



**BOARD MEETING**

**1pm on Thursday 27<sup>th</sup> July 2017**

**Board Room  
University Hospital Llandough**

**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



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**Board Room, University Hospital Llandough**

**AGENDA**

<b>PATIENT STORY</b>		
<b>PART 1: ITEMS FOR ACTION</b>		
1	Welcome and Introductions	Oral
	Apologies for Absence	Oral
	Declarations of Interest	Oral
4	Minutes of the Board meetings held on:	<i>Chair</i>
a	• <a href="#">25<sup>th</sup> May 2017</a>	
b	• <a href="#">1<sup>st</sup> June</a> (Special Meeting)	
5	<a href="#">Action Log</a>	Oral <i>Chair</i>
6	Chair's Report	Oral <i>Chair</i>
7	Chief Executive's Report	Oral <i>Chief Executive</i>
<b>Deliver Outcomes that Matter to People</b>		
8	<a href="#">Patient Safety Quality and Experience Report</a>	<i>Executive Nurse Director</i>
9	<a href="#">Annual Quality Statement 2916-17</a>	<i>Executive Nurse Director</i>
10	<a href="#">Fire Safety Assessment</a> of External Cladding Panels on UHB Buildings	<i>Director of Capital &amp; Estates</i>
<b>Our Service Priorities</b>		
11	<a href="#">Patient Safety Solutions</a> , Alerts and Notices	<i>Executive Nurse Director</i>
<b>Sustainability</b>		
12	<a href="#">Finance Report</a>	<i>Director of Finance</i>
13	<a href="#">Performance Report</a>	<i>Interim Chief Operating Officer</i>
14	<a href="#">IMTP Development Process</a>	<i>Deputy Director of Planning</i>
15	<a href="#">Winter Plan Review 2016-17 and Plans for Winter 2017-18</a>	<i>Interim Chief Operating Officer</i>
<b>Culture and Values</b>		
16	<a href="#">Action taken by the Chair</a> on Behalf of the Board	<i>Chair</i>
17	Wales Deanery - Education Contract and Funding Model	Oral <i>Medical Director &amp; Prof Peter Donnelly, Wales Deanery</i>
18	Report on the <a href="#">Quality of Medical and Dental</a>	<i>Medical Director</i>

	Undergraduate and Postgraduate Training	
19	<a href="#">Corporate Risk and Assurance</a> Framework Update	<i>Director of Corporate Governance</i>
20	<a href="#">Sensory Loss Progress</a> Report	<i>Interim Chief Operating Officer</i>
21	<a href="#">EDHR Sub Committee Legacy</a> Statement	<i>Director of Workforce and OD</i>
<b>PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE BOARD AVAILABLE ON THE UHB WEBSITE</b> <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/board-meetings">http://www.cardiffandvaleuhb.wales.nhs.uk/board-meetings</a>		
22	<a href="#">Integrated Medium Term Plan</a> , Progress and Implementation Report – Quarter 1	<i>Deputy Director of Planning</i>
23	Integrated Medium Term Plan <a href="#">Summary</a>	<i>Deputy Director of Planning</i>
24	<b>Minutes from other Boards/Committees</b>	
.1	<a href="#">Quality</a> , Safety and Experience Committee – April	<i>M Battle</i>
.2	<a href="#">Audit</a> Committee – May and June	<i>I Grey</i>
.3	<a href="#">People</a> Performance and Planning Committee – May	<i>Prof M Longley</i>
.4	<a href="#">Local Partnership</a> Forum – June	<i>J Cassley</i>
.5	<a href="#">Stakeholder</a> Reference Group - May	<i>P Martyn</i>
.6	<a href="#">Finance</a> Committee – April and May	<i>Chair</i>
.7	Charitable Funds Committee – <i>no minutes since March</i>	<i>M Waygood</i>
.8	<a href="#">Health and Safety</a> Committee – April	<i>M Waygood</i>
.9	<a href="#">Welsh Health</a> Specialised Services Committee Joint Committee – May and June	<i>Dr S Hopkins</i>
.10	NHS Wales <a href="#">Shared Services</a> Partnership Committee – Assurance Report – May	<i>Dr S Hopkins</i>
.11	Cardiff and Vale Regional Partnership Board – <i>no minutes since January</i>	
25	<a href="#">Agenda</a> of the Private Board Meeting	
26	Date of the next Board Meeting: 28 <sup>th</sup> September 2017	

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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.

**CONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE  
UNIVERSITY HEALTH BOARD HELD AT 1PM ON 25 MAY 2017  
BOARD ROOM, UNIVERSITY HOSPITAL LLANDOUGH**

**Present:**

Professor Marcus Longley	Vice Chair
Dr Sharon Hopkins	Interim Chief Executive
Abigail Harris	Director of Planning
Akmal Hanuk	Independent Member – Community
Alice Casey	Director Unscheduled Care
Eileen Brandreth	Independent Member – ICT
Prof Elizabeth Treasure	Independent Member - University
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Fiona Kinghorn (part)	Interim Director of Public Health
Dr Graham Shortland	Medical Director
Ivar Grey	Independent Member – Finance
John Antoniazzi	Independent Member –Estates
Julie Cassley (part)	Interim Director of Workforce and OD
Margaret McLaughlin	Independent Member - Third Sector
Martyn Waygood	Independent Member - Legal
Paula Martyn	Associate Member - Chair, SRG
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Stuart Egan (part)	Independent Member – Trades Unions
Cllr Susan Elsmore (part)	Independent Member – Local Authority

**In Attendance:**

Alan Brown (part)	Vice Chair, Cardiff and Vale of Glamorgan CHC
Alun Jones (part)	Director of Inspection, Regulation and Investigation, HIW
Lois Mortimer (part)	Senior Midwife
Peter Allen	Aneurin Bevan CHC
Peter Welsh	Director of Corporate Governance
Stephen Allen	Chief Officer, Cardiff and Vale of Glamorgan CHC
Steve Curry	Interim Chief Operating Officer
Suzanne Hardacre (part)	Head of Midwifery / Lead Directorate Nurse
<b>Secretariat</b>	Julia Harper

**Apologies:**

Maria Battle	Chair
Indu Deglurkar	Chair, SMSC
Sue Bailey	Associate Member - Chair, HPF

**UHB 17/084****PATIENT STORY**

Ms Suzanne Hardacre and Lois Mortimer presented a very poignant story of a pregnant lady who fled Albania, and died of sepsis following childbirth at UHW. The pregnant lady fled Albania, possibly via trafficking, when her husband became abusive. She arrived in London in October and moved to

Cardiff in December. With the support of a Cardiff Health Access Midwife she was given ante natal care appointments. When she went into labour, her “friends” refused to attend hospital with her. It was difficult to communicate with her and with only 2 Albanian interpreters in Wales this became very challenging. Her baby daughter was distressed and had to be delivered by c section late January and was transferred to the neonatal unit. Sadly the lady became unwell and deteriorated quickly and she passed away early February.

Ms Hardacre commented that after the event, it was considered that she had been trafficked as strangers had attended the hospital to collect her passport and belongings. Having reviewed the care provided and on reflection, there were some missed opportunities and the Directorate had taken the learning from this event and improved escalation procedures and introduced senior midwifery support out of hours.

Her baby was taken into temporary foster care before relations in the UK were able to take her home. The midwife who delivered the baby had written her a letter to tell her how much her mother had loved her and how happy she had been when she realised her baby had been born safe and sound.

Cllr Elsmore advised she had been given Cabinet responsibility for human trafficking and domestic abuse in Cardiff Council. She was advised that the UHB had very good links with the Council and there was a team of people caring for victims.

The Vice Chair thanked colleagues for attending the Board and sharing this story, on which the Board would reflect. He commented that the Board was proud of the midwifery services provided and acknowledged that the “Midwife of the Year” was working in the service.

#### **UHB 17/085                      WELCOME AND INTRODUCTIONS**

The Vice Chair, Professor Marcus Longley welcomed everyone to the main part of the meeting, in particular Mr Peter Allen who was attending his first Board meeting to represent Aneurin Bevan Community Health Council.

The Vice Chair invited colleagues to reflect a while on the dreadful events in Manchester and commended colleagues in the emergency services for all their work and applauded the community spirit shown.

#### **UHB 17/086                      APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

#### **UHB 17/087                      DECLARATIONS OF INTEREST**

The Vice Chair invited Members to declare any interests in the proceedings on the agenda. None were declared.

**UHB 17/088            MINUTES OF THE BOARD MEETING HELD ON  
30<sup>th</sup> MARCH 2017**

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 30<sup>th</sup> March 2017.

**UHB 17/089        ACTION LOG FOLLOWING THE LAST MEETING**

The Board **RECEIVED** the Action Log from the meeting of 30<sup>th</sup> March 2017 and **NOTED** the following:

**UHB 17/047 Traffic Management and Car Parking** – The park and ride service had commenced with over 1000 users in the last week. This had received good media coverage and users had reported a positive experience.

**UHB 17/052 Patient Safety, Quality and Experience Report** – Dr Hopkins reported discussions on CAMHS had commenced with WHSSC but there was no progress yet to report.

**UHB 17/056 Performance Report** – Details of the longest waiting times for cancer patients had been provided as requested. This action was complete.

**UHB 17/063 Collaborative Leadership Forum** – Mr Peter Welsh provided clarity on the reporting arrangements. The Forum did not have decision making powers therefore, each Health Board would receive the Minutes of the Forum. Where decisions were required, separate reports would be provided for the Board. This was now complete.

**UHB 17/090            CHAIR'S REPORT**

The Board **RECEIVED** the oral report of the Vice Chair. The following points were highlighted:

1. **Chief Executive** – The new Chief Executive, Mr Len Richards would commence on 19<sup>th</sup> June.
2. **Congratulations** to Cllr Susan Elsmore who had been re-elected to Cardiff Council.
3. **Retirement** – Mr Phil Evans, Associate Member had retired from the Vale Council and thereby his Board position. Arrangements were being made regarding his replacement.
4. **Independent Members** – Adverts had been placed for 3 new IMs.
5. **Thanks** – On behalf of the Board the Vice Chair thanked Mrs Alice Casey, formerly the Chief Operating Officer and latterly the Director of Unscheduled Care who was attending her last Board meeting. Mrs

Casey had made a significant contribution to improving performance and had laid the groundwork for new pathways of care.

The Vice Chair also thanked Dr Sharon Hopkins for leading the organisation through a very difficult period whilst recruitment of a new Chief Executive had taken place. Dr Hopkins paid tribute to all colleagues and said it had been a team effort.

6. **Regional Committee** – The first meeting would take place (3 South East Wales Health Boards) in June to enable greater co-operation between the organisations.
7. **Orchard UHL** – The Future Generations Commissioner had launched the Orchard that would be a tangible legacy for the future.
8. **Meetings attended** – The UHB Chair had attended the Cardiff North Primary Care Cluster and reported that that the Group was buzzing with ideas for innovation and service change.
9. **AGM** – The AGM would be held just prior to the next regular meeting of the Board on 27<sup>th</sup> July.
10. **House Rules** – The Vice Chair invited Members to take a moment and read the “house rules” that should be observed during the meeting.

The Board **NOTED** the oral report of the Chair

#### **UHB 17/091 CHIEF EXECUTIVE’S REPORT**

The Board **RECEIVED** the oral report of the Chief Executive. The following points were highlighted:

1. **Cyber attack** – Dr Hopkins thanked staff for working over the weekend in support of the recent cyber attack. Work continued on enhancing security. This would be relayed to the team by Dr Fiona Jenkins.
2. **UEFA Finals** – The UHB was working closely with the police and others and thanks were passed to Angela Stephens and Huw Williams. Staff were being urged to maintain vigilance following the attack in Manchester.
3. **Report from Deloitte’s** – Following Deloitte’s observation at the last Board, a report on governance was expected within the next week and this would be received at the next Board meeting.  
**Action – Dr Sharon Hopkins**
4. **Targeted Intervention** – Dr Hopkins reported that regular discussions were being held with Welsh Government. The only remaining hurdle was finance and the message was to drive savings further and faster.
5. **Social Care Wales** – Mrs Abigail Harris had been appointed to the Board as an Independent Member.
6. **Congratulations** were extended to a number of teams and staff who had been honoured with a variety of awards since the last meeting. All the details were on the UHB website.
7. **Thanks** – Dr Hopkins also thanked Mrs Alice Casey on behalf of the Executive Team and the wider organisation for all her work which was much appreciated.

The Board **NOTED** the oral report of the Chief Executive.

## **UHB 17/092      PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT**

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The Executive Nurse Director, Mrs Ruth Walker, introduced the report and highlighted:

- 1,000 patient surveys were undertaken each month with 90% and above satisfaction.
- 28,000 responses had been received through the “smiley face” machine – 75% of which were positive.
- Significant number of people reported problems with parking and being late for appointments. Transformation work would go some way to addressing the problems – moving outpatients off site and the use of technology to avoid the need for patients to attend the site. This was also supported by the park and ride scheme.
- Progress had been made with responding to complaints and double last year’s number received a reply within the target time.
- 232 serious incidents remained open. Work was progressing across Clinical Boards to improve the closure position.
- In the Mental Health Clinical Board individual cases of patient falls were being investigated and unique individual patient plans put in place. The result in the last month was a 54% reduction in the number of falls but it was not known if this was sustainable.

The Vice Chair invited comments and the following points were raised:

- It was confirmed that administration of medication issues were not linked to patient identification. However, various methods to improve identification process had been tried including armbands and photographs – although these seemed to annoy patients. The UHB was not complaint with the patient identification alert and if there was a safety link this would be made a priority.
- Concern was expressed that performance had deteriorated in the number of serious incidents that were due for assurance in the agreed timescales. It was hoped that due to staff absence this had just been a blip.
- In terms of swab retention, it was noted that the incidents had occurred outside of the normal theatre environment. Midwifery staff were being provided with additional training to reflect the WHO checklist.
- It was agreed to provide more detail at the next meeting on what was included within the category of complaints “clinical diagnosis” and how the UHB was addressing it.  
**Action – Mrs Ruth Walker**
- It was not known why the UHB had a higher number of patient safety incidents per 10,000 population than other Health Boards and there was no mechanism to determine the reasons for this. The CHC had

identified a similar trend but could not provide a reason. This would be given further consideration.

**Action – Mrs Ruth Walker**

- The CHC confirmed that their concerns were escalated if remedial action had not been undertaken by the time of a follow up visit. However, in general they were concerned that public toilets were not well signposted and visitors were being directed a long way from the wards to the concourse to use facilities. It was acknowledged that the UHB had fewer bathrooms and toilets than desired and ward facilities therefore had to be kept free for patient use.
- The CHC was also concerned at some of the feedback relating to food at Rookwood. The CHC was assured that their comments had been incorporated into the UHB action plan and the choices at Rookwood had been reviewed and improved.
- It was noted that there had been 2 instances where young people had been admitted to adult mental health wards. It was confirmed that this was related to a lack of space at Ty Lydiard but the patients were able to be transferred quite quickly. Further conversations were being held in relation to the service.

**ASSURANCE** was provided by:

- The current position on all key indicators relating to Quality, Safety and Patient Experience presented in the Board Report.
- Comparison with peers across Wales.
- Evidence of the action being taken to address key outcomes that were not meeting the standards required.
- A culture of openness and transparency within the UHB to examine all available sources of information to provide assurance on the quality, safety and experience of services.

The Board:

- **CONSIDERED** the content of this report
- **NOTED** the assurance in relation to the action being taken to improve the quality, safety and experience of care.

**UHB 17/093 TURNING THE CURVE TO TRANSFORMATION UPDATE**

The Interim Chief Executive, Dr Sharon Hopkins, presented the report and commented on the challenge to increase the pace and scale of transformation. The UHB had developed a four prong approach to deliver within allocated budgets, deliver transformation at pace, address choice and disinvestment opportunities and find strategic solutions with partners. The programme was still being developed and the governance structure populated, with leadership and accountability vested within the organisation with Executive support.

The Vice Chair invited comments and the following points were raised:

- Asked about the success of pooled budgets to address delayed transfers of care, it was agreed to receive a report at the next meeting.  
**Action – Mr Steve Curry**
- Asked about being able to reduce the number of outpatients by 30%, it was noted that traditional approaches were being challenged and innovative work so far had proved very successful.
- Asked if the work previously undertaken by Newton was still appropriate, it was noted that the exceptional circumstances in theatres had affected efficiency performance and there was a 9% vacancy rate. In addition, due to the ageing estate, 4 theatres had been closed without notice. Despite this, improvements in waiting times had still been achieved.
- The high number of complaints from patients about waiting times and cancelled operations was raised. Short term options were being explored to address this.
- It was noted that external challenge was included at work stream level and this would be discussed further outside the meeting if required.
- The UHB was yet to appoint a Transformation Director.

**ASSURANCE** was provided by:

- The monthly meetings of the Transformation Board to monitor progress and consider risks and issues arising.
- Transformation programme reported into the Management Executive.

The Board:

- **NOTED** the progress being made to deliver a Transformation Programme that supported sustainable service delivery.

#### **UHB 17/094                      OUTCOME FROM ENGAGEMENT ON MENTAL HEALTH SERVICES FOR OLDER PEOPLE AND REHABILITATION SERVICES**

The Director of Planning, Mrs Abigail Harris advised the Board that proposals were being brought back for decision following an extended period of engagement. Despite a rising number of people developing dementia, it was believed that the UHB would be able to manage with fewer beds by investing in community services and caring for people in their own homes. In brief there were 3 parts to the proposal:

1. Relocate wards East 14 and 16 UHL to the Llanfair Unit – reducing beds from 32 to 16
2. Relocate 2 dementia wards from Iorwerth Jones Unit to vacated wards East 14 and 16 at UHL
3. Relocate adult mental health rehabilitation from Iorwerth Jones to Llanfair Unit

Nothing new sprang from the further engagement work but families had asked for assurances that patients would continue to be treated by the same teams of staff. Travel and parking concerns were also raised again.

The Chair invited comments:

- A letter had been received from the Community Health Council and a number of caveats were being considered by the Clinical Board. The CHC confirmed that it was now broadly supportive but would take a moment to consider the financials before formally agreeing the proposal.
- Llanfair would be refurbished before any transfers took place.
- The timetable was to move before winter.
- It was hoped the engagement with carers would continue during transition and after the move.
- Co-locating patients with a multi disciplinary team and a community mental health team meant that patients would no longer need a hospital admission to have a full assessment of their needs and receive a care package.

**ASSURANCE** was provided by:

- Acting in accordance with the Welsh Government Guidance for Engagement and Consultation on Changes to Health Services.

The Board:

- **NOTED** the outcome of the engagement work on the proposed service changes.
- **AGREED** the proposed way forward on the identified service changes.
- **NOTED** the planned approach to implementation.

## **UHB 17/095 FINANCE REPORT AS AT 31<sup>st</sup> MARCH 2017**

The Director of Finance, Mr Robert Chadwick advised that the report had previously been presented to the Finance Committee.

The Chair invited comments and the following points were raised:

Asked why income for research and development had fallen, Dr Shortland commented that more scrutiny was being placed on how money was spent. An unusual situation had developed in that it could be more financially lucrative to undertake large scale postal research than participate in important clinical trials and as such, the UHB may need to amend its R&D strategy.

Concern was expressed that the level of savings identified as being required was unachievable. Trade Unions were concerned about pay rates for staff following years of zero or minimal pay rises and there were reports that some staff had to resort to the use of food banks. The three year pay deal would end in December and this may impact the year end figure.

**LIMITED ASSURANCE** was provided by:

- The work that had been undertaken to improve the year end position.

- The month 12 position was better than the forecast deficit agreed with Welsh Government.
- Scrutiny of actual and forecast performance through the UHB's Finance Committee.

The Board:

- **NOTED** the draft year end financial deficit of £29.243m was £1.720m below the previous forecast of £30.963m but still £7.243m above the unapproved £22m operational plan;
- **NOTED** that the final position was still provisional as it was subject to external audit review;
- **NOTED** that the UHB would fail its statutory duty in respect of its Revenue Resource Limit.
- **NOTED** that the UHB met its statutory duty to remain within its Capital Resource Limit.
- **NOTED** the recurrent shortfall in the delivery of the £26m savings programme.

## UHB 17/096 PERFORMANCE REPORT

Dr Sharon Hopkins, Interim Chief Executive invited questions and comments on the report:

- The CHC raised the challenge of meeting the stroke targets and was concerned at the proposals to reduce the number of beds in the stroke rehabilitation centre. It was explained that this was linked to reducing the length of stay. A business case to extend 7 days working for consultants and therapies had been approved and was being taken forward.
- Concerns were raised about the significant increase in the number of referrals into the local primary mental health support service in recent months. An additional resource would be used in the short term to address the rise in demand and to determine if patients could be referred to other non-formal NHS services.
- Asked about mitigation of the risk of implementing the single cancer pathway, it was noted that performance would worsen when the two pathways were combined, but this was the right thing to do.
- It had been a significant achievement and the first time since 2013 that the UHB had met the urgent and non urgent suspected cancer targets. It was doubted that this could be sustained, but demonstrated that it could be done.
- The CHC requested separate dialogue and offered any help on the out of hours service as the UHB was consistently failing to deliver on key targets. Performance had improved in March with the appointment of a second GP.
- The increasing number of patients being seen by the memory team was welcomed.

- The number of delayed transfers of care had started to rise again. This was mainly as a result of patient choice and placement availability. The choice policy had been refreshed and a weekly meeting was being held to discuss complex discharges.
- It was noted that “medically optimised” (almost ready to go home) was becoming an issue for the UHB.

**REASONABLE ASSURANCE** was provided by:

- the fact that the UHB was making progress in delivering its Operational Delivery Plan for 2016/17 by achieving compliance with 23 of its 58 performance measures.

The Board:

- **CONSIDERED** the UHB’s current level of performance and the actions being taken where the level of performance was either below the expected standard or progress had not been made sufficiently quickly to ensure delivery by the requisite timescale.

#### **UHB 17/097                      INCREASED CONCERNS IN OPHTHALMOLOGY**

The Executive Nurse Director, Mrs Ruth Walker had nothing to add to the report and so the Chair invited comments:

- Big3 work on the ophthalmology pathway continued, a one stop cataract clinic had been developed and weekend waiting list initiative clinics were taking place to mitigate the long waiting times.
- The waiting times resulted from capacity problems. Work was underway to consider how patients could be prioritised not by how long they had waited but by the amount of harm that could be caused to them by waiting longer.
- It was noted that modernising the service would require some cultural change.
- Work to improve communications between the hospital and community setting was underway.
- The UHB was the first to introduce nurse injectors – whilst not there yet, good progress was being made.

**ASSURANCE** was provided by:

- The current position on all key indicators relating to Quality, Safety and Patient Experience presented in the Board Report.
- Comparison with peers across Wales.
- Evidence of the action being taken to address key outcomes that were not meeting the standards required.
- A culture of openness and transparency within the UHB to examine all available sources of information to provide assurance on the quality, safety and experience of services.

The Board:

- **CONSIDERED** the content of this report.
- **NOTED** the assurance in relation to the action being taken to improve the quality, safety and experience of care.

**UHB 17/098                      UHB INTEGRATED MEDIUM TERM PLAN 2017/18 UPDATE**

The Director of Planning, Mrs Abigail Harris had nothing to add to the report.

**ASSURANCE** on the continuing development of the UHB 2017/18 Integrated Medium Term Plan (IMTP) was provided through:

- Continued routine formal dialogue through the Welsh Government targeted intervention process and planning liaison meeting.
- Quarterly review of clinical and service board delivery against IMTP key milestones.

The Board:

- **NOTED** the progress of the development of the 2017/18 Integrated Medium Term Plan.

**UHB 17/099                      DEVELOPMENT OF SPECIALIST NEURO AND SPINAL REHABILITATION AND CLINICAL GERONTOLOGY SERVICES – FULL BUSINESS CASE**

The Director of Planning, Mrs Abigail Harris presented the report and the engagement that had taken place some time ago and commented that more capital than originally anticipated was now required. The CHC commented that the Rookwood consultation had been undertaken before Hafan y Coed, yet that unit had already been built whilst patients were still being treated in a very poor environment at Rookwood.

**ASSURANCE** was provided by:

- Completion of the FBC in accordance with WG Business Case Guidance:
- The FBC had been submitted and supported by Capital Management Group and the Business Case Approval Group.
- The UHB was also seeking support from the Welsh Health Specialised Services Committee (WHSSC)

The Board:

- **APPROVED** the Specialist Neuro and Spinal Rehabilitation and Clinical Gerontology Services – Full Business Case and
- **AGREED** that the old equality impact assessment would be updated by way of an equality and health impact assessment.

**Action – Mrs Abigail Harris**

**UHB 17/100 CAPITAL PROGRAMME APPROVAL PLAN**

The Director of Planning, Mrs Abigail Harris advised that the Plan was brought annually to the Board. It was often necessary to re-prioritise spending at short notice due to the poor fabric of the estate.

The Chair invited comments:

- Concerns were expressed that only £500k was available for backlog IM&T, particularly given the recent cyber attack. Some systems were particularly vulnerable and a further attack could result in the shutting down of a system which was not an appropriate response.
- It was suggested that Board Members would find it helpful to receive an updated depreciation plan and this would be discussed further outside the meeting.
- It was queried whether £78k was sufficient to address the issue with lifts and it was noted that the contractor believed that some lifts could be refurbished rather than replaced, extending their life by 10-15 years. It was noted that there were issues with the lift buttons and the length of time that people had to wait, particularly in B block and this would be investigated in the interim.

**Action – Mrs Abigail Harris**

**ASSURANCE** was provided by:

- Capital Management Group

The Board:

- **APPROVED** the Capital Programme 2017/18
- **APPROVED** delegation of responsibility to Capital Management Group for adjustments to the Capital Programme 2017/18

**UHB 17/101 CHAIR'S ACTION TAKEN ON BEHALF OF THE BOARD**

**ASSURANCE** was provided by adherence to UHB Standing Orders. The Board **RATIFIED** the action taken by the Chair.

**UHB 17/102 HEALTH AND CARE STANDARDS AUDIT**

The Executive Nurse Director, Mrs Ruth Walker presented the report and advised that these were the standards against which HIW monitored the UHB. Over 95 wards and departments had participated in the audit and the overall themes were summarised within the report. Sleep, pain and oral care had all improved since last year and this year the findings in relation to fluid balance would be examined in more detail as this was an area of CHC concern. Some Members expressed the need to see this improve as a matter of urgency. In terms of noise levels, staff were encourage to wear appropriate

shoes and to move work stations away from patients. However, the main reason for noise was confused patients and little could be done without access to side rooms. It was also hoped that progress would be made against the health promotion standard.

**ASSURANCE** was provided by:

- Current status and improvement plans were being reported through the Quality, Safety and Experience Committee
- Development of an action plan for improvement and monitoring progress with the actions would be followed through the Clinical Standards and Innovation Group and reported to the Nursing and Midwifery Board.

The Board:

- **NOTED** the content of this report and the level of compliance achieved across the 19 Health and Care Standards relevant to the audit (6 Health and Care Standards themes)
- **NOTED** the areas for improvement identified within the summary of recommendations provided in *Appendix 2* and supported implementation of the action required to deliver improvement.

#### **UHB 17/103                      HIW ANNUAL REPORT ON THE UHB 2016-2017**

Mr Alun Jones, Director of Inspection, Regulation and Investigation, Health Inspectorate Wales presented the third Annual Report and commented that the production of a single report enabled HIW to take stock and identify themes. HIW noted that the quality of documentation and estate maintenance remained an issue whilst medicines management had improved since last year. There had been positive recent unannounced inspections of wards C6 and C7 at UHW as well as a follow up visit to UHL. The improved management culture in the emergency unit was also commended. In terms of community dental services, whilst findings were in the main positive, there were some issues with decontamination and sterilisation (documentation of maintenance and cleaning). Mr Jones also referred to the general Welsh findings around learning disabilities and acknowledged the UHB's difficulties as it was not the service provider.

The Chair invited comments and the following points were raised:

- Asked why HIW had health and safety concerns about the environmental design of the new Hafan y Coed Unit, it was confirmed that an investigator had identified a potential ligature point although the required design standard had been met.
- It was important to strengthen the UHB's own inspection processes with regard to checking the decontamination documentation of private contractors.
- The Quality, Safety and Experience Committee received all HIW reports and action plans in their public meeting.

- It was noted that HIW carried out inspections based on the Health Care Standards for Wales. However, as the standards were vague, it was hard to benchmark findings across wards or hospitals.
- HIW remained concerned about positive patient identification risks. Whilst aware this was regularly discussed at the Quality, Safety and Experience Committee, no way forward had yet been agreed.
- HIW commended the UHB's engagement with the inspection agenda and its commitment to putting things right and this gave confidence to the inspectors.

#### **UHB 17/104            CORPORATE RISK AND ASSURANCE FRAMEWORK UPDATE**

The Director of Corporate Governance, Mr Peter Welsh provided an update on how the risk register would be taken forward in future following the recent workshop. The proposals had been shared with all Wales Board Secretaries who were interested in aligning with it.

**ASSURANCE** was provided by:

- Mitigation of the risks was being closely monitored by the appropriate Committee of the Board.

The Board:

- **AGREED** the proposals for review and renewal of the Risk Management Process.
- **DID NOT AGREE** to suspend use of the CRAF in its current format, to enable development of the new CRAF/reporting system.
- **AGREED** that the CRAF was still required at every meeting whilst the new system was being developed.
- **AGREED** to receive a circulated CRAF after the meeting.

**Action – Mr Peter Welsh**

#### **PART 2 – ITEMS FOR INFORMATION ONLY**

#### **UHB 17/105            MINUTES FROM OTHER BOARDS / COMMITTEES**

The Board **RECEIVED** the following Minutes and the Chair invited any comments:

**1. Quality Safety and Experience Committee – February**

The Chair highlighted ongoing concerns about the lack of decant wards in order to manage infection outbreaks. In addition, strong support was given to the leading improvement in patient safety (LIPS) work.

**2. Audit Committee – April**

**3. People Performance and Planning Committee – March**

PPP was disappointed that the efficiency gains in theatres had been reversed. It was noted that this had also been raised earlier at the meeting.

**4. Local Partnership Forum – February**

The LPF felt it had lost its way somewhat so had held a time out to clarify its scope and purpose.

**5. Stakeholder Reference Group – March**

Early consultation on UHB matters was welcomed by the SRG.

**6. Finance Committee – March**

**7. Charitable Funds Committee – March x 2**

Mr Waygood, Chair of the Committee advised that the Pennies from Heaven scheme was to be rebranded and re-launched. In addition he advised that wifi had been extended to St David's and The Barry Hospitals as well as some parts of UHW.

**8. Health Professionals' Forum – April**

**9. Welsh Health Specialised Services Committee – March**

The minutes were **NOTED**.

**UHB 17/106 AGENDA OF THE PRIVATE BOARD MEETING**

The agenda was **NOTED**.

**UHB 17/107 REVIEW OF THE MEETING**

There was nothing further to add to the meeting.

**UHB 17/108 DATE OF THE NEXT BOARD MEETING**

The next meeting (Special Meeting following Audit Committee) would be held at 9am on 1<sup>st</sup> June 2017 in HQ, UHW. The next regular meeting would be held on 27<sup>th</sup> July, immediately following the Annual General Meeting.

**UNCONFIRMED MINUTES OF A SPECIAL MEETING OF THE BOARD  
1 JUNE 2017, CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

**Present:**

Maria Battle  
Professor Marcus Longley  
Ivar Grey  
Margaret McLaughlin  
Stuart Egan  
John Antoniazzi  
Susan Elsmore  
Abigail Harris  
Fiona Kinghorn  
Robert Chadwick  
Ruth Walker  
Sharon Hopkins  
Steve Curry

Chair of the UHB  
Vice Chair of the UHB  
Independent Member – Finance  
Independent Member – Third Sector  
Independent Member – Trade Union  
Independent Member – Business Planning  
Independent Member – Local Authority  
Director of Strategic Planning  
Interim Director of Public Health Wales  
Director of Finance  
Executive Nurse Director  
Interim Chief Executive  
Interim Chief Operating Officer

**In Attendance:**

Peter Welsh  
Richard Hurton  
Christopher Lewis  
John Herniman  
Mark Jones  
Richard Hurton

Director of Corporate Governance  
Assistant Finance Director  
Deputy Finance Director  
WAO  
WAO  
Assistant Finance Director

Glynis Mulford

Secretariat

**Apologies:**

Akmal Hanuk  
Fiona Jenkins  
Eileen Brandreth  
Elizabeth Treasure  
Graham Shortland  
Julie Cassley  
Martyn Waygood

Independent Member – Local Community  
Director of Therapies  
Independent Member - ICT  
Independent Member – University  
Medical Director  
Interim Director of Workforce and OD  
Independent Member - Legal

**UHB 17/123 WELCOME AND INTRODUCTIONS**

The Chair welcomed all present to the meeting which had been convened specifically to agree the UHB Annual Accounts for 2016/17. Members present had attended the preceding meeting of the Audit Committee where all the issues had been discussed in greater detail. This meeting would therefore focus on considering whether the annual accounts and supporting documents should be approved.

### UHB 17/124 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

### UHB 17/125 DECLARATIONS OF INTEREST

There were no declarations of interest.

### UHB 17/126 REPORT ON THE FINANCIAL ANNUAL ACCOUNTS OF THE UHB 2016/17

The Board:

- **NOTED** the work undertaken by the Audit Committee in reviewing the accounts and associated statements
- **ENDORSED** the recommendations of the Audit Committee
- **ENDORSED** the Financial Annual Accounts of the UHB 2016/17
- **ENDORSED** the Wales Audit Office ISA 260 Report
- **AGREED** to **APPROVE** the 2016/17:
  - Letter of Representation with one minor amendment: '*Sharon Hopkins, Interim Chief Executive*'
  - Audit enquiries to management and those charged with governance
  - Accountability Report

The Board:

- **AUTHORISED** the Chair and Interim Chief Executive to sign the Annual Accounts and Representation Letter.

### UHB 17/127 HEAD OF INTERNAL AUDIT OPINION AND ANNUAL REPORT FOR 2016/17

The Board **ENDORSED** the report.

### UHB 17/128 AUDIT ANNUAL REPORT 2016/17

The Board **RECEIVED** and **ENDORSED** the Annual Report of the Audit Committee.

The Chair thanked Mr Ivar Grey for the work undertaken by the Audit Committee during the year.

## UPDATED BOARD ACTION LOG FROM MAY 2017

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
UHB 16/140 UHB16/218 UHB 17/006	28.7.16 24.11.16 26.1.17	No Smoking And Smoke Free Environment Policy and Procedure	Give this further consideration to how Mental Health patients can purchase cigarettes.	F Kinghorn	A plan for introducing e cigarettes was still being worked through. Plan timescale using phased approach is March 2017.
UHB 17/009	26.1.17	Patient Safety, Quality and Experience	Consider application to Charitable Funds for ward information boards.  Update Board on patient notification exercise - cardiac patients (heater – cooler).	R Walker  F Kinghorn	Application to Charitable Funds Bids Panel on 12 April was successful.  Significant preparatory work undertaken by the UHB, with PHW (co-ordinating) & other Health Boards for this exercise. Letters sent out to cohort of patients on 20/03/17 with a national press release and briefing on 21/3/17. PHW hosting a national helpline, with follow up arrangements for symptomatic adult patients being provided by cardiology teams in the patients' Health Board of residence. Symptomatic paediatric patients in South Wales will be referred to the UHB's paediatric cardiology team.

UHB 17/017 17/047	26.1.17 30.3.17	Traffic Management & Car Parking	Raise parking issues with Cardiff Council.  Board's comments to be shared with the Working Group.	Cllr S Elsmore  A Harris	Discussions have taken place with the Council on a regular basis.  The working group includes staff representatives, CHC, Director of Governance. Comments are taken from a wide variety of stakeholders and it is intended to hold roadshows over the next few months to obtain the views of patients staff and visitors
17/054	30.3.17		Further report on the impact of the measures taken to address gridlock including further parking measures for UHW and UHL.	A Harris	The Park and Ride service commenced on 2 <sup>nd</sup> May for UHW. For UHL the Vale LA have altered the timing of the traffic lights to ease the problem of delays exiting the site at peak times. These are now linked to the LA mova system.
			Revisit staff to visitor parking ratio at Barry and St. David's.	A Harris	Continue to find examples from other Health Boards and Trusts on what the ratio of staff to patient spaces. There does not appear to be any guidance.
			Check nurse shift times for park and ride.	A Harris	The P&R scheme and received positive media

			<p>Complete an EHIA for the travel scheme.</p> <p>Ensure parking spaces are created for staff to attend in emergencies.</p>	<p>A Harris</p> <p>A Harris</p>	<p>coverage.</p> <p>A full EHIA is being developed to cover the proposed sustainable travel plan</p> <p>A proposal has been developed which is acceptable to Indigo is being rolled out across the CBs. Specific red passes have been procured and will be issued via the respective CB. These passes will only be valid outside normal working hours.</p>
UHB 17/052	30.3.17	Patient Safety, Quality and Experience	Explore improvements in out of hours emergency CAMHS inpatient treatment through WHSSC.	Dr S Hopkins	Discussions commenced, no progress yet to report in May.
UHB 17/089	25.5.17		Share with Mr Hanuk UHB's use of foreign languages and opportunity to work with Cardiff University Business School.	R Walker	Discussion has taken place in exploring opportunities to work with Cardiff University. A further meeting to take place on 18 May 2017.
UHB 17/056	30.3.17	Performance Report	Consider providing additional advice to cancer patients waiting long times for treatment as has been done in endoscopy.	Dr G Shortland	
UHB 17/059	30.3.17	Revised Committee Structure	Refocus agenda setting meetings to be specific about what reports were required and the reasons.	P Welsh	
UHB 17/065	30.3.17	WHSSC	Discuss system rules separately	M Battle	Discussions ongoing in many

					different fora.
UHB 17/092	25.5.17	Patient Safety Quality and Experience Report	Provide detail of complaints category “clinical diagnosis” and how it was being addressed.  Give further consideration to why the UHB had the highest number of patient safety incidents per 10,000 population.	R Walker  R Walker	
UHB 17/100	25.5.17	Capital Programme	Investigate problems with lift buttons and the time people had to wait for the lifts in B Block.	A Harris	The cause has been established and details of the correct lift operation is being circulated. Major refurb of 2 of 6 lifts is currently underway creating more capacity. There is a short term rolling refurbishment programme. A capital paper is being developed for all C&V ageing estate issues requiring replacement funding.
<b>ACTIONS TO BE BROUGHT FORWARD ON ANOTHER AGENDA</b>					
UHB 15/122 UHB16/218	5.5.15 24.11.16	SOs and SFIs	Defer the review of the Scheme of Delegation and earned autonomy framework to September 2015	P Welsh	Welsh Directors of Finance actioning in 2017. Minor local Amendments to go to <b>Audit Committee in April 2017.</b>
UHB 17/093	25.5.17	Turning the Curve to Transformation	Report on Delayed Transfers of Care and pooled budgets at next Board.	S Curry	<b>July Board.</b>
UHB 16/225 UHB 17/006	24.11.16 26.1.17	Sensory Loss	(i)Determine if IT systems can flag sensory impairment as first stage.  (ii)Explore options for enabling this and (subject to resources)	Dr F Jenkins	A flag could be introduced onto PMS. A Group had been set up to consider modernization and communication in the

			implement solution for recording communication preference.		patient's preferred format. <b>Report to July Board</b>
UHB 17/066	30.3.17	Health and Safety Committee	Produce Estate rationalization plan for discussion at Board meeting.	A Harris	<p>A tender has been issued for the appointment of a team to undertake a radical review of space utilization across the UHB including Health Centers &amp; Clinics, Community staff bases and admin facilities on our acute sites. As part of the review we will be looking at the options to:</p> <ul style="list-style-type: none"> <li>-Reduce the number of buildings we have across the UHB – fewer but better quality</li> <li>-Reduce the floor area for admin and community staff by proposing a ratio of desk spaces to staff</li> <li>-considering the benefits and costs of agile working across the UHB.</li> </ul> <p>A project initiation document will be developed over the next few weeks together with a programme plan with key deliverables identified. A full paper containing approach and time scales will be presented at <b>September Board.</b></p>
UHB 17/056	30.3.17	Performance	PPP to undertake a deep dive into	Prof M Longley	<b>Referred to PPP on 5<sup>th</sup> April</b>

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		Report	reasons for cancelled admissions.		
UHB 17/099	25.5.17	FBC Specialist Neuro, Spinal Rehab and Gerontology	Update the EQIA with a new Equality and Health Impact Assessment.	A Harris	The original EHIA was being refreshed and would be circulated for the <b>September Board</b> .
<b>ACTIONS COMPLETED SINCE LAST MEETING</b>					
UHB 17/094	25.5.17	Engagement on MHSOP and Rehab	CHC to consider the additional financial information and then advise the Board of their decision	S Allen	CHC supported the case for change in a letter dated 2 <sup>nd</sup> June – available if members want to see <b>Complete</b>
UHB 16/213	24.11.16	It Makes Sense Campaign	Board to provide scrutiny on Sensory Loss at least once a year – possibly twice	M Battle	<b>Board May 2017</b> . To be included at same time as report below. On July agenda. <b>Complete</b>
UHB 17/052 UHB 17/089	30.3.17 25.5.17	Patient Safety, Quality and Experience	Discuss with Mrs McLaughlin how UHW can engage at next Mardi Gras.	R Walker	Meeting has taken place and agreed how to progress and monitor the actions resulting from the feedback at the Mardi Gras. <b>Complete</b>
UHB 17/056	30.3.17	Performance Report	Provide details of longest cancer waiting times for Mrs McLaughlin.	Dr G Shortland	<b>Complete</b>
UHB 17/063 UHB 17/088	30.3.17 25.5.17	Collaborative Leadership Forum	Seek further clarity on reporting arrangements.	Dr S Hopkins / P Welsh	Forum had no decision making powers. <b>Complete</b>
UHB 17/091	25.5.17	CE's Report – Deloitte's	Report from Deloitte's to be received at the next Board.	Dr S Hopkins	<b>July Board</b> . Report to be received in private. <b>Complete</b>
UHB 17/104	25.5.17	CRAF	Board requested an updated CRAF be circulated after the meeting.	P Welsh	<b>Complete</b>

<b>PATIENT SAFETY QUALITY AND EXPERIENCE REPORT</b>	
<b>Name of Meeting</b> : July Board Meeting	<b>Date of Meeting</b> : 27 <sup>th</sup> July 2017
<b>Executive Lead</b> : Executive Nurse Director	
<b>Author</b> : Assistant Director Patient Safety and Quality, 029 2184 6117 Assistant Director Patient Experience, 029 2184 6108	
<b>Caring for People, Keeping People Well:</b> This report underpins the Health Board's "Sustainability" elements of the Health Board's Strategy.	
<b>Financial impact:</b> There are significant potential financial implications associated with this work in relation to clinical negligence claims.	
<b>Quality, Safety, Patient Experience impact:</b> The work outlined within this paper reflects the significant activity taking place to improve patient safety and experience leading to improved quality and care outcomes for patients.	
<b>Health and Care Standard Number</b> 2.1, 2.2, 2.3, 2.4, 2.6, 3.1, 3.3, 6.3	
<b>CRAF Reference Number</b> 5.1, 5.1.5, 5.6, 5.7	
<b>Equality and Health Impact Assessment Completed:</b> Not Applicable	

<p><b>ASSURANCE AND RECOMMENDATION</b></p> <p><b>ASSURANCE</b> is provided by:</p> <ul style="list-style-type: none"> <li>◆ The current position on all key indicators relating to Quality, Safety and Patient Experience presented in the Board Report.</li> <li>◆ Comparison with peers across Wales.</li> <li>◆ Evidence of the action being taken to address key outcomes that are not meeting the standards required.</li> <li>◆ A culture of openness and transparency within the UHB to examine all available sources of information to provide assurance on the quality, safety and experience of services.</li> </ul> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>◆ <b>CONSIDER</b> the content of this report.</li> <li>◆ <b>NOTE</b> the assurance in relation to the action being taken to improve the quality, safety and experience of care.</li> </ul>
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## PATIENT SAFETY QUALITY AND EXPERIENCE REPORT – FROM APRIL 2017

### Key patient safety targets dashboard

Quality Indicator	Target	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
New Serious Incidents (SI) reported to Welsh Government (WG)	-	27	19	30	17	14	10
Never Events (included in New SIs if any have been reported to WG)	0	1	2	3	0	0	0
Total number of SIs open to WG	-		169		130		89
Number of SIs currently breaching WG timeframes	-		110		84		58
Number of SI closure forms submitted to WG	35	14	37	44	35	35	30
Of the Serious Incidents due for assurance within the month, % which assured in agreed timescale	100%	16%	33%	29%	17%	20%	8%
<b>Total number of Patient Safety Incidents (PSIs) in Patient category only:</b>							
UHW	-	700	591	683	614	681	655
UHL	-	324	287	321	295	285	289
Community and community hospitals	-	381	355	369	335	383	380
Medication Incidents	-	122	91	120	112	155	135
% medication Incidents in patients >65 years		Awaiting Datix Development					
Patient falls resulting in significant injury and reported to WG (fractures, head injuries, deaths)	-	5	8	10	4	1	2
Serious falls in patients >65 years		5	8	8	2	1	2
Pressure ulcers (all)							
%Pressure ulcers in patients over 65 yrs		Awaiting Datix Development					
Total active concerns (awaiting a final response)	≤ 280	219	214	205	196	192	185
% of concerns managed via informal resolution	60%	59%		61%	57%	58%	61%

Quality Indicator	Target	Jan 2017	Feb 2017	Mar 2017	April 2017	May 2017	June 2017
Informal response time (2 working days)	80%	61%		69%	64%	59%	55%
Formal concerns response time - 30 working days	80%	43%		59%	50%	61% <i>up to 22 may</i>	
Conversion of informal concerns converted to formal ( <i>number</i> )	≤ 10	0	0	0	0	0	2
Concerns raised in relation to a protected Characteristic	QI	00		0	0	0	1
Compliments across the UHB	▲	48	53	173	129	34	37
Freedom to speak up	QI	0	0	0	0	0	0
Number of new Redress cases	NA	4	5	3	2	7	8
Number of new clinical negligence claims	QI	2	5	6	7	6	9
Number of new Personal Injury claims	QI	4	6	6	2	10	5
Number of new PSOW referrals	QI	2	4	1	2	6	2
Number of national surveys issued/% return		1290 48%	615 48%	1180/ 59%	605/ 46%	1180 / 52%	
<b>Overall patient satisfaction scores</b>	85%	88%	91%	90%	90%	89%	
UHW		88%	89%	90%	90%	89%	
UHL		90%	94%	91%	91%	89%	

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

#### How are we doing?

During May and June 2017, the following Serious Incidents and No Surprises have been reported to Welsh Government:

Serious Incidents		
Clinical Board	Number	Description
Children and Women Clinical Board	0	Not applicable
Clinical Diagnostics and Therapeutics	0	Not applicable
Dental	0	Not applicable
Executive Nurse	0	Not applicable

<b>Medicine</b>	1	Patient referred to Dermatology with a suspected basal cell carcinoma which subsequently transpired to be malignant melanoma.
	3	Grade 3 or 4 healthcare acquired pressure damage sustained on a patient has been reported.
	2	Falls where the patient sustained significant injury, such as fractured neck of femur.
<b>Mental Health</b>	7	Unexpected deaths of patients known to Mental Health services, including Addictions services.
<b>Primary Care and Intermediate Care</b>	0	Not applicable
<b>Specialist</b>	1	A patient died following complications after a renal biopsy.
	3	Death of a patient where a healthcare associated infection has been recorded on the patient's death certificate.
	1	A patient underwent a neurosurgical procedure where an equipment problem was identified that has been reported to the Medicines and Healthcare products Regulatory Agency.
	1	Grade 3 or 4 healthcare acquired pressure damage sustained on a patient has been reported.
	1	Falls where the patient sustained significant injury, such as fractured neck of femur.
<b>Surgery</b>	1	A patient experienced complications following a central line insertion.
	2	Grade 3 or 4 healthcare acquired pressure damage sustained on a patient has been reported.
	1	A patient received medication via the epidural route that was intended for the intravenous route.
<b>Total</b>	<b>24</b>	

<b>No Surprises</b>		
<b>Clinical Board</b>	<b>Number</b>	<b>Description</b>
<b>Children and Women</b>	1	Temporary disruption due to Norovirus was reported.
	1	WG were alerted to an issue which is currently subject to discussion at private sessions of Board and QSE Committee
<b>Clinical Diagnostics and Therapeutics</b>	1	Disruption to services in Neuro-interventional radiology service was reported.
<b>Dental</b>	0	Not applicable
<b>Medicine</b>	0	Not applicable
<b>Mental Health</b>	1	The high profile arrest of a man who has had previous contact with Mental Health services was reported.
<b>Primary Care and Intermediate Care</b>	1	Safeguarding concerns in Primary Care were escalated.
<b>Specialist</b>	1	A potential infection control matter was reported whilst it was under investigation.
<b>Surgery</b>	0	Not applicable
<b>Total</b>	<b>6</b>	

### How do we compare to our Peers?

We have the highest reported number of incidents across Wales because Cardiff and Vale encourages staff to report all incidents.

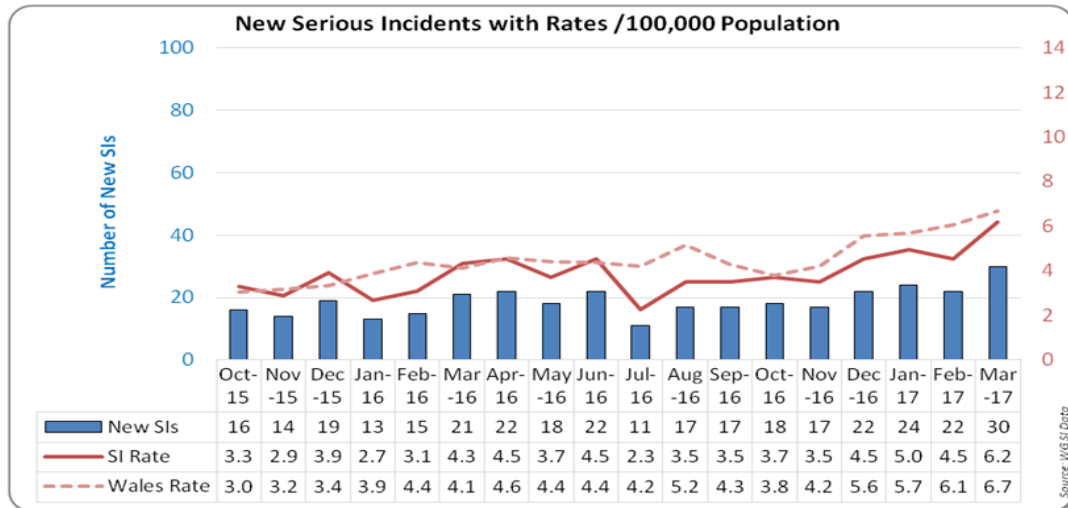
All never events are recorded and a robust process is followed to minimise the risk of a reoccurrence.

It should be noted that a high number of reported incidences is not reflective of an unsafe Health Board, in fact conversely it demonstrates a culture where staff feel supported to report all incidents and near misses. It demonstrates a culture which is receptive to learning and developing.

In June 2017, the Welsh Government circulated its six-monthly feedback report to Welsh NHS organisations. The reporting period was October 2016 to March 2017. Key points raised by Welsh Government included:

- ◆ During the reporting period the UHB reported a total of 133 SIs. The Serious Incident reporting rate for the UHB has been below the All Wales rate, but with spikes in the months of January and March 2017.
- ◆ There has been an improvement on the reporting of Serious Incidents in a timely manner.
- ◆ The UHB needs to continue to identify healthcare acquired pressure damage grade 3 and 4 in order to report to Welsh Government in a timely manner.

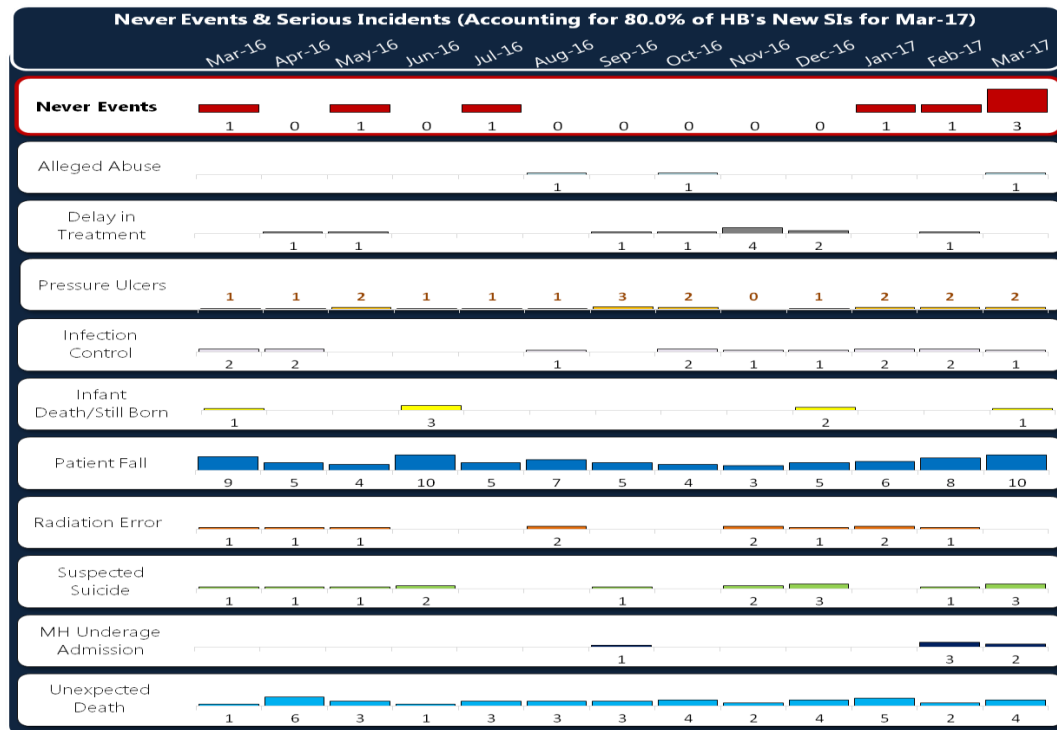
- ◆ The UHB should continue to submit good quality closure forms and continue to address the outstanding overdue ones.
- ◆ There has been good co-operation with the Delivery Unit following Never Events.
- ◆ There is evidence of good clinical engagement and leadership following Never Events



The All Wales position on Serious Incidents reported in Welsh Government’s top 10 categories was as follows:



The UHB’s position against the all Wales top 10 of Serious Incidents reported is as follows:



**What are we doing about it?**

Key themes arising from Serious Incidents reported in May and June 2017 include:

- ◆ Healthcare acquired grade 3 and 4 pressure damage
- ◆ Injurious falls
- ◆ Infection control matters

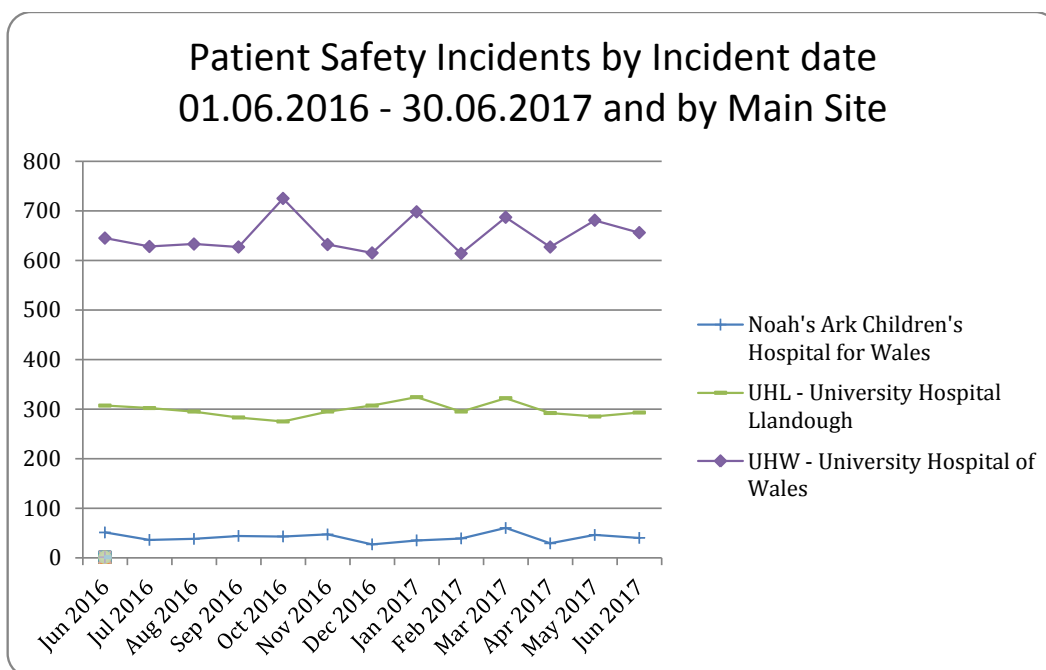
Additional fields have been added to the incident reporting system in June 2017 to prompt incident reporters to explicitly identify if pressure damage is healthcare acquired and if it is grade 3 or 4. It is anticipated that this will assist with more timely escalation of significant pressure damage. The clearer definition to the incident reporting system should assist with analysis of the related incident forms. The Patient Safety Team will continue to work with the Wound Healing and Podiatry departments as the updated system embeds. The task and finish group led by the Surgery Clinical Board continues.

Work around the prevention and management of Falls is described in the more detailed section on Patient Falls further in the report.

The UHB continues to report a variety of infection control related issues to Welsh Government. Clinical Boards are guided by the Director of Infection Prevention and Control (IP&C) and the Infection Prevention and Control Team in relation to management of incidents as they occur and investigation to ensure that lessons learned can be identified and addressed. The Quality, Safety and Experience Committee receives regular IP&C updates.

In terms of general incident reporting, the following graph demonstrates the patient safety incidents reported on to the UHB’s Datix risk management system by main sites over the last 12 months.

The majority of the incidents were recorded at the University Hospital of Wales (UHW) followed by University Hospital Llandough (UHL) which reflects the size and activity at those sites.

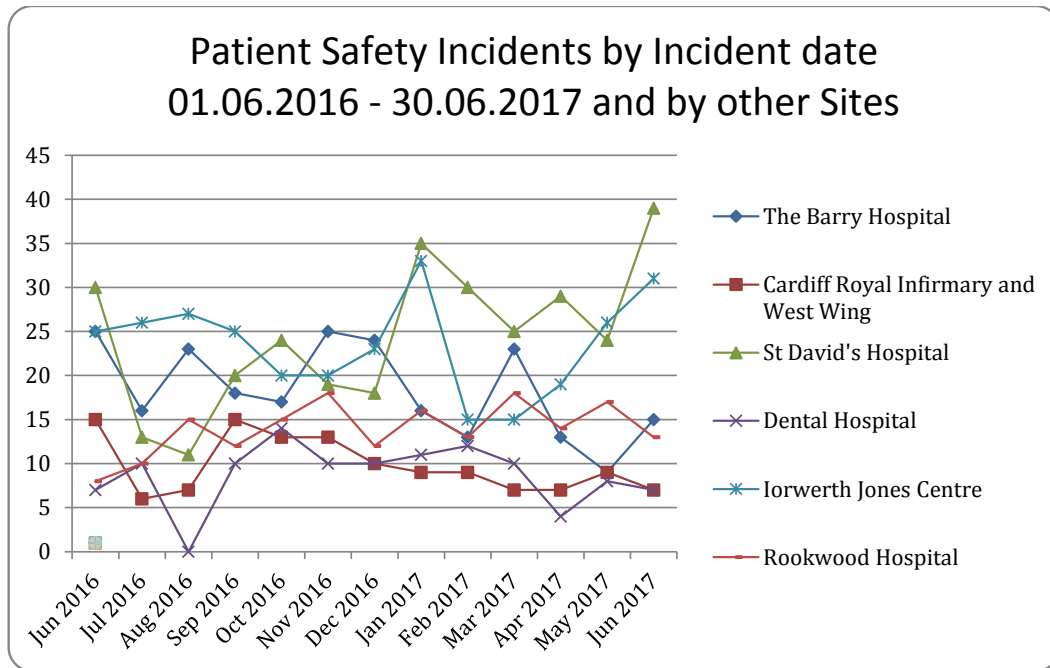


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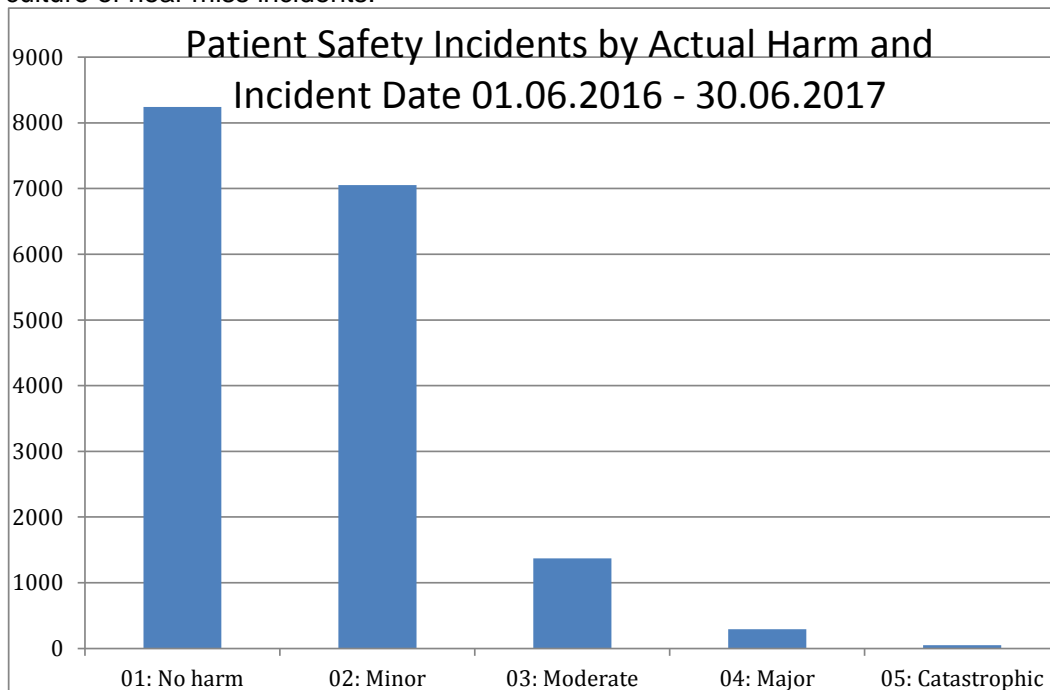
The table below demonstrates the patient safety incidents reported onto the UHB’s Datix risk management system by other sites over the last 12 months.

Whilst the volume of incidents reported is much lower, it is evident that staff are reporting incidents across the UHB.

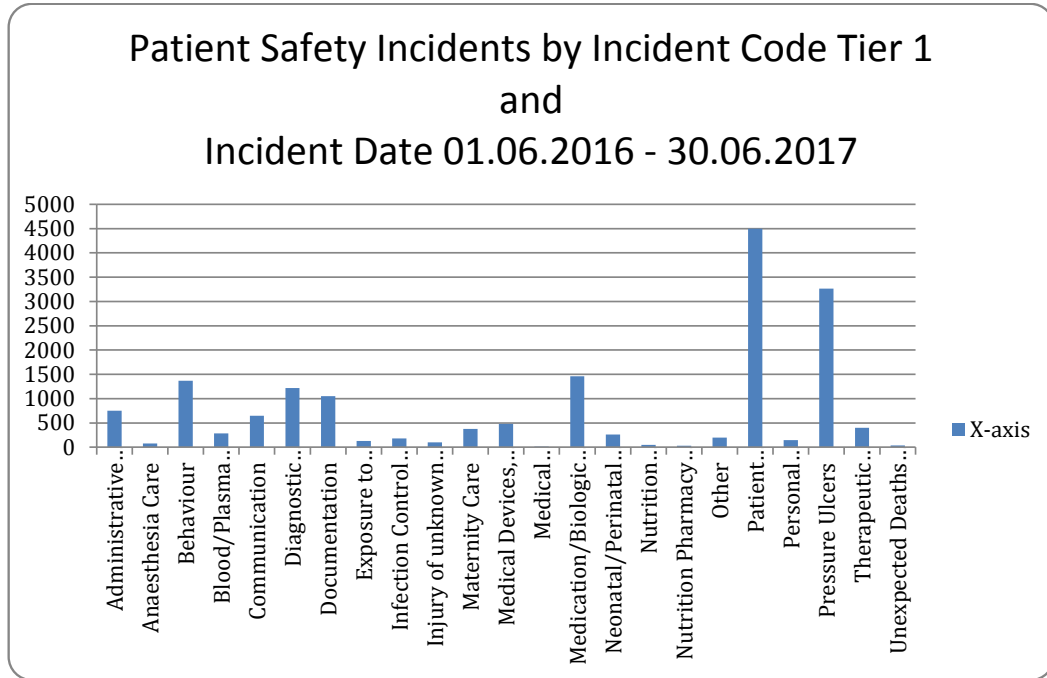
Staff are actively encouraged to report adverse incidents and near misses. The UHB considers incident reporting to be integral to its safety culture and the UHB is known to report more patient safety incidents per head of population than other Health Boards in Wales.



The graph below demonstrates that the significant majority of patient safety incidents reported by staff caused no harm or were restricted to minor harm to patients. This is the profile that the UHB would expect to see since it demonstrates a healthy reporting culture of near miss incidents.



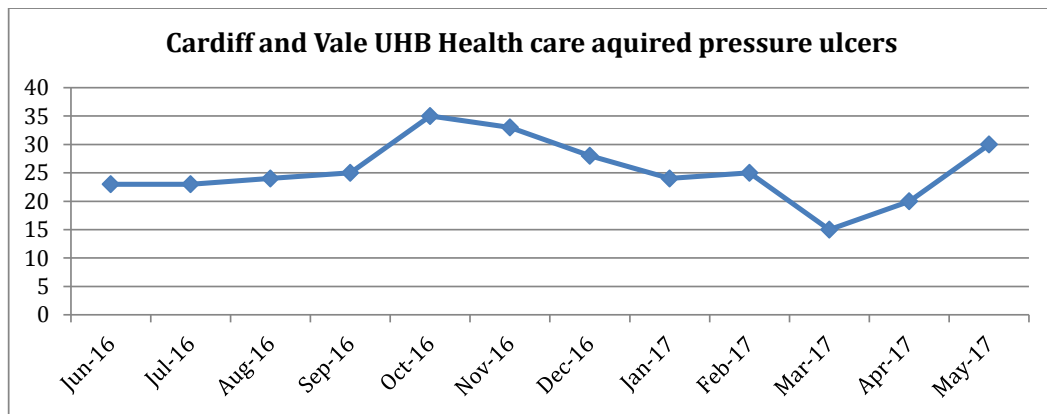
The table below demonstrates the high level category types of patient safety incidents reported by staff. Patient accidents/falls and pressure damage continue to be the most commonly reported incidents.



## Pressure Ulcers

### How are we doing?

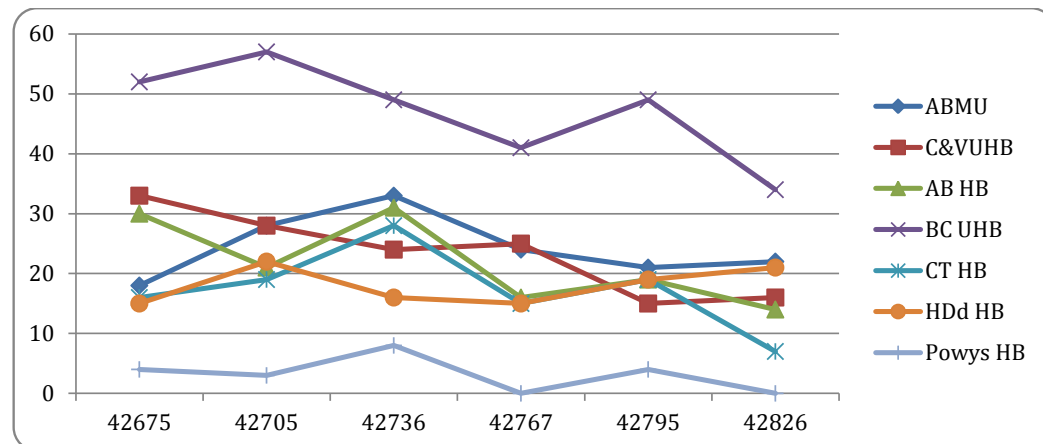
The number of Health Care Associated Pressure ulcers ( HAPU) reported by the Health Board on the All Wales pressure ulcer care indicator since June 2016 is displayed in the graph below. In May 2017, the Health Board reported 30 pressure ulcers, the majority of which were reported from the UHW site.



Plans are already being discussed to include data from community acquired pressure ulcers in future reporting, although on an all Wales basis, community reporting will not commence until 2018.

### How do we compare to our Peers?

The graph below provides a comparison of pressure ulcers in Cardiff and Vale and cumulatively across Wales. For April 2017, 114 HAPU were reported across Wales with Cardiff and Vale UHB reporting 16 of them (14%) and the trend appears to be static. Figures from April 2017 onwards are not currently available.



### What are we doing about it?

A Pressure Ulcer Task and Finish group has been convened to drive improvements in pressure ulcer prevention. This is led by the Director of Nursing and will report to the Nursing and Midwifery Board. The group have met twice; the focus has been on the following:

- ◆ Influencing the All Wales pressure ulcer reporting and investigating guide.
- ◆ Exploring the use of technology to enable review and follow up of pressure ulcers.
- ◆ Exploring options to influence the Bed Management contract.
- ◆ Revision of the foot assessment tool continues to make sure that it is completed by the right person at the right time. The tool will identify those patients at greater risk of developing foot pressure ulcers. It is envisaged that this will be signed off at the next Nursing and Midwifery Board.
- ◆ Compliance with completion of Waterlow risk assessment is checked during unannounced inspections conducted by Corporate Nursing.
- ◆ Work being progressed to enable reporting of pressure ulcers from the electronic incident reporting system (e-Datix), with the aim to report from this system by September 2017. For the current time, the reports will continue to be generated from the All Wales Health and care monitoring system.

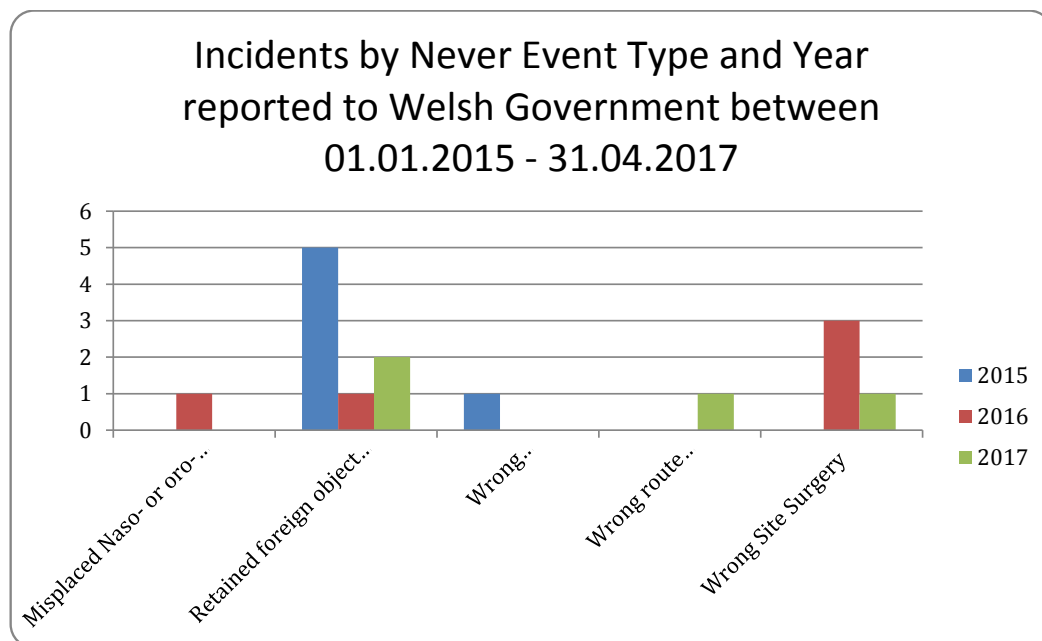
## Never Events

Never Events are a particular type of serious incident that meet all of the following criteria:

- ◆ They are wholly preventable, where guidance or safety recommendations that provide strong protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- ◆ Each Never Event type has the potential to cause serious patient harm or death. It does not need to have caused serious harm or death for it to be categorised as a Never Event.
- ◆ There is evidence that the category of Never Event has occurred in the past through reports to the NRLS and a risk of recurrence remains.
- ◆ Occurrence of the Never Event is easily recognised and clearly defined.

## How are we doing?

The bar graph indicates the type of Never Events that have occurred by year in the UHB from January 2015 (when Datix web incident reporting was introduced) to the end of April 2017. The UHB is pleased to report that there have been no Never Events reported in May and June 2017.



## How do we compare to our Peers?

### All Wales Report

The recent Welsh Government feedback report indicates that in the 6-month reporting period between October 2016 – March 2017, 11 Never Events were reported across NHS Wales. The Never Event type and month reported is set out in the table below:

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Misplaced naso or oro-gastric tubes	1	0	1	0	0	0
Retained foreign object post-procedure	0	0	1	0	0	3
Wrong implant/prosthesis	0	1	1	0	0	0
Wrong route administration of medication	0	0	0	0	0	1
Wrong site surgery	0	0	0	1	1	0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>4</b>

### Cardiff and Vale UHB

In this reporting period, the UHB reported five Never Events which were:

- ◆ Retained foreign object post procedure – Children and Women Clinical Board
- ◆ Wrong site surgery/procedure – Dental Clinical Board
- ◆ Retained foreign object post procedure – Specialist Clinical Board
- ◆ Wrong site surgery/procedure – Surgery Clinical Board
- ◆ Wrong route medication administration – Surgery Clinical Board

The incidents are all at various stages of investigation, improvement plan development and closure with Welsh Government. The Delivery Unit has been invited to work with the UHB following each of the incidents in line with standard practice.

### What are we doing about it?

If repeated themes are identified, Clinical Boards are encouraged to ensure there is an overarching improvement plan with governance processes in place to ensure effective ongoing monitoring. Work is being undertaken by the Dental Clinical Board with regards to improving compliance with the WHO surgical safety checklist, benchmarking visits to another UK Dental Centre, and processes in place for the positive identification of patients as well as good practice in Consent.

Surgical Clinical Board are also strengthening processes around Consent and the WHO checklist. The Clinical Board are working with the Pharmacy Department and with Anaesthetic Department to develop Guidelines for the use of Anti-Hypertensives in the Acute Situation as well as reminding all staff of the UHB and NMC policy for the administration of intravenous medication.

The UHB seeks to implement rigorous actions following such incidents. This involves networking with colleagues across the UK to build on their experience of innovative solutions as well as developing effective barriers based on local expertise. The UHB is currently undertaking work to explore technical solutions to prevent retained guidewires and swabs which will help to reduce human factors which contribute to such Never Events.

The UHB is also currently undertaking a considerable amount of work to implement the National Safety Standards for Invasive Procedures (NatSSIPS). A task and finish group has been established and a baseline assessment is currently being undertaken across the UHB in order that a programme of prioritised work can be planned for the coming year.

### Submission of closure forms to Welsh Government

#### How are we doing?

Following a SI being reported by the UHB, WG will acknowledge receipt of the SI notification; clarify any immediate queries should they arise and provide the UHB with a 60 working day timeframe to submit a closure form. The closure form sets out an overview of the investigation undertaken; findings; recommendations and confirmation of actions undertaken or planned. WG review the submitted closure form and will advise the UHB when they are satisfied that the incident can be closed.

The table below demonstrates the recent activity in the Clinical Boards related to closure forms.

#### Closure forms in relation to Serious Incidents

The UHB has achieved a 62% reduction in the number of open serious incidents over the last 12 months and now has 89 serious Incidents open with WG as compared to 236 in July 2016.

#### How do we compare to our Peers?

The feedback report from Welsh Government does not provide information that allows the UHB to compare with other Welsh NHS organisations.

The feedback report is very positive regarding the quality and submission rates of closure forms to Welsh Government. However, they request that the UHB continues to address the outstanding overdue closure forms.

