stakeholder briefing was planned together with a briefing about the new rosters it would be a good opportunity to raise with stakeholders 	WAST

	<ul style="list-style-type: none"> As this was a significant change had it been endorsed by the WAST Board? Jason Killens responded and Members noted that informal discussions had been held and this would be formally taken through the Board at the end of September (added to the Action Log) CASC offered to work with WAST to discuss appropriate engagement regarding the changes and offered to inform the Welsh Government regarding this matter so that they were aware of the impact. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the WAST Provider Report NOTE the actions in relation to the engagement required for Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table. 	<p>WAST</p> <p>CASC</p>
EASC 22/102	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT</p> <p>The Chief Ambulance Services Commissioner's report was received. Stephen Harray presented the report and highlighted the following:</p> <ul style="list-style-type: none"> For the remainder of the financial year the additional commissioning allocation agreed as part of the EASC IMTP would be targeted at <ul style="list-style-type: none"> additional transfer and discharge services targeted outcomes to support performance and mitigating clinical risk <p>The escalation policy that was previously agreed by the NHS Leadership Board would be introduced following the agreement of an implementation plan with COOs.</p> <p>Members RESOLVED to: NOTE the report.</p>	
EASC 22/103	<p>EMERGENCY AMBULANCE SERVICES COMMISSIONING FRAMEWORK</p> <p>The report on the Emergency Ambulance Services Commissioning Framework was received. In presenting the report Matthew Edwards highlighted the following areas:</p> <ul style="list-style-type: none"> Enhanced commissioning framework as a key element of the collaborative commissioning approach Frameworks designed to support system leaders to work in a collaborative way, encouraging open and transparent discussions between commissioners and providers with the aim to support an improvement in service delivery, quality, and performance with a view always to optimise patient outcomes, patient safety and the patient experience 	

<p>Saunders, N 06/09/2023 11:37:43</p>	<ul style="list-style-type: none"> Discussions regarding the enhanced commissioning framework and the approach to commissioning emergency ambulance services going forward had been held at EASC Committee and EASC Management Group meetings over many months At the EASC Management Group meeting in April it was agreed to work together to develop local plans that respond to the needs of the local population and the challenges being faced by each health board in the short and longer term. It was felt that this local approach would help to: <ul style="list-style-type: none"> identify the actions already being undertaken (by health boards, by WAST or jointly by HBs and WAST) identify opportunities for service re-design develop different and optional transformational service offers within each health board area develop alternative pathways and new roles across the system specify services that should be standardised across Wales and share areas of best practice ensure that evidence-based commissioning decisions were made. The development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST, had been the focus at subsequent meetings. This was a key enhancement of the commissioning framework and would provide clarity on how resources were being utilised to deliver the priorities of the Committee and its sub-groups and would support decision-making in terms of investment, resource utilisation and patient outcomes The key principles and content of the draft framework agreement were endorsed by Committee members at the July 2022 meeting of EASC. The draft agreement had now been formatted and finalised to include comments received from Members The key principles of an implementation plan were noted, this plan would: <ul style="list-style-type: none"> ensure that local ICAPs were developed and signed off as required inform the development of commissioning intentions for 2023-24 inform the IMTP section relating to EASC and emergency ambulance services for each organisation. As a new element of the commissioning frameworks, the EASC Team would continue to develop and adapt the approach relating to ICAPs ahead of any future refreshes. <p>Members noted the need to align:</p> <ul style="list-style-type: none"> the development of ICAPs with the IMTP planning process 	
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	<ul style="list-style-type: none"> the ICAP process with the requirements of the Six Goals for Urgent and Emergency Care. <p>Following discussion Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the collaborative approach undertaken to refresh and enhance the emergency ambulance services commissioning framework NOTE the development of local Integrated Commissioning Action Plans that respond to the needs of the local population NOTE the key principles of the implementation plan and next steps APPROVE the Collaborative Commissioning Framework Agreement. 	
EASC 22/104	<p>EASC COMMISSIONING UPDATE</p> <p>The report on the EASC Commissioning Update was received. Matthew Edwards presented the report and Members were reminded that this was now a standing agenda item. Members noted that the update provided an overview of the progress being made against the key elements of the collaborative commissioning approach.</p> <p>EASC Integrated Medium Term Plan (IMTP)</p> <p>It was reported that confirmation had been received from Welsh Government that the EASC IMTP was acceptable and that the correspondence included certain accountability conditions, including the need for a greater emphasis on risk and quality. Members noted the introduction of the Quality & Safety Report as a standing agenda item for the EASC Committee and EASC Management Group meeting and ongoing work to strengthen the approach.</p> <p>Members also noted the expectation within the accountability letter that progress against the plan must be monitored effectively and therefore received the detailed EASC IMTP Quarter 1 Update. Members noted:</p> <ul style="list-style-type: none"> The progress made against the EASC Commissioning Intentions The refreshed EASC Action Plan which reflected the actions and initiatives being undertaken by WAST, health boards and jointly and an indication of the level of progress made and the level of confidence in terms of delivery of each initiative Work to develop the refreshed Emergency Ambulance Services Commissioning Framework and the requirement for the co-production (involving WAST, health boards and EASC Team) of local integrated commissioning action plans 	

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	<ul style="list-style-type: none"> • The progress made in relation to the National Transfer and Discharge Service with the establishment of the Project team, with scope and principles being developed • Emerging system transformational change with discussions ongoing with each organisation to ensure that implications for NHS Wales are understood at the earliest stage. <p>This update against the EASC IMTP was noted at the recent meeting of the EASC Management Group and further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.</p> <p>EASC Commissioning Intentions</p> <p>Members were reminded that Commissioning Intentions were worked up with health boards for each of the commissioned services to provide a clear indication of the strategic priorities of the Committee for the next financial year.</p> <p>The EASC Management Group, on behalf of EASC, continue to hold responsibility for the development, monitoring and reporting of progress against intentions to ensure the strategic intent is achieved. The agreement of the EASC commissioning cycle in 2021-22 has already ensured increased engagement and a more timely approach to the agreement of commissioning intentions for 2022-23.</p> <p>Members received the detailed Quarter 1 update against the EASC Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service). This update highlighted key areas of progress for each commissioned service with many already discussed at length during today's Committee meeting.</p> <p>Key progress relating to the NEPTS service was noted by Members including:</p> <ul style="list-style-type: none"> • The Quality Management Framework - including 3Qs (Quality Assurance, Quality Control and the Quality Award) • Increasing the number of providers in line with the NEPTS business case and the plurality model • Early work in relation to re-rostering with the Project Initiation Document anticipated for October. <p>The Commissioning Intention update was noted at the recent meeting of the EASC Management Group and further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.</p>	
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	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the collaborative commissioning approach in place • APPROVE the progress made against the EASC IMTP in Quarter 1 as set out in the update provided • NOTE the Quarter 1 update against the commissioning intentions for each of the commissioned services. 	
EASC 22/105	<p>FINANCE REPORT MONTH 4</p> <p>The Month 4 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 4th month of 2022/23 together with any corrective action required. Members noted that there was no variance to report and the finance team were tracking the WAST spend against the £3m for additional WAST front line staff and further information as well as the year end forecast would be presented at the next meeting.</p> <p>Members RESOLVED to: NOTE the report.</p>	
EASC 22/106	<p>EASC SUB-GROUPS CONFIRMED MINUTES</p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> • Chair's Summary EASC Management Group – 18 August 2022 • EASC Management Group – 16 June 2022 • NEPTS Delivery Assurance Group – 6 June 2022. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes. 	
EASC 22/107	<p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted a number of items for approval, including:</p> <ul style="list-style-type: none"> • The EASC Risk Register presented to each meeting of the EASC Committee, EASC Management Group and received for assurance at the CTM UHB Audit and Risk Committee (as the host organisation) • The 3 red risks within the EASC Risk Register relating to key items already discussed at the meeting • EASC Assurance Framework report, it was noted that this was in same style as the host body's assurance framework • The list of key organisational contacts was noted. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register • APPROVE the EASC Assurance Framework • NOTE the information within the EASC Key Organisational Contacts 	

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Agenda Item 1.4

EASC 22/108	FORWARD LOOK AND ANNUAL BUSINESS PLAN The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions. Members RESOLVED to: NOTE the report.	
Part 3. OTHER MATTERS		ACTION
EASC 22/109	ANY OTHER BUSINESS The Chair closed the meeting by thanking Members for their contribution to the discussions.	
DATE AND TIME OF NEXT MEETING		
EASC 22/110	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 8 November 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed
Christopher Turner (Chair)