### What are we doing about it?

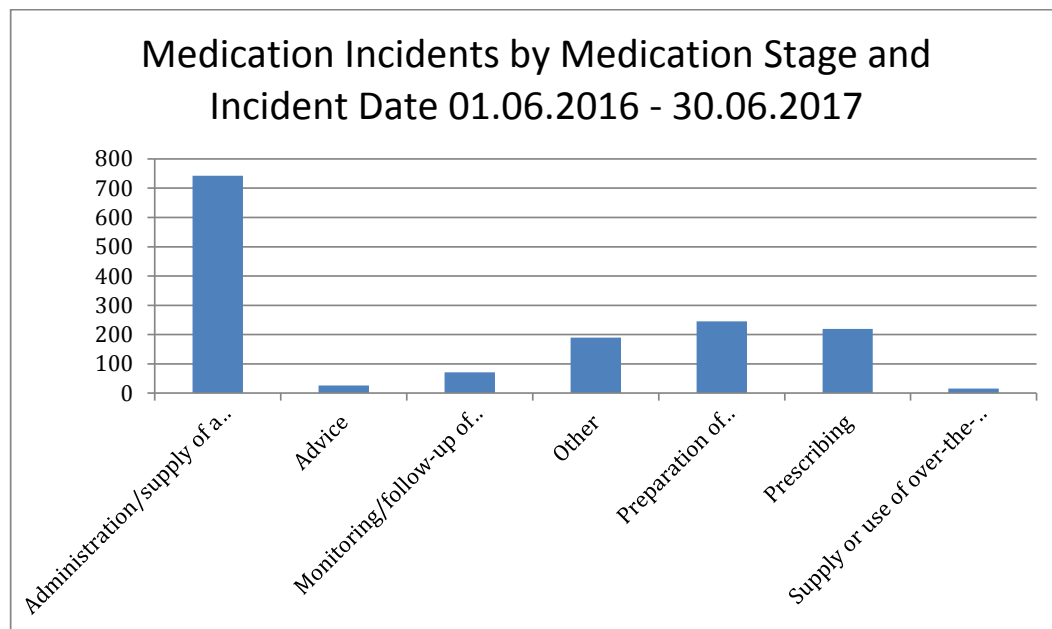
A trajectory for improvement is in place in each of the Clinical Boards and is monitored via the monthly performance review process. The Corporate Patient Safety Team are working with the Clinical Board Directors of Nursing to support delivery of this agenda.

As previously stated, excellent progress has been made overall with a reduction in the volume of required closure forms over the course of time.

### Medication Incidents

#### How are we doing?

Between June 2016 and June 2017, 1581 medication-related incidents were reported across the UHB. The following graph demonstrates these medication incidents by medication stage and the profile of reported incidents is largely unchanged.



8

#### How do we compare with our Peers?

At present there is no reliable All Wales benchmarking data available. There is also no new National Reporting and Learning System information available.

#### What are we doing about it?

The Pharmacy Directorate's Medication Safety Executive Group is taking forward work relating to risks identified to the cold chain to improve medication storage. This related to learning from a recent Serious Incident.

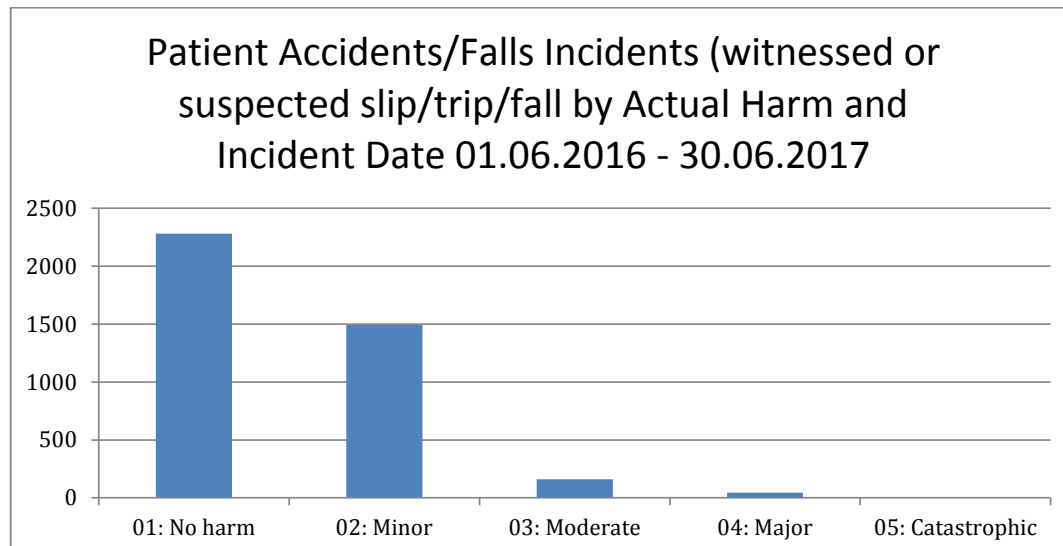
The All Wales Medicines Strategy Group recently celebrated its 15-year anniversary this year and, to mark this occasion, held a conference in Cardiff City Stadium on 27<sup>th</sup> June 2017. The theme for the day was medicines safety. The event attracted high profile speakers and was a success for the Strategy Group which includes membership from the UHB.

## Patient Falls

### How are we doing?

3,977 patient accidents/falls were reported between June 2016 and June 2017 where the slip/trip or fall was either witnessed or suspected.

From the following graph, it is evident that the majority of accidents/falls do not result in injury to the patient. However, patient falls represents the highest volume of Serious Incidents reported to Welsh Government whereby patients have sustained significant injuries such as fractured limbs or head injuries.



8

### How do we compare with our Peers?

At present there is no reliable All Wales benchmarking data available. There is also no new National Reporting and Learning System information available.

However, review of the Welsh Government Serious Incident feedback report indicates that injurious falls are a frequently reported incident across NHS Wales.

### What are doing about it?

Recruitment to a Falls Strategy Implementation Lead post continues to proceed through the necessary process.

Following an enquiry by an Independent Member, injurious falls have been mapped to identify if there is any relationship between the incidents occurring and where bathrooms on wards have been refurbished. Unfortunately, no direct correlation between refurbished bathrooms and reduction in injurious falls can be determined.

Further work is underway to explore if the injurious falls are occurring in patients identified to be delayed transfers of care.

## Clinical Negligence Claims during 2016

### How are we doing

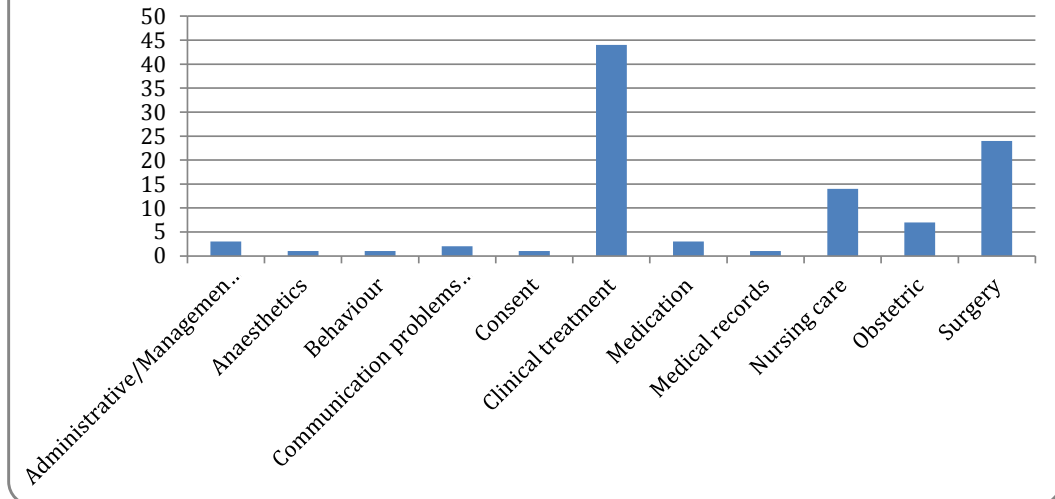
There were 14 new Clinical Negligence Claims received from 1 May 2017 to end of June 2017. Ten Clinical Negligence claims were closed. The UHB has also received 14 new Personal Injury Claims and 10 case files concluded in these two months. In May /June there have been five redress cases opened and 15 closed.

### Claims by Clinical Boards for May - June 2017

New Personal Injury Claims by Clinical Board between 1/5/17 to 30/6/17	
<b>Capital, Estates and Facilities</b>	<b>4</b>
<b>Medicine Services</b>	<b>4</b>
<b>Surgical Services</b>	<b>3</b>
<b>Dental</b>	<b>1</b>
<b>Mental Health</b>	<b>1</b>
<b>Specialist services</b>	<b>1</b>
<b>Totals:</b>	<b>14</b>

New Clinical Negligence Claims by Clinical Board received 1/5/17 to 30/6/17	
<b>Surgical Services</b>	<b>6</b>
<b>Clinical Diagnostics and Therapeutic Services</b>	<b>4</b>
<b>Medicine Services</b>	<b>2</b>
<b>Children and Women's Services</b>	<b>1</b>
<b>Specialist Services</b>	<b>1</b>
<b>Totals:</b>	<b>14</b>

## Clinical Negligence Claims by Categories June 2016 to June 2017



The highest reported incidence of Clinical negligence claims is in relation to clinical treatment and Surgery.

In Personal Injury Falls, trips and slips remains consistently the most recorded theme of the reported claims.

### How do we compare with our peers?

At present there is no new reliable All Wales data available.

### What are we doing about it?

There were no trials held during this May - June 2017 for either Clinical Negligence or Personal Injury claims.

### Review of closed cases and actions taken

Upon review of the closed cases, failings related to the interpretation of CTG continue to feature in the obstetric claims. The Head of Midwifery is committed to minimising the risks associated with this key skill area of both the midwifery and obstetric staff. The approach has been to ensure maximum compliance with the online CTG training evidenced for all midwifery staff. The Supervisors of Midwives have been informed not to sign off the annual midwifery return to practice document without sight of the individual evidence to support that the mandatory CTG studies have been completed. Last year 95% staff compliance by midwives was demonstrated.

One of the closed personal injury claims highlighted a weakness to obtain bariatric equipment in the Emergency Unit and the incorrect use of equipment to care for a patient outside of the weight range which caused an injury to a staff member whilst moving the patient. The availability of bariatric beds has been improved by changes in the ordering process since this claim. Medstrom are contracted for the supply of beds and a bariatric bed can be delivered within one hour. The Unit has also mindfully upgraded all trolleys to support patients up to a weight of 40 stone. The Unit has a specific team to take responsibility and appropriate actions for all staff issues related to manual handling.

A number of cases have identified failures in our follow up processes whereby patient have suffered harm as a result of being 'lost to follow-up'. In response to identified weakness in this area of patient care, the Health Board has a follow up Task and Finish group to improve management of follow up activity. The improvement work is currently ongoing within the directorates who have been actively working through a backlog of patients previously not allocated target dates. One of the notable proposed improvements is that it has been agreed in principle to use a fully automated booking system for follow up appointments by the end of 2017.

## Inquests

### How are we doing?

When the Concerns Department and/or Patient Safety Team are advised that Her Majesty's Coroner has opened an investigation or inquest following the death of a patient, a record is made on the Datix risk management system in order to monitor and record the inquest process through to its conclusion.

In May and June 2017, the UHB's corporate departments were aware of fifteen inquests that took place involving former UHB patients.

The majority of inquests concluded without adverse outcome for the UHB and without concerns being raised by HM Coroner. However, one inquest was rescheduled to take place at a later date and the original date proceeded as a Pre Inquest Review instead; another inquest remains ongoing.

No Regulation 28 Prevention of Future Deaths Reports have been written from the Coroner to the Chief Executive in this timeframe.

### How do we compare with our peers?

At present there is no reliable All Wales data available to review numbers of inquests held.

The recent Welsh Government feedback report indicates that in the six-month reporting period, 13 Regulation 28 reports were issued to NHS Wales. In that timeframe, the UHB received two such reports.

The issues arising from the Regulation 28 reports were varied including falls and patient discharge.

## What are we doing about it?

The UHB continues to support staff in order to ensure, as far as possible, that the Coroner's inquest procedures take place whilst meeting the needs of families, the Coroner and staff.

## Outcomes of internal and external inspection processes

### How are we doing?

#### Internal observations of care

Between 1st May 2017 and 30<sup>th</sup> June 2017, 23 inspections have been undertaken to 22 areas; these areas sit within four Clinical Boards; Medicine, Surgery, Specialist and Mental Health.

For this reporting period, 21 inspections were undertaken as part of the planned inspection programme, with two inspections to a single area being requested by the Director of Nursing for the Medicine Clinical Board.

The reports issued following inspection during this time period continue to provide a positive picture of staff working with patients to provide care in a professional and dignified manner. The findings since the last report reiterate what has been found previously, with the key findings that were common to a number of ward areas detailed below, however, it is important to note that what is seen as an area of concern in one area, can be an area of notable practice for another.

#### Key findings - Notable Practice

- ◆ Professional staff caring for patients in a calm, organised environment
- ◆ Positive feedback from patients and visitors on the provision of care
- ◆ Clean, fresh environments
- ◆ Good medicines management
- ◆ Provision of information for patients and visitors
- ◆ Preparation and support at meal times

#### Key findings – Areas of Concern

- ◆ Care plans observed, lacked individualisation
- ◆ Medicines management – storage of medications was not always compliant with the All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal and there was inconsistent checking of fridge temperatures
- ◆ Lack of storage space is a continuing issue resulting in difficulty in ensuring effective cleaning
- ◆ Outstanding maintenance requests/poor ward décor
- ◆ Inconsistency regarding preparation and support of patients at mealtimes

### How do we compare with our peers?

This information is not available on an all Wales basis.

### What are we doing about it?

In addition to the actions described in the last Board report, the following activities are also taking place:

- ◆ As detailed in the previous report, Cardiff and Vale are committed to the safe storage of medicines and management of medicines throughout all medicines related procedures. Cardiff and Vale UHB has aligned its medicines practice to the All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal. The UHB Medicines Management Group is currently drawing together all medicines related procedure documents and reviewing them as part of work to produce a UHB Medicines Code. Staff have been fully informed of what is expected of them with regards to secure storage, via education programmes, Medicines Safety Executive Newsletters and Patient Safety Notices. All in patient areas recently completed a Secure Medicines Audit, following this the Clinical Boards were sent action plans where appropriate and have since confirmed that these actions are completed. A planned audit of medicines prescription and administration is planned to take place in the next few months.
- ◆ Documentation – the Health Board is engaged with the All Wales programme for nurse documentation with the aim to confirm information standards and to develop e-nurse documentation. In the meantime, the Health Board will continue to review the current standard of documents used by nurses through the Clinical Standards and Innovation Group.

### Healthcare Inspectorate Wales (HIW)

HIW undertook an unannounced visit to the Children's Hospital for Wales on 12<sup>th</sup> and 13<sup>th</sup> June 2017. Feedback was positive; there were no immediate assurance issues and the UHB awaits the draft report and recommendations.

The UHB is currently working with HIW as part of All Wales thematic reviews of Discharge Planning and the work of Community Mental Health Teams. Reports are expected later this year.

### Patient Experience

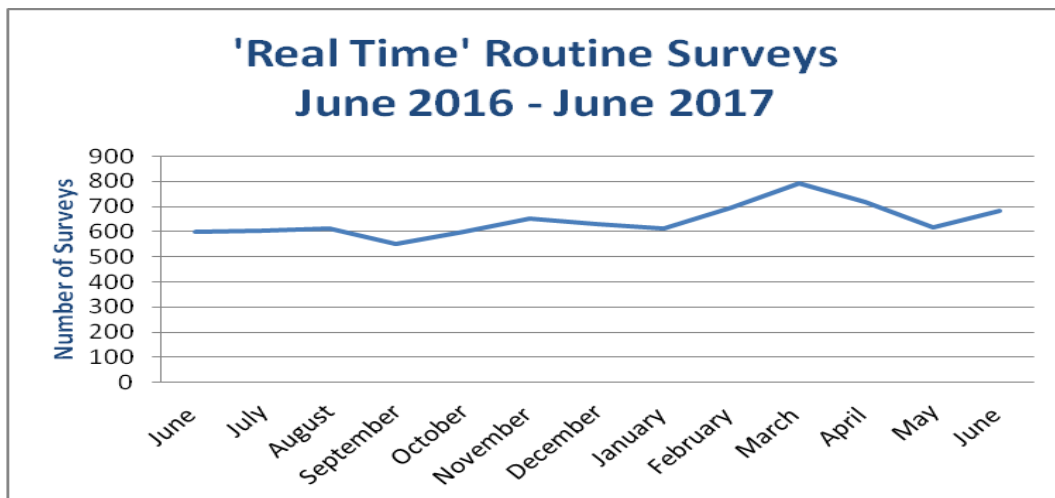
Real Time	Retrospective
Short Surveys Used to obtain views on key patient experience indicators whilst patients, carers and service users are in our care (such as in hospital) or very shortly afterwards (such as on discharge or immediately after an out-patient appointment)	Surveys post discharge or any clinical encounter in any setting to gain in-depth feedback of service user experience. They can also incorporate quality of life measures and Patient Reported Outcome/Experience measures (PROM/PREM)

<p><b>Proactive/Reactive</b></p> <p>Provide opportunities for all service users/families/carers to provide feedback.</p> <p>Includes feedback cards, permanent and temporary online surveys and emerging methods such as text, QR codes and social media.</p>	<p><b>Balancing</b></p> <p>Concerns and complaints                  Compliments                  Patient stories                  Focus groups                  Third party surveys such as Community Health Council and voluntary organisations</p>
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**Real Time**

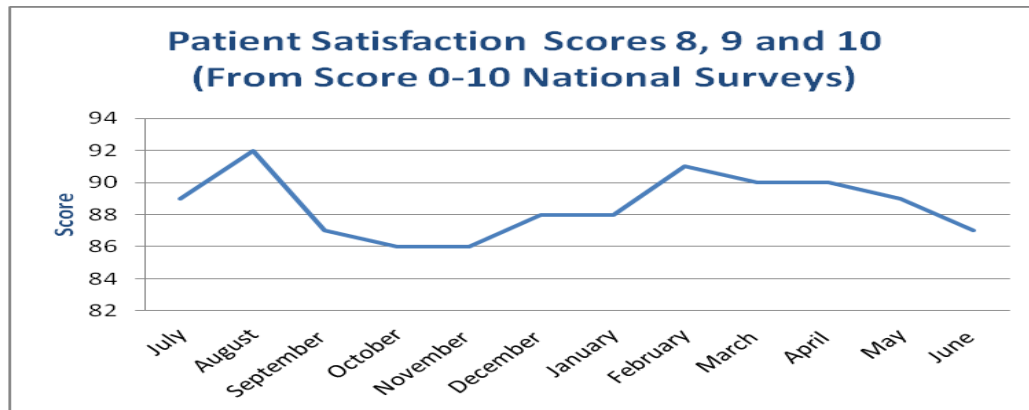
**How are we doing?**

The table below illustrates the number of routine 'real time' surveys completed within Medicine, Surgery, Specialist Services, Children and Women and Clinical Diagnostics and Therapies Clinical Board during the last twelve months.



During May and June there were an additional **541** surveys completed in Paediatrics, Mental Health Services for Older People and Adult Acute Mental Health Services.

Patient satisfaction as noted within the National Survey during May and June was 89% and 87% consecutively, with the last twelve months illustrated in the table below.



**'Happy or Not'**

On the 1<sup>st</sup> of June the question on the 'Happy or Not' machines was changed to:

**Have staff been kind and caring?**

**Staff wedi bod yn garedig a gofalgarg?**

يكون الموظفين الطيب والرع

**Always**  
Bob amser  
دائما

**Most of the time**  
Rhan fwyaf o'r amser  
معظم الوقت

**Sometimes**  
Weithiau  
بعض الأحيان

**Never**  
Byth  
أبدا

8



Cardiff and Vale UHB / 05/06/17 - 10/07/17

Have staff been kind and caring?



**81% Positive**

Total feedback: 14,830

Very Positive 71%, Positive 10%, Negative 5%, Very Negative 14%

HAPPY@NOT

Data from 5<sup>th</sup> June to 10<sup>th</sup> July based upon nearly 15,000 responses

**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



**GIG  
CYMRU  
NHS  
WALES**

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

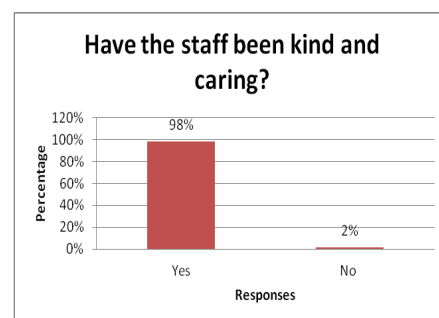
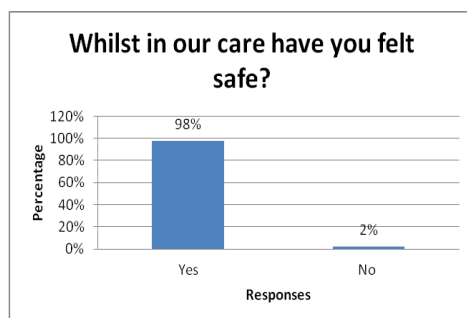
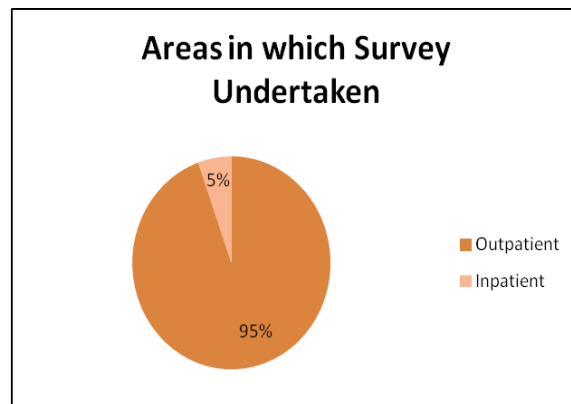
**‘Feedback in 5’**

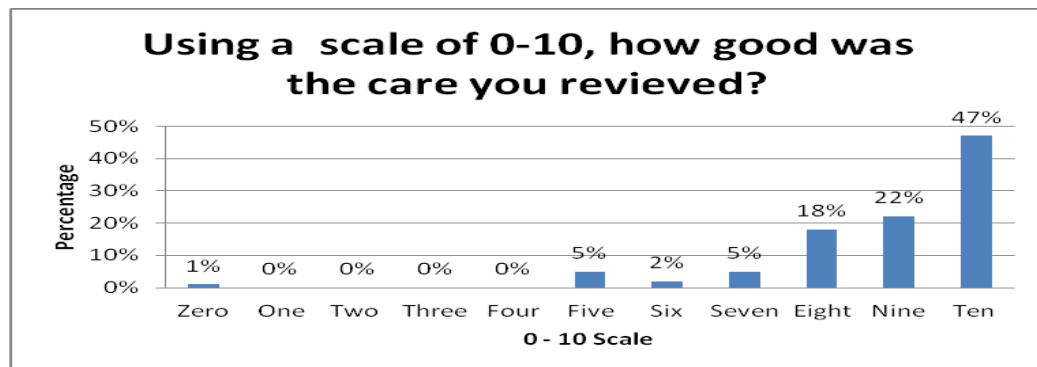
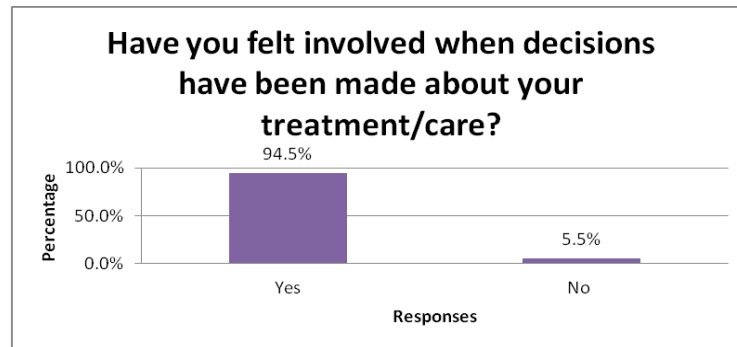
As reported within May’s Board report a ‘Feedback in 5’ pilot was undertaken, using tablets, to capture the following:

1. Whilst in our care have you felt safe?
2. Have staff been kind and caring?
3. Have you felt involved when decisions have been made about your care/treatment?
4. Score from 0 (very bad) to 10 (very good)
5. Do you have any comments about the care you have received today?

127 surveys were completed (16 quarantined) and therefore not included in the final data, which equated to 111 completed surveys.

**Results from the pilot are illustrated within the following graphs:**





The majority of patients who accessed the Outpatient Department had felt safe in our care (98%). 98% also advised that staff had been kind and caring and 94.5% had felt involved in decisions about their care.

There were 45 qualitative comments completed that included:

“There was a mix up with the paperwork which caused delays for diagnosis and treatment. It was a system failure rather than staff caring issue.”

“Uncertain waiting times, I never know how long after my appointment time I will have to wait.”

“Throughout my inpatient and outpatient treatments it has been tremendous, everyone has been really supportive.”

#### Issues noted during the pilot included;

1. Inconsistent Wi-fi coverage
2. Survey very quick to complete, therefore the number of patients on the ward able to engage was limited
3. Inpatient and Outpatient data amalgamated – therefore unable to differentiate data
4. ‘Sometimes’ option – a more appropriate response

#### How do we compare to our Peers?

At present there is no reliable All Wales data available.

### What are we doing?

Initial feedback from the 'Feedback in 5' pilot has been reviewed and where possible issues that can be rectified will be.

However the aim will be to continue utilising the concept e.g. succinct survey, completed on a tablet, but varying themes, for example focusing the survey questions on 'wayfinding'.

### Proactive and Reactive

#### How are we doing?

In March's Board Report, information was provided on a pilot to be undertaken in relation to nutrition and hydration on Ward A4 at the University Hospital of Wales and Ward East 2 at University Hospital Llandough. The formal pilot was undertaken using a collaborative, co-ordinated, multidisciplinary approach between 8<sup>th</sup> May and the 19<sup>th</sup> June; a six weeks period. The pilot involved:

- ◆ Workforce remodeling
- ◆ Reviewing of the number and timing of meals, snacks and beverage rounds
- ◆ Enhanced engagement by various disciplines during mealtimes

Initial patient experience evaluation suggests that:

- ◆ Patients liked the blue crockery
- ◆ Food was better presented
- ◆ Fruit and snacks during the afternoon were well received

More in-depth analysis is currently being undertaken.

#### Carers Survey

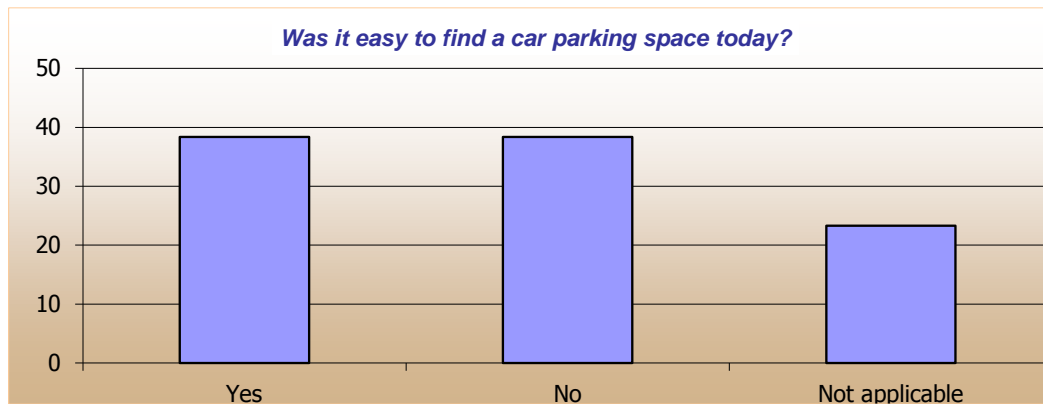
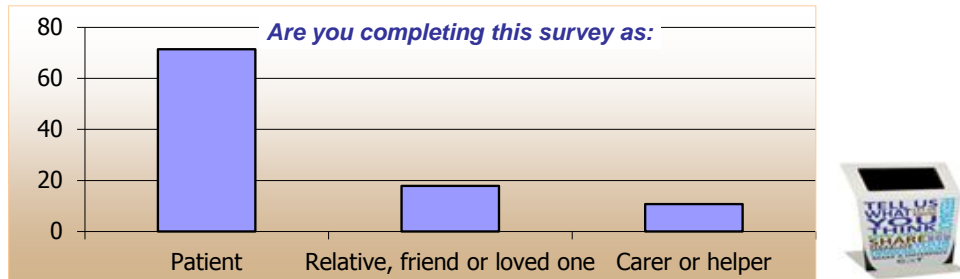
Two surveys have been undertaken in June relation to Carers on wards A1 and B6 at University Hospital of Wales East 10 at University Hospital Llandough.

1. One to ascertain how staff view the care and support carers receive on their ward.
2. The second to ascertain the views of carers within the ward environment.

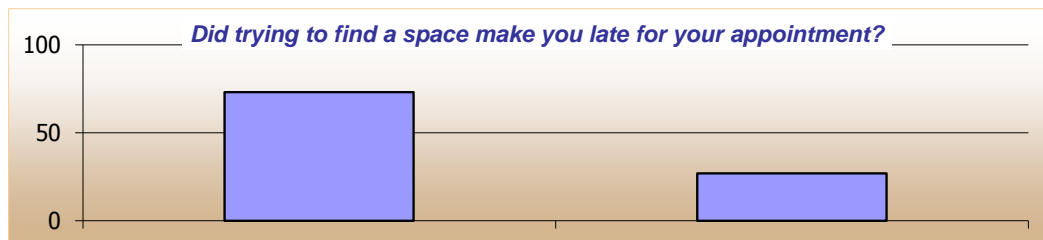
The aim is to raise awareness of carers within the Health Board and to support them to have continued involvement in their caring role if they choose. It will also assist with ensuing '*we care for those who care*', which is fundamental. The concept is based upon the principles of 'Johns Campaign'.

#### Outpatients Kiosk

The kiosk in outpatients has been in place since 3 May 2017 and has been completed by 476 respondents. 71% of the people completing the survey are patients.

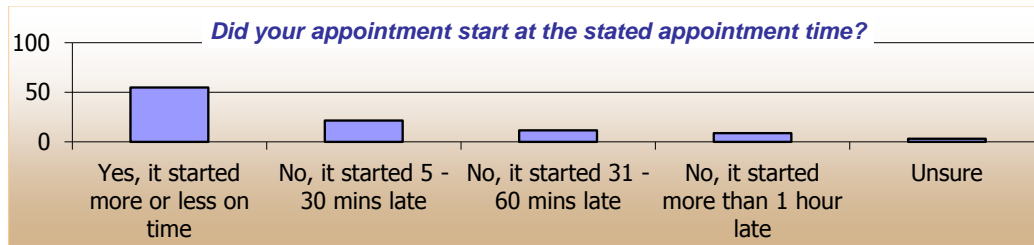


Over a third of people still find it difficult to park on the UHW site.

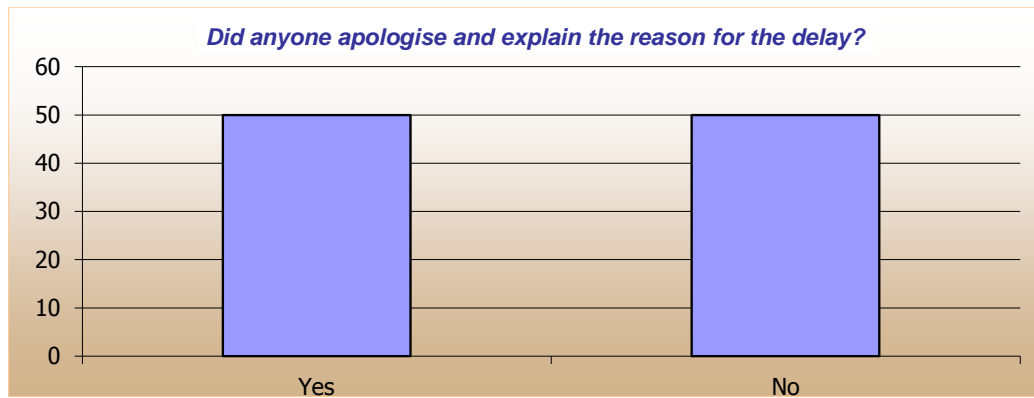


In 73% of those respondents who had difficulty parking, they reported being late for their appointment.

50% Of appointments start on time.



When appointments are running late an apology and explanation is provided 50% of the time.



**Ward Feedback Kiosks**

Feedback kiosks are being used on a weekly basis in wards at Llandough and UHW to gain feedback for individual ward areas from patients, carers and staff on a weekly rotational basis. Preliminary feedback for the wards displays a high level of patient, carer and staff satisfaction. A more detailed analysis will be provided in the subsequent board report.



**Balancing**

**How are we doing?**

**Patient Stories**

During May and June the Patient Experience Team undertook patient's stories within Primary Care and on ward A4 as part of the Model Ward evaluation;

◆ **Two District Nurses Patient Stories**

Two stories have been undertaken which were very positive about the District Nursing service and the District Nurses who visited. Both patients had been under the District Nursing teams for a number of years and felt that the nurses who attended their homes were professional, friendly and very knowledgeable.

One of the patients, however, did comment that it would be nice to have a little more continuity, limiting the number of different District Nurses calling.

#### ◆ **Model Ward**

As part of the Model Ward evaluation a patient story was undertaken. The patient spoke of not only her experience on the Model Ward but her stay in hospital in general. The patient was generally happy with her care but had felt that communication was an issue. This was due to her feeling she was not being listened to by staff, not being involved in discussions and that she did not have enough time with the doctors to discuss her condition. With regards to the Model Ward the patient was very pleased that she was able to have fruit on the ward and with the choice of food.

#### **Volunteering**

We have recruited volunteers to act as befrienders for people who have no or few visitors. One of the themes from the patient experience feedback and the Community Health Council reports was that people often feel lonely and isolated in hospitals. The volunteers' feedback information regarding the places they visit. We continue to recruit activities volunteers to undertake bespoke activity work with patients. We are actively engaging with young volunteers from nearby colleges and universities to provide some bespoke activity and music sessions.

#### **How do we compare to our Peers?**

At present there is no reliable All Wales data available.

#### **What are we doing?**

##### **'Happy or Not'**

We will continue to monitor the responses and where indicated more in depth analysis of results will be undertaken. The questions will be periodically changed and will link in with the Health Board's values.

##### **Carers**

We are beginning to understand what our carers views and we can work with our clinical staff to improve the recognition and support for carers.

##### **Out patients Kiosk**

The information is informing the department and is useful in identifying wider organisational issues such as car parking and the impact upon the service delivery.

##### **Ward Kiosks**

Over the next year all wards in UHW and UHL will have received a report from the Kiosk they will see the information from patients, staff and carers with any comments provided from their clinical area. The reports are shared with Ward managers and the relevant Director of Nursing for each area. In patient experience we will monitor any specific actions or themes.

## Patient Stories

### District Nursing

The Patient Experience Team and Primary Community and Intermediate Clinical Board are undertaking a survey of 700 patients/carers who have contact with the district nursing service. The plan is to undertake an additional three patient stories ensuring representation from the five District Nursing teams.

### Model Ward

The Model Ward story will be included as part of the total evaluation, and initial findings were shared with the ward at the time. Initial indications regarding outcomes for the Model Ward have been positive and will continue in the interim on the two wards.

### Volunteering

We will continue to actively recruit volunteers and to support their valued work in the Health Board. We will undertake further evaluation of the impact of the roles of volunteers in relation to the experience of our patients, staff and carers.

## Balancing continued

### Concerns

#### How are we doing?

The latest overall Health Board performance in response to 30 day concerns is 61%. There is however much variability across the UHB. The focus upon the proportionate investigation of concerns in a timely manner remains a focus.

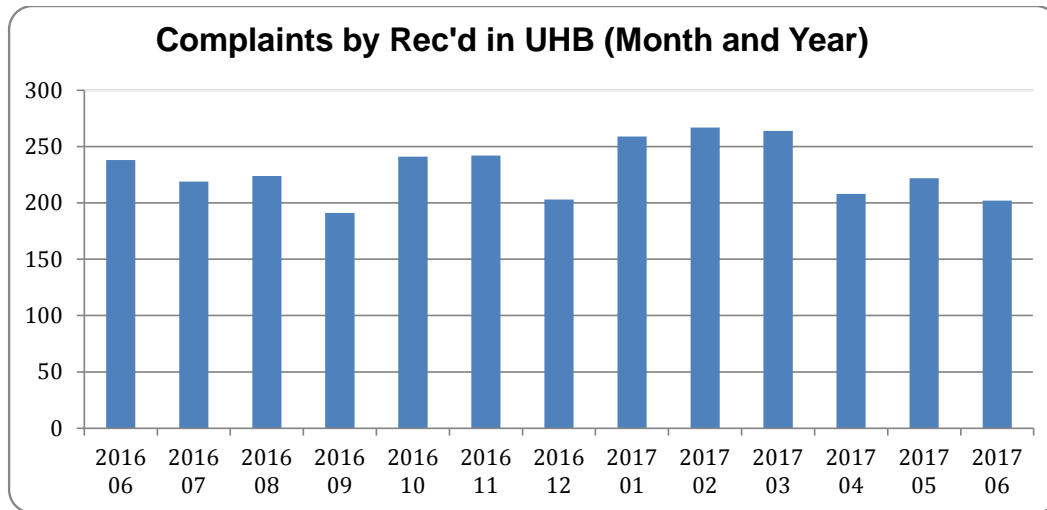
#### Performance Times

The Table below demonstrates the performance by Clinical Board.

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
<b>Clinical Board Dental</b>						
60% of concerns managed via informal resolution	NA	63%	90%	90%	100%	50%
Informal response time		60%	80%	67%	0%	0%
Conversion of informal to formal (< 5%)	0	0	0	0	0	0
% formal complaints responded to within 30 days	40%	0%	100%	100%	n/a	
<b>Clinical Board Mental Health</b>						
60% of concerns managed via informal resolution	6%	22%	25%	14%	12%	10%
Informal response time	0	50%	100%	100%	50%	100%
Conversion of informal to formal (< 5%)	0	0	0	0	0	0
% formal complaints responded to within 30 days	48%	38%	92%	58%	62%	

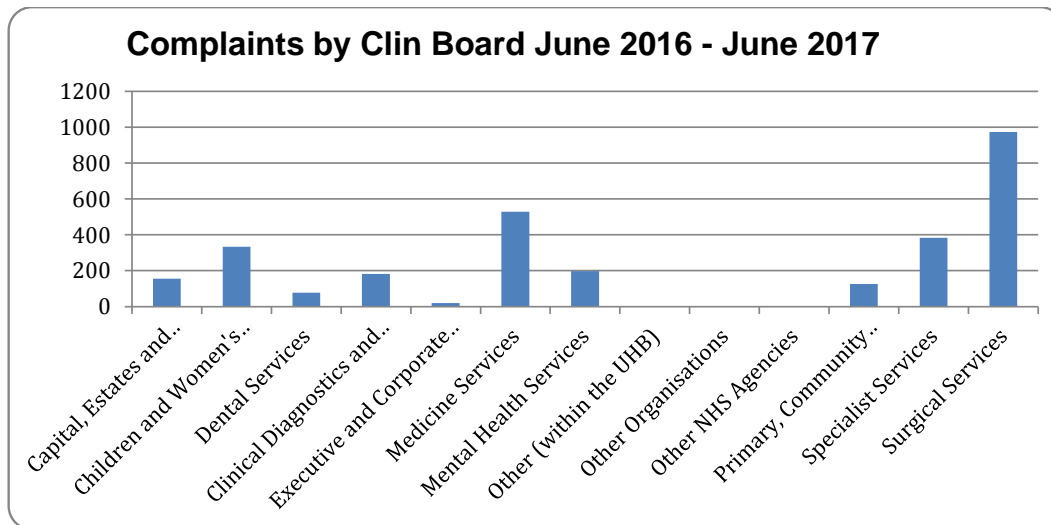
<b>Clinical Board Primary, Community and Intermediate Care</b>						
60% of concerns managed via informal resolution	34%	75%	16%	57%	50%	67%
Informal response time	0	100%	0	25%	50%	50%
Conversion of informal to formal (< 5%)	0	0	0	0	0	0
% formal complaints responded to within 30 days	50%	50%	71%	33%	67%	
<b>Clinical Board Surgery</b>						
60% of concerns managed via informal resolution	63%	53%	70%	68%	71%	70%
Informal response time	48%	62%	62%	67%	57%	54%
Conversion of informal to formal (< 5%)	1	0	0	0	0	2
% formal complaints responded to within 30 days	47%	43%	41%	38%	43%	
<b>Clinical Board Specialist</b>						
60% of concerns managed via informal resolution	75%	80%	65%	68%	63%	71%
Informal response time	78%	55%	62%	67%	65%	56%
Conversion of informal to formal (< 5%)	0	0	0	0	0	0
% formal complaints responded to within 30 days	32%	40%	62%	71%	67%	
<b>Clinical Board Clinical Diagnostics and Therapies</b>						
60% of concerns managed via informal resolution	60%	68%	83%	41%	67%	58%
Informal response time	100%	92%	70%	60%	42%	88%
Conversion of informal to formal (< 5%)	0	0	0	0	0	0
% formal complaints responded to within 30 days	83%	83%	89%	83%	83%	
<b>Clinical Board Children and Women</b>						
60% of concerns managed via informal resolution	40%	53%	47%	55%	42%	36%
Informal response time	40%	77%	60%	67%	60%	63%
Conversion of informal to formal (< 5%)	0	0	0	0	0	0
% formal complaints responded to within 30 days	26%	33%	71%	45%	50%	
<b>Clinical Board –Medicine</b>						
60% of concerns managed via informal resolution	57%	61%	62%	40%	53%	58%
Informal response time	61%	74%	70%	81%	74%	56%
Conversion of informal to formal (< 5%)	0	0	0	0		0
% formal complaints responded to within 30 days	16%	50%	42%	25%	32%	

During the period 1<sup>st</sup> June 2016 – 29<sup>th</sup> June 2017, the UHB received 2980 concerns. This relates to an average of 248 per month. Of these 58% were resolved informally.

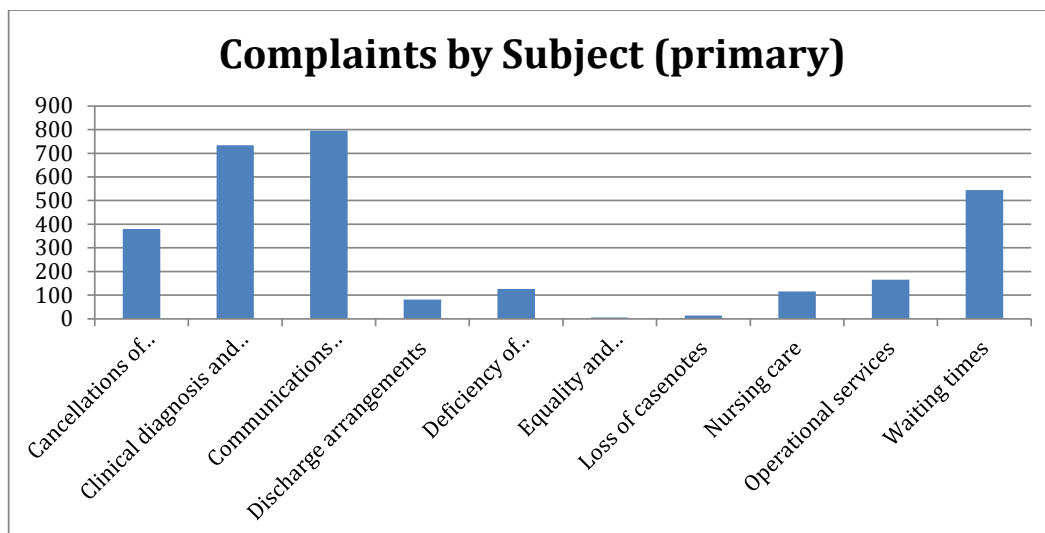


The Surgical Clinical Board continue to receive the highest number of concerns, however, a high volume of these concerns raised relate to waiting times and it is pleasing to note that they currently resolve over 70% of their concerns informally.

8



You will note from the graph below that the primary subjects continue to relate to communication, followed by clinical diagnosis and treatment. Waiting times and cancellations remain areas of concern.



Themes from 1<sup>st</sup> June 2016 to 30<sup>th</sup> June 2017 the highest number of concerns raised was in relation to communication as below and then clinical diagnosis and treatment.

Concerns included in the category of clinical diagnosis and treatment would include misdiagnosis which represents only 7% of this total. All other issues such as clinical care, exacerbation of symptoms, queries about treatment etc are grouped under the subject of clinical diagnosis and treatment. The limitations of the current concerns system do not support thematic analysis of this concern without reviewing each individual record.

With the advent of e-Datix for concerns the system will have the capacity to record more accurate data regarding subjects and multiple sub subjects of concerns. The e-Datix system for concerns is currently being developed with a plan to implement from September 2017.

#### Website development

The majority of concerns are received via email; however, you will note from the table below that there has been a huge increase in the volume of people accessing the Concerns Form (introduced in October 2016) on the website. This increase appears to be the result of the website being updated in April which is now easier to access and more user friendly.

Section of the website	February	March	April	May	June
Concerns Home	947	948	906	981	797
Concerns / Complaints	722	812	646	669	557
Putting Things Right	107	143	183	173	129
Advocacy	98	100	103	112	102
PALS				170	109
Compliments	503	550	613	475	523
Parking Appeals	98	91	102	75	52
Publications etc	56	59	70	75	54

<b>Documents</b>					
Concerns Form	11	12	74	268	212
Concerns Feedback form	13	11	17	32	20
PTR A5 Eng	48	53	70	76	45
PTR Large print Eng			12	16	9
PTR young people Eng			15	16	8
PTR A5 Welsh				10	8
PTR Large print ~Welsh				10	8
PTR young people Welsh				10	7

### How do we compare to our Peers?

At present there is no new All Wales data available regarding concerns.

### What are we doing?

We have a PALS team who support our informal concerns process and to ensure accessibility for patients, relatives, friends and staff, the PALS Team are based in the information centres at UHW, UHL and Barry Hospital for weekly sessions. This commenced in March 2017. The PALS Team are advertising their sessions at the information centres to encourage awareness and utilisation of this service.

The Team are engaged with an ongoing educational programme. Sessions are provided on all sites for all staff.

The sessions focus upon:

- ◆ Incident reporting.
- ◆ Informal Resolution of Concerns.
- ◆ Putting things Right - Breach of Duty and Causation.

### Communication

To assist in improving communication a number of actions are in place.

The values into action work continues, with the focus on demonstrating the Living with our values.

We are working with our patients to share clinical information with them and to improve both their understanding of their health and promote ownership of their responsibility in managing their health and maintaining their wellbeing. An example would be in areas where letters to GPs are shared with patients they have a greater understanding of their care. In areas where patients have access to their results such as Nephrology via patient view they help to actively monitor their health.

### Waiting times

The PROMS/PREMS work which is being undertaken in the UHB in some key specialties and has a focus upon enhanced use of primary care and risk stratification of patients who may require follow up. So that the decision to ask a patient to attend

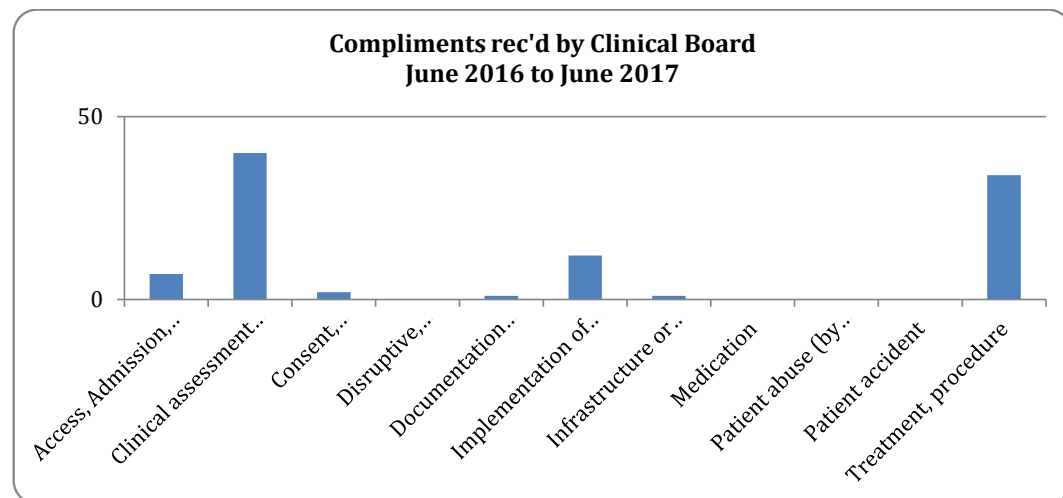
a follow up appointment is based on a clinical need rather than routine. The work develops consistent and equitable pathways to reduce waste harm and variation.

### Car Parking

The number of concerns received in relation to car parking at UHW has decreased with the introduction of the park and ride scheme. We will continue to monitor the number of concerns.

## How are we doing?

### Compliments



During June 2016 to July 2017, the Health Board logged 800 compliments. The Emergency Unit of the Medicine Clinical Board consistently receives the highest volume of compliments. We encourage staff across the Clinical Boards to forward any compliment cards/correspondence on to the Concerns Team so that we can capture all positive feedback. The number of recorded compliments for May and June is reflective of the usual amount received in March and April 2017. The Concerns Team had actively encouraged wards to share their compliments received by them directly and a significant increase was recorded.

### How do we compare to our Peers?

At present there is no reliable All Wales data available regarding compliments

At present there is no new All Wales data available regarding concerns.

### What are we doing?

We will continue to log and respond to all compliments received by telephone, e mail, letter and in person that are shared with the Concerns Team. All compliments are

shared with staff and the Executive Nurse Director writes to individual staff members, the clinical area and the person who has sent the compliment.

### How are we doing?

#### Ombudsman

The UHB has not had a section 16 public report since June 2015.

In this time period the Ombudsman chosen to investigate six cases in May and two cases in June.

### How do we compare to our Peers?

Ombudsman data from across Wales:

There were 702 cases closed across Wales in 2016-17, with 194 complaints involving Betsi Cadwaladr, 107 from Abertawe Bro Morgannwg, 102 from Hywel Dda and 93 from Cardiff and Vale.

- ◆ In 2016/17 there were 26 PSOW reports logged against Cardiff and Vale Health Board equating to 13% of the total amount of reports received across Wales. When broken down this amounted to:
  - 17 upheld or partially upheld reports
  - 9 reports not upheld

### What are we doing?

We develop and monitor an action plan to completion in relation to any Ombudsman recommendations. We review Ombudsman reports and disseminate any that have wider learning implications across the Health Board via the Quality and Safety meetings.

### Retrospective

#### How are we doing?

During June the Paediatric Radiology Department at the University Hospital of Wales undertook a patient satisfaction survey during an eight day period; completed by 70 patients. They assessed:

1. Booking and timing of appointment
2. Waiting area
3. The investigation
4. and overall experience.

#### Overall results were generally positive including:

- ◆ New department and waiting area well received

- ◆ 83% examinations performed on time/early
- ◆ 100% treated with dignity and respect
- ◆ Overall patient experience excellent in 85% (previously 70%)
- ◆ Staff excellent 90% (previously 82%)
- ◆ 100% of patients rated 8/10 (87% 10/10)

#### Improvement required in:

- ◆ Signage, parking and can we provide something more age specific for teenagers?

#### What are we doing?

**You Said We Did-the table provides examples of actions taken in relation to concerns (Incidents, Complaints and Claims)**

You Said	We did
Numerous parking concerns have been raised regarding the difficulty in appealing parking charges. No personal contact within private parking firms	Obtained local telephone number and contact name.
Patient raised concerns regarding delay in receiving a Gynaecology appointment for referral to IVF. Established that one clinic was using a system that had not been in use within the Directorate for some time and causing a backlog.	Assistant Health Records Manager informed to ensure this system was changed with immediate effect. Patients now make appointments at booking desk.
Patient raised concerns that he was not informed when he was in Atrial Fibrillation as he had been advised of this on a previous occasion.	Cardiothoracic Directorate/Consultant have agreed to look at whether formal guidance about relaying rhythm information to patients can be developed.
Patient surgery cancelled as echocardiogram results not viewed until day of surgery.	Echocardiogram request form now kept in the pre operative assessment.
A child had a misplaced nasogastric tube which was not identified prior to the tube being used. This was a Never Event.	A comprehensive investigation was undertaken and an extensive improvement plan is in place. A training programme has been implemented in conjunction with Cardiff University to train all existing Paediatric nursing staff in nasogastric tube insertion.  2 training mannequins have been purchased.

	<p>The original training DVD has been updated and is now available on the computer desktop of every ward in Children and Women's Clinical Board.</p> <p>The incident is being used as a case study for scenario-based training for medical staff.</p>
A patient had intra-arterial administration of medicine intended for intra-venous route in Interventional Radiology.	A comprehensive investigation was undertaken and an extensive improvement plan was devised. The incident highlighted that the ongoing work to address National Safety Standards for Invasive Procedures is of key importance and clinical engagement to this process is of paramount importance. A task and finish group is taking this forward.
An incorrect patient underwent a head CT scan. A patient with remarkably similar identifiers had fallen on the ward and experienced a delay in the investigation required as a result.	<p>A key contributory factor in this incident was the use of a folder with addressograph labels set out by bed number. Bed moves had not resulted in corresponding changes to the folder. Use of the folder ceased following the incident.</p> <p>The UHB is progressing work to achieve compliance with patient safety solutions from the former National Patient Safety Agency as electronically printed identification wristbands are not in place.</p>
A patient fell and sustained an injury on an inpatient ward. The investigation revealed that staff were not fully conversant with procedures following an inpatient fall.	<p>Bespoke falls-related training is in place in Mental Health Clinical Board and the importance of attending training was highlighted by this incident.</p> <p>Rotas are developed to ensure that there is always a member of staff on duty who has attended the training.</p>
Audit identified that cold chain procedures to ensure that medicines requiring refrigeration are stored correctly was in need of attention.	The Medication Safety Executive Group is taking forward work to address the findings across the UHB that were identified in the investigation.
A patient contracted Legionella. Investigation revealed that the patient had showered in an infrequently used bathroom.	The Health and Safety Executive issued an improvement notice to the UHB in relation to flushing of low water use outlets; documentation of the flushing regimen and audit procedures. This information has been shared across Clinical Boards to raise awareness of the importance of water safety procedures.

<b>ANNUAL QUALITY STATEMENT 2016-2017</b>	
<b>Name of Meeting</b> : Board Meeting	<b>Date of Meeting</b> : 27 <sup>th</sup> July 2017
<b>Executive Lead</b> : Executive Nurse Director	
<b>Author</b> : Patient Safety and Quality Assurance Manager - 029 2074 4018	
<b>Caring for People, Keeping People Well</b> : The Health and Care Standards underpin all elements of the Health Board's Strategy.	
<b>Financial impact</b> : This report carries a financial implication in the region of £2.5K for production of hard copy versions to be made available to patients, the public and staff and for Welsh translation.	
<b>Quality, Safety, Patient Experience impact</b> : The Annual Quality Statement provides the opportunity to inform the public of what action is being taken to deliver safe, effective, patient-centred care. Sections are aligned with the seven domains of the Health and Care Standards.	
<b>Health and Care Standard Number</b> : Applies to all standards.	
<b>CRAF Reference Number</b> : 5.1	
<b>Equality and Health Impact Assessment Completed</b> : NA	

#### **ASSURANCE AND RECOMMENDATION**

**ASSURANCE** is provided by:

- Internal Audit assessment is rated as substantial assurance..

The Board is asked to:

- **ENDORSE** the 2016 / 2017 Annual Quality Statement (AQS)

#### **SITUATION**

The purpose of this report is to present the Annual Quality Statement 2016-2017 for endorsement. The draft AQS was approved by the Quality, Safety and Experience Committee at its meeting on June 20<sup>th</sup> 2017.

#### **BACKGROUND**

NHS bodies are required to publish an Annual Report and accounts. An important element of this will be the publication of the Annual Quality Statement (AQS). Welsh Government has issued guidance on production of the AQS with an additional requirement that it should include the organisation's Wales for Africa disclosure.

The AQS is intended to provide an opportunity for the organisation to inform the public about what and how it is doing, including how it is making better use of resources to provide and deliver safe, effective and user/patient-centred services and care that is dignified and compassionate. The AQS is

not intended as a Board assurance document, although the Board must assure itself through internal assurance mechanisms, including its internal audit function, of the accuracy and triangulation of data and evidence to ultimately sign off the AQS.

Development of the AQS is subject to Internal Audit assessment and has been awarded substantial assurance.

The AQS for 2016/2017 is required to be published no later than 31<sup>st</sup> July 2017.

## **ASSESSMENT AND ASSURANCE**

Development of the AQS provides an opportunity for the organisation to let its local population know in an open and honest way how it is doing to ensure all its services are meeting local need and reaching high standards and to demonstrate the range of services provided by the University Health Board. In developing the AQS this year, a task and finish group was established and corporate leads identified in order to gather relevant evidence for each section.

Development of the AQS has also been carried out in partnership with the Community Health Council and also through engagement with the Stakeholder Reference Group, Action on Hearing Loss, RNIB Cymru and the Older People's Forums within Cardiff and Vale of Glamorgan so that they have had an early opportunity to influence the content and also to comment on an early draft.

In addition to the standard print version the Annual Quality statement is being produced in Easy Read and Clear Print versions and will be available in Braille on request.



# Contents

# Welcome from the Chair and Chief Executive

We are pleased to bring you the fifth Annual Quality Statement for Cardiff and Vale University Health Board (UHB) in which we will give you an overview of the work that has been undertaken in the past year, reflect on the commitments that we made in last year's Annual Quality Statement and acknowledge the work that is underway or is planned to meet our priorities. We are also proud to be able to showcase some of the fantastic achievements of 2016 2017 including success in the NHS Wales Awards, Royal College of Midwives Awards and the Understanding Disability Awards.

We are constantly working to improve the quality and safety of the services that we provide and the Annual Quality Statement will give you an open and transparent account of the successes and challenges that we have faced in the past 12 months. We work closely with Health Care Inspectorate Wales and the Community Health Council who help us to ensure that the care we are providing is of a high standard. We have systems in place that allow us to recognise when things go wrong and to help us to learn from these events.

We are very proud of the innovation shown by all of our staff when considering how best to deliver care. This year we have seen some excellent examples of how services can be delivered differently, often resulting in services being accessed closer to home. Cardiac services are now delivering heart failure clinics from General Practitioner (GP) surgeries and Audiology

services are providing many of their pathways in the community from diagnostic tests to treatment and monitoring.

The financial environment proved to be extremely challenging in 2016/17. The Health Board was unable to gain approval of its three year Integrated Medium Term Plan and instead it agreed a one year operational plan with Welsh Government. Despite incurring a significant deficit in 2016/17 the quality and safety of services provided by the Health Board has remained a priority.

If you would like more information about the quality and safety of our services then the Quality, Safety and Experience papers can be accessed: <http://www.cardiffandvaleuhb.wales.nhs.uk/quality-safety-experience-committee>



Maria Battle  
Chair



Len Richards  
Chief Executive

# Cardiff and Vale of Glamorgan Community Health Council

## The Local Independent Patients NHS 'Watchdog'



**During the past year we have undertaken the following activity relating to the Health Board and listening to Patients', Service Users and Carers who use their services.**

### Independent Advocacy – Cardiff & Vale UHB

**131** complaints handled with **163** individual subjects related to the following services GP Out of Hours, Community Services, Mental Health Services and Prison Healthcare.

The CHC uses the information from the users of the Advocacy Service and Continuous Engagement and other forums to focus its Scrutiny Visiting to NHS services.

### Scrutiny Visits

Visits are undertaken by CHC volunteer members to listen to the views of patients, carers, and the public on their experiences of using services.

**18** visits undertaken to various Wards and Departments in addition **13** unannounced visits were carried out. We also undertook **15** visits to Health Centres to establish a baseline assessment of NHS services being provided and are working with the Health Board action plan. We also took part in the All Wales Dementia "One Simple Thing" survey which had over 500 responses.

Members also completed **22** visits to all GP Branch Surgeries and received **1,476** completed surveys a 34% response rate, detailing the patients' experience. Report due to be published shortly. In addition **4** joint HIW / CHC inspections to GP surgeries.

### Continuous Engagement & Service Change

We have provided support and advice to the Clinical Boards on their engagement processes, utilising the co-produced service change flow chart. We have also utilised Social Media with **293 tweets, 358 Followers** and in excess of **2,130**

**impressions.** On our new Facebook group we have **125 followers.** We also attended the Cardiff Pride event and met with over **350 people** and received several referrals to our advocacy service.

The CHC has provided a patient input into this year's Health Board Annual Quality Statement and are confident the information provided is an honest assessment of the services it provides its local population. The CHC has endorsed the Annual Quality Statement for 2016 -2017.

Jill Shelton  
Chair

Stephen Allen  
Chief Officer

# Introduction

2017 has seen the 45th Anniversary of the University Hospital of Wales. In 1971 the focus for delivering health care was very much centred on secondary care or hospitals and we continue to see extensive activity undertaken in all of our hospital sites. However, as we witness the advancement and changes in technology as well as an increase in the number of patients that use our services we are working with our public, patients and staff to design and deliver services that can be delivered closer to home.

Our 10 year strategy, Shaping Our Future Wellbeing, identifies the need for us to deliver care closer to home for our patients wherever possible. In 2017 we saw the opening of a new state of the art renal dialysis unit, moving this service away from a hospital site to a more accessible area and this development, mirrors changes in the way we are delivering many of our services. There are further examples within this publication.

The vision of Shaping Our Future Wellbeing, (which has been produced together with staff, local communities and the voluntary sector) is that anyone in our community should have the same chance of a healthy life no matter where they live. This is an ambitious vision but one that we are committed to achieving. All of our Clinical Boards are taking forward their plans to support our strategy through their Intermediate Medium Term

Plans (IMTP). We have already started to make progress towards improving the health of our communities enabling people to live longer and healthier lives:

- We have fewer patients waiting for elective treatments than at any time in recent years
- We are able to provide the majority of cancer treatments in time
- Our primary and community services have made significant advances, including the establishment of seven days working for our community resource teams and a new pathway to help patients get the treatment they need more speedily and reliably.

The next steps to improving our vision include three key priorities. These are our Bold Improvement Goals (BIG) and this year we have made good progress against each of them.



**BIG 1** - Reorganising the way we use our medical inpatient beds in UHW to ensure that our patients receive the right care, in the right place at the right time and from the right people.

**Big 2** - Designing the perfect locality with the aim of caring for people and keeping them well at home as their first choice.

**Big 3** - Embarking on a three year programme of work to reduce waste, harm and unnecessary clinical variation.

The work underpinning these Bold Improvement Goals is highlighted further within the Annual Quality Statement.

This year we launched a project to identify a set of values which will guide the way all staff work and the way we behave with others. During 2016 and the early part of 2017, the project called Values into Action, was undertaken to hear from patients and their families about their experiences in our care. We engaged with almost 3000 patients and staff with the aim of improving the experience our patients have in our care and the experience of our staff working within the organisation. The feedback has helped us to develop a revised set of values and a clear set of behaviours that we expect to see and these include the expectation that staff will always be **Kind, Caring** and **Respectful** and will act with **Trust** and **integrity** and demonstrate **Personal Responsibility**.

## Our Values

## The Behaviours We Expect

<b>Kind and Caring</b>	<ul style="list-style-type: none"> <li>• Welcoming</li> <li>• Putting people at ease</li> </ul>	<ul style="list-style-type: none"> <li>• Valuing other people's time</li> <li>• Compassionate</li> </ul>
<b>Respectful</b>	<ul style="list-style-type: none"> <li>• Understanding</li> <li>• Attentive and Helpful</li> </ul>	<ul style="list-style-type: none"> <li>• Respectful</li> <li>• Appreciative</li> </ul>
<b>Trust and Integrity</b>	<ul style="list-style-type: none"> <li>• Listen</li> <li>• Clear Communication</li> </ul>	<ul style="list-style-type: none"> <li>• Teamwork</li> <li>• Speak up</li> </ul>
<b>Personal Responsibility</b>	<ul style="list-style-type: none"> <li>• Positive</li> <li>• Professional</li> </ul>	<ul style="list-style-type: none"> <li>• Excel</li> <li>• Keep Improving</li> </ul>

**Care** } **Trust** } **Respect** } **Personal Responsibility** } **Integrity** } **Kindness**  
*Gofal* } *Ymddiriedaeth* } *Parch* } *Cyfrifoldeb Personol* } *Uniondeb* } *Caredigrwydd*



# Treating People As Individuals

## In 2016 – 2017 We Said We Would

Develop a carers forum as part of our implementation of the social services and wellbeing act 2014 which puts the wellbeing of citizens, including carers at its heart



Young carers project support officers will work with schools to identify young carers at an early stage and put in place appropriate support mechanisms. This will be evaluated in March 2017



Develop more interactive and real time patients' feedback systems. For example use portable "smiley Face" machines on hospital sites and wards to gain some timely feedback



Improve access to the PALS (patient and liaison Services) informal concerns resolution team and ensure that where possible we provide timely and effective resolution to concerns



## How Do We Know

The forum has not yet been established but there is work underway between local authorities, the health board and the voluntary Sector to develop this. Carers Trust Wales is leading work to understand the range of services that are supporting young carers

.A young carers in school accreditation scheme is being trialled in 12 schools across Cardiff and the Vale of Glamorgan to ensure that young carers are identified, given support and signposted to suitable resources and services. It is hoped that this will them be extended to all remaining schools in the area.

The **Young Carers Speak Out** report can be accessed at:  
<http://www.valeofglamorgan.gov.uk/Documents/Living/Social%20Care/Looking%20after%20Someone/Final-Young-Carers-Survey-Report-by-CASCADE.pdf>

**Happy or Not** feedback machines are being used and allow service users to give us real time feedback  
 A kiosk will offer service users an opportunity to undertake a short survey and to provide any narrative

Since March 2017 the Patient Advice and Liaison Service (PALS) have been based in all 3 information centres for weekly sessions

## Virtual Blood Disorder Clinic

The development of a new blood disorder clinic has meant that patients are able to receive their care closer to home. Some patients were travelling up to 150 miles to attend a 15 minute appointment in Cardiff. The development of virtual clinics means that patients now have pre arranged telephone appointments to discuss their health and treatment.

One of our patients told us that the service is

*“amazing and saved me so much time and saved me having to come down to Cardiff”*

## Age Awareness

The physiotherapy department celebrated Older People’s Day by encouraging people over the age of 60 to increase their levels of activity to enable them to stay fitter for longer. The team carried out fitness assessments for staff and visitors in the

concourse at UHW and University Hospital Llandough, discussing simple ways of increasing activity levels as well as giving out a range of information on exercise classes in the local area.



*“I think I knew I should be doing more, but I had no idea how much exactly, and now I know, and I can do something about it. thank you.”*

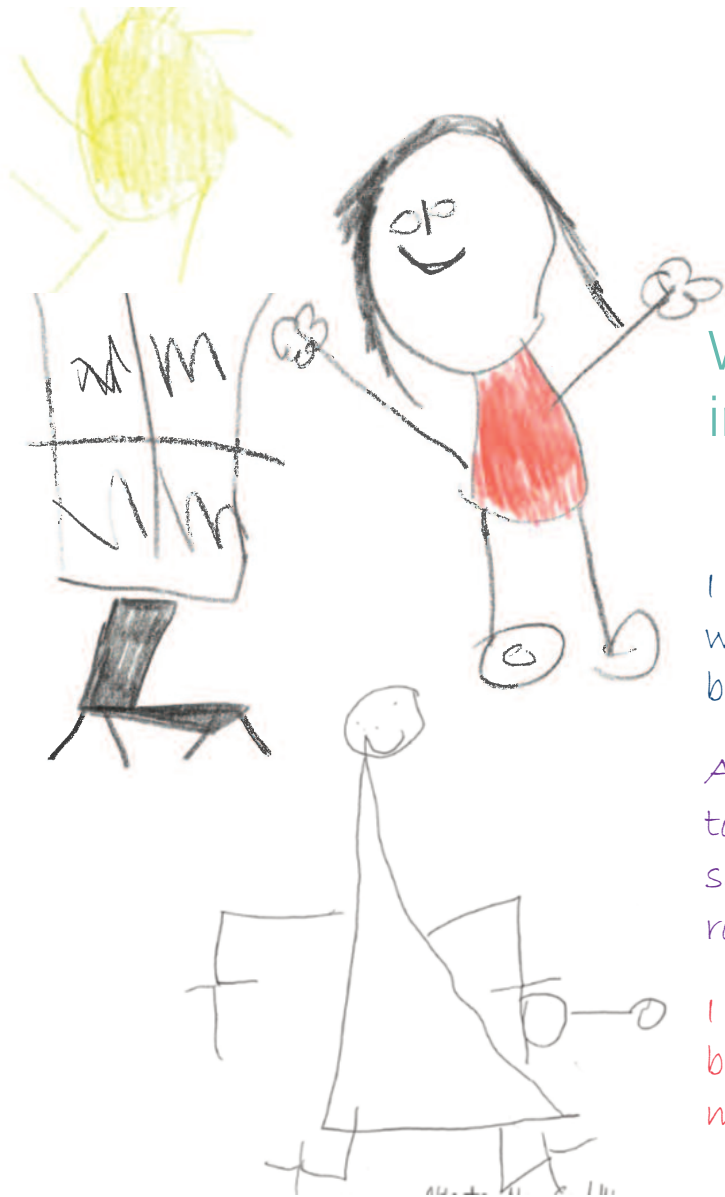
## Patient Experience

Nearly ten thousand surveys have been completed by patients during the past 12 months across all of our clinical areas. These surveys are very useful in informing us about how we are doing and helping us to identify areas where we could improve. Positive themes include:

- Staff attitudes and behaviours
- Healthcare in general, first class, excellent
- Positive communication and information sharing

Examples of where we can improve:

- Waiting times; too long to be seen, took 4 hours to find a bed
- Car Parking/Facilities e.g. nowhere to park, more toilets, lifts not working
- Poor communication, not informed of delays, not explaining medication
- Environment , for example noise



## We invite children to tell us about their experience in our services using words and pictures

*I love the playroom and play workers. I also love the courage beads.*

*All the nurses being very kind to me. Having a TV in my room so I could watch DVDs and a room on my own*

*I do not like being in hospital but everyone has been nice to me.*

### Concerns

By understanding why patients have raised a concern we can improve the quality of care and treatment provided to people using our services. During 2016-2017 we received 2701 concerns, and over 58% of these were informal complaints. The most common themes were about communication, clinical diagnosis and treatment, waiting times and cancellations, however, we have noted an increase in car parking complaints and the waiting times and cancellations in our Ophthalmology Clinics. The health board is undertaking a great deal of work to improve the way that patients are given appointments in Ophthalmology, and the way that visitors are able to access our hospital sites, details of this work are included later.

You Said	We Did
Lack of changing facilities in paediatric out patient department for children with additional needs.	Changing places are now available in the paediatric outpatients department
Patient rang and felt she was not being provided with any information while she was on the ward	It was arranged for the patients Consultant to go and see them to address all of the concerns.
Patient belongings were not put away properly because the wardrobe was broken	New wardrobes were provided

This concerns form is available on the Cardiff and Vale website, along with a feedback form that invites people to tell us how they found the complaints process.

<http://www.cardiffandvaleuhb.wales.nhs.uk/document/301984>

## The Patient Advice and Liaison Service (PALS)

The PALS team are able support people raising an informal complaint and have been based in the information centres since March 2017 for weekly sessions to ensure that they are accessible to patients and visitors. The team can be contacted on 029 2074 3301 or 029 2074 4095.

## Compliments

Compliments help us learn more about what we do well, and allow us to spread good practice. Along with our formal compliments, we also get numerous thank you cards and letters which are sent directly to clinical areas. We acknowledge and thank every individual that sends a compliment and we also ensure the staff and relevant areas are notified.

	2014 -15	2015-16	2016-17
Formal Compliments	558	740	645
Informal Concerns (resolved within 2 working days)	1324	1220	1583
Formal Concerns (requires some investigation)	1170	1079	1118

## Holocaust Memorial Day Service

This year the Holocaust Memorial Day was attended by approximately 40 people. Eva Fielding-Jackson retold her family's tragic, yet inspiring story. Like her, both of Eva's parents were deaf. Before they married they experienced the horrors of the Holocaust. She told how her father had survived seven different concentration camps, among them Auschwitz and Buchenwald. Following Eva's extraordinary address, candles of remembrance were lit for the victims of the six recognised genocides and the hospital community choir closed the emotional service.

## Real Time Patient Feedback

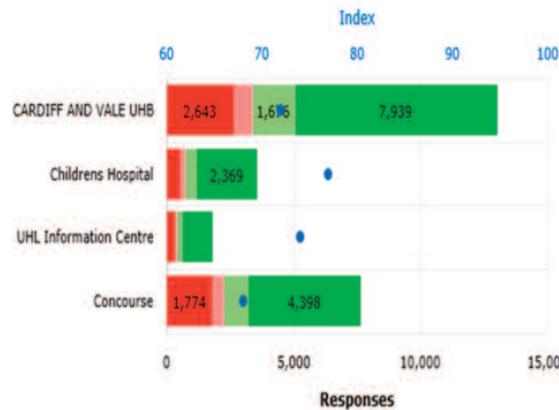
During February 2017 the 'Happy or Not' feedback machines were introduced into the Concourse at the University Hospital of Wales, University Hospital Llandough Information and Support Centre and the Children's Hospital of Wales. Since the introduction of the machines, during the first four weeks there have been 32,258 responses over the three sites and 75% of responses have been positive



## How was your visit today?

# 74% Positive

Total feedback: 12,992



## Vehicle Access and Car Parking



We have seen a significant increase in the number of people who access our sites in the past five years. Cardiff is one of the fastest growing cities in the UK and this results in higher levels of traffic. In

2016 a traffic survey undertaken in UHW identified that over 15,000 vehicles drove onto the site each day, almost half of these vehicles remained on the site for less than 5 minutes. Despite there being 3,121 car parking spaces at UHW and 1,617 at UHL in addition to parking at all of our other hospitals and clinics, we still have a shortfall.

Work is underway to find a long term solution to the problems of congestion and parking, much of it undertaken jointly with the Local Authority.

- Ensuring that parking facilities in St David's Hospital and Barry Hospital are protected for the use of patients, visitors and staff using those sites.
- By closing the road in front of the Emergency Unit to all but emergency vehicles and buses we have been able to ensure that Ambulances are able to access the unit without a delay

- The Pentwyn Park and Ride started in May 2017 and has meant that people accessing UHW site have an inexpensive and fast alternative to parking on the UHW site.
- The proposed development of a Bus Hub on the UHW site will mean easier access to the hospital by public transport. The Hub will also include cycling facilities including secure bicycle storage and shower facilities.
- Changes to the traffic light timings outside UHL at peak times has meant reduced congestion on the site.
- Consideration given to alternative ways and locations to deliver outpatient appointments clinics.

## Sensory Loss



In 2015 the Community Health Council in partnership with Royal National Institute for the Blind and Action on Hearing Loss undertook a review of services for people with sensory loss. Following this, a Sensory Loss Group was formed to ensure that sensory loss matters are being addressed across the Health

Board. The following examples of excellent work have been undertaken:

- Sensory Loss leads and champions have been identified within each of the Clinical Boards
- The University Dental Hospital in Cardiff has recently installed hearing loop systems in all its reception areas, making it easier for those with hearing impairments to communicate efficiently
- Best practice has been shared across the Clinical Boards e.g. Tips for Communicating with a Service User who has a Sensory Loss briefing

## Annual Paediatric Memorial Service 2016

The Annual Paediatric Memorial Service offers families who have loved and lost their beloved children, to come and reflect on the memories they created as a family. Each family is sent a gold star before the service, which they can decorate, and bring to the service where they can then place it on the Christmas Tree which is then lit, reminding them of the light and joy their child brought into their lives. For many families, this service allows them to have a Christmas celebration with the child they have lost

## Radiology

The new Radiology reception area has been designed along with RNIB Cymru to ensure that it meets the 'Visibly Better' design standard. The area has been designed to improve accessibility by ensuring that surfaces, colour schemes, light levels etc meets the needs of those with visual loss.



To read more about the RNIB Design Standards visit:

<http://www.rnib.org.uk/wales-cymru-how-we-can-help/designing-accessible-housing-and-buildings>

# Timely Care

## In 2016 – 2017 We Said We Would

Improve performance for our elective patients waiting more than 36 weeks



Reduce waiting times for cancer



Improve waiting times for patients waiting for diagnostic procedure



Play an active role in the National Planned Care Programme



Ensure our emergency care services can respond to local needs, including considering alternative models of care and providing more services in our communities to facilitate early discharge from hospital or prevent the need of a hospital admission



## How Do We Know

There were 452 fewer patients waiting more than 36 weeks for treatment this March compared to last - a 28% in-year reduction and the lowest number of patients waiting more than 36 weeks for six years

- The Health Board met both national cancer targets in March 2017 - for the first time since November 2013.
- We have seen continuous improvement in performance for patients on the 62 day urgent suspected cancer pathway this year. We have treated 167 more cancer patients on the pathway in 2016/17 and 270 more within the 62 day target.