Date

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**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING
EASC Briefing Session
'UNCONFIRMED' NOTES OF THE MEETING HELD ON
27 OCTOBER 2022 AT 17:00HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harray	Chief Ambulance Services Commissioner (CASC)
Jo Whitehead	Chief Executive, Betsi Cadwaladr, BCUHB
Linda Prosser	Director of Transformation, Cwm Taf Morgannwg, CTMUHB
Andrew Carruthers	Chief Operating Officer, Hywel Dda HDUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Chief Operating Officer, Velindre NHS Trust

In Attendance:	
Gill Harris	Deputy Chief Executive, Betsi Cadwaladr
Geraint Farr	Associate Director of Emergency Care, Betsi Cadwaladr
Paul Bostock	Chief Operating Officer, Cardiff and Vale CVUHB
Hayley Thomas	Director of Planning, Powys Teaching Health Board
Ross Whitehead	Deputy Chief Ambulance Services Commissioner EASC Team, National Collaborative Commissioning Unit (NCCU)
David Rawlinson	Clinical Informatics and Research Manager, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Mark Winter	Operations Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary
Robert Callow	Head of Engagement and Communication, Betsi Cadwaladr
Elizabeth Beadle	Assistant Director of Transformation, Cwm Taf Morgannwg
Alwena Hughes-Moakes	Communications Director Hywel Dda
Helen Morgan-Howard	Head of Engagement and Transformation, Hywel Dda
Rebecca Griffiths	Head of Engagement, Hywel Dda

In Attendance:	
Susan Bailey	Head of Communications, Swansea Bay
Adrian Osbourne	Assistant Director Communications and Engagement, Powys
Stephen Powell	Assistant Director of Performance and Commissioning, Powys
Jo Abbot-Davies	Assistant Director of Insight and Engagement, Swansea Bay
Claire Harding	Assistant Director of Planning, WHSSC
Estelle Hitchon	Director of Engagement Welsh Ambulance Services NHS Trust
Sarah Cosgrove	Head of Communications and Engagement, NHS Wales Health Collaborative

Part 1. PRELIMINARY MATTERS		ACTION
1	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the virtual briefing meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements.</p> <p>Members noted the aim was to provide additional information to members following the last EASC meeting on 6 September where a presentation had been provided in the 'Focus on' session on the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) working in partnership with the Wales Air Ambulance Charity. The presentation had provided a strategic overview of the service and also opportunities to further develop the service in partnership with the Charity.</p> <p>The briefing session aimed to provide information on progress made by the Chief Ambulance Services Commissioner and the EASC Team in relation to the plan they had been asked to develop for the EMRTS service development proposal which would be received at the EASC meeting on 8 November. Members were reminded that they had agreed this proposal would be considered as a commissioning issue.</p> <p>Members noted that a briefing had also been provided at the EASC Management Group on 20 October, although only two health boards had sent representatives to the meeting. The Chair asked members to try and improve attendance at the EASC Management Group.</p> <p>The Chair had extended the invitation for the briefing session to heads of communication, engagement and service change from across NHS Wales, although clarified that the briefing was primarily for EASC members.</p>	Chair

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	Members noted that the service development proposal had not yet been received and the Chair emphasised the opportunity to discuss the progress made and that the members could clarify their requirements together to ensure a fair, open and transparent process for the proposal.	
2	APOLOGIES FOR ABSENCE Apologies for absence were received from: <ul style="list-style-type: none"> • Suzanne Rankin (Paul Bostock attending) • Steve Moore (Andrew Carruthers attending) • Paul Mears (Linda Prosser attending) • Mark Hackett (Sian Harrop-Griffiths attending) • Nicola Prygodzicz. 	Chair
3	DECLARATIONS OF INTERESTS There were none.	Chair
4	EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE DEVELOPMENT PROPOSAL – PLAN TO DATE Stephen Harrhy gave a short overview of the work undertaken to date by the EASC Team, following the last meeting of EASC where they were tasked to ensure a robust, appropriate and managed process to ensure the required engagement took place Areas highlighted included: <ul style="list-style-type: none"> • Briefing Welsh Government, particularly First Minister and the Minister for Health and Social Services, considerable political interest in this work and discussed in the Senedd • EASC Management Group meeting 20 October • EMRTS Delivery Assurance Group (DAG) meeting held on 12 September and a further meeting next week • Conversations and presentations made at Community Health Councils (CHCs) meeting at local and national level • CHCs have confirmed that they did not consider the proposal met the threshold for major service change and have asked for a public engagement process ranging between 6 to 8 weeks, although waiting for AB and CTM CHCs to confirm their recommendations • Briefing note shared on 14 October to a wide range of stakeholders • An online site had been developed to allow the public to ask questions or comment That the report to EASC on the progress with the plan would include the questions being asked and the comments being made	

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<p>Saunders, Nathan 06/09/2023 11:37:43</p>	<ul style="list-style-type: none"> • Presentations had been included within the briefing note • CHCs had found the briefing note helpful • Further briefing notes would be developed and shared • The draft communications and engagement plan as well as the plan for the work would be presented to EASC • Keen to make sure that we work nationally and more locally with individual health board to ensure an open and transparent public engagement process • Anticipate a recommendation would be made to EASC in early 2023. <p>Members raised the following:</p> <ul style="list-style-type: none"> • Need to be clear for health boards that information is provided to show what a difference it would make for the local populations (this was confirmed) • The need for a clear timescale (this would be included) • Asked when the decision would be made by EASC, hoping to get to the EASC meeting in January • Timescales for actual implementation of the service which was at least 12 months but possible 24 months • Consideration of contingencies in case the decisions are challenged • Uncertainties in north Wales and concerns about the outcomes and detrimental effects for more rural areas • As the proposal not yet received, would need to see the detrimental effects, likely advantages to populations and local areas • How passionate localities are regarding their particular arrangements • The importance of having proper public engagement to reflect and capture comments for public display • Concerns re decisions challenged and might be better to have a 12-week process • Have received advice from Community Health Councils (CHCs) in Wales and completed a service change form and they have suggested that between 6-8 weeks should be sufficient which should also consider the Christmas period • Lots of local interest particularly for the mid and north Wales air bases • Important to follow normal practice in terms of consultation and engagement which are presented to health board meetings • Whether EASC had the authority to act (as a Joint Committee of Health Boards) and members would discuss with their board secretaries • Whether additional resources would be required if the proposal was supported, though it was confirmed that this would be undertaken within existing resources • It would be really helpful to have the proposed timeline as part of the EASC papers. 	
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Presentation

Stephen Harrhy explained that the presentation shared prior to the briefing session had been developed and had been used in various settings. Members were asked to consider and comment if they felt the information was suitable and that no key areas had been missed. A brief run through of the presentation took place with the following areas highlighted:

- Background including working with the Community Health Councils and impartial process led by the CASC
- EASC Governance arrangements
- Partnership arrangements to deliver the services between EMRTS, the Charity and EASC
- EASC Commissioning Intentions in the collaborative commissioning approach of service expansion, adult critical care transfer service, service evaluation and system transformation
- EASC Commissioning Framework (using CAREMORE)
- EMRTS average day; 8 EMRTS calls with 3 cases of unmet need
- Independent service evaluation 2015-2020; with the benefits of increased chance of survival, flying emergency department, taking patients to the right place, first time and attracting new consultants into Wales
- Service analysis undertaken by experts within the service and further modelling with independent experts
- Impact of the change shown between 2021 baseline and the proposal to add another shift and have after dark capability with more than one aircraft; 2021 baseline met 72% of demand and anticipated could meet 88% of demand
- Benefits it would mean an additional number of missions across Wales based on 2021 baseline
- Next steps (potential) identified.

Members questions / queries or comments received included:

- Whether the deciding factor where the air base needed to be was the rapid response road vehicle?

Members noted

- Low usage currently in both mid and north Wales
- Confusion raised in questions from the public in relation to WAST or EMRTS/WAAC vehicles
- The proposed approach would be more similar to the model operating in south Wales
- Potential opportunity to release more aircraft time for rural areas
- Additional information was available in the second presentation but would need to be clear within the proposal

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- That an urban model could not be used for a rural area and this would be really important to understand, particularly for Powys and that people perceive the service is only provided by helicopter which is not the case.

Members noted

- Really important to have a model that ensures resources for rural areas
- People work on the assumption that they will get a response from their local base which will need to be explained in the proposal

- Difficult to understand the current service 54% by helicopter and 46% by rapid response vehicles as the public have expectations of a helicopter and important to be really clear about this and be ready to answer the challenge around harm.

Members noted

- Important that the proposal explains how the rapid response vehicles are used and what the impact is on timely response.

Data

Members noted the high levels of interest by many key stakeholders in relation to the data.

This included:

- Help to understand how the service is currently provided
- The CASC and the team have been trying to develop an interactive database of data to help local areas understand their information
- Important to be clear what question you are trying to answer and what are the
 - risks
 - benefits
 - harms identified
- Opportunity to hold sessions with all health boards to explain the local position or work with peer groups
- Needing to have an opportunity to better understand (mindful that the proposal not yet received) what the proposal would achieve, the benefits, risks and challenges will be highly valuable, particularly in the communities who are clearly concerned about the proposed changes.
- Discussions have been held in local areas some time ago and the proposal has not yet been received so this will be helpful to understand from the data how the current service is provided
- The proposal appears to say we would meet more of the need thereby lessen the harm – some comfort, irrespective of local requirements as an all Wales service could meet more of the unmet need

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	<ul style="list-style-type: none"> • Importance of engagement approach and the need for local organisations to be part of the arrangements and work together for the best engagement process • Important to test the data to find how significant response times are for this work and whether this is something that EASC will really need to understand, also need opportunities to ask the clinical team at EMRTS whether what we see is significant or not • Underpinning all of the work, EASC needs to decide whether this is the service it wants to commission (albeit a service delivered in partnership with the Charity who meet the most costs of delivering the service) • Not clear for some members whether this is a service that would be prioritised for investment in view of the harm in the wider NHS service and would there be other costs associated? What opportunities could exist for the service to support other areas of the NHS which is already over stretched without compromising its core service delivery? <p>In summary, the Chair identified the following as a result of the discussions held:</p> <ul style="list-style-type: none"> • Need a clear timeline which takes into account the Christmas break • EASC will need to consider if it is possible to reach a decision in January • The proposal will be received at EASC on 8 November • Opportunities to see (local) data to assist understanding • Members will ask Board Secretaries on advice on EASC governance and the Chair suggested that the Committee Secretary should be part of the discussions • The issue around harm was important and asked whether data could be provided to identify and what difference the service development proposal would make • Will be important to consider local sensitivities and a firm commitment made that these would not be ignored • Important that EASC considers clearly what an all Wales EMRT service needs to provide and what it wants to commission. 	
5	<p>ANY OTHER BUSINESS</p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	

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Agenda Item 1.4

DATE AND TIME OF NEXT MEETING		
6	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 8 November 2022 to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed
Christopher Turner (Chair)

Date

Saunders Nathan
06/09/2023 11:37:43

Report Title:	Industrial Action Contingency Planning				Agenda Item no.	8.1
Meeting:	Board Meeting	Public	x	Meeting Date:	24.11.22	
		Private				
Status (please tick one only):	Assurance	x	Approval		Information	
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Deputy Director of People and Culture & Director of Operations/Hospital Director, UHL					

Main Report

Background and current situation:

Trade Unions across Wales, England, Scotland and Northern Ireland have been balloting their members in response to the Government pay award for 2022/23. NHS staff in Wales (on Agenda for Change terms and conditions) were offered a flat rate pay award of £1,400 in July 2022.

Within Cardiff & Vale University Health Board we have received formal letters/emails from a number of Trade Unions providing us with notice of ballot and a copy of the sample voting paper, these are listed below:

- **Royal College of Nursing (RCN)**
Ballot period: 06/10/22 – 02/11/22
- **Unison**
Ballot period: 27/10/22 – 25/11/22
- **Royal College of Midwives (RCM)**
Ballot period: 11/11/22 – 12/12/22
- **Chartered Society of Physiotherapists (CSP)**
Ballot period: 07/11/22 – 12/12/22
- **Unite**
Ballot period: 14/11/22 – 20/12/22

We have received confirmation that GMB will not be balloting their members within Cardiff & Vale UHB.

The RCN was the first Trade Union to undertake a statutory ballot, closely followed by UNISON. These unions have the highest level of membership across the Health Board:

- RCN have approx. 3,500 members
- Unison approx. 4,000.

The RCN Wales ballot closed on 2nd November 2022 followed by a national announcement on 9th November 2022 confirming that strike action will affect all but one Health Board in Wales (Aneurin Bevan). RCN Wales confirmed that the strike action is over pay levels and patient safety concerns and the first period of strike action can be expected in December. RCN Wales remains in a pay dispute with Welsh Government over its 3% pay award for NHS Wales nursing staff.

The results for C&V are below:

Number of individuals who were entitled to vote in the ballot	3,562
Number of votes cast in the ballot	2,128
Votes cast in the ballot as a % of individuals who were entitled to vote	59.74% (<i>threshold is 50%</i>)
Result of voting: Are you prepared to take part in strike action?	
Yes	1,985 (93.41%)
No	140 (6.59%)

We are still waiting on a date but it is anticipated that the first day of strike action will take place early December. Trade Unions are legally obliged to provide the Health Board with a minimum of 14 days' notice.

Contingency Planning

An Industrial Action Contingency Planning Group was established in September and is jointly chaired by the Deputy Director of People & Culture and Director of Operations/Hospital Director for UHL. The group meet fortnightly and have an agreed term of reference and appropriate membership.

All Clinical Boards and Corporate teams have undertaken a standardised planning approach. All services have reviewed business continuity plans and developed workforce models in the event of strike action. This has resulted in broadly three categories for service:

1. Those which require full exemption for urgent and emergency services
2. Those which require partial exemptions in order to maintain urgent and emergency services
3. Those which are accepted to not be exempt – routine services which would not proceed in the event of strike action.

All of the Clinical Board assumptions have been consistency checked and have been reviewed clinically and operationally by key members of the group. We are confident that there is robust planning in place to support urgent and emergency services.

Welsh Government has confirmed that derogations will be agreed nationally and applied locally in each Health Board. There will also be an opportunity locally to discuss derogations with the RCN Strike Committee.

The next steps to support the operational teams in the event of the RCN strike action are as follows:

1. The Group have agreed a list of areas where derogations will be required, these will be discussed with the RCN Strike Action Committee with a view to seeking agreement.
2. There will be a sub group established consisting of the Clinical Board Directors of Nursing to support communication and planning at Clinical Board level and to feed to the RCN Strike Action Committee any issues as they arise.
3. On the day of strike action, a silver command structure will be implemented to monitor and manage circumstances as they arise alongside Clinical Board colleagues.

Maintaining patient safety is central to the planning of services and there will be active discussions regarding the deployment of staff to the areas that represent greatest risk. This will be required for non-RCN professionals and our Corporate teams.

Communication Plan

A robust communications plan has been established covering internal, external and stakeholder communications, which will allow the Health Board to take a proactive and reactive approach when responding to the release of further information regarding industrial action. A focus of communications activity will also be supporting colleagues and reassuring patients and their loved ones that safety remains paramount. Please find an overview of initial communications activity below:

Internal communications

- All staff email from Charles 'Jan' Janczewski, Chair, Suzanne Rankin, Chief Executive and Rachel Gidman, Executive Director of People and Culture.
- Stakeholder briefing email from Charles 'Jan' Janczewski, Chair.
- Designated Strike Action SharePoint page, including frequently asked questions, guidance and links to external information.
- Screensavers and information shared on StaffConnect.
- Guidance for managers hosted on SharePoint and cascaded via email including comprehensive guidance document and flowchart.

External communications

- Holding statement kept on file in preparation for media interest.

Guidance and support for Managers

The need to cope successfully with industrial action is a key challenge for managers. All-Wales guidelines have been developed to provide written advice on actions to be taken and corporate / managerial responsibilities during a period of industrial action. A copy of the Guidelines has been approved by Strategy & Delivery Committee, are available on the website and have been distributed widely across the UHB. Frequently asked questions have also been developed, with an easy to follow flow chart for managers. The People Services Team will also be providing support to managers and available to answer any queries that they have.

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

Regular updates will be provided as we progress through this period of industrial action.

Our biggest risk will be if Unison members vote for strike action, as it is believed that the RCN would also join them. This would result in a significant number of staff eligible to strike at the same time, across all staff groups (excluding Medical). This would pose an extreme risk to patient safety and the ability to run both urgent and emergency services. We would ask that Health Board Chief Executives highlight this risk to Welsh Government as it will be similar for all Health Boards.

It is also important to highlight that the RCM, Unite and CSP have included two questions on their ballot papers:

- Are you prepared to take part in strike action?
- Are you prepared to take part in industrial action short of strike?

Whilst the membership of these unions is smaller (approx. 1,100 in total) any industrial action would be very disruptive and there is also a possibility that they will join forces with the RCN and Unison.

Recommendation:

The Board is requested to **Note and Support** the content of the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	x	Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: yes

There is a significant risk of industrial action by a number of trade union/professional organisations from December 2022 onwards. A Contingency Planning Group has been established to oversee the preparation and organisational readiness for the impact of industrial action, assess the impact and provide direction during an event.

Financial: Yes

Safe staffing levels will need to be maintained for urgent and emergency services during industrial action. Whilst staffing gaps created by industrial actions cannot be covered by Agency workers, we will need to consider increasing supply through bank workers and overtime options.