There were 1,012 fewer patients waiting greater than 8 weeks for diagnostic test in comparison to last year - a 36% in-year reduction and the lowest volume waiting greater than 8 weeks since November 2011.

The Health Board is represented and plays an active role in all of the National Planned Care speciality boards and the Outpatient Transformation steering group. The main focus of our work is balancing demand and capacity and pathway improvement.

We have implemented a number of improvement initiatives in 2016-17 to improve performance and ensure our emergency care services can respond to local needs.

Some examples are:

- Commissioning of three additional resuscitation bays into service
- Commissioning of an Ambulatory Emergency Care (AEC) unit in UHW, thereby further refining our 'front door' streaming processes
- In conjunction with the Welsh Ambulance Services NHS Trust, development of a number of new Emergency Unit attendance avoidance pathways

We are considering future roles for Mental Health Care support workers and Mental Health Nurse Practitioners



- Moving to 7 day working across a number of medical specialties and within Community Resource Teams
  - Improved resilience in our Primary Care GP Out of Hours service
- In conjunction with our partners, agreed and implemented an Integrated Winter Plan. This provided additional resilience this year resulting in better performance this winter compared to last

New roles have being developed, such as the Hospital Flexible Resource Team and Dementia Navigators. Mental Health Nurse Practitioner roles are being developed in partnership with Primary Care to work in GP Clusters in assessing and signposting to appropriate services.



## Intermediate Step Down Care **BIG 1**

We know that patients who are unable to return home after a stay in hospital or patients who need extra support to enable them to return home, can remain in hospital for a long time after they are medically fit to be discharged .Last year we trialled a new way of caring for these patients. Those who were medically fit were transferred to a 19 bed ward where they were looked after in a safe and caring environment while plans were made for their discharge. This meant that beds on acute wards were made available for patients who were unwell and needed more acute care. Because the patients were well, activities were arranged every afternoon, something that is often not possible on the acute wards. Activities including afternoon tea, Tai chi and Bingo were enjoyed by many of the patients.

*They took the time and trouble to get to know each person*

*"My Father has dementia and doesn't understand where he is ,it is very comforting for the family to know that he is not just sitting by his bed but is being encouraged to interact with other people and try new things."*

## Elective Care

Measure	March 2016	March 2017
Referral to Treatment Time: No. of patients waiting > 36 weeks	1598	1146
% of patients on an urgent suspected cancer pathway and with confirmed diagnosis of cancer treated within 62 days	79.00%	95.37%
% of patients on an non-urgent suspected cancer pathway and with confirmed diagnosis of cancer treated within 31 days	94.90%	98.79%
Number of patients waiting over 8 weeks for a diagnostic test	2849	1837

## Unscheduled Care

Measure	2015-16	2016-17
% of people waiting less than 4 hours in EU	81%	84%
Number of people waiting more than 12 hours in EU	1098	685
Number of patients delayed from being transferred from a hospital bed to their next stage of care	<b>March 2016 - 107</b>	<b>March 2017 - 58</b>

## Prostate Cancer

The urology department won an NHS Awards for a project aimed to reduce the amount of time that patients with suspected prostate cancer waited from referral until the time that they received treatment. By changing the order in which tests and investigations occurred and by changing the clinic timetable the team successfully cut waiting times from 90 to 61 days. The project was also successful in reducing the number of unnecessary investigations that patients might have previously had to undergo.

## Community Cardiology Clinic

Two community clinics for patients with suspected heart failure are being run from GP practices in Cardiff. All tests to diagnose heart failure are undertaken at the initial appointment and patients who are diagnosed with heart failure are followed up in cardiology services based in UHW while the remaining patients are referred back to their GP.

## Audiology

Until recently patients were often seen in Ear Nose and Throat clinics before being referred to the audiology department. This pathway has changed and now all referrals are reviewed and where appropriate patients are offered appointments directly with audiology services. This has meant that 78% of patients now attend one appointment rather than two and patients with tinnitus wait 4 weeks rather than 26 weeks to be seen. Many of the appointments are delivered in a community clinic meaning that at present 6500 patients are seen closer to home and plans to duplicate this services in another areas of Cardiff will mean that a further 17000 patients will no longer have to come to UHW for their care.

## Hearing Aid services

Over 11000 patients per year attend UHW and West Quay for hearing aid repairs, servicing and replacement. Until this year these appointments

were only available by appointment. Since February patients needing to access hearing aid services no longer need an appointment and are able to turn up to clinics 5 days a week. Over 200 patients are seen each week with no more than a few minutes wait. Earlier this year this service was extended to allow two days of open access clinics in the Vale of Glamorgan.

## Community Resource Teams

The Community Resource Teams increased the provision of their services to provide care and therapy to patients in their own homes over seven days a week (moving from a five day service). During the first 12 months operating as a seven day service between December 15 – December 16, the teams supported a total of 457 patients at the weekend, enabling hospital discharge or providing support to prevent admission to hospital on Saturdays or Sundays.

# Staying Healthy

## In 2016 – 2017 We Said We Would

Create 6 growing centres (fruit and vegetables) in City of Cardiff Council Hubs. We will develop a plan to create growing spaces in each of the 6 neighbourhood partnership areas, growing up to 200 fruit trees and training 60 community members to propagate plants in Cardiff

Support Older people to live well. We will continue to develop the provision of strength and balance classes for older people to help prevent falls. We will deliver and evaluate the “Citizen Driven Health” project, to support older people to remain living independently in their own home through accessing services and support from volunteers to achieve their goals and ambitions.

Ensure any new UHB facilities are designed and built to support and promote the health of staff, patients and visitors and encourage healthy lifestyles and sustainable transport. This will be done by carrying out health impact assessments on all new designs which are submitted for capital funding

Increase the number of people aged 65 and over who are screened for risk of falls when accessing Unscheduled Care



## How Do We Know

There are plans to develop and deliver a 10 month community training programme, family and community and school engagement days and an “apple a day campaign” with the aim of planting 1000 apple trees and fruit bushes across Cardiff.

There are now 14 strength and balance classes running across Cardiff & Vale, attended by approximately 120 people every week.

“Citizen Driven Health” (CDH) was delivered and evaluated demonstrating that older people improved their health and wellbeing through being supported to remain living independently and accessing services and support from other organisations.

Discussions with Estates have progressed with a view to ensuring that the health impact of new facilities is considered as part of the Equality and Health Impact Assessment process. The aim is to support healthy lifestyles including active travel and access to healthy foods.

All patients aged over 65 attending Unscheduled Care are screened for falls risk if they have fallen or are at risk of falling.

Deliver Making Every Contact Count (MECC) training to public and third sector staff so they can engage their patients and clients in 'healthy chats'

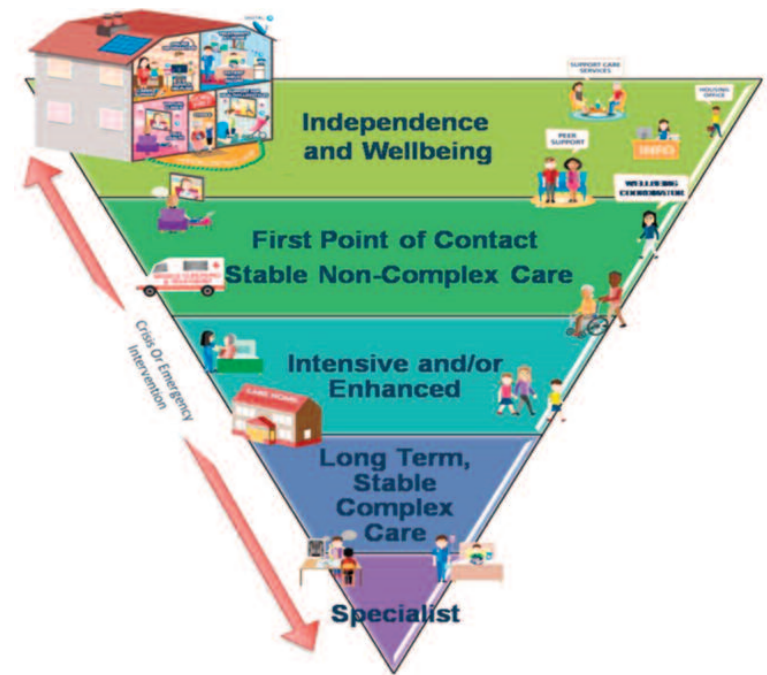


Over 1300 people have received training since MECC was introduced in Cardiff and Vale. Training has been delivered to staff in health service, third sector, local authority and wider public sector organisations. Within the health board MECC is included in plans to support staff health and wellbeing. We have also contributed to the development of MECC across Wales working with other health board public health teams and Public Health Wales.



## Health and Wellbeing within our Localities - BIG 2

We are looking at how facilities within our community can be best arranged to support health and wellbeing. We know that this does not stop with health and social care providers, the third sector and wider community plays an important part in supporting health and wellbeing. One of the options being considered is the development of Community Hubs that provide access to community services and resources to improve health and wellbeing. It is anticipated that as well as incorporating health services including pharmacy, outpatient clinics and diagnostic services there will also be independent living services, information and advice services, library services, computers and a cafe as well as meeting rooms.



## Staff flu immunisation

All staff who have direct patient contact are encouraged to get the free flu vaccine every year, to protect patients under our care. More staff have been vaccinated each year for the last 5 years and in 2016-17 over 50% of our staff were vaccinated. We had over a hundred Flu Champion vaccinators throughout the Health Board who helped vaccinate their colleagues. There were some really good examples of team working across the Health Board to increase uptake. We don't plan to rest on our laurels though – we are already planning how to further improve uptake among staff in 2017-18.



## Healthy and Sustainable Pre School Scheme

The Healthy and Sustainable Pre School Scheme aims to promote the health of pre-school aged children, their families and carers by working through the childcare settings they attend. The scheme has been running in the Vale of Glamorgan since 2012, and encourages positive health behaviours in children from the very earliest age, that they will continue throughout their lives. Childcare organisations are required to collect evidence to show progress across a variety of topic areas such as nutrition and oral health, physical activity and active play, mental and emotional health, well being and relationships, environment, safety, hygiene and workplace health.



## Slippers for Christmas

With around 500 people aged over 65 attending Cardiff and Vale's Emergency Unit for falls each month, a new campaign was designed to remind people that falls are preventable and are not an inevitable part of ageing. Old, worn or ill-fitting slippers are one of the main causes of falls in older people, so Slippers for Christmas aimed to encourage people to buy new slippers for their loved ones. The campaign was hugely popular, with members of the public, the media and other health boards across Wales showing their support. It also had backing from politicians and sporting stars and reached over 100,000 people on social media.

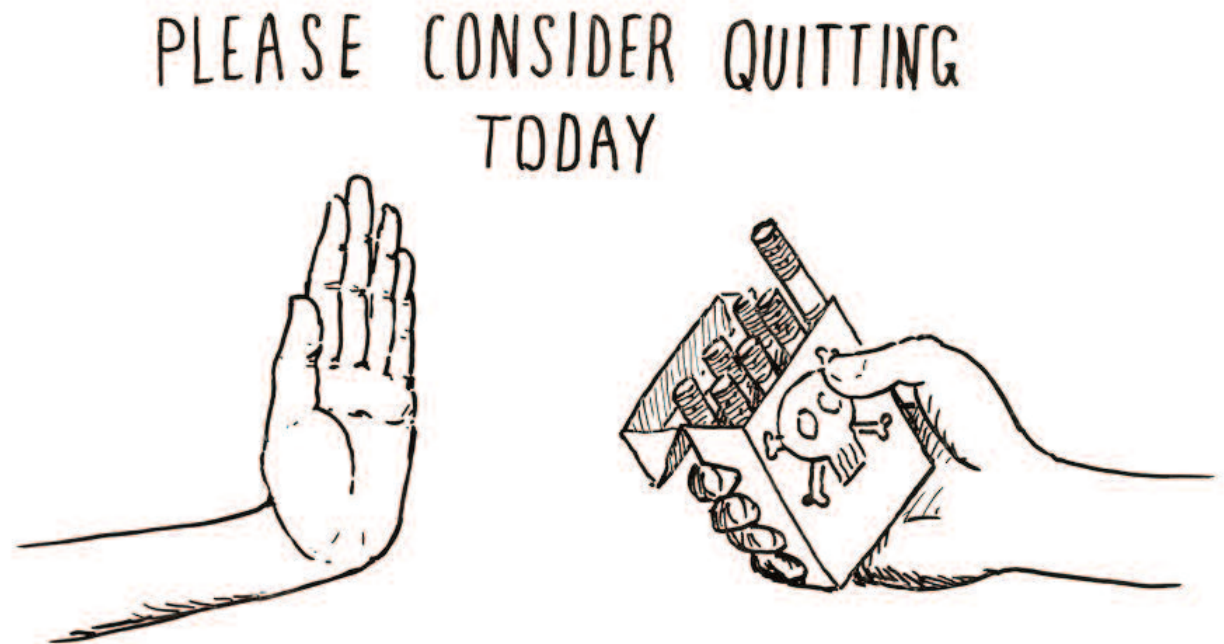


## Food and Fun

Food Cardiff rolled out its Food and Fun programme in summer 2016, following its successful pilot in 2015. The programme delivered healthy meals, physical activity and nutrition education to children in areas of social deprivation during the summer holidays. It was designed to ease the pressure on families who may face extra challenges during the school break, especially those in receipt of free school meals during term time. The programme in Cardiff was so successful that it was adopted by four other local authorities across Wales, including the Vale of Glamorgan, culminating in Welsh Government pledging £500,000 to fund similar programmes.

## Stop Before Your Op

Dr Anthony Funnell, an anaesthetist at University Hospital of Wales, developed an animated film called 'Stop Before Your Op' to encourage people to quit smoking before planned surgery. The video aims to maximise successful surgery by offering weight-loss and smoking cessation support to patients. As well as attracting attention on social media, the film was also shared by media partners including Wales Online and featured in a segment about smoking on ITV Wales News. It was also



supported by Stop Smoking Wales and other health boards across Wales, who shared the film through their social media channels. The film provoked conversations on Facebook, with patients sharing their success stories around weight-loss and smoking cessation.

Stop Before your Op' Can be viewed on YouTube

<https://youtu.be/V61v6BXg8aw>

# Effective Care

## In 2016 – 2017 We Said We Would

Develop a 24 hour emergency helpline for children with diabetes and their families



Develop a clinical audit programme that will give us assurance around the quality and effectiveness of the care that we deliver and will inform quality improvement in all clinical boards



Stroke services will enhance their rehabilitation and discharge processes by increasing the number of Rehabilitation assistants



## How Do We Know

This work is being undertaken by the Diabetes and young person's network and is ongoing.

In 2016 /17 clinical audits were undertaken to give us assurance around the safety and quality of our services and we took part in the National clinical audit programme.

A successful pilot was completed and work is underway to secure the necessary resources to be able to continue this work

## Cancer

Our Cancer Delivery plan has been developed to allow us to provide care to meet the needs of people at risk of Cancer or diagnosed with Cancer. Cancer prevention is an important part of the plan and public awareness campaigns are being run to inform people about smoking, obesity and alcohol intake. Cancer screening rates have improved in breast and bowel cancer; however, there are lower numbers of women having cervical screening in socially deprived areas of Cardiff and the Vale but there is work underway to raise awareness of the importance of screening in these areas.

## Stroke

There are approximately 900 incidence of new strokes in Cardiff and the Vale of Glamorgan each year and more people are surviving each year.

- Over 50% of people discharged from the Acute Stroke Ward go home with Early Supported Discharge.
- Code Stroke is a system that activates a dedicated team of health professionals to attend to a patient as soon as they come into the emergency unit with a suspected stroke.

## Liver Disease

Over the past 10 years the number of cases of liver disease has increased by half, this is because of increasing alcohol intake, obesity and hepatitis. Changes to the way that services are organised means that patients are waiting less time to be seen in specialist outpatients clinics.

You Can read our Delivery Plans at:

<http://www.cardiffandvaleuhb.wales.nhs.uk/delivery-plans>

## Clinical Audit

Clinical audits are a way of measuring the quality of the care that we provide. Each year we take part in the National Clinical Audit programme; this programme helps us to understand the quality of the care we are providing and how we are performing in comparison to other hospitals in UK. We also undertake many audits within other clinical areas to ensure that they are effective and safe. Some examples of the results and improvement actions that have resulted from National Clinical Audits are included below:

Many of the National Clinical Audit Reports can be accessed at

<http://www.hqip.org.uk>

National Audit	Results	Actions
<b>National Hip Fracture Database</b>	Our patients are staying in Hospital longer than many other UK hospitals, however, we have seen a sustained improvement over the past three years	A frailty team comprising specialist nurses and orthogeriatricians undertake a daily review of patients care to ensure that all elements of their acute care and rehabilitation are occurring at the right time.
<b>National Neonatal Audit</b>	Not all pre term babies were receiving a developmental assessment at 2 years to ensure that developmental milestones were being met.	A clinic has been set up and Consultants, Paediatric Physiotherapists and Senior Nurses have received training to ensure that we can meet this standard
<b>National Primary Care COPD Audit</b>	We needed to ensure that all health professional who were diagnosing COPD were trained and competent to do this.	Our respiratory centre is now an accredited training centre and it is expected that by December 2017 75% of GP practices will have at least one member of staff trained in diagnostic procedures.
<b>National Primary Care Diabetes Audit</b>	Some patients living in areas of greater social deprivation were not achieving the necessary health targets.	A structured programme of education for black and minority ethnic populations is being delivered. A diabetic specialist Nurse has been appointed to work in the City and South GP cluster.

## Neonatal Services

A brand new neonatal unit has been built that offers more space and capacity to care for more babies.

In 2015 the spread of an infection led to the closure of the existing unit. Following the infection an independent expert review was undertaken to examine the management of the process. This has been discussed at the Quality, Safety and Experience Committee and there is an action plan in place to address the recommendations, many of which have already been achieved.

You can read the external neonatal report at:

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Independent%20Review%20-%20AB%20Outbreaks%20Aug%20and%20Nov%202015.pdf>

## Dialysis Services

258 patient receive Renal Dialysis within the Cardiff and Vale dialysis units each week. This year the Cardiff South base has moved from Cardiff Royal Infirmary to a bright and modern unit on Penarth Road. The new base is more spacious and patients attending the unit are able to control the temperature of their individual treatment areas. This is important as previously patients have told us that they felt cold when they received dialysis. In response to feedback from patients using the dialysis unit we have worked with our partner agencies to ensure that patients are able to travel to and from the unit as quickly as possible.

## Falls

Physiotherapists have been supporting patients in the community who are at risk of falls to undertake a six month Individualised Strength and Balance Programme. The patients undertake a programme of exercises designed to strengthen muscles and to improve balance, they are assessed

and reviewed at regular intervals throughout the six month programme. The programme has been successful in reducing the number of times that these patients fell by almost two thirds from the six months period prior to the exercise programme. The programme has also been successful in reducing the numbers of Emergency Unit attendances

## Paediatric Diabetes

This year a diabetes school educator was appointed to work with Schools in Cardiff and the Vale of Glamorgan to ensure that staff had the knowledge and skills required to support children with diabetes. In the first 5 months the school educator visited 103 schools to give training, education and support to staff, children and parents. The service has meant that schools are more confident in managing diabetes including acute complications eg low blood glucose levels, giving insulin and carbohydrate counting. This has meant that more children with diabetes are participating safely in all elements of school life including playing sport and going on school trips'



## Reducing Variation in Eye Care and Musculoskeletal services - **BIG 3**

The aim of BIG 3 has been to create better outcomes that matter to people and to provide safer and more effective care. This work has started with two areas, eye care and musculoskeletal service (MSK).

### Eye Care

This year work has started to develop the way that care is provided to patients with Age-related Macular Degeneration (AMD), cataracts and patients with oculoplastic needs (surgical procedures that deal with the eye socket, eyelid, tear duct and face). We want to ensure that the right people are looking after these patients at the different stages of their diagnosis, treatment and monitoring. We also want to, where possible, reduce the number of times that eye care patients have to attend appointments by ensuring that all of the right people and right services are available at outpatients clinics. By developing the way that information is shared between GPs, secondary care and community Optometrists we can avoid repeating tests and patients having to attend appointments unnecessarily.

### MSK

This year we have started a project to ensure that people who are referred to our musculoskeletal services are seen by the right people in the right place at the right time. We know that some our patients have had to wait longer than they should while others receive their care quickly. The project will mean primary care and secondary care services working closely together to ensure a fairer and more equitable referral system that allows all patients to be seen with the shortest possible wait and are seen by the most appropriate clinician. Alternative settings for these services are also being considered to allow this care to be provided closer to home.

In September 2016 Healthcare Inspectorate Wales undertook a thematic review of Ophthalmology services across Wales. You can access the Cardiff and Vale UHB improvement plan resulting from the inspection at:

<http://hiw.org.uk/docs/hiw/reports/170524cardiffandvaleopreviewen.pdf>

# Safe Care

## In 2016 – 2017 We Said We Would

Complete the development of the Quality and Safety Framework



Establish a Patient Safety Alerts Group to deliver compliance



Further develop the Electronic Mortality Review Tool (EMAT) to include mental health patients



Establish a process for the Chief Executive to meet with clinical teams after a Never Event



## How Do We Know

This has been achieved and was published in April 2017 at the Quality, Safety and Experience Committee.

Details of the framework are explained in the Moving Forward chapter of the Annual Quality Statement

A Patient Safety Alerts Group has been formed to ensure that the health board is responding appropriately to Patient Safety Alerts.

EMAT has now been developed to allow it to be used in mental health services.

The Surgical Never Events were presented to the Executive team along with the Welsh Government Delivery Unit to discuss the learning from each investigation. There will be opportunities to further strengthen this process with our new Chief Executive.

## Infection Control;

Preventing and controlling infections is a key priority for us. Some infections can be very serious such as blood stream infections related to Methicillin Resistant Staph Aureus/Methicillin Sensitive Staph Aureus and Clostridium difficile (C-diff), which can cause severe diarrhoea. In 2016 some Clinical Boards achieved 6 months free from MRSA blood stream infections, however, since

December 2016 we have seen a number of cases across several of our Clinical Boards. The Health Board has continued to achieve a reduction in the numbers of C'difficile and Staph. aureus but have unfortunately we did not achieve the reduction expectations set by Welsh Government, narrowly missing the C'difficile target by 2 cases and the Staph Aureus target by 42 cases. This year a new target to reduce E-Coli has also been introduced. Much work is underway to prevent infections including standardising the way and the

equipment we use to undertake some common procedures eg using sterile packs when we insert cannulas into patient's veins as well as the rollout of Blood Culture procedure packs across the Health Board. Some of our policies have also been updated this year and will result in more patients being screened and swabbed when they are admitted into one of our acute hospitals. Our regular spot check audits will also continue to ensure that expected standards are being met

## Safer Chemotherapy Prescribing for Children

An electronic system of prescribing chemotherapy for children is now being used. The system minimises the risk of error by ensuring that the correct type and dose of chemotherapy is prescribed and allows clinicians to safely access blood test results regardless of where the tests are taken. This is important as the Noah Ark Children's Hospital of Wales looks after patients from across South Wales.

## Endoscopy

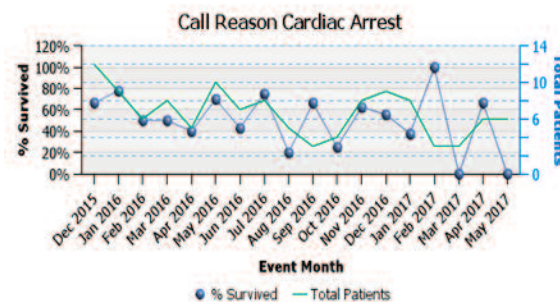
An endoscopy is where a long thin flexible camera is used to look at the digestive tract; it can be one of the investigations undertaken if a patient has suspected cancer. The number of people being referred for endoscopies is increasing and as a result waiting times are getting longer. Unfortunately during 2016 -2017 it came to light that a number of patients had not been seen or followed up in a timely way. To make things safer, the clinical team are reviewing the waiting list to ensure that those at greatest risk are prioritised. Improved communication with GPs has meant that patients are kept informed of the waiting times and that patients can be reviewed if their

symptoms change. In addition to this nurses are also being trained to perform some endoscopies so that patients can be seen more quickly.

## Resuscitation

Unfortunately it is inevitable that some patients within our wards will have a cardiac arrest due to the severity of their condition. After each cardiac arrest the emergency care given is reviewed, to ensure that the deterioration of the patient is recognised early enough and that the best care and treatment is given prior to and during the cardiac arrest. This has meant that 52% of patients survive a cardiac arrest within the health board as opposed to 18.4% nationally.

The graph shows the number of patients who survive a cardiac arrest and go on to be discharged.



## Sepsis

Sepsis is caused by the body's response to severe infection and can lead quickly to death if untreated. It is thought that at least 44,000 people die each year from Sepsis in the UK. This year we have run 4 Sepsis simulation days, teaching clinicians how to recognise and treat Sepsis quickly and effectively and have launched a new Sepsis Inpatient Screening and Action Tool to support clinicians in recognising and reacting to Sepsis within the hospital settings. We have made more sepsis trolleys available on our wards containing all of the equipment and drug therapy required to treat a patient with sepsis and we are involved in a joint project with primary care and Welsh Ambulance Service to support pre hospital recognition and antibiotics for 999 patients with severe sepsis.



## Patient Safety Incidents

During 2016 – 2017 staff reported over 15,000 patient safety incidents. The majority of these incidents were no or low harm incidents, which is similar to other health organisations. We reported 238 incidents to Welsh Government due to their serious nature. While this is a small proportion of all incidents reported, a great deal of time and effort is taken in investigating them thoroughly to ensure that lessons are learnt and improvements are made.

Patient Safety Incidents	Actions
Reduction in the level of harm following injurious falls	A Falls Group has been set up. This allows the health board and partner agencies to work together to ensure that we are preventing falls from occurring whenever possible and to ensure that everyone living in Cardiff and the Vale of Glamorgan can access the same support to reduce their risks of falling.
Pressure damage that has occurred as a result of health care.	There is work underway to review the way that Pressure damage is prevented, identified and managed
Identify themes and trends from reported medication incidents to ensure opportunities for learning are identified	There is a Medication Safety Group that reviews serious medication errors and trends. A Safety briefing is issued to staff several times a year.
Unexpected Deaths	There are many processes in place for us to review and understand the care that patients are given so that we can understand why they might have died. We work closely with HM Coroner and implement actions when there are lessons to be learned. We also work very closely with colleagues in the police, education and social services following the unexpected death of a child in hospital or in the community

Never Events –A number of serious incidents are classed as ‘Never Events’. These are serious and largely preventable patient safety incidents. We reported 7 Never Events between April 2016 and March 2017; some of these incidents continue to be investigated. The work we are taking through the National Safety Standards for Invasive Procedures (NatSSIPs) will help us to put even stronger processes in place to prevent incidents occurring again in the future.

Some examples of actions we have taken include:

Never Event	Causes and Contributory Factors	Lessons learnt
Wrong tooth extraction	<ul style="list-style-type: none"> <li>• Failure in pre procedure checks</li> </ul>	<p>By undertaking a set of formal checks before, during and after a procedure the risk of human error is reduced. These checks are being reinforced in areas where they are already used and introduced to dental services.</p> <p>We will undertake audits to ensure that we are adhering to these checks.</p> <p>To read more about the WHO safety checklists visit:  <a href="http://www.who.int/patientsafety/safesurgery/checklist_implementation/en/">http://www.who.int/patientsafety/safesurgery/checklist_implementation/en/</a></p>
Retained foreign objects	<ul style="list-style-type: none"> <li>• Failure in swab counts</li> </ul>	
Wrong site surgery	<ul style="list-style-type: none"> <li>• Failure in pre operative checks</li> </ul>	

## WHSSC

Welsh Health Specialised Services Committee (WHSSC) is a Joint Committee of the seven Health Boards in Wales. WHSSC works closely with the Health Boards to ensure that any specialised service commissioned is of a high standard and that there are no concerns identified from a quality perspective. They do this through the quality assurance frame work which is reported into the Health Board. This framework ensures a systematic approach to assuring quality, good patient experience and good health outcomes of commissioned services. It utilises the contracting process, quality schedules, standards and clinical quality indicators to support effective healthcare delivery, quality improvement and innovation across the health system for specialised services

Patient Safety reports including all serious incidents can be read in our Board report Minutes:  
<http://www.cardiffandvaleuhb.wales.nhs.uk/board-meetings>

# Dignified Care

## In 2016 – 2017 We Said We Would

Deliver the action plan to improve patient nutrition and hydration to avoid malnutrition and dehydration



Complete the year 3 actions within the dementia 3 year plan

You can view the three year dementia Plan by visiting: <http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Dementia%20Report%20201516.pdf>



Implement the recommendations from the Older Peoples Commissioners Report Dementia More Than Just memory Loss and embed them in the new dementia 3 year plan.

You can view the older peoples commissioners report by visiting: [http://www.olderpeoplewales.com/Libraries/Uploads/More\\_Than\\_Just\\_Memory\\_Loss.sflb.ashx](http://www.olderpeoplewales.com/Libraries/Uploads/More_Than_Just_Memory_Loss.sflb.ashx)



## How Do We Know

This year we introduced a nutrition champion role, to improve nutrition and hydration of hospital patients within the health board. Every clinical area was asked to nominate a qualified nurse and a health care support worker to undertake 2 days of training to become "champions" supporting their colleagues on the wards to ensure the nutrition and hydration needs of their patients are met.

In November 2016 the care of every inpatient on the UHW site was reviewed to ensure that they had received an assessment within 24 hours of being admitted to identify those at risk of malnutrition and dehydration. The accuracy of these assessment was also reviewed to help us to identify where further training in the use the assessment tool was needed

The majority of the actions in the Dementia 3 Year Plan have been completed, including pilot dementia friendly communities with now over 15,200 Dementia Friends created across Cardiff and the Vale. However there is work ongoing around increasing Memory Team capacity to cope with demand.

Many of the recommendations have been completed; however, some actions will need to be embedded into the new Dementia Strategy, such as increasing the proportion of frontline staff who have received dementia awareness training (33.0% at March 2017).

Increase the number of ward inspections undertaken so that 90% of wards and departments are inspected by March 2017



This has been achieved with 96 inspections being undertaken

Revise existing nursing documentation and improve compliance in completing it



This work is progressing with the final changes made to the Integrated assessment document. The compliance of use of this document is monitored during ward inspections. We will work with a national teams move forward with digitalisation of nurse documentation by 2020

## Hearing into Action: A Patient Story

Gill has been a diabetic for over 40 years and has had difficulty in controlling her condition. Her Diabetic Nurse suggested that she attend the DAFNE Course (Dose Adjustment For Normal Eating) - this is a course that provides people with Type 1 Diabetes with the skills to manage their diet and blood sugar levels. As well as having diabetes Gill is also deaf and has a cochlear implant which gives her some hearing, but she has to lip read to be able to make sense of the sounds. This initially caused some concern for Gill as she was concerned that she might not be able to follow in a classroom situation. Gill explained that people who know her, know that they need to face her when speaking to her and tend to use their lips more rather than mumble. Gill's concerns were

addressed after meeting with the two Dieticians who gave her an overview of the course content.

More importantly for Gill she was given the course material to look through before she attended, If she had received them on the day it would have been very difficult for her to read and listen to what was being said. It was also important for Gill that any communication between her and the dieticians was done via email. Gill was taken to see the room in which the course would be taking place in advance allowing her to choose a seating position ensuring the sunlight was behind her as shadows over people's faces can make it difficult for her to lip-read. Due to the relationship Gill had built up with the dieticians and all the preparation before the course she felt comfortable attending. Gill was also pleased that the dietician's presenting style was easy to follow, they were always happy to repeat anything she had missed, and answer any of her questions.

Gill said that as a patient it was important for her to raise her concerns, to allow for adjustments to be made. With her concerns dealt with Gill said she enjoyed the course and found it interesting and informative and it would help her with her diabetes.

*"I felt comfortable on the course and that's quite important....its nerve wracking meeting the other people who are strangers to me*

*All in all it was a positive experience and I can't really think of anything negative."*

## Nutrition and Hydration

Ensuring that patients in our care have a nutritious diet and are enough to drink is vital to their recovery and wellbeing. The " Model Ward" is a project being undertaken to ensure that food and drinks are provided in the best possible way for patients. There are many examples of great work throughout our hospitals, for example protected mealtimes, snacks available to patients on request and dietetic support workers in a number of clinical areas assisting patients to eat and drink at mealtimes. The model ward pilot project aims to take existing examples of good practise, build on these and ensure that these are embedded in all of our areas of care to ensure our patients physical and mental health and well being across the Health Board.

## Continence

Incontinence is a common problem that affects both men and women. It is thought that between 3 and 6 million people suffer with urinary incontinence in the UK. Individuals living at home or in residential care within Cardiff and the Vale of Glamorgan who experience continence issues are

assessed, and treated by a specialist team of nurses. Continence products are supplied and delivered to 4000 individuals in Cardiff and Vale to manage their continence needs. To ensure that we achieve the same high standards of assessment, treatment and management of incontinence for patients on our ward the continence nurses participate in ward inspections.

*'I was very embarrassed by the problem but the nurse was very pleasant and informative and made me feel at ease'*

## Ward Inspections

Ensuring the quality and safety of the care that we provide is paramount. There is a significant programme of announced and unannounced inspections delivered on top of the regular supervision and support offered by senior nurses. These all help to provide us with regular information about the quality and safety of our services on a day to day basis.

In 2016 94 Safety Walkrounds by Board members were undertaken, providing insight and understanding into the quality and safety of our services and to identify areas of good practice. This year, Action on Hearing Loss, have supported the Safety Walkrounds visiting clinical areas to ensure that we communicate effectively with patients who have sensory loss.

96 ward inspections have also been undertaken by senior clinical staff, to focus on seven essential areas of care; hydration, basic continence care, administration of medicines, health care associated infections, falls, pressure ulcers and use of night time sedation. Overall the reports issued following the inspections provided a positive picture of staff working with patients to provide care in a professional and dignified manner. There have been a number of actions undertaken where areas for improvement have been identified. These have included:

- Responding to estates issues
- Improving documentation
- Standardising information displayed on ward patient information boards

Information and evidence is gathered through observation of ward/care areas, speaking to staff, patients and their families and carers and when applicable, focusing on bed side charts

## Chaplaincy Music Project

The chaplaincy service ran a six month music project with patients in Hafan Y Coed and the Stroke Rehabilitation Centre to encourage reminiscence and social interaction as well as offering a change from the daily ward routine. A chaplaincy volunteer led weekly music session. The sessions were particularly valued by visitors of patients suffering from dementia, as it enabled them enjoy and participate in a shared activity.



## Healthcare Inspectorate Wales (HIW) Inspections

HIW work closely with us, reviewing the care that we provide in our hospitals, community services, dental surgeries and GP surgeries. These inspections help us to recognise what we are doing well and where we need to make improvements. All inspection reports and improvements plans are reviewed by the Quality, Safety and Experience Committees. Some of the improvements that have resulted from these inspections include:

- Improved advice for patients to raise a concern in specific GP surgeries
- improved decontamination processes in specific dental Practices
- Review of patient information displayed on ward white boards Essential maintenance to ward areas

Following a visit to Llandough in 2016, the Health Board put in place a very comprehensive action plan to address the findings. We are pleased to say, that during inspections during the rest of

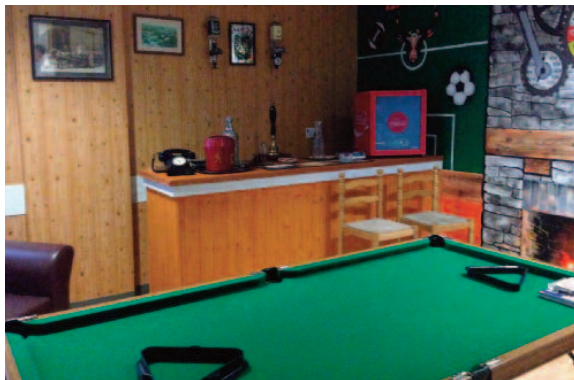
2016-2017, the feedback has been very positive and they have told us that we have learned the lessons and put in place the necessary changes. In May 2017, HIW presented a very positive annual report to our Board members. They told us that there inspections during 2016-2017 had generally indicated that the care provided to patients is kind, compassionate and effective, being delivered by kind and enthusiastic staff. They have asked us to focus on documentation and the condition of some of our clinical environments this year.

Health Care Inspectorate Wales reports can be read on the HIW website :

<http://hiw.org.uk/?lang=en>

## Creating the Right Environment

Ensuring that we provide the right environment to support the health and wellbeing of our patients is important. Mental Health Services for Older People have created several areas that will be recognisable to patients with dementia and provide a safe and familiar place to relax. The Cwtch on ward East 18 is a 1950s style sitting room complete with record player, glass cabinets and ornaments. Both the bar, complete with pool table and magnetic darts board and the cafe both located on ward East 10 offer a sociable alternative to the ward environment.



To see Gill's full patient story please visit:

[https://youtu.be/3i3\\_R-n8pu8](https://youtu.be/3i3_R-n8pu8)

The nurses were fantastic and allowed me to be part of the team in caring for my Mum with dementia. They empowered me to know what to do. I built a relationship with them and it eased my anxiety. Mum said "keep me clean and coordinated" and that was 100% achieved in a caring and professional manner. I could go home at night knowing she was happy, clean, safe and cared for.

# Our Staff and Volunteers

## In 2016 – 2017 We Said We Would

Work with our staff and patients to develop and embed our values and behaviours with a series of workshops

Improve nursing and medical staffing deployment through new ways of working and recruitment campaigns

Improve staff engagement which will be measured through the staff survey

Enable care to be provided closer to home by progressing the primary care plan



## How Do We Know

Values into Action was a project that involved us working with patients and staff to hear about their experiences within the health board and to develop a set of values that underpins how we treat people.

We are continuing to implement our plan to improve nurse recruitment and are taking action to improve retention of qualified nurse. We also have plans to address hard-to-fill medical posts

The results from the NHS Wales Staff Survey 2016 were announced in December and our feedback shows an overall improvement in staff engagement. These results, together with those from the Medical Engagement Survey and our local values survey provide an insight to areas in which the UHB is performing well and where focused improvement is required.

The primary care plan has been progressed over the past year with developments to the care provided in out of hospital settings.

### What have we achieved in 2016 - 2017?

- Further reductions in staff sickness to 4.84%
- 60% of our staff have received a Personal Appraisal Developmental Review this year
- Medical appraisals have risen to 83%
- Recruitment - over 95% of our posts are filled
- We have created new roles including:
  - Ward handyman
  - Radiographer discharge lead
- We have achieved level 2 in the Disability Confident Scheme supporting us to be an inclusive and supportive employer.

### Training figures April 2016 – February/March 17

- Improving Quality Together (IQT) (bronze and more advanced) - 850
- Treat me fairly 3939
- Infection Prevention & Control 4543
- Safeguarding children 3564
- Safeguarding adults 3707
- Mental capacity act 681
- Dementia - 1618
- Communication – 348
- Leadership programmes - 122

## Challenges

Turnover of staff has increased to 9.16%. Staff leaving the organisation are now being invited to complete an exit questionnaire to help us to understand the reasons for this increase

## Recruitment

We are continuing to implement our plan to improve nurse recruitment. Key elements include:

- European recruitment (109 offers have been made to European applicants. 85 offers have been accepted and 78 staff have started).
- Local Clinical Board led recruitment events, using social media to advertise and promote events
- Increasing the numbers on Return to Practice Programmes
- Introducing local adaptation programmes in Medicine and Surgery
- Improved collaboration with Cardiff University

In addition to the increased recruitment activity taking place, the Clinical Boards are also taking action to improve retention of qualified nurses. We also have specific workforce plans to address hard-to-fill medical posts:

- We helped to staff the Wales (Welsh Government) stand at the BMJ Career event in London during October 2016
- We attended the Acute Medicine event in Excel London in November 2016
- Our Medical Workforce Manager co-chaired an All-Wales initiative to recruit doctors from India to work in various specialties across Wales
- A successful Medical Training Initiative scheme was set up in Paediatrics
- Rotas are devised and changed in response to service demands

## Employer of the Year at the Understanding Disability Awards

Staff at UHW have been awarded at the Understanding Disability Awards for their work in supporting staff with learning disabilities to gain employment. Two members of staff now employed in the new hospital restaurant, Y Gegin, started as interns under the "Project Enable" scheme. Pranav Rathod and Alice Bryant are fantastic members of the team, both have developed their confidence to work with other staff and customers at the restaurant. The award

shows how we have been able to create a culture that welcomes people with learning disabilities into our organisation.



## Wales for Africa

The 'Wales for Africa' initiative was launched by Welsh Assembly Government in 2006 to support and encourage public sector organisations in Wales to make an effective contribution to international development with countries in Sub-Saharan Africa.

The Health Board has a multi-disciplinary coordinating group which overseas and supports our partnership working. Through their work initiatives of sharing skills, establishing positive

collaborative working relationships with local communities and supporting education and health, these charities in Wales are helping to build strong communities in Africa.

This programme has a long term focus that is based on building resilience and sustainability in Sub-Saharan Africa and sharing skills. The health board raises monies to assist in purchasing equipment to further strengthen its contribution as a globally responsible organisation

## Royal College of Midwives Awards

We have had fantastic success at the Royal College of Midwives annual awards this year. Laura Wyatt won both the Welsh and the UK Mother's Midwife of the Year Award. She was nominated by mum, Jody Vaughan, for the care that she gave Jody and her partner Karl when their son died during Jody's labour. When Laura met Jody and her partner Karl, she put them at ease straight away, not overwhelming them with information but ensuring that they understood what was being explained. Laura went on to provide antenatal care to the family, demonstrating tremendous advocacy skills and instilling confidence during an understandably anxious second pregnancy.



Karen Jewell and Mwenya Chimba along with Ruth Mullineux from the NSPCC won the Award for Partnership Working for a project to tackle and raise

awareness of female genital mutilation (FGM) with young people in Wales. They brought together a group of young people from schools across Cardiff who worked on girls' rights and issues related to FGM, empowering and encouraging this group of young people to become cultural change-makers on FGM, raising awareness in their own places, schools and colleges and producing materials to spark conversations



## Ward Activity Volunteer Project

Structured activity sessions enable us to support patients, assisting to reduce loneliness and isolation, bringing stimulation and structure to what can be a long day. We are developing a volunteer programme of activities to support patients on many of our wards across the Health Board. Digital reminiscence equipment and activity equipment designed specifically for supporting patients with cognitive impairment are available on some of the wards. Providing the right environment alongside meaningful activities including afternoon tea and group sessions makes a difference to the patient's experience.



## Volunteers Celebration Event

Hundreds of volunteers have been thanked for their work supporting health in Cardiff and the Vale of Glamorgan. A special celebration event was held to acknowledge the hard work and dedication of the health board and third sector colleagues that volunteer. The Director of Nursing



and the Vice Chair opened the event and gave their heartfelt thanks to those who give up their time to volunteer and support the patients and service users of the Health Board. If you have some spare time and would like to volunteer then please contact our volunteer service manager on 029 21 847867.

## Hospital Radio

Radio Glamorgan, the hospital radio station based in University Hospital of Wales celebrates its 50th anniversary this year while Rookwood Sound, based in University Hospital Llandough celebrates its 30th anniversary. Both radio stations play an important role in making patients' stay in hospital as pleasant and stress free as possible and helping combat feelings of isolation and loneliness.

Radio Glamorgan is broadcasted online and therefore can be accessed using the free Wifi available within our hospital sites and Rookwood sound can be accessed on channels 1 and A in UHL and 9.45AM in Rookwood Hospital. Information regarding the events and news stories will be posted on their websites: [www.radioglamorgan.com](http://www.radioglamorgan.com) and [studio@rookwoodsound.co.uk](mailto:studio@rookwoodsound.co.uk) and on their twitter accounts: @radioglamorgan and @rookwoodsound

## Cardiff and Vale College Student Project

Access to Health Care students have been recruited to support across a number of wards and hospital sites offering support to the patients and staff within our organisation by being part of the befriending and activity volunteer programme. This project was developed in partnership with the college to enable students who are studying towards a career in Health to gain vital experience of a hospital environment but at the same time

## Royal Volunteer Service Award

Royal Volunteer Service Volunteer Les MacNeil was awarded the British Empire Medal in the New Year's honours list. This is in recognition of all her support and dedication to the service over 25 years at the University Hospital of Wales. Les said "I feel very privileged to have been given this honour as I work with so many people at the hospital who are deserving of such recognition."

*"Volunteering definitely gives you a buzz; everyone should do it if they can. People have said to me 'you deserve a medal for all the volunteering work you do' - and now I have one!"*

**Rhwydwaith Enfys Fflag LGBT**

**Rainbow LGBT+ FFlag Network**

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riends  
amily

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

GOFALU AM BOBL, CADW POBL YN IACH | CARING FOR PEOPLE, KEEPING PEOPLE WELL

HealthCharity ElusenIechyd | make it better fund

Care Gofal | Trust Ymddiriedaeth | Respect Parch | Personal Responsibility Cyfrifoldeb Personol | Integrity Uniondeb | Kindness Caredigrwydd

Our values into action | Gwerthoedd i'r waith

We have again made the Stonewall Workplace Equality Index Top 100 Employers list as one of their gay friendly employers. We are the TOP Health & Social Care Organisations in Wales and are in the 5 Top Health & Social Care Organisations in the UK as well as the being in the Top 10 Employers in Wales.

# Looking Forward

In the previous pages we have described some of our main achievements and challenges over the last year. During this time we have also been undertaking a lot of work to develop a Quality, Safety and Improvement (QSI) Framework for the next three years.

In deciding what areas we need to focus on we took a lot of different information into account. We looked at local and national information and asked a number of questions:

- What type of patient safety incidents are most common? Are there any serious types of incidents that we need to focus more on?
- What do patients complain about most?
- What are our most common clinical negligence claims?
- What are our patient surveys telling us? What makes people happy? What contributes to a poor experience of our services?
- What have been the findings of external inspections over the last two years?

- What are some of the national reports e.g. Older People's Commissioner, Andrews report, Evans report, Community Health Council thematic reports telling us?
- What issues do our Quality, Safety and Experience Committee discuss and require more work on?
- What did our self assessment against the Health and Care Standards for Wales tell us?

We also spoke to a lot of people including members of the public, staff and other organisations that we work with. What has come through strongly in talking to our service users and stakeholders to date is the need for good communication and information. Hygiene standards are important, as is the need to be treated with dignity and respect and for everyone to have a shared understanding of what this means to individuals. One of our stakeholders told us that accessing care in the NHS should be 'effortless' – it should not be difficult for people when they visit our services or when they are dealing with lots of different departments and

staff. The patient must be put at the centre of everything that we do. We know that every day, across all of our services, staff are working hard to make this happen, and we now need to build on all the fantastic work that is already being undertaken to ensure that the priorities we have identified remain an area of focus and improvement over the next three years. We have identified a range of measures that will help us monitor whether we are improving and we will report these regularly to our Quality, Safety and Experience Committee and also in our Annual Quality Statements over the next three years. The diagram below summarises our QSI framework.

You can read the QSI framework at [include link](#)

## Delivering Outcomes that Matter to People

## Reducing Waste Variation and Harm

### Aim 1 - Governance, Leadership and Accountability

- Quality Safety and Experience (QSE) Committee/Group infrastructure
- Safety Culture
- QSE performance dashboard
- Capacity and capability/LIPS
- QSE in commissioning arrangements
- Safety Walkrounds
- Health and Care Standards
- Regulatory compliance and accreditation

### Aim 3 - Effective Care

- Record keeping
- Evidence based care (NICE and NCEPOD, National Audit reports)
- Patient Safety Solution Compliance
- Clinical Audit/National Clinical Audit
- Mortality reviews

### Aim 5 - Timely Care

- Waiting times
- Follow up
- Cancer targets
- 12hour waits in Emergency Unit
- Ambulance handovers
- Access to Out Of Hours GPs

### Aim 2 - Safe Care

- Reduction in same cause serious incidents
- Avoidance of Never events
- Preventing pressure and tissue damage
- Falls prevention
- Infection prevention and control
- Sepsis
- Prompt recognition of the deteriorating patient/ Acute Kidney Injury (AKI)
- Nutrition and hydration
- Medicines management
- Medical devices
- Staffing levels
- Safeguarding children and adults at risk
- Patient Identification
- Risk formulation in patients with mental health problems
- Reduction in healthcare acquired Venous Thrombo Embolism
- Maternity care
- Point of Care Testing (POCT)

### Aim 4 - Dignified Care

- Communication with patients and families/information giving
- Sensory loss/use of modern technologies
- Mouth care
- Continence care
- Rest and sleep
- Care of patients with learning disabilities
- End of life care

### Aim 6 - Individual Care

- Listening and learning from patient feedback
- Putting Things Right (PTR) arrangements
- Promoting independence/care closer to home
- Effective transition from childhood services to adult services
- Older frail/Dementia/ delirium/
- Boredom and loneliness
- Mental Capacity Act and Consent
- Deprivation of Liberty safeguards
- Patient centred care

# How are we doing? – help us hear your voice



Your feedback is very important to us because as a Health Board we want to give you the best possible care and treatment. We want to ensure you are treated in clean, safe surroundings and that help is always there when you need it. There are different ways in which you can provide feedback;

- By completing paper surveys
- On the website via the QR code or [www.cardiffandvaleuhb.wales.nhs.uk](http://www.cardiffandvaleuhb.wales.nhs.uk)
- By joining a patient group
- By undertaking a patient /carer story
- By talking to our Concerns, Compliments and Complaints Department 029 20744095
- Completing a 'how are we doing feedback card'

For more Information please contact the Patient Experience Team on; 029 20745692.

**The Cardiff and Vale of Glamorgan Community Health Council** provides an independent advocacy service to people aged 18 years or over, and will provide you with independent support with your complaint. You can get further detail on their website or ring their office on 02920 377407



<b>FIRE SAFETY - ASSESSMENT OF EXTERNAL CLADDING PANELS ON UHB BUILDINGS</b>	
<b>Name of Meeting:</b> UHB Board	<b>Date of Meeting:</b> 27 <sup>th</sup> July 2017
<b>Executive Lead :</b> Director Strategy & Planning	
<b>Author:</b> Director of Capital, Estates & Facilities. Tel 029 2074 4335	
<b>Caring for People, Keeping People Well:</b> This report underpins the Health Board's "Our Service Priorities" and "Sustainability" elements of the Health Board's Strategy.	
<b>Financial impact :</b> Capital costs associated with initial survey work and remedial work as identified	
<b>Quality, Safety, Patient Experience impact:</b> The safety of patients staff and visitors is of paramount importance and has been considered as part of the survey work undertaken and in assessing the risk associated with each building.	
<b>Health and Care Standard Number:</b> 2.4, 12	
<b>CRAF Reference Number:</b> 5.2 & 6.4.8	
<b>Equality and Health Impact Assessment Completed:</b> Not Applicable	

<p><b>ASSURANCE AND RECOMMENDATION</b></p> <p><b>REASONABLE ASSURANCE</b> is provided by:</p> <ul style="list-style-type: none"> <li>• Reference to Operating and Maintenance (O&amp;M) Manuals for the respective buildings including 'As Installed' drawings and specifications</li> </ul> <p><b>RECOMMENDATION</b> The UHB Board is asked to;</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the details of the report and the investigation works undertaken which were considered by the Management Executive on 10<sup>th</sup> July 2017, and resolved to: <ul style="list-style-type: none"> <li>○ <b>Support</b> the recommendation to undertake testing of the Link Block 4 cladding</li> <li>○ <b>Support</b> an evacuation exercise utilizing ward B6 following refurbishment</li> <li>○ <b>Note</b> that the work being undertaken is being discussed with both South Wales Fire Service and NHS Shared Services Estates to ensure no further action is needed.</li> </ul> </li> </ul>
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## SITUATION

The purpose of this report is to provide the Board with an overview of the assessment undertaken in the light of the Grenfell Tower fire to ensure that any risks associated with the estate of the Health Board are identified and addressed. The report summarises the following:

- Details of buildings across the UHB that have external cladding panels installed
- Initial information relating to the type of panel that has been installed
- Recommendations of further investigations that should be considered to provide further assurance on the safety of panels
- The level of risk associated with the respective buildings
- The numbers of staff across the UHB that have undertaken their mandatory fire safety training.

## BACKGROUND

The recent tragic event in London where the Grenfell Tower was destroyed by fire resulting in significant deaths, has raised a number of significant questions in relation to the fire safety standards of the building and in particular the fire integrity of external composite panels. In addition to the external panels, questions have been raised in relation to fire compartmentation within the building and the means of escape.

The external cladding panels installed on Grenfell Tower were of Aluminium Composite Material (ACM). These panels consist of two thin coil coated aluminium sheets bonded to a non aluminium core which is generally an insulating material.

There is a requirement to ensure that NHS buildings are safe. All health boards and trusts have been undertaking assessments. Welsh Government (WG) together with National Wales Shared Services Partnership – Specialist Estate Services (SES) have requested details of all buildings which have external cladding panels fitted, details of the panels, information on the suitability of fire compartmentation, standard of fire alarm system and whether sprinkler systems are installed. Both WG and SES are also requesting information regarding the UHB's fire evacuation plans and staff training.

The UHB received email correspondence on Monday 3<sup>rd</sup> July from SES confirming that the Cabinet Office now places greater emphasis on the ACM . An extract of the Cabinet Office communication follows:

*“There has been much concern about the potential flaws in the Aluminium Composite Material (ACM) cladding used on Grenfell Tower. It is important to stress that ACM cladding it is not of itself dangerous, but it is important that the right type is used. If you identify that a cladding on any of your buildings over 18 metres, including your ALBs and wider sector, is made of ACM then a sample will need to be tested. “*

“How to identify which buildings need samples of Aluminium Composite Material Cladding sent for testing

If a building has ACM you should consult the table below which is based on relevant approved document B and departmental guidance:

Trigger heights for investigation of ACM Cladding Systems			
Building Use	Overnight accommodation	Trigger Height/storey*	Test?
Schools	Yes	Any height	Yes
	No	18 metres or more	Yes
Health care facilities (including Hospitals)	Yes	2 storeys or more	Yes
	No	18 metres or more	Yes
All other buildings	Yes	18 metres or more	Yes

*\* Height is measured from ground level at its lowest point to the upper surface of the top storey (excluding plant rooms)”*

## ASSESSMENT AND ASSURANCE

### Buildings:

In accordance with the guidance as set out above a survey has been conducted to identify any building with Aluminium Composite Material (AMC) cladding.

There are four buildings, all on the UHW site, that have been identified as having cladding and which hit the trigger point in terms of overnight accommodation and height/storey, these being:

- Women’s Unit
- Children’s Hospital
- Link Block 4
- Tertiary Tower

The surveys undertaken have confirmed that none of the panels are ACM as the outer sheet is steel coated.

Both the Women’s Unit and the Children’s Hospital have partial cladding which has been confirmed as appropriately fire rated, through the O&M Manuals.

The cladding identified on Link Block 4 is limited to the top floor only. No information can be located to confirm the specification of this panel and it has been agreed that further testing is carried out to identify the material.

There is no information readily available in respect of the cladding on the Tertiary Tower and the UHB is in contact with the designers to assist with its specification. It should be noted that the Tertiary Tower has a sprinkler system throughout the building which mitigates any risk. This system is under a service contract with Tyco International to ensure that is checked regularly.

Unlike the tower block in London all our buildings are fitted with an L1 alarm system with automatic detection in every room to give the earliest warning of fire possible. The system is maintained by the manufacturer Protec, with two

full time engineers on site, undertaking maintenance and testing in accordance with the relevant British Standard. Protec also provide an on call service for any emergency out of hours.

All buildings have extensive fire compartmentation to restrict the spread of fire and staff will lead an evacuation if necessary. We are aware of defects in the compartmentation some areas and we have a prioritised action plan to carryout remedial action where defects have been identified.

There are other buildings within the UHB estate with cladding, but they do not exceed the height trigger or do not provide overnight accommodation. These are detailed in annex 1.

**Fire Safety:**

Annual fire training is a mandatory requirement within the Health Service with a target of achieving a minimum of 85%. Compliance has proved difficult to achieve. The figures to the end of June 2017 record a 48% compliance rate and this is the level achieved over a number of years.

Several initiatives have been undertaken to raise the training figures, including mandatory months in May and November where a training session is provide every day and cascade training on wards where it is difficult to release staff.

We have carried out a number of evacuation exercises in the past to demonstrate the effectiveness of our procedures and there are plans in place to undertaken a further evacuation exercise using a ward area that is currently being refurbished. The exercise is currently being planned and will take place once the refurbishment has been finished and before the area is re-commissioned for patients.

We are working with South Wales Fire Service to ensure that no further actions are required.

## Annex 1

**Detailed list of buildings within the UHB that have cladding.**Overnight accommodation two story or more.

- Children's Hospital (UHW)  
 Four story building  
 L1 Fire Alarm  
 Sprinklers throughout  
 Extensive fire compartmentation  
 Cladding details confirmed as fully fire rated
  
- Tertiary Tower (UHW)  
 Seven story building  
 L1 Fire Alarm  
 Sprinklers throughout  
 Extensive fire compartmentation.  
  
 Cladding details currently being investigated
  
- Women Unit (UHW)  
 Four story building, cladding on one elevation.  
 L1 Fire Alarm  
 Extensive fire compartmentation currently being upgraded.  
 Cladding Details:  
 Rockwool Fire Pro cladding providing 120 minutes fire resistance with steel sheet cover panels.
  
- Link Block 4 (UHW)  
 Five story, cladding to top floor only.  
 L1 Fire Alarm System  
 Fire compartmentation has not been fully surveyed: however is on fire stopping action plan.  
 Cladding details currently being investigated
  
- East 4 & East 6 (UHL)  
 Two story with full/partial cladding  
 L1 Fire Alarm system

Extensive fire compartmentation  
 No sleeping in the area fitted with insulation cladding  
 Cladding details currently being investigated

- MHSOP (UHL)

Two story with partial cladding to first floor only.  
 L1 Fire Alarm system  
 Extensive fire compartmentation  
 Cladding details currently being investigated

Our initial investigations indicate that ALL the buildings listed above have external composite material made of STEEL construction NOT aluminium.

No overnight accommodation.

The following buildings have cladding however are not considered a risk as they do not have sleeping accommodation and are not over 18m high.

- Services Accommodation Building (UHW)

Three story building  
 L1 Fire Alarm System  
 No sleeping risk  
 A compartmentation survey has been carried out and is within a priority action plan to carry out the remedial actions.  
 Cladding details to be confirmed

- Helen Durum Building (UHW)

Four story, cladding to upper floors only.  
 L1 Fire Alarm System  
 No sleeping risk  
 Cladding details to be confirmed

- CAVOC, Outpatients, Women's Centre (UHL)

Two story, partial cladding mainly top floor.  
 L1 Fire Alarm system  
 Extensive fire compartmentation  
 No overnight accommodation  
 Cladding details to be confirmed

All the buildings in question are fitted with an L 1 alarm system with

automatic fire detection in every room to give the earliest warning of fire.

With the exception of Link Block 4 which only has cladding on the top storey and phase 1 of the Children's Hospital, all medium rise buildings with sleeping accommodation are fitted with sprinklers.

**TO NOTE**  
**Residential Blocks**

The high rise residential blocks at the UHW do not have any cladding and they have an L1 fire alarm system.

<b>PATIENT SAFETY SOLUTIONS - ALERTS AND NOTICES UPDATE ON COMPLIANCE STATUS</b>
<b>Name of Meeting :</b> Board Meeting <b>Date of Meeting</b> 27 <sup>th</sup> July 2017
<b>Executive Lead :</b> Executive Nurse Director
<b>Author :</b> Assistant Director Patient Safety and Quality, 02921 846117
<b>Caring for People, Keeping People Well :</b> This paper underpins the 'reducing waste, variation and harm' element of the University Health Board's strategy.
<b>Financial impact :</b> There are significant financial implications to secure full compliance with 3 notices/alerts as they require (1) the purchase of an electronic system for the production of wristbands, (2) the installation of medicine cupboards across the UHB which meet the specification required in the notice and (3) the purchase of separate controlled drug cupboards for the storage of epidural solutions which contain such drugs
<b>Quality, Safety, Patient Experience impact :</b> The work outlined within this report reflects the significant activity taking place to improve patient safety and experience leading to improved quality and care outcomes for patients.
<b>Health and Care Standard Number ... 2.1, 3.1, 3.3</b>
<b>CRAF Reference Number ..... 5.1, 5.1.5, 5.6, 5.7</b>
<b>Equality and Health Impact Assessment Completed:</b> Not Applicable

<p><b>ASSURANCE AND RECOMMENDATION</b></p> <p><b>LIMITED ASSURANCE</b> is provided by:</p> <ul style="list-style-type: none"> <li>• The UHB is currently 81% compliant with all current Patient Safety Solutions (PSS), and this will increase to 89% by October 2017, based on work underway to address the requirements of recently issued PSSs and declare compliance with historical alerts</li> <li>• The actions that are being undertaken to address the outstanding areas of non-compliance</li> </ul> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> current UHB compliance and <b>APPROVE</b> the proposed actions that are being taken to address areas of non-compliance</li> <li>• <b>AGREE</b> that the UHB is now able to declare full compliance with NPSA/2009/SPN002 – Risk to patient safety of not using the NNHS number as the national identifier for all patients</li> <li>• <b>NOTE</b> the intention to present an update to the September 2017 Quality, Safety and Experience Committee, along with a full risk assessment for outstanding areas of non-compliance</li> <li>• <b>AGREE</b> to receive a further update at the January 2018 Board meeting</li> </ul>
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## **SITUATION**

This report has been written to provide the Board with an update on the UHB's compliance position in relation to Patient Safety Solutions (PSSs), which include alerts and notices from Welsh Government, as well as a number of outstanding notices from the now disbanded National Patient Safety Agency (NPSA).

## **BACKGROUND**

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

The notices / alerts are issued to all Welsh Health Boards and Trusts. Each organisation's compliance status is published on a monthly basis by Welsh Government.

The UHB participated in an event hosted by Welsh Government and the Delivery Unit in November 2016 where challenges and opportunities for improvement in relation to the safety solutions process were reviewed. The UHB is currently awaiting the outcome of that process.

## **ASSESSMENT AND ASSURANCE**

The Board should be advised that there are several elements to each PSS. In all cases where the UHB is currently reporting non-compliance, the UHB has further work to undertake against one or two elements of the PSS i.e there is partial compliance with elements of each PSS. In all cases there are other mitigating factors in place to address the patient safety risks.

The UHB is 81% compliant with current Patient Safety Solutions (34/42). This will increase to 83% (38/46) over the next 3 months as the UHB will have completed work against 4 more recently issued PSSs, and will be reporting compliance against these in due course.

The Board should be advised that one of these PSSs - Supporting the introduction of the National Safety Standards for Invasive Procedures – involves a year long, significant piece of work, across the whole of the UHB.

Details of the PSSs where the UHB is currently non-compliant are given below (Table 1). This includes our position in comparison with our peers across Wales.

A summary of overall UHB compliance status is included at **Appendix 1**.

An action plan to address outstanding areas of non-compliance is included at **Appendix 2**.

**Table 1**

<b>Patient Safety Solution</b>	<b>How do we compare with our peers</b>
<b>PSA002</b> – The prompt recognition and initiation of treatment for sepsis for all patients	One other Health Board is non-compliant and the alert is not applicable for Public Health Wales
<b>PSA003</b> – Update to National Patient Safety Agency (NPSA) alert for safer spinal (intrathecal), epidural and regional devices	Cardiff and Vale UHB is one of 4 Health Boards reporting non-compliance. The alert is not applicable to 3 Health Boards / Trusts and 3 have reported compliance.
<b>PSN025</b> – Risk of death or severe harm due to inadvertent injection of skin preparation solution	Cardiff and Vale is the only Health Board which is not yet compliant with the notice.
<b>PSN026</b> – Positive patient identification	One other Health Board is currently reporting non-compliance.
<b>PSN030</b> – The safe storage of medicines: Cupboard	The UHB is one of 8 Health Boards which has reported non-compliance with this notice. Only Velindre NHS Trust and Public Health Wales have reported compliance.
<b>NPSA/2007/16</b> – Early identification of failure to act on radiological imaging reports	One other Health Board is also non-compliant with this notice. A number of Health Boards have reported compliance with the notice based on a random audit of patient records. It is the opinion of the Clinical Diagnostics & Therapeutics Clinical Board that this approach does not provide adequate assurance to declare compliance with the notice and achieve the intended goal of reducing risks to patients.
<b>No 24</b> – Standardising wristbands improves patient safety	All other Health Boards in Wales to which the notice applies are already

	<p>using electronically printed ID wristbands. Cardiff and Vale is the only Health Board that is non-compliant with this notice which was issued in 2007.</p>
<p><b>NPSA/2009/SPN002 – Risk to patient safety of not using the NHS Number as the national identifier for all patients</b></p>	<p>Cardiff and Vale is the only Health Board which is currently reporting non-compliance with this notice.</p> <p>Given that:</p> <ul style="list-style-type: none"> <li>• the UHB is now 97% compliant with the particular requirement to have an NHS number identified for each patient who is currently receiving treatment in Cardiff and Vale UHB which is used alongside the local hospital numbering system, and</li> <li>• The NHS number is now included alongside a barcode on all patient addressograph labels and is used widely in patients notes and other associated correspondence</li> <li>• The Patient Identification Policy will be reviewed and revised to include a reminder to use the NHS number as part of the unique identification of the patient alongside the hospital number and other associated demographics,</li> </ul> <p>we are proposing that the UHB is now in apposition to declare <b>COMPLIANCE</b> with this particular notice</p>

It is proposed that an update on progress is presented to the Board in January 2018, recognising that routine monitoring is undertaken by the Quality, Safety and Experience (QSE) Committee.

It is also proposed that a full risk assessment for each outstanding area of non-compliance is considered by the Quality, Safety and Experience Committee in September 2017.

### Appendix 1 – Summary of Patient Safety Solutions for Cardiff and Vale UHB

<b>Patient Safety Alerts</b>				
<b>PSA Ref.</b>	<b>Date Issued</b>	<b>Title</b>	<b>Date for response to WG</b>	<b>Compliance Status</b>
PSA 008	May 2017	Nasogastric tube misplacement: continuing risk of death and severe harm	30/11/2017	(Not yet due for response – work underway)
PSA007	January 2017	Restricted use of open systems for injectable medication	01/08/2017	(Not yet due for response – work underway)
PSA006	January 2017	Risk of death and severe harm from error with injectable phenytoin	10/03/2017	Compliant
PSA005	July 2016	Minimising the risk of medication errors with high strength, fixed combination and biosimilar insulin products	14/10/2016	Compliant
PSA004	July 2016	Ensuring the Safe Administration of Insulin	28/10/2016	Compliant
PSA003	May 2016	Update to National Patient Safety Agency (NPSA) alert for safer spinal (intrathecal), epidural and regional devices	01/07/2016	<b>Non-compliant</b>
PSA002	September 2014	The prompt recognition and initiation of treatment for sepsis for all patients	28/11/2014	<b>Non-compliant</b>
PSA001	June 2014	Legionella and heated birthing pools filled in advance of labour in home settings	30/06/2014	Compliant

<b>Patient Safety Notices</b>				
<b>PSN Ref.</b>	<b>Date Issued</b>	<b>Title</b>	<b>Date for response to WG</b>	<b>Compliance Status</b>
PSN036	November 2017	Reducing the risk of oxygen tubing being connected to air flowmeters	04/08/2017	(Not yet due for response – work underway)
PSN034	September	Supporting the introduction of the	28/09/2017	(Not yet due

	2016	National Safety Standards for Invasive Procedures (NatSIPPs)		for response – work underway)
PSN033	June 2016	Risk of death and serious harm from failure to recognise acute coronary syndromes in Kawasaki disease patients	27/07/2016	Compliant
PSN032	May 2016	Risk of patient harm from an interaction between miconazole and coumarin anticoagulants	09/06/2016	Compliant
PSN031	April 2016	Risk of Patient Safety Incidents Resulting from Errors in the British National Formulary for Children 2015-2016 and British National Formulary 70	31/05/2016	Compliant
PSN030	April 2016	The safe storage of medicines: Cupboards	26/08/2016	<b>Non-compliant</b>
PSN029	March 2016	Standardising the early identification of acute kidney care	04/04/2016	Compliant
PSN028	February 2016	Medicines Reconciliation - Reducing the risk of serious harm	30/03/2016	Compliant
PSN027	February 2016	Risk of severe harm or death when desmopressin is omitted or delayed in patients with cranial diabetes insipidus	08/04/2016	Compliant
PSN026	April 2016	Positive Patient Identification	13/05/2016	<b>Non-compliant</b>
PSN025	February 2016	Risk of death or severe harm due to inadvertent injection of skin preparation solution	04/04/2016	<b>Non-compliant</b>
PSN024	January 2016	Risk of using different airway humidification devices simultaneously	01/03/2016	Compliant
PSN023	January 2016	The importance of vital signs during and after restrictive interventions/manual restraint	12/02/2016	Compliant
PSN022	December 2015	The risk of harm from the inappropriate use and disposal of fentanyl patches	31/01/2016	Compliant

PSN021	December 2015	Risk of death and serious harm by falling from hoists	15/02/2016	Compliant
PSN020	October 2015	Minimising risks of omitted and delayed medicines for patients receiving homecare services	27/11/2015	Compliant
PSN019	August 2015	Harm from delayed updates to ambulance dispatch and satellite navigation systems	30/09/2015	Compliant
PSN018	August 2015	Risk of severe harm and death from unintentional interruption of non-invasive ventilation	31/08/2015	Compliant
PSN017	July 2015	Risk of using vacuum and suction drains when not clinically indicated	31/08/2015	Compliant
PSN016	July 2015	Risk of inadvertently cutting in-line (or closed) suction catheters	31/08/2015	Compliant
PSN015	July 2015	The storage of medicines: Refrigerators	31/08/2015	Compliant
PSN014	July 2015	Patient Safety Notice: Residual anaesthetic drugs in cannulae and intravenous lines	31/08/2015	Compliant
PSN013	July 2015	Managing risks during the transition period to new ISO connectors for medical devices used for enteral feeding and neuraxial procedures	13/08/2015	Compliant
PSN012	May 2015	Advice sheet: Adrenal insufficiency (Addison's disease) in adults - information for general practitioners	12/06/2015	Compliant
PSN011	May 2015	Patient Safety Notice: Risk of associating ECG records with wrong patients	18/06/2015	Compliant
PSN010	May 2015	Patient Safety Notice: Failure to act on known contraindications to Low Molecular Weight Heparins	25/06/2015	Compliant
PSN009	April 2015	Awareness of NICE Clinical Guidelines on head injuries	28/05/2015	Compliant
PSN008	April 2015	Risk of death from asphyxiation by accidental ingestion of fluid/food	28/05/2015	Compliant

		thickening powder		
PSN007	April 2015	Risk of death or serious harm from accidental ingestion of potassium permanganate	31/05/2015	Compliant
PSN006	March 2015	Risk of hypothermia for patients on continuous renal replacement therapy	30/04/2015	Compliant
PSN005	December 2014	Risk of distress and death from inappropriate doses of naloxone in patients on long-term opioid/opiate treatment	30/01/2015	Compliant
PSN004	December 2014	Risk of death and serious harm from delays in recognising and treating ingestion of button batteries	19/01/2015	Compliant
PSN003	December 2014	Placement devices for nasogastric tube insertion DO NOT replace initial position checks	31/01/2015	Compliant
PSN002	July 2014	The Surgical Management of Urinary Incontinence and Pelvic Organ Prolapse	31/07/2014	Compliant
PSN001	July 2014	Risk of harm relating to interpretation and action on Protein Creatinine Ratio (PCR) results in pregnant women	31/07/2014	Compliant

<b>Outstanding NPSA Notices</b>				
<b>NPSA Ref.</b>	<b>Date Issued</b>	<b>Title</b>	<b>Date for response to WG</b>	<b>Compliance Status</b>
SPN002	June 2009	Risk to patient safety of not using the NHS Number as the national identifier for all patients	18/09/2009	<b>Non-compliant</b>
16	July 2007	Early identification of failure to act on radiological imaging reports	28/02/2008	<b>Non-compliant</b>
No 24	July 2007	Standardising wristbands improves patient safety	18/07/2009	<b>Non-compliant</b>

**Appendix 1 - Action plan to address outstanding areas of non-compliance with Patient Safety Solutions**

Reference	Title	Action required to secure compliance	By whom	By when
PSA 002	The prompt recognition and initiation of treatment for sepsis for all patients	The UHB must develop a documented plan for roll out of NEWS in to community hospitals, for approval at the September 2017 QSE committee	Resuscitation training team	To be approved at September 2017 QSE Committee
PSA003	Update to National Patient Safety Agency (NPSA) alert for safer spinal (intrathecal), epidural and regional devices	The UHB must agree a practical solution to part of the Notice, which requires us to provide separate storage of epidural solutions that contain controlled drugs so that they are not stored alongside controlled drugs intended for intravenous use.	Medication Safety Executive group/Medicines management Group	End September 2017
PSN 025	Risk of death or severe harm due to inadvertent injection of skin preparation solution	An internal Safe Practice Update will be issued to Clinical Boards to provide advice to all staff involved in invasive procedures  Clinical Boards must have a written procedure in place If an 'open' system must be used, (e.g. bottled chlorhexidine or	Patient Safety team  Clinical Boards	End July 2017  September 2017

		iodine applied with a gauze swab to mitigate the risk of inadvertent injection. This must include a requirement that skin preparation material is removed from the procedure area before any injectable medications are used. The procedure must be approved through Directorate Quality & Safety structures.		
PSN026	Positive Patient identification	Review and revise Positive Patient Identification Policy  Secure investment and implement an electronic solution for the production of wristbands from the Patient Management System  (see No.24 below)	Patient Safety team  Patient Safety team	September 2017  September 2017
PSN030	The safe storage of medicines cupboards	The UHB is awaiting the publication of revised guidance from WG which is being issued due to widespread non-compliance across Wales with the requirements of this Notice.	WG	Keep under review until revised guidance is issued

		NB –the UHB has robust mitigation in place for the safe and secure storage of medicines which is subject to annual audit across the UHB, and to regular scrutiny during pharmacy visits and unannounced internal and external inspections		
NPSA/2007/16	Early identification of failure to act on radiological imaging reports	Implementation of an 'end to end' radiology software solution which allows important findings to be flagged to the requesting clinician	Clinical Diagnostics and Therapeutics Clinical Board	Review September 2017.
No 24	Standardising wristbands improves patient safety	Secure investment and implement an electronic solution for the production of wristbands from the Patient Management System  Establish a task and finish group to oversee implementation of the electronic wristband system  Implementation of the system across the UHB	Patient Safety team  Patient Safety team  Patient Safety team/ Information technology department	September 2017  September 2017  March 2018
NPSA/2009/SPN002	Risk to patient safety of not using the NHS	Update patient administration systems and associated	Information Technology	The UHB is now 97% compliant with the

	<p>Number as the national identifier for all patients</p>	<p>procedures to use the NHS number as the primary identifier</p> <p>The NHS number needs to be included in/on all correspondence, notes, patient wristbands and patient care systems to support accuracy in identifying patients and linking records.</p> <p>Requirements for the inclusion of the NHS number as part of the unique identification of the patient alongside the hospital number and other associated demographics will be included in the review of the Patient Identification Policy</p>	<p>Medical records/Information technology</p> <p>Patient Safety team</p>	<p>particular requirement to have an NHS number identified for each patient who is currently receiving treatment in Cardiff and Vale UHB</p> <p>The NHS number is now included alongside a barcode on all patient addressograph labels and is used widely in patients notes and other associated correspondence</p> <p>September 2017</p>
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<b>FINANCE REPORT FOR THE PERIOD ENDED 30<sup>th</sup> JUNE 2017</b>	
<b>Name of Meeting :</b> Board Meeting	<b>Date:</b> 28 <sup>th</sup> July 2017
<b>Executive Lead :</b> Executive Director of Finance	
<b>Author :</b> Deputy Director of Finance 02920 743555	
<b>Caring for People, Keeping People Well:</b> This report details performance against the draft annual financial plan supporting the UHB to deliver service priorities, maximise patient outcomes whilst maintaining the sustainability of services.	
<b>Financial impact:</b> The UHB financial position at the end of June 2017 is a deficit of £7.695m comprised of the following: <ul style="list-style-type: none"> <li>• £0.041m adverse variance against the UHBs savings target;</li> <li>• (£0.071m) favourable budget management variance;</li> <li>• £7.725m planned deficit (3/12th of £30.900m).</li> </ul>	
<b>Quality, Safety, Patient Experience impact:</b> This report details financial performance against the unapproved one year operational plan which supports improvements in quality, safety and patient / carer experience.	
<b>Health and Care Standard Number 1</b>	
<b>CRAF Reference Number 6.7</b>	
<b>Equality Impact Assessment Completed:</b> Not applicable	

#### ASSURANCE AND RECOMMENDATION

**LIMITED ASSURANCE** is provided by:

- The work that has been undertaken to develop the 2017/18 draft operational plan;
- The scrutiny of Financial Performance undertaken by the Finance Committee;
- The month 3 position which is broadly on line with the profiled deficit within the draft operational plan.

The Board is asked to:

- **NOTE** that the UHB has an unapproved draft one year operational plan that has a planned deficit of £30.900m for the year;
- **NOTE** the £7.695m deficit at month 3 which includes a planning deficit of £7.725m, a shortfall in performance of £0.041m against savings targets and budget underspends of (£0.071m);
- **NOTE** the risks that need to be managed especially the identification of £12.4m further savings required to deliver a £30.9m deficit plan.

#### SITUATION

This report details the financial position of the UHB for the period ended 30<sup>th</sup> June 2017. The UHB submitted a revised financial plan to Welsh Government on the 10th March 2017 which had a reduced deficit of £45.873m. This draft plan was presented

to the Board at its 30th March 2017 meeting and its adoption was endorsed, recognizing that further progress was required. Further to this the plan was reconsidered by the UHB at its Board meeting on the 25th May 2017 where it was agreed to work towards a stretch target to deliver a position no worse than the £30.9m forecast position in 2016/17. This report sets out financial performance for the first 3 months of the year, against the unapproved revised one year operational plan.

## BACKGROUND

The UHB considered a draft financial plan at its January 2017 meeting as part of its consideration of the Integrated Medium Term Plan for 2017/18 – 2019/20. The scale of the financial challenge and the size of the net deficit was such that the Board was not in a position to submit to Welsh Government a plan for approval as it was significantly away from being financially balanced.

The UHB was requested by Welsh Government to restate its plan and to resubmit it for consideration by the 10th March 2017. There was an expectation by Welsh Government that significant progress would be made in reducing the forecast deficit for 2017/18, which stood at £69.685m. The UHB submitted a revised financial plan to Welsh Government on the 10th March 2017 which had a reduced deficit of £45.873m. This draft plan was presented to the Board at its 30th March 2017 meeting and its adoption was endorsed, recognizing that it was not yet complete and very much work in progress. Further to this the plan was reconsidered by the UHB at its Board meeting on the 25th May 2017 where it was agreed to work towards a stretch target to deliver a position no worse than the £30.9m forecast position in 2016/17. This report has been prepared against this planned deficit. A summary of this plan is provided in table 1.

**Table 1: Revised Operational Plan 2017/18 @ June 2017**

	Financial Plan
	£'000
<b>Draft Financial Plan @ Jan 2017</b>	<b>-69,685</b>
Risk Adjustments and Transformation Opportunities	23,812
<b>Risk Adjusted Plan @ March 2017</b>	<b>-45,873</b>
Additional In Year Identified Savings	2,563
Further Savings (yet to be identified) to deliver Stretch Plan	12,410
<b>Financial Plan with Stretch Target</b>	<b>-30,900</b>

## ASSESSMENT AND ASSURANCE

The Finance Dashboard outlined by Table 2 reports actual and forecast financial performance against key financial performance measures.

**Table 2: Finance Dashboard @ June 2017**

Finance Dashboard		Performance		In Month	Year to Date	Month 3 Full Year Forecast
Finance Indicators	Standard	In Month	Year to Date	RAG Rating		
		Remain within revenue resource limit - Variance Adv/(Fav)	£0	£2.526m	£7.695m	
Variance against unapproved 2017/18 £30.9m deficit plan	£0	(£0.049m)	(£0.030m)			
Pay expenditure (actual versus Plan)	£0	(£0.157m)	(£0.744m)			
Non-Pay Expenditure (Actual versus Plan)	£0	£0.616m	£0.777m			
Income (actual versus Plan)	£0	(£0.507m)	(£0.063m)			
Remain with CAPEX resource limit	£0	n/a	(£2.664m)			
Creditor payments compliance 30 day Non NHS	95%	88.86%	89.40%			
CRP Green / Amber status - Delegated Targets @ wc July 3 <sup>rd</sup>	80% green/20% amber		85% / 21%			

### Month 3 Cumulative Financial Position

The UHB reported a deficit of £7.695m at month 3 as follows:

- £0.041m under delivery against the UHBs savings target;
- (£0.071m) favourable budget management variance;
- £7.725m planned deficit (3/12th of £30.900m).

Table 3 analyses the operating variance between income, pay, non pay and planned deficit.

**Table 3: Summary Financial Position for the period ended 30<sup>th</sup> June 2017**

Income/Pay/Non Pay	In Month			Year to Date			Full Year		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Forecast £m	Variance (Fav)/Adv £m
Income	(104.306)	(104.814)	(0.507)	(302.282)	(302.345)	(0.063)	(1,260.957)	(1,260.957)	0.000
Pay	48.275	48.119	(0.157)	145.857	145.113	(0.744)	581.526	581.526	0.000
Non Pay	58.605	59.221	0.616	164.149	164.926	0.777	710.331	710.331	0.000
Variance to Draft Plan £m	2.575	2.526	(0.049)	7.725	7.695	(0.030)	30.900	30.900	0.000
Planned Deficit	(2.575)	0.000	2.575	(7.725)	0.000	7.725	(30.900)	0.000	30.900
Total £m	0.000	2.526	2.526	(0.000)	7.695	7.695	(0.000)	30.900	30.900

### Income

The year to date and in month financial position for income is shown in table 4.

**Table 4: Income Variance @ June 2017**

Income	In Month			Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Revenue Resource Limit	(71.928)	(71.928)	0.000	(204.366)	(204.366)	0.000
Non Cash Limited Expenditure	(1.348)	(1.348)	0.000	(4.652)	(4.652)	0.000
Accommodation & Catering	(0.217)	(0.235)	(0.018)	(0.653)	(0.658)	(0.005)
Education & Training	(3.177)	(3.203)	(0.026)	(9.448)	(9.442)	0.006
Injury Cost Recovery Scheme (CRU)	(0.214)	(0.338)	(0.124)	(0.641)	(0.877)	(0.235)
NHS Patient Related Income	(22.335)	(22.526)	(0.191)	(67.771)	(67.892)	(0.121)
Other Operating Income	(4.018)	(4.095)	(0.077)	(11.953)	(11.828)	0.125
Overseas Patient Income	(0.010)	(0.021)	(0.011)	(0.030)	(0.059)	(0.029)
Private Patient Income	(0.111)	(0.073)	0.037	(0.338)	(0.230)	0.108
Research & Development	(0.949)	(1.046)	(0.097)	(2.428)	(2.341)	0.087
<b>Total £m</b>	<b>(104.307)</b>	<b>(104.814)</b>	<b>(0.507)</b>	<b>(302.282)</b>	<b>(302.345)</b>	<b>(0.063)</b>

An in month surplus of £0.507m and a cumulative surplus of £0.063m is reported against income budgets.

The reported deficit against R & D income is primarily due to the expected annual shortfall in Welsh Government funding. In month performance improved due to the collection of commercial R & D income.

Income from the Compensations Recovery Unit remains ahead of plan for the year to date due to the rise in the notified number of new claims. An analysis of previous years suggests that actual income reported is subject to significant monthly variation.

Accommodation and catering income for the year to date is now marginally ahead of plan.

The surplus against NHS patient related income relates to the recovery of costs from English NHS commissioning bodies.

## Pay

An in month underspend of £0.157m is reported against pay budgets continuing the trend established in the second half of 2016/17.

Table 5 identifies that a month 3 budget underspend of £0.744m in 2017/18 compared to month 3 overspend of £0.856m in 2016/17.

**Table 5: Analysis of fixed and variable pay costs**

	2016/17 Total Spend £m	2016/17 Month 1 to Month 2 £m	2017/18 Month 1 to Month 2 £m	2016/17 Month 3 £m	2017/18 Month 3 £m	2016/17 Cum. to Month 3 £m	2017/18 Cum. to Month 3 £m
Basic	502.093	81.958	84.430	41.357	42.072	123.315	126.502
Enhancements	23.635	3.256	4.223	2.381	2.023	5.637	6.246
Maternity	4.136	0.662	0.665	0.355	0.423	1.017	1.089
Protection	0.743	0.128	0.117	0.062	0.054	0.191	0.171
<b>Total Fixed Pay</b>	<b>530.607</b>	<b>86.004</b>	<b>89.436</b>	<b>44.155</b>	<b>44.572</b>	<b>130.159</b>	<b>134.008</b>
Agency (mainly registered Nursing)	9.017	1.684	1.530	0.643	0.427	2.326	1.956
Nursing Bank (mainly Nursing)	14.249	1.936	2.189	1.170	1.282	3.105	3.470
Internal locum (Medical & Dental)	2.105	0.331	0.706	0.177	0.404	0.508	1.110
External locum (Medical & Dental)	9.547	1.696	1.065	0.847	0.500	2.543	1.565
On Call	2.154	0.362	0.352	0.193	0.160	0.554	0.512
Overtime	6.072	1.117	1.063	0.522	0.431	1.639	1.494
WLI's & extra sessions (Medical)	3.549	0.593	0.655	0.135	0.343	0.729	0.998
<b>Total Variable Pay</b>	<b>46.693</b>	<b>7.719</b>	<b>7.559</b>	<b>3.686</b>	<b>3.547</b>	<b>11.405</b>	<b>11.106</b>
<b>Total Pay</b>	<b>577.301</b>	<b>93.722</b>	<b>96.995</b>	<b>47.841</b>	<b>48.119</b>	<b>141.563</b>	<b>145.113</b>
<b>Pay Budget</b>	<b>576.692</b>	<b>93.124</b>	<b>97.581</b>	<b>47.583</b>	<b>48.275</b>	<b>140.707</b>	<b>145.857</b>
<b>Budget Variance (Fav)/Adv £m</b>	<b>0.609</b>	<b>0.598</b>	<b>(0.587)</b>	<b>0.258</b>	<b>(0.157)</b>	<b>0.856</b>	<b>(0.744)</b>

The increase in 2017/18 pay levels is mainly due to the cost of the annual pay award, the superannuation scheme administration levy and the apprenticeship levy. In addition monthly pay costs will vary dependent on the pattern of enhancements and the number of weekly payrolls falling in a month.

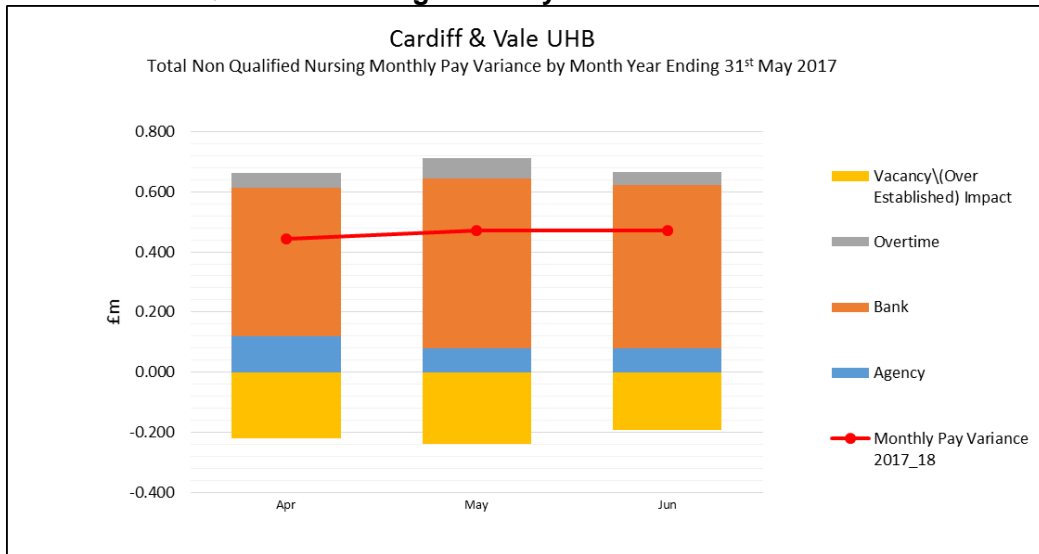
An analysis of pay expenditure by staff group is shown in Table 6.

**Table 6: Analysis of pay expenditure by staff group @ June 2017**

Pay	In Month			Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Additional clinical services	2.042	1.948	(0.094)	6.093	5.900	(0.193)
Management, admin & clerical	5.685	5.624	(0.061)	17.097	16.775	(0.322)
Medical and Dental	12.419	12.341	(0.078)	37.388	37.133	(0.255)
Nursing (registered)	14.309	14.159	(0.150)	43.819	43.060	(0.759)
Nursing (unregistered)	3.533	4.005	0.472	11.137	12.524	1.387
Other staff groups	7.476	7.444	(0.031)	21.981	21.904	(0.077)
Scientific, prof & technical	2.813	2.599	(0.214)	8.343	7.819	(0.525)
<b>Total £m</b>	<b>48.275</b>	<b>48.119</b>	<b>(0.157)</b>	<b>145.857</b>	<b>145.113</b>	<b>(0.744)</b>

With the exception of unregistered nursing all staff groups were broadly balanced or reported an underspend against budgets in month 3. Part of the overspend on unregistered nursing is driven by the requirement to cover vacancies in registered nursing posts and high levels of specialising. This is a significant pressure in the Medicine Clinical Board where efforts to recruit to vacant registered nursing posts are ongoing.

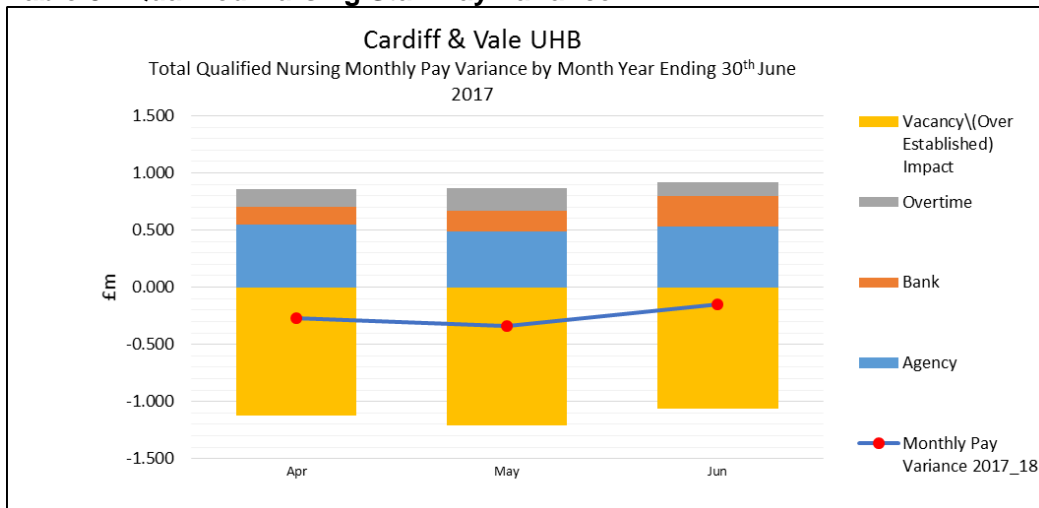
**Table 7 – Non Qualified Nursing Staff Pay Variance**



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.079	0.279
Bank	0.544	1.601
Overtime	0.042	0.160
Adverse Impact	0.665	2.040
Vacancy\ (Over Established) Impact	(0.193)	(0.653)
<b>Total Pay Variance - Unqualified Nursing (Fav)/Adv £m</b>	<b>0.472</b>	<b>1.387</b>

Table 7 illustrates that the majority of adverse variance against non-qualified nursing assistants is due to an overspend of £1.601m on bank staff which is partly offset by an underspend against established posts.

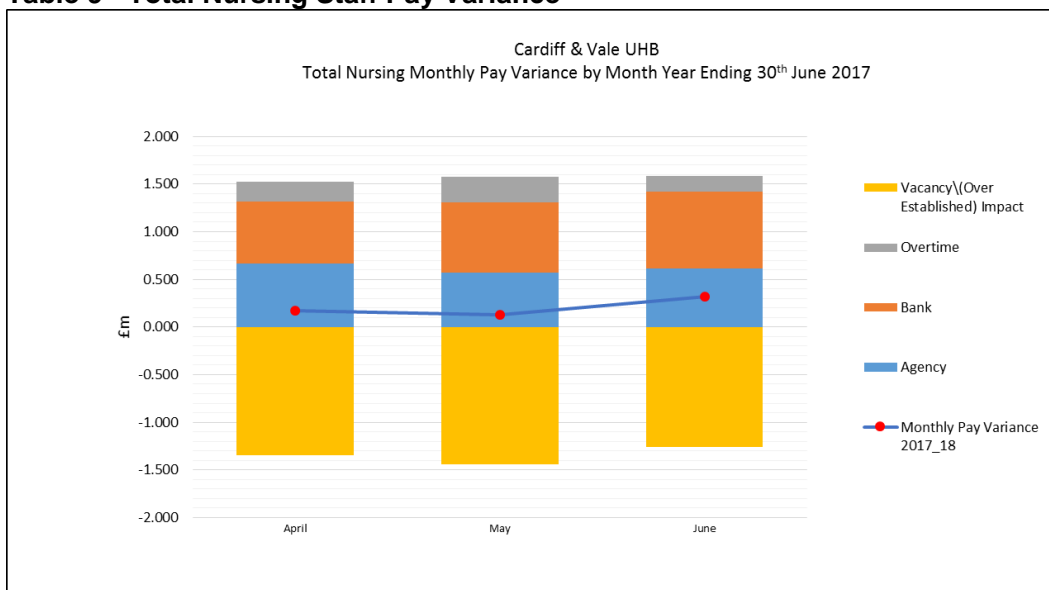
**Table 8 - Qualified Nursing Staff Pay Variance**



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.534	1.573
Bank	0.265	0.600
Overtime	0.117	0.465
Adverse Impact	0.916	2.638
Vacancy\ (Over Established) Impact	(1.066)	(3.397)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	(0.150)	(0.759)

The information in Table 8 indicates that expenditure on established posts is significantly less than budget. The in month underspend continues the trend set in the second half of the last financial year.

**Table 9 - Total Nursing Staff Pay Variance**



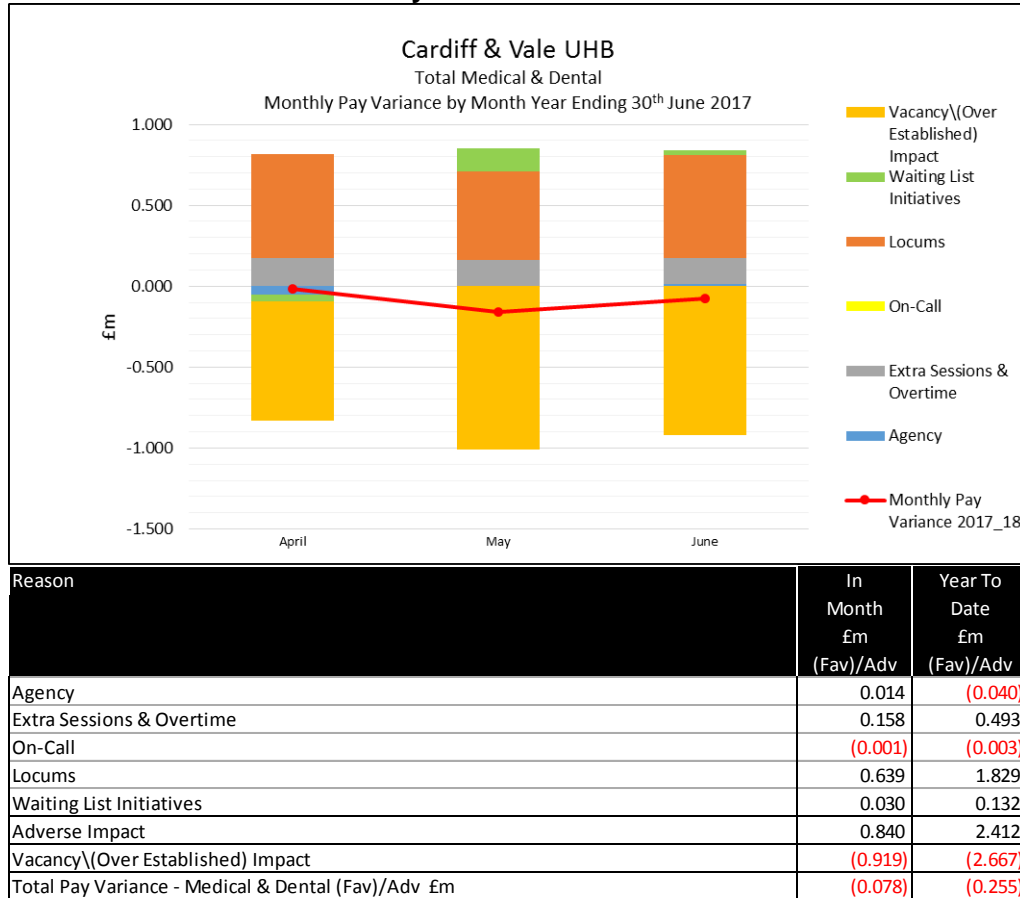
Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.613	1.852
Bank	0.810	2.201
Overtime	0.159	0.624
Adverse Impact	1.582	4.678
Vacancy\ (Over Established) Impact	(1.259)	(4.050)
Total Pay Variance - (Fav)/Adv £m	0.322	0.628

Table 9 confirms that expenditure against substantive nursing posts for the year to date is less than budget. However the combined overspend on agency, bank and overtime is greater than the underspend against vacant posts leading to an overall overspend against nursing budgets.

Table 10 shows financial performance against medical and dental pay budgets. This identifies that the favourable variance against established posts is partially offset by

expenditure on locums, waiting list initiatives and extra sessions leaving a favourable variance of £0.255m at month 3.

**Table 10 - Medical & Dental Pay Variance**



## Non Pay

Table 11 shows the financial performance against non pay budgets.

**Table 11: Non Pay Variance @ June 2017**

Non Pay	In Month			Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Clinical services & supplies	7.482	7.513	0.031	22.836	22.886	0.050
Commissioned Services	12.986	13.163	0.176	40.042	40.223	0.181
Continuing healthcare	4.919	4.939	0.020	14.631	14.656	0.024
Drugs / Prescribing	13.434	13.611	0.176	35.924	36.195	0.271
Establishment expenses	0.902	0.878	(0.025)	2.578	2.392	(0.186)
General supplies & services	0.575	0.746	0.171	1.764	1.998	0.234
Other non pay	4.039	4.159	0.120	4.130	4.384	0.254
Premises & fixed plant	2.819	2.686	(0.134)	8.435	8.304	(0.132)
Primary Care Contractors	11.447	11.527	0.079	33.809	33.890	0.080
<b>Total £m</b>	<b>58.605</b>	<b>59.221</b>	<b>0.616</b>	<b>164.149</b>	<b>164.926</b>	<b>0.777</b>

Table 11 highlights a £0.777m overspend against non pay budgets. In month pressure points include:

- Commissioned Services where the additional cost of the Velindre LTA is recognised.
- Drugs and prescribing where the additional monthly cost of the NCSO price concession for quetiapine, and olanzapine is estimated at £0.188m per month and will be monitored through the UHBs Medicines Management Process.
- Lab medicine where the number of high cost haematology tests has increased in year. The UHB has put in place a Lab Medicines Trading Framework so that the value of all tests can be assessed with clinicians.
- Continuing Healthcare where the number of new packages approved in month was significantly greater than the number of packages coming to an end.

## Financial Performance of Clinical Boards

Budgets are set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for 3 months to 30<sup>th</sup> June 2017 by Clinical Board is shown in Table 12.

**Table 12: Financial Performance for the period ended 30<sup>th</sup> June 2017**

Clinical Board	M2 Budget Variance £m	M3 Budget Variance £m	In Month Variance £m	Cumulative % Variance
Clinical Diagnostics & Therapies	0.154	0.052	(0.102)	0.20%
Children & Women	0.130	0.233	0.103	0.96%
Capital Estates & Facilities	(0.012)	0.013	0.025	0.08%
Dental	(0.000)	(0.004)	(0.003)	(0.04%)
Executives	(0.056)	(0.206)	(0.150)	(2.00%)
Medicine	0.238	0.322	0.084	1.19%
Mental Health	(0.049)	(0.036)	0.012	(0.20%)
PCIC	(0.199)	(0.172)	0.027	(0.23%)
Specialist	(0.031)	(0.144)	(0.113)	(0.38%)
Surgery	(0.005)	0.022	0.027	0.07%
Central Budgets	(0.151)	(0.109)	0.042	(0.32%)
<b>SubTotal</b>	<b>0.019</b>	<b>(0.030)</b>	<b>(0.049)</b>	<b>(0.01%)</b>
Planned Deficit	5.150	7.725	2.575	2.56%
<b>Total</b>	<b>5.169</b>	<b>7.695</b>	<b>2.526</b>	<b>2.55%</b>

The majority of Clinical Boards have broadly balanced month 3 expenditure within existing resources and budgets. The key exceptions are the Medicine Clinical Board which is overspent on its nursing budgets and Children and Women where there is underperformance in NICU alongside premium costs of medical cover.

**The expectation is that all Clinical Boards must deliver a balance budget at year end. All Clinical Boards are expected to complete a review of 2017/18 financial forecasts by mid-July. Those Clinical Boards with a forecast year end overspend will be escalated and requested to produce recovery plans in order to achieve a balanced year end outturn.**

### Savings Programme

The UHB agreed a 1.5% recurrent savings target of £13m and a further non recurrent savings targets of £4.333m for delegated budget holders. In addition the UHB targeted £2.695m savings through the delivery of UHB wide transformation. Further to this the UHB agreed a £14.973 stretch plan leading to an overall savings target of £35.001m

The development and delivery of delegated schemes is monitored through weekly reporting of individual schemes and the risk to delivery is measured by a traffic light system.

At the time of reporting the UHB has identified £22.591m of savings schemes and this is summarised in Table 13 and is detailed by Clinical Board in **Appendix 1**.

**Table 13: Progress against the 2017/18 Savings Programme at Month 3**

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	35.001	22.591	(12.410)

Further work continues to identify additional savings to deliver the plan. At the end of June the UHB needs to identify a further £12.410m of savings schemes as outlined in Table 13.

Savings gaps in delegated targets are phased into the financial position from month 3 onwards. The UHB agreed a £15m stretch target and is identifying additional savings to achieve this. Any shortfall against this will be phased into the position from month 7 onwards.

For the year to date £5.071m of savings are profiled into the position, against which the UHB has delivered £5.030m. The resultant shortfall of £0.041m is expected to be recovered as the year progresses.

### Balance Sheet (Appendix 2)

The opening balances reported in **Appendix 2** reflect the Audited Accounts approved by the Board on 1<sup>st</sup> June 2017.

The decrease in the carrying value of property, plant and equipment since the start of the year is largely due to depreciation. The £1.815m fall in non-current assets classified as assets held for sale reflects the sale of CRI West Wing.

The increase in the carrying value of Inventory held is partly due to a bulk order of discounted stock that will be utilised over the remainder of the financial year.

The main reason for the increase in trade debtors is the increase of £37.9m in amounts due from the Welsh Risk Pool following the change to the discount rate announced by the Lord Chancellor on 27<sup>th</sup> February 2017. This is mirrored by a similar increase in the value of provisions held since 1<sup>st</sup> April 2017.

The reduction in trade and other payables shown within current liabilities is largely due to the contractual timing of payments to pharmacists and a decrease in capital creditors, where the majority of the significant year end balances have now been settled.

### Cash Flow Forecast

The cash flow forecast is contained in **Appendix 3**. The UHB is currently forecasting the requirement for £7.034m cash assistance in respect of working balance movements and £30.9m Strategic Cash Assistance to cover the planned deficit. The UHB will seek this support from Welsh Government later in the financial year.

A reconciliation of the reported opening and closing cash position is shown in Table 14 below:

**Table 14: Reconciliation of opening and forecast closing cash position**

Description	£m
Opening Cash balance	0.881
Working balances arising	(7.034)
Forecast Deficit	(30.900)
<b>Forecast Cash Deficit £m</b>	<b>(37.053)</b>

### Public Sector Payment Compliance

Performance of 89.4% to the end of June is less than the 95% target. The poor performance is partly related to the transition to the All Wales Nursing Contract where the change in rate has caused a significant number of billing errors which have taken a time to resolve. This in turn has led to an invoice backlog, causing valid invoices to fail to be paid within the required timescale. Talks are ongoing with the agencies involved and with NWSSP colleagues with a view to resolving this going forward.

### Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of June 2017 is detailed in **Appendix 4** and summarised in Table 15.

**Table 15: Progress against Capital Resource Limit @ June 2017**

	£m
Planned Capital Expenditure at month 2	2.842
Actual net expenditure against CRL at month 2	0.178
Variance against planned Capital Expenditure at month 2	(2.664)

Capital progress to date has been slow. The reported net spend to the end of June is however skewed by the two significant asset sales where the net book value will provide a source of capital funds for the full year and not just the first three months.

### Financial Risks

The UHB's financial plan has again been reviewed and a stretch target of a £30.9m deficit has been agreed.

The key risks to be managed are as follows:

- Delivery of the savings target will require identification and delivery of a further £12.4m of savings schemes.
- A revised risk share agreement for WHSSC with a potential £0.5m cost.

## Key Concerns & Recovery Actions

At month 3, the key concerns and challenges are set out below:

1. Concern- Agreeing an operational plan with Welsh Government.

Action - The UHB continues to work with Welsh Government to ensure good financial management processes remain in place and to explore further options to support financial sustainability.

2. Concern - Budget overspends at month 3 in the Medicine and Children & Women Clinical Boards;

Action – All Clinical Boards have been asked to confirm plans to achieve year-end balance through the monthly forecasting framework. Clinical Boards with forecast year end overspends are required to determine recovery actions as part of the Clinical Board Performance Review Escalation Process.

3. Concern - Against the £35.0m savings programme, £22.6m green and amber schemes are in place, leaving a gap of circa £12.4m to be identified.

Action - The impact of any CRP shortfall in delegated targets is reflected in the month 3 position. Any shortfall against £15m stretch target will be phased into the position from month 7 onwards. The summary and detailed CRP tracker will be discussed in the Clinical Board Performance Reviews. The UHB is undertaking further work to refine this plan and further options are being considered to manage the financial risks in delivering the stretched target.

## CONCLUSION

The UHB is committed to achieving in year and recurrent financial balance as soon as possible without adversely affecting patient safety and service delivery.

The UHB currently has a draft financial plan for 2017/18 which includes the delivery of £22.6m identified savings and the identification and delivery of a further £12.4m of savings to deliver a £30.9m deficit. The UHB is undertaking further work to refine this plan and further options are being considered to manage the financial risks in delivering the stretched target. The UHB will continue to work with Welsh Government to ensure good financial management processes remain in place and to explore further options to support financial sustainability.

The reported financial position for month 3 is a deficit of £7.695m. This is made up of a budget plan deficit of £7.725m and a favourable variance against plan of £0.030m.

## Appendix 1

## 2017-18 Weekly Summary LIVE 2017-18 PYE w/c 3rd July 2017

Clinical Board	17-18 Target 1.5% Recurrent / 0.5% Non Recurrent	Granular Identified Green	Shortfall vs Green	Clinical Board Amber	Clinical Board Pipeline Red	Total Green & Amber	Total Green & Amber	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000	%	£'000
Corporate Execs	681	763	-82	151	27	914	3	-233
Capital Estates and Facilities	1,244	1,042	202	510	65	1,552	2.50	-308
Specialist Services	2,400	2,057	343	859	328	2,916	2.43	-516
PCIC	3,323	3,327	-4	226	450	3,553	2.14	-230
Surgery	2,357	1,979	378	459	56	2,439	2.07	-82
Mental Health	1,395	1,405	-10	0	46	1,405	2.01	-10
Medicine	1,878	1,523	355	356	94	1,879	2.00	-1
Children & Women	1,775	1,175	600	600	466	1,776	2.00	-1
CD&T	1,880	1,107	773	560	104	1,667	1.77	213
Dental	400	341	59	0	10	341	1.70	59
Transformational Opportunities	2,695	400	2,295	0	2,295	400	0.30	2,295
Stretch Plan	14,973			3,750		3,750	0.50	11,223
<b>Total</b>	<b>35,001</b>	<b>15,120</b>	<b>4,908</b>	<b>7,471</b>	<b>3,940</b>	<b>22,591</b>	<b>1.29</b>	<b>12,410</b>

## 2017-18 Weekly Summary LIVE 2017-18 FYE w/c 3rd July 2017

Clinical Board	17-18 Target 1.5% Recurrent	Granular Identified Green	Shortfall vs Green	Clinical Board Amber	Clinical Board Pipeline Red	Total Green & Amber	Total Green & Amber	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000	%	£'000
PCIC	2,493	3,239	-746	275	160	3,514	2.11	-1,021
Mental Health	1,047	1,030	17	0	46	1,030	1.48	17
CD&T	1,382	486	896	447	104	933	1.01	449
Dental	300	57	243	0	20	57	0.29	243
Surgery	1,768	1,404	364	545	175	1,949	1.65	-181
Capital Estates and Facilities	933	434	499	520	200	954	1.53	-21
Children & Women	1,331	553	778	479	760	1,032	1.16	299
Medicine	1,408	1,425	-17	277	977	1,702	1.81	-294
Specialist Services	1,800	1,141	659	637	328	1,778	1.48	22
Corporate Execs	501	153	348	87	16	239	0.72	262
Transformational Opportunities	2,695	400	2,295	0	2,295	400	0.22	2,295
Stretch Plan	tbc							
<b>Total</b>	<b>15,658</b>	<b>10,321</b>	<b>5,337</b>	<b>3,266</b>	<b>5,080</b>	<b>13,588</b>	<b>1.30</b>	<b>2,070</b>

## Appendix 2

Balance Sheet as at 30<sup>th</sup> June 2017

	Opening Balance 1 <sup>st</sup> April 2017	Closing Balance 30 <sup>th</sup> June 2017
<b>Non-Current Assets</b>	<b>£'000</b>	<b>£'000</b>
Property, plant and equipment	628,042	623,442
Intangible assets	1,601	1,436
Trade and other receivables	42,437	44,108
Other financial assets		
<b>Non-Current Assets sub total</b>	<b>672,080</b>	<b>668,986</b>
<b>Current Assets</b>		
Inventories	15,129	16,147
Trade and other receivables	137,493	175,397
Other financial assets	0	0
Cash and cash equivalents	881	7,908
Non-current assets classified as held for sale	1,815	0
<b>Current Assets sub total</b>	<b>155,318</b>	<b>199,452</b>
<b>TOTAL ASSETS</b>	<b>827,398</b>	<b>868,438</b>
<b>Current Liabilities</b>		
Trade and other payables	157,516	133,201
Other financial liabilities	0	0
Provisions	102,277	143,701
<b>Current Liabilities sub total</b>	<b>259,793</b>	<b>276,902</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>567,605</b>	<b>591,536</b>
<b>Non-Current Liabilities</b>		
Trade and other payables	10,207	10,074
Other financial liabilities	0	0
Provisions	44,615	40,500
<b>Non-Current Liabilities sub total</b>	<b>54,822</b>	<b>50,574</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>512,783</b>	<b>540,962</b>
<b>FINANCED BY:</b>		
<b>Taxpayers' Equity</b>		
General Fund	399,057	427,236
Revaluation Reserve	113,726	113,726
<b>Total Taxpayers' Equity</b>	<b>512,783</b>	<b>540,962</b>

## Appendix 3

CASH FLOW FORECAST AS AT 30<sup>th</sup> JUNE 2017

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
<b>RECEIPTS</b>													
WG Revenue Funding - Cash Limit (excluding NCL)	77,340	60,358	90,378	66,386	62,086	80,561	68,101	74,881	84,561	69,001	79,381	27,962	840,996
WG Revenue Funding - Non Cash Limited (NCL)	1,830	1,830	1,150	1,410	1,610	1,610	1,610	1,610	1,610	1,610	1,610	4,077	21,567
WG Revenue Funding - Other (e.g. invoices)	2,360	2,360	2,506	2,360	2,360	4,777	2,360	2,360	2,360	2,360	2,360	4,777	33,300
WG Capital Funding - Cash Limit	9,000	2,000	1,000	2,100	7,100	3,700	3,900	3,500	3,400	1,400	1,400	1,493	39,993
Sale of Assets	0	9,152	0	0	0	0	0	0	0	0	0	0	9,152
Income from other Welsh NHS Organisations	47,076	17,644	41,554	28,840	31,494	39,429	24,600	31,598	38,389	26,537	30,493	35,263	392,917
Other - (Specify in narrative)	11,438	3,599	7,579	5,385	7,447	6,438	5,889	6,279	5,876	5,900	5,320	8,621	79,771
<b>TOTAL RECEIPTS</b>	<b>149,044</b>	<b>96,943</b>	<b>144,167</b>	<b>106,481</b>	<b>112,097</b>	<b>136,515</b>	<b>106,460</b>	<b>120,228</b>	<b>136,196</b>	<b>106,808</b>	<b>120,564</b>	<b>82,193</b>	<b>1,417,696</b>
<b>PAYMENTS</b>													
Primary Care Services : General Medical Services	5,249	4,042	8,318	4,146	4,114	5,550	4,114	4,114	5,550	4,114	4,114	5,550	58,975
Primary Care Services : Pharmacy Services	153	124	144	112	135	135	135	135	135	540	270	270	2,288
Primary Care Services : Prescribed Drugs & Appliances	15,528	2	15,095	0	7,680	15,360	0	7,680	15,360	0	7,680	7,680	92,065
Primary Care Services : General Dental Services	1,734	1,877	1,908	1,936	1,865	1,865	1,865	1,865	1,865	1,865	1,865	1,865	22,375
Non Cash Limited Payments	1,986	2,196	1,910	2,173	2,120	2,120	2,120	2,120	2,120	2,120	2,120	2,120	25,225
Salaries and Wages	45,715	47,104	47,578	46,692	46,842	47,075	47,071	47,190	46,847	46,970	47,409	47,512	564,005
Non Pay Expenditure	41,188	43,621	48,892	44,219	38,586	44,498	44,418	44,639	44,839	45,007	44,753	43,880	528,540
Capital Payment	9,738	1,925	1,323	2,268	7,822	3,698	3,879	3,565	3,373	3,297	3,444	4,311	48,643
Other items (Specify in narrative)	15,801	2,891	17,084	2,947	8,915	16,067	2,920	8,915	16,067	2,920	8,915	10,072	113,514
<b>TOTAL PAYMENTS</b>	<b>137,092</b>	<b>103,782</b>	<b>142,252</b>	<b>104,493</b>	<b>118,079</b>	<b>136,368</b>	<b>106,522</b>	<b>120,223</b>	<b>136,156</b>	<b>106,833</b>	<b>120,570</b>	<b>123,260</b>	<b>1,455,630</b>
<b>Net cash inflow/outflow</b>	11,952	(6,839)	1,915	1,988	(5,982)	147	(62)	5	40	(25)	(6)	(41,067)	
<b>Balance b/f</b>	881	12,833	5,994	7,909	9,897	3,915	4,062	4,000	4,005	4,045	4,020	4,014	
<b>Balance c/f</b>	12,833	5,994	7,909	9,897	3,915	4,062	4,000	4,005	4,045	4,020	4,014	(37,053)	



<b>PERFORMANCE REPORT</b>	
<b>Name of Meeting :</b> Board Meeting	<b>Date of Meeting :</b> 27 July 2017
<b>Executive Lead :</b> Director of Public Health	
<b>Authors :</b> Members of the Performance and Information Department (tel 029 20745602)	
<b>Caring for People, Keeping People Well:</b> This report underpins the integrity value of the Health Board's Strategy, providing transparency on our progress in delivering our duties to our resident population and patients and clients who rely on us to provide clinically and cost effective care.	
<b>Financial impact:</b> The achievement of the efficiency and productivity targets will deliver savings to support the financial position	
<b>Quality, Safety, Patient Experience impact :</b> The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement	
<b>Health and Care Standard 1 – Governance Leadership and Accountability CRAF Reference No 6 - Resources</b>	
<b>Equality and Health Impact Assessment Completed:</b> Not Applicable	

### ASSURANCE AND RECOMMENDATION

**REASONABLE ASSURANCE** is provided by:

- the fact that the UHB is making progress in delivering our Operational Delivery Plan for 2017/8 by achieving compliance with 20 of its 60 performance measures.

The Board is asked to:

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

### SITUATION

The full Performance Report sets out the UHB's performance against Welsh Government (WG) Delivery Framework and other priority targets up to June 2017 and provides more detail on actions being taken to improve performance in areas of concern.

### BACKGROUND

The UHB is presently compliant with 17 of its 60 performance measures (May = 23, March = 23/58) and is making satisfactory progress towards delivering a further 23 (May = 16, March =13).

The Welsh Government's Delivery Framework has been revised for 2017/18, with new measures or revisions to existing measures having been adopted. A number of

these have been adopted as performance measures for the UHB and are reported on in this report.

These new or revised measures are:

#4 % Universal mortality reviews undertaken within 28 days of a death

#7 Number of new serious incidents & % assured within agreed timescale

#31 Dementia Bundle:

Diagnosis: improvement in proportion >65years diagnosed with dementia,  
Access: attain 95% memory patients seen within 14 weeks, Training:  
improvement in the proportion of GP practices that completed the mental  
health directly enhanced service (training) in dementia care

#38 Continuous periods of hospital care with any mention of intentional self-harm for children and young people

#41 Proportion of adults consuming > 14 units of alcohol per week

#53 Reduction in the outpatient did not attend rates for New and Follow Up attendances

#54 Number of procedures undertaken that are on the UHB's "Interventions not normally undertaken" list for procedures of limited clinical effectiveness

Where there have been changes in the measures identified above and or there remains an absence of a baseline, no assessment of our performance has been made. This applies to measures:

#4 % Universal mortality reviews undertaken within 28 days of a death – improvement target

#14 Reduction in number of patients who had a potentially preventable Hospital Acquired Thrombosis (VTE) up to 90 days post discharge (definitional change)

#41 Proportion of adults consuming > 14 units of alcohol per week (new measure)

Since the last report no measures have improved, and six measures have deteriorated. These are:

#11 - Primary care contractor professionals' assurance status where there are core GMS Service Sustainability Issues for 6 Practices within the UHB, with all receiving support to ensure viability

#27 - The proportion of secondary Mental Health service users with a care and treatment plan as defined by part 2 of the mental health measure has fallen from 93% to 89%, against the WG target of 90%.

#33 – The proportion of patients on an urgent suspected cancer pathway and with a confirmed diagnosis of cancer treated within 62 days reduced from 95% to 91%, above the UHB's forecast level of performance set out in the performance

trajectories, but below the 95% target. The proportion of patients on a non-urgent suspected cancer pathway and with a confirmed diagnosis of cancer treated within 31 days remained above 98%.

#39 – The age standardised emergency admission rate for hip fractures in the population aged 65 or greater rose insignificantly over the course of the year from 545 in 2015/16 to 571. The confidence levels being 545 +/- 52. An amber score has been recorded as the expectation is that the UHB would reduce the admission rate over the period.

#43 Rate of conceptions among females under 18 also increased insignificantly from 27.5 per 1000 in Cardiff and 15.8 per 1000 in the Vale of Glamorgan in 2014 to 27.5 per 1000 in Cardiff and 19 per 1000 in the Vale of Glamorgan in 2015. An amber score has again been recorded as the expectation is that the UHB would reduce the rate over the period.

#53: The outpatient did not attend rates for New and Follow Up appointments rose from 9.8% and 12.2% respectively in 2016/17 to 10.2% and 12.2% respectively over the 1<sup>st</sup> quarter of 2017/18.

Consequently there are now 20 measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

This is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Improving our patients' experience of care	10	9	10	14.5/29
Improving the health and well being and reducing inequity of our population	5	8	2	9/15
Making effective use of our staff and resources	2	6	8	5/16
<b>Total</b>	<b>17</b>	<b>23</b>	<b>20</b>	<b>28.5/60</b>

## ASSESSMENT

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

- Smoking cessation
- Mental Health Measures
- Unscheduled care report incorporating Emergency Department and ambulance response and handover times, delayed transfers of care, and chronic condition emergency admission rates
- GP Out of Hours services
- Stroke
- Cancer
- Elective access including dementia and diagnostic waiting times, postponed admissions and non attendance rates
- Healthcare Acquired Infection
- Hand hygiene
- Pressure ulcers
- Performance appraisal and development reviews

Commentary and assessment on the latest finance and quality and safety indicators is provided in separate reports from the Directors of Finance and Nursing respectively.



## PERFORMANCE REPORT

### SITUATION

This report provides commentary and advises on the actions being taken to drive improvement in the following areas of performance set out by the Welsh Government (WG) which have been prioritised by the Board or which have deteriorated over the period covered by the report. These are:

- Smoking cessation
- Mental Health Measures
- Unscheduled care report incorporating Emergency Department and ambulance response and handover times, delayed transfers of care, and chronic condition emergency admission rates
- GP Out of Hours services
- Stroke
- Cancer
- Elective access including dementia and diagnostic waiting times, postponed admissions and non attendance rates
- Healthcare Acquired Infection
- Hand hygiene
- Pressure ulcers
- Performance appraisal and development reviews

Details of patient experience measures and the financial position are covered in separate reports to the Board.

### BACKGROUND

The UHB is presently compliant with 17 of its 60 performance measures (May = 23/58, March = 23/58) and is making satisfactory progress towards delivering a further 23 (May =16, March =13).

There are now 20 measures (May =22) where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale. This is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Improving our patients' experience of care	10	9	10	14.5/29
Improving the health and well being and reducing inequity of our population	5	8	2	9/15
Making effective use of our staff and resources	2	6	8	5/16
<b>Total</b>	<b>17</b>	<b>23</b>	<b>20</b>	<b>28.5/60</b>

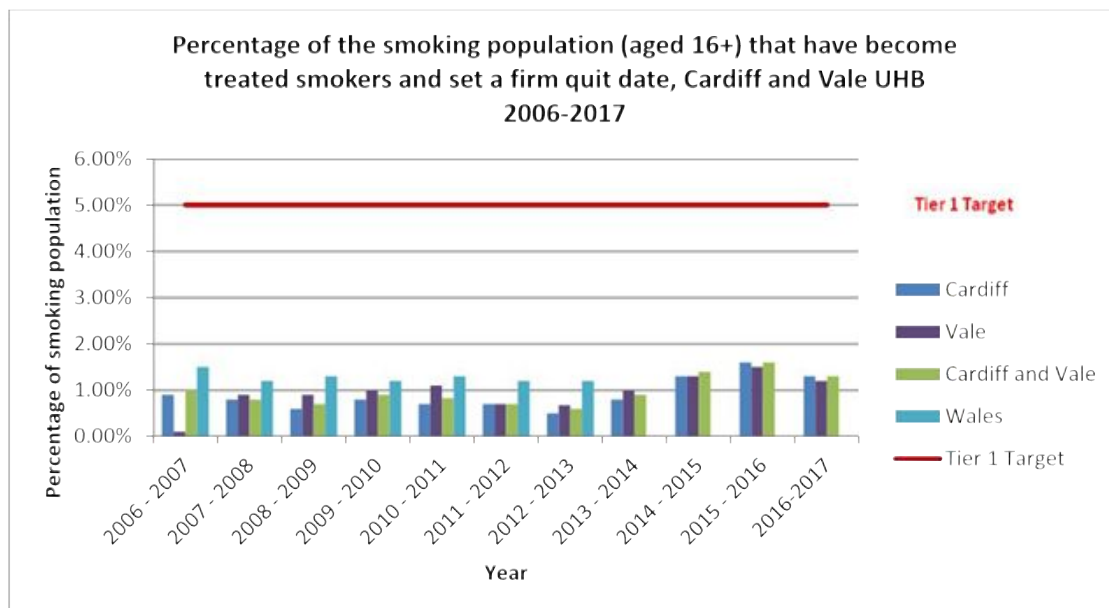
## ASSESSMENT

### 1. SMOKING CESSATION

#### How are we doing?

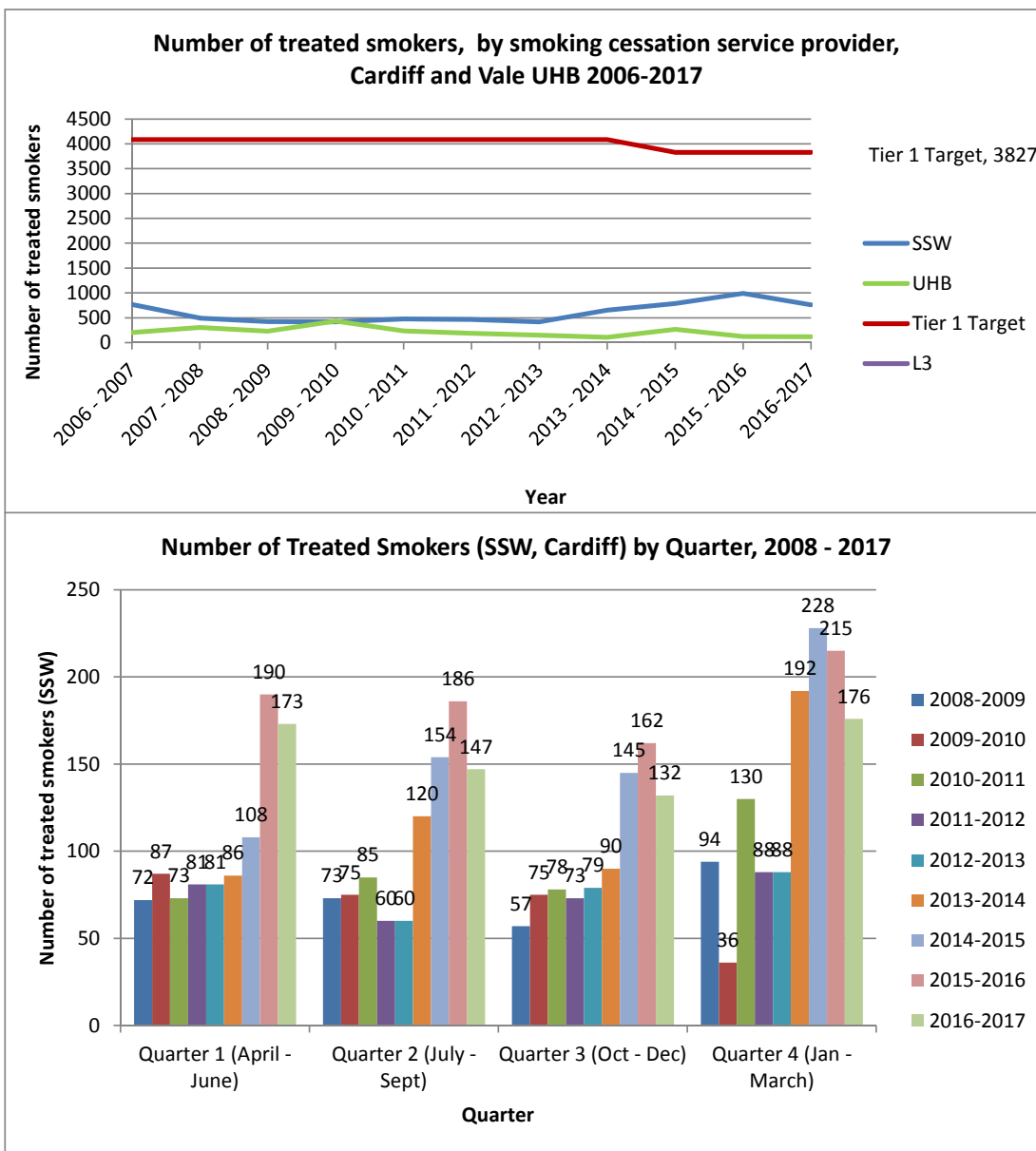
Target 1: At least 5% of Cardiff and Vale residents make a quit attempt (known as *Treated Smokers*) via smoking cessation services in the year.

UHB has achieved a 1.3% Tier 1 Treated Smoker rate (against a target of 5%). This is a deterioration on recent years, during which 1.6% of the smoking population in 2015-2016, and 1.4% in 2014-2015 attempted to quit.



In terms of individual service performance from the 3 providers:

- Stop Smoking Wales (SSW) contributed 1%.
- The UHB's service contributed 0.2%.
- The Level 3 (L3) Community Pharmacy contributed 0.2%.



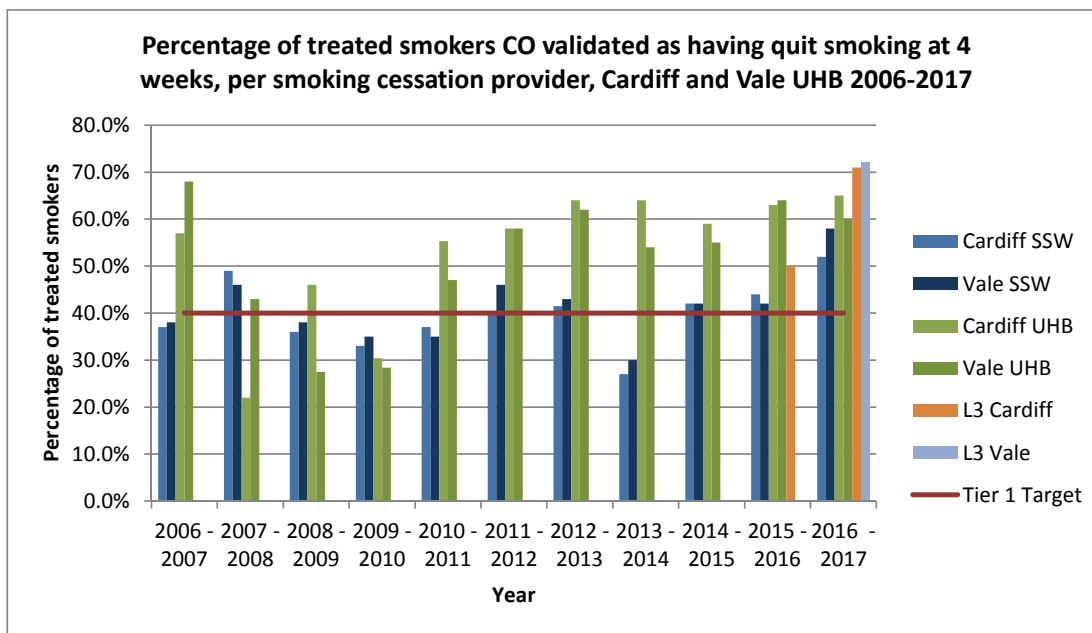
- Quarter 4 Data for all smoking cessation services combined shows an increase in the number of Treated Smokers for Qtr 4 this year – when compared with the previous Quarter (Qtr 3 2016-2017), however, the percentages are down when compared to the same quarter last year (0.5%) 2015-2016 and the same for the Qtr 4 the previous year (0.4%) 2014-2015

- 5 additional Community Pharmacies are now offering L3 Enhanced Service for Smoking Cessation in areas of high deprivation – a total of 20. In total 132 clients accessed these services during 2016-2017 (the first full year of service provision) with 118 of those becoming ‘Treated Smokers’ (89%) and 84 quitting smoking at 4 weeks (71%).

**Target 2: Greater than 40% of Treated Smokers quit smoking at 4 weeks – CO Validated**

The UHB achieved a 56% 4 week CO validated quit rate for 2016-2017 against a target of 40%. This is an increase from the previous year (46%, 2015-2016) and the year before (44%, 2014-2015).

- The UHB achieved a 54% 4 week CO validated quit rate for Qtr 4 2016-2017, All 4 quarters of the year reflect a rate of over 50%.
- In terms of individual service performance from the 3 providers:  
SSW achieved 53% against Tier 1 target of 40%.  
UHB achieved 63% against Tier 1 target of 40%.  
Level 3 achieved 71% against Tier 1 target of 40%.
- The UHB’s Level 3 smoking cessation service is routinely achieving much higher rates of validated CO 4 week quit rates than any other Level 3 smoking cessation across Wales.



NB: L3 Enhanced Service Community Pharmacy commenced September 2015

**How do we compare with our peers?**

The UHB has the lowest recorded proportion of its population who smoke attempting to quit using national smoking cessation services. It has the 2<sup>nd</sup> highest proportion of successful quit attempts.

April-Dec 2016	Wales	ABM	AB	BC	C&V	CT	HD	Powys	C&V Rank
%Welsh resident smokers who make a quit attempt via smoking cessation services	2.1%	1.8%	2.0%	2.9%	0.9%	2.9%	1.6%	1.6%	7/7
%Welsh resident smokers who are CO validated as successfully quitting at 4 weeks	41%	51%	41%	30%	57%	38%	57%	47%	2/7

### What actions are we taking?

- Smoking prevalence across Cardiff and Vale of Glamorgan continues to decline. The recently published National Survey for Wales Report shows Cardiff and Vale UHB to have a smoking prevalence of 16% - therefore meeting Welsh Government's 2020 target.
- It is recognised that the majority of smokers 'quit alone' (49%) and do not access specialist smoking cessation service support (West, 2006). Of those that do access support, it is widely accepted that advice is given via a GP appointment and immediate Nicotine Replacement Therapy (NRT) is given – data that is not currently captured across Wales.
- From a GP Engagement project carried out by the Local Public Health team during 2012, it was noted that over 60% of all GP Practices in the UHB choose to treat smokers 'in-house' – without referring to an external smoking cessation provider.
- This 'missing data' has been raised at the Tobacco Control Strategic Partnership Group chaired by Welsh Government and is scheduled to be discussed at a workshop planned for July 2017.
- In order to include GP data, Welsh Government must accept a change in data definition used for 'Treated Smoker' (attended at least one treatment session and set a firm quit date) and secondly, establish systems to access the GP held data quarterly.
- The role of e-cigarettes in supporting smokers quitting smoking is being observed across all smoking cessation providers with many 'smokers' (who are either dual use e-cigarettes or solely using e-cigarettes) contacting smoking cessation services for support to quit 'smoking'. For those not smoking tobacco, clients can be offered behavioural support – but not counted in Tier 1 data – and are not issued with NRT.
- The national 'Help me Quit' (HMQ) brand – led by Welsh Government – was launched in April 2017 supported by TV advertising, billboard posters and radio broadcasting. A national Call centre signposts smokers to the most appropriate service.

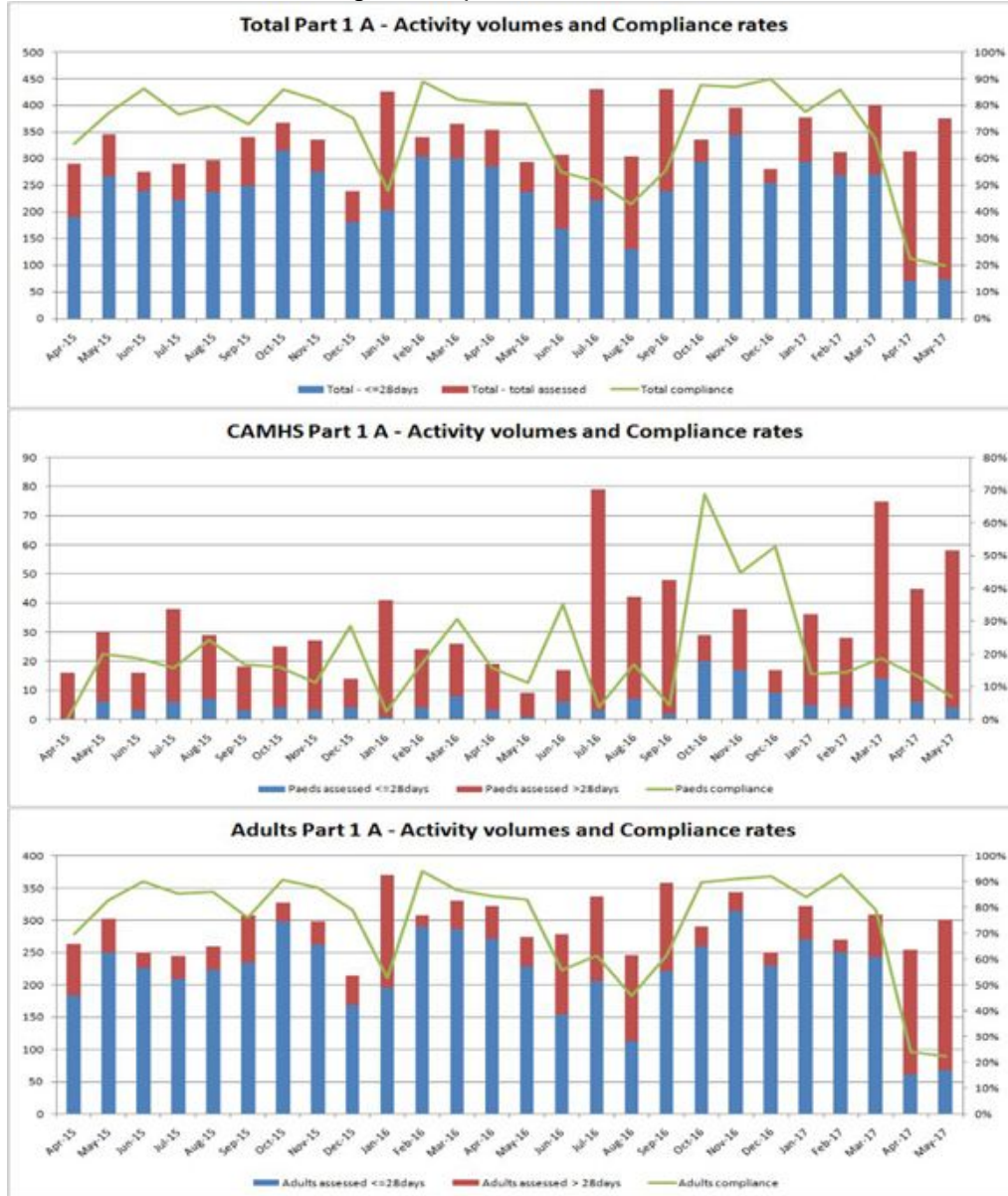
## 2) MENTAL HEALTH

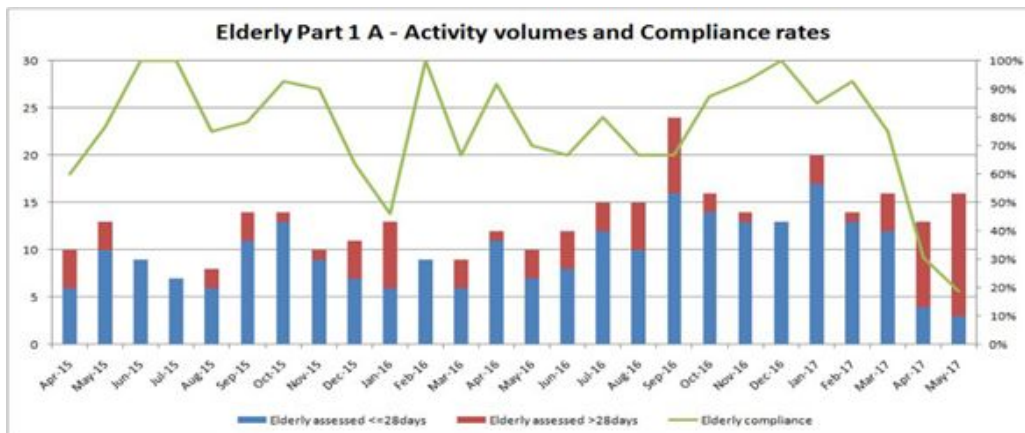
### How are we doing?

#### Part 1a: Service users to receive an assessment within 28 days

Overall 20% of service users seen in May were assessed by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of referral, against the Welsh Government's minimum standard of 80%.

All three services failed to meet the 80% standard, despite 375 users being assessed in the month. Longitudinal performance is shown below:





In respect of CAMHS, compliance against Part 1a was 7% in May, the significant fall in performance is attributed to an increase in referrals and gaps in the staff complement.

Compliance for Adult and Older Peoples services deteriorated due to: a number of staff being absent, having unplanned medium and long term sickness; staff vacancies; and a high level of referrals during quarter 4 of 2016/2017. A backlog has resulted from the high level of referrals, resulting in access times growing beyond the 28 day target.

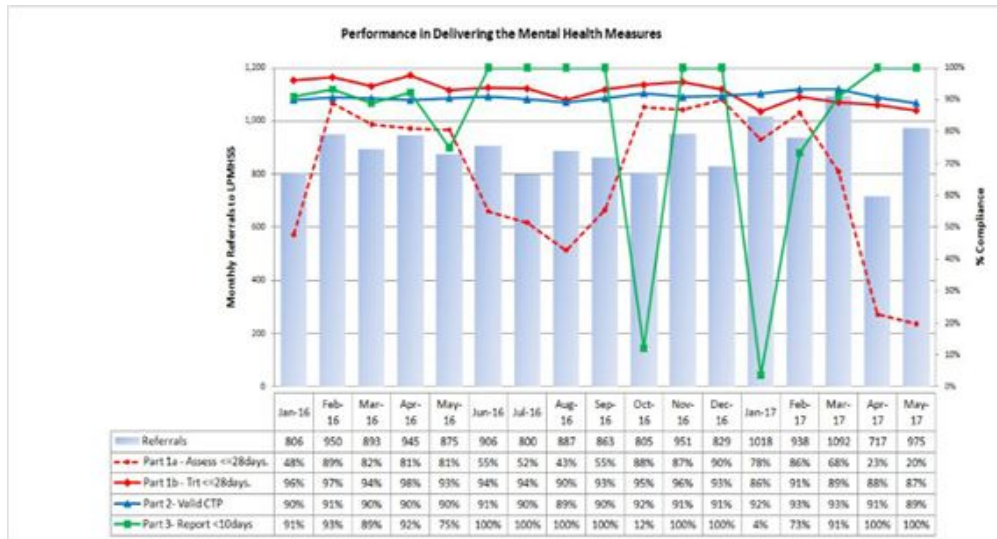
Overall referral volumes into adult and older people’s services received between April and June 2017 were lower than the peaks observed between January to March at 717, 975 and 877 respectively which are levels more to the norm experienced prior to the peaks in January and March.

Part 1b: Overall 87% of service users started a therapeutic intervention following assessment by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of their assessment against a standard of 90%.

Therapy commenced within 28 days	CAMHS	Adults	Elderly	Total
<=28days	3	118	9	130
Total commencing therapy	3	138	9	150
% Compliance	100%	86%	100%	87%

Part 2: Overall 89% of LHB residents had a valid Community Treatment Plan completed at the end of May which is below the standard of 90%. Adult, Service for Older People and Learning Disabilities are all above 90% whereas CAMHS is below the standard at 37.9%.

The CAMHS service for young people is managed by Cwm Taf. The significant drop in performance is being attributed to staff being more aware of the criteria to identify Part 2 cases and a decrease in the capacity of generic teams through vacancies, staff sickness and a rotation of staff, such as doctors in training.



Part 3. 100% of former users assessed under part 3 of the measure were sent their outcome of assessment report within 10 days.

Part 4 of the measure relating to the advocacy service continues to be met.

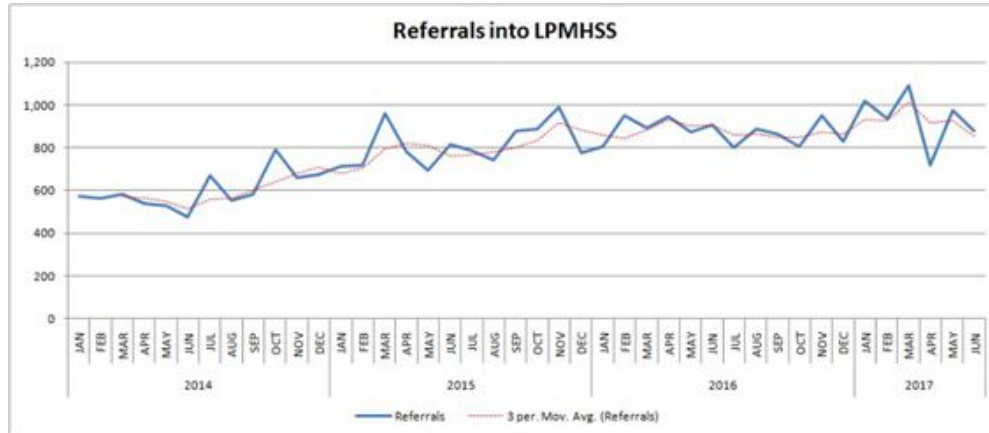
**How do we compare with our peers?**

Comparison with the performance of other Health Boards in Wales in delivering the mental health measures in the month of April 2017 is shown below:

	Part 1a	Part 1b	Part 2	Part 3
	Part 1a. % of assessments by the LPMHSS undertaken within 28 days from the receipt of the referral	Part 1b. % of therapeutic Interventions started within 28 days following an assessment by the LPMHSS	% of residents with a valid CTP	% of residents sent their outcome assessment report within 10 days of their assessment.
Wales	79.0%	82.1%	90.6%	100.0%
ABM	85.1%	76.8%	90.4%	100.0%
AB	89.8%	86.2%	90.7%	100.0%
BCU	80.9%	81.9%	90.3%	100.0%
C&V	22.7%	88.4%	90.7%	100.0%
CTaf	91.0%	93.7%	90.5%	100.0%
HDda	90.0%	90.8%	90.7%	100.0%
Powys	72.1%	34.7%	92.5%	100.0%
Rank	7/7	3/7	2/7	1/7

**What are the main areas of risk?**

The key risk has been the unknown point at which demand will stabilise and sustainable capacity levels achieved. Using a 3 month moving average to smooth out the variation, the chart below shows that referrals were looking more stable, however now averaging 936 over the last 12 months due to over 1000 referrals in January and March is a concern for the service. The risk has materialised this quarter, as the service has lost capacity and not had the resilience to meet demand, resulting in a backlog of patients waiting and growing access times.



### What actions are we taking?

#### Primary Mental Health

Additional funding for the Primary Mental Health service has been approved for all age ranges and continues to be used to underpin our actions.

The child and adolescent mental health service have engaged with the Delivery Unit and are working towards a 60 day recovery plan. June's performance is already showing improvement. In addition, a recovery plan to reduce the waiting time for assessment down to 28 days has been developed. The core elements of the plan entail:

- i) Addressing the Staffing issues
- ii) Improving the accuracy of data recorded on the PARIS system
- iii) Ensuring that capacity can flex to meet variation in demand and patients progressing on to requiring therapeutic interventions
- iv) Changing the Service Model to increase further the use of:
  - Advice and Signposting
  - Telephone consultation
  - Triage
  - School based work
- v) Revised referral pathways to speed up time it takes to process and book patients
  - Current management of referrals through adult service
  - Speed of receiving referrals

- Direct transfer of referrals between sCAMHS and PMH
- vi) Improved management of referrals from specialist CAMHS (sCAMHS)
  - Draft sCAMHS referral criteria
  - Local Acceptance rate by sCAMHS
- vii) Enhancing Operational Capacity
  - Lead Clinical Psychologist with 1 additional session
- viii) Addressing accommodation for clinics and paperwork

The Cwm Taf Health Board has also developed an action plan to improve the administration of CPT reviews and to increase the clinic capacity by two sessions per month starting from September 2017.

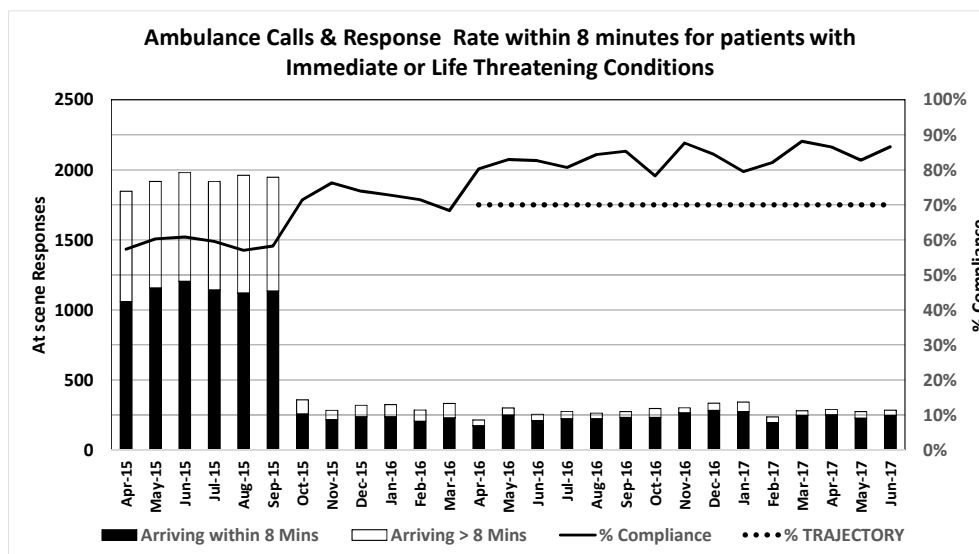
**Adult and Older people services**

The sickness absentees have now returned to work and 2 of the four vacancies are now in post. Since the staff have returned and the new staff started, an improvement in the compliance is already being seen. A cursory assessment of the Part 1a compliance for July is currently running at 53%.

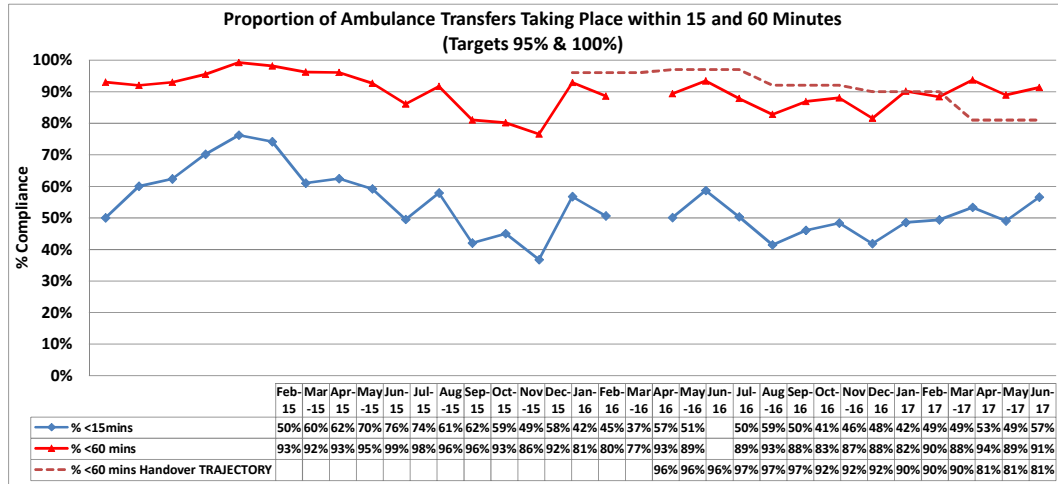
**3) UNSCHEDULED CARE PERFORMANCE**

**How are we doing?**

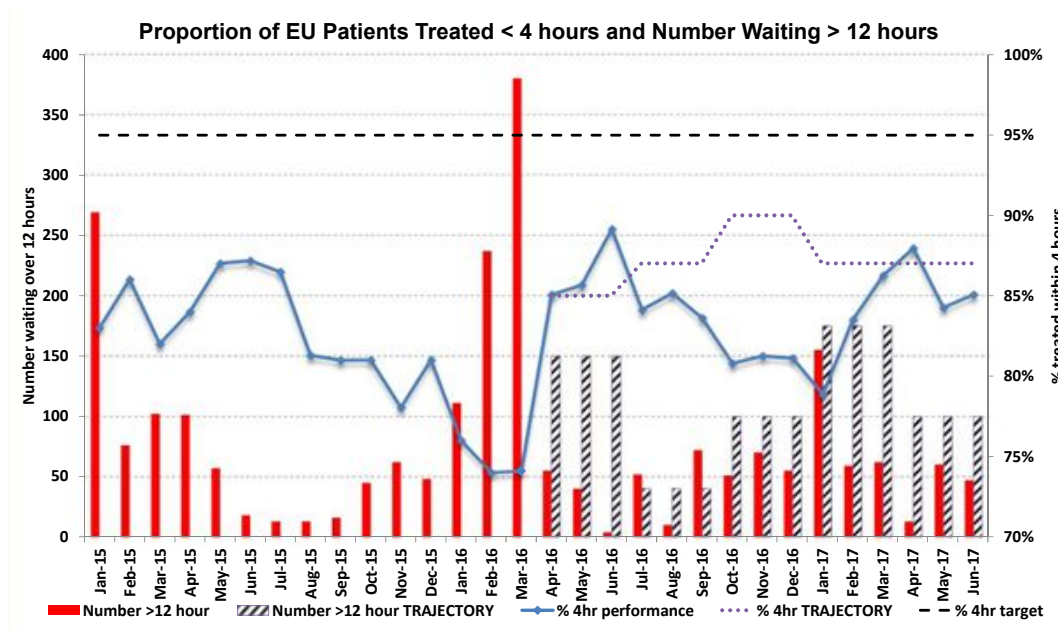
Since the change in the Ambulance Service’s (WAST) response model which commenced in October 2015, the 8 minute target only applies to Immediate and Life Threatening cases. Reported performance levels have been consistently above the target for some time, with the most recent month having 245 patients out of 283 (86.5%) responded to within 8 minutes.