Workforce: Yes

There is a significant risk of industrial action by a number of trade union/professional organisations from December 2022 onwards. A Contingency Planning Group has been established to oversee the preparation and organisational readiness for the impact of industrial action, assess the impact and provide direction during an event

Legal: Yes	
Our contingency planning is compliant with relevant legislation including the Trade Union and Labour Relations (Consolidation) Act 1992 and Trade Union (Wales) Act 2017	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
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Report Title:	University Designation Status		Agenda Item no.	8.2
Meeting:	Board	Public Private	Meeting Date:	24 November 2022
Status (please tick one only):	Assurance	Approval	Information	x
Lead Executive:	Executive Director of Strategic Planning			
Report Author (Title):	Head of Corporate Business			

Main Report

Background and current situation:

The IMTP Framework 22/23 sets out a requirement for Welsh Government to conduct a mid-year review of University Designation status. The review is seen as a mechanism to enable proportionate internal and external oversight of the extent to which the Health Board meets the designation criteria. The designation criteria are summarised according to the following three pillars:

- **Research and Development.** Research and development activity should be aligned to areas of strength, need or opportunity, going beyond clinical practice and extending to all health and care settings.
- **Training and Education.** Training and education are considered in its broadest sense, including placement opportunities across health and care settings, undergraduate and post graduate education alongside HEA partners, health board staff training and education activity and ensuring that partnership working is strengthening future workforce capacity.
- **Innovation.** Innovation activity should go beyond the education and research activity routinely undertaken within an NHS organisation. Through HEA partnership it should draw in best practice and research evidence from elsewhere and apply it to drive up the quality of care and improve health and well being outcomes.

The mid-year review of University Designation status format was a Health Board presentation to an Expert Panel on 14th October 2022. The presentation was led by the Executive Director of Strategic Planning and included evidence from the Medical Director, People and Culture, and Innovation and Improvement; university colleagues from the Joint Research Office and School of Medicine were involved at all stages of the mid-year review.

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

The mid-year review of University Designation status meeting was an opportunity to provide a positive and fair reflection of where we are, our achievements to date, and the opportunities and challenges we face going forward. More specifically it provided opportunity to:

- Demonstrate how we are currently exploiting our university status and our ambition for further future exploitation.
- Emphasise the importance of university status as a signal to current and future partners that we are a credible, capable and ambitious research, learning and innovation institution.
- Emphasise the importance of the university status in recruiting, retaining, supporting and developing a committed, talented and motivated workforce.
- Explain our commitment to creating a research culture across the organisation that invests in research and innovation for the benefit of our patients and stakeholders as well as the wider foundational economy.

Following the meeting we have provided Welsh Government with further detail requested at the meeting. This includes the People and Culture Strategic Plan, the Innovation and Improvement

Strategy and suggested areas for developing future dialogue. Our future plans related to the university designation status criteria will be included in our next IMTP submission.

No formal feedback has yet been received from Welsh Government. However, a firm impression was gained at the mid-year review that Welsh Government are content with our university designation status activities and future plans – as such university designation remains. Arrangements are in place for further support and future reporting arrangements.

Recommendation:

The Board is requested to:

- a) NOTE** the positive feedback obtained at the mid-year university designation status review and the need to include future plans around the three pillars in our next IMTP.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	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

Prevention	x	Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: Yes

University designation status improves our ability to support the national initiatives for the ab initio and further education of medical, nursing and AHP personnel.

Legal: No

Reputational: Yes	
Loss of university designation status would create reputational harm for the Health Board.	
Socio Economic: Yes	
Close cooperation and shared enterprise with HEAs improves the foundational economy.	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders, Nathan
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Report Title:	Corporate Risk Register			Agenda Item no.	8.3
Meeting:	Board Meeting	Public	x	Meeting Date:	24/11/2022
Status (please tick one only):	Assurance	x	Approval	Information	x
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Risk and Regulation				
Main Report					
Background and current situation:					
<p>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.</p> <p>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.</p> <p>The Board has oversight of the Health Board's Strategic Risks via the Board Assurance Framework and its extreme Operational Risks via the Corporate Risk Register.</p> <p>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 Committee of the Board.</p> <p>The Health Board's Risk Management and Board Assurance Framework Strategy and the Health Board's Risk Managements procedures have been reviewed by Internal Audit and received a reasonable assurance rating at the July Committee meeting of the Audit and Assurance Committee. It is hoped that a Substantial Assurance rating will be achieved in 2022/23 following the implementation of All Wales Risk Management software that should be available prior to the end of the 2022/23 financial year.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>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 and Board Assurance Framework Strategy and associated procedures.</p> <p>The Team's predominant focus of support to Clinical Boards/Corporate Directorates has been to provide advice and guidance to risk leads/risk owners in their assessment and management of complex risks, and the refinement of their internal risk management processes. In addition, the Team continue to support requests from senior risk managers to deliver risk assessment and risk management training to their teams and newly appointed risk managers.</p> <p>Operating within the three '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 maintained the assurance of this process by adopting a 'whole team' peer review approach prior to providing feedback to risk leads.</p>					

There are currently 24 Risks on the Corporate Risk Register. Two of these risks (Risks CRR15 and CRR 23) are new to the register, albeit the risks are known and managed locally.

Risk CRR 15, which relates to Maternity Services continues to be reviewed by the Obstetrics and Gynaecology directorate who are also undertaking a further review of the risk associated with the directorates learning from adverse events. This review will take place during December 2022 with the Head of Risk and Regulation in attendance to provide support and guidance.

Risk CRR 23 is under review internally and with Welsh Government colleagues to ensure

20 of these risks are unchanged and will continue to be recorded on the Register beyond November's Board meeting. Two risks (CRR13 and CRR14) currently sit on the Corporate Risk Register but following a downgrading in their score will be removed from the register before the January 2022 Board meeting. These risks are shaded grey on the attached Summary document for ease of reference.

The Board are asked to note that some of the risks within the Corporate Risk Register are amalgamations of separate risks:

- Risks CRR1 and CRR4 on the Corporate Risk Register are amalgamations of risks within the Capital Estates and Facilities Risk Register;
- Risk CRR16 is an amalgamation of risks within the Children and Women Clinical Board Register in relation to maternity services; and
- Risk CRR20 is an amalgamation of Estates and Infrastructure risks originating within Critical Care settings.

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.

Candidate risks were accepted from Capital Estates and Facilities, Finance, Strategic Planning, Digital Health and Workforce and Organisational Development Corporate Directorates, alongside Medicine, Children and Women, CD&T, Mental Health and Specialist Services Clinical Boards. The Health and Safety and Strategic Planning Directorates, Surgery and PCIC Clinical Boards either reported no extreme risks or had extreme risks with scores below 20.

The present position is therefore as follows:

September 2022	November 2022
<ul style="list-style-type: none">• 24 Risks rated 20 (Extreme Risk), 5 of which are new entries.• 2 risks to be removed from the Corporate Risk Register.	<ul style="list-style-type: none">• 24 Risks rated 20 (Extreme Risk), 2 of which are new entries.• 2 risks to be removed from the Corporate Risk Register.

Trend Analysis. Staff shortages, particularly within the Nursing Workforce, often exacerbated by and Capital and Estates issues, remain a dominant feature of a number of risks. Operational level mitigations appear to be reducing the impact of these risk types on patient safety but they are adversely impacting on Urgent and Planned care capacity.

Each risk on the register can be linked to the Strategic Risks detailed upon the BAF and are grouped as follows:

Board Assurance Framework Risk	Corporate Risk Register Entry
Patient Safety	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21
Capital Assets	1, 2, 3, 4, 17, 19, 20, 23
Workforce	4, 6, 11, 16
Financial Sustainability	5, 22, 23
Staff Wellbeing	4, 6, 11, 16,
Critical Care	18, 19, 20
Planned Care	7, 9
Cancer	7, 9
Maternity	14, 15, 16
Urgent and Emergency Care	6, 8, 10
Digital Strategy and Road Map	24
Delivery of IMTP 22-25	22, 23

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The Risk and Regulation Team's 'check and challenge' of Clinical Board/Corporate Directorate candidate risks.
- The programme of education and training that is being implemented by the Risk and Regulation team to ensure that the Health Board's Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.
- Increasing routine dialogue on risk issues between Clinical Board/Corporate Directorate Risk Leads and the Team.
- The Reasonable Assurance rating provided by Internal Audit for the Health Board's Risk Management processes.