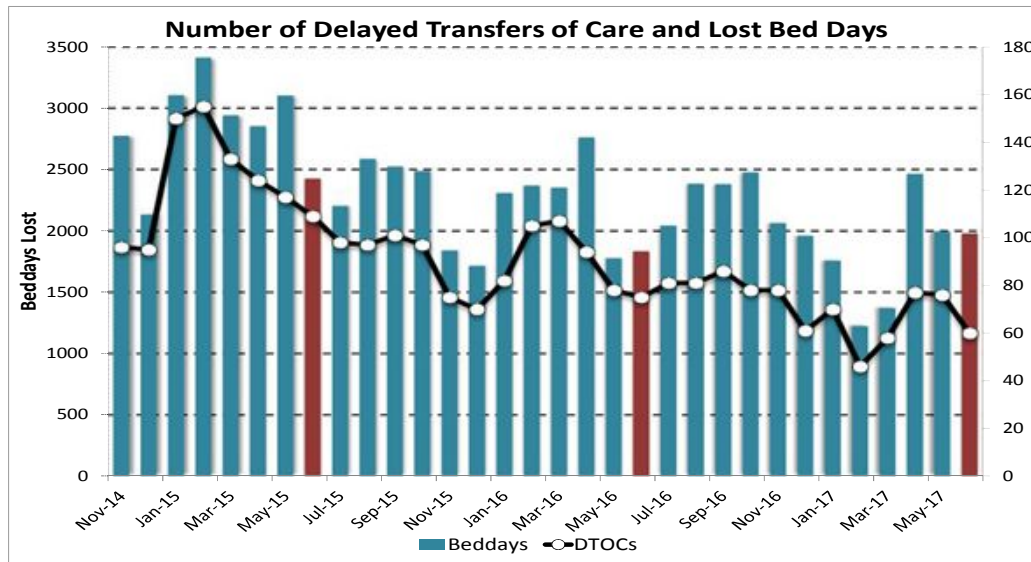
In respect of ambulance handover delays, performance in June was at 57% for patients handed over within 15 minutes and 91% of patients handed over within an hour.



Performance against the Welsh Government’s standard requiring 95% of patients to be admitted, discharged or treated within 4 hours of arrival in EU was 85% in June, with 47 patients having waited to be admitted for more than 12 hours.



At the June 2017 census point, the UHB recorded that 60 patients had their care pathway delayed as per formal WG rules. This is amongst the lowest reported values in recent months, although the lost capacity for the month is 5 more than in June 2016.



**How do we compare with our peers?**

The latest Welsh Government performance data available indicates that C&V was ranked 1<sup>st</sup> across Wales for 3 of the four indicators.

Month	Apr-17	Apr-17	Apr-17	Apr-17
HB	4 Hour	Patients >12Hrs	Red Call <8 Minutes	Ambulance Waits >1 Hr
ABM	79.2%	428	79.9%	244
AB	81.9%	447	82.3%	187
BCU	76.7%	968	82.4%	721
C&V	87.9%	13	82.8%	281
CT	86.7%	139	71.7%	3
HD	87.5%	274	73.1%	37
Wales	82.8%	2,269	79.5%	1,514
C&V Rank	1/6	1/6	1/6	5/6

The UHB has the 6<sup>th</sup> highest rate of delayed transfers of care of patients aged over 75 years overall in Wales for non-Mental Health, though for Mental Health the position has deteriorated further based on the most up to date data available for all LHBs.

April-17		ABM	AB	BCU	C&V	CT	HDda	Powys	C&V Rank
No. of DTOCs per 10,000	Non Mental Health	118.1	158.8	201.6	170.1	148.8	56.3	165.8	6/7
	Mental Health	4.9	2.0	2.7	5.0	3.0	4.0	1.7	7/7

### **What are the main areas of risk?**

Delivery of high quality, safe care in EU requires the availability of sufficiently trained clinical decision makers to meet demand 24 hours a day, 7 days a week and sufficient capacity within the department to assess and treat patients. The ability to recruit staff and for patients to be transferred up to a ward or the assessment units as and when their care requires it, remain the two key risks.

Patients whose care pathways are delayed are not receiving the most effective, safest care. There is an opportunity cost of a bed and its associated resources being used sub optimally, as other patients requiring that capacity are delayed, potentially requiring them to also be treated sub-optimally.

### **What actions are we taking?**

As reported previously, whilst the UHB continues with implementation of the longer term whole systems Unscheduled Care plan through its Transformation Programme, there are a number of more immediate actions to maintain and improve performance. These include:

- Tactical deployment of additional bed capacity e.g. on bank holidays and at weekends
- Working with WAST to develop and implement new EU attendance avoidance pathways
- Improved resilience in our Primary Care GP OOH service
- Phase two of implementation of the Ambulatory Emergency Care model - (i) Model will be more inclusive in terms of catchment of patients (ii) Co-location of GP OOH Primary Care Centre (facilitates greater linkage between primary & secondary care and enabling opportunities for joint pathways e.g. diversions).
- A Local Operating Model, commenced on 5th June, in UHL in order to manage the site from a Medicine perspective with the same focus as at UHW.
- Working with our partners, review the 2016/17 Integrated Plan in order to inform our 2017/18 Integrated Winter Plan. The first iteration of the 2017/18 Integrated Plan will be considered at the July meeting of the Board.

## **4) GP OUT OF HOURS SERVICES (OOH)**

### **How are we doing?**

The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. The latest update is as follows:

In summary for June, the UHB achieved the following:

- 6 areas were reported as Green (9 reported for March)
- 6 areas were reported as Amber (2 reported for March)
- 5 areas were reported as Red (6 reported for March)

Cardiff and Vale of Glamorgan Out of Hours Monthly Data Report					
Demonstrates volumes only			Jun-17		
Standard	Description	Target	Total	Result	Score
Telephone Services					
Telephone Calls	No of calls answered within target	95% ans. in 60 secs	7321	6535	89%
		100% ans. in 120 secs	7321	6886	94%
Abandoned Calls	No of callers who abandon after 60 secs.	No more than 5%	7321	147	2%
Handling	% of calls recording correct demographics	100% Correct	7321	7321	100%
Telephone Triage Services					
Urgent Triage	No of urgent calls, logged & returned	98% triaged within 20 mins	2080	1767	85%
Routine Triage	No of routine calls, logged & returned	98% triaged within 60 mins	3502	3126	89%
Immediate Life Threatening (ILT) Conditions					
Referral	No of life threatening conditions identified	100% within 3 mins	138	138	100%
Home Visiting					
Home Visits	No and percentage of home visits	No target	7351	508	7%
HV P1 (Emerg)	No of face to face contacts within one hour	75% seen within one hour	18	14	78%
	No of face to face contacts within two hours	100% seen within two hours	18	17	94%
HV P2 (Urgent)	No of face to face contacts within two hours	98% seen within two hours	185	156	84%
HV P6	No of face to face contacts within six hours	98% seen within six hours	305	238	78%
Primary Care Centre Appointments					
PCC	No and percentage of PCC attendances	No target	7351	2140	29%
PCC P1 (Emerg)	No of face to face contacts within one hour	75% seen within one hour	21	14	67%
	No of face to face contacts within two hours	100% seen within two hours	21	20	95%
PCC P2 (Urgent)	No of face to face contacts within two hours	98% seen within two hours	311	264	85%
PCC P6	No of face to face contacts within six hours	98% seen within six hours	1808	1789	99%
Transmissions					
Transmissions	No of reports sent to GP Practice by OOH	100% by 9am	8758	8758	100%
Other Data					
Rota	No of 1 Hour Shifts Filled	100% of shifts filled	4060	3230	80%

Non-target indicators are also included, showing that 7% of calls resulted in a home visit (same as March) and 29% resulted in the patient attending a Primary Care Centre appointment (28% in March).

The reported position is a deterioration from the March 2017 position, but crucially, the fill rate for clinical sessions was 6% lower this month. This in turn is higher than it was for both April and May and indeed in overall terms performance in June is better than both of those months.

The challenges continue for the UHB in trying to ensure that these clinical shifts are filled as far as is possible, since this holds the key for improved performance.

### How do we compare with our peers?

Progress is being made on all Wales data collection for OOH services and it is anticipated that this data will both be available and usable during this financial year. It remains the intention to include this data in the Primary Care Information Portal.

### What are the main areas of risk?

The key area of concern continues to be meeting the triage targets, given the ongoing difficulties in rostering to all clinical shifts. Whilst improvements were made in filling shifts in March, it remains below the level needed to both achieve and maintain the very challenging triage targets.

### What actions are we taking?

There are a number of actions that are being taken forward to improve the service, which include:

- The Clinical Practitioners continue to support the demands of the clinical advice pool and are seeing patients face to face.
- Bundle payment funding has been approved for a further three months to September 2017 as an incentive to securing clinical cover of shifts.
- The funding for a second overnight GP is also continuing. Steps are being taken to justify securing this funding on a permanent basis.
- Regular meetings are being attended to ensure frequent callers/attendees are highlighted and discussed with individual surgeries.
- A 111 working group has been established. Consideration will need to be given as to when Cardiff and Vale UHB will become part of this new service.

## 5) STROKE

### How are we doing?

The expectation on the UHB is to demonstrate continuous improvement over the course of the year with the objective of achieving the SSNAP UK average by the end of the financial year. (SSNAP is the audit tool used throughout the UK to record detailed data on stroke patients treated in hospitals).

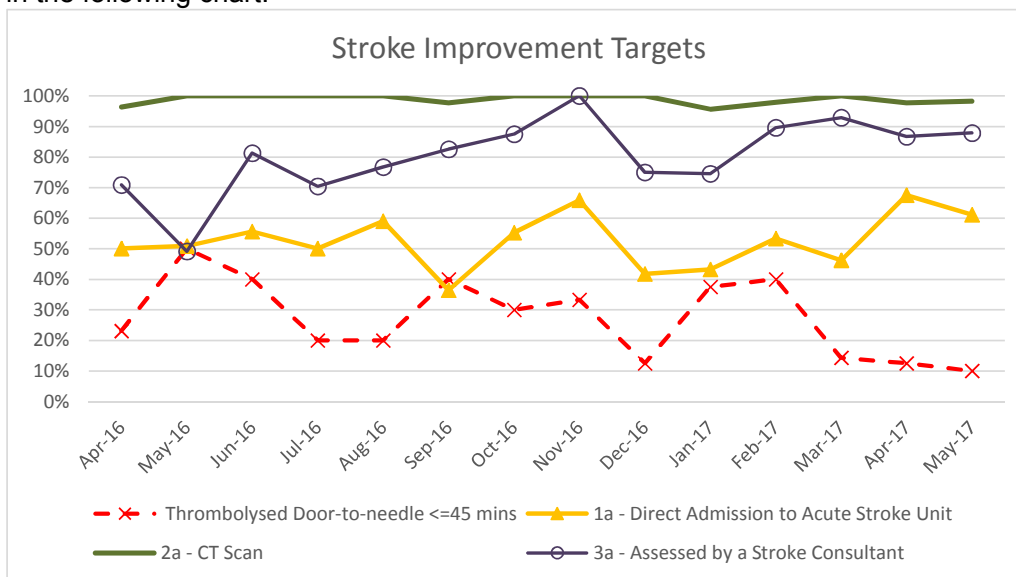
The Welsh Government has chosen four areas within the Quality Improvement Measures (QIMs) to focus on for All-Wales benchmarking. There is a target for three of them, whilst an improvement trend is required for the other, 3 of the 4 were delivered in May.

WG benchmarking standard		Target	UHB in May-17
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	58.5%	61.1%
12 Hour QIM	CT Scan within 12 hours	93.5%	98.3%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	81.9%	87.9%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	Improve	10.0%

The following table shows the UHB's performance against all of the QIMs:

Stroke Care Performance Indicators	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Thrombolysed Door-to-needle <=45 mins	23.1%	50.0%	40.0%	20.0%	20.0%	40.0%	30.0%	33.3%	12.5%	37.5%	40.0%	14.3%	12.5%	10.0%
<b>1. Within 4 Hours Care KPI</b>	<b>47.3%</b>	<b>41.8%</b>	<b>56.3%</b>	<b>40.7%</b>	<b>55.8%</b>	<b>39.1%</b>	<b>57.5%</b>	<b>67.4%</b>	<b>46.4%</b>	<b>40.4%</b>	<b>52.1%</b>	<b>47.6%</b>	<b>68.9%</b>	<b>60.3%</b>
1a - Direct Admission to Acute Stroke Unit	50.0%	50.9%	55.6%	50.0%	59.0%	36.4%	55.3%	65.9%	41.7%	43.2%	53.3%	46.2%	67.5%	61.1%
1a - TRAJECTORY for above	45.0%	45.0%	45.0%	50.0%	50.0%	50.0%	55.0%	55.0%	55.0%	60.0%	60.0%	60.0%	60.0%	60.0%
1b - Swallow Screening	66.7%	54.2%	73.3%	52.1%	61.5%	75.0%	77.8%	80.5%	74.5%	76.7%	74.5%	75.0%	82.9%	80.0%
<b>2. Within 12 Hours Care KPI</b>	<b>96.4%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>97.8%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>95.7%</b>	<b>97.9%</b>	<b>100.0%</b>	<b>97.8%</b>	<b>98.3%</b>
2a - CT Scan	96.4%	100.0%	100.0%	100.0%	100.0%	97.8%	100.0%	100.0%	100.0%	95.7%	97.9%	100.0%	97.8%	98.3%
2a - TRAJECTORY for above	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
<b>3. Within 24 Hours Care KPI</b>	<b>49.1%</b>	<b>41.8%</b>	<b>77.1%</b>	<b>59.3%</b>	<b>67.4%</b>	<b>80.4%</b>	<b>85.0%</b>	<b>93.5%</b>	<b>51.8%</b>	<b>63.8%</b>	<b>77.1%</b>	<b>73.8%</b>	<b>71.1%</b>	<b>67.2%</b>
3a - Assessed by a Stroke Consultant	70.9%	49.1%	81.3%	70.4%	76.7%	82.6%	87.5%	100.0%	75.0%	74.5%	89.6%	92.9%	86.7%	87.9%
3b - Assessed by a Stroke Nurse	90.9%	96.4%	97.9%	98.1%	90.7%	97.8%	92.5%	95.7%	92.9%	97.9%	89.6%	95.2%	95.6%	94.8%
3b - TRAJECTORY for above	45.0%	45.0%	45.0%	60.0%	60.0%	60.0%	70.0%	70.0%	70.0%	88.0%	88.0%	88.0%	89.0%	89.0%
3c - Assessed by One of OT, PT, SALT	67.3%	74.5%	93.8%	83.3%	90.7%	97.8%	100.0%	95.7%	60.7%	72.3%	87.5%	81.0%	84.4%	75.9%
<b>4. Within 72 Hours Care KPI</b>	<b>67.3%</b>	<b>90.9%</b>	<b>91.7%</b>	<b>94.4%</b>	<b>90.7%</b>	<b>87.0%</b>	<b>100.0%</b>	<b>97.8%</b>	<b>69.6%</b>	<b>78.7%</b>	<b>91.7%</b>	<b>83.3%</b>	<b>95.6%</b>	<b>75.9%</b>
4a - Formal Swallow Assessment	54.2%	92.3%	94.1%	94.7%	85.7%	87.5%	100.0%	100.0%	68.0%	41.7%	82.4%	76.9%	85.7%	75.0%
4b - OT Assessment	83.3%	93.9%	95.5%	98.0%	94.7%	97.6%	100.0%	97.6%	84.0%	100.0%	93.3%	90.0%	100.0%	86.5%
4c - Physiotherapy Assessment	92.6%	100.0%	100.0%	98.0%	97.6%	100.0%	100.0%	100.0%	90.4%	100.0%	97.9%	95.2%	100.0%	94.4%
4d - SALT Communications Assessment	51.9%	93.8%	96.6%	90.0%	88.9%	77.3%	100.0%	97.1%	71.1%	88.9%	96.7%	90.9%	95.7%	75.7%
Patients Treated per Month	55	55	48	54	43	46	40	46	56	47	48	42	45	58

The specific indicators under focus by the Welsh Government are shown in more detail in the following chart:



**How do we compare with our peers?**

The latest available benchmarking data across Wales is for April 2017:

HB	4 Hours	12 Hours	24 Hours	Door to Needle <= 45 Minutes
ABM	39.5%	90.0%	62.2%	0.0%
AB	84.3%	95.7%	97.1%	55.6%
BCU	46.7%	96.7%	91.1%	69.2%
C&V	66.7%	100.0%	88.4%	12.5%
CT	48.5%	97.1%	70.6%	40.0%
HD	80.0%	100.0%	75.8%	33.3%
Wales	59.2%	95.9%	81.0%	35.7%
C&V Rank	3/6	1/6	3/6	5/6

**What are the main areas of risk?**

These are the latest QIMs which are considered to be significant factors in improving health outcomes when delivered. As such failure to achieve them may have an adverse impact on patient care.

The greater operational challenges to delivery are:

- Inability to transfer patients to the acute stroke unit, where the stroke multi-disciplinary team is based, has a detrimental impact on provision of each of the later bundles, in particular clinical assessment within 24 hours.
- Inability to transfer patients to the Stroke Rehabilitation Centre for continued care, affecting both patient outcomes and the available capacity on the Acute Stroke ward.

**What actions are we taking?**

The key actions continue to be in relation to daily breach analysis to highlight key constraints and plan corrective measures, together with increased availability of clinical staff.

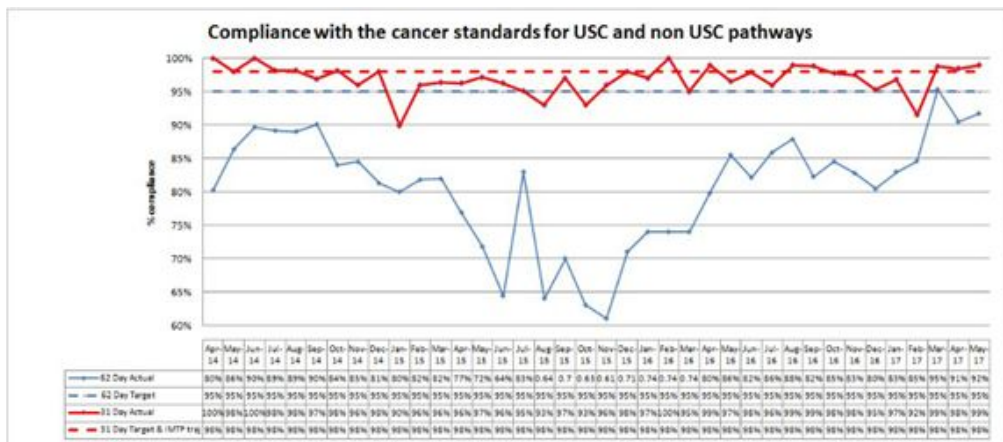
Plans to extend the existing consultant and therapy service to a 7-day service for the acute stroke services based on ward A6S in UHW are scheduled for September. This is fundamental to realising the step change needed in performance levels in order to meet the challenging targets, optimise patient outcomes and realise improvements to the rehabilitation pathway, paving the way for bed reductions in the Stroke Rehabilitation Centre.

**6) CANCER****How are we doing?**

Performance in treating cancer patients, who are not on an urgent suspected cancer referral pathway, within 31 days, continues to fluctuate between 95% and 100%, as has been the case for the previous 18 months. The discrete performance for the month of May 2017 was 98.9% against the standard of 98%.

Performance in commencing treatment for patients referred as urgent with suspected cancer (USC) within 62 days, increased in-month to 91.75% in May 2017, above our improvement trajectory of 90%. The number of urgent suspected cancer patients who were treated in May 2017, having waited longer than 62 days, was 8.

In the first 2 months of the calendar year the UHB has treated 192 patients on a 62 day USC pathway, which is 15 more patients (8%) higher than the same period last year.



The number of urgent suspected cancer patients who had been waiting in excess of 62 days at the end of June and who had not commenced treatment has fallen to 41, from 96 at the end of April.

**How do we compare with our peers?**

In April 2017, the UHB ranked 3rd of the 6 Health Boards for delivery of the 31 day non-USC target and 2nd out of the 6 Health Boards for the 62 day USC target.

April 2017	ABM	AB	BCU	C&V	CT	HD	Wales	C&V Rank
Non USC	95.40%	98.40%	98.20%	98.50%	99.10%	100.00%	98.30%	3
USC	86.70%	86.30%	90.40%	90.50%	85.50%	94.60%	89.30%	2

**What are the main areas of risk?**

The key risks to delivering the required quality and experience standards are:

- The number of patients on a 62 day urgent suspected cancer pathway, who have waited over 62 days and not yet been treated has reduced to 41. To deliver and sustain a 95% level of performance it is considered that the validated backlog needs to be no more than 8. 73% of the overall backlog does however relate to upper and lower GI tumour sites where lower conversion rates are observed.
- In the context of rising referrals, the need to balance waiting time target demands against clinical urgency across all categories of endoscopy i.e. USC, urgent, routine, screening and surveillance.
- Demand for diagnostic capacity for radiology and pathology also remains high and a challenge. The UHB is also cognisant that the introduction of the single cancer pathway will result in an increase in demand and the speed / timeliness within which diagnostic tests will need to be undertaken and reported.

**What actions are we taking?**

The UHB continues with implementation of its endoscopy plan to improve patient experience and access to endoscopy services.

The UHB has been working towards reaching at least 90% 62 day performance for some time. Our aim is to stabilise performance at above 90% by continuing with our current improvement plans whilst we secure medium term plans to deliver performance levels around 95% - 100% sustainably.

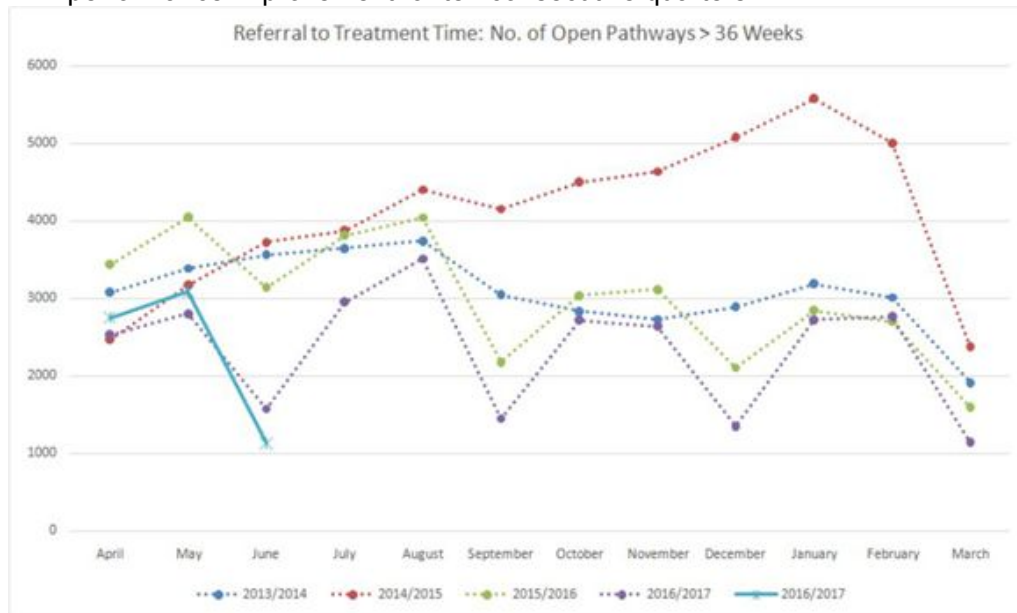
In the short term, administrators to get on top of the validation have been recruited and have commenced in post.

Throughout we will maintain our approach of ensuring that those patients who have waited longest for treatment are seen first, balancing demand and capacity, performance management and long-term sustainable pathway improvement.

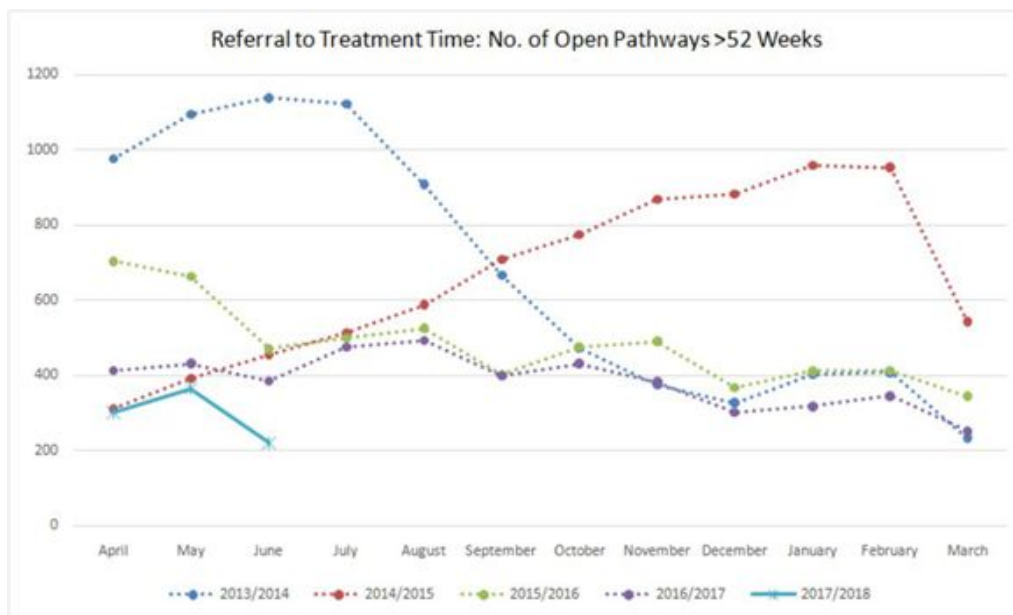
## 7) ELECTIVE ACCESS

### How are we doing?

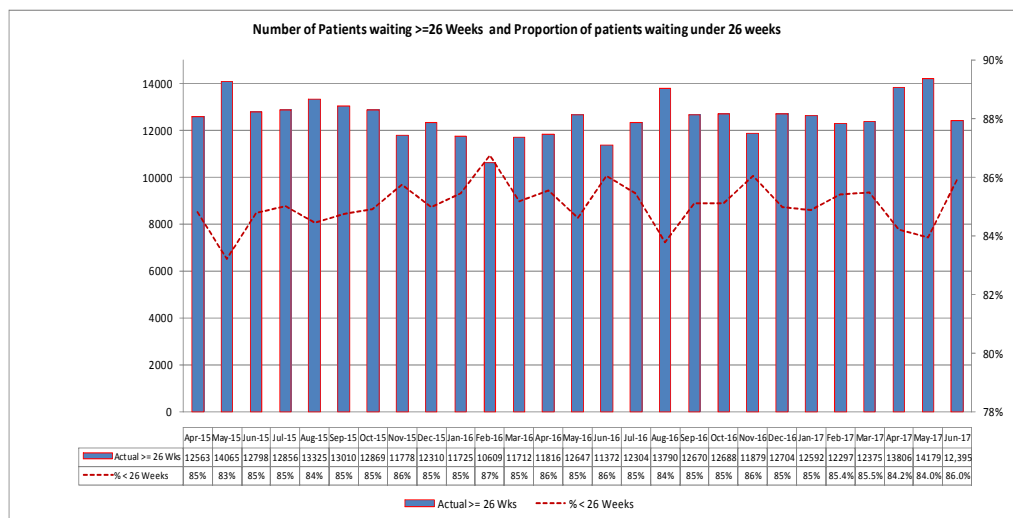
As at the end of June 2017, 1134 patients had been waiting in excess of 36 weeks for treatment. This represents: a small reduction on the end of March position which was 1146, and delivery of the 2017-18 quarter 1 milestone of 1173 identified in our annual operating plan. The UHB has now successfully delivered RTT performance improvement for ten consecutive quarters.



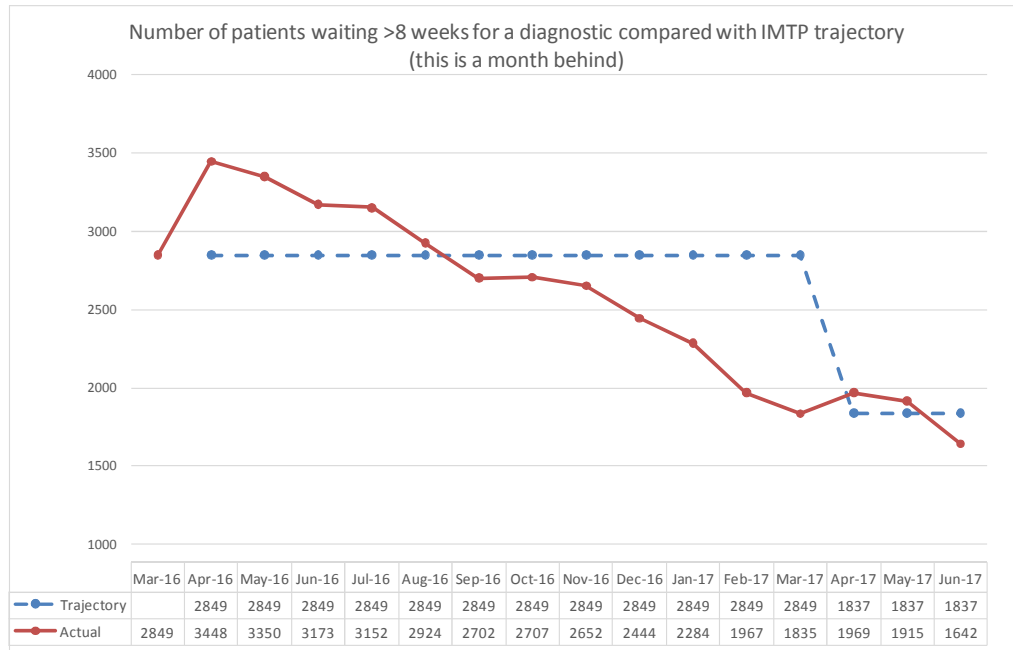
There was also further improvement in the volume of longest waiters with greater than 52 weeks (221) representing a 12% reduction on the 2016-17 year-end position (252).



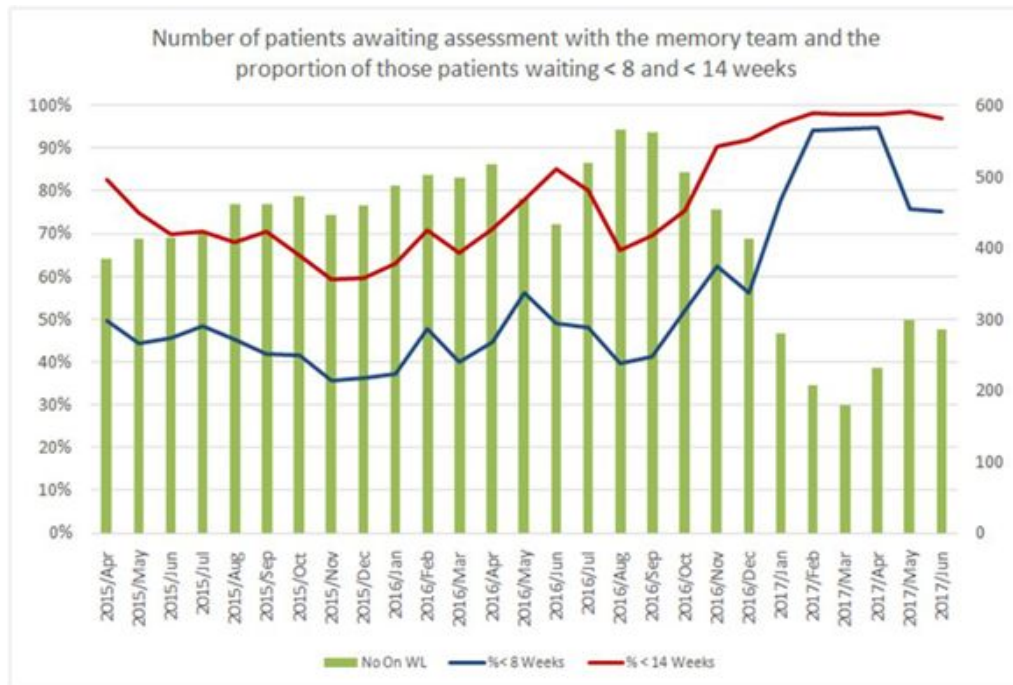
There were 12,395 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of March, equating to 86% of patients waiting under 26 weeks. This is meeting the 86% improvement trajectory submitted in the annual plan.



The June 2017 position for the number of patients waiting more than 8 weeks for a diagnostic is 1642 which is 195 below the IMTP target of 1837.

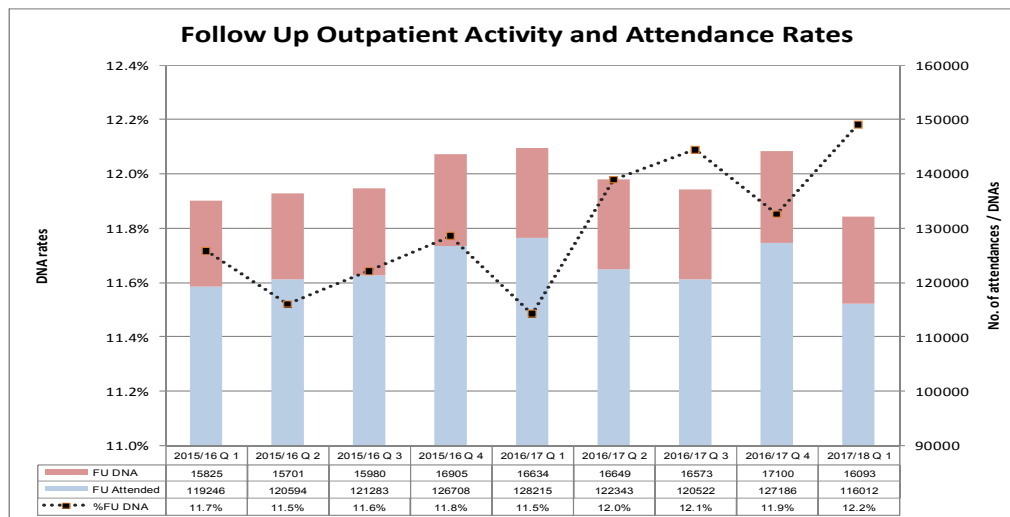
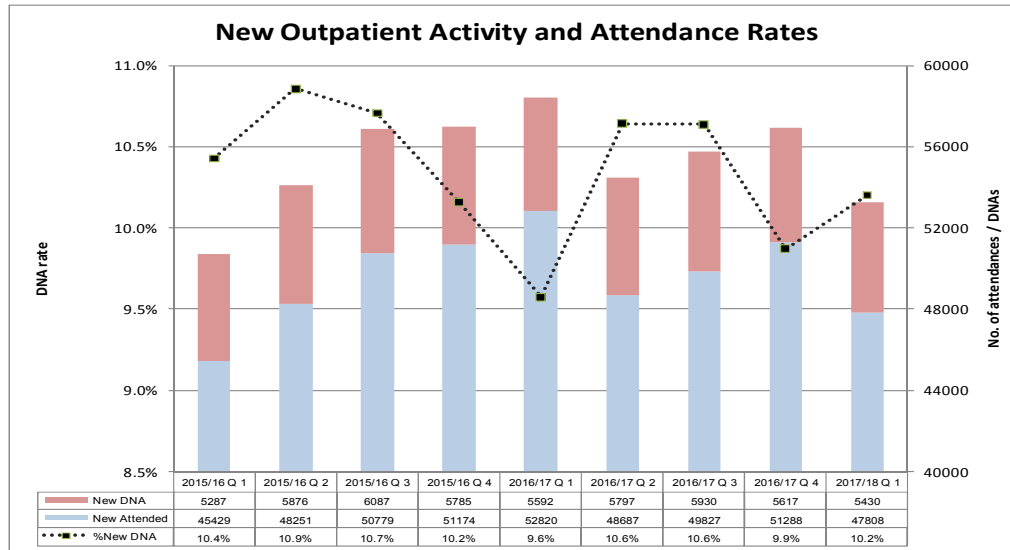


At the end of June 2017, 97% of patients requiring a memory assessment were waiting less than 14 weeks against a standard of 95%. However, for patients waiting less than 8 weeks there has been a significant decrease from 95% in March to 75% in June 2017.



10.2% of new outpatient appointments and 12.2% of follow up outpatient appointments were not used in quarter 1 as the patient failed to attend. This is the

highest observed quarterly rate for follow ups in the past 2 years. Activity in the quarter also reduced, as additional initiative activity was reduced and there was less capacity available as a result of the timing of Easter.



### How do we compare with our peers?

The All-Wales waiting time position at the end of April 2017, shown below, indicates that Cardiff & Vale ranked 6<sup>th</sup> for the % of patients waiting less than 26 weeks, 3<sup>rd</sup> for the lowest number of patients waiting in excess of 36 weeks and 4<sup>th</sup> for the number of patients waiting in excess of 8 weeks for a diagnostic, as shown in the following table.

April 2017	Wales	ABM	AB	BC	C&V	CT	HD	C&V Rank
% < 26 weeks - RTT	86.6%	87.3%	89.0%	85.7%	84.3%	88.4%	85.2%	6/6
No. > 36 weeks - RTT	16587	3997	1254	5371	2754	246	2965	3/6
No. > 8 weeks diagnostic	5470	411	3072	17	1969	-	0	4/6

The UHB recorded the second highest non attendance rate for new outpatient appointments and the highest non attendance rate for follow ups in the WG selected bundle of specialties over the 12 month period May 2016 – April 2017.

As at 30 April 2017	Wales	ABM	AB	BC	C&V	CT	HD	Powys	C&V Rank
New O/P DNA rate	7.3%	6.7%	5.8%	5.7%	8.9%	8.1%	10.2%	4%	6/7
New F/Up DNA rate	8.8%	8.4%	6.7%	6.7%	11.9%	9.9%	9.3%	6.4%	7/7

### What are the main areas of risk?

Whilst there remain a number of risks to delivery of RTT, the main risk for quarter two and the remainder of the year relates to theatre infrastructure issues in Cardiff and Vale Orthopaedic Centre (CAVOC) at UHL.

Currently no surgical procedures can be undertaken in theatre 5 and no major joint or spinal surgery can be undertaken in theatre 6. The Directorate continues to try to mitigate the loss of activity through a range of schemes, including flexible backfill of remaining theatres; three session days; increased non-arthoplasty activity; and increased outpatient activity.

A weekly Orthopaedic Delivery Group has been established to monitor activity and support the implementation of the mitigating actions. In addition, the Estates team is exploring short term options in addition to progressing a plan to re-provide the theatres to the appropriate standards.

### What actions are we taking?

#### Improving elective access

The UHB has made plans to maintain an improvement trajectory throughout 2017-18, with an IMTP target of no more than 950 36 week breaches by year-end. The IMTP target for Q1 is 1173 but, given the favourable year-end position, the UHB is aiming to get to or below its Q4 position of 1146.

The UHB has refreshed its endoscopy plan for 2017/18, in light of the unsuccessful recruitment of an additional consultant and operator gaps from maternity leave and retirement. The plan has been altered to both continue to 'grow' skills in other disciplines e.g. nurse endoscopists and to commission further external activity.

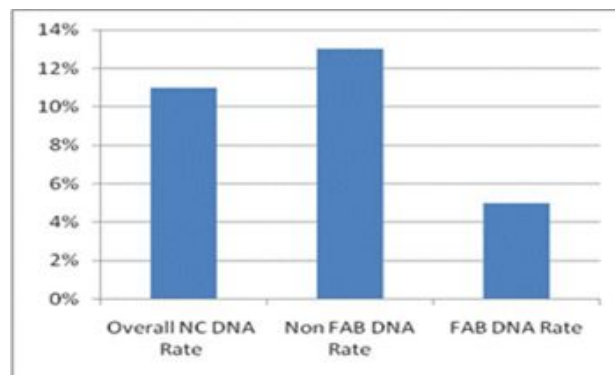
Regional working also continues, with a formal group now set up to look at how we can develop sustainable diagnostic services across South East Wales.

Clinical Gerontology has submitted business cases to fund the additional Memory Assessment clinics. If the proposals are considered to be cost effective and affordable, the re-introduction of GP clinics in dementia management should ensure there remains sufficient capacity to meet demand and maintain present waiting times. The only risk to this being the increased demand for follow ups that may arise from the provision of the additional new assessments.

### Reducing the non attendance rate

A key element of the UHB's approach is to implement fully automated booking (FAB), which incorporates a requirement for non urgent patients to confirm that the appointment is convenient in the 5 week window between being sent the appointment with 6 weeks notice, and a week before the appointment is due. Where there has been no confirmation received, the appointment is cancelled and the slot used for other patients.

FAB uptake rates, the percentage of new case appointments available that are earmarked as being intended to be booked by FAB (excluding urgent slots), is presently at 57%. Where the system is being used and slots are automatically booked, DNA rates have reduced to 5%, whilst the rate for appointments booked not using FAB remains around the 13% rate, as shown in the chart below:



As part of the Turning the Curve to Transformation programme, a 60 day cycle to improve FAB uptake rates in Urology services and reducing the pre booking of FAB slots is being pursued.

The current focus for the main FAB project is to improve communication methods. A text reminder pilot commenced for adult and paediatric ENT appointments in April 2017. Outcome reports are showing an increase in delivery and response rates. Further communication channels are being explored including interactive web services.

In listening to feedback from specialties around how FAB can be more flexible used for booking RTT cohorts (making appointments ahead of the FAB run i.e. 5 wks or greater), the Patient Management System has been developed to pick up manual appointments (where not indicated as verbally agreed), and bring them into the FAB run so the letter prompts and reminders can be employed. This is in trial for Surgery and we are at the stage of reviewing the process to agree operational requirements before making it available to other specialties.

The UHB is also embarking on more detail discussions around the specifications needed for FAB to book by pathway in order that referrals with high conversion rates can be brought forward in the process, thus helping to ensure there is enough time to treat the patients, who have a higher probability of requiring

surgery (i.e. mirror the existing manual departmental process that is currently necessary to try to limit patients breaching RTT targets).

## 8) HEALTHCARE ACQUIRED INFECTIONS

### How are we doing?

#### Welsh Government Reduction Expectations 2017/18

Welsh Health Circular (WHC/2017/011) issued on 31<sup>st</sup> March 2017 provides detail on the HCAI reduction expectations for 2017/18. In addition to further reductions expected in *C. difficile* and *Staph.aureus* bacteraemia rates, a new reduction expectation to reduce *E.coli* bacteraemia has been introduced. In summary the requirements for Cardiff and Vale UHB are as follows:

*C.difficile*: To reduce to 26 cases per 100,000 population by end March 2018.

*Staph. aureus* bacteraemia: To reduce to 20 cases per 100,000 population by end March 2018.

*E.coli* bacteraemia: To reduce to 60 cases per 100,000 population by end March 2018.

The *E.coli* target has been agreed with WG and is bespoke to C&V UHB as the rate of *E.coli* bacteraemia seen in the baseline year of 2015/16 (against which the all Wales 10% reduction is required) was at 67 cases per 100,000 population; this is the target rate for all the other HBs in Wales except for AB Health Board and the UHB.

In terms of numbers of cases to achieve these targets over the course of 2017/18 C&V UHB will need to deliver as follows (these may be revised during the year should cases accumulate):

Target Organism	Total Allowable for 2017/18	Average Monthly Number Allowable	Actual Average Apr-Jun 2017
<i>C. difficile</i>	126	10	11
<i>S. aureus</i> (Total)	96	8	12
<i>E. coli</i>	290	24	30

Included within the *S. aureus* total were 6 MRSA cases against a target of zero.

#### Position as at Quarter 1:

##### *C. difficile*

For the months of April, May and June there were respectively, 12, 11 and 10 cases, meaning an average of 11 for the quarter, above the target.

##### *Staph. aureus* blood stream infections:

For the months of April, May and June there were respectively, 14, 14 and 9 cases, meaning an average of over 12 for the quarter, above the target. Included within these figures were 6 MRSA cases.

### ***E.coli* blood stream infections:**

For the months of April, May and June there were respectively, 34, 27 and 31 cases, meaning an average of over 30 for the quarter, above the target.

### **How do we compare with our peers?**

**Reduction expectation summary (Apr - Jun 17)**

Number and rate of *C. difficile*, *S. aureus* bacteraemia and *E. coli* bacteraemia per 100,000 population by health board, Apr - Jun 17

■ Not on trajectory to achieve expected reduction by Mar 18  
■ On trajectory to achieve expected reduction by Mar 18

	<i>C. difficile</i>		<i>S. aureus</i> bacteraemia		<i>E. coli</i> bacteraemia	
	Number (*)	Rate**	Number (*)	Rate**	Number (*)	Rate**
ABM UHB	78 (+44)	59.54	47 (+21)	35.88	129 (+41)	98.47
AB UHB	72 (+36)	49.64	42 (+15)	28.96	115 (+27)	79.28
BC UHB	57 (+12)	32.92	54 (+20)	31.19	150 (+34)	86.63
C&V UHB	33 (+2)	27.31	37 (+13)	30.61	92 (+20)	76.12
CT UHB	20 (+6)	27.03	27 (+13)	36.50	75 (+26)	101.38
HD UHB	37 (+13)	38.73	40 (+21)	41.87	105 (+41)	109.90
<b>All Wales</b>	<b>304 (+103)</b>	<b>39.35</b>	<b>254 (+100)</b>	<b>32.87</b>	<b>672 (+153)</b>	<b>86.97</b>

\* (difference between current number of cases and number required to be on trajectory to meet the reduction expectation)  
 \*\* Rate per 100,000 population

### **What actions are we taking and do we need to take to improve the position and when will they start to take effect?**

At the end of quarter 1 it is clear that there is an urgent need to take forward the refreshed approach highlighted in the previous board report (list of actions included below for ease of reference).

Our *C. difficile* numbers are holding at just above where we need to be, the *Staph. aureus* and *E. coli* blood stream infection numbers are well adrift of where we need to be with particular concern that we are unable to sustain the improvement previously seen in MRSA bacteraemia numbers. We have also faced further challenges from multi-drug resistant organisms in particular *Acinetobacter* over this first quarter with continued concern over infrastructure, equipment management and Infection Prevention and Control measures.

The Clinical Boards presented their annual programmes of work at the Infection Prevention and Control Group meeting on 26<sup>th</sup> June. Cardiff and Vale were represented at a 1000 Lives workshop on 20<sup>th</sup> June held to support work on

interventions to reduce *E.coli* blood stream infections, it is hoped that some of this work can be taken forward within Cardiff and Vale.

Ongoing actions as detailed in previous Performance Reports are as follows:

***C. difficile:***

- Patient risk assessment.
- Isolation and isolation facilities
- Antimicrobial stewardship / implementation of antimicrobial delivery plan.
- Medical Director led targeted antimicrobial stewardship patient safety walk-rounds
- Appropriate sampling / diagnostics
- Effective treatment including appropriate use of Fidaxomicin
- Cleaning
  - Optimising use of HPV
  - Ensuring basic cleaning including commode cleaning always to highest standard.
- Outbreak and PII management.
- Effective RCA with learning fed back appropriately.

***Staphylococcus aureus* bacteraemia:**

- MRSA screening (plus MSSA screening in some specialties)
- Embed PVC packs across the Health Board.
- Central line insertion and management
- Use of mid-line catheters.
- Implementation of aseptic non-touch technique (ANTT)
- Consideration of interventions in the management of IV drug abusers and wound management in the community that might assist with reducing the burden of community acquired MSSA bacteraemia.
- Effective RCA with learning fed back appropriately.

***Escherichia coli* bacteraemia:**

- UTI management
  - Prevention
  - Sampling / Diagnostics
  - Treatment
- Urinary catheter insertion and maintenance
- Implementation of antimicrobial delivery plan
- Antimicrobial stewardship – implementation of new primary care guidance.
- Medical Director led targeted antimicrobial stewardship patient safety walk-rounds
- Introduction of RCA process.

**Learning from incidents/outbreaks of 2016/17:**

- Isolation facilities

- Patient pathways in terms of numbers of ward movements and delays in admission to side rooms.
- Environment
  - Repeated outbreaks with multi-drug resistant Acinetobacter and Vancomycin Resistant Enterococcus over this last year has highlighted that our environment contributes significantly to ongoing challenges with these organisms.
- Equipment replacement / decontamination and use.
- Theatre equipment and discipline.
- Bare Below the Elbow and uniform standards

## 9. HAND HYGIENE

### How are we doing?

The All Wales Care indicator for hand hygiene requires that all ward areas to monitor whether all staff disciplines working in patients areas have adequately decontaminated their hands, in accordance with the WHO 5 moments of hand hygiene. There is a requirement that 10 observations or more are reported and for some departments and wards, it may take more than one audit session to achieve this.

In May 2017, 211 hand hygiene audits were undertaken by 87 wards/departments. This is a considerable increase in the number reported as compared to previous months. On scrutinising the data, 63 of the audits reported are not compliant with the audit standard of reporting 10 observations or more with 36 of these audits reporting compliance with less than 5 observations. As a result, this report is based on the compliance audit results of 148 hand hygiene audits.

Of these, 79 audits (by 38 wards/ departments) rendered a score of at least 95% compliance, meaning that 53% of the audits were compliant with the All Wales standard.

For the Health Board, the overall compliance score with hand hygiene for May 2017 is 92%, and this rate of compliance has been consistent across February, March and April 2017.

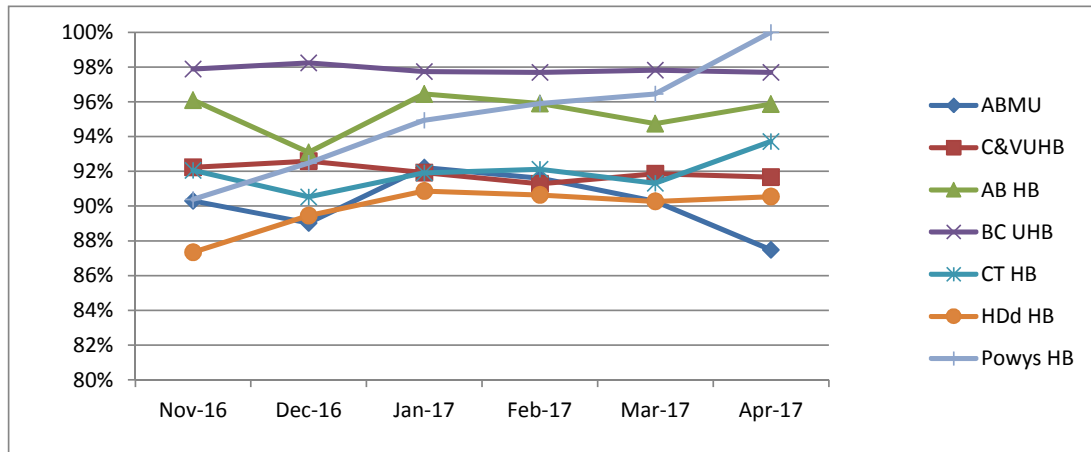
Where narrative has been provided, it highlights which staff groups failed to comply with the WHO 5 moments of hand hygiene and that staff are challenged regarding their hand hygiene practice at the time of the audit. Comments also suggest that bare below the elbow was also included in some audits, as well as the wearing of jewellery and nail varnish and although these are not a component of the WHO 5 moments, staff are to be commended on the thoroughness of their audits. Despite this, work is required to drive up the standards as well as driving up compliance with the audit standard.

In addition, from 1<sup>st</sup> January to 30<sup>th</sup> June 2017 the IP+C team undertook 108 Hand Hygiene validation audits which achieved an average compliance of 76% an increase of almost 9% on the July '16 to Jan 17 rate. 116 Bare Below the elbow validation audits were also carried out and these achieved an average compliance of 86%

### How do we compare with our peers?

Our Health Board scores have been comparable with the Welsh average compliance score for October 2016 to March 2016, as shown in graph 1

**Graph1: Comparison of UHB and All Wales compliance with hand hygiene**



### What are the main areas of risk?

Failure to provide an acceptable standard of care can expose patients to infection and the Health Board to compensation claims and litigation which will have an adverse financial impact.

### What actions are we taking to improve the position and when will they start to take effect?

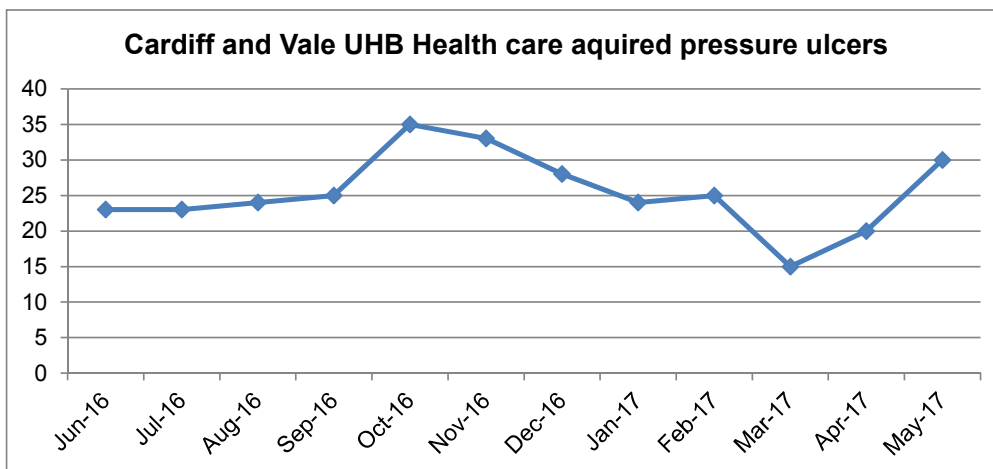
Actions previously reported will continue, viz:

- Regular Hand Hygiene and Bare Below the Elbow audits with immediate feedback to non compliant staff.
- Enhanced communication with ward teams to remind them of the required standards
- Weekly feedback of audit results to the Executive Directors at Big Room.

## 10) HEALTH CARE ACQUIRED PRESSURE ULCERS

### How are we doing?

The number of Health Care associated Pressure ulcers ( HAPU) reported by the Health Board on the All Wales pressure ulcer care indicator since June 2016 is displayed in the graph below. In May 2017, the Health Board reported 30 pressure ulcers, the majority of which were reported from the UHW site.

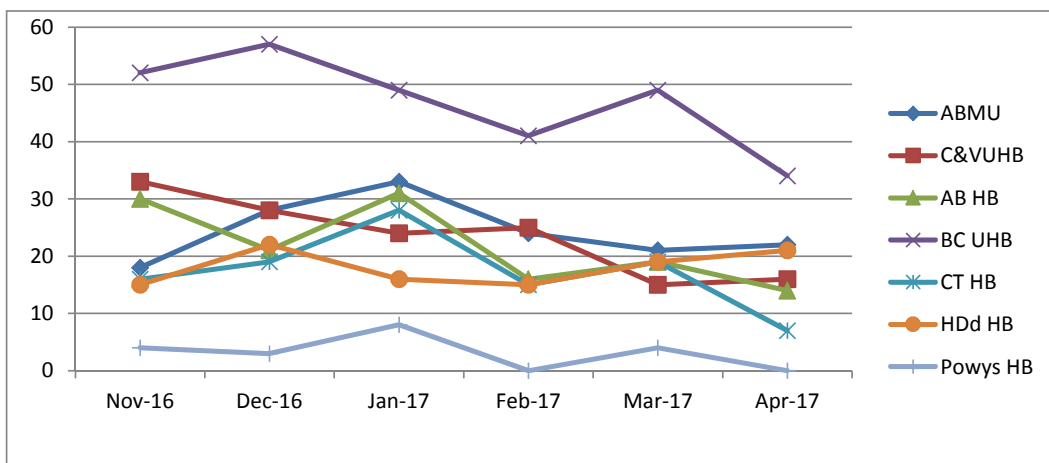


Plans are already being discussed to include data from community acquired pressure ulcers in future reporting, although on an all Wales basis, community reporting will not commence until 2018.

**How do we compare with our peers?**

The graph below provides a comparison of pressure ulcers in Cardiff and Vale and cumulatively across Wales. For February, March and April 2017, 397 HAPU were reporting across Wales with Cardiff and Vale UHB reporting 56 of them (14%). For April 2017, 114 HAPU were reported across Wales with 16 (14%) of these reported by Cardiff and Vale UHB and the trend appears to be decreasing.

**Graph 1 Number of pressure ulcers reported in Wales**



**What are the main areas of risk?**

- Difficulty in categorising pressure ulcers and the grade of pressure ulcers which is an issue identified at an All Wales level.
- The self-reported data relies upon the nurses recognising that a pressure ulcer has developed and that the pressure ulcer is included in the submission for the number of pressure ulcers acquired in a named area during the calendar month.
- Not undertaking risk assessments, error with undertaking the risk assessment or not undertaking the correct action once the risk has been identified. Compliance with risk assessment is not formally measured.
- Double counting or under counting due to the number of systems that wards use to report pressure ulcer data.

**What actions are we taking to improve the position and when will they start to take effect?**

- A Pressure Ulcer Task and finish group has been convened to drive improvements in pressure ulcer prevention. This is led by the Director of Nursing and will report to the Nursing and Midwifery Board. The group has met twice, the focus has been on the following:
  - Influencing the All Wales pressure ulcer reporting and investigating guide
  - Exploring the use of technology to enable review and follow up of pressure ulcers
  - Exploring options to influence the Bed Management contract
- The foot assessment tool continues to be revised to make sure that it is completed by the right person at the right time. The tool will identify those patients at greater risk of developing foot pressure ulcers. It is envisaged that this will be signed off at the next Nursing and Midwifery Board.
- Compliance with completion of Waterlow risk assessment is checked during unannounced inspections conducted by corporate nursing.
- Work is being progressed to enable reporting of pressure ulcers from the electronic incident reporting system (e-datix), with the aim to report from this system by September 2017. For the current time, the reports will continue to be generated from the All Wales Health and care monitoring system.

### 11) STAFF APPRAISAL

#### How are we doing?

The percentage of staff undertaking a performance appraisal and development review was as follows:

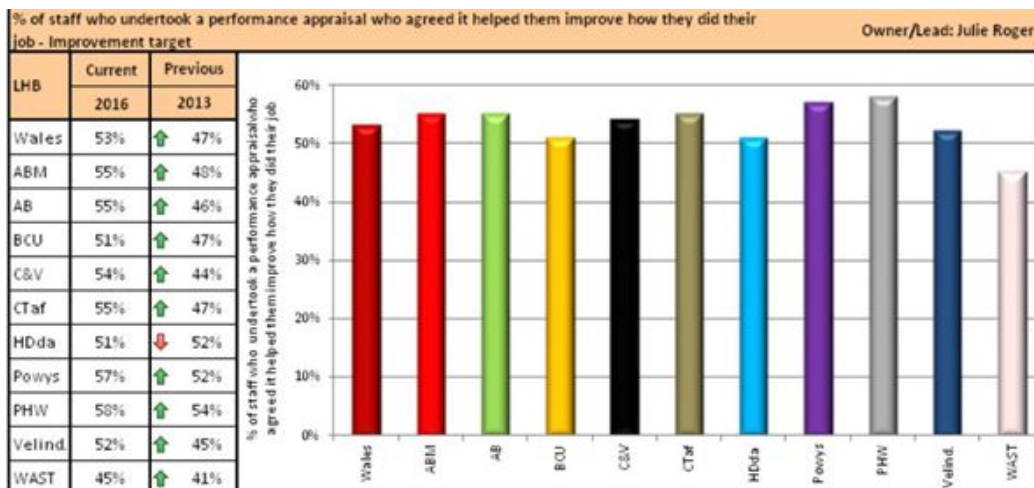
Staff group	IMTP trajectory Q1 17/18	UHB position May-17
Medical	-	75%
Non medical	-	56%
Total	66.3%	58.3%

34% of consultants and SAS doctors have agreed job plans that have been reviewed in the 12 months up to June 2017 and recorded on the ESR system..

With regard to revalidation of medical staff, of the 1265 medical staff relevant for revalidation, 1044 have been recommended as acceptable to practice by the UHB to the GMC, 146 have been recommended as having their validation date deferred, and three doctors have been recommended to the GMC as non-engaging, with the remainder having dates for revalidation in the future.

#### How do we compare with our peers?

The Welsh Government has recently published data relating to the utility of the appraisal function, shown below. As can be seen 54% of the UHB's staff find it useful in improving how they did their job, in line with peers and a 10% increase on the responses received 3 years ago.



**What are the main areas of risk?**

Good appraisal requires teams to be sufficiently well organised in order to be able to create the time and capacity for preparing and undertaking the review. Periods of high absence rates, 'workforce shortages' or competing demands on those teams are often identified as reasons for appraisals not being arranged or being postponed.

For medical staff failure to complete appraisal means that a doctor cannot be revalidated. As a result s/he would be referred to the General Medical Council and his/her licence to practice could be at risk. The ultimate sanction would be for the GMC to withdraw the licence and consequently the doctor would not be able to practice legally.

**What actions are we taking to improve the position and when will they start to take effect?**

PADR and Pay Progression training is available every other month. Enhanced reviewer training has been set up to provide reviewers/ line managers with the softer skills they require for the review meeting. Work is also taking place to ensure the revised values and behaviours framework is incorporated into the appraisal process.

**RECOMMENDATION:**

The Board is asked to **CONSIDER** UHB current performance and the actions being taken to improve performance.

<b>2018/19 PROCESS FOR DEVELOPMENT OF THE IMTP INCLUDING CLINICAL AND SERVICE BOARD PLANS</b>	
<b>Name of Meeting</b> : Board	<b>Date of Meeting</b> : 27 <sup>th</sup> July 2017

<b>Executive Lead</b> : Director of Planning
<b>Author</b> : Corporate Strategic Planning Lead ex 47951
<b>Caring for People, Keeping People Well</b> : The Integrated Medium Term Plan describes the next 3 years of implementing the UHB Shaping Our Future Wellbeing Strategy, delivering the UHB strategic objectives; for our population, our service priorities, our sustainability and our culture
<b>Financial impact</b> : Financial consequences arising from the Plan are set out at key milestones throughout its development
<b>Quality, Safety, Patient Experience impact</b> : The Plan supports the delivery of improved quality, safety and patient experience.
<b>Health and Care Standard Number</b> : The Plan supports the delivery of all Health and Care Standards
<b>CRAF Reference Number</b> : The Corporate Risk Register informs the development of the Plan with risks identified within Clinical Board and Corporate Department Plans feeding back through
<b>Equality and Health Impact Assessment Completed</b> : EHIA's are produced as each Clinical Board develops their plans

<b>ASSURANCE AND RECOMMENDATION</b>
<p><b>ASSURANCE</b> on the development of the UHB 2018/19 Integrated Medium Term Plan is provided through:</p> <ul style="list-style-type: none"> <li>Continued routine formal dialogue through the Welsh Government targeted intervention process and planning liaison meeting</li> <li>Compliance with the NHS Wales Planning Framework timeframes and requirements (updated 2018/19 Framework is not due to be published until October 2017)</li> </ul> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li><b>APPROVE</b> – The key milestones and products for the development of Clinical and Service Board 2018/19 Operational Plans and the UHB 2018/19 IMTP</li> </ul>

### SITUATION

For the current 3 year planning cycle, 2017/18 – 2020/21, the Board has been unable to approve a balanced Integrated Medium Term Plan (IMTP). As part of continued dialogue with Welsh Government, the Cabinet Secretary for Health, Wellbeing and Sport requires the UHB's 2017/18 Annual Operating Plan to set out the milestones for development of the of the 2018/19-2021/22 IMTP. This paper sets out for approval the process and key dates for the development of the IMTP.

## BACKGROUND

The UHB has a statutory duty to operate within the bounds of a Welsh Government approved IMTP. Reviewed annually, the NHS Wales Planning Framework sets out the core content expected within the UHB's IMTP. In responding to the NHS Wales Planning Framework, the UHB annually reviews and refreshes its IMTP to update and add further detail to plans. The process by which this is undertaken is also reviewed and refined annually in order for the UHB to learn from and build on previous experience. The IMTP is the key planning document for the organisation and sets out the milestones and actions we are taken, and the expected outcomes, in order to progress implementation of Shaping Our Future Wellbeing, our ten year strategy.

## ASSESSMENT

Whilst it is important to recognise the financial challenges the UHB faces and the complexity of the solutions required, the UHB's strengthening governance and commissioning and planning processes focus on enabling decisions to be considered in a timely fashion with the correct level of assurance.

The process for development of the process for development of Clinical and Service Board 2018/19 Operational Plans and the UHB 2018/19 IMTP seeks to consolidate improvement in the following areas:

- Engagement on the refreshing of UHB Commissioning Intentions
- A strengthened Strategic Commissioning Framework
- Clear and timely IMTP deliverables for 2018/19 and beyond
- Alignment of corporate functions e.g. Finance, WOD, IM&T, Corporate Nursing etc with the planning process
- Business Case Approval Group and the subsequent strengthened UHB Business Case process

In responding to the 2018/19 – 2021/22 UHB Commissioning Intentions, Clinical and Service Boards will produce operational plans with the following components:

- *Clinical / Service Board specific narrative (no more than 20 pages)*: detailing key progress against previous years plan, strategic context, challenges and risks to delivery, 3 year vision with key milestones, OD approach and performance (inc finance) governance
- *Clinical / Service Board Project Outline Documents (POD)*: PODs for the key schemes required to deliver transformational and operational priorities for 2017/18 or which require business case development in line with BCAG guidelines
- *Approved Business Cases* : those prioritised for implementation on 1<sup>st</sup> April 2018
- *Clinical / Service Board IMTP Summary Dashboard* : High level summary of key schemes including quarterly milestones and profiled measureable benefits.

These operational plans will form the basis of the UHB's 2018/19 IMTP.

To achieve meaningful plans, the following key actions will need to be undertaken:

Forum / Group	Date	Purpose	Product
Mgt Exec	3 <sup>rd</sup> July 2017	<ul style="list-style-type: none"> <li>Agree process for 2018/19 IMTP Development</li> </ul>	<ul style="list-style-type: none"> <li>2018/19 IMTP Development Timeline ready for wider engagement</li> </ul>
Strategic Commissioning Group	5 <sup>th</sup> July 2017	<ul style="list-style-type: none"> <li>Review of 2018/19 -2012/22 Commissioning Intentions</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning Intentions ready for wider engagement</li> </ul>
Mgt Exec	14 <sup>th</sup> July 2017	<ul style="list-style-type: none"> <li>Agree key deliverables to be included within refreshed Commissioning Intentions</li> </ul>	<ul style="list-style-type: none"> <li>IMTP Deliverables</li> </ul>
HSMB	20 <sup>th</sup> July 2017	<ul style="list-style-type: none"> <li>Paper to agree process for 2018/19 IMTP Development</li> <li>Presentation to review / discuss Commissioning Intention refresh</li> </ul>	<ul style="list-style-type: none"> <li>Draft 2018/19 IMTP Development Timeline</li> <li>1<sup>st</sup> Draft Commissioning Intentions</li> </ul>
Board	27 <sup>th</sup> July 2017	<ul style="list-style-type: none"> <li>Paper to outline the process for 2018/19 IMTP Development</li> </ul>	<ul style="list-style-type: none"> <li>Approved 2018/19 IMTP Development Timeline</li> </ul>
August Board Development Strategy and Engagement Committee	5 <sup>th</sup> September 2017	<ul style="list-style-type: none"> <li>To discuss the priorities for the 2018/19-2020/21 IMTP</li> <li>Presentation to review 1<sup>st</sup> Draft Commissioning Intentions</li> </ul>	<ul style="list-style-type: none"> <li>Final Draft Commissioning Intentions including 2018/19 IMTP Deliverables</li> </ul>
Senior Clinical / Service Board and Corporate	14 <sup>th</sup> Sept 2017	<ul style="list-style-type: none"> <li>Dedicated workshop session to review / discuss delivery expectations and objectives (based on most recent high level capacity &amp; demand info)</li> </ul>	<ul style="list-style-type: none"> <li>Understanding of cross cutting priorities</li> </ul>
UHB Board	28 <sup>th</sup> Sept 2017	<ul style="list-style-type: none"> <li>Formal approval of 2017/18 process, commissioning intentions and presentation of high level delivery expectations</li> </ul>	<ul style="list-style-type: none"> <li>Final Commissioning Intentions</li> <li>Final Delivery Expectations and Objectives</li> </ul>
UHB wide	29 <sup>th</sup> Sept 2017	<ul style="list-style-type: none"> <li>Issued subject to formal Board approval Commissioning Intentions including 2018/19 IMTP Deliverables</li> </ul>	<ul style="list-style-type: none"> <li>Issued (subject to Board approval)</li> <li>Commissioning Intentions including 2018/19 IMTP Deliverables</li> </ul>
Clinical / Service Boards	9 <sup>th</sup> Nov 2017	<ul style="list-style-type: none"> <li>Final submission date for Business Cases</li> <li>Submission of 1<sup>st</sup> Draft Clinical / Service Board narrative,</li> </ul>	<ul style="list-style-type: none"> <li>Business Cases</li> <li>Draft narrative</li> <li>Draft Summary Dashboard</li> </ul>

Forum / Group	Date	Purpose	Product
		summary dashboard and Planned Care Schemes and PODs	<ul style="list-style-type: none"> <li>• Draft PODs</li> <li>• Draft Planned Care Plans</li> </ul>
IMTP Chapter Leads	24 <sup>th</sup> Nov 2017	<ul style="list-style-type: none"> <li>• Submission of Draft UHB IMTP Chapters to enable the creation of a single document</li> </ul>	<ul style="list-style-type: none"> <li>• Draft UHB IMTP Chapters</li> </ul>
UHB Board Development	7 <sup>th</sup> Dec 2017	<ul style="list-style-type: none"> <li>• Presentation to Board on the draft financial framework and high level IMTP themes</li> </ul>	<ul style="list-style-type: none"> <li>• Draft Financial Framework approved for wider circulation</li> </ul>
Mgt Exec	11 <sup>th</sup> Dec 2017	<ul style="list-style-type: none"> <li>• Prioritisation of Business Cases and PODs</li> <li>• Sign off of Planned Care Schemes</li> </ul>	<ul style="list-style-type: none"> <li>• Business Cases approved for implementation on 1<sup>st</sup> April 2018</li> </ul>
Clinical / Service Boards Performance Reviews	17 <sup>th</sup> & 18 <sup>th</sup> Jan 2018	<ul style="list-style-type: none"> <li>• Clinical / Service Boards present their Plans for draft approval</li> </ul>	<ul style="list-style-type: none"> <li>• Final Draft Clinical / Service Board Plans</li> </ul>
HSMB	18 <sup>th</sup> Jan 2018	<ul style="list-style-type: none"> <li>• Noting of 2018/19 Draft IMTP</li> </ul>	<ul style="list-style-type: none"> <li>• Final Draft 2018/19 IMTP</li> </ul>
UHB Board	25 <sup>th</sup> Jan 2018	<ul style="list-style-type: none"> <li>• Formal approval of 2018/19 Draft IMTP</li> </ul>	<ul style="list-style-type: none"> <li>• Final Draft 2018/19 IMTP</li> </ul>
Mgt Exec	February	<ul style="list-style-type: none"> <li>• Receive and review WG comments on draft</li> </ul>	<ul style="list-style-type: none"> <li>• Revised IMTP reflecting WG comments</li> </ul>
UHB Board	29 <sup>th</sup> Mar 2018	<ul style="list-style-type: none"> <li>• Formal approval of 2018/19 IMTP</li> </ul>	<ul style="list-style-type: none"> <li>• Final 2018/19 IMTP</li> </ul>

Further engagement will be undertaken with the CHC and through the UHB's Local Partnership Forum and the Stakeholder Reference Group. Throughout the process there will ongoing discussions with WG officials and the Chair will keep the Cabinet Secretary briefed on progress.

<b>CARDIFF AND VALE UHB AREA INTEGRATED WINTER PLAN</b>	
<b>Name of Meeting</b> : Board Meeting	<b>Date of Meeting</b> 27/07/2017
<b>Executive Lead</b> : Interim Chief Operating Officer	
<b>Author</b> : Assistant Chief Operating Officer ext. 44120	
<b>Caring for People, Keeping People Well</b> : The development of an Integrated Winter Plan is a fundamental resilience planning measure to ensure the Health Boards values of 'caring for people, keeping people well' are sustained throughout the winter period.	
<b>Financial impact</b> : Final costs are being determined.	
<b>Quality, Safety, Patient Experience impact</b> : Ensure safe and timely access to Unscheduled Care services over the winter period.	
<b>Health and Care Standard Number</b> 2.1/5.1	
<b>CRAF Reference Number</b> 5.1	
<b>Equality and Health Impact Assessment Completed:</b> Not Applicable	

<p><b>ASSURANCE AND RECOMMENDATION</b></p> <p><b>ASSURANCE</b> is provided by:</p> <ul style="list-style-type: none"> <li>• The review, involving internal and external stakeholders, of winter 2016/17 has informed the approach to winter 2017/18</li> <li>• Consideration by the Management Executive team of both the review of winter 2016/17 and the approach to winter 2017/18.</li> <li>• The final Integrated Winter Plan will be developed with partners over the summer months and will be submitted to Welsh Government for consideration and feedback.</li> </ul> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the approach to developing the Cardiff and Vale Area Integrated Winter Plan for 2017/18, which include the following key proposals: <ul style="list-style-type: none"> <li>○ Enhanced resilience of the GP out of hours service</li> <li>○ Rebalance activity from acute hospitals to the community</li> <li>○ Commission additional hospital bed capacity in line with forecast demand patterns and based upon the success of this shift from hospital to community</li> <li>○ Enhance services for older people, in particular securing the benefits from the ICF and Primary Care investments</li> <li>○ Enhance senior decision-making capacity in the Emergency Unit and</li> </ul> </li> </ul>
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- the Assessment Units
- Continue the integrated approach to developing the winter plan, working closely with WAST, local authority and third sector partners to promote the 'Home First' principle through admission avoidance and improved discharge processes

## SITUATION

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

As with other Welsh Health Boards, Cardiff and Vale UHB and its partners are required to develop and approve an integrated winter plan for 2017/18. Experience from last year and the draft findings from the NHS Wales review of winter preparedness identifies early decision-making as critical to successful delivery. The key elements of the Health Board's plans are presented for consideration and approval. This will form the basis of the integrated winter plan which will be developed with partners over the summer months.

## BACKGROUND

Each winter brings additional demand for unscheduled care services, in particular in medical specialties and specifically within the older age groups. Whilst overall EU attendances are often lower in the winter period, the proportion aged over 85 increases. In addition the number of emergency admissions of older patients can be higher and length of stay extends. Each year the scale and duration of the demand increase is highly variable and hence difficult to accurately predict. However inadequate provision can have significant consequences for the organisation and our patients including:

- **Quality and safety** - there is growing evidence that EU overcrowding is associated with increased mortality (CEM, 2014<sup>1</sup>) and outlying patients have a longer length of stay.
- **Patient experience and performance** – 4-hour and 12-hour breach performance and ambulance handovers typically deteriorate during the winter months; in addition RTT performance can be devastated by a lack of bed capacity resulting in multiple patient cancellations and poor experience (this occurred in 2012-13)

<sup>1</sup> College of Emergency Medicine. 2014. *Crowding in Emergency Departments* [Online]. Available at <http://rcem.ac.uk/Shop-Floor/Service%20Design%20&%20Delivery/ED%20crowding> [Accessed: 19<sup>th</sup> July 2016]

- **Financial** – expenditure on bank and agency nursing normally increases during the winter; reduced elective capacity can both reduce income (e.g. WHSSC and Orthopaedics) and defer significant costs to a later year
- **Reputational** – high profile reputational concerns can result, directly or indirectly, from pressures on the unscheduled care system; for example: the independent enquiry into EU, media reports, intervention from the Delivery Unit etc.

The production of an annual integrated winter plan has become standard procedure for Welsh Health Boards. This approach was initiated following the winter pressures experienced in 2012/13 and the production of a plan is a Welsh Government requirement. While Health Boards lead on the plan development, key stakeholders including Social Services, WAST and Third Sector will contribute to its development. This reflects the 'whole system' nature of unscheduled care services.