Recommendation:

The Board are requested to:

Note the Corporate Risk Register and the work in this area which is now progressing.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	x
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant</i>			
Prevention	x	Long term	
		Integration	
		Collaboration	x
		Involvement	x
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>			
Risk: Yes			
The management and maintenance of the Health Board's Corporate Risk Register contributes to the Health Board's Risk Management processes and procedures.			
Safety: No			
Financial: No			
Workforce: No			
Legal: No			
Reputational: No			
Socio Economic: No			
Equality and Health: No			
Decarbonisation: No			
Approval/Scrutiny Route:			
Committee/Group/Exec	Date:		
Quality Safety and Improvement Committee	29.11.2022		
Strategy and Delivery Committee	24.01.2022		
Mental Health Capacity and Legislation Committee	31.01.2023		

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CORPORATE RISK REGISTER SUMMARY NOVEMBER 2022

Risk Ref	Risk (for more detail see individual risk entries)	Clinical Board / Corporate Directorate	Link to BAF	Initial Risk Score	Risk Score July 22	Risk Score September 22	Risk Score November 22	Target Risk Score
CRR1	Risk of patient harm due to obsolete Oxygen and Nitrous Oxide medical gas Plant and Equipment at various UHB sites	Estates	Patient Safety Capital Assets	5x4=20	5x4=20	5x4=20	5x4=20	5x1=5
CRR2	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	5x4=20	5x1=5
CRR3	Risk of loss of heating throughout UHL due to serious corrosion of Main Boiler F&E Tanks	Estates	Capital Assets Patient Safety	5x4=20	5x4=20	5x4=20	5x4=20	5x1=5
CRR4	Risk to staff safety and regulatory compliance due to non-compliance with HTMs for ventilation - multiple locations UHW	Estates	Workforce, Capital Assets Staff Wellbeing, Patient Safety	5x4=20	5x4=20	5x4=20	5x4=20	5x1=5
CRR5	Risk to estimated expenditure in financial plans due to significant increases in energy tariffs	Estates	Financial Sustainability	4x5=20	4x5=20	4x5=20	4x5=20	4x4=16
CRR6	Risk of staff and patient harm due to difficulties recruiting sufficient numbers of nursing staff.	Medicine	Workforce, Staff Wellbeing Patient Safety Urgent and Emergency Care	5x5=25		5x5=25	5x5=25	5x3=15
CRR7	Risk of patient harm due to patients being added to Routine waiting lists secondary to increased Referral to Treatment times.	Medicine	Patient Safety Cancer Planned Care	5x5=25		5x4=20	5x4=20	5x3=15
CRR8	Risk of patient harm due to delays to patient treatment and flow following a speciality referral from the Emergency Unit	Medicine	Patient Safety Urgent and Emergency Care	5x5=25		5x4=20	5x4=20	5x3=15
CRR9	Risk of patient harm due to delayed cancer diagnosis secondary to accumulation of therapeutic and surveillance case numbers.	Medicine	Patient Safety Planned Care Cancer	4x5=20		4x5=20	5x4=20	4x2=8
CRR10	Risk of patient harm and breaches of Welsh Government waiting time guidance due to delays admitting patients from WAST	Medicine	Patient Safety Urgent and Emergency Care	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
CRR11	Risk of delay in the assessment of patients leading to clinical risk and poor patient experience due to an inability to provide medical cover across the Medicine Clinical Board.	Medicine	Patient Safety Workforce, Staff Wellbeing	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
CRR12	Risk of overcrowding in the Emergency and Acute Medicine footprint resulting in an ability to meet key quality standards impacting on patient experience, quality of care and discharge.	Medicine	Patient Safety Capital Assets	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
CRR13	Risk to the health and wellbeing of minor inpatients following admission to adult mental health services	Mental Health	Patient Safety	5x5=25	5x4=20	5x4=20	5x3=15	5x2=10
CRR14	Risk to patient safety due to an inability to discharge or place medically fit minor patients with behaviour difficulties within settings outside of acute paediatric settings.	Children and Women	Patient Safety Maternity	5x5=25	5x4=20	5x4=20	-	5x2=10
CRR15	Risk of harm to compromised fetuses and educed options for termination of pregnancy due to capacity shortfalls witin Fetal Medicine	Children and Women	Patient Safety Maternity	5x5=25			5x4=20	
CRR16	Risk of patient harm and poor patient experience due to staffing difficulties and shortages within maternity services.	Children and Women	Patient Safety Maternity	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
CRR17	There is a risk to the delivery of modern, safe and sustainable healthcare due to suboptimal estate across the Clinical Board	CD&T	Patient Safety Capital Assets	5x5=25		5x4=20	5x4=20	5x2=10

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CRR18	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 Critical Care Staff Wellbeing Workforce	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
CRR19	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 Critical Care	5x4=20	5x4=20	5x4=20	5x4=20	5x2=10
CRR20	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 Critical Care Capital Assets	4x5=20		4x5=20	4x5=20	4x2=8
CRR21	Risks to harm to haematology patientx (including bone marrow transplant) due to cross infection hazards created by an inadequate clinical environment.	Specialist Services	Patient Safety Capital Asstes	5x5=25	5x4=20	5x4=20	5x4=20	5x1=5
CRR22	Risk failure to achieve revenue statutory duty breakeven duty and achieve an approved three year IMTP	Finance	Financial Sustainability Delivery of IMTP 22-25	5x4=20	5x4=20	5x4=20	5x4=20	5x2=10
CRR23	Risk of failure to achieve an approved Three Year IMTP due to a planned defecit of £17.1 million	Finance	Financial Sustainability Delivery of IMTP 22-25	5x4=20			5x4=20	5x2=10
CRR24	Risk of service interruption and potential patient harm due to cyber security threats	Digital Health	Capital Assets Digital Strategy and Road Map	5x5=25	5x4=20	5x4=20	5x4=20	5x3=15

Report Title:	Stakeholder Reference Group Report				Agenda Item no.	8.4.1
Meeting:	UHB Board	Public	X	Meeting Date:	24 th November 2022	
		Private				
Status <i>(please tick one only):</i>	Assurance		Approval		Information	
Lead Executive:	Executive Director of Strategy and Planning					
Report Author (Title):	Sam Austin, Chair of Stakeholder Reference Group					
Main Report						
Background and current situation:						

BACKGROUND

This is a report provided to the Board by the Vice Chair of the UHB SRG.

ASSESSMENT

The SRG considered the following.

Appointment of New Vice Chair

The Chair thanked Siva Sivapalan for expressing an interest in the position of SRG Vice Chair. The SRG supported this appointment. The Chair will provide the UHB Board with a report recommending Siva Sivapalan's appointment as Vice Chair.

NHS 111

The SRG received a presentation from Helen Earland and Danielle James on the impact of CAV24/7 and the introduction of the NHS 111 service. The SRG suggested that it was unclear when individuals should ring CAV 24/7 and when should they ring NHS 111. Danielle James acknowledged that more communications were required.

Same Day Emergency Care

The SRG received a presentation from Emma Wilkins on the UHB's Surgical Same Day Emergency Care (SDEC) facility. A link to the presentation will be circulated to SRG members. It was agreed that if members of the SRG have any questions they will send them to Chris Morris, Clinical Lead for Emergency General Surgery for a response.

Representatives from the Medical Clinical Board had been unable to attend to present on Medical Same Day Emergency Care due to operational pressures and staff absences. Their presentation would be circulated to the SRG.

Updating Shaping Our Future Wellbeing Strategy

The SRG received a short presentation from Abigail Harris on progress with updating the UHB's Strategy. The UHB was currently in the process of agreeing the questions it wanted to ask people as part of the engagement process. The intention is to undertake some pre-draft engagement October-January/February prior to producing an initial draft updated Strategy document during February/March for consideration by the UHB Board at its meeting on 30 March. This would then be followed by a period of formal engagement with a view to the final draft being submitted to the UHB Board in July 2023.

The SRG enquired how the activity backlog would impact on the Strategy. Abigail Harris explained that one of the UHB's key aims was to reduce the backlog as quickly as possible. Short-term actions to address the backlog will be set out in the three year Integrated Medium Term Plan. The longer term Strategy will set out how this level of activity will be sustained. One way in which the UHB will look to reduce the backlog is by working more collaboratively on the provision of services such as Ophthalmology, Orthopaedics and Diagnostics across the region. It was agreed that the regional collaboration be an agenda item at the SRG meeting in November.

It was noted that Cardiff Third Sector Council would try to involve as many diverse groups as possible in the engagement process.

The Strategy presentation will be circulated to the SRG for members to consider the questions contained therein. The SRG will undertake a 'workshop' style Strategy session at its meeting in November.

Recommendation:

The Board / Committee are requested to:

- **NOTE** this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	
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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

N/A

Safety: Yes/No

N/A

Financial: Yes/No

N/A

Workforce: Yes/No

N/A

Legal: Yes/No

N/A

Reputational: Yes/No

N/A

Socio Economic: Yes/No

N/A

Equality and Health: Yes/No

N/A

Decarbonisation: Yes/No

N/A

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Report Title:	Local Partnership Forum Report			Agenda Item no.	8.3.2
Meeting:	UHB Board	Public	<input checked="" type="checkbox"/>	Meeting Date:	24 Nov 2022
		Private	<input type="checkbox"/>		
Status (please tick one only):	Assurance	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Information <input checked="" type="checkbox"/>
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Deputy Head of People Assurance and Experience				
Main Report					
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.