As in previous years, C&V UHB will be coordinating a series of integrated meetings in the development of the 2017/18 plan. In previous years Welsh Government has led quarterly seasonal planning workshops in support of developing seasonal plans and unscheduled care service more generally. It is expected Health Boards and partner organisations will be required to present their winter plans in the September/October workshop to allow peer review.

Once finalised, it is a Welsh Government requirement that the plan is approved by each organisation's Board and made available on the UHB's website.

## ASSESSMENT AND ASSURANCE

### Learning Points 2016/17

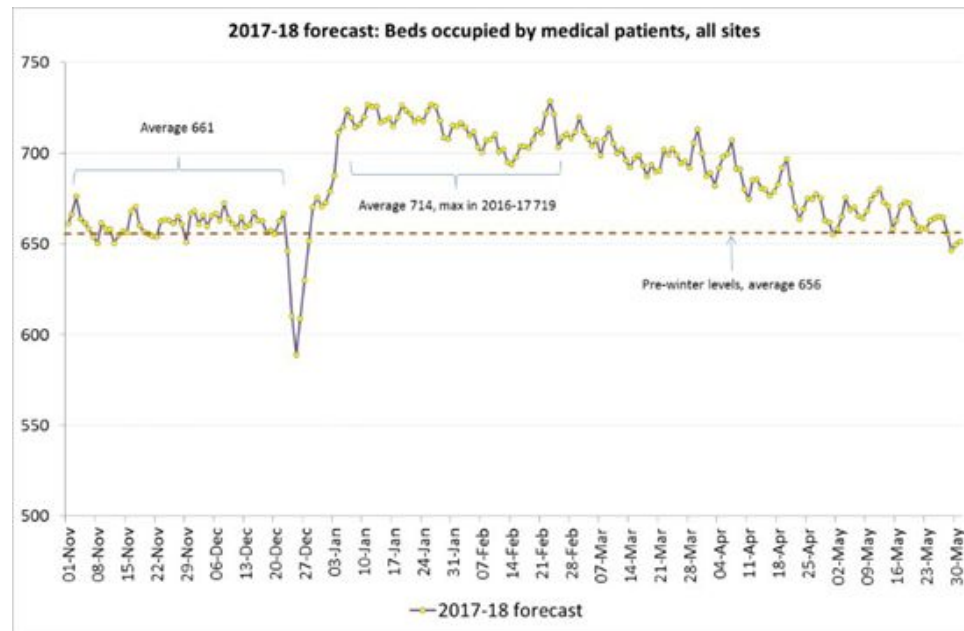
A detailed review of the 2016/17 winter has been produced and is presented as a separate paper.

Last winter Cardiff and Vale performed comparatively well on a number of measures relative to previous years and other Welsh Health Boards. However performance did deteriorate in January and some of the key flow metrics evidenced enhanced pressure on the system throughout the winter period, i.e. medical outliers and elective cancellations.

A multi-agency winter debrief session was held in May 2017. This further reinforced the importance of integrated working, additional senior decision maker capacity, the benefit of accurate bed capacity modeling, and the introduction of a dedicated team to manage medical outliers in future winter plans.

## Bed forecasts 2017/18

Using the historical patterns of bed occupancy to predict demand across the winter has proven a relatively accurate forecasting method over recent years (see 2016/17 winter review, appendix 1). Repeating this exercise for 2017/18 produces the following projection:



The key points to note are as follows:

- The forecast is consistent with previous years reflecting the typical nature of the 2016-17 winter
- Pressures are expected to emerge from November onwards and rise sharply in the post New Year period, not fully returning to normal levels until the latter part of May
- The difference between the pre-winter levels and the average levels for January and February is circa 60 beds, peaking at 80 beds on the busiest days

## Proposals for 2017/18

The Health Board has developed specific proposals in preparation for winter 2017/18. A 'first cut' of these proposals has been considered by the Management Executive and will be further refined over the coming weeks. However, our review and learning from last year will mean that a number of elements of this year's winter plan will feature:

- The need for enhanced resilience of the GP out of hours service
- The continued need to support resilience of general practice core services
- Continue to rebalance the provision of winter capacity from acute hospitals to the community settings - where possible
- Commission additional hospital bed capacity (or equivalent) in line with forecast demand
- Further enhance services for older people, in particular securing the benefits from the ICF and Primary Care investments
- Strengthen senior clinical decision-making capacity at key points of the unscheduled care pathway e.g. GP OOH, emergency units and assessment units (including frail elderly assessment)
- Continue the integrated approach to developing the winter plan, working closely with WAST, local authority and third sector partners to promote the 'Home First' principle through admission avoidance and improved discharge processes

### Summary

This paper outlines the key learning from last winter and how they will inform the approach to planning for the winter of 2017/18. The approach outlined will form the core measures in next year's winter plan. And will be refined as we approach winter. There will be continued oversight from the Health Board's Executive and the plan's development will continue to include key stakeholders including WAST, Local Authorities, and third sector partners.

<b>CARDIFF AND VALE UHB WINTER PLAN REVIEW</b>	
<b>Name of Meeting</b> : Board Meeting	<b>Date of Meeting</b> 27/07/2017
<b>Executive Lead</b> : Chief Operating Officer	
<b>Author</b> : Graduate Trainee, Operations, Ext. 41269	
<b>Caring for People, Keeping People Well</b> : Planning for winter pressures is a key operational aspect of the objectives and values set out in the Health Board's strategy. In particular, it aims to ensure services are sustainable, safe and effective.	
<b>Financial impact</b> : The financial allocation for the 2016/17 winter plan was £2.2m.	
<b>Quality, Safety, Patient Experience impact</b> : Winter planning is important in preparation for Unscheduled Care pressures. Its primary purpose is to build resilience to ensure safe and timely access to services throughout the winter, thereby maintaining the quality of services and patient experience.	
<b>Health and Care Standard Number</b> 2.1	
<b>CRAF Reference Number</b> 5.1.2	
<b>Equality and Health Impact Assessment Completed:</b> Yes	

<p><b>ASSURANCE AND RECOMMENDATION</b></p> <p><b>ASSURANCE</b> is provided by:</p> <ul style="list-style-type: none"> <li>• Stakeholder involvement in the review of winter 2016/17.</li> <li>• The key learning points derived from the review process and their implication in future planning. The review of winter 2016/17 has informed the approach to winter 2017/18</li> <li>• The review of winter 2016/17 has been considered by the Management Executive.</li> </ul> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>CONSIDER</b> the report in regard to the winter of 2016/17.</li> <li>• <b>NOTE</b> the learning points identified for future winter plans.</li> </ul>
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## SITUATION

As with other Health Boards, Cardiff and Vale UHB experienced significant unscheduled care winter pressures in 2016/17. This briefing summarises some of the key activity and performance measures for the period and compares them to previous years. The intention is to review and learn from last winter in order to inform the development of a plan for 2017/18.

## BACKGROUND

**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



**GIG  
CYMRU  
NHS  
WALES**

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

Seasonal unscheduled care pressures have been well documented and the Welsh Government routinely requires Health Boards to develop plans for dealing with them. There has been a requirement that such plans are integrated, through collaboration with key partners including Social Services, WAST and the third sector.

Cardiff and Vale UHB coordinated the development of the Area Integrated Winter Plan for 2016/17. It included a range of actions, including improving flu vaccination uptake, increasing GP OOH capacity, opening additional bed capacity in secondary care, establishing ambulatory care models in UHW and UHL, commissioning additional EU sessions at peak times, recruitment of additional

Acute Care Physicians and an EU consultant. In addition to increasing 'front door' decision maker capacity, improving flow through the hospital was addressed by extending the opening times of the discharge lounge and additional site management during peak periods. The integrated plan was shared with Welsh Government and was peer reviewed to ensure learning across Health Boards.

The scale and complexity of the unscheduled care system can make it difficult to attribute cause and effect with certainty. System drivers can range from social services capacity and housing constraints to patient acuity factors and hospital bed availability.

In order to review key activity over the winter period, activity and performance measures have been collated. For ease of comparison to last winter these have been summarised in table format and detailed graphs have been included as appendices 1-25. This summary is not intended as an exhaustive review of every aspect of the unscheduled care system, but it follows a national winter planning review format used by the Welsh Government Delivery Unit.

It is important to note that whilst some of the external factors influencing the unscheduled care system (cold weather and flu for example) did not reach the extremes of previous years, other Welsh Health Boards and other parts of the UK did experience significant pressure, particularly in January. NHS England reported the lowest compliance with the 4 hour A&E target in recent years (79%) (Source: House of Commons Briefing Paper).

Key activity, process and performance measures are outlined below.

**ASSESSMENT**

Table 1 - Comparison of CAV Winter Activity 2016/17 to 2015/16 (November to April)

Measure	Direction of year-on-year movement	Quantification	Appendix Number
GPOOH Call Volumes	Decrease	8% lower	1
GPOOH Secondary Care Referrals to EU	Increase	31% higher	2
GPOOH % Referrals to EU	Increase	52% higher	3
Ambulance conveyance	Increase	5% higher	6
EU Attendances	Increase	1% higher	7
Medicine Admissions	Decrease	7% lower	8
Medicine AM Discharges	Increase	1% higher	10
Medicine Average LOS	Increase	6% higher	12
Surgery Admissions	Decrease	7% lower	9
Surgery AM Discharges	Increase	17% higher	11
Surgery Average LOS	Increase	10% higher	13
Emergency Admissions age 65+	Decrease	10% lower	20
85+ Emergency Medical Bed Occupancy	Decrease	7.5% lower	22

Table 2 - Comparison of Winter Performance 2016/17 to 2015/16 (November to April)

Performance Indicator	Year-on-year improvement?	Quantification	Appendix Number
GPOOH % of Urgent Calls Within 20 Minutes	Yes	7% higher	4
GPOOH % of Routine Calls Within 60 Minutes	Yes	19% higher	5
WAST Red calls Within 8 Minutes	Yes	14% increase	15
15 Minute Ambulance Handover Compliance	Yes	8% improvement	16
WAST Lost Hours	Yes	17% fewer lost hours	17
EU Compliance With 4 Hour Target	Yes	7% improvement	18
EU 12 Hour Breaches	Yes	54% fewer breaches	19
Average Daily Medical Outliers, UHW	No	131% increase	23
DTOC	Yes	27% lower	14
Average weekly CRT slots	Yes	8 % increase	21
Flu Vaccine Uptake Under 65	No	0.1% decrease	25
Flu Vaccine Uptake Over 65	No	0.1% decrease	25
Flu Vaccine Uptake Pregnant Women	Yes	12.5% increase	25
Flu Vaccine Uptake Frontline Staff	Yes	6.1% Increase	25

## **Data Analysis Summary**

The activity and performance data summarised in the above tables contains a number of points of note related to the 2016/17 winter pressures. The summary analysis which follows refers to Nov 2016 to April 2017 as the reference period, unless otherwise stated.

### **Demand**

The overall volume of calls to GP Out of Hours (OOH) saw an 8% reduction compared to winter 2015/16 and a 10% reduction from 2014/15 (appendix 1). OOH referrals to the Emergency Department were 36% higher than last year (appendix 2), but this is largely due to changes made to the Decision Support Template in November 2016. The changes resulted in additional paediatric patients being referred to the EU for clinical governance reasons. As a result the 36% increase in referrals cannot be attributed solely to winter pressure. The percentage of OOH referrals to the Emergency Department also showed an increase of 52% (appendix 3) but again, should be interpreted with caution as it is based on inflated referral figures.

There was overall improvement in the percentage of OOH calls logged and returned, with 7% more urgent calls returned within 20 minutes and 19% more routine calls returned within 60 minutes compared to winter 2015/16. March 2017 in particular saw significant improvements in performance compared to March 2016 (appendices 4 & 5). Underlying this performance is a shift fill rate of 86% in March 2017. This relatively high fill rate facilitated the improved performance seen for both urgent and routine calls.

Total EU attendances were broadly consistent with last winter, with a 1% year-on-year increase (appendix 7). Attendances were fewest in February and highest in March. The number of ambulance conveyances showed a year-on-year increase of 5%. This year conveyances remained high throughout March and April (appendix 6). This differs from winter 2015/16 when ambulance conveyances decreased from January onwards.

Total Medicine admissions were lower than previous years and this was most pronounced in February, March and April (appendix 8). Surgical admissions were lower than previous years overall, but were higher in March (appendix 9). As the number of discharges is related to the number of admissions, medicine and surgery also had fewer discharges over the winter period than the previous two years.

As well as admission and discharge volumes, in-day bed demand and capacity mismatch can be influenced by the time of day beds become available. Hospitals have therefore emphasised the need for early discharge to accommodate morning admissions. Medicine showed a 1% improvement on 2015/16 and 2014/15 in terms of pre-midday discharges (appendix 10). Surgery showed a substantial year-on-year improvement with 17% more morning discharges compared to 2015/16 and 4% more than 2014/15 (appendix 11).

During winter 2016/17 fewer patients over the age of 65 were admitted compared to 2015/16 and 2014/15 (appendix 20). The number of over 65's admitted in February and March specifically decreased by 17% compared to the same months in 2015/16. On average 37% of emergency medical beds were occupied by patients over 85 years. This is a 3% reduction from winter 2015/16. Bed occupancy for these patients was higher in absolute terms in January, March and April compared to November and December (appendix 22) but lower as a percentage of all beds occupied.

There was a general increase in medicine and surgery inpatient length of stay (LOS) this year. Medicine LOS was 6% higher than 2015/16 and 1% lower than 2014/15 (appendix 12). Surgery LOS was 10% higher than 2015/16 and 4% higher than 2014/15 (appendix 13). The year-on-year reductions in LOS seen last winter (medicine 5% and surgery 4%) were not replicated this year but this must be seen in the context of fewer admissions which would have the effect of increasing the average LOS.

Delayed Transfers of Care (DTOCs) decreased over November, December and January and reached 46 in February, the lowest figure all year (appendix 14). The figure increased to 77 in April but this is fewer than April 2016 which had 94 DTOCs. Last winter (2015/16) the DTOC position deteriorated as winter went on, and was highest in February and March (105 and 107). This winter February and March had 56.2% and 45.8% fewer DTOCs respectively.

### **Performance**

As the summary table shows (table 2), there was clear year-on-year improvement on a number of key unscheduled care performance measures this winter. Performance deteriorated in January, suggesting this was when winter pressure was greatest, but this is the typical pattern seen in previous winters and across Wales.

The percentage of ambulance handovers completed within 15 minutes showed an 8% increase from 2015/16 and 8% from 2014/15 (appendix 16). Compliance generally improved as winter went on. On average the total number of lost hours was significantly less this year than in the previous two years. Appendix 17 shows this year there was a 17% decrease in lost hours from 2015/16 and a 10% decrease from 2014/15. This winter most hours were lost in January but there was significant recovery in February, March and April. In summary, the UHB performed better on these two measures compared to winter 2015/16 and 2014/15.

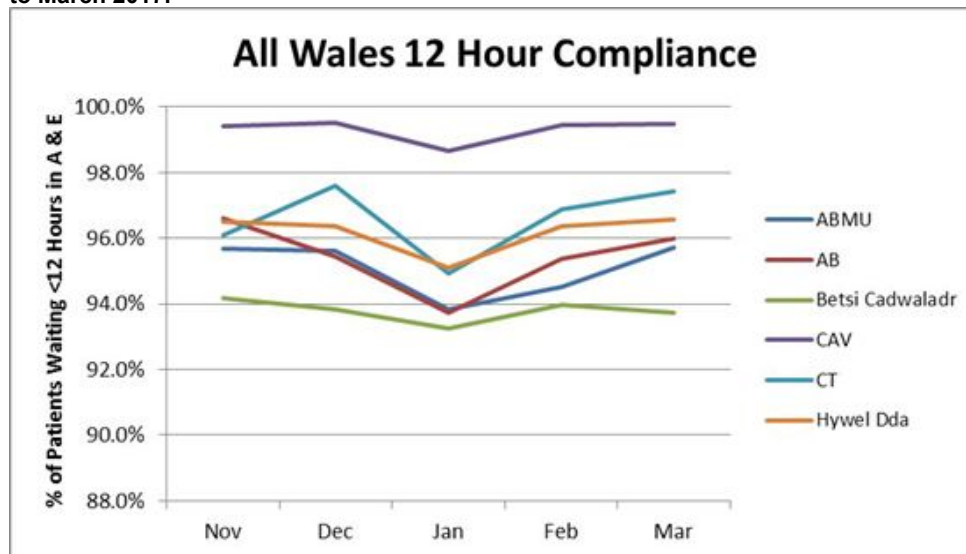
4 hour EU transit times improved year-on-year, with a 7% increase from 2015/16 and a 2% improvement in compliance from 2014/15. January had the lowest compliance for the 4 hour target but overall performance improved as winter went on, reaching 87% in April (appendix 18). This is the highest April compliance level for three years.

This winter there was a substantial reduction in the occurrence of 12 hour breaches. There were 54% fewer 12 hour breaches than winter 2015/16 and 50%

fewer than 2014/15 (appendix 19). Again performance deteriorated in January, but the number of breaches maintained a downward trend from January onwards. The high number of breaches seen in March 2016 was not replicated this year.

Cardiff and Vale performed comparatively well in terms of 12 hour breaches on a national level. Figure 1 below illustrates that from November 2016 to March 2017 in Cardiff and Vale 99.3% of patients waited less than 12 hours in A & E. This was the highest compliance in Wales this winter.

**Figure 1 – Percentage of patients meeting the 12 hour target in Wales from November 2016 to March 2017.**



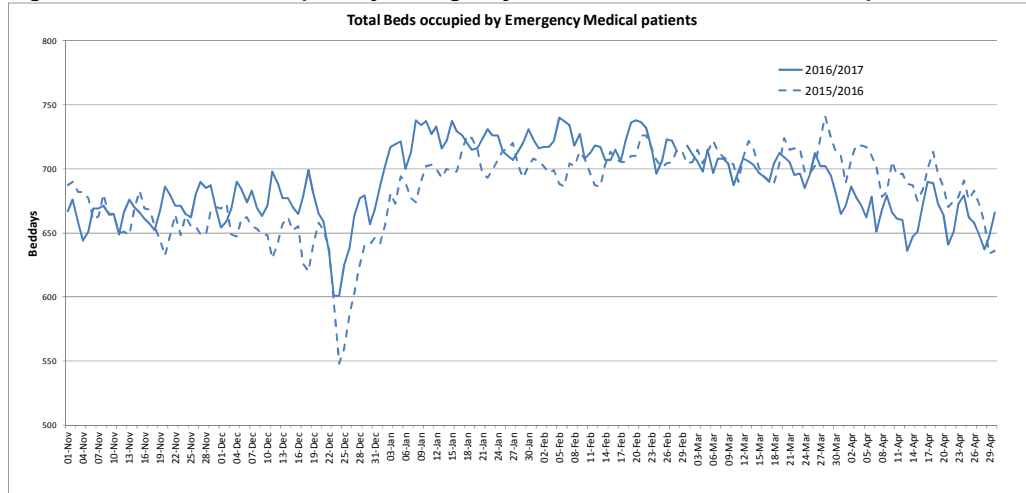
Data source: EDDS Monthly Wales Comparison.

**Community Resource Team**

Last year saw significant issues in the domiciliary care market in Cardiff, (appendix 21). Domiciliary care was less problematic this winter, with the weekly target of 40 slots being achieved in January 2017.

**Hospital bed capacity**

As part of the winter plan 41 additional winter beds (located on C2, UHW and West 3, UHL) were scheduled to open in a phased manner to meet the predicted demand from December to April. These predictions were based on historical bed occupancy data. The actual use of the beds was determined on a daily basis in response to operational demand, minimising the requirement where possible. The first cohort of beds opened on 5<sup>th</sup> December (1 week later than the original plan) and the second cohort on the 2<sup>nd</sup> January. West 3 closed on 7<sup>th</sup> April and the C2 beds closed on the 5<sup>th</sup> of May, 2 weeks earlier than the same period last year.

**Figure 2 – Total beds occupied by Emergency Medical Patients Nov 2015 to April 2016**

On average, 689 beds were occupied by emergency medical patients during the winter period 2016/2017. The year before, on average it was 683. Peak bed occupancy occurred on the 5<sup>th</sup> of February (740). The average daily beds occupied was higher in January (720), February (720) and March (700) than in the preceding two months (668,665).

Data Source: DL from Information.

## Flu

This year Cardiff & Vale community flu vaccine uptake exceeded the Wales average for both under and over 65s (appendix 25) and levels were similar to last year (this year <65 was 48.3% and >65 was 69.0%). Uptake in pregnant women was 12.5% higher than the Wales average. Uptake in the 4-7 year old category was 1.2% lower than last year and 10% below the Wales average this year. However, it should be noted that this year this category included an additional year in the figures.

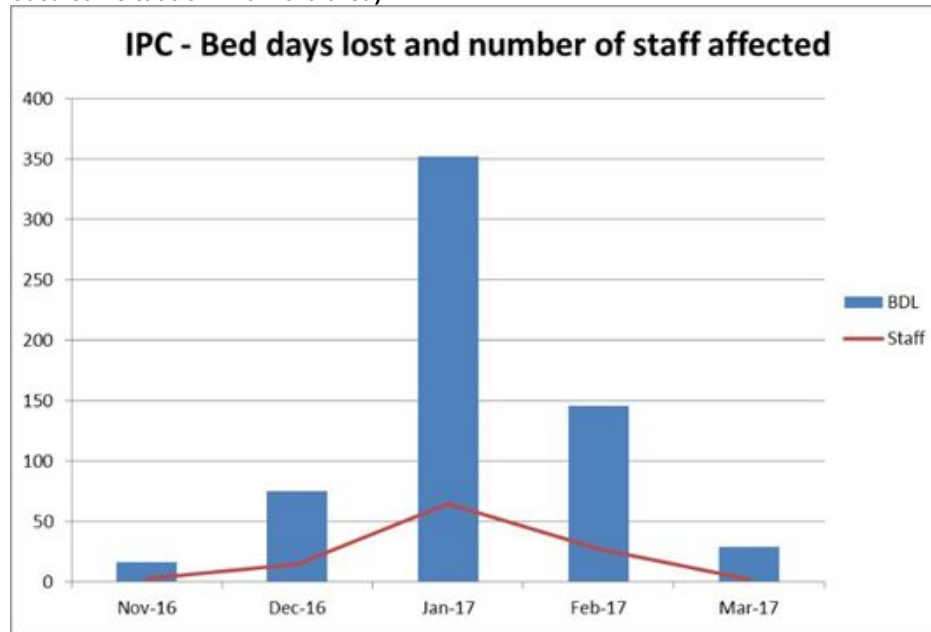
Figures for flu vaccine uptake in frontline staff are only available to the end of February 2017. The uptake for frontline staff was 52.9% against the all-Wales average of 51.2%. This represents a 6.1% improvement on 2015/16. Feedback suggests the rise may be due to the increased use of Flu Champion Peer Vaccinators model. Staff uptake may also have benefitted from weekly reporting of statistics at Clinical Board level.

In terms of flu virus circulation, this season was of medium intensity (Appendix 25). Peak flu intensity was seen in the first two weeks of January after which intensity declined. This is one of the factors that lead to January being particularly challenging. Last year peak influenza circulation was delayed and occurred in March.

## IP&C

Winter 2015/16 saw 165 bed days lost in March due to norovirus, D & V and flu. As figure 3 shows, this year IP&C had the greatest impact in January with 350 bed days lost and a rise in the number of staff also reporting illness in relation to an outbreak on a ward. This is consistent with winter pressure being most prominent in January 2017.

**Figure 3: Impact of IP&C – bed days lost and numbers of staff affected (in relation to an outbreak situation in a ward area)**



## Planned Care

This winter there were a total of 446 elective admissions cancelled due to beds. This reverses the improving trend seen in recent years and was 74% higher than winter 2015/16. In particular there was a distinct rise in bed cancellations in January 2017, which had 126 cancellations (appendix 24). Upon closer analysis 30% of the January cancellations were in Neurosurgery, 23% in Orthopaedics, 10% in ENT and 10% in General Surgery.

The increase in average daily medical outliers (131% increase on 2015/16 – appendix 23) will have significantly contributed to this increase but not all of the above bed cancellations specifically relate to winter pressures. Detailed analysis of the Neurosurgery cancellations has identified that repatriations to other Health Boards was a more significant factor than medical outliers and only in January were the medical outliers more than 1 per day. Orthopaedics has ring-fenced capacity in UHL which was protected from medical outliers throughout the winter, the main factor affecting bed cancellations was the outbreak of VRE occurring in January.

### **Review Summary**

Overall winter 2016/17 was challenging but the mitigating actions taken meant the UHB performed comparatively well on the majority of performance measures and there was strong evidence of year-on-year improvement.

Demand and performance data suggests the winter pressures were most apparent in January this year, in line with the typical pattern, and improved steadily avoiding the sharp deterioration seen in February and March last year. In January these pressures resulted in a high number of cancelled admissions due to ward bed unavailability, WAST lost hours, reduced 4 hour compliance and 12 hour breaches. There was recovery in the subsequent winter months.

### **Learning for 16/17 Winter Plan**

In addition to the above data review, feedback on winter 2016/17 was gathered at a multi-agency debrief session held in May 2017. Whole system stakeholders involved in the integrated winter plan were asked to evaluate what went well, what were the challenges, and what were the key learning points. The feedback is summarised in table 3 below.

**Table 3 – Summary of Debrief Session Feedback**

<b><u>What went well?</u></b>	<b><u>What were the challenges?</u></b>	<b><u>Key Learning Points</u></b>
It was felt it was a better winter overall based on subjective feedback from patients and staff (e.g. less perceived risk)	The use of SAU/SSSU was challenging	The provision of additional senior decision makers is key in the winter plan
Ability to recover quickly from challenging days	Higher volumes of outliers and cancellations	Early planning and approval for winter (in particular will support the recruitment to key posts)
Domiciliary care was less problematic than last year	Flow through discharge-to-assess beds	Involve third sector partners early on
Opened and closed medical winter beds on time. Medicine winter capacity was delayed until after Christmas	Lack of dedicated facilities to isolate infectious patients (also staff failure to pass on symptoms and clinical information to wards)	Predicted bed capacity was accurate and should continue to be based upon robust bed modelling
ICF used to support keeping people in their homes, Community Paramedic Scheme also supported people at home	Staffing additional beds was difficult, collaborative discussions need to happen earlier	Better establish the basis of escalation levels

Doubling up of key shifts by patient access was very positive/supportive	There was a noticeable pattern of Sunday, Monday and Tuesday being particularly challenging days	Introduce a dedicated team to manage medical outliers
Improved communication between the 3rd sector and clinical boards		There's a need for dedicated facilities for IP&C isolation and a decant area for refurbishment
		Take a collaborative approach to nurse staffing across clinical boards.

Looking forward to next year, these points will be used to inform the development of the 2017/18 integrated winter plan. Specific recommendations for implementation into next year's plan are as follows:

- The Health Board should continue to improve flu vaccination uptake in both the community and its own staff in order to manage demand.
- It is important to further increase GP OOH resilience. This is particularly the case for predicted periods of pressure, i.e. in the post-Christmas period.
- The cause of the increase in referrals from GP OOH to secondary care this winter is now understood but there is a need to develop plans to mitigate this.
- The need for additional winter beds was evident and corresponded with the Health Board's original bed occupancy forecast. Until further whole system reform is achieved, the need for additional winter beds remains.
- Decisions to commission additional beds (and bed equivalents) should be made early to maximise preparation time, an early decision should be made on the staffing model and the support from other clinical boards to open additional beds.
- Health and Social Services partners should continue to develop capacity to care for older persons in the winter period. This relates to both in-hospital capability as well as pre- and post-hospital services. Focus on avoiding and reducing DTOCs should continue.
- A more defined patient pathway at the point of hospital assessment should be in place for both ambulatory patients (Ambulatory Emergency Care) and for frail older persons (FOPAL model extension).
- Alternative pathways to ambulance conveyance must remain a feature of winter planning.
- Increasing senior clinical decision-making capacity in 'front-door' services is essential during predicted times of high demand.
- Improving in-hospital discharge processes for complex and non-complex patients should be a priority. This includes developing practice and facilities to increase the number of pre-midday discharges.
- The acceptance criteria for 'Discharge to Assess' beds should be reviewed to maximise the ability to use such capacity.
- Further development of 7-day consultant working should be a focus in key areas.
- Hospital access and operational management teams should be reviewed and strengthened - aligned to local and national escalation procedures. Doubling up of key site management shifts should remain a feature of winter planning.

- Additional hospital site management needs to be built into out of hours plans for the winter – with particular emphasis on improvements at UHL.

These recommendations summarise the learning taken from winter 2016/17 and will inform the development of this year's integrated winter plan.

### **Next Steps**

The Chief Operating Officer has already initiated the winter planning process for 2017/18. Within the Health Board, Clinical Boards have submitted proposals for the 2017/18 winter plan. It is anticipated that the first draft of the integrated plan will be completed by the end of July 2017. However, on-going planning and adjustments will continue through to the beginning of Winter 2017/18.

### **References**

NHS England House of Commons briefing report:

<http://researchbriefings.files.parliament.uk/documents/SN07057/SN07057.pdf>

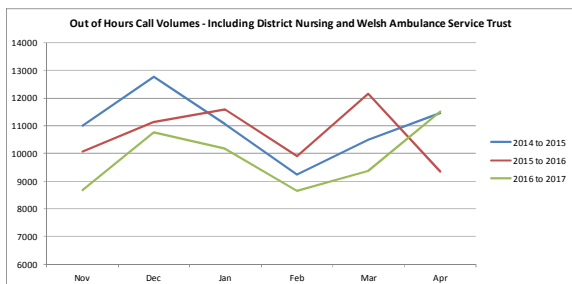
Public Health Wales, Weekly Influenza Activity in Wales Report:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=34338>

**Appendices**

**Appendix 1 - GP OOH Call Volumes**

Yr-on-Yr GP OOH Call Volumes Nov–April 2014/15 – 16/17

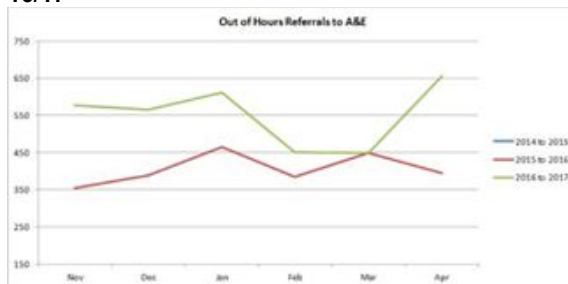


Overall, from November 2016 to April 2017 out of hours call volumes were 10% lower than 2014/2015 and 8% lower than 2015/2016.

Data Source: Board Report.

**Appendix 2 - GP OOH Secondary Care Referrals**

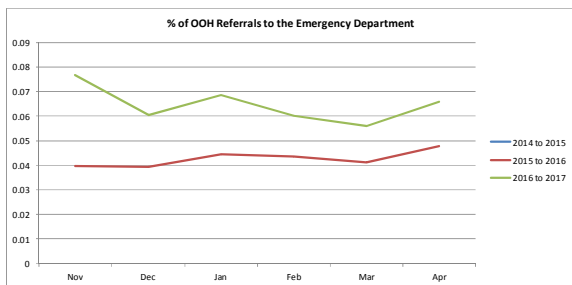
Yr-on-Yr GP OOH A&E Referrals Nov–April 2014/15 – 16/17



Overall, from November 2016 to April 2017 out of hours referral to A&E were 36% higher than 2015/2016.

Data Source: Board Report, data not available for Winter 2014/2015.

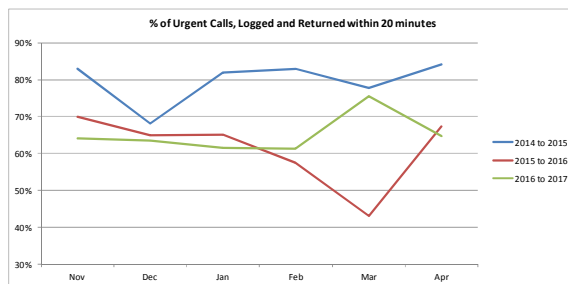
**Appendix 3 – GP OOH % Referred to the Emergency Department**



Overall, from November 2016 to April 2017 % of OOH referrals to the emergency department were 52% higher than 2015/2016.

Data Source: Board Report

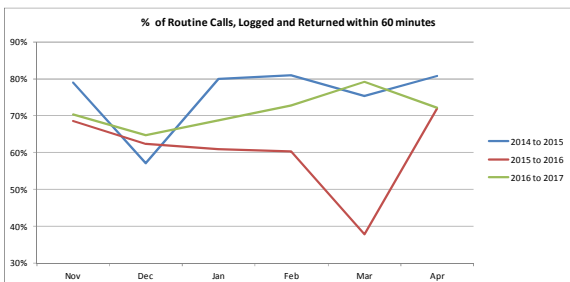
**Appendix 4 – Percentage of urgent GP OOH calls logged and returned within 20 minutes**



Overall, from November 2016 to April 2017 % of urgent calls logged and returned within 20 minutes were 7% higher than 2015/2016.

Data Source: Board Report.

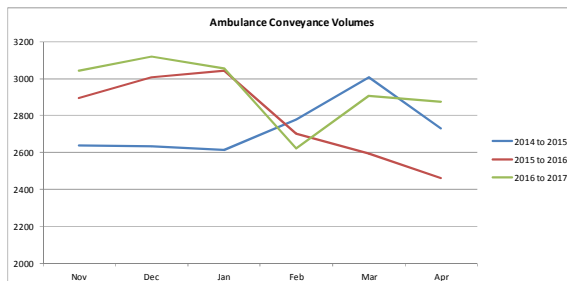
### Appendix 5 – Percentage of routine GP OOH calls logged and returned within 60 minutes



Overall, from November 2016 to April 2017 % of routine calls logged and returned within 60 minutes were 19% higher than 2015/2016. Data Source: Board Report.

### Appendix 6 - Ambulance Conveyance

#### Yr-on-Yr UHB Ambulance Conveyance Volumes Nov–April 2014/15 – 16/17

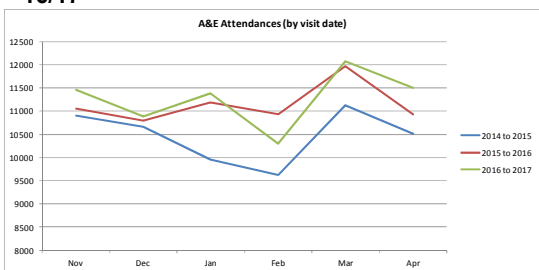


Ambulance conveyances to the UHB from November 2016 to April 2017 were 7% higher than 2014/2015 and 5% higher than 2015/2016. Data Source: Daily WAST Information

### Appendix 7

#### EU Attendances Total

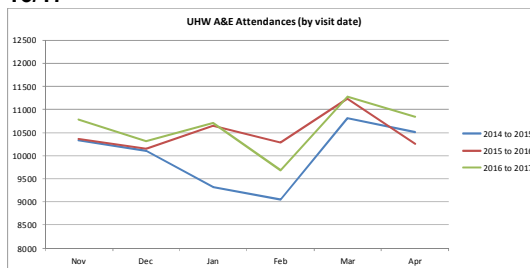
##### Yr-on-Yr C&V A&E Attendances Nov–April 2014/15 – 16/17



EU attendances from November 2016 to April 2017 are 8% higher, compared to 2014/2015, and 1% higher than 2015/2016. Attendances for March 2015 are low due to the closure of Barry MIU mid-month for installation of x-ray equipment.

#### EU Attendances UHW

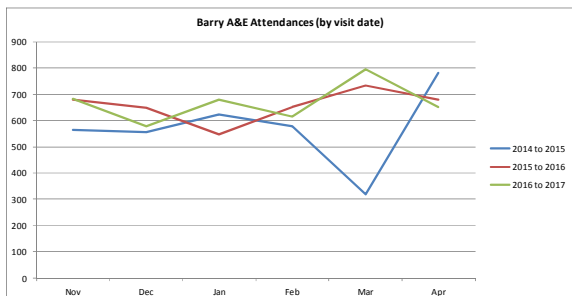
##### Yr-on-Yr UHW A&E Attendances Nov–April 2014/15 – 16/17



Data Source: A&E Cube, visit date, UHW and Barry, initial visit and unplanned revisit

**Appendix 7 continued**

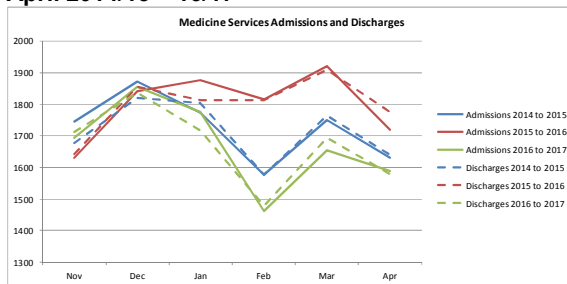
**Yr-on-Yr Barry A&E Attendances Nov–April 2014/15 – 16/17**



Data Source: A&E Cube, visit date, UHW and Barry, initial visit and unplanned revisit

**Appendix 8 - Medicine Admissions and Discharges**

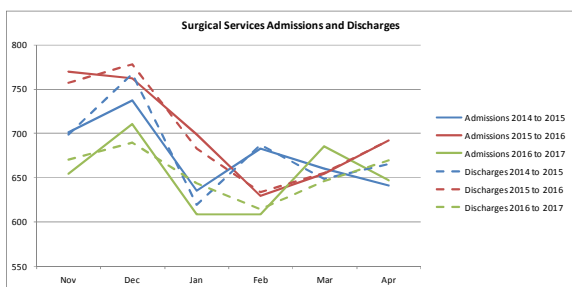
**Yr-on-Yr Medical Admissions and Discharges Nov–April 2014/15 – 16/17**



Medicine admissions and discharges were lower in February, March and April 2017 compared to 14/15 and 15/16. From November 2016 to March 2017 admissions were 3% lower, compared to 2014/15, and 7% lower than 2015/16. Discharges are 3% lower, compared to 2014/15, and 7% lower than 2015/16. Data Source: Inpatient and Day Case Activity Cube (Admissions), Inpatient and Day Case Activity Cube (Discharges), Emergency admission method, Inpatients, UHW, Barry, UHL

**Appendix 9 – Surgery Admissions and Discharges**

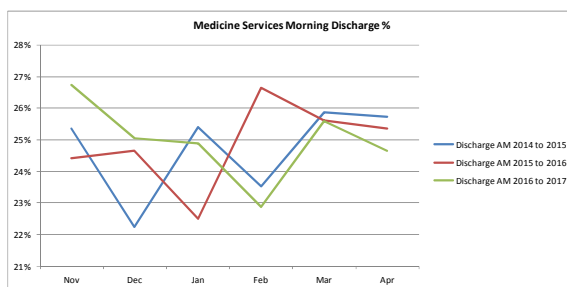
**Yr-on-Yr Surgical Admissions and Discharges Nov–April 2014/15 – 16/17**



For November 2016 to April 2017 admissions were 7% lower than last year (2015/2016) and 4% lower than the year before (2014/2015). Discharges were 6% lower than last year and 4% lower than 2013/2014. Data Source: Inpatient and Day Case Activity Cube (Admissions), Inpatient and Day Case Activity Cube (Discharges), Emergency admission method, Inpatients, UHW, Barry, UHL.

**Appendix 10 – Medicine Time of Day Discharge**

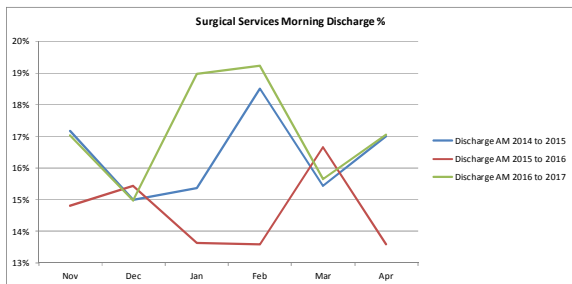
**Yr-on-Yr Medicine Morning Discharges Nov–April 2014/15 – 16/17**



For the November 2016 to April 2017 period medicine morning discharge percentage was 1% higher than 2014/2015 and 1% higher than 2015/2016. Data Source: Inpatient and Day Case Activity Cube (Discharges), Emergency admission method, Inpatients, UHW, Barry and UHL.

### Appendix 11 – Surgery Time of Day Discharge

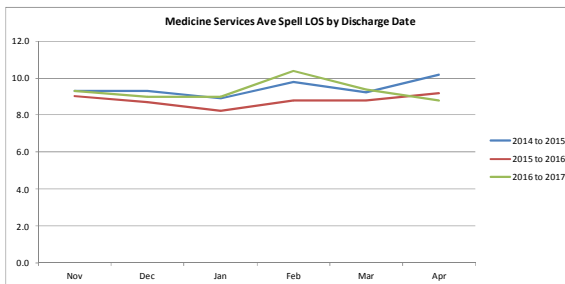
Yr-on-Yr Surgical Morning Discharges Nov–April 2014/15 – 16/17



For the November 2016 to April 2017 period surgical morning discharge percentage is 4% higher than 2014/2015 and 17% higher than 2015/2016.  
Data Source: Inpatient and Day Case Activity Cube (Discharges), Emergency admission method, Inpatients, UHW, Barry and UHL.

### Appendix 12 – Medicine In-patient Length of Stay

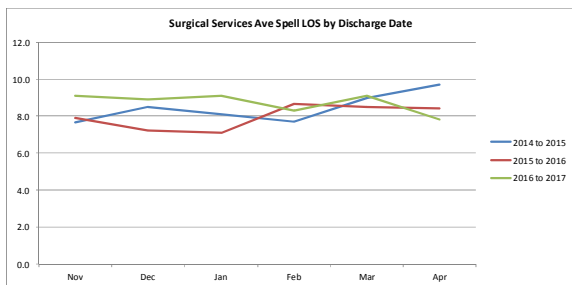
Yr-on-Yr Emergency Medicine Length of Stay Winter Nov–April 2014/15 – 16/17



For the November 2016 to April 2017 period medicine average length of stay is 1% lower than 2014/2015 but 6% higher than 2015/2016.  
Data Source: Inpatient and Day Case Activity Cube (Discharges), Emergency admission method, Inpatients, UHW, Barry and UHL

### Appendix 13 – Surgery In-patient Length of Stay

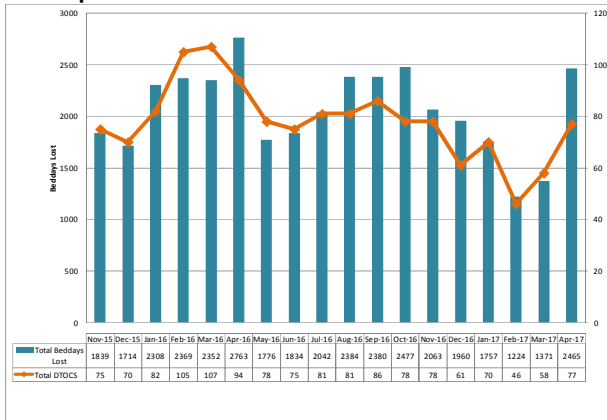
Yr-on-Yr Emergency Surgery Length of Stay Winter Nov–April 2014/15 – 16/17



For the November 2016 to April 2017 period surgical average length of stay is 4% higher than 2014/2015 and 10% higher than 2015/2016.  
Data Source: Inpatient and Day Case Activity Cube (Discharges), Emergency admission method, Inpatients, UHW, Barry and UHL.

### Appendix 14 - Delayed Transfers of Care

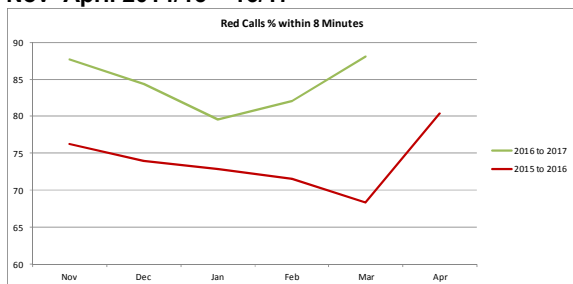
UHB Delayed Transfers of Care – Bed days & Volume Nov–April 2014/15 – 16/17



DTOC volumes have reduced since the peak in March 2016 and, overall are cumulatively 27% lower for November to April 2016/17 in comparison to the previous year. Whilst the reported volume reduced to its lowest level all year in March 2017, there has been an increase in recent months.

### Appendix 15 - Category A8 (8 min) Response Times

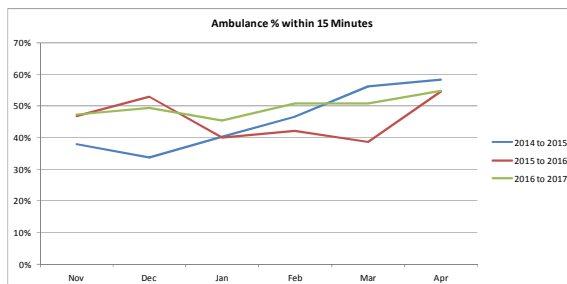
Yr-on-Yr C&V area CAT A8 Response Times Winter Nov–April 2014/15 – 16/17



Data for 2016/2017 is 14% higher than data for 2015/2016. The 65% target was achieved in all months.  
Data Source: Stats Wales

### Appendix 16 – 15 Minute Ambulance Handover Performance

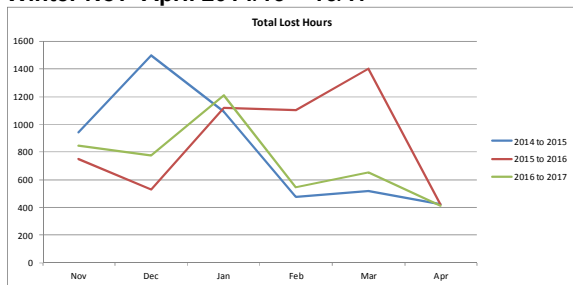
Yr-on-Yr UHB 15 Minute Ambulance Handover Performance Winter Nov–April 2014/15 – 16/17



For the November 2016 to April 2017 period ambulance handover compliance is 8% higher than 2014/2015 and 8% higher than 2015/2016. The target is 95% of handovers within 15 minutes.  
Data Source: Daily WAST Information

### Appendix 17 – Total Lost Ambulance Handover Hours

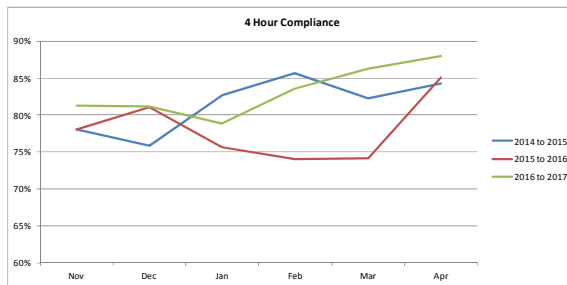
Yr-on-Yr UHB Handover Lost Ambulance Hours Winter Nov–April 2014/15 – 16/17



For the November 2016 to April 2017 period total lost ambulance handover hours is 10% lower than 2014/2015 and 17% lower than 2015/2016.  
Data Source: Launch pad website

### Appendix 18 – 4 Hour EU Transit Time

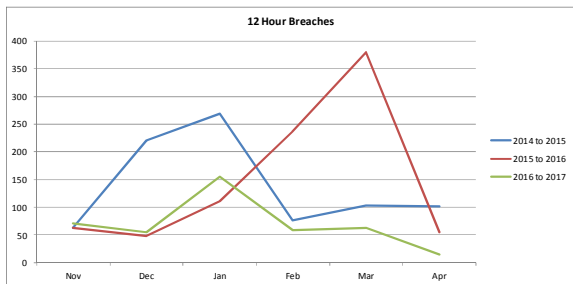
Yr-on-Yr EU 4 hour Transit Time compliance Winter Nov–April 2014/15 – 16/17



Four hour EU transit compliance has improved. Over the whole period 2016/2017 is 2% higher than 2014/2015 and 7% higher than 2015/2016.  
Data Source: EDDS Compliance Report UHW & Barry

**Appendix 19 – 12 Hour EU Transit Time**

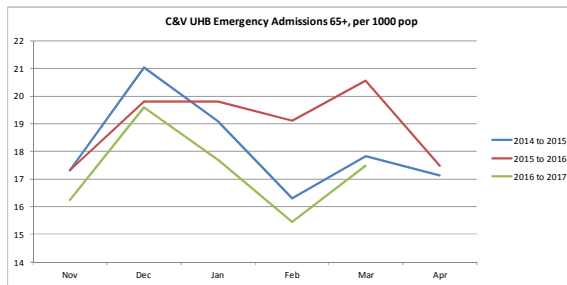
**Yr-on-Yr EU Transit Time 12 hour breaches Winter Nov–April 2014/15 – 16/17**



12 hour breaches are far lower. Over the whole period 2016/2017 is 50% lower than 2014/2015 and 54% lower than 2015/2016. Data Source: EDDS Compliance Report UHW & Barry

**Appendix 20 – Emergency Admissions age 65+**

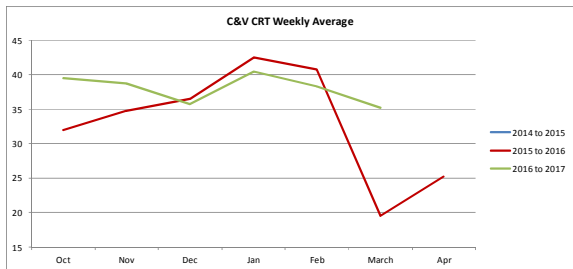
**Yr-on-Yr UHB Aged 65+ per 100 Pop. Emergency Admissions 2013/14 –15/16**



Emergency admissions for the over 65s for February to March show a 17% decrease compared to the previous year. Data Source: AR from Information – BIS

**Appendix 21 – CRT Weekly Average Slots**

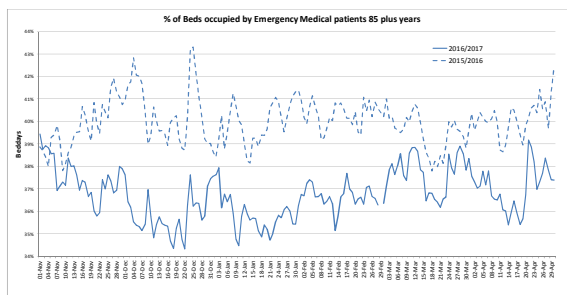
**C&V CRT Weekly Average Winter Oct 15 – March 16**



Weekly CRT achieved the target of 40 slots in January 2017. Data Source: CB and PCIC Performance Review papers

**Appendix 22 – 85+ Bed Occupancy by Emergency Medical Patients**

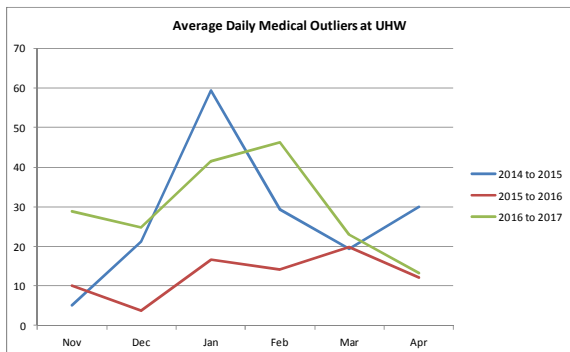
**Percentage of beds occupied by Emergency Medical Patients >85 years year-on-year comparison.**



On average, 37% of beds were occupied by emergency medical patients > 85 years old during the winter period 2016/2017. The year before, on average it was 40%. The average daily beds occupied by > 85 years old was higher in January (258), February (264) and March (264) than in the preceding two months (251,238). Data Source: DL from Information

### Appendix 23 – UHW Medical Outliers

#### Medical Outliers in UHW 2014-15 to 2016/17



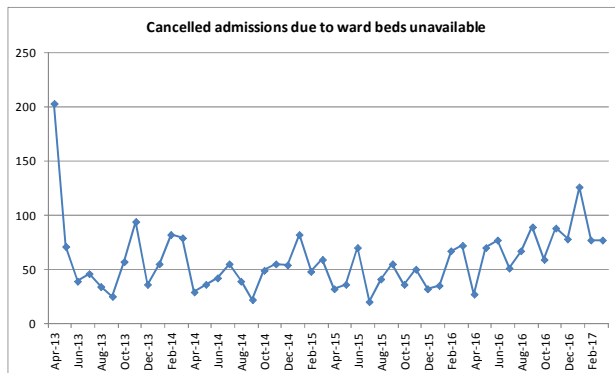
The daily average number of medical outliers at UHW for the period November 2016 to April 2017 was 131% higher than 2015/2016 and 7% higher than 2014/2015.

Data Source:

Y:\Operation\_Centre\_Users\PAT\BB-BM  
Figures

### Appendix 24 – Elective Cancellations UHW

#### Cancelled admissions due to wards bed unavailable

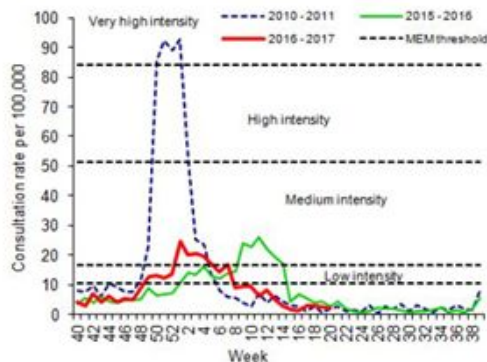


There were 446 elective admissions cancelled due to ward bed unavailability for the period November 2016 to March 2017, 74% higher than 2015/16 and 50% higher than 2014/2015.

Data Source: Corporate Reports BIS

### Appendix 25 – Flu Circulation and Vaccine Uptake

Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (as of 24/05/2017)



Source: Public Health Wales

Flu Vaccine uptake figures Winter 2017.

Group	C&V uptake	Wales average
Under 65s	48.3%	46.9%
Over 65s	69.0%	66.7%
4-7 year old (note change from 4-6 to 4-7 in 2016/17)	56.8%	66.9%
Pregnant Women	87.2%	74.7%
Frontline Staff	46.8%	47.2%

Source: Public Health Wales

<b>CHAIR'S ACTION TAKEN ON BEHALF OF THE BOARD</b>	
<b>Name of Meeting :</b> Board Meeting	<b>Date of Meeting :</b> 27 <sup>th</sup> July 2017
<b>Executive Lead :</b> Director of Corporate Governance	
<b>Author :</b> Director of Corporate Governance 029 2074 4230	
<b>Caring for People, Keeping People Well</b> not applicable	
<b>Financial impact :</b> All Capital investments are funded from within the UHB Capital Programme.	
<b>Quality, Safety, Patient Experience impact:</b> appropriate policies and procedures have been adhered to.	
<b>Health and Care Standard Number :</b> Governance Leadership and Accountability	
<b>CRAF Reference Number:</b> N/A	
<b>Equality and Health Impact Assessment Completed:</b> Not Applicable	

<b>ASSURANCE AND RECOMMENDATION</b>
<p><b>ASSURANCE</b> is provided by:</p> <ul style="list-style-type: none"> <li>• Adherence to UHB Standing Orders</li> </ul> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>RATIFY</b> the action taken by the Chair.</li> </ul>

## SITUATION AND BACKGROUND

This report details actions 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.

## ASSESSMENT AND ASSURANCE

### Affixing the UHB Common Seal

The UHB Common Seal has been applied to 7 documents in accordance with requirements. A record of the sealing of these documents was entered into the Register kept for this purpose and has been signed in accordance with Section 8 of the Standing Orders.

Register No.	Description of documents sealed
818	Deed of Variation to form Agreement Dated. Cardiff and VALE University Local Health Board & UHW Neonatal Phases 1a, 1b, 3 subsequent phases.
819	Lease of Ronald McDonald House at University Hospital Wales between Cardiff and Vale University Local Health Board & Ronald McDonald House Charities.
820	Deed. Form of Agreement for an NEC3 Engineering and Construction Short Contract – Phantom Head Teaching Space Refurbishment between Cardiff and Vale University Health Board and R&M Williams Ltd.
821	Agreement relating to Land, Whitchurch Hospital, Cardiff between Cardiff County Council and Cardiff & Vale UHB & R&M Williams Ltd
822	Lease relating to Unit 24, Cardiff Medi centre, Heath Park, Cardiff, between Cardiff University and Cardiff and Vale University Local Health Board
823	Lease relating to Unit 24, Cardiff Medicentre, Heath Park, Cardiff between Cardiff University and Cardiff and Vale University Local Health Board
824	Lease relating to Vale of Glamorgan Council (1) to Cardiff and Vale University Local Health Board and 26 Newlands St, Barry

### Chair's Action

**18/05/2017** – e -Expenses Management System between Cardiff and Vale UHB and Software Europe for a further year

**18/05/2017** – Urology Robot Consumables and Maintenance

**23/05/2017** – Infusion Devices and Associated Giving Sets

**31/05/2017** – Radio Pharmaceuticals and Krypton Gas Generators

### Other Signed Legal Documents

**18/05/2017** – Delivery Agreement Part A – Provision of Architectural, Project Management & Cost Management – Feasibility Stage Services between Cardiff and Vale University Health Board and Perfect Circle JV Ltd. UHW & Llandough Feasibility Studies.

**18/05/2017** – Form of Agreement – Cardiff and Vale University Health Board & Alun Griffiths (Contractors) Limited of Waterways House, Llanfoist, Abergavenny, Monmouthshire, NP7 9PE – Relocation of the Bus Turning Circle at University Hospital Llandough.

**18/05/2017** – Deed – Gleeds Management Services, Park House, 1<sup>st</sup> Floor Suite, Greyfriars Rd, Cardiff, CF10 3AF and Cardiff and Vale University Health Board. New Dental Suite at the University Hospital Llandough

**02/06/2017** – Web based Pilot – Patient Knows Best (Letter of Agreement). Single Tender

**23/06/2017** – Short Contract – Theatre 11 Refurbishment and Theatres 9 and 10 Cardiac Blood Cooling units Installation, between Cardiff and Vale University Health Board and ET&S Construction Ltd

<b>REPORT ON THE QUALITY OF MEDICAL AND DENTAL UNDERGRADUATE AND POSTGRADUATE TRAINING</b>	
<b>Meeting:</b> Board Meeting	<b>Date:</b> 27 <sup>th</sup> July 2017
<b>Executive Lead :</b> Medical Director	
<b>Author :</b> Assistant Medical Director Postgraduate and Undergraduate Medical Education	
<b>Caring for People, Keeping People Well:</b> Teaching and training is essential to our strategy and the development of our 'Culture' making the UHB a great place to work and learn.	
<b>Financial impact :</b> Funding for teaching and training is significant from a number of different funding streams and is reported as part of the regular financial planning reviews and financial reports.	
<b>Quality, Safety, Patient Experience impact :</b> Higher quality and properly supervised teaching and training results in better standards of care and better outcomes for patients. Educational surveys, including the GMC trainees survey provide important information with regard to patient care and patient safety.	
<b>Health and Care Standard Number</b> 7.1 Workforce	
<b>CRAF Reference Number</b> 7.1 The need to train and recruit a competent medical and dental workforce.	
<b>Equality and Health Impact Assessment Completed:</b> No	

<p><b>ASSURANCE AND RECOMMENDATION</b></p> <p><b>ASSURANCE</b> is provided by:</p> <ul style="list-style-type: none"> <li>• Implementation of the educational governance framework.</li> <li>• Action planning relating to Postgraduate and Undergraduate feedback mechanisms</li> <li>• Commissioning processes with Wales Deanery and Cardiff University.</li> </ul> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Report</li> </ul>
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### SITUATION

The UHB is required to deliver both the undergraduate (UG) and postgraduate (PG) education and training as set out in the Service Level Agreement (SLA) with both the Wales Deanery and Cardiff University School of Medicine.

In order to reflect wider developments within medical education and support the delivery of teaching and training the separate UG and PG departments were amalgamated into a single Department of Medical Education in January 2014.

As part of the Annual Commissioning process by the Wales Deanery it was agreed with the Chief Executive that an annual report be presented to the Board to describe the current situation and in particular reassure the Board about actions being taken in areas of concern and report areas where we are performing well.

Teaching and training is essential to our strategy and the development of our 'Culture' making the UHB a great place to work and learn. This is important in both maintaining the trainees we have and attracting new staff to the UHB. High quality training is also directly linked to improved patient outcomes. Underpinning great teaching and training are our values and the way we treat each other.

## **BACKGROUND**

### **Undergraduate Medical Education**

It is the aim of the Department to work in partnership with Cardiff University School of Medicine and the Wales Deanery to ensure that the UHB is a leading provider of high quality undergraduate medical education and training. The UHB currently provides more than 4,400 medical student placements annually, significantly more than any other Health Board in Wales.

Cardiff University School of Medicine embarked on a fundamental revision of the undergraduate medical curriculum, entitled C21, which started in September 2013. Health Board staff have made significant contributions to curriculum design and the delivery of Phase 1a of the C21 course.

The UHB successfully delivered Year 5 senior student assistantships in 2014 as part of the Harmonisation Project with feedback indicating graduating foundation doctors are better prepared for practice. Year 2 was introduced in 2014/2015, Year 3 was delivered for the first time during 2015/2016. The final phase of the C21 curriculum (Year 4) has just been completed in the current academic cycle.

The model of teaching delivery required in the C21 curriculum is a major departure from traditional clinical placement teaching activity. There is a strong emphasis on facilitated teaching time and individualised teaching and mentoring. The uplift in time and resources required is substantial. This has required a transparent allocation of Placement SIFT, which has been agreed with the Finance Director. The outstanding challenge is to ensure time for teaching is clearly translated into job plans.

### **Postgraduate Medical Education**

The Department aims to provide appropriate education and support for the 630 junior doctors within the UHB currently in Wales Deanery approved training posts (i.e. Foundation, Core, Specialty and GP Training). Annual funding is received by the Wales Deanery on a per capita basis for junior doctors in training and the Postgraduate Department also manages the study leave process for all Consultant and SAS Grade staff within the UHB.

Funding is received from the Deanery for the management and administration of the Foundation, GP and Dental Training schemes, and funding is also received from the Deanery to support the continuing professional development of SAS Grades within the UHB and provide appropriate administrative support to the SAS Faculty Lead. In partnership with Cardiff University School of Medicine substantial access to high-fidelity simulation training facilities has been obtained for the delivery of PG simulation training with excellent feedback from trainees.

### **Dental Education and Training**

The primary purpose of the activity undertaken at the University Dental Hospital and School is to educate the next generation of dental professionals, balanced with delivery of dental care across primary, community and specialist dental services. The Clinical Board for Dentistry and the School of Dentistry are delivering additional student activity due to the increase in student numbers enrolled since 2010 as requested by Welsh Government.

Since 2015, the number of dental students has been reduced by 10%. However, there has been a 50% increase in the training places for Dental Therapy/Hygiene and Dental Hygiene.

## **ASSESSMENT**

### **Undergraduate Medical Education**

The Department is actively encouraging faculty development (which forms part of the Education Strategy) and has part-funded 16 Clinical Teaching Fellows (CTFs) from placement SIFT to undertake further training in education delivery. In addition, UHB trainees are recruited to a Faculty of Clinical Tutors to enable them to develop their own recognised medical education credentials and support the delivery of undergraduate clinical skills teaching; 32 trainees are being sponsored as Members of the Academy of Medical Educators (AoME) through involvement as teaching faculty during the current academic year.

The UHB has worked towards the provision of performance reporting in the field of undergraduate education, which has raised awareness and demonstrated achievement within this important area of service delivered by the UHB. This reporting process allows education to appear on the UHB “dashboard” of performance indicators highlighting areas of excellence and

concern. Generally there is a continuing improvement in performance and this continues to act as a driver to further enhance delivery of undergraduate teaching within the UHB and serves as a means of encouraging improvement within the specific departments within the UHB.

Simulation teaching was introduced in 2011 and continues to receive excellent feedback from medical students. The UHB works in partnership with the School of Medicine to deliver high quality simulation as part of the C21 curriculum, with facilities in the Cochrane Building for high-fidelity simulation and low-fidelity, self-directed learning facilities within the Education Centre at University Hospital Llandough. A further development within the A2/B2 link corridor on the University Hospital of Wales site was completed in October 2015 and provides additional classroom and low-fidelity self-directed learning facilities for both undergraduate students and postgraduate trainees. Partnership funding has been secured to further develop this area to expand postgraduate multidisciplinary simulation training relating directly to quality improvement activity within clinical teams.

A Medical Work Observation Programme (MWOP) is successfully provided within the UHB, co-ordinated by the Medical Education Department with excellent feedback. Work is underway to improve access to the Programme for young people from less-privileged backgrounds who may wish to consider a career in medicine.

Priorities for action regarding undergraduate teaching in 2017/2018 are shown in Appendix 1.

### **Postgraduate Medical Education**

Data relating to quality of training is collated via the annual GMC Trainee and Trainer Survey results, face to face feedback with trainees and end of placement reports. The following departments were commended by the Wales Deanery for specific areas of outstanding delivery of training identified in the 2016 Trainee Survey:

- Cardiology
- Clinical Genetics
- Chemical Pathology
- Core Medical Training
- Emergency Medicine
- Rheumatology
- Neonatal Medicine
- Neurology
- Neurosurgery
- Otolaryngology

In addition, the following departments have shown evidence of outstanding training:

- Foundation Year 1 Training Programme was ranked 2<sup>nd</sup> in the United Kingdom for overall satisfaction of training.
- Core Medical Training at UHW was joint 5<sup>th</sup> nationally and the highest ranked major teaching unit in the United Kingdom.
- Paediatric trainees achieved the highest Royal College pass rates in the United Kingdom.
- Trauma and Orthopaedic trainees achieved the highest Royal College pass rates in the United Kingdom.
- 6 trainees from Cardiff and Vale were awarded Wales Deanery BEST trainee awards during 2017, from 7 available categories.

Overall, there has been a substantial improvement in the quality of postgraduate training in 19 clinical areas since 2016 with the following areas showing particular progress: Obstetrics and Gynaecology, Cardiology, Ophthalmology, Emergency Medicine, Renal Medicine.

There are however, several areas of particular risk relating to the quality of training and the potential threat of withdrawal of trainees highlighted via the Wales Deanery Quality Unit:

- Paediatric Surgery
- Radiology
- Psychiatry
- Obstetrics and Gynaecology

Detailed comments on these areas and specific actions taken are shown in Appendix 2.

The content of the GMC Trainee Survey changed in 2016 to include domains relating specifically to educational culture within departments. This will have broader implications for working relationships between trainees and other members of the multidisciplinary team.

The GMC published new standards relating to Medical Education (*Promoting Excellence*) in 2015 for implementation in 2016. The standards place responsibility on Local Education Providers (LEP) and Executive Boards to implement robust educational governance structures and processes, which should be linked to Quality and Safety processes. The Board approved a paper in 2016 and following an extensive consultation process was launched in June 2017. The structure and processes embed responsibility for assessing and improving the quality of training within local departments with clear reporting mechanisms.

The structure requires the establishment of Departmental Educational Groups with named Educational Leads and representation from the Clinical Leads/Directors, senior nurses and trainees. A biannual Educational Forum will be established from February 2018 to provide additional support to departmental educational groups.

Educational Contracts were introduced by the Wales Deanery for trainees in Surgery, Child Health and Obstetrics and Gynaecology in August 2016. The remaining specialties will have educational contracts implemented in August 2017. The contracts stipulate the level of experience and training opportunities that should be available for each trainee. The aim is to establish a balance between training opportunity and service provision. In some departments this will reduce the availability of trainees for service delivery and this will have an impact on Consultant job planning. Adherence to the contracts is being monitored by the Wales Deanery. The educational governance structure will also provide a mechanism for individual departments to monitor compliance.

The Medical Education Department successfully applied for funding to run four QIST (Quality Improvement Skills Training) workshops during 2016/2017. The focus was on developing multidisciplinary working to improve outcomes in sepsis care. A presentation seminar is planned for September 2017.

Priorities for action regarding postgraduate training in 2017/2018 are shown in Appendix 3.

### **Dental Education and Training**

The Clinical Board for Dentistry will work closely with the School of Dentistry to support the delivery of high quality education and provide the best possible experience for dental students at both undergraduate and postgraduate level. The School of Dentistry has continually achieved high satisfaction scores in the National Student Surveys (NSS) and was ranked Number 1 in the Good University Guide of the Guardian and The Times national newspapers in 2016. This has ensured a high profile nationally for Cardiff and is aided by the fact that many of the specialist dental staff are responsible for the delivery of the Continuing Professional Development (CPD) for the complete dental healthcare professional team. Cardiff University has provided £2.2 million to develop a state-of-the-art Phantom Head Training Suite in the Dental Hospital & School for use in both undergraduate teaching and postgraduate training.

## Appendix 1

### Priority Areas for Undergraduate Teaching 2017/18

- To ensure that all undergraduate medical students have access to appropriate high quality education and training
- To ensure that personal development of education and training is aligned to meet wider goals in undergraduate medical training within the UK as well as the local needs of the UHB and the NHS in Wales
- To continue working closely with Cardiff University to enable the new C21 curriculum to be delivered within the UHB, with high quality education enabling greater student satisfaction and an enhanced student experience
- To further develop the Faculty of Clinical Tutors
- To continue to work with specialties and departments within the UHB to enable organisation and delivery of the C21 curriculum while taking into account significant service changes both locally and as part of service reconfiguration across Wales.
- Ongoing support for 2 one session posts for Undergraduate Leads (Honorary Senior Lecturer level) at UHW and UHL
- Further joint development with Cardiff University and Wales Deanery of the A2/B2 link corridor teaching facilities

- Appointment of further Clinical Teaching Fellows and an Educational Pharmacist to support C21 curriculum delivery
- Establish transparency with respect to placement SIFT allocation to support SPA time in consultant job plans for UG teaching.

## Appendix 2

### Details of Postgraduate Training Areas at Risk

There are several areas of particular risk relating to the quality of training and the potential threat of withdrawal of trainees and are detailed in brief below:

#### 1. Paediatric Surgery:

2 higher surgical trainees were removed from Cardiff in December 2015. This was the consequence of a complex sequence of events including insufficient access to training cases, departmental training culture, trainee factors, the neonatal ICU infections and paediatric theatre and clinic capacity. The Clinical Board is working with the Medical Director's Office, Wales Deanery and other external stakeholders to re-establish paediatric surgical trainees in October 2017.

#### 2. Radiology:

There have been longstanding, unresolved problems with the quality of radiology training in the Health Board. Specific issues relating to the impact of rota gaps, access to out of hours subspecialty support, the working environment and training culture are actively being addressed with the department. There has been a substantial improvement in the training culture within the department over the last 12 months. A key constraint is the lack of suitable workspace and workstations for trainees. An area has been identified for development. However, £20k funding remains outstanding.

**3. Psychiatry:**

The Wales deanery undertook a targeted review of Psychiatry training in the UHB in 2015. There had been a breakdown in the relationship between some trainees and the department following the introduction of a revised out of hours rota which had increased the intensity of work during some periods and reduced out of hours payments for trainees. Several trainees resigned their posts. The training culture has improved substantially following detailed work with the department and resulted in much improved GMC trainee survey results in 2016. There remains a risk of trainees being withdrawn in the event of a further deterioration. The training quality continues to be closely monitored. The low recruitment to posts during 2016/2017 will result in significant rota gaps which may further compromise training.

**4. Emergency Medicine:**

There have been significant improvements in the training culture within the department since 2015. The persisting threat to training quality is due to workload intensity particularly out of hours.

**5. Cardiothoracic Surgery:**

Following the withdrawal of a number of cardiothoracic surgical trainees several years ago the workload intensity for remaining trainees has been considerable. A non-medical workforce model has been developed by the department. However, funding, recruitment and training for the nurse practitioners is yet to be realised. Lack of progress with implementation of a sustainable solution has been identified by the Deanery as a risk for further withdrawal of trainees.

### Appendix 3

#### Priorities Areas for Postgraduate Training 2017/2018

- To meet requirements of the SLA as set by the Wales Deanery via the Annual Commissioning process.
- To continue to implement the GMC led Trainer Recognition and Approval system within the UHB.
- To continue to provide continuous professional development to Educational Supervisors.
- To strengthen the medical education credentials of medical and dental staff.
- To meet requirements of various Royal College Curricula for junior doctors in training.
- To implement educational governance structures and processes with clear reporting mechanisms in place.
- To ensure compliance with, and address issues raised in, the GMC

annual Trainee Survey and Trainer Survey.

- To work with departments to implement educational contracts and address service delivery challenges that emerge as a result.
- To further develop the postgraduate facilities at University Hospital Wales for the purpose of clinical skills teaching.
- To continue to implement the On Line Leave Manager System (OLM) for Consultant/SAS Grade study within all specialties across the UHB.
- To develop opportunity for income generation via provision of 'commercial' educational sessions.
- To integrate simulation training with identified quality improvement outcomes and the development of multidisciplinary team working.

<b>CORPORATE RISK AND ASSURANCE FRAMEWORK – UPDATE REPORT</b>	
<b>Name of Meeting:</b> Board Meeting	<b>Date of Meeting:</b> 27 July 2017
<b>Executive Lead:</b> Director of Corporate Governance	
<b>Author:</b> Head of Corporate Governance <a href="mailto:sian.rowlands@wales.nhs.uk">sian.rowlands@wales.nhs.uk</a>	
<b>Caring for People, Keeping People Well:</b> This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.	
<b>Financial impact:</b> Where a risk is financial this should be clear from the Corporate Risk and Assurance Framework (CRAF) and known by the Executive Lead and/or Risk Owner.	
<b>Quality, Safety, Patient Experience impact:</b> The CRAF includes a number of risks that impact on quality, safety or patient experience.	
<b>Health and Care Standard Number:</b> 2.1	
<b>CRAF Reference Number:</b> Not applicable	
<b>Equality and Health Impact Assessment Completed:</b> Not Applicable	

<p><b>ASSURANCE AND RECOMMENDATION</b></p> <p><b>ASSURANCE</b> is provided by:</p> <ul style="list-style-type: none"> <li>Mitigation of our risks being monitored by the appropriate Committees of the Board albeit the information provided via the CRAF requires strengthening.</li> </ul> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li><b>CONSIDER</b> the CRAF Update Report and the extreme risks currently contained within the CRAF.</li> <li><b>CONSIDER</b> whether the risk descriptors and controls identified are adequate to provide assurance to the Board.</li> </ul>
--

## SITUATION

Each risk contained within the CRAF is assigned to Board or a Lead Committee for oversight.

On 25 May 2017, the Board agreed the proposals for review and renewal of the Risk Management Process. A large part of the review process is engaging with Clinical Boards and Corporate areas to support review/amendment of their registers so that we can strengthen the risk descriptor and controls narrative. Duration of risks will also be looked at as this is not always apparent from the CRAF.

A short, simple procedural guide is being produced to share with all areas to support the review and ongoing maintenance of registers. This guide will

include some key messages about risk identification and use of clear language when describing the risk and control measures.

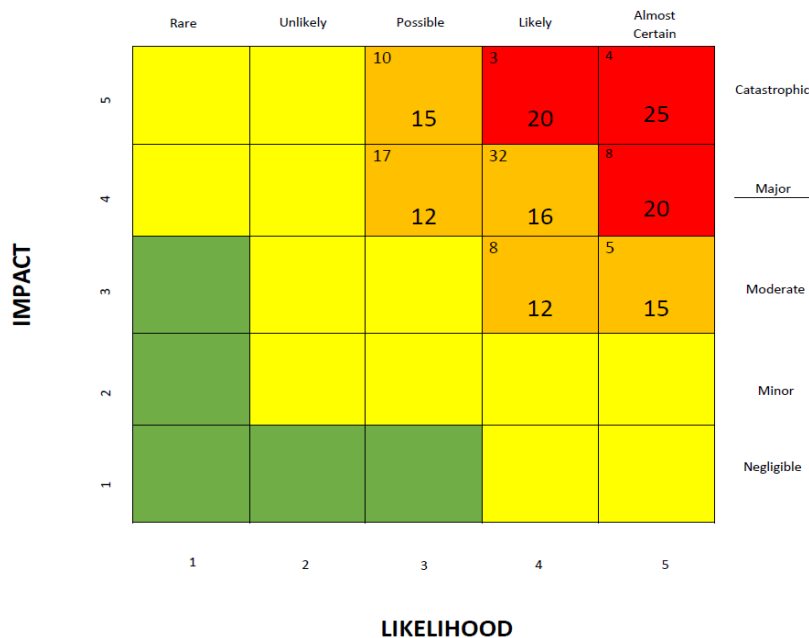
The current system does not enable us to accurately reflect the improvement that has been made and also needs to be strengthened to provide more assurance as to the progress of actions to reduce or remove risks. Capital Planning and Estates have done some excellent work on developing a risk report, to focus its actions around risk reduction and provide a more visual report for monitoring to its Capital Planning, Facilities and Estates Health and Safety Group. This approach will provide the Board and Committees with information to aid their monitoring and we look to test it in a Clinical Board setting over the next few months.