Key items discussed at the meeting held on 20 October 2022 can be summarised as follows:

The **Chief Executive provided an update** report to the Forum, key points included:

- The UHB has moved to enhanced monitoring as the IMTP is not balanced and regular meetings with WG have been arranged
- An action plan had been submitted and approved following the HIW report into urgent and emergency care. The Minister had made a surprise visit to EU and had provided some useful feedback. The feedback from patients at the time had been largely positive and no ambulances had been waiting
- Operational pressures – the winter plan outlines how we are going to secure additional capacity. Staff were thanked for their continuing efforts to care for our patients
- Staff were encouraged to get vaccinated as this is the best way of protecting ourselves and each other from Covid-19 and the flu
- It was noted that several unions are balloting staff with a view to taking industrial action
- The cost of living crisis and the impact of staff was acknowledged
- The Chief Executive described her ‘3 Ws’ which set out the best way to look after our staff, they are: wellbeing, well led and helping to reduce workload.

The Chair of Staff Representatives queried what short-term initiatives the winter plan involves. The Chief Executive advised that it is more about creating additional capacity and that we don’t need more short-term initiatives, what we need in transformational change and cultural shift.

The Lead Staff Representative for Mental Health queried the planning and consultation processes for the deployment of staff, pointing out that many staff find the idea of being moved at short notice distressing and re-triggering in the context of the pandemic. The Chief Executive and Executive Nurse Director said that while it was likely staff would need to be moved around the organisation over the winter to cope with patient flow, the intent would always be that this is done with respect and consideration.

The Managing Director/Deputy COO (Acute Services) was in attendance to discuss the **Winter Plan**. Key points noted included:

- There will be a series of staff roadshows, with 30 sessions planned around UHB over the next few weeks – the aim of the roadshows is to engage staff and allow conversations as well as generally raising awareness and understanding of the winter plan
- LPF were advised that modelling has taken place to determine that the worst case scenario is that we will be 152 beds short. The plans being put into place to create additional capacity were described
- The importance of the winter vaccine strategy was re-iterated
- The Executive Director of People and Culture noted that there has been an improved position in terms of nursing vacancy rates, but acknowledged that the workforce picture is not great. The People and Culture team are focussing on wellbeing, recruitment, retention as their 3 main priorities as part of the Main Effort. She also emphasised the importance of keeping our values and behaviours at the forefront of everything we do

The importance of engaging with staff representatives and working in partnership to deliver the Winter Plan was noted.

The Local Partnership Forum received a copy of the **Integrated Performance Report** which had previously been considered by Board.

The **Employment Policy Sub Group minutes** from the meeting held on 7 September 2022 and the **Staff Benefits Group Report** were noted.

Executive Director Opinion and 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 20 October 2022.

Recommendation:

The Board is requested to:

- NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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									
Prevention		Long term		Integration		Collaboration	x	Involvement	
Impact Assessment:									
Please state yes or no for each category. If yes please provide further details.									
Risk: Yes/No No									
Safety: Yes/No Yes									
Patient Safety, Quality and Experience is included in the Integrated Performance Report									
Financial: Yes/No Yes									
The financial situation is included in the Integrated Performance Report and was also referred to in the CEO Update and IMTP Update									
Workforce: Yes/No Yes									
Key WOD KPIs and workforce actions are included in the Integrated Performance Report									
Legal: Yes/No No									
Reputational: Yes/No No									
Socio Economic: Yes/No No									
Equality and Health: Yes/No No									
Not explicitly but the Local Partnership Forum takes a keen interest in the EDI agenda									
Decarbonisation: Yes/No No									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				
n/a									

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06/09/2023 11:37:43

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	22 September 2022
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Matters Arising – Recruitment</u>	
<p>Gareth Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal update on the position with the pre-employment checks software.</p> <p>The Home Office have announced that from 1st October 2022 organisations will be able to use a certified Identification Document Verification Technology service provider to carry out digital identity checks on their behalf for those appointees who have an in-date UK or Irish Passport or Share Code. Those who do not meet these criteria will still require a face-to-face pre-employment check from 1st October 2022. Without this software, all appointees would require a face-to-face pre-employment check meeting from this date.</p> <p>NWSSP Recruitment Services have procured a service provider to enable digital identity checks for NHS Wales as part of the Recruitment Modernisation Programme, which will be implemented on 28th September 2022. This will improve the experience for appointees and also provide process efficiencies for NWSSP Recruitment Service and internal Health Board/Trust recruitment services such as Medical and Bank Recruitment, as most appointees will be able to complete their pre-employment checks via this route. NWSSP have agreed to fund this software for the first year for all organisations due to the benefits this will bring to NHS Wales.</p> <p>The Committee NOTED the update.</p>	
<u>Matters Arising – Programme Management Office Highlight Report (Student Awards).</u>	
<p>Gareth also provided an update on the replacement of the Student Awards system which had been noted at the May Committee as the one project in the Programme Management Office Highlight Report as a red risk. Good progress has recently</p>	

been made in that a software supplier has been identified following a formal tender process and Welsh Government have agreed to fund the costs of the system. We are currently implementing the new software, and this will be run in parallel with the existing system. By April 2023, we envisage that we will be fully operational on the new system.

The Committee **NOTED** the update.

Deep Dive – Energy Price Risk Management Group

Eifion Williams (EW), as Chair of the Energy Price Risk Management Group (EPRMG), introduced a deep dive into the work of the Group, particularly focusing on recent weeks and months, due to the significant increase in energy prices.

EW has chaired the EPRMG since it was set up in 2005. Prior to that electricity and gas was purchased on behalf of NHS Wales by an individual Procurement Officer who would purchase for the year ahead with little strategic input. The Group was established with representation from all NHS Wales organisations and a British Gas market specialist who provides an overview of the energy market at each meeting. Based on this, the Group considers its pricing strategy. Currently British Gas provide both electricity and gas to NHS Wales and there is an ability to purchase energy on a monthly or quarterly basis. The Group currently meets on a weekly basis to consider its purchasing strategy but in times of extreme volatility (e.g. when Russia first invaded Ukraine) it has met three times a week. Prices are monitored daily which enables tranches of volumes of energy to be secured when appropriate.

EW demonstrated the current volatility in the market through a comparison of prices in the month of August for the last five years. Between 2018 and 2021 inclusive, the price being paid for gas by NHS Wales in each August was in the range of 39p to 44p a therm. In August 2022, the price per therm was 281p. The same comparison for electricity saw a range of £40 to £47 per megawatt hour between 2018 and 2021 and the price in August 2022 was £218. The price had been falling prior to the Ukraine conflict, and is also affected by the weather, the world economy outlook, and the price of oil. Although the price of energy is totally unpredictable, the forward purchasing strategy adopted by the EPRMG delivered savings of £33.8m for NHS Wales against the actual average daily cost of gas and electricity in 2021/22. It is also important to note that the prices quoted are the global prices on the energy markets which all suppliers use.

The current contracts with British Gas end in March 2025 for electricity and March 2027 for gas. British Gas has given notice that it will not seek new Commercial energy contracts but will fully support existing contracts. Whilst the EPRMG has served NHS Wales well, there was a need to consider whether the current approach remains the best option for NHS Wales given the volatility in the energy market. Liaison is currently taking place with Crown Commercial Services to assess the options that they have available. It was agreed that EW would come back to the Committee later in the year to provide an update on progress.

The Committee **NOTED** the presentation.

Chair's Report

The main update was on the planned development sessions, where invites have been issued for Friday 11th November for a face-to-face meeting, probably in Cardiff. The Chair stressed the importance of attending and that if members cannot make this date that they nominate another Executive Director to attend in their place.

The NWSSP Senior Leadership Group are holding their own sessions during September, to provide some initial reflections and ideas for the sessions. The indicative agenda will focus on where NWSSP will be in 2033, assessing where we feel NWSSP is now, identifying opportunities to improve and develop further, and taking a fresh look at our strategic objectives and overarching goals/outcomes. There will also be some discussion on our appetite for risk as a Committee.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- Judith Paget wrote in July confirming acceptance of our IMTP recognising the continued development and maturing of integrated planning within NWSSP and demonstrating the positive position that the organisation is in as we move from the pandemic towards recovery. The letter highlights the expectations on the Committee to effectively scrutinise the plan and to monitor progress throughout the year;
 - Tony Chatfield, National Clinical Logistics Manager, is currently working with Health Boards, Trusts, and Special Health Authorities, in reviewing fleet management arrangements with the purpose of defining a common set of data standards and management information to support the decarbonisation agenda. Specialist Estates Service is also supporting Health Boards in establishing a national infrastructure plan for electric vehicle charging. Health Boards have been approached to nominate representatives to sit on the various decarbonisation sub-groups that support the above agendas;
 - The Payroll team are currently exceptionally busy responding to the implications of the recent pay rise and need to pay arrears. This is on top of the change to pensions which is adding a significant amount of additional work to existing workloads. Ruth Alcolado, Medical Director, is leading a review on how some processes in recruitment and pay can be further streamlined to improve overall performance; and
- In terms of major projects, the Laundry and TrAMs projects are continuing but in the context of extreme limitations on available capital funding.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Chair's Appraisal Process

Tracy Myhill left the meeting, and this item was chaired by Huw Thomas as there was potential for conflict of interest.