**BACKGROUND**

The Board agreed the production of more visual, less text based standardized reports and this report is prepared with that aim in mind.

**ASSESSMENT AND ASSURANCE**

The below Heat Map provides the profile of all risks currently contained within the CRAF.



The table provided at Appendix 1 summarizes the recent changes to the CRAF. The Board will note that some new risks have been added and some risk scores increased. The Committees are being asked where relevant to consider whether in light of these changes, the CRAF score requires

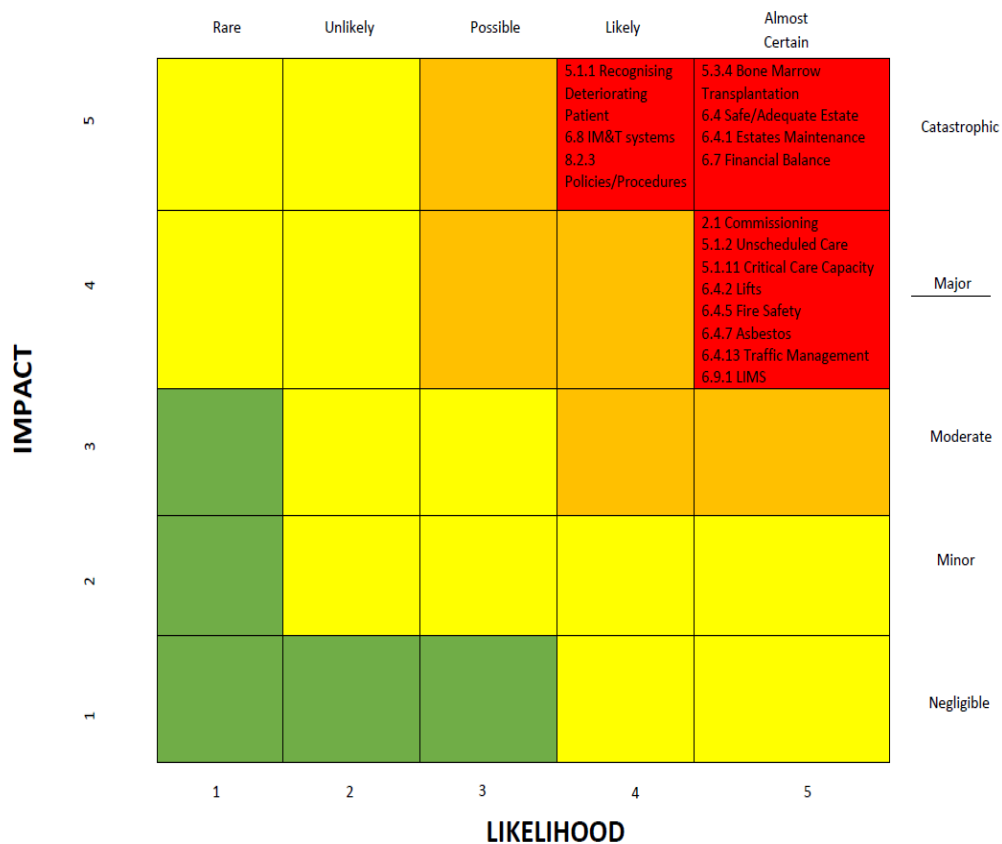
amending. Risks previously assigned to the PPP Committee will now be reassigned to the replacement Committees.

In terms of risks assigned to Board, risk 2.5.1 relating to the agreement of care and cost arrangements for Funded Nursing Care and Continuing Health Care with providers, has been removed.

The latest version of the full CRAF can be found at:

<http://www.cardiffandvaleuhn.wales.nhs.uk/risk-register>

According to the CRAF the extreme risks (20 and 25) facing the organization are:



Appendix 1

## Summary of CRAF Changes as at 12 July 2017

Risk Ref	Risk Descriptor	Change	CB Score	Previous CB Score (if applicable)	Update	CRAF Score	Exec Lead	Lead Committee
2.5.1	Agreement of care and cost arrangements for Funded Nursing Care (FNC) and Continuing Health Care (CHC) with providers.  No agreed CHC rates for Nursing Homes.	Removed from PCIC register as fees agreed on case by case basis & rates agreed for Vale & Cardiff. Position will be finalized by 29/07/17.	N/A	12	Risk removed	16 (to be clarified)	COO	Board
3.1.2	Provide effective and appropriate resourced primary and community care services to meet increasing demands	PCIC has reduced its score in relation to CHAP as the improvement plan is complete & tender process concluded.  PCIC has added a risk regarding insufficient primary mental health provision in HMP Cardiff.	12  12	16  N/A	Risk reduced  New risk added	16  16	COO	PPP

19

Risk Ref	Risk Descriptor	Change	CB Score	Previous CB Score (if applicable)	Update	CRAF Score	Exec Lead	Lead Committee
5.1.7	Patient harm resulting from inadequate management of medication.	PCIC has added a risk in respect of medication in HMP Cardiff not being dispensed in accordance with policy leading to increased volatility of patients (also risk ref 9.2).  PCIC has added a risk of aspiration due to CRT carers not being able to thicken fluids.	15  12	N/A	New risks added	12	MD	QSE
5.1.10	Ability to deliver appropriate Neurosurgery / neuroradiology / Neurovascular services	Specialist Services has increased its risk score in relation to the lack of interventional neuroradiology service.	25	20	Risk increased	15 *	COO	PPP
5.3	Achieve Referral to Treatment (Waiting) Times (RTT) and other Tier 1 targets	PCIC has increased its score in relation to OOHs due to closures of the service & regularly operating at level 4 with WG targets not being met (also risk ref 5.3.2).  PCIC has added a risk relating to the increase in the waiting list of the continence service.	25  12	20  N/A	Risk increased  New risk added	16 *	COO	PPP
5.3.2	Insufficient Provision of Out of Hours Services to meet demand	PCIC has added a risk in respect of there being no OOH provision in HMP Cardiff.	12	N/A	New risk added	16	COO	PPP

Risk Ref	Risk Descriptor	Change	CB Score	Previous CB Score (if applicable)	Update	CRAF Score	Exec Lead	Lead Committee
6.4.6	Ensure appropriate security arrangements, monitoring and intervention.	C&W has added a risk in respect of no security staff to support opening and closing of Global Link.	16	N/A	New risk added	15	DoP	H&S
6.6	Plan, fund and deliver safe, appropriate and up to date equipment requirements.	<p>CD&amp;T has added a risk in respect of poorly maintained &amp; calibrated adult &amp; paediatric diagnostic/therapeutic ultrasound devices. There is a variation in decontamination practices &amp; non-compliance with MHRA guidance.</p> <p>PCIC has reduced its score in relation to JES due to additional stock having made a difference to the response time for beds &amp; mattresses &amp; reasonable assurance rating of Llanishen Stores.</p>	20  12	N/A  16	New risk added  Risk reduced	16 *	DoTh	PPP
6.7.1	Deliver income targets due to WG / HBs / WHSSC reducing resources.	PCIC has added a risk regarding the Pacesetter investment ending.	12	N/A	New risk added	16	DoF	Performance Review

Risk Ref	Risk Descriptor	Change	CB Score	Previous CB Score (if applicable)	Update	CRAF Score	Exec Lead	Lead Committee
8.1.5	Failure to comply with Information Governance legislation in respect full compliance with: Information Governance Framework, Controlled Documents Framework, operational implementation, training monitoring and risk management.	PCIC has added a risk of data loss containing PII in relation to District Nurse spreadsheets.	12	N/A	New risk added	16	MD	PPP/Info Gov

**\* Consider whether CRAF scores require changing**

<b>SENSORY LOSS PROGRESS REPORT 2016-17</b>	
<b>Name of Meeting :</b> Board Meeting	<b>Date of Meeting</b> 27 July 2017
<b>Executive Lead:</b> Chief Operating Officer	
<b>Author:</b> Equality Manager (02920742267)	
<b>Caring for People, Keeping People Well:</b> This report underpins the Health Board's 'Priorities', 'Sustainability', 'Culture' and "Values" elements of the Health Board's Ten Year Shaping Our Future Wellbeing Strategy	
<b>Financial impact:</b> There are no anticipated costs identified with this paper.	
<b>Quality, Safety, Patient Experience impact:</b> The information provided in this paper supports the organisation's goal of providing high quality, safe services to its patients	
<b>Health and Care Standard Number</b> 3.2, 4.2 & 6.2 <b>CRAF Reference Number</b> 8.1.6	
<b>Equality Impact Assessment Completed:</b> Not applicable	

#### **ASSURANCE AND RECOMMENDATION**

**ASSURANCE** is provided by:

- Development of and action taken by the UHB's Sensory Loss Standards Working Group
- The UHB's report to Welsh Government against the All Wales Standards for Accessible Communication and Information for People with Sensory Loss

The Board is asked to:

- **NOTE** the progress made in relation to sensory loss.

#### **SITUATION**

This paper reports on the progress made by the UHB in meeting its obligations under its sensory loss agenda.

The All Wales Standards for Accessible Communication and Information for People with Sensory Loss (Sensory Loss Standards) are now entering their fourth year of implementation and since their launch, the policy landscape has progressed, with the Social Services and Wellbeing (Wales) Act 2014 and Wellbeing of Future Generations (Wales) Act 2015 now active. Along with the Equality Act 2010 both of these Acts are material to the delivery of the sensory loss standards, not least as we have a **legal duty, including those who act on our behalf**, to make "reasonable adjustments" to support disabled people, including providing information in "an accessible format".

Service users with communication needs often receive inaccessible information and are not provided with the communication support they need. This has implications for patient choice, safety, and experience. It should also

be noted that we need to take into account our staff whom may also have information and communications needs related to their sensory loss.

Previous updates have been received by the Board, Quality, Safety and Experience Committee and the Equality Diversity Human Rights Sub Committee in relation to Sensory Loss.

## BACKGROUND

The Sensory Loss Standards for Wales were launched in 2013 and, at the time offered an imperative for health services across Wales to improve communication with and the provision of information to people with sensory loss. This was welcome in order to help drive forward improvements in service delivery and promote collaboration with partners, including third sector organisations. A national officers group meets regularly, which includes the UHB's Equality Manager to support sharing of practice and six monthly progress returns to Welsh Government are also required to demonstrate the actions taken by the UHB to meet the Sensory Loss Standards (Please see Appendix 1). In November 2016, the second sensory loss awareness month campaign 'It Makes Sense', led to sizeable activity within the UHB. The campaign intends to help our staff to communicate and to provide patient safety.

The It Makes Sense Logo is an easy way to help raise awareness and promote sensory loss awareness month.



## ASSESSMENT AND ASSURANCE

Since the last progress report there has been some notable improvements in the work of the UHB. We have sometimes seen that it only takes a few small adjustments to make a difference:

- Sensory Loss Awareness 'It Makes Sense' campaign month took place for the second year running in November 2016 and it was pleasing to see the momentum for the campaign beginning to grow. A variety of approaches were used by our Sensory Loss Champions/Leads and the Communication Team to promote these key Campaign messages across the UHB during November, including use of the intranet, social media and promotional packs. For example, campaigns such as the recent National Glaucoma Awareness Week have been promoted on the intranet.

- Improving compliance continues to be a key delivery focus for 2017/18 as part of the UHB Strategic Equality Plan Fair Care 2016-20.
- The Sensory Loss Task and Finish Group name has been replaced with the Sensory Loss Standards Working Group in recognition of the need for on-going work to continue meeting compliance with the Standards.
- There have been a number of Clinical Boards who have worked in close partnership with third sector organisations, including the Royal National Institute for the Blind and Action on Hearing Loss including:
  - The Clinical Diagnostics and Therapeutics CB work in their radiology department has meant that the UHB is the first hospital in the UK to receive the Royal National Institute for the Blind's Visibly Better Accreditation. Although the accreditation standards are aimed at improving accessibility for people with sight loss, many of the principles will benefit a much wider range of patients including people with dementia and people with mobility problems.
  - The dietetic team and specialist diabetes nurses who are part of the wider UHB Multi Disciplinary Team that deliver the structured diabetes education programme DAFNE, won the patient nominated Five Star Award from the Wales Council for Deaf People in recognition of the high quality support and good practice in the Health Service, provided to a patient during 2016/2017 (Please see Appendix 2).
- A patient story video, for use in training, has been produced which is based on the above patient experience.
- The Dental Clinical Board is currently working towards achieving the Louder than Words accreditation. Louder than Words is a nationally recognised accreditation for organisations striving to offer excellent levels of service and accessibility for customers and employees who are deaf or have a hearing loss.
- We now have Sensory Loss Champions for all the Clinical Boards and key Corporate departments, such as Capital, Estates & Operational Services, as well as from the Patient Experience Team. The Chief Operating Officer and Equality Manager have met with the Champions to agree their remit and the approach to increasing awareness of the Standards. The Sensory Loss Champions now meet on a regular basis to promote the Standards and feedback to the Working Group, with its last meeting having taken place on 14<sup>th</sup> July 2017.
- A Patient safety walkround took place in the Audiology OPD on the UHW site where the focus was on sensory loss issues.
- Nursing, Catering and Dietetics staff have come together to launch new blue crockery at University Hospital Llandough which, as well as helping with hydration and nutrition, also aids those with sight loss.
- IT requirements for flagging sensory loss in our patient management system (PMS) have been explored. Initial requirements indicated that requirement was focused on Sight Loss, but this was subsequently amended to include the whole range of sensory losses. Therefore a 'flag' has been determined to be inappropriate, but a data (set) value is

now required and potential concomitant work (resource requirement) is greater.

The HB is able address this work within PMS – albeit that it requires:

- a) Prioritised development work
- b) Letters development (Informatics Department) and again prioritised resource to undertake this work. (Note this covers only sight impairment)
- c) Specification from Health Records as to where within the system the fields should be added
- d) Communication / implementation process with Health Records involvement is critical to the development

Meetings have been held to look at addressing the requirements and from an IT perspective we are awaiting details of placement from health Records within the modules. The IT team will then prioritise the work in light of resource availability.

It should be noted that non PMS Systems within the HB and National infrastructure systems are outside the scope of our ability to adapt in this manner.

At a previous Board meeting, the Board was invited to ask the following questions when scrutinising services:

1. Was the Treat Me Fairly training package in place to support staff?
2. Did IT systems capture communication preferences?
3. Were surveys undertaken, particularly amongst older people, to capture sensory loss patients' experiences?

The Treat Me Fairly training package is in place to support staff and can be found at:

<https://learning.wales.nhs.uk/course/search.php?search=Treat+Me+Fairly>

There is evidence of increasing uptake of the module.

A number of Clinical Boards have commenced work to capture communication needs:

- CD&T  
Sticky alert labels for patients with hearing loss are being trialed in medical records. Following assessment and assuming there has been a positive impact, a similar mechanism for patients with eye conditions could be adopted. Radiology information system can hold electronic alert and is being used to record patients' needs. A review of electronically capturing patient communication preference for out-patient appointments is currently underway.
- Children & Women  
Hearing/sight loss icons are being trialed on Island ward before roll out to all wards.

- Dental  
The Clinical Board has looked at the current flagging up system on patient records and now use adhesive labels on patient files. If a patient is identified from the referral form as having sensory loss impairment, a flow chart has been designed to guide staff through the process of contacting patients directly to ascertain their communication needs prior to appointment.
- PCIC  
The Clinical Board continues to promote the use of My Health Online, an online facility allowing patients to make and cancel appointments (and order repeat medication).

Surveys are undertaken to capture sensory loss patients' experiences. (Please see Appendix 3). The Sensory Loss Standards Working Group is in discussions with the CHC about further conversations about undertaking further surveys.

We continue to receive communication concerns expressed through our engagement work and correspondence. A key theme is the standard of our communication, the lack of use of our technology and the on-going need for staff awareness and training.

The importance of recording and sharing information about a patient's communication needs is widely recognised in the Sensory Loss Standards. In order to fully deliver the Standards, it is recognised that capturing, recording and sharing patients' communication needs is problematic at a local level and a new national approach is required. The Welsh Government has been working with NWIS to secure their help in setting up the relevant IT systems. To do this the Welsh Government is developing a Sensory Loss Information Standard. A Welsh Government chaired Project Board has been established to oversee the introduction of this new Information Standard for NHS Wales. The Standard will require GP surgeries and hospital services to capture, record, flag and share the communication needs of patients with sensory loss.

### Summary

There has been progress in developing the sensory loss agenda since the last Board update. The movement from a Sensory Loss Task and Finish Group to an ongoing Sensory Loss Standards Working Group chaired by the Chief Operating Officer reflects the need to embed this work on an ongoing basis. This, together with a refreshed approach to standards the work of the Sensory Loss Champions forms a good basis for further improving the Health Board's compliance with the Sensory Loss Standards. However, the Sensory Loss Standards Working Group is very aware that there remain significant challenges with this agenda and this is reflected in the on-going concerns being feedback from this group of service users.

### Next Steps

Further work will be undertaken to support and develop the Sensory Loss Champions. At the last Sensory Loss Standards Working Group meeting there was agreement to align the agenda to the specific feedback from service users. The need to improve communication and also considering the uptake of training remain key priorities.

<b>EQUALITY, DIVERSITY AND HUMAN RIGHTS SUB COMMITTEE LEGACY STATEMENT</b>
<b>Name of Meeting:</b> Board Meeting <b>Date of Meeting:</b> 27 July 2017
<b>Executive Lead:</b> Executive Director of Workforce and OD
<b>Author:</b> Equality Manager (02920742267) Assistant Director of OD (02920743886)
<b>Caring for People, Keeping People Well:</b> This report underpins the Health Board's 'Priorities', 'Sustainability', 'Culture' and "Values" elements of the Health Board's Ten Year Shaping Our Future Wellbeing Strategy
<b>Financial impact:</b> There are no anticipated costs identified with this paper.
<b>Quality, Safety, Patient Experience impact:</b> The information provided in this paper supports the organisation's goal of providing high quality, safe services to its patients
<b>Health and Care Standard Number</b> 3.2, 4.2 & 6.2
<b>CRAF Reference Number</b> 8.1.6
<b>Equality Impact Assessment Completed:</b> Not applicable. However, the paper puts forward actions that are relevant to meeting the duties under the Equality Act 2010, the Human Rights Act 1998 as well as the Welsh Language Act 1993 and the Welsh Language (Wales) Measure 2011.

<b>RECOMMENDATION</b>
<b>ASSURANCE AND RECOMMENDATION</b>
<b>ASSURANCE</b> is provided by: <ul style="list-style-type: none"> <li>The proposals made within this paper fill the gap in assurance left as a result of the winding up of the Equality, Diversity and Human Rights Sub-Committee</li> </ul> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li><b>ENDORSE</b> the legacy document.</li> <li><b>SUPPORT</b> the recommendations as set out in Section 7</li> </ul>

**SITUATION**

At the meeting of the Equality, Diversity and Human Rights Sub Committee (EDHRSC) in March 2017 a draft legacy document was received. At the meeting on 12<sup>th</sup> June, a further draft was received for additional comments prior to the presentation to the July Board meeting.

This report provides a legacy statement for the EDHRSC, setting out the record of some key achievements since the establishment of the Sub Committee. The report also identifies proposals for ensuring that key issues remain on the agenda of the new Resources and Delivery Committee or are delegated elsewhere to other Committees, such as the Quality, Safety and Experience Committee as appropriate. Further, it explores governance issues, provides a summary assessment of where we are currently positioned and highlights areas for improvement.

## BACKGROUND

The Equality, Diversity and Human Rights Sub Committee (EDHRSC) was established in July 2013. It set out to make the equality agenda a more integrated part of the Health Board agenda and focused on engaging Clinical Boards (CB) and identifying the mechanisms where equality could be integrated, such as through the Integrated Medium Term Plan (IMTP). It took over from the Equality Strategy Steering Group and crucially, reported the equality agenda into the People, Planning and Performance Committee. It was agreed that once it was felt that equality related activity was being mainstreamed into existing Board and UHB governance arrangements and key UHB mechanisms, the EDHRSC would be stood down.

The Sub Committee has sponsored the development of an integrated Equality & Health Impact Assessment (EHIA) which is leading to higher standards of EHIA's, bespoke training sessions for all staff and briefings and supported an organisation-wide approach to the development of its Strategic Equality Plan 2016-2020. It has played a crucial part in holding the Health Board to account on our legal and social obligations and has played a pivotal role in promoting engagement and dialogue with our equality stakeholders. Some of the resulting work of the Sub Committee, such as the development of the new Equality & Health Impact Assessment and reaching the Top 50 of the Stonewall UK Workplace Equality Index, has been widely regarded as exemplary by other NHS Health Boards and Trusts.

Our equality performance is a matter of public record. During the past year the Health Board's Equality Manager has won the Stonewall Cymru Ally of the Year award and the organisation has reached the Top 50 UK ranking in the Stonewall Workplace Equality Index; and it has won an Understanding Disability Award. These are important indicators of performance, including how we are perceived by different sections of our communities, particularly as no other Health Board in Wales has yet to achieve such recognition. Strategic oversight of equality-related performance has been a key factor in our achievements. These achievements are detailed in Appendix 1 below.

Despite all these achievements, there is still some way to go. There is an anxiety from EDHRSC members and the Equality Champions, for example, that the agenda will be lost without the existence of the EDHRSC.

Having an identified Independent Member to lead the EDHR agenda and an expectation that all policies and Board plans/practices will be subject to the

equality and health impact assessment (EHIA) is to be commended. However, further robust and more frequent scrutiny of EDHR as part of the full Board agenda should be implemented, in line with other strategic priorities. There can be an over-reliance on a single Board member and a risk that EHIA's become "just another process" rather than a tool for effective scrutiny, planning and action. Understanding of the Board's Public Sector Equality Duty and the effective, outcomes-driven challenge of the EDHR agenda needs to be encouraged and undertaken by more than just a few Board members. Making the connection between EDHR and the core business functions of the UHB is key to improving patient and staff experience.

## ASSESSMENT AND ASSURANCE

### 1. Governance and Equality

Good governance is not only about the organisation meeting its legal and regulatory equality requirements; compliance is important, but the ability of the Board members to probe strategy, policy and performance with an EDHR 'lens' is critical. The Board needs to support or challenge proposals presented to them and scrutinise implementation. Through its governance the Board must be assured that staff are discharging their respective roles efficiently and effectively, are working in harmony in pursuit of agreed objectives and are continually monitoring progress in achieving objectives.

One way to do this, initially at least is through a Board Development Session that seeks the Board's ideas and views around the following areas:

- i). EDHR Vision, Strategy and Business Case:
- ii). Board Monitoring and Scrutiny of EDHR:
- iii). EDHR Measurement
- iv). Patients, Communities and Service Delivery
- v). Workforce Representation
- vi). Senior Managers' modeling of good EDHR behaviours and practices:

### 2. Professional/Reputational

The Health Board's reputation for equality matters both in terms of legal consequences and, perhaps more importantly, in our ability to attract and recruit the best and most diverse workforce. Organisations with strong positive reputations tend to attract better people. Recent research by PricewaterhouseCooper shows that 86% of female and 74% of male millennials (those born between 1980 and 1995), consider employers' policies on diversity, equality and inclusion, when deciding which organisation to work for.

Focusing on policy, planning, process, leadership, accountability and governance across all aspects of the equality agenda means the Health Board has taken a strategic approach, rather than focusing on individual issues as they arise. The Strategic Equality Plan 2016-2020 Fair Care (SEP) is clearly aligned to the organisation's [Shaping Our Future Wellbeing Strategy](#)

[\(SoFW\)](#) (see Appendix 3). SoFW's strategic aim of reducing inequalities is reflected in the IMTP process, which recognises the need for a "systematic and robust consideration of the Equality Act's duties and 'protected characteristics' during all stages of policy or practice development". Input from the Equality Manager into the IMTP will ensure the alignment between the SEP and the Health Board's annual plans will be maintained. Continuing to take this strategic approach is crucial to embedding EDHR issues in all aspects of the Health Board's activity.

### 3. Legal

The Public Sector Equality Duty requires the Health Board, in the carrying out of both its internal and external functions, to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

If the Health Board does not meet its duties as required by the specific duty regulations, it risks being subjected to legal challenge (including enforcement action by the Equality & Human Rights Commission), as well as potential damage to its reputation.

The Welsh language has legal status. The Welsh Language Measure gives Welsh and English language equal status. The principles of our Welsh Language Scheme are similar in promoting equality of opportunity and good relations and we take the Welsh language into account alongside all the protected characteristics, particularly through our [Equality & Health Impact Assessment process](#) (EHIA) and our obligations under legislation. Further information on legal requirements can be found in Appendix 2.

Monitoring the effectiveness of our policies and practices is critical through the Equality & Health Impact Assessment process; otherwise our objectives become unfulfilled intentions. The EHIA process needs to be at the heart of our policies and plans/ practices. Policy and practices in this context need to be understood to embrace the full range of functions, activities and decisions for which the organisation is responsible - essentially everything it does. It includes both current policies and those under development. Failure to comply with Equality and Welsh language legislation is the only risk assigned to the Sub Committee and it is set at "high". The Board and its Committees have also reaffirmed that policies will not be approved if they do not have an appropriate and adequate EHIA as an integral part of the process.

### 4. Gap Analysis

Understanding Equality and Diversity is critical if the UHB wishes to deliver person-centred, high quality, safe and effective care. Delivering on equality and diversity in the UHB means that we are tackling barriers which might prevent some groups of people from accessing services. It also means that we are delivering services which meet the diverse needs of our patients,

service users and carers as well as our staff. Good equality and diversity practice ensures our services are accessible to all; ensures that everyone is treated with dignity and respect; supports involvement and self-management and supports improved outcomes for all. Equality and diversity are not 'add-ons', but should be an essential part of how we deliver our services and how we work together. Therefore, it is important that high level organisational leadership continues to be provided for this agenda to enable scrutiny and ensure that the equality agenda continues to be promoted at a strategic and operational level. The EDHRSC performed a number of governance and oversight roles and it is proposed that these areas are picked up as follows:-

	<b>Proposed governance</b>
<b>Legal</b>	
Strategic Equality Plan	Signed off by Board
Annual Equality Report	Signed off by Board
Health and Care Standards	Signed off by QSE Committee
Welsh Language Scheme/Standards	Signed off by Board
More Than Just Words/Welsh Language Organisational Plan	Reported to QSE Committee
<b>Professional / reputational</b>	
Annual SEP delivery plan, including discussion about EHAs	Agenda for & Signed off by the Resources and Delivery Committee
Welsh Language Steering Group	Report into Strategy & Engagement Committee
Rainbow LGBT+ FFlag Network Report	Report into Resources and Delivery Committee
Equality Champions	Report into Resources and Delivery Committee
Spiritual and Pastoral Care Group	Report into Resources and Delivery Committee
<b>Performance &amp; Monitoring</b>	
Clinical Board performance reporting against the SEP delivery plan and the Welsh Language Organisational Plan on a six monthly basis	Chief Operating Officer Performance Reviews

**Please see Appendix 3 for areas where further / future work needs to be strengthened.**

### 5. Risk Monitoring

Not having the EDHRSC in place exposes the UHB to increased risk of failure to meet its legal responsibility to provide equitable, accessible, high quality, safe and effective care for our patients, carers, and staff. We have already witnessed the negative high profile of the UHB on the pages of the Welsh Language Commissioner's website. If this is not to be replicated in relation to the protected characteristics under the Equality Act 2010 then, the UHB needs to be vigilant in guarding against complacency.

Although these issues have already been included in the Corporate Risk & Assurance Framework, they are not a [tier 1 priority](#).

## 6. Sub Groups reporting to the EDHRSC

The Equality Champions; Rainbow LGBT+ FFlag Network; Spiritual and Pastoral Care Group as well as the Welsh Language Steering Group are all sub-groups that have reported to the EDHRSC. The purpose of these groups is to help implement our equality related action plans for meeting the needs of patients, relatives, carers, staff and students.

## 7. Recommendations

To ensure that the Board receives assurance in the future, the EDHR Sub Committee recommends the following:

7.1 The Resources and Delivery Committee should oversee the delivery of the Strategic Equality Plan and the Welsh Language Organisational Plans designed to support the UHB strategy, with other Committees such as the QSE Committee being involved as appropriate.

7.2 Responsibility for overseeing the planning processes and implications will rest with the new Resources and Delivery Committee. This will include compliance with equality and Welsh language compliance. Where appropriate these matters can be escalated to the Board.

7.3 Responsibility for the equality and Welsh language agenda should lie primarily with the Resources and Delivery Committee, with other Committees such as the QSE Committee being involved as appropriate.

7.4 The Equality Manager attends all Resources and Delivery Committee meetings

7.5 There should be an equality presentation at the October Board Development Session. The current Independent Member for the Third (Voluntary) Sector and the current Independent Member Legal (both of whom complete their term of office at the end of September) have suggested that they attend the session as 'critical friends' for the equality item.

7.6 There should be a further Board Development Session on equality planned for 2018.

7.7 EDHR should become a standing item on the agenda of the Chair's Governance Coordinating Group

7.8 Current members of the EDHRSC should meet in January 2018 to review the progress of the equality agenda, without the existence of the EDHRSC.

7.9 Clinical Board performance reporting against the SEP delivery plan and the Welsh Language Organisational Plan on a six monthly basis.

### **EDHRSC Achievements**

These achievements include:

- Strategic Equality Plan (SEP) – one refreshed in 2014 and another developed, approved and published in 2016 with better engagement from CBs
- Annual Report developed, approved and published in 2013, 2014, 2015 and 2016
- Regular and positive liaison established with the Equality and Human Rights Commission about the approach being taken by the UHB, which has shaped our SEP and helped to ensure that it reflects stakeholder views and needs
- Regular and positive liaison established with the NHS Centre for Equality & Human Rights (NHS CEHR) about the approach being taken by the UHB, particularly around equality impact assessment and our sensory loss work, which has led to them highlighting our work as good practice on their website.
- Raising the organisation's profile in equality, diversity and human rights. For example our statutory Mandatory training figures have increased from 58% in 2013 to 76.29% at the beginning of 2017.
- Having a two-year sensory loss equality theme. The result is a shift from not having appropriate communication equipment, as detailed in the last Community Health Council environmental audit, to demonstrable improvements in the purchasing and use of communication aids such as portable loops. The theme has also helped to raise the profile of this agenda and has resulted in closer working between many CBs and national sensory loss organisations, e.g. to re-develop our radiology department.
- Establishment of a Sensory Loss Working Group (previously known as the Sensory Loss Task & Finish Group) Chaired by the Chief Operating Officer, which has raised awareness of the agenda across CBs and led to actions to address the issue including the creation of sensory loss champions in CBs. This has led to some excellent practice by CBs. The Clinical Diagnostics and Therapeutics CB work has meant that the UHB is the first hospital in the UK to receive the Royal National Institute for the Blind's Visibly Better Accreditation. The work undertaken by the Dental CB on sensory loss has been commented by the NHS CEHR.
- All CBs and some corporate departments held to account on the equality agenda through presentations at the Sub Committee with better engagement and demonstrable improvements taking place over time. For example, dental patients across Barry will now have improved access to care and treatment closer to home as services are transferred into the local community. Further, patients with a learning disability will have improved access to emergency care following the launch of a new initiative which aims to increase the confidence and independence of patients with a learning disability, as they are able to identify and communicate their symptoms to healthcare professionals by simply pointing at where it hurts.

- Establishment of the highly successful Rainbow LGBT+ FFlag Network leading to the receipt of a Stonewall Cymru Ally of the Year Award, an increase in ranking from 397 to 50 in Stonewall UK Workplace Equality Index Top 100 Gay Friendly Employers and the top Welsh Health and Social Care Organisation in Wales.
- Raised the profile of the Rainbow LGBT+ FFlag Network, Spiritual Care Group and Welsh Language Steering Group through regular reports to the Sub-Committee.
- The dietetic team and specialist diabetes nurse who are part of the wider UHB Multi Disciplinary Team that delivers the structured diabetes education programme DAFNE, won the patient nominated Five Star Award from the Wales Council for Deaf People in recognition of the high quality support and good practice in the Health Service, provided to a patient during 2016/2017.
- Health and Social Care Standards focused on equality have been established which has increased clarity for CBs about how to assess their own performance
- Welsh language has been an active part of the work of the Sub Committee and aligned to the SEP; and a Welsh Language Steering Group established to feed into the EDHRSC.
- Governance mechanisms developed to support Board reporting and monitoring requirements through the SEP delivery plan. Performance measures have been developed to monitor implementation of the SEP.
- The continued work of the Equality Champions with representation from each of the CBs. Their remit has been clarified and they have been active / honorary members of the Sub Committee.
- Strengthening our approach to assessing any equality impact of any of the changes set out in our IMTP including equality planning embedded in the Business Case Approval Group mechanism and the EHIA process referenced in the engagement flow chart and process developed with our Community Health Council. The IMTP has reducing inequalities as one of its objectives.
- Internal Practical Guide to Engagement which provides advice about how to undertake engagement when a need for service change has been identified. It is accompanied by a set of resources including template documents e.g. Engagement Plan template and 'Starter for Ten' list of local stakeholders and a guide to third sector organisations that support protected characteristic groups, produced collaboratively with the Health and Social Care Facilitators in both County Voluntary Councils.
- Workforce key performance indicators (KPIs) include equality measures.
- Equality has been added to complaints analysis.
- Established partnership working with other public service organisations, the Third Sector and patient groups to assist in promoting EDHR issues. Learning has been integrated into our engagement work and benefits reaped in identified opportunities for sharing resources and practice. For example, the 2015 SEP engagement event was undertaken in partnership with Velindre NHS Trust.
- Rationalisation of Welsh language plans resulting in a greater clarity and increased focus on priorities.

- Welsh Language skills have been assessed in each GP surgery, and the information is publicly available on the UHB website.

### **Further information on Legal requirements**

Equality legislation, including Welsh Language, affects the organisation's relationship with its patients and their families/carers, staff, students, contractors, and Third Sector collaborative partners. In each case it is important that the organisation identifies the risks and takes appropriate action to manage those risks. Specifically, Board members need to assure themselves that the organisation:

- Is fully compliant with all the relevant legislation, being mindful that legislation and/or case law changes resulting in new demands. That the organisation is anticipating and evaluating the impact of new legislation and responding appropriately in order to reduce the risk of having out-of-date policies and procedures.
- Has clear policies and procedures to formalize and manage its relationships with those individuals and organisations with which it has a legal relationship.
- Has appropriate policies and procedures in place to handle disputes and complaints, including, for example, in respect of patients, staff, student and suppliers.

Should legal action occur, not only are there the financial costs to consider, but frequently there are 'hidden' costs in management time and employee wellbeing. There may also be significant reputational risks, even in situations where the organisation's position is ultimately vindicated.

A key element to managing legal risks is to ensure there is widespread awareness and understanding throughout the organisation, and appropriate practice is embedded. This can be a challenging task, requiring amongst other things, staff training and persistent reminders. It also requires a change of culture and practice with new ways of working to be introduced. Implementing this type of change is challenging.

The Board must monitor, scrutinise and challenge constructively from the perspective of EDHR to ensure the provision of inclusive health care services from the position of being an inclusive employer.

Appendix 3

**Areas where further / future work needs to be strengthened**

1. A general shift in emphasis from process activities i.e. 'What do you plan to do?' to an outcome focussed approach i.e. 'What change have you achieved?'
2. A new Annual SEP Annual Delivery Plan to be drafted and developed and approved by June 2017
3. A new Annual Equality Report to be drafted and developed by June 2017
4. Future IMTPs need to evidence that EDHR issues are fully embedded
5. Establishing an EHIA quality assurance mechanism
6. Engagement work with our stakeholders requires enhancement so that the Clinical Boards take full responsibility for this key aspect of their work
7. Consideration should be given to checking that the equality and Welsh language agendas are sufficiently recognised and addressed in the performance reviews undertaken by the Quality, Safety and Experience Committee
8. Sensory Loss Working Group's work to continue to drive forward the All Wales Standards for Communication and Information for People with Sensory Loss resulting in the provision of improved information, services and support for patients and service users who are registered blind or deaf or who have sight or hearing loss
9. Provision for people whose first language is not Welsh or English should be improved
10. Mechanisms that record people's preferred communication and information needs should be in place to ensure that the holistic needs of patients/service users are identified and addressed
11. Continued partnership working with other public service organisations, the Third Sector and patient groups to assist in promoting equality, diversity and human rights issues.

This will involve more active and proactive engagement at all levels of the organisation in the development and implementation of the SEP. This will be assisted by the annual SEP delivery plan. As the paper will require 'sign off' by the Resources and Delivery Committee then any concerns could be reported to the Board.

<b>2017/18 QUARTER 1 INTEGRATED MEDIUM TERM PLAN PROGRESS AND IMPLEMENTATION REPORT</b>	
<b>Name of Meeting :</b> Board Meeting	<b>Date of Meeting :</b> 27 <sup>th</sup> July 2017

<b>Executive Lead :</b> Director of Planning
<b>Author :</b> Corporate Strategic Planning Lead ex 47951
<b>Caring for People, Keeping People Well :</b> The Integrated Medium Term Plan describes the next 3 years of implementing the UHB Shaping Our Future Wellbeing Strategy, delivering the UHB strategic objectives; for our population, our service priorities, our sustainability and our culture
<b>Financial impact :</b> Financial consequences arising from the Plan provided the basis of the 2018/19 financial plan
<b>Quality, Safety, Patient Experience impact:</b> The Plan supports the delivery of improved quality, safety and patient experience.
<b>Health and Care Standard Number:</b> The Plan supports the delivery of all Health and Care Standards
<b>CRAF Reference Number:</b> The Corporate Risk Register informs the development of the Plan with risks identified within Clinical Board and Corporate Department Plans feeding back through
<b>Equality and Health Impact Assessment Completed:</b> EHIA's are produced as each Clinical Board develops their plans

<b>ASSURANCE AND RECOMMENDATION</b>
<p><b>ASSURANCE</b> on the progress made in delivering the UHB 2018/19 Integrated Medium Term Plan is provided through:</p> <ul style="list-style-type: none"> <li>• Continued routine formal dialogue through the Welsh Government targeted intervention process and planning liaison meetings</li> <li>• Quarterly Clinical and Service Board Integrated Medium Term Plan performance reviews</li> </ul> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> – The progress made against the key 2017/18 schemes in quarter 1</li> </ul>

### SITUATION

For the current 3 year planning cycle, 2017/18 – 2020/21, the Board have been unable to approve a balanced Integrated Medium Term Plan (IMTP). As part of continued dialogue with Welsh Government the UHB's 2017/18 Annual Operating Plan (AOP), revises and further prioritises the UHB's service delivery schemes for 2017/18.

There is a requirement, set out in the NHS Wales Planning Framework and reinforced through Targeted Interventions, that a regular integrated progress report against Plan be

received by the Board. This paper sets out for noting an update on the progress made in the first quarter of 2017/18 (April to June 2017) against the IMTP as noted by Board in March 2017. It should be read in conjunction with the Patient Safety Quality and Experience Report, the Finance Report and the Performance Report.

## BACKGROUND

The UHB has a statutory duty to operate within the bounds of a Welsh Government approved IMTP. Reviewed annually, the NHS Wales Planning Framework sets out both the expected core content of an IMTP and the expected mechanisms to provide assurance on delivery against the IMTP. This includes the requirement for arrangements to monitor quality and delivery against Plan on a monthly basis and for the Board to receive an overall assessment of progress against the Plan in public session at least bi-annually.

Where a local health board does not have an approved IMTP, an annual operating plan must be established and immediate escalation actions are put in place which may include increased frequency of reporting, meetings and scrutiny.

## ASSESSMENT

As part of the 2017/18 Plan submission, Welsh Government require a number of key performance metrics to be profiled. Chapters 9-15 of the IMTP respond to the UHBs strategic themes of '*Our Service Priorities*' and '*Our Sustainability*'. These themes look to '*offer services that deliver the improvements in population health that our citizens are entitled to expect*' and '*join up what we do for the people we serve and strive for operational excellence making the best use of the resource we have*'.

Within these Chapters integrated primary, secondary and tertiary care actions are described under the headings of prevention, planned, unplanned (emergency) and end of life care. The key Welsh Government Performance metrics can also be described under these headings. The tables below indicate the metric, the profile submitted to Welsh Government and the actual quarter 1 UHB performance (where the data is available)

Table 1: Prevention

	WG Target	March 2017	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Prevention</b>														
% of adult smokers make a quit attempt via smoking cessation services - Quarterly	5%	1.3%	17/18 Profile	0.5%			0.5%			0.6%			0.7%	
			17/18 Actual	Not Available										
% of those smokers who are co-validated as quit at 4 weeks - Quarterly	40%	56%	17/18 Profile	52%			58%			54%			55%	
			17/18 Actual	Not Available										

Table 2: Planned Care (inc Mental Health)

	WG Target	March 2017	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Planned Care</b>															
No. of patients waiting more than 36 weeks for treatment	0	1,146	17/18 Profile	1,173			1,098			1,023			950		
			17/18 Actual	2,754			3,095			1,134					
% of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within 31 days of diagnosis	98%	98.8%	17/18 Profile	98.0%			98.0%			98.0%			98.0%		
			17/18 Actual	98.5%			98.9%			Not Available					
% of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within 62 days receipt of referral	85%	95.4%	17/18 Profile	90.0%			90.0%			91.0%			92.0%		
			17/18 Actual	90.5%			91.8%			Not Available					
62 day USC cancer - Monthly			17/18 Actual												
62 day USC cancer - Quarterly cumulative			17/18 Actual												
No. of patients waiting more than 8 weeks for a specified diagnostic test	0	1,837	17/18 Profile (revised)	1,837			1,770			1,703			1,637		
			17/18 Actual	1,969			1,995			1,710					
No. of patients waiting for an outpatient follow-up who are delayed past their agreed target date	reduction 12 min	104,767	17/18 Profile	92,000			92,000			92,000			92,000		
			17/18 Actual	107,550			110,104			110,623					
<b>Mental Health measures</b>															
Part 1a: % of mental health assessments undertaken within 28 days from the date of receipt of referral	80%	68%	17/18 Profile	80%			80%			80%			80%		
			17/18 Actual	23%			20%			Not Available					
Part 1b: % of therapeutic interventions started within 28 days following assessment by LPMHS	80%	89%	17/18 Profile	90%			90%			90%			90%		
			17/18 Actual	88%			87%			Not Available					
Part 2: % of UHB residents in receipt of secondary mental health services (all ages) who have a valid CTP	90%	93%	17/18 Profile	90%			90%			90%			90%		
			17/18 Actual	91%			89%			Not Available					
Part 3: All UHB residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place	90%	91%	17/18 Profile	90%			90%			90%			90%		
			17/18 Actual	100%			100%			Not Available					
Part 4 - % of hospitals within a health board which have arrangements in place to ensure advocacy is available for all qualifying patients - 6 monthly assessment	100%	100%	17/18 Profile	100%			100%			100%			100%		
			17/18 Actual	Not Available											

Table 3: Unplanned (Emergency) Care

	WG Target	March 2017	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Unscheduled Care</b>														
% of patients who spend less than 4 hours in all EU facilities from arrival until admission, transfer or discharge	95%		17/18 Profile	87.0%			87.0%			90.0%			87.0%	
			17/18 Actual	79%			84%			85%				
EU waits - 4 hours - Monthly			17/18 Actual											
EU waits - 4 hours - Quarterly cumulative			17/18 Actual	86%										
No. of patients who spend 12 hours or more in EU facilities from arrival until admission, transfer or discharge	0		17/18 Profile	100			100			100			175	
			17/18 Actual	62			60			47				
EU waits - > 12 hours - Monthly			17/18 Actual											
EU waits - > 12 hours - Quarterly cumulative			17/18 Actual	120										
No. of ambulance handovers over one hour	0		17/18 Profile	370			370			739			924	
			17/18 Actual	295			281			Not Available				
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		17/18 Profile	70.0%			70.0%			70.0%			70.0%	
			17/18 Actual	88.1%			86.5%			82.9%			86.5%	
Delayed Transfers of Care		58	17/18 Actual	77			76			60				
<b>Stroke</b>														
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours	58.5%	44.7%	17/18 Profile	60.0%			60.0%			60.0%			60.0%	
			17/18 Actual	67.5%			61.1%			Not Available				
2 - % of patients who receive a CT scan within 12 hours	93.5%	100.0%	17/18 Profile	96.0%			96.0%			96.0%			96.0%	
			17/18 Actual	97.8%			98.3%			Not Available				
3b - % of patients who have been assessed by a stroke nurse within 24 hours	88.8%	95.1%	17/18 Profile	89.0%			89.0%			89.0%			89.0%	
			17/18 Actual	95.6%			94.8%			Not Available				
4a - % of patients who have received a formal swallow assessment in 72 hours	84.5%	76.9%	17/18 Profile	85.0%			85.0%			85.0%			85.0%	
			17/18 Actual	85.7%			75.0%			Not Available				
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 81.9%)	81.9%	92.7%	17/18 Actual	86.7%			87.9%			Not Available				
Time 2b - Thrombolysed patients door to needle <43 mins	reduction 12 month trend	14.3%	17/18 Actual	12.5%			10.0%			Not Available				

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To inform the UHB Plan, Clinical and Service Boards are required to submit plans which contain actions aligned to the strategic themes. On a quarterly basis, Clinical and Service Boards are held to account for their performance against the actions and milestones outline in their plans.

The table below summarises Clinical and Service Board progress against their planned actions and milestones. As with the Plans they are described under these; headings health inequalities and prevention, planned care, unplanned (emergency) care and system-enablers.

Table 4: Summary Dashboard

Summary Clinical Board 2017/18 IMTP Delivery Dashboard													
	No of Schemes	Green				Amber				Red			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Health Inequalities and	40	10				29				1			
Planned Care	59	17				37				5			
Unplanned (Emergency) Care	30	8				21				1			
System-Enablers*	23	7				13				3			
Under Development - On Hold - Removed	33												

Date of Current Performance Review 18th & 19th July 2017

Date Dashboard Last Updated 10th July 2017

Schemes to be reviewed are all REDs and those that have moved from GREEN to AMBER or those newly Under Development -On Hold-Removed.

\* Quality, Safety and Improvement, Patient Experience and Workforce and OD are included here if there are schemes which are significant enablers, otherwise, they are considered as part of the monthly Clinical Board performance dashboard

● Target not delivered / Scheme > 3months behind

● Within 5% of target / Scheme < 3months behind

● Target delivered / Scheme on track

● RAG N/A

Schemes not on track in quarter 1 which will be reviewed during the July Clinical Board Performance Reviews are summarised in the table below.

Table 5 : Schemes For Review During July Performance Reviews

	ID	Title
Schemes to review in this Quarter	CD&T:05	Support the rollout of MECC in Outpatient Settings
	CD&T:11	Structured Education DAFNE Programme for Type 1 Diabetes
	CD&T:12	Development of Sub-Specialty Rotas in Radiology for a modern 24/7 service
	CD&T:15	Cancer Improvement Project for Diagnostics
	C&W:02	SARC
	C&W:12	Paeds GP Hub
	C&W:16	Autism services
	C&W:20	RTT Gynae Endometriosis
	C&W:A	FGM
	C&W:B	Outpatient Clinic Templates
	C&W:C	Hospital @ Home
	Med:01	DNA's (PS)
	Med:02	Endoscopy productivity and performance (PS)
	Med:07	Big one project (C7) (JR)
	Med:08	Reduction of 12 hour waits in EU (PS)
	Med:09	Reduction of bank and agency through recruitment (JR)
	Med:11	Reduction of Specialing (JR)
	Med:A	Smoking Cessation
	Med:B	Hepatitis Testing
	Med:C	Expert Programme Liver Disease
	Med:D	Alcohol Brief Interventions
	Med:E	Gastroenterology - paracentesis service and infusion rm
	Med:F	Diabetes - paed transition service, hypoglycaemia reduction, gestational dia
	Med:G	Gastroenterology - TIPPS
	Med:H	Gastroenterology - NETS (WHSSC)
	Med:I	Gastroenterology - RFA (WHSSC)
	Med:J	Gastroenterology - Enhance dietetics for chronic liver disease
	Med:K	Liver - Specialist Hepatology Service (WHSSC)
	Med:L	Rheumatology - switch to biosimilar drugs
	Med:M	Acute Oncology Service
	Med:N	Cystic Fibrosis
	Med:O	FOPAL Expansion
	Med:P	Dementia
	Med:Q	NIV Beds
	Med:R	OP Antimicrobial Treatment
	Med:S	Radiology Lead Discharge
	Med:T	Outpatient Clinics - FAB, HERS2 and e-advice
	Med:U	Follow Up Ratio Reduction
	MH:02	Smoking Exemption
	MH:06	Primary Care Liaison
	MH:07	Adult Community Services Review
	MH:09	Complex Care Commissioning Team
	MH:10	MHSOP Service Redesign
	MH:11	SPOE & Primary Care Liaison
	PCIC:27	Vale Locality CHC
	PCIC:29	LDP
	PCIC:32	GP Sustainability
	SpS:08	Critical Care Referral To Substance Misuse
	SpS:13	Medical Genetics
	SpS:28	Interventional neuroradiology
	SpS:A	Actions following Neurological Needs Assessment
	SpS:B	Headache Pathway
	SpS:C	Botox Service
	SpS:D	Complex Ablation Service
	SpS:E	Expanded invasive ECG monitoring service
	SpS:F	Critical Care wide IT system (i.e. CareVue)
	Sur:05	Development of Community Audiology Services
Sur:A	UHL Emergency Pathways	
Sur:B	Vascular Centralisation	
Sur:C	HERS2 and E-advice Roll out	

## INTEGRATED MEDIUM TERM PLAN 2017/18 SUMMARY

**Name of Meeting :** Board Meeting

**Date of Meeting :** 27<sup>th</sup> July 2017

**Executive Lead :** Director of Planning

**Author :** Head of Strategic & Service Planning, 029 2184 7735

**Caring for People, Keeping People Well :** The Integrated Medium Term Plan (IMTP) 2017/18 Summary document provides an overview of the full IMTP which outlines the next 3 years of implementing the UHB Shaping Our Future Wellbeing Strategy, delivering the UHB strategic objectives; for our population, our service priorities, our sustainability and our culture.

**Financial impact:** Financial consequences arising from the full Plan are set out at key milestones throughout its development. A financial situation overview is provided within the Summary version.

**Quality, Safety, Patient Experience impact:** The Plan supports the delivery of improved quality, safety and patient experience.

**Health and Care Standard Number:** The Plan supports the delivery of all Health and Care Standards

**CRAF Reference Number:** The Corporate Risk Register informs the development of the Plan with risks identified within Clinical Board and Corporate Department Plans feeding back through

**Equality and Health Impact Assessment Completed:** EHIAs are produced as each Clinical Board develops their plans.

### ASSURANCE AND RECOMMENDATION

**ASSURANCE** on the UHB Integrated Medium Term Plan 2017/18 Summary is provided through:

- Acknowledgement that it is based on the full IMTP 2017/18 – 2020/21 document, noting continued routine formal dialogue through the Welsh Government targeted intervention process and planning liaison meetings.

The UHB Board is asked to:

- **APPROVE** – the draft IMTP 2017/18 Summary document and subsequent promulgation to stakeholders and the public.

### SITUATION

The current 3-year IMTP for 2017/18 – 2020/21 remains subject to ongoing discussion with Welsh Government due to the financial situation.

## **BACKGROUND**

The UHB Board at a previous meeting agreed that a Summary version of the full document should be produced for wide circulation to stakeholders and the public.

## **ASSESSMENT**

A draft Summary version of the IMTP has been produced. This is attached at Appendix 1. Subject to its approval it will be widely promulgated to stakeholders and the public.

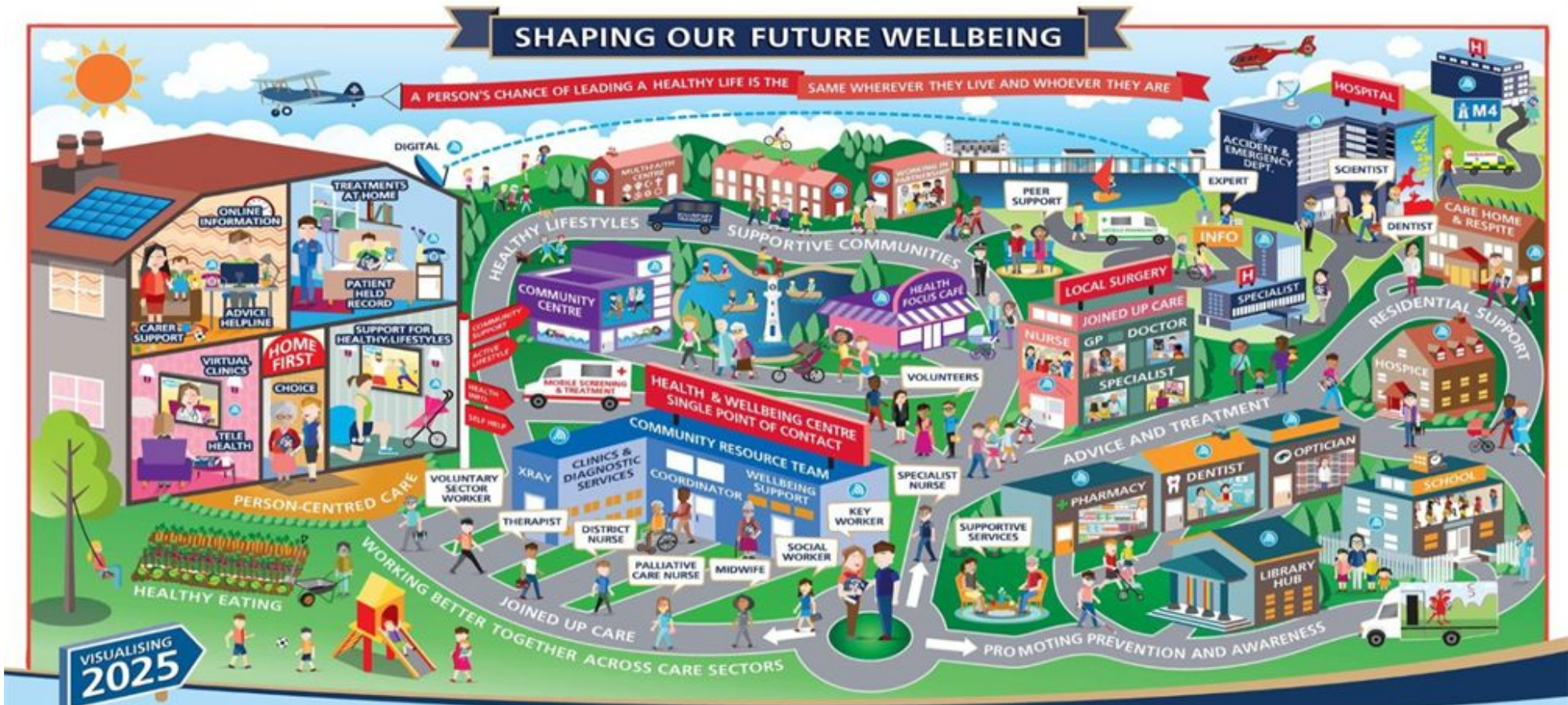


# PROGRESSING OUR FUTURE

## Summary Plan 2017-2018 DRAFT version 2

Cardiff and Vale University Health Board





**THIS IS OUR VISION OF CARE OVER THE NEXT 10 YEARS, CREATED BY PEOPLE WHO BOTH USE AND PROVIDE CURRENT SERVICES**

Cardiff and Vale University Health Board is one of the largest NHS organisations in the UK, providing healthcare services for 475,000 people living in Cardiff and the Vale of Glamorgan. Our mission is 'Caring for People, Keeping People Well', with a vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.

The 'Shaping Our Future Wellbeing' strategy is how we plan to make this vision a reality. By engaging with the public, staff and partners we have agreed a set of prudent principles and

priorities by which the Health Board can deliver high quality, sustainable, person-centred health care for the next ten years.

By taking a balanced approach to meet our challenges we will focus on:

- **Our Population:** delivering outcomes that genuinely matter and that are meaningful to the people we serve.
- **Our Service Priorities:** offering services which deliver the improvements in population health that our citizens are entitled to expect.

- **Our Sustainability Plans:** joining up what we do for the people we serve, striving for excellence in the way we work and making the best use of the resources we have.
- **Our Culture:** working better together across the care sectors, valuing people and harnessing innovation and research to make this a great place for patients and staff.
- **Our Values:** caring, taking personal responsibility, and behaving and treating each other with kindness, trust, integrity and respect.

For more information visit [www.bit.ly/SOFWHome](http://www.bit.ly/SOFWHome)

**CARING FOR PEOPLE, KEEPING PEOPLE WELL**

**NHS** Bendd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board

**KEY**

- DIGITAL/INTERNET
- ELECTRONIC PATIENT HELD RECORD
- HOME FIRST
- COMMUNITY
- HOSPITAL

**ACHIEVE JOINED UP CARE BASED ON 'HOME FIRST', AVOIDING HARM, WASTE AND VARIATION, EMPOWERING PEOPLE AND DELIVERING OUTCOMES THAT MATTER TO THEM.**



## Chair and Chief Executive Introduction

The UHB, along with many other health and social care service providers in Wales, is responsible for commissioning and providing services to meet the needs of the resident and wider South Wales population in an increasingly challenging financial environment. The challenge to commission services that improve the health of our communities and provide prudent, integrated health and social care for a growing local population whilst providing increasingly complex emergency, elective and tertiary care to meet local and regional demand within the resources available has never been greater.

Building upon *Shaping our Future Wellbeing*, our ten year strategy, we are working with partners to address these challenges in the longer term through the development of an overarching strategic blueprint for our health and care system. In partnership with Cardiff University, City of Cardiff Council and the Vale of Glamorgan Council, we are continuing to develop a Health Enterprise Alliance for Regional Transformation (HEART) to build upon all of our strengths and align our resources. We are also working with our neighbouring health boards where it makes sense to plan and deliver services across a wider regional footprint. Our aim overall is to reduce the health inequalities that exist across our communities so that everyone has the chance of leading a healthy life.

In the shorter term, we recognise the significant financial challenge requires a focussed, co-ordinated and relentless commitment to delivering services within the resource envelope available to us. In 2016/17, we refreshed our approach (the structures, processes and governance) required to identify and implement the required changes in commissioning, provider efficiency/productivity, service transformation and financial grip and control focussing on delivering a stable and sustainable position.

We made significant progress across a number of areas in 2016/17:

- Our primary care developments are supporting the shift in the balance of care away from hospitals. We have Community Resource Teams working seven days a week helping to support timely discharges and preventing admissions to acute hospital working along side a range of services delivered by the local authorities and third sectors to ensure that we keep people safely at home;
- We delivered the agreed plan for referral to treatment times, with a significant reduction in the number of people waiting over 52 and 36 weeks for treatment; and we have plans for achieving this on an ongoing basis;
- We delivered and/or secured approval for a number of major capital development milestones such as the completion of Hafan y Coed, the Adult Mental Health Unit at UHL, final work to the second phase of the Children's Hospital for Wales, Catheter Laboratory replacement, approval for the Neonatal and Obstetrics Unit redevelopment and the replacement of MRI scanners at UHW;



- We made improvements in the experience of those who use our services, with the feedback being positive overall. We have also learnt from the things that we did not do well and our Annual Quality Statement summarises these issues;
- We are seeing signs of improvements in our culture with lower absence rates, fewer disciplinary procedures and improving staff engagement; and
- Despite the ongoing financial challenges and service pressures, we delivered financial savings of £23.1m although we do not have a sustainable financial position – we are spending more money than we have available to us.

Clearly we still have much to do and our plan for 2017/2018 continues to build on our strategic objectives and remains based on the health needs of our population, delivering quality services and ensuring timely access to services. Our mission as a UHB is **Caring for People; Keeping People Well** with a vision that **a person's chance of leading a healthy life is the same wherever they live and whoever they are.**

This summary provides a focus on our key priorities over the next 12 months as we continue to implement our strategy, being realistic about what can be achieved within the constrained resources, whilst delivering on best practice and achieving sustainable changes at pace.

We are committed to working with our partners and colleagues, and are confident that by focusing our efforts and resources on providing services around the needs of our population, we can meet the challenges and deliver against our priorities.

We hope you enjoy reading about our plans for 2017/18 and will continue to work with us to achieve them.

**Maria Battle, Chair**

**Len Richards, Chief Executive**



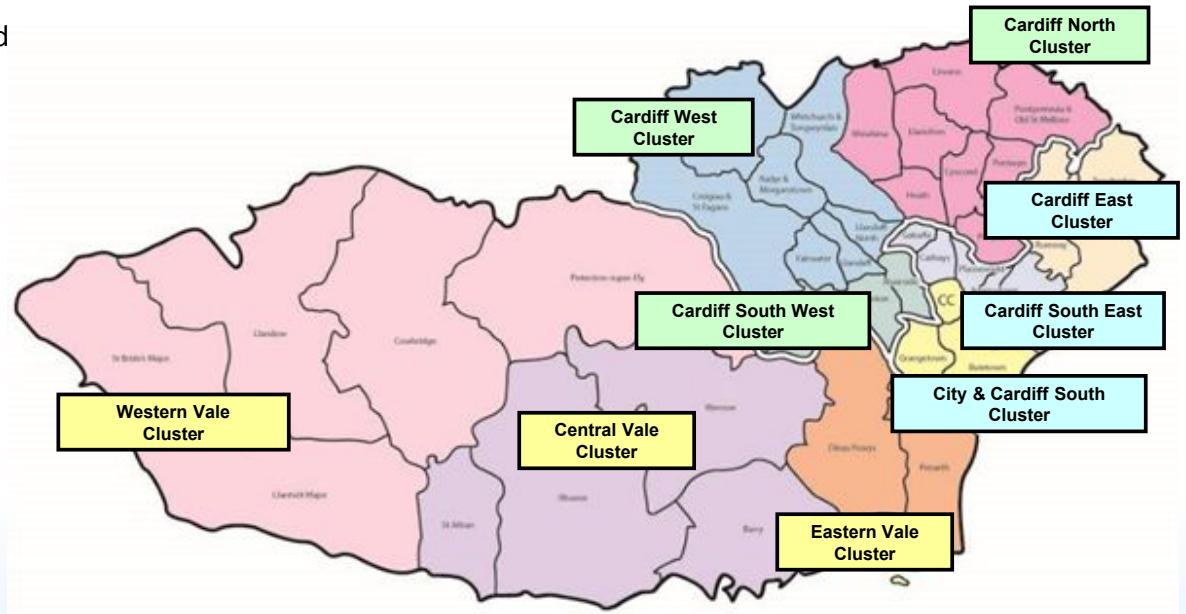
## About Us

Cardiff and Vale University Health Board (UHB) was established in October 2009 and is one of the largest NHS organisations in the UK. As a Health Board, we have a responsibility for around 482,000 people living in Cardiff and the Vale of Glamorgan (from Trowbridge/St Mellons in the East to Llantwit Major/St Bride's Major in the West). Within this there are three localities (Cardiff North and West, Cardiff South and East, and the Vale of Glamorgan) with primary and community care services organised into nine primary care clusters enabling better working with our partners and across boundaries.

Our responsibility includes health promotion and public health functions as well as the provision of local primary care services (GPs, dentists, optometrists and community pharmacists) and the running of hospitals, health centres, community health teams and mental health services. Together, these provide a full range of health services for our local residents and those from further afield in both Wales and England who use our specialist services. To deliver these highly diverse and complex services, we spend over £1.2 billion every year and employ around 14,000 staff.

We are a teaching Health Board with close links to Cardiff University, Cardiff Metropolitan University and the University of South Wales. Together, we are training the next generation of clinical professionals developing our expertise and advancing our clinical outcomes.

Detailed information about the services we provide and the facilities, from which they are run, can be found on the Health Board's website in the section [Our Services](#) and [Local Health Services Directory](#)



## Assessing the Health Needs of our Local Communities

<b>Population size and composition</b>	<p>Our population is:</p> <ul style="list-style-type: none"> <li>growing rapidly in size, projected to increase by 7.5% between 2016-26, higher than the average growth across Wales and the rest of the UK. An extra 35,000 people will live in Cardiff over the next five years who require access to health and wellbeing services.</li> <li>relatively young in Cardiff compared with the rest of Wales, with the proportion of infants (0-4 yrs) and the young working age population (20-39 yrs) higher than the Wales average; this reflects in part, a significant number of students who study in Cardiff.</li> <li>ageing – with increases in all age groups by 2026, particularly in people aged 65-84 and 85+, the rate of growth in the Vale of Glamorgan being higher than Cardiff.</li> <li>ethnically very diverse, particularly compared with much of the rest of Wales, with a wide range of cultural backgrounds and languages spoken. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is an initial accommodation and dispersal centre for asylum seekers.</li> </ul>
<b>Risk factors for disease</b>	<p>Unhealthy behaviours which increase the risk of disease are endemic among adults in Cardiff and Vale:</p> <ul style="list-style-type: none"> <li>Two fifths drink above alcohol guidelines (42% Cardiff, 42% Vale).</li> <li>Around two thirds don't eat sufficient fruit and vegetables (64% Cardiff, 68% Vale).</li> <li>Over half are overweight or obese (52% Cardiff, 53% Vale).</li> <li>Around three quarters don't get enough physical activity (72% Cardiff, 71% Vale).</li> <li>Around one in five smoke (19% Cardiff, 18% Vale).</li> </ul> <p>Many children in Cardiff and Vale are also developing unhealthy behaviours:</p> <ul style="list-style-type: none"> <li>Two thirds (67%) of under 16s don't get enough physical activity.</li> <li>Over a third (34%) of under 16s are overweight or obese.</li> </ul> <p>Air pollution is a significant cause of illness and deaths; it is estimated that:</p> <ul style="list-style-type: none"> <li>143 deaths each year in Cardiff and 53 each year in the Vale among over 25s are due to man-made air pollution. The burden and impact of environmental air pollution is worse with increased deprivation, and Cardiff has the worst air pollution measured by PM<sub>2.5</sub> levels in Wales.</li> <li>long-term exposure to man-made air pollution is responsible for 5.1% of all deaths in Cardiff and Vale.</li> </ul>



<p><b>Equity, inequalities and wider determinants of health</b></p>	<p>There are stark inequalities in health outcomes in Cardiff and Vale:</p> <ul style="list-style-type: none"> <li>• Life expectancy for men is 8 years lower in the most-deprived areas compared with those in the least-deprived areas.</li> <li>• The number of years of healthy life varies even more, with a gap of 19 years between the most- and least-deprived areas.</li> <li>• Premature death rates are approximately two and a half times higher among the most-deprived areas compared with the least deprived.</li> </ul> <p>There are also significant inequalities in the ‘wider determinants’ of health, such as housing, household income and education:</p> <ul style="list-style-type: none"> <li>• For example, the percentage of people living without central heating varies by area in Cardiff and Vale from one in a hundred (1%) to one in eight (13%).</li> </ul> <p>There are inequalities in how and when people access healthcare:</p> <ul style="list-style-type: none"> <li>• For example, immunisation uptake varies considerably, with uptake of infant vaccines ranging from 89% to 98% across Cardiff and Vale.</li> </ul>
<p><b>Ill health and service use</b></p>	<p>The disease profile in Cardiff and Vale is changing:</p> <ul style="list-style-type: none"> <li>• The number of people with two or more chronic illnesses in Cardiff and Vale has increased by around 5,000 in the last decade, and this trend is set to continue.</li> <li>• Around 1 in 7 (15%) people consider their day-to-day activities are limited by a long-term health problem or disability.</li> <li>• Many people with chronic conditions are not diagnosed and do not appear on official registers.</li> <li>• Due to changes in the age profile of the population and risk factors for disease, new diagnoses for conditions such as diabetes and dementia are increasing significantly.</li> <li>• Around 1 in 5 adults have visited their GP within a 2 week period; and nearly three quarters visit a pharmacy over a year period.</li> <li>• The highest rates of attendance at the Emergency Department are from people living in more deprived areas of Cardiff and Vale.</li> <li>• Rates of delayed transfer of care for social care reasons are nearly twice as high in Cardiff and Vale than the Wales average.</li> <li>• Heart disease, lung cancer and cerebrovascular disease are the leading causes of death in men and women.</li> <li>• Preventable illness and deaths - many (but not all) of the most common chronic conditions and causes of death may be avoided by making changes in health-related behaviours.</li> </ul>

## Challenges and Opportunities

Our plan for 2017/18 describes in detail the many challenges we face and how we are responding to them, and identifies where there are opportunities for changing the way we do things by putting patients at the centre of the redesign of our services and using technology to introduce new ways of delivering care.

Many of the challenges we face are the same as those seen in other healthcare services across the developed world, and include:

- people do not always choose healthy lifestyles;
- more people are living with a long term health condition;
- the way we provide care is not always consistent nor does it always provide the best outcome for patients;
- we need to plan and use our workforce better to deliver the kind of care our patients need; and
- the money available to deliver health services is shrinking at a time when demand is rising.

As a Health Board our specific challenges can be summarised as:

<p><b>Service Challenges</b></p> <p>Balancing the delivery of services and improving how well we deliver them, whilst also making the long-term changes that are needed to meet the changing needs of the people we serve (our population). We are facing particular challenges associated with ensuring we have services in place to respond to the needs of the rapidly expanding population as the population in Cardiff is growing faster than almost any other city in the UK.</p> <p>Changing the way services are provided (transformational change) and managing operational pressures.</p>	<p><b>Infrastructure Challenges</b></p> <p>Ensuring our many buildings and critical medical and IT equipment are fit for purpose. Many of our facilities were built many years ago and our maintenance programmes have not been able to keep up with all of the requirements for keeping the buildings fit for purpose. The condition of some of our buildings is impacting on how we deliver services and can have a detrimental effect on a patient's experience of the care we provide.</p>
<p><b>Workforce Challenges</b></p> <p>Engaging with staff for them to help shape the changes we need to make and supporting them to make the change happen.</p> <p>Being a place where people want to work, especially in shortage professions e.g. nurses and therapists.</p>	<p><b>Financial Challenges</b></p> <p>Receiving the amount of funding we think we are going to get (funding assumptions).</p> <p>Using only the money we receive and achieving the savings we need to make (balancing our financial plan).</p>

## Shaping our Future Wellbeing – Our Strategic Plan 2015 - 2025

Our Plan for 2017/18 is based on the principles within our [Shaping Our Future Wellbeing](#) strategy, published in 2015 which sets out how we plan to develop services in order to respond to the changing needs of our population and the need to close the wide gap in the health of our communities. Our plan for this year also sets out how we are responding to a number of national, regional and local drivers such as Prudent Healthcare, the Social Services and Wellbeing (Wales) Act 2014, Wellbeing of Future Generations (Wales) Act 2015; working together with our local authority and third sector colleagues, and working with Health Board colleagues across South East Wales region.

*Shaping Our Future Wellbeing* describes our vision that **a person’s chance of leading a healthy life is the same wherever they live and whoever they are.** At its heart is the aim to achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.



We have a longer term delivery programme for ensuring that the aspirations of our strategy are achieved, and we have had to prioritise the actions we are taking in 2017/8 to progress our strategic objectives. In the next few pages, we set out the key areas where we will be making progress this year, building on the achievements of 2016/2017 described earlier.



## Our Priorities for 2017/2018

Our priorities for this year involve us driving hard to improve the efficiency of our services, ensuring that we eliminate any unwarranted variation and avoid harm to patients and ensuring that we are getting the maximum value for every pound invested in our services. We also need to change the way we deliver services, really putting the patient at the heart of what we do. Technology has an important role to play in opening up new opportunities in the way we provide care and support to patients.

We have put in place arrangements to ensure that we make the necessary changes during 2017/18 and in future years so that we can ensure that our services are sustainable within the resources that are available to us into the future.

Our transformation programme has three workstreams:

**1. Improving Unscheduled care: ensuring patients receive the urgent and emergency care at the right time, in the right place, by the right person or team.**

We are doing well at assessing people and treating them quickly to avoid an unnecessary hospital admission, but we are doing more with our Primary Care clusters to ensure that we are enabling more people to be cared for in a planned way, particularly in relation to people with long term conditions.

We are working closely with our local authority partners to ensure that there is a single point of access for those people in need of support, making it much easier for people to get the right support.

We have improved our services to patients who attend hospital in an emergency and we have plans in place to further improve how well we perform in this area. Key to this are the plans to reduce how long people stay in hospital following an emergency admission. When we compare ourselves to other organisations, we often keep people in hospital too long, sometimes because it can take too long to arrange the care and support needed to get someone home safely, or that we don't have the right support available in the community. Our plans take the next steps in addressing this.



## Our Priorities for 2017/2018 (cont.)

### 2. Implementing our model of locality based care:

We know that we don't quite have the right services available to support people in the community and we also know that there are many services available across our communities – provided through voluntary and third sectors, other partners – that are able to provide support to people, but often knowledge about these services and access to them is not clear. We are therefore working with our primary care clusters (groups of GP practices working together) and local authority partners to improve access to a wider range of services, enabling people to remain more independent. This work also involves plans to ensure that our GP services remain sustainable in light of shortages of GPs, and that we make best use of all our primary and community care services – including dentists, opticians and pharmacists, community nurses and therapists, and volunteers.

### 3. Improving planned care:

We have made progress over the last two years in reducing the time to access routine planned care and cancer care. However, in some areas, demand for our services is greater than the capacity we have available. We are therefore continuing to implement plans to ensure that every patient pathway is as streamlined as possible, so we don't bring patients back for repeated follow-ups if they are not needed and that, when people do need ongoing support or treatment, we do this in a timely way and are more responsive to a patient's own assessment of their care needs.

We also want to ensure that we get the very best outcomes for patients from the treatment we provide and we are implementing plans to achieve this, looking at orthopaedics and ophthalmology in the first instance.



## Specific Actions for 2017/18

**Preventing illness and promoting health lifestyles** – lifestyle behaviour changes to enable people to make informed choices about healthy lifestyles and are better able to manage their conditions safely, preventing deterioration where possible.

We know that the biggest improvements we could make to the health of our local population would be to work with partners to further reduce smoking which still contributes significantly to premature deaths from cancer and cardiovascular disease.

We also know that we are seeing an increase in illness associated with obesity, with the incidence of diabetes and musculoskeletal conditions rising.

We are also seeing an increase in the number of people in need of support because of mental illness, and because of the growth in the number of older people living in our communities, we are seeing more people with dementia who need a timely diagnosis, care and support.

Our plans for the year include:

- Developing more joined up preventative services with a major focus on tobacco use, food and physical activity and immunisation;
- Expanding services such as School Holiday Enrichment Programme to increase availability of good quality meals, nutrition skills and sports education to children and young people living in areas of social deprivation;
- Greater use of Making Every Contact Count within our communities, across agencies;
- Further developing our services that support young people to have improved emotional health and wellbeing;
- Working with Public Health Wales and our partners in the Public Service Boards to ensure that young people have a good start in life, knowing that adverse experiences in early years can have a long lasting impact into adulthood;
- Rolling out dementia care training so that all staff are better able to support patients and their families, and our services support people to remain living safely at home for as long as possible.; and
- Supporting the wellbeing of our 14,000 staff, encouraging healthy lifestyles and developing our sustainable travel plans .