Gareth Hardacre introduced the paper setting out a formal process for the appraisal of the Chair. The management of the recruitment process for the Chair was his responsibility as laid down in the Standing Orders. It is therefore proposed that the responsibility for managing the Annual Appraisal process will reside with Gareth, who will co-ordinate the feedback and undertake the review itself with the Chair.

The framework that is proposed, establishes a more standardised approach to the appraisal process, based on multiple stakeholder assessment from each member of the Partnership Committee and is aligned with a set of core competencies for an NHS Chair that is suitable for use with the Chair of the Partnership Committee.

Once all the feedback (which will be both confidential and anonymised) has been received, this will be compiled and correlated, in order to provide feedback for the Chair as an integral part of the process. This will enable a cross section of views and feedback to be provided to the Chair.

The three key agreed objectives for this year against which performance is to be measured are those contained within the original role description laid down in the recruitment process as follows measuring their effectiveness in:

- Chairing SSPC meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all SSPC business is conducted in accordance with the SSPC Standing Orders; and
- Developing positive and professional relationships amongst the SSPC's membership and between the SSPC and each Health Board, Trust, and Special Health Authority Board.

The feedback process will commence imminently so that it is able to be brought back to the November meeting.

The Committee **APPROVED** the standard framework within which annual appraisal for NWSSPC's Chair is applied and managed.

Chair's Working Arrangements

As in the item above, the Chair was not present in the meeting for this item due to a perceived conflict of interest and the item was chaired by Huw Thomas. Neil Frow provided a verbal update, stating that the Chair had been appointed on terms equating to 48 days per annum. It has become apparent that this is insufficient to do the role properly, and indeed similar conversations were being

had with Margaret Foster, prior to her retirement from the role at the end of November 2021. It is therefore proposed to increase the number of days to 60 annually. Consideration has also been given to appointing a second independent member to provide cover for the Chair when she is unable to attend events. Questions were asked as to how this number of days compared to that of Chairs in similar-sized organisations and the reply was that it was consistent with comparable organisations elsewhere.

Whilst there was support for the proposal, it was felt that these were two separate requests and a formal paper needed to be produced and considered to ensure that governance requirements were complied with.

The Committee **SUPPORTED** the proposal but required a formal paper setting out the details to ensure that governance requirements were complied with.

Procurement SLA

The Chair reminded Committee members that the Service Level Agreements for 2022/23 had been agreed in the May meeting, but that the Procurement SLA was being brought back to reflect changes caused by the implementation of the new Operating Model.

The Committee **APPROVED** the Procurement SLA.

Provision of Digital Patient Pathways and Remote Advice and Guidance

Andy Butler, Director of Finance introduced this item. NWSSP has been requested by Welsh Government to let two compliant procurement contracts, both of which will be fully funded by Welsh Government. The contracts are both for three years, with an optional two-year extension. As the monies for both contracts will flow in and out of NWSSP, Committee approval is required to proceed with the procurement. It is possible that more contracts of this nature may be let in this way, and Andy therefore intends to meet with Welsh Government colleagues to better inform governance procedures. The Committee was happy to endorse the approach, but there was a requirement to check with DHCW colleagues that they were content due to the digital nature of the contracts.

The Committee **ENDORSED** both contracts subject to further discussion with DHCW due to the digital nature of the procurements.

Welsh Risk Pool – Risk Sharing Agreement

The Committee received a paper setting out the risk sharing details for the current financial year. This paper had also been discussed at the Welsh Risk Pool Committee on the previous day.

The Welsh Risk Pool receives an annual funding stream to meet in-year costs associated with settled claims, the Departmental Expenditure Limit (DEL). When expenditure rises above the DEL allocation, the excess is recouped from Health Boards and Trusts via a Risk Sharing Agreement approved by the Shared Services Partnership Committee. The core DEL allocation is currently £109.435M per

annum for Clinical Negligence, Personal Injury and Redress claims. The 2022/23 IMTP DEL forecast is £134.780M and therefore the estimated Risk Share charge for 2022/23 is £25.345M. In 2021/22 this figure was £16.495m.

The current Risk Share methodology was approved by the Welsh Risk Pool Committee and Directors of Finance in March 2017. The overarching principles are set out below:

- a risk-based contribution, based on size and activity levels;
- a contribution based on paid claims experience over five years; and
- a contribution based on known outstanding claims.

These principles have been translated into five specific measures and a weighting applied to each. This results in those organisations that can demonstrate learning and who have implemented strategies to lower risk weightings benefitting as their share of the overall total should be lower.

Applying these measures to the forecast risk share for the current year has meant that although some Health Boards percentage share has reduced compared to last year, the expected 2022/23 monetary charge has increased for all, due to the substantial overall increase in the total charge to be apportioned.

The paper will now be taken to the Deputy Directors of Finance Groups for further discussion. It was also agreed that the paper would be sent separately to all Committee members.

The Committee **APPROVED** the updated Risk Share charges to NHS Wales for 2022/23.

Items for Noting

All-Wales Agency Audit

The Committee received a paper on audit arrangements for agencies supplying nursing staff.

The Temporary Staffing Group is a workstream which reports directly to the National Nursing Workforce Group (NNWG). The Temporary Staffing Group is responsible for the award and monitoring of contracts for agency workers throughout Wales. The contract was awarded in March 2021 for a period of three years with an option to extend for a further year to February 2025. There are 146 agencies on contract and each agency is aware that failure to abide by the contract specification would result in their removal from the framework.

Implementing appropriate audit measures is essential to ensure that all contracted agencies supplying nurses and health care support staff to NHS Wales uphold the conditions of the contract. Agency audits have typically been undertaken internally on an ad-hoc basis when issues arose rather than via a proactive approach linked to a planned audit programme. Following discussions at

the Temporary Staffing Group it was agreed that a robust audit programme should be put in place and that various options to achieve this should be explored, including the use of external audit firms and the potential use of NWSSP Audit & Assurance Services.

Due to external providers being comparatively expensive, it was agreed that NWSSP's Audit and Assurance team would carry out the necessary audits providing an audit specification (All-Wales Agency Audit Checklist) was developed and utilised. A risk-based programme of audits will be undertaken focussing initially on the highest spend and highest usage providers. Usage data will be used to agree a priority list of agencies to be audited.

It is anticipated that:

- 30 audits will be carried out per year;
- Audit plans will be annually set out based on provider usage and spend; and
- The audit plan will be discussed and created annually by the Temporary Staffing Group led by procurement.

Based on 30 audits in the first year (2022/23), the total auditor time required would be 60 days at a cost of £19,870. This amounts to less than £3k per Health Board.

The Committee were supportive of this proposal and the only query was whether the proposed audit time was enough given the level of spend with agency suppliers. It was agreed that this would be considered further but the point was also made that audits of suppliers can now be conducted once on an all-Wales basis rather than multiple times across Health Boards, thus delivering economies of scale.

The Committee **NOTED** the Report.

Finance, Performance, People, Programme and Governance Updates

Finance – NWSSP reported the Month 5 financial position. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the financial year. Directorates are currently reviewing budgets with a view to accelerating initiatives to generate further benefits to NHS Wales and a potential increase in the distribution. The forecast outturn remains at break-even with the assumption of £4.985m of exceptional pressures funding from Welsh Government.

The current Capital Expenditure Limit for 2022/23 is £1.947m. Funding for the Welsh Healthcare Student Hub (Student Bursary and Streamlining) was approved in early September. Capital expenditure to Month 5 is £0.366m and plans are in place to fully utilise all available capital funding. A priority list of capital projects is being finalised in case additional funding becomes available later in the year. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service.

Performance – The report is generally positive with only six KPIs not meeting target. The area of concern remains Recruitment although there was some improvement in performance during August. Committee members were asked to advise their organisations that prior notice of local recruitment plans is very helpful in that it enables NWSSP to adapt demand and capacity within teams to meet those peaks in demand. There was also a short-term issue with Payroll call handling in August because of increases in activity driven by the new Doctor intake and rotation, and this was not helped by the loss of the phone system for a few hours. Peaks in demand are also anticipated in September because of the payment of pay award arrears and again in October because of the pension changes. The Quarter Two individual Performance Reports will be issued at the end of October.

Project Management Office Update – The only item of concern is the Legal & Risk Case Management system replacement where a current dispute with the supplier has led to the project being temporarily halted. Contingency arrangements are in place to ensure that there is no risk to the continuity of services. A question was raised as to whether projects not covered by the PMO (e.g. the Once for Wales Concerns Management System) should be included in the report. This will be included going forward. It was also suggested that a separate and more detailed briefing on the TrAMs programme would be helpful – this will be issued in November.

People & OD Update – Due to time restraints, the report was not reviewed in detail. The Chair did comment on the overall PADR compliance rate of 85% which is positive, and specifically the increase within the Laundry Service where good progress has been made.

Corporate Risk Register – Again due to time constraints the risk register was not reviewed in depth, but it was noted that a risk relating to the threat of industrial action had been added.

Papers for Information

The following items were provided for information only:

- Disposal of Surplus Beds to Moldova;
- Audit Committee Assurance Report;
- Welsh Risk Pool Annual Report 2021/22
- Finance Monitoring Returns (Months 4 and 5)

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees	
N/A	
Date of next meeting	17 November 2022

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06/09/2023 11:37:43

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 8 NOVEMBER 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 8 November 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the 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 6 September 2022 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. Draft Integrated Commissioning Plan (ICP) 2023-2026

Members received an informative presentation on the draft Integrated Commissioning Plan (ICP) 2023-2026.

Members discussed the financial elements of the plan and noted the constrained economic environment, recovery challenges and the volatile inflationary pressures. Members noted that the draft ICP was brought to Joint Committee early on in the planning process in order to support Health Boards (HBs) in developing their own Integrated Medium Term Plans (IMTPs), and that WHSSC will work closely with HBs to develop the ICP in line with HB expectations.

Members **noted** the presentation and that the final plan will be considered at the next meeting 17 January 2023.

4. Recovery Update (incl Progress with Paediatric Surgery)

Members received a presentation providing an update on recovery trajectories since the workshops held with the Joint Committee on the 12 July and 6 September 2022.

Member noted updates on recovery trajectories for paediatric surgery recovery and recovery in key speciality areas including for the six accountability conditions specialities – cardiac, neurosurgery, paediatric surgery, bariatrics, thoracics and plastics.

Members **noted** the presentation and that a further recovery update will be provided at the next meeting 17 January 2023.

5. Chair's Report

Members received the Chair's Report and **noted**:

- The recommendation to appoint two new WHSSC Independent Members (IMs) following a fair and open selection process,
- The recommendation to extend the tenure of the of the Interim Chair of the All Wales Individual Patient Funding Request (IPFR) Panel until 31 March 2023,
- Attendance at the Integrated Governance Committee 11 October 2022; and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Approved** the recommendations to appoint two new WHSSC Independent Members (IMs) from 1 December 2022 for a period of 2 years; and (3) **Approved** the recommendation to extend the tenure of the Interim Chair for the Individual Patient Funding Request (IPFR) panel until 31 March 2023.

6. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- **Paediatric Radiology Consultant Recruitment** - units in NHS England (NHSE) had agreed to host NHS Wales funded paediatric radiology training posts for trainees on the Wales Radiology Training Programme. HEIW are taking this forward,
- **Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement Process Update** – Further to the HBs agreeing the approach for engagement at their Board meetings in September 2022, it was planned that the engagement process would commence on 24 October 2022, however this had unfortunately been delayed and the engagement will now commence in November,
- **Evaluation of 4th Thoracic Surgeon activity** - WHSSC supporting the appointment of a 4th consultant surgeon post in CVUHB to provide continued support for the Major Trauma Centre (MTC) and to support the future needs of the service; and
- **Briefing Duty of Candour and Duty of Quality** – WHSSC received a briefing from Welsh Government (WG) on the Health & Social Care (Quality & Engagement) (Wales) Act 2022 with a specific focus on the consultation process for the duty of candour and the soon to be launched consultation process on the duty of quality.

Members **noted** the report.

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7. Delivering Thrombectomy Capacity in South Wales

Members received a report outlining WHSSC's position on the commissioning of Mechanical Thrombectomy for the population of Wales.

Members noted the proposed plan for a Mechanical Thrombectomy service at the Neurosciences centre, CVUHB and that WHSSC continued to work with CVUHB to progress the Business Case to develop a Mechanical Thrombectomy centre in south Wales and the financial model had been shared and was being worked through. It was proposed that the service would be implemented in a phased approach over a number of years.

Members (1) **Noted** the report, (2) **Noted** the WHSSC Position Statement on the Commissioning of Mechanical Thrombectomy and **requested** that a revised report be brought back to the Joint Committee to include additional detail on the networked approach, interdependencies around the network approach and to include additional elements concerning the stroke pathway, (3) **Noted** the associated risks with the current delivery model for Welsh stroke patients requiring access to tertiary Thrombectomy centres; and (4) **Noted** the NHS Wales Health Collaborative (NWHC) proposal to strengthen and improve regional clinical stroke pathways in Wales to support the Mechanical Thrombectomy pathway to ensure that patients receive this time-critical procedure in a timely manner.

8. Mental Health Strategy Development

Members received a report advising the Joint Committee of the stakeholder feedback received from the engagement exercise for the Specialised Services Strategy for Mental Health and outline the next steps and proposals to move into implementation of the strategy from April 2023.

Members discussed the need for the demand and capacity work to inform the final version of the strategy and to ensure that it is focussed on delivering sustainable services which offer value for money.

Members (1) **Noted** the stakeholder feedback received from the 12-week engagement exercise on the draft Specialist Mental Health Strategy; and (2) **Agreed** the proposals to:

- Undertake an 8 week consultation process using the draft consultation document,
- Commission demand and capacity modelling with immediate effect; and
- Develop a programme approach to implementation of the Strategy following the consultation exercise; and

(3) **Noted** that the final version of the strategy and the timescales for implementation will need to take into account the demand and capacity modelling.

9. Single Commissioner for Secure Mental Health Services

Proposal

Members received a report presenting the options for a single national organisation to commission integrated secure mental health services for Wales for HBs to consider. The report had been prepared following a request received from WG for the WHSSC Joint Committee to provide the mechanism for the recommendation from the "Making Days Count" review to be considered, and for the Joint Committee to make a recommendation to WG on the preferred option.

Members discussed the report and agreed to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022 in readiness for the Joint Committee meeting 17 January 2023.

Members (1) **Noted** the report, (2) **Considered** the options for a single national organisation to commission integrated Secure Mental Health Services for Wales; and (3) **Agreed** to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022; and (4) **Noted** that the proposal will return to the Joint Committee for decision on 17 January 2023.

10. Gender Identity Development Service (GIDS)

Members received a report updating members about the Gender Identity Development Service (GIDS) for Children and Young People including what the changes mean for children and young people in Wales and next steps.

Members (1) **Noted** the information presented within the report; and (2) **Noted** the information presented at Appendix 1 regarding the decommissioning of the Tavistock and Portman NHS Foundation Trust (TPNFT) and the NHS England (NHSE) transformation programme.

11. Individual Patient Funding Requests (IPFR) Engagement Update

Members received a report seeking support for the proposed engagement process for the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy.

Members noted that the engagement process would commence on the 10 November 2022 for a 6 week period with key stakeholders, including the All Wales Therapeutics and Toxicology Centre (AWTTC), the IPFR Quality Assurance Advisory Group (QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNT).

Members noted that the process adhered to the specific request from WG for the engagement for the IPFR panel ToR and the specific and limited review of the All Wales IPFR Policy.

Members (1) **Noted** the report; and (2) **Supported** the proposed process for engagement for the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy.

12. COVID-19 Period Activity Report for Month 5 2022-2023

COVID-19 Period

Members received a report that highlighted 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.

Members **noted** the report.

13. Financial Performance Report – Month 6 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 6 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 6 for WHSSC is a year-end outturn forecast under spend of £13,711k.

Members **noted** the current financial position and forecast year-end position.

14. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

15. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel

16. Any Other Business

- **Skin Camouflage Pilot Service** – members noted that on 28 October 2022 WHSSC received a formal request from WG following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service. This service will support the national commitment to “Pledge to be Seen”. A further formal update will be provide at the next meeting,
- **CMTUHB Audit Lead Independent Member (IM)** – on behalf of the Joint Committee the Chair formally thanked Ian Wells, IM

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CTMUHB for all of his support since he was appointed as CTMUHB audit lead for WHSSC eighteen months ago. The Chair advised that he had been an invaluable member of the team and that WHSSC were extremely grateful to him for his commitment of time and effort, which was especially notable given his normal HB responsibilities; and

- **Retirement of CEO BCUHB** – The Chair acknowledged what would have been Joe Whitehead’s last meeting with the Joint Committee, and on behalf of the Joint Committee offered thanks for her time and commitment to the Joint Committee’s business and wished her well in her retirement.



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Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
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