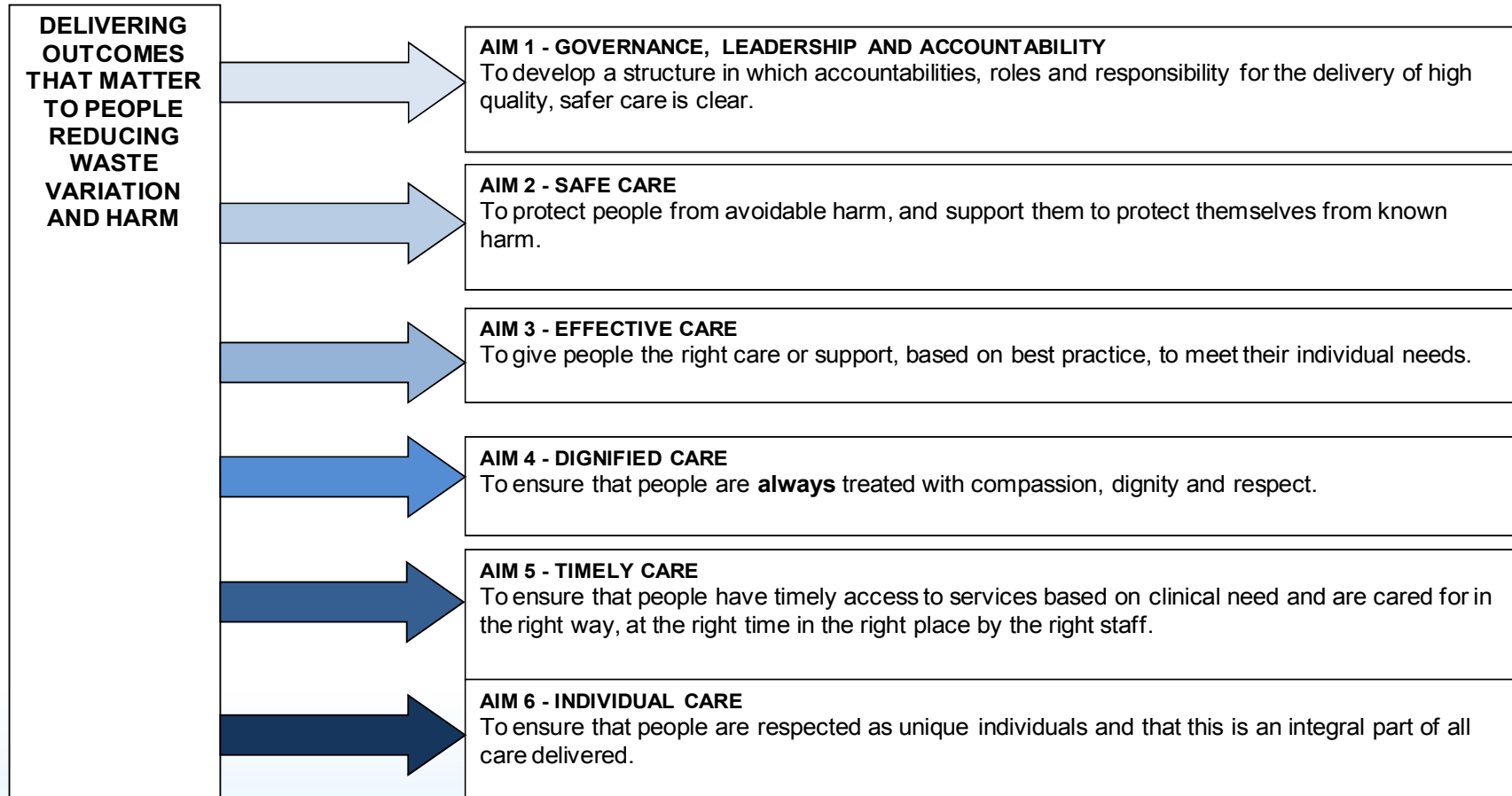


<p><b>Sustainable Unscheduled Care</b> – ensuring our patients receive the right care at the right time in the right place in an emergency or when there is an urgent need .</p>	
<p>Our plans aim to:</p> <ul style="list-style-type: none"> <li>• Reduce emergency admissions that are avoidable;</li> <li>• Reduce length of stay for those who are admitted as an emergency; and</li> <li>• Reduce delayed transfers of care for those medically fit for discharge enabling return to ‘home’ at the earliest opportunity.</li> </ul>	
<p><b>Pre-Hospital</b> (to avoid admission)</p>	<ul style="list-style-type: none"> <li>• Preventative services – signposting to local support services.</li> <li>• Primary Care Out of Hours – greater availability of GPs at night and over the weekend.</li> <li>• GP/Nurse Cluster Services for Older People – working collaboratively with CRTs and Elderly Care Assessment Service to support patients within their own homes.</li> <li>• Ambulatory Care Sensitive Conditions Pathways - standardised primary care approach to management of eight conditions in the community.</li> </ul>
<p><b>Emergency care</b></p>	<ul style="list-style-type: none"> <li>• Direct access pathways via WAST – straight to specific departments.</li> <li>• Elderly Care Services – frailty model to remain longer/return earlier to their ‘normal’ home.</li> <li>• Emergency Care pathways – improve timely senior decision making, reduce waiting time at front door, reduce duplication of testing.</li> <li>• Radiographer-Led discharge – discharge at point of x-ray, if x-ray is normal.</li> </ul>
<p><b>Inpatient process and discharge management</b></p>	<ul style="list-style-type: none"> <li>• Active bed management to improve patient flow and increased use of planned date of discharge.</li> <li>• New models of care for frail older people and patients with dementia or cognitive impairment to ensure a timely discharge from hospital care back home, with ongoing support where needed.</li> </ul>
<p><b>Community pathways</b></p>	<ul style="list-style-type: none"> <li>• Working with local authorities and third sector to establish community supported services</li> <li>• Integrated service for older people so that people get the outcomes they want, and that care is delivered seamlessly across health, social care and housing.</li> </ul>

<b>Sustainable Planned Care</b> – deliver more sustainable services underpinned by a focus on prevention, self care and the principle of 'home first' and prudent healthcare.	
Our plans aim to: <ul style="list-style-type: none"> <li>• Develop new pathways for eye care – cataracts, medical retina and oculoplastics and musculoskeletal (muscle and joint problems);</li> <li>• Reduce length of stay particularly in Ear, Nose &amp; Throat and Orthopaedic specialties;</li> <li>• Reduce wasted outpatient appointments through people not turning up (Did Not Attends); and</li> <li>• Increase the number of operations that take place as day surgery or decreasing the time people stay in hospital after an operation.</li> </ul>	
<b>Provision of alternatives to secondary care</b>	<ul style="list-style-type: none"> <li>• Tele Dermatology – in all GP practices; improving local access to clinical advice.</li> <li>• Outreach uro-gynaecology service; including physiotherapy and nurse led services.</li> <li>• Outreach gynaecology clinics; closer working with GPs.</li> <li>• Therapy led Rheumatology injections.</li> <li>• Audiology; better use of paediatric and adult community clinics.</li> <li>• MSK; one pathway - single point of entry for all shoulder, knee and spine referrals from primary care.</li> </ul>
<b>Structured pathway redesign</b>	<ul style="list-style-type: none"> <li>• GP support to pathway redesign; new pathways of care in urology, dermatology and gastroenterology.</li> <li>• Expansion of Non-Medical Led Clinics; new pathways of care in in ENT and Ophthalmology including Nurse and Optometry led services.</li> </ul>
<b>UHB –Wide Outpatient Booking Modernisation</b>	<ul style="list-style-type: none"> <li>• Extend use of the Fully Automated Booking (FAB) system for new OP appointments; develop automated follow up booking system; roll out text messaging reminders.</li> </ul>
<b>UHB-Wide e-Advice</b>	<ul style="list-style-type: none"> <li>• Continue rollout across high referral areas including cardiology, ophthalmology, rheumatology, respiratory, gastrology and child health services.</li> </ul>
<b>UHB- Wide electronic referral</b>	<ul style="list-style-type: none"> <li>• Rollout enabling all GPs to refer directly in to secondary care.</li> </ul>
<b>Theatre Productivity</b>	<ul style="list-style-type: none"> <li>• Optimising scheduling and booking practices – key area endoscopy.</li> </ul>
<b>Clinical and Clerical Waiting List Validation</b>	<ul style="list-style-type: none"> <li>• Ensure only those who require treatment are on the waiting lists.</li> </ul>
<b>Community Resource Teams</b>	<ul style="list-style-type: none"> <li>• Planned facilitated discharge seven days a week.</li> </ul>
<b>Acute Response Team – premises based care</b>	<ul style="list-style-type: none"> <li>• Align services to community clinics.</li> </ul>

## Our Priorities for Improving the Quality of our Services and the Patient Experience

We have developed a Quality, Safety and Improvement Framework for 2017/18 which sets out our priorities for the next three years. Our aim is to be one of the safest organisations in the NHS delivering high quality, seamless care where people have a great experience every time they use our services. We have a detailed plan in place to make further progress over the next 12 months with the six aims we have set, based on our underlying principles.



## Our Workforce and Organisational Priorities

We employ over 14,000 staff across our organisation in over 100 different roles. Our workforce plan sets out how we will ensure that our staff are supported to do the very best job they can, and that we have the right people in post. We have six priority areas designed to support our longer term ambitions.



Key to the success of our plan is to ensure that we have the right workforce to delivery the services required, and that we are able to develop the workforce as the way we deliver care changes.

<b>Efficient workforce</b> – achieve target workforce key performance indicators	
<ul style="list-style-type: none"> <li>Attendance</li> <li>Workforce capacity</li> <li>Retention</li> <li>Timely recruitment</li> <li>Performance accountability</li> <li>Optimise medical workforce sessions</li> <li>Employee relations</li> </ul>	<ul style="list-style-type: none"> <li>Reduce temporary agency and locum expenditure.</li> <li>Continue reduction in sickness absence.</li> <li>Promotion of staff wellbeing.</li> </ul>
<b>Sustainable workforce</b> – ensure the right people, in the right roles, in the right place, at the right time	
<ul style="list-style-type: none"> <li>Future workforce supply needs</li> <li>Nurse workforce capacity and costs</li> <li>Medical workforce capacity</li> <li>Management talent capacity</li> <li>Succession planning</li> </ul>	<ul style="list-style-type: none"> <li>Deliver Project 95% (Band 5/6 establishment) and sustain Project Switchover (contract agency usage).</li> <li>Continue to deliver Medical Training Initiative (MTI) strategy.</li> <li>Reduce long term agency locums and recruit to hard to fill vacancies.</li> <li>Develop succession planning for senior management posts.</li> </ul>



### Capable workforce – meet learning & leadership skills needs through delivery of quality training & development

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| <ul style="list-style-type: none"> <li>• Mandatory skills</li> <li>• Performance management &amp; talent development</li> <li>• Leadership capability</li> <li>• Nurse capability</li> <li>• Non-registered nurse capacity</li> <li>• Coaching</li> <li>• mentoring</li> </ul> | <ul style="list-style-type: none"> <li>• Develop a clear and shared approach to change and transformation activity.</li> <li>• Build capacity and capability across the UHB in the areas of structural, process, behavioural and cultural change.</li> <li>• Have a coherent and consistent approach in our methodologies through change teams working together effectively.</li> <li>• Leverage external skill and support, with an emphasis on development to build our internal skill.</li> <li>• Integrate robust performance and financial data to drive and support understanding of the need and the benefits of change and ensure all change activity is aligned and prioritised in accordance with strategic aims.</li> </ul> |
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### Transforming workforce – enable quality, productivity & continuous improvement

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|--|--|
| <ul style="list-style-type: none"> <li>• Transformation</li> <li>• Continuous Service Improvement</li> <li>• CAV Academy</li> <li>• Enhance ESR</li> <li>• Transforming Cancer Services</li> <li>• Planned Primary Care workforce</li> <li>• South Wales Plan</li> </ul> | <ul style="list-style-type: none"> <li>• Role redesign and modernisation to support service change e.g. Planned and Unplanned Care.</li> <li>• Workforce transformation which impacts across the UHB e.g. regional clinical service changes.</li> <li>• Modernisation driven within Professional staff groups e.g. Physician associates, advanced practice.</li> <li>• Planning the shape of the future workforce and tools and enablers to get us there.</li> </ul> |
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### Engaged workforce – create conditions which unleash capability potential & commitment to the goals and values

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| <ul style="list-style-type: none"> <li>• Health and Wellbeing</li> <li>• Equality and Diversity</li> <li>• Welsh Language</li> <li>• Staff Engagement</li> <li>• Values &amp; Behaviours</li> <li>• Reward &amp; Recognition</li> </ul> | <ul style="list-style-type: none"> <li>• Build on the comprehensive programme of engagement work in place with staff, focusing on health and wellbeing, values and behaviours, reward and recognition.</li> </ul> |
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## Our Research and Development Priorities

The UHB shares and is fully engaged with Welsh Government (WG) Research and Development (R&D) ambitions to bring patient and economic benefit to Wales through increasing R&D activity. Through our strategic objectives, we described a desire for “an environment where innovation thrives”. During 2015 the UHB approved a 3-year R&D plan; this was reviewed, amended and approved by the UHB Executive Board in September 2016. Aligned to the UHB strategic themes, its aims are:

<b>For Our Population:</b>	<ul style="list-style-type: none"> <li>• Improve the health and well-being of patients and the wider population by promoting and supporting innovation and research translation for the better understanding of diseases and human behaviours; and improved treatments, healthcare provision, and preventative programmes.</li> </ul>
<b>Our Service Priorities:</b>	<ul style="list-style-type: none"> <li>• Building research capacity and strategically align research and service planning and delivery;</li> <li>• Assist Clinical Boards and individual Directorates with their own R&amp;D strategies and delivery;</li> <li>• Improve the capacity of the Clinical Research Facility (CRF) to undertake complex specialist studies e.g. Cardiac, Ophthalmology, Gastroenterology, wound healing etc and;</li> <li>• Development of Paediatric CRF for Wales.</li> </ul>
<b>Sustainability:</b>	<ul style="list-style-type: none"> <li>• Comply with Health and Care Research Wales (HCRW) / WG metrics including use of its Activity Based Funding (ABF) allocation for research delivery;</li> <li>• Build a skilled workforce capable of advancing high quality multidisciplinary research which is population and people centred and leads to quality improvements in healthcare and public health;</li> <li>• Increase commercial income from its present level of ~£1m per annum towards the UK average for a UHB of £6m over the next 5 years with the aim of increasing research capacity;</li> <li>• Contribute to economic prosperity, by developing existing and new partnerships with industry in the pharmaceutical and technical sectors to grow the commercial research portfolio; and</li> <li>• Ensure patient safety by compliance with all Regulatory and Clinical Governance requirements.</li> </ul>
<b>Culture:</b>	<ul style="list-style-type: none"> <li>• Create a culture and research environment to develop and sustain the reputation of the UHB for research excellence in clinical and translational medicine; and</li> <li>• Add value and enhance impacts by creating new synergies between the UHB and Higher Education Institutions especially Cardiff University with the aim of increasing innovative development with possible commercial exploitation.</li> </ul>

## Our Financial Plans

### Financial Performance in 2016/17

In 2014/15, under the National Health Services Finance Act 2014, the Welsh Government amended the financial performance duties applicable to Health Boards. Two financial duties now apply:

1. The duty to ensure that our spending does not exceed the aggregate of the funding allocated to us over a period of 3 financial years (section 175 (1));
2. The duty to prepare and get approved by the Welsh Ministers, a plan which achieves the above objective while improving the health of and the provision of health to the population for which we are responsible (section 175 (2a)).

The first assessment of performance against the 3 year statutory duty was concluded at the end of 2016/17.

- The Health Board was overspent by £29.243m against its resource allocation in 2016/17. This formed part of an accumulated deficit over the 3 year period of £50.539m. Hence, the UHB did not achieve its statutory duty under section 175 (1).
- The Health Board did not have its Integrated Medium Term Plan for the period 2016/17 - 2018/19 approved by the Welsh Ministers and hence, did not achieve its statutory duty under section 175 (2a).

Whilst the Health Board managed to deliver a year end financial position lower than the £30.9m deficit agreed with Welsh Government, it breached both parts of its statutory financial duty.



## Financial Plan for 2017/18

The UHB considered its Integrated Medium Term Plan for 2017/18 - 2019/20 at its Board meeting on 30<sup>th</sup> March 2017. At this point given the scale of the anticipated deficit for 2017/18 (£45.9m), the UHB Board was not in a position to approve it. It did however endorse its adoption, recognising that further work was required.

The plan was reconsidered by the UHB at its Board meeting on the 25<sup>th</sup> May 2017, where it was agreed to work towards a stretch target to deliver a position no worse than £30.9m (this being the forecast position agreed with Welsh Government in 2016/17).

The scale of the challenge to deliver a £30.9m deficit position in 2017/18 is significant. This will require the UHB to manage a number of financial risks. The key risks being:

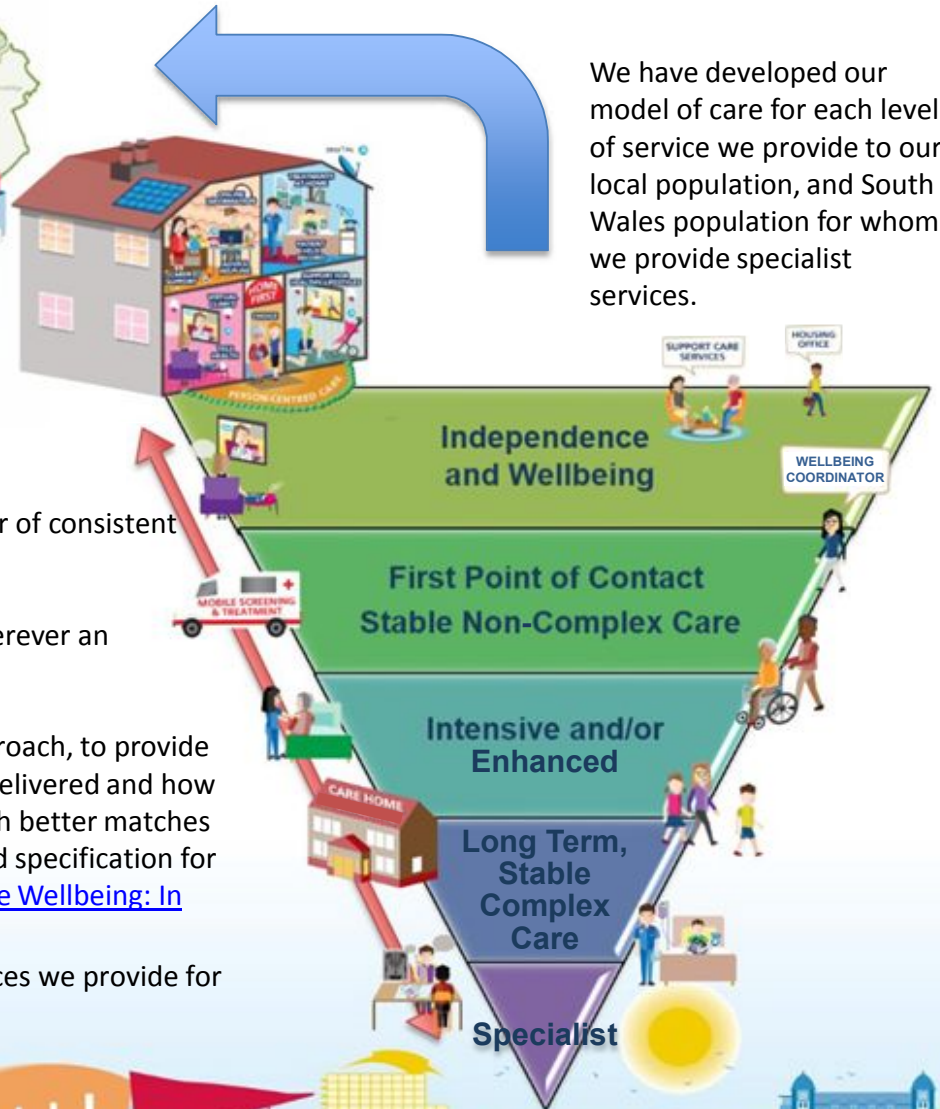
- The delivery of the initial £45.9m deficit plan that required achievement of £20m savings. So far, the UHB has made good progress and has identified £17.7m of worked up schemes against this target.
- The delivery of the stretch target (£30.9m deficit) which requires the delivery of a further £15m savings. Work is under way to identify options to achieve this.

This UHB continues to work with Welsh Government to achieve long term financial sustainability.



## Shaping Services for the Future

We are developing plans to ensure that we have the right infrastructure in place to delivery the care described in our strategy.



We have developed our model of care for each level of service we provide to our local population, and South Wales population for whom we provide specialist services.

Working with our local residents and health professionals there are a number of consistent themes about how they would like services to look in future. These include:

- Helping people stay healthy and independent for as long as possible
- Early diagnosis of disease and receiving the best treatment available, wherever an individual lives
- Co-ordinated and convenient care, as close to home or work as possible

Working with our partners we have taken a whole system service model approach, to provide a common understanding of how services across health and social care are delivered and how they need to change. We aim to build a model of health and social care which better matches local needs and services, focuses on wellbeing and is based on a co-produced specification for a 'Perfect Locality'. More information can be found on our [Shaping our Future Wellbeing: In Our Community Programme webpage](#).

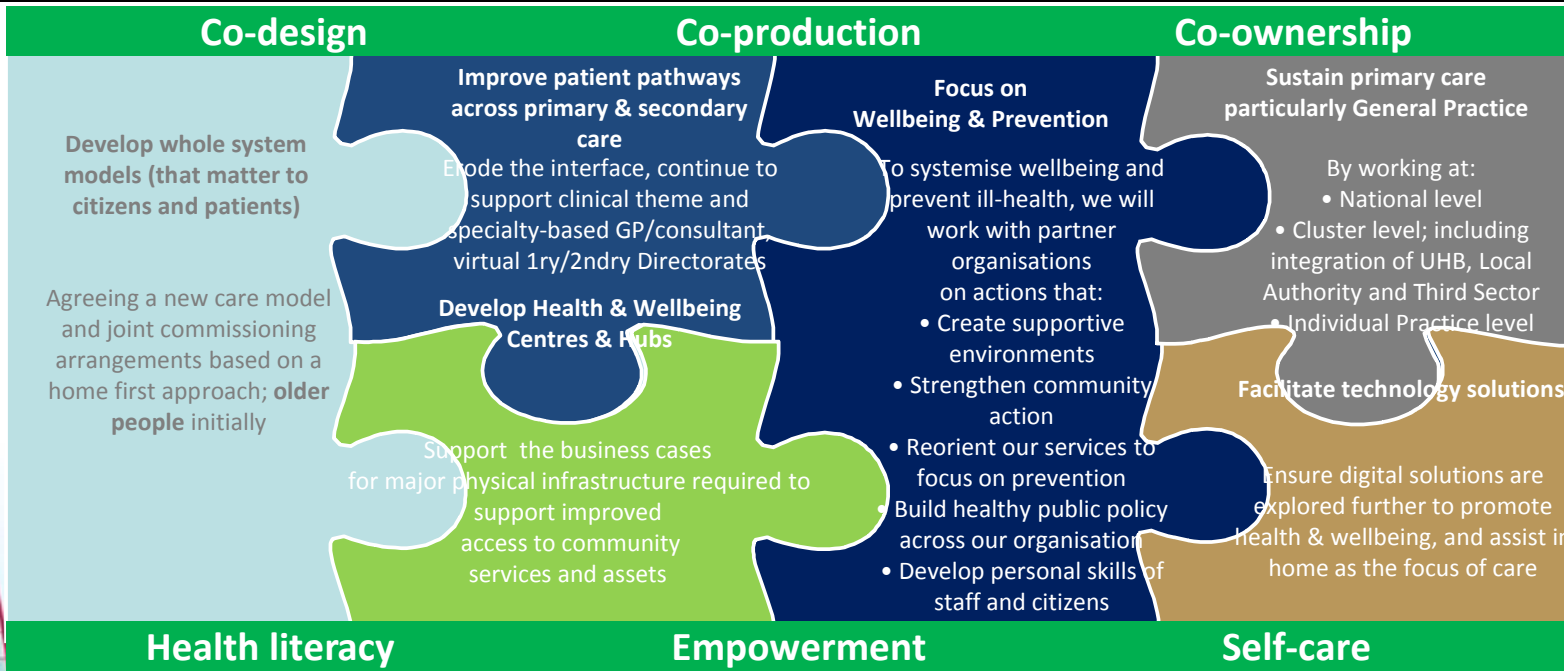
We will also be developing our plans for how we develop the specialist services we provide for residents across South Wales.

## Care and Support provided - the Perfect Locality

During 2016/2017 we worked with a wide range of partners to develop our specification for a ‘perfect locality’ – a network of integrated services which support people to live safely at home, with the care and support they need provided locally by sustainable services delivered by a range of different providers. During this year we will be taking the next steps to implement this model of services.

We are now implementing our specification for a perfect locality. Our plans include:

- Working differently in primary care, including across localities and clusters
- Progressing the integration agenda working in partnership with local authority and third sector colleagues on a new model of community care, so that people who need care and support from different organisations receive seamless care.
- Planning for new roles in primary care and the community so that we can continue to increase the amount of care and support provided close to home and outside our acute hospitals
- Strengthening our community based mental health services for children and young people, adults of working age and older people, building on the successful models of care that are already in place. We are developing services to reflect feedback from those who use our services and their carers. These models of care reflect a shift in the balance of care, from inpatient hospital based care to community care close to home.



## Working Together – Regional Collaboration

During 2016/17 we have been working with the health boards in South East Wales to implement the changes recommended by the South Wales Programme. New models of care for paediatrics, obstetrics, neonatal services and emergency medicine have been finalised and the plans will be implemented over the next year. In order to deliver the neonatal and obstetrics services, changes are required to the facilities in a number of the hospital in South East Wales. We are undertaking a big capital development programme to significantly expand our neonatal service which will be completed in 2018, which will enable us to care for more babies from across the region, as planned.

We are also finalising plans to delivery ENT services (out of hours in particular) and vascular services on a regional basis so that patients receive the right care, at the right time, delivered by the right professionals in the right place.

We are also strengthening the way we plan services on a regional basis and will be working with the health boards in South East Wales to develop plans for secure sustainable services for planned care in relation to orthopaedics, ophthalmology and diagnostics services. The Welsh Ambulance Services Trust is an important partner in this work, ensuring patients are transported to the right place.

During 2017/18 we will continue to work with Velindre NHS Trust to develop plans to improve cancer outcomes. This involves working closely with GPs to ensure cancer is detected early, and that people receive treatment in a timely way, and that when people with cancer become acutely unwell, they get access to the right support and care quickly.




The way we treat cancer is changing with treatment increasingly tailored to the individual. We have contributed to the All Wales Genomics and Precision Medicine Strategy and will play a key role during the year to further develop these services, with investment in new technology and expanded laboratories. Precision Medicine is advancing rapidly and is changing the way we treat a wide range of conditions, enabling us to identify problems much earlier, and provide personalised treatment programmes.



## Working with Others

We have also developed a new collaboration with the two local authorities and Cardiff University to accelerate new ways of working.

	<p><b>Health Enterprise Alliance for Regional Transformation (HEART)</b> – working collaboratively, building upon each of the partners’ strengths and better aligning our resources, with a vision for innovation, integration and citizen focused health and wellbeing.</p> <p>We work closely with a number of universities to teach the next generation of clinicians, and to undertake research, innovation and development.</p>
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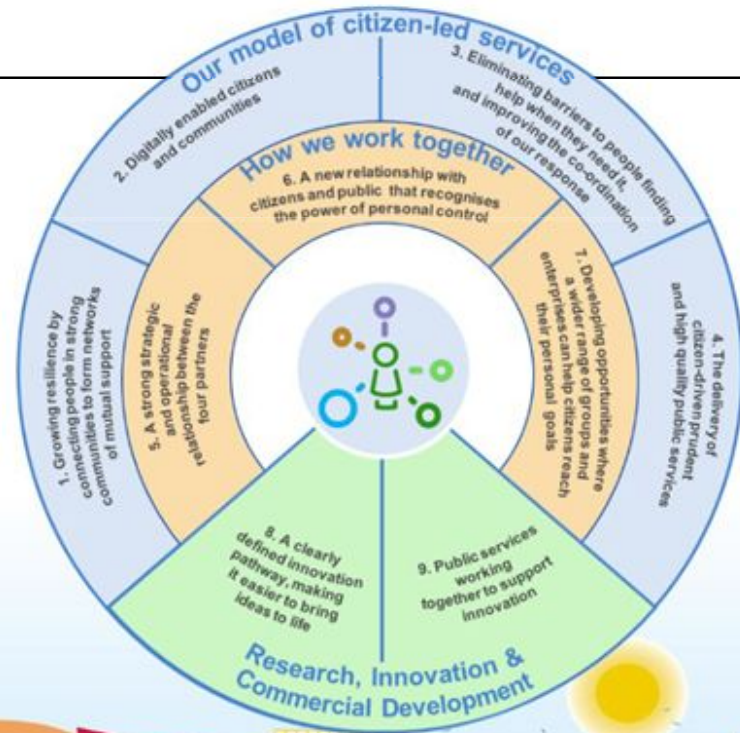
- Working differently in primary care, including across localities and clusters
- Progressing the ‘integration agenda’ working in partnership with local authority and third sector colleagues on a new model of community care
- Planning for new roles in primary care and the community

Nine strategic objectives in three key areas have been agreed by the partnership. These objectives form the basis of the “Cardiff and Vale system model”. In summary, we are focusing upon:

**Citizen led services** through strengthened community networks, technology enabled support and co-ordinating our support and response to our population based upon intensity of need.

**Working together** more effectively to make the best use of assets, workforce and other resources.

**Driving innovation** to accelerate the process from idea to implementable solution, attracting new sources of funding and providing swifter access to research for our population.



## Conclusion

This year will continue to be a challenging one for us and our partners in health and social care. Working together we believe that by focusing our efforts and resources on providing services around the needs of our population, we can meet these challenges and face the others ahead.

We will be exploring new ways of working with a wide range of partners through the Public Services Boards so that together we can respond to the challenges facing future generations, and applying the requirements of the Wellbeing of Future Generations Act in the way we plan and deliver services.

This document summarises our plans for the year. More detailed information is provided in our full plan for the year which is available on our website.



**CONFIRMED MINUTES OF A MEETING OF THE QUALITY, SAFETY AND  
EXPERIENCE COMMITTEE HELD AT 9am ON 18 APRIL 2017  
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

**Present:**

Maria Battle (part)	UHB Chair and QSE Chair
Akmal Hanuk	Independent Member – Community
Ivar Grey	Independent Member /Chair of Audit Committee
Margaret McLaughlin	Independent Member – Third Sector
Martyn Waygood	Independent Member - Legal
Clr Susan Elsmore (part)	Independent Member – Local Authority

**In Attendance:**

Alun Jones (Observer)	Director of Inspection, Regulation and Investigation, HIW
Angela Hughes	Interim Assistant Director Patient Experience
Carol Evans	Asst. Director Patient Safety and Quality
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Ian Wile (part)	Director of Operations, Mental Health
Jayne Tottle (part)	Director of Nursing, Mental Health
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Stephen Allen	Chief Officer, Cardiff and Vale CHC
Steve Curry (part)	Interim Chief Operating Officer
Stuart Egan	Staff Representative
Tony Turley	Representing the Medical Director

**Apologies**

Abigail Harris	Director of Planning
Alice Casey	Chief Operating Officer
Fiona Kinghorn	Acting Director of Public Health
Fiona Salter	Staff Representative
Dr Graham Shortland	Medical Director
Peter Welsh	Director of Corporate Governance

**Secretariat**

Julia Harper

**QSE 17/044****WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting, in particular Mr Alun Jones, Director of Inspection, Regulation and Investigation from Health Inspectorate Wales who was attending as an Observer. In addition, Mr Stuart Egan was attending his first meeting in his capacity as a Staff Representative.

The UHB Chair, Ms Maria Battle, advised Members that she was taking over the Chairmanship of the Committee since Prof Treasure had been appointed to lead Aberystwyth University. She thanked Professor Treasure for her many years of service chairing the Committee.

**QSE 17/045 APOLOGIES FOR ABSENCE**

Apologies for absence were noted

**QSE 17/046 DECLARATIONS OF INTEREST**

The Chair invited Members to declare any interests in the proceedings on the agenda. None were declared.

**QSE 17/047 MINUTES OF THE COMMITTEE HELD ON 21<sup>st</sup> FEBRUARY 2017**

The Minutes of the last meeting were **RECEIVED** and **APPROVED** subject to the following amendments:

**Page 9 QSE 17/014 Review of Outstanding Policies**

The third sentence would be amended to read:

A member of staff within the team had been identified to manage this particular project via a risk based approach and set priorities.

**Page 16 QSE 17/027.9 WHSSC Quality and Patient Safety**

The word *share* would be inserted before the words *good practice* on the last line.

**QSE 17/048 ACTION LOG FOLLOWING THE LAST MEETING**

The Committee **RECEIVED** the Action Log and **NOTED** the number of actions that had been completed. These would be removed. The action log was updated as follows:

**QSE 17/005 Trends and Themes in SIs** – The Executive Nurse Director agreed to present a report for funding consideration of patient wristbands to the Management Executive and to provide more detail for the next meeting.

**Action – Mrs Ruth Walker**

**QSE 16/192 Care of Deteriorating Patients** – In response to a request from the Chair for a timeline, it was agreed to present an action plan with dates at the next meeting.

**Action – Mrs Ruth Walker and Dr Graham Shortland**

**QSE 17/009 CHC Report – Boredom and Loneliness** – The Executive Nurse Director advised that she would have to approach WRVS Head Office for clarity on Strategy.

**Action – Mrs Ruth Walker**

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**QSE 17/011 Committee Work Programme** – A session with new Independent Members would take place on 28<sup>th</sup> April.

**QSE 17/013 Annual Quality Statement** – This action was complete.

**QSE 17/024 – Ward Bathroom Refurbishment** – It was agreed that the Vice Chair would prepare a letter for Ms Battle with the support of the Executive Nurse Director, stressing the urgent need for a decant ward and single rooms.

**Action – Mr Ivar Grey with Mrs Ruth Walker**

It was recognised that in the event of ward closure or change, engagement with CHC would be required. It was noted that this had been on the agenda for a number of years and it had not yet been possible to make progress. It was also noted that work would commence shortly on B2 Duthie Library to provide more accommodation for decant and winter pressures.

Given that there were already some plans in place, it was agreed to ask for a brief summary from the Director of Planning for the next meeting.

**Action – Mrs Abigail Harris**

An analysis of comparative data remained outstanding. It was hoped that this data could be linked to the work undertaken by Mrs B Steer and used to justify funding requests (requested because the UHB had a higher than normal infection rate over winter).

**QSE 17/027 Medicine QSE Minutes** – The Interim Chief Operating Officer advised that the data referred to was quite old. Since that time, the UHB had developed an orthopaedic geriatric service and the average length of stay had reduced by 5 days. In addition, the percentage of patients discharged home was favourable.

**QSE 16/046 Care for Patients with Learning Disability** – The Chair asked for further discussion with the Executive Nurse Director and the Director of Therapies and Health Sciences to ensure that any deaths involving people with a learning disability were identified in mortality reviews

**Action – Dr Fiona Jenkins**

**QSE 17/049 CHAIR'S ACTION TAKEN SINCE THE LAST MEETING**

With the support of 2 Independent Members, Chair's action had been taken to approve the Equality Impact Assessment for the Patient Property Policy – the Policy itself had been approved by the Committee in September 2016.

**QSE 17/050 PATIENT STORY – MENTAL HEALTH**

Mrs Jayne Tottle, Nurse Director, Mental Health Clinical Board, presented Sally's story. This was a very sad story of a young and vulnerable lady who had a history of self-harm and had been diagnosed with an emotionally unstable borderline personality disorder. After committing several offences,

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she served a prison sentence. On release just before Christmas, a risk assessment was undertaken and a plan of care was put in place. This required Sally's co-operation as there were no powers to force her to participate as her license had expired. The plan went reasonably well and her engagement with the complex trauma service and CMHT services progressed. Sadly Sally would not give consent to allow health professionals to share information about her use of ligatures with her mother, with whom she was living, (although her mother was aware that she used other methods to self-harm). In this difficult position, Sally's Mum was offered support as a carer. Following a family holiday, Sally used a ligature, and hanged herself. It was believed that this was not an intentional suicide attempt.

Mrs Tottle explained to the Committee the ethical dilemma the Clinical Board had been in regarding the issue of confidentiality and the decisions made about the best method of care. Following Sally's death, the family did not want to meet with the Clinical Board and so the information regarding her ligaturing behaviour that emerged at the Inquest came as a complete surprise and upset and angered the family. Reassuringly, the Coroner was of the opinion that health staff had acted appropriately.

The Committee often discussed suicides but did not receive this level of detail from the closure of Serious Incidents. The story and explanation highlighted that however hard staff tried, it was sometimes impossible to prevent a death by self-harm.

The Chair thanked Ms Tottle for presenting. The Committee **NOTED** the patient story.

#### **QSE 17/051                      MENTAL HEALTH CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE REPORT**

The Chair invited comments and questions on the report:

- Asked about the sustainability of the workforce given its age profile, it was noted that quarterly recruitment was ongoing but there was a national shortage of mental health nurses. The situation would ease in a few years given that the agreement for mental health nurses to retire at age 55 had been rescinded. In addition, the expansion of care in the community would support recruitment as would attempts to "right size" the bed provision for older people.
- In terms of the administration of medicines, it was noted that better training was being provided in college, but this was enhanced with role play during the bespoke 2 week induction programme developed and delivered in the Mental Health Clinical Board
- In terms of safeguarding, this was discussed along with lessons learned at monthly meetings. Behaviour, culture and codes of conduct were also discussed with staff.
- Concern was expressed that staff from outside Mental Health Clinical Board were subjected to acts of violence and aggression and they had

not received adequate training. It was noted that permanent members of staff from, for example, portering or housekeeping, who were working in mental health areas, could access the training provided to mental health staff, but this would be reiterated to Facilities Management.

**Action – Ms Jayne Tottle**

Staff were supported post incident through debriefing and were given the opportunity to access Employee Wellbeing Services or Occupational Health. Senior staff also supported colleagues.

- Progress had been made with services for Deaf patients. Loops and an information pack were also available. The Clinical Board Director of Operations agreed to refresh the work and invite representatives from the deaf community to walk the wards and community team bases.

**Action – Mr Ian Wile**

- In terms of the Estate, there were 17 community mental health teams (CMHT). Outpatient CMHTs were now co-located at the Llanfair Unit. The poorest accommodation in adult services was being reviewed in line with the UHB Strategy. It was agreed to request an update on estate issues.

**Action – Mrs Abigail Harris**

In addition, 8 teams would be combined into 3 Locality teams and a bid had been submitted for funding.

- With regard to advocacy, the UHB complied with the Mental Health Measure and had included in the SLA the need to communicate advocacy services to clients and offer them to community clients.
- The new reassurance observation system in Hafan y Coed was working well. The system was explained to patients on admission. On the whole this was well received as it avoided the need for staff to enter bedrooms at night and all activity was recorded to reassure both patients and staff.
- Supportive administration had worked well and it was suggested this may continue to MHSOP. Feedback from HIW had demonstrated that this had worked well for the Clinical Board.
- It was noted that the NMC had requested a visit to Hafan y Coed in May. In addition, the Chair asked for a visit to be arranged for the new Independent Members.

**Action – Mrs Julia Harper**

**ASSURANCE** was provided by:

- The operational leadership and management tone of the Clinical Board was to have an open and transparent Multi Disciplinary Team (MDT) approach to core business and processes.
- Regular performance management.
- Openness to learning and development.

The Quality Safety and Experience Committee:

- **APPROVED** the actions being taken by the Mental Health Clinical Board.

## **QSE 17/052            COMMUNITY HEALTH COUNCIL REPORTS**

The CHC had nothing to report to the Committee at this time.

## **QSE 17/053            DONATION OF ORGANS AND TISSUES AFTER DEATH POLICY AND PROCEDURE**

Dr Turley explained that minor tweaks had been made to the Policy and comments received most recently had been addressed in the Standard Operating Procedures. These may have some operational impact.

In terms of communication, it was noted that specialist staff spent a long time with donor families prior to the retrieval of organs. Sensitive conversations were bespoke to individual families, whilst Public Health Wales was responsible for national communications. Staff training involved role play with actors. It was noted that since the law change, staff had detected that families were more aware of their loved ones wishes. The wishes and the faith of the family were always respected. It was agreed to provide a patient story linked to faith for a future Board meeting.

### **Action – Angela Hughes**

It was noted that an Annual Statement was being prepared on organ donation, though there were no plans to bring this to the Committee.

It was agreed to provide greater clarity on the qualifying relationship of (h) “friend of longstanding” on Boardbook page 54 of the procedure.

### **ASSURANCE** was provided by:

- The document adhered to the Human Tissue and Transplantation Act 2013 (Wales).
- The documents complied with good practice guidance of the General Medical Council; Treatment and care towards the end of life.
- The documents supported clinical practice in line with National Institute for Clinical Excellence Clinical Guideline 135.
- The documents supported professional practice in line with guidance from the Royal College of Emergency Medicine for end of life care and certification of death and decision making around withdrawal of treatment from the Academy of Medical Royal Colleges.

The Quality, Safety and Experience Committee:

- **APPROVED** the Donation of Organs and Tissues After Death Policy and Procedure subject to making the small change to the Procedure mentioned above.

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- **APPROVED** the full publication of the Donation of Organs and Tissues After Death Policy and Procedure in accordance with the UHB Publication Scheme

#### **QSE 17/054                    QUALITY SAFETY AND IMPROVEMENT FRAMEWORK**

The Executive Nurse Director, Mrs Ruth Walker introduced the following two Frameworks that brought together all the quality, safety and experience work needed for the UHB Strategy.

Mrs Carol Evans, Assistant Director Patient Safety and Quality presented the Quality, Safety and Improvement Framework. It was noted that the Committee had previously discussed this Framework in private. Since then, much engagement had been undertaken and the Framework now reflected the work priorities for the next 3 years. A number of comments were made on communication, use of the Welsh language, sensory loss and the need to include an explanation on page 106 about ambulance handover times and these would be included.

#### **Action – Mrs Carol Evans**

The Executive Nurse Director thanked Mrs Carol Evans for all her work on the Framework and advised that the Committee workplan was aligned with this Framework, the Integrated Medium Term Plan and the Annual Quality Statement.

**ASSURANCE** was provided by:

- The triangulation work that had been undertaken to date to identify key areas that the QSI Framework would aim to improve.
- The plans in place to monitor and evaluate implementation over the next three years.
- The degree of consultation and engagement undertaken in the development and agreement of the Framework.

The Quality, Safety and Experience Committee:

- **APPROVED** the Quality, Safety and Improvement framework.
- **AGREED** to monitor the implementation of the framework and to receive twice yearly progress updates.

#### **QSE 17/055                    PATIENT EXPERIENCE REFRESHED FRAMEWORK 2017 – 2020**

Mrs Angela Hughes, Interim Assistant Director of Patient Experience explained that the Framework was aligned with the Values into Action work. There were, variances in the maturity of Clinical Boards, but all focus was on what it was like to be a patient in the UHB and feedback would be used to deliver service change.

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Where negative comments were clustered around certain times in the day, volunteers were being used to identify the reasons why.

In response to a number of comments, it was agreed to hold further discussions with Mrs McLaughlin outside the meeting and to share the methodology of the Framework with new Independent Members.

**Action – Mrs Angela Hughes**

**ASSURANCE** was provided by:

- The plans in place to monitor and evaluate implementation over the next three years.
- The collaborative working with internal and external stakeholders to deliver the framework.

The Quality, Safety and Experience Committee:

- **APPROVED** the Patient Experience Refreshed Framework
- **AGREED** to monitor the implementation of the framework and to receive twice yearly progress updates

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**QSE 17/056                      PATIENT SAFETY SOLUTIONS ALERTS AND NOTICES**

The Executive Nurse Director, Mrs Ruth Walker reiterated that a financial allocation had not yet been found to implement the Safety Alert on patient wristbands. The report highlighted where there was limited or no progress on some of the Alerts.

The Committee was concerned that other health boards had managed to implement some of the Alerts - in particular the wristbands. The crux was whether the Board felt that implementation was the highest priority for investment.

Mrs Carol Evans highlighted that the UHB was not completely non-compliant with all of the outstanding notices. There were instances where only a small part of the recommended action had not been taken. She circulated an example of a Patient Safety Notice to members to illustrate the complexity of what was required to declare full compliance, noting that often it was only one criteria that the UHB was not meeting. She also pointed out the practical difficulties of implementing some of the notices, for example in the case of the provision of a second controlled drug cupboard on all wards, there would be a financial implication as no wards currently had two such cupboards. With regards to Safe Storage of Medicines: Cupboards –no Health Board was able to declare compliance and it was likely that this particular Notice would be revised to be more achievable.

However, it was highlighted that the UHB was not completely non-compliant. There were instances where only a small part of the recommended action had

not been taken – particularly in the case of the provision of a second medicine cupboard on all wards and this was because there was no decant ward to enable the removal of asbestos in order to fit the cupboards. In this instance, no Welsh health board was compliant and it was likely that the notice would be withdrawn.

The potential requirement for the UHB to procure a more expensive PACS system was highlighted as an area where around £400k could be spent on safety solutions instead. The Chair would be writing to the Minister about the PACS proposal.

**Action – Ms Maria Battle**

With regard to the notice on spinal, epidural and regional devices, Dr Turley urged caution. Common sense was required to ensure that changing devices did not cause other problems. It was more beneficial to take action to reduce risks to all patients.

With regard to action on the early identification of the failure to act on radiological imaging reports, it was noted that the Welsh system was unable to record the necessary information. Other health boards had undertaken a random audit only and were unable to guarantee all patients were safe.

In terms of patient wristbands it was important to balance the risk to patients against the constraints of installation on the wards. Implementation required manpower as well as the technology. Mr Allen of the CHC offered to share evidence provided by patients about the lack of safe identification.

**Action – Mr Stephen Allen**

It was noted that the report did not contain timeframes. It was therefore agreed to receive a further report at the July Board with reasons for non-compliance, mitigating assurance actions and time scales noting that changing practice often took some time to complete.

**Action – Mrs Ruth Walker**

**LIMITED ASSURANCE** was provided by:

- A number of outstanding Safety Notices and Alerts that the UHB was currently unable to declare full compliance with.

The Committee:

- **CONSIDERED** the update provided within the report.

**QSE 17/057                      PATIENT FALLS EXCEPTION REPORT**

The report was presented by the Director of Therapies and Health Sciences, Dr Fiona Jenkins. Currently there was no reliable Welsh benchmark against which the UHB could make comparisons but the UHB was in the middle of the Welsh figures for accidents/incidents. The Falls Group was therefore focusing with partners on the prevention of falls. It was noted that patients were

actually more vulnerable in hospital where the environment was unfamiliar and longer than necessary admission increased a patient's risk of falling. In addition the distance to ward bathrooms, particularly in UHL was cited as a difficulty.

It was agreed that analysis of the data would be undertaken to identify hotspots and the reasons for the fall and whether it was appropriate for the patient to be on that ward. Once available, this information could be shared with other stakeholders to reduce harm to others.

**Action – Mrs Carol Evans**

**ASSURANCE** was provided by:

- The UHB was currently demonstrating a stable trend in incidents relating to slips trips and falls. Significant work was underway particularly in the community in relation to falls prevention.
- There was however **limited assurance** relating to serious incidents due to inpatient falls which continued to show an upward trend in quarter 1 of 2017. Urgent action was being taken to identify hotspots, analyse trends and provide focused support.

The Committee:

- **NOTED** that the UHB was continuing to hold the reduced trend seen in 2016.
- **SUPPORTED** the reconstitution of the Falls Delivery Group which would provide focus to falls prevention across the whole pathway.

**QSE 17/058 HM CORONER REGULATION 28 – PREVENTION OF FUTURE DEATHS REPORT**

The Executive Nurse Director had nothing to add to the report but confirmed that much work had been undertaken on the safety of chest drains and this had been shared widely. The Committee was pleased to note evidence of this in the minutes of the Clinical Board Quality and Safety sub Committees.

**ASSURANCE** was provided by:

- The actions undertaken following conclusion of the internal investigations in conjunction with the responses provided to Her Majesty's Coroner.

The Quality, Safety and Experience Committee:

- **RECEIVED** the overview of the recommendations made by Her Majesty's Coroner.
- **NOTED** the actions undertaken in response to the internal investigations and Coroner's recommendations.

**QSE 17/059 HIW VISITS UPDATE**

The Executive Nurse Director, Mrs Ruth Walker commented that these reports were brought to the Committee regularly and full reports were received as required. Issues identified with regard to the lack of documentation and poor documentation were being driven nationally. With regard to the inspection process, staff were being reassured that inspections were not something to fear.

As a result of last year's report from HIW, the number of internal peer inspections had been increased to 120 and these were targeted with learning cascaded. However, there was still more work to do on integration of adult and older peoples mental health. In addition professional performance reviews were held with the Executive Nurse Director. Mr Allen confirmed that the CHC was not currently identifying any significant issues of concern.

**ASSURANCE** was provided by:

- Progress was reported through the Clinical Boards Quality, Safety and Experience meetings.
- Progress with Action Plan reported through the UHB Quality, Safety and Experience Committee.
- Verbal feedback from Health Inspectorate Wales.

The Committee:

- **NOTED** the progress made to address the findings of the HIW inspection at University Hospital Llandough in 2016 and recent verbal feedback following 2 unannounced visits in March 2017.

The Chair left the meeting and the Vice Chair, Mr Ivar Grey took over.

## **QSE 17/060 CORPORATE RISK AND ASSURANCE FRAMEWORK**

Concern was expressed that "no update had been received" with regard to item 5.1.1 which was unacceptable and this would be relayed to the Director of Corporate Governance.

**Action – Mrs Julia Harper**

It was suggested that it would be useful for the Committee to consider some of the lower scoring risks at a future meeting to ensure the risks were being managed appropriately.

**Action – Mr Peter Welsh**

**ASSURANCE** was provided by:

- Mitigation of the risk was being progressed and was being closely monitored by the Committee.

The Quality, Safety and Experience Committee:

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- **NOTED** the Quality, Safety and Experience Committee Corporate Risk and Assurance Framework Update Report and the reduction in the number of extreme risks assigned to the Committee.

#### **QSE 17/061            CANCER PEER REVIEWS**

There were currently no reports outstanding.

### **PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION**

#### **QSE 17/062            LEARNING DISABILITIES SPECIALIST, SECONDARY CARE AND PRIMARY CARE SERVICES COMMISSIONING UPDATE**

**24.1**

It was noted that the Learning Disability service was provided by ABMU Health Board. In addition, since the bundle had been implemented, no serious incident involving a patient with learning disabilities had been reported.

**ASSURANCE** was provided by:

- Continued work to progress the effective commissioning of NHS Learning Disability Services.

The Quality, Safety and Experience Committee:

- **NOTED** the progress update in relation to commissioning learning disability services.

#### **QSE 17/063            HEALTHY RESTAURANT AND RETAIL POLICY**

It was suggested that better promotion and advertisements for healthy food could be displayed in the UHB's catering facilities. This would be relayed to the Facilities department.

**Action – Dr Fiona Jenkins**

Concerns had been raised by staff about the cost of food and the opening times of the facilities. This resulted in inequality of access particularly for staff who worked nights and weekends. There was a double whammy of reduction in subsidy and an increase in costs at a time where a pay rise had been very limited for some years. In addition, facilities were not always open for the duration of visiting hours and this forced people into using more expensive facilities in the Concourse.

It was noted that the dining facilities were not yet breaking even and it was reported that the number of staff using the facilities had dropped due the reasons cited above. The comments would be reported back to the Facilities department.

**Action – Mrs Fiona Jenkins**

It was also agreed to ask the PPP Committee (or its replacement) to consider these views and to look into comments that had been made regarding the value for money of the all Wales food contract.

**Action – Mrs Julia Harper**

**ASSURANCE** was provided by

- The continuous monitoring of compliance with the Healthy Restaurant and Retail Policy by both the Public Health Team and Catering.

The Committee:

- **NOTED** the positive impact of the Healthy Restaurant and Retail Policy on improving the healthy options available.
- **NOTED** the continuous monitoring to assess the impact of the Policy on availability of healthy options and its impact on income.

**QSE 17/064                      WAO REVIEW OF DELAYED TRANSFERS OF CARE  
IN THE CARDIFF AND VALE HEALTH AND SOCIAL  
CARE COMMUNITY – REVIEW OF DISCHARGES**

Asked when it was anticipated that progress would be seen (the UHB had the third highest number of delayed transfers of care) in Wales, it was noted that Mrs Alice Casey was taking the lead on length of stay through the transformation work and this would be reported to the UHB Board through the Transformation Board.

**ASSURANCE** was provided by:

- The development, implementation and monitoring of improvement plans to address recommendations.
- Confirmation from the Wales Audit Office that Health Board and Local Authority Partnership arrangements had significantly improved in relation to the management of effective Discharge processes.

The Quality, Safety and Experience Committee:

- **CONSIDERED** the main findings of the Wales Audit Office review.
- **AGREED** that the action plan addressed the recommendations made with the Wales Audit Office report.

**QSE 17/065                      WELSH RISK POOL SERVICES AND  
LEGAL AND RISK SERVICES ANNUAL REVIEW**

The low number of clinical negligence claims in Cardiff was welcomed and it was suggested that this was probably as a result of the work undertaken through Putting Things Right (PTR). It was noted that the PTR solicitors had withdrawn the service. This would not heavily impact the UHB with 9% usage, (the Welsh average was 24%) however, legal fees would increase.

**UHB 17/066                    MINUTES FROM CLINICAL BOARD QUALITY AND SAFETY SUB COMMITTEES**

The Minutes were received and noted. The Executive Nurse Director agreed to discuss the attendance of the CHC at these meetings with Mr Allen separately.

**Action – Mrs Ruth Walker**

**1. CLINICAL DIAGNOSTICS AND THERAPEUTICS – JANUARY AND FEBRUARY**

The attendance of Ms Pritchard was welcomed.

**2. MENTAL HEALTH - JANUARY AND FEBRUARY**

**3. PRIMARY, COMMUNITY AND INTERMEDIATE CARE - JANUARY**

Mobile coverage within parts of the Vale of Glamorgan would be discussed separately as staff were unable to use their equipment in some places.

**Action – Mrs Ruth Walker and Dr Fiona Jenkins**

**4. SPECIALIST SERVICES – FEBRUARY X 2**

**5. MEDICINE (AND ACUTE AND EMERGENCY WAITS) – JANUARY, FEBRUARY AND MARCH**

**6. SURGERY – JANUARY**

**7. CHILDREN AND WOMEN – JANUARY**

**8. DENTAL – JANUARY**

It was noted that there was more work to be done on the depth and breadth of the agenda in the Dental Clinical Board and this was being pursued.

**Action – Mrs Carol Evans**

**QSE 17/066                    AGENDA FOR THE PRIVATE QSE**

The agenda was noted.

24.1

**QSE 17/067            ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEE**

- Funding for Patient Wristbands to be considered at Management Executive.
- Report to Board in July on Patient Safety Solutions, Alerts and Notices with timeframes and mitigating actions.
- Request PPP Committee (or its successor) to consider the comments from Staff Representatives on catering and the value for money of the all Wales catering contract for food.

**QSE 17/068            REVIEW OF THE MEETING**

There was nothing to add to the meeting, however, the Chair invited Mr Alun Jones of HIW to provide his observations on the meeting. Mr Jones said it was interesting to see the range of items discussed at the meeting, particularly the items that had concerned HIW, in particular patient falls and suicides. He found the debate on patient wristbands interesting and welcomed the discussions on HIW inspections and the themes from these contained in a number of the reports. In addition, the sharing of lessons learned was valuable. He acknowledged that it was evident the UHB was trying to identify issues before HIW.

The Executive Nurse Director recommended that HIW look at the regular Patient Safety, Quality and Experience reports to the Board for more detail and thanked Mr Jones for the HIW recommendation to ABMU of the need to share their learning disability data with the UHB.

**QSE 17/069            DATE OF NEXT MEETING**

The next meeting would be held at 9am on Tuesday 20<sup>th</sup> June 2017.

**24.1**

**UNCONFIRMED MINUTES OF A MEETING OF THE AUDIT COMMITTEE  
HELD ON 23 MAY 2017  
IN THE CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

**Present:**

Ivar Grey	Independent Member – Finance, Chair
John Antoniazzi	Independent Member - Capital
Stuart Egan	Independent Member – Trades Unions

**In Attendance:**

Robert Chadwick	Director of Finance
James Johns	Head of Internal Audit
Peter Welsh	Director of Corporate Governance
Mark Jones	Wales Audit Office
Craig Greenstock	Counter Fraud Manager
Simon Cookson	Director of Audit and Assurance, NWSSP
Sian Rowlands	Corporate Governance Manager
Ian Virgill	Deputy Head of Internal Audit
Carol Evans	Assistant Director of Patient Safety and Quality

**Apologies:**

John Herniman	Wales Audit Office
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**Secretariat:**

Glynis Mulford
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**AC: 17/022 WELCOME AND INTRODUCTIONS**

The Chair welcomed all present to the meeting and explained that this was an extra meeting to deal with the backlog in internal audit reports. The minutes of the previous meeting and action would be received at the next scheduled meeting.

**AC: 17/023 APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

**AC: 17/024 DECLARATIONS OF INTEREST**

The Chair invited Members to declare any interests in the proceedings. None were declared.

**AC: 17/025 INTERNAL AUDIT POSITION AND TRACKING REPORT**

Mr James John, Head of Internal Audit, highlighted the individual position and progress on each report, stating out of the 13 reports two received Limited Assurance, three Substantial Assurance and eight Reasonable Assurance.

**Waiting List Initiative – Limited Assurance:** Mr James John, Head of Internal Audit, gave an update on the report highlighting some areas of concern. It was stated they had looked into a number of areas across the Health Board with the largest amount of expenditure. Although good practices were found, inconsistencies in the management approach had been identified. Approval of payments needed to be strengthened as some claims had not been authorized at the appropriate level. Issues had been identified in relation to rates of pay being rewarded to some staff and whether these were correct.

Mr Steve Curry, Chief Operating Officer acknowledged the findings, stating it was essential to have an up to date protocol in use. Members were informed that the team had picked up on a range of recommendations highlighted in the report. One policy will be produced which will have a standard approach with appropriate approvals. There will be no local variation in the policy and it will reflect the three standard pay rates for consultants and registrars. He was satisfied the team had responded accordingly and will provide assurance to the Committee through follow up reports.

**Continuing Health Care – Limited Assurance:** The report looked at Primary Care and Women & Children Clinical Boards. There was guidance in place at an all Wales level around quality and assurance, although there was no framework for Women & Children. There were issues with ongoing monitoring processes which showed a lack of evidence of reviews for clients and care providers. It was identified that the process was not always compliant with guidance. There were further contractual risks as the Heads of Service Agreement was out of date. These needed completion with appropriate timescales.

Mr Steve Curry, Chief Operating Officer said that in terms of a Heads of Service Agreement the UHB had written to local authorities and a further meeting had been arranged. It was envisaged this would be concluded in June. Members were informed that there had been resource difficulties around Annual Reviews and resources had been moved from north to south area to achieve this. There had been discussion with the Clinical Boards around timeliness in regard to approval of packages. Mr Curry said he was satisfied that both Clinical Boards are moving forward and had taken issues seriously.

The Committee was informed that a Mental Health Assessor had been employed. In relation to Recommendation 8, it was asked for this to be reworded to ensure it stated clearly there would be a three month review.

**ACTION: Recommendation 8 to be reworded**

**IT System – Trauma and Orthopaedics (Bluespier) – Reasonable Assurance:** Weaknesses had been identified in the governance

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arrangements. Regarding some of the issues with the system, there had been a number of key changes within the directorate and there was a need for strengthening around managers being trained on its application. The Directorate was not gaining full value of use of system and there was a need for key issues to be picked up and addressed. It was necessary for improvements to be made to passwords around control and access arrangements as the system sitting on the network did not meet the password criteria.

The Chair said he would pass the report on to Information Management and Technology sub-Committee for further monitoring.

**ACTION: Report to go forward to IMT sub-Committee**

***Integrated Medium Term Plan (Workstreams) – Reasonable Assurance:***

This was in relation to Mental Health Services for Older People and Primary Care. Good controls were found in a number of areas including operational plans in how they are being developed and taken forward. It was noted there were differences between the two Clinical Boards with one having stronger arrangements. There were some delays in certain aspects of the plans.

***Theatres Stock – Follow-up – Reasonable Assurance:*** This received Limited Assurance in the original review. Action had been taken to address issues. A considerable amount of work had been achieved to address the longstanding concerns and a programme was in place to take further.

***Mental Health Clinical Board – Information Governance – Reasonable Assurance:*** There was some basis of a structure for the management of Information Governance. Directorates within the Clinical Board were putting a structure together to take the agenda forward as this was not fully developed. An Information Asset Register was being developed but the posts for Information Asset Administrators were not in place.

***Medicine Clinical Board Specialising – Reasonable Assurance:*** Issues highlighted that procedures were not being followed through consistently and documents were missing or misfiled. There was evidence of gaps around some aspects. Paper SRAs were not being consistently replicated and there was lack of engagement of staff with patients. Concerns were raised around the documentation such as care plans not held at patients bed and DoLs authorization file expiring.

**ACTION: C Evans to review report and policy and raise the weaknesses in record keeping with Executive Nurse Director. Findings to be triangulated with DoLs Limited Assurance report that had been received at an earlier meeting. To go forward to Quality and Safety and Mental Health Committees.**

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**Health & Care Standards – Reasonable Assurance:** Good progress had been made in terms of embedding arrangements. There was clear evidence Clinical Boards were actively engaging with process.

**Specialist Services – Medical Staff Study Leave – Reasonable Assurance:** This had been the third piece of work undertaken on Medical Staff Study Leave where a number of issues needed to be addressed and strengthened. The All Wales policy was out of date and should be renewed to reflect current practices. The User Guide was also out of date. The Annual appraisal revalidation MARs was monitored by the Clinical Directors. Uptake of study leave was low and not all costs had not been claimed within the allocated timeframe, as the forms had been submitted late. There was a need for consultants to take appropriate study leave in order to demonstrate Continued Performance Development (CPD).

**Rookwood Relocation - Capital Scheme – Reasonable Assurance:** Various aspects of the Capital Scheme were being looked at. Six areas were covered in the report with positive outcomes.

The Committee:  
**CONSIDERED** and **NOTED** the Progress Report

#### **AC: 17/026 LOSSES AND SPECIAL PAYMENTS**

Mr R Chadwick presented the report, which summarized the meetings of the panel. There were no concerns with content of report.

The Committee:

- **APPROVED** the write off of the losses and special payments outlined in the assessment section shown below:
- **NOTED** the minutes of the 17 May 2017 meeting of the Losses and Special Payments Panel.

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**UNCONFIRMED MINUTES OF A MEETING OF THE AUDIT COMMITTEE  
HELD ON 1 JUNE 2017  
IN THE CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

**Present:**

Ivar Grey  
Maria Battle  
Professor Marcus Longley  
Margaret McLaughlin  
Stuart Egan  
John Antoniazzi  
Susan Elsmore  
Abigail Harris  
Fiona Kinghorn  
Robert Chadwick  
Ruth Walker  
Sharon Hopkins  
Steve Curry

Chair - Audit  
Chair UHB  
Vice Chair UHB  
Independent Member – Third Sector  
Independent Member – Trade Union  
Independent Member – Business Planning  
Independent Member – Local Authority  
Director of Strategic Planning  
Interim Director of Public Health Wales  
Director of Finance  
Executive Nurse Director  
Interim Chief Executive  
Interim Chief Operating Officer

**In Attendance:**

Peter Welsh  
James John  
Richard Hurton  
Christopher Lewis  
John Herniman  
Mark Jones  
Richard Hurton  
Carol Evans

Director of Corporate Governance  
Head of Internal Audit  
Assistant Finance Director  
Deputy Finance Director  
WAO  
WAO  
Assistant Finance Director  
Assistant Director Patient Safety and Quality

Glynis Mulford

Secretariat

**Apologies:**

Akmal Hanuk  
Fiona Jenkins  
Eileen Brandreth  
Elizabeth Treasure  
Graham Shortland  
Julie Cassley  
Martyn Waygood  
Craig Greenstock

Independent Member – Local Community  
Director of Therapies  
Independent Member - ICT  
Independent Member – University  
Medical Director  
Interim Director of Workforce and OD  
Independent Member – Legal  
Counterfraud Manager

**AC: 17/043 WELCOME AND INTRODUCTIONS**

The Chair welcomed all present to the meeting.

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**AC: 17/044 APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

**AC: 17/045 DECLARATIONS OF INTEREST**

The Chair invited Members to declare any interests in the proceedings. None were declared.

**AC: 17/046 COUNTERFRAUD ANNUAL REPORT FOR 2016/17**

The Committee **RECEIVED** and **APPROVED** the Counterfraud Annual Report for 2016/17.

**AC: 17/047 REPORT ON THE ANNUAL ACCOUNTS OF THE UHB 2016/17**

Mr Christopher Lewis, Deputy Finance Director briefed the Committee on the Annual Accounts stating the Report set out the changes made to draft accounts and reviewed the financial performance of the UHB. He also advised Members on the role and responsibilities of the Audit Committee in reviewing the accounts.

The Accountability Report and Annual Accounts were scrutinized and considered at the Audit workshop session on 23 May 2017 where major judgments and estimates were also reviewed and any changes on the accounting policy.

The Committee was informed that there had been four major changes in the report which was explained, emphasizing this did not impact on the financial performance.

There were no significant uncorrected misstatements found in the accounts but Wales Audit Office had observed two less significant misstatements and as these were minor did not warrant inclusion in the Letter of Representation.

With regard to the financial performance against its Revenue Resource Limit, the three year Integrated Medium Term Plan was not approved by Welsh Government. In addition, the UHB did not break even over a three year period and had therefore breached on both counts its statutory financial duty.

On behalf of the Audit Committee the Chair thanked the Financial Team on the preparation of the accounts.

The Committee:

- **NOTED** the reported financial performance contained within the Annual Account and that the UHB has breached its statutory financial duties in respect of revenue expenditure.

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- **NOTED** the changes made to the Draft Annual Accounts.

#### **AC: 17/048 WALES AUDIT OFFICE (WAO) ISA 260 REPORT**

John Herniman, Wales Audit Office presented the WAO report praising the team for the work done on the accounts stating there were no significant issues.

The Committee was informed that the accounts were true and fair and an unqualified audit opinion would be issued. In relation to the regularity opinion it was explained that this was the first year of the three year cycle the UHB was being assessed against the target. Due to the deficit a qualified opinion on regularity will be issued. Because of this qualification and failure to achieve the two targets, the Wales Audit Office will issue a substantive report on the account which summarizes the position.

The following points were highlighted:

- In regard to accuracy of numbers this was materially correct and stated anything raised which was significant had been addressed. Attention was drawn to the two less significant statements and explained that further testing showed this was not indicative of any systematic errors.
- In consideration of end of year pressure and complexity of the accounts, work on these would be brought forward earlier on in the year.
- Mr Herniman raised concerns in regard to the Public Sector Payment Policy, stating invoices in dispute were not managed correctly although it was acknowledged that the Oracle system did not allow for the recording of the 30 day clock for payment. Members were informed this could mean the Health Board's performance could be misstated.
- One significant matter was raised in 2015/16 in relation to procurement of a consultant contract and plan to issue a report shortly. An update will be presented at Audit Committee.
- Six recommendations had been raised from the financial audit work which had been agreed with management. These will go on to the Audit Committee Tracker.
- In regard to the Representation Letter there were no disclosures to report that would raise concern.

The Committee:

**RECEIVED** and **NOTED** the report

#### **AC: 17/049 HEAD OF INTERNAL AUDIT ANNUAL REPORT FOR 2016/17**

Mr James Johns, Head of Internal Audit, gave an overview of the report, stating the report delivered and summarised key outcomes of audit reviews around the assurance domains. The overall opinion gave Reasonable Assurance which was a positive outcome for the Organisation. The report considered individual audits,

how they feature in each domain and how they are structured. The sub opinion of each domain had also received Reasonable Assurance.

The Committee was pleased to note No Assurance reports had been received. Four Limited Assurance reports had been observed, all of which were being addressed and showed signs of improvement.

The Committee:

- **RECEIVED** and **NOTED** the report

#### **AC: 17/050 LETTER OF REPRESENTATION**

It was recognized that the Letter of Representation was consistent with the report.

The Committee **RECEIVED** and **NOTED** the Letter of Representation

#### **AC: 17/051 AUDIT ENQUIRIES TO MANAGEMENT AND THOSE CHARGED WITH GOVERNANCE**

The Committee **RECEIVED** and **NOTED** the letter and responses in the questionnaire.

#### **AC: 17/052 ACCOUNTABILITY REPORT**

Mr Peter Welsh, Director of Corporate Governance stated the report was a new approach with guidance from Welsh Government to streamline all the annual reports, explaining the changes.

Members were assured of the rigorous processes the report had been through and informed the Committee that over the next few weeks the Annual Report would be produced. The Annual report will be combined with the Accountability Report and Annual Quality Statement. These reports will go forward as one document to the Annual General Meeting on 27 July 2017.

#### **AC: 17/05 PRIVATE MEETINGS WITH THE DIRECTOR OF FINANCE, WALES AUDIT OFFICE AND INTERNAL AUDIT**

The chair informed the meeting that Independent Members had met privately with the Director of Finance on 23 May, the Head of Internal Audit also on 23 May and the Wales Audit Office on 1 June. He confirmed that no issues had been raised that should be brought to the Committee's attention.

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The Audit Committee, based on the reports received during the meeting, recommended that the Board:

**APPROVE** the Annual accounts for the twelve months ended 31 March 2017  
**APPROVE** the Annual Accountability Report  
**APPROVE** the Representation letter and  
**AUTHORISE** the Chair, Chief Executive and Director of Finance to sign them where required once WAO had completed their work

The Audit Committee also **APPROVED** the Committee's Annual report to the Board and authorized the Chair to sign and present it to the Board.

**AC: 17/053 URGENT BUSINESS**

There was no urgent business.

**AC: 17/054 DATE OF NEXT MEETING**

The next Audit Committee meeting is scheduled to take place at 9.00am on **Tuesday 26 September 2017**, in the Corporate Meeting Room, Headquarters, UHW.

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**UNCONFIRMED MINUTES OF THE  
PEOPLE, PLANNING AND PERFORMANCE COMMITTEE  
HELD ON TUESDAY, 16 MAY 2017  
CORPORATE MEETING ROOM, HQ**

**Present:**

Professor Marcus Longley  
Ivar Grey  
Stuart Egan  
Akmal Hanuk

Chair  
Independent Member – Finance  
Independent Member - Union  
Independent Member - Community

**In Attendance:**

Abigail Harris  
Ceri Chinn  
Chris Darling  
Fiona Kinghorn  
Fiona Salter  
Graham Shortland  
Julie Cassley

Executive Director of Planning  
Lead Nurse, Perioperative Care, Surgery  
Programme Manager, PCIC  
Interim Director of Public Health  
Staff Representative  
Medical Director  
Interim Executive Director Workforce,  
Organisational and Development  
Head of Operational Service Planning  
Director of Nursing, Surgery  
Director of Operations and Delivery,  
Surgery  
Director of Finance  
Executive Nurse Director  
Directorate Manager of Surgery  
Head of Finance, Surgery  
Director of Operations and Delivery,  
PCIC  
Clinical Director of Perioperative Care

Lee Davies  
Linda Walker  
Mike Bond

Robert Chadwick  
Ruth Walker  
Sian Crowley  
Steve Hill  
Sue Morgan

Tony Turley

**Secretariat:**

Glynis Mulford

**Apologies:**

Peter Welsh  
Nigel Gibbs  
Steve Curry

Director of Corporate Governance  
Staff Representative  
Interim Chief Operating Officer

**PPP 17/001 WELCOME AND INTRODUCTIONS**

The Chair opened the meeting and welcomed everyone present.

**PPP 17/002 APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

### PPP 17/003 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interest in the proceedings. None were declared.

### PPP 17/004 MINUTES OF PEOPLE, PLANNING AND PERFORMANCE COMMITTEE HELD ON 6 MARCH 2017

The Committee **APPROVED** the Minutes of the People, Planning and Performance Committee held on 6 March 2017.

### PPP 17/005 ACTION LOG FOLLOWING THE MEETING OF 6 MARCH 2017

The Committee **RECEIVED** the Action Log from the PPP Committee meeting of 6 March 2017. All outstanding actions had been completed.

### PPP 17/006 YEAR END REFERRAL TO TREATMENT TIME UPDATE

Mr Lee Davies, Head of Operational Service Planning, presented a report summarising the Tier 1 target year-end performance. He highlighted that RTT had the best performance since 2013, the unscheduled care performance was the best in Wales in March, exceeding previous recent winters. In relation to cancer both targets had been met. The waiting time for diagnostics had improved significantly, and the target agreed with WG was exceeded. There had been progress in delivering the mental health measures with significant improvements in the waiting times for memory clinics. Two areas had experienced continued difficulties – these being ambulance lost hours in relation to unscheduled care, and delays in outpatient follow-ups.

It was discussed and noted:

- It was raised that there was a lack of information about mental health services. In response it was stated that the information was available and would be followed up.

#### **ACTION: Lee Davies**

- It was raised that thrombolysed door to needle was very low. This was acknowledged and it was explained that this had been observed across Wales. It was suggested that there was a debate to be had on whether the target was realistic. The measure had slightly changed and as these were small numbers the percentage was volatile. The Health Board's performance in this area was one of the best in Wales and the UK and was doing well on the thrombolysis rate. It was noted that overall performance in how they are delivering thrombolysis was very positive.

- In relation to outpatient follow-ups, it was highlighted that the number with no target date had only dropped by 10%. In response it was stated action was being taken to reduce the number of 'no target date' and a number of these have been transferred into the 'delayed' category. There was a need for changes in the system to address this and make improvements. This was a moving position and difficult to profile an improvement trajectory.
- It was stated there was a need to have a plan in place with a set date on resolving the issue on a permanent basis. The need for a systematic approach department by department was needed using IT solutions available to ensure that patients were on the right care pathway.
- It was suggested that it would be useful for members to see a flow chart or diagram of where the bottleneck are in order to understand where the delay is in the system.

**ACTION: Resources and Delivery Committee to consider report on outpatient follow-up improvement plan, with key milestones for delivery.**

The Committee:

- **NOTED** the 2016/17 year-end Health Board performance and IMTP trajectories for 2017/18 against key Tier 1 targets and other priority measures

### PPP 17/007 NEW PRIMARY CARE MEASURES

Sue Morgan Director of Operations and Delivery, PCIC, presented an update report on the new Primary Care Measures. It was noted that the Welsh Government had introduced the measures to track delivery against the primary care plan. It was noted that these measures were not given the same profile as the Tier 1 targets. It was reported that Cardiff and Vale was leading on the implementation of the measures and was making sure the organisation was using them to drive improvement of primary care services and the delivery of outcomes and outputs. These fell into two categories such as the outputs of immunization and screening rates but there were also process measures such as appointment indicators.

The work being undertaken by cluster was explained - such as sharing measures and issues, and tailoring solutions to each cluster. Since November measures had been taken through all clusters to ensure they were reviewed. The information was being used at the PCIC Performance Group. Flu immunization and bowel screening measures were explained. It was noted that Wellbeing Coordinators had been introduced who were constructive in influencing and improving seasonal flu uptake.

Phase 2 measures were explained. This had gone through a Public Health Wales feasibility and rationale exercise. Evidence had been looked at and was content that information was easy to capture. A summary dashboard was being developed. The important element was for PCIC Clinical Board to keep track of actions driving down to cluster level, having sight of information and to push through the initiatives.

It was discussed and noted:

- It was encouraging to see the power of data in primary care to influence the work of the Health Board and to see the work on GP appointment indicators being closer to completion.
- The Independent Member for Community proposed to help in accessing parts of the community that were difficult to approach, which was welcomed
- The plan relating to the Wellbeing Coordinators was attached to the Immunisation Report. The plan identified where there was a need and the issues encountered with hard to reach communities.
- There were very robust business models in place but these usually related to the larger GP practices. There were some issues around fragility regarding some of the estates and workforce. There was a need for structure and was looking at mergers with other practices. Ultimately the intent would be for clusters to submit the plans themselves.
- They would be looking at the existing workforce to work in these areas as well as an additional skill mix.

The Committee:

- **NOTED** the update on the actions against the indicators previously reported to the PPP Committee in November
- **NOTED** the progress to develop a summary dashboard to report the all Wales Primary Care indicators in a more summarised version
- **NOTED** the continued development of the all Wales Primary Care measures

### PPP 17/008 WALES AUDIT OFFICE – REVIEW OF OPERATING THEATRES & UHB MANAGEMENT RESPONSE AND THEATRE IMPROVEMENT PROJECT

Dr Tony Turley, Clinical Director of Perioperative Care gave a presentation on the Wales Audit Office Report, the Theatre Improvement Project and Benchmarking UK and the progress made since the Committee was last updated in November 2016. It was highlighted:

- Theatres had received £860k of replacement equipment but faced a backlog of £3m.
- The metrics were looked at in relation to the utilization of theatres. This provided visibility to what was happening across the patch. They were able to predict what would happen with the ability to track all categories. Discussion was needed on how much could be done within the financial constraints.
- On the day cancellation and medical unwellness was described as having the biggest impact on cancellations and were able to identify where the cases were being cancelled by location. Issues with access to beds and staffing fitness were also cause for concern.
- There were issues with a few of the theatres. These were currently addressed and a plan was in place.
- An theatre estates plan was being developed to refurbish the wards at UHW and UHL.

- There were issues with staff vacancy but a workforce plan was in place with 40 new members of staff to start from May 2017 - Sept 2017.
- The Health Board took part in NHS Benchmarking Theatres Project for England and Wales and feedback from this was described.

The following issues were discussed and noted:

- Assurance was sought to there being a medium term solution around Operating Department Assistants (ODAs) and getting activity through. Members were advised that a recruitment plan was in place.
- The ODA position was UK-wide issue. It was, highlighting when one constraint was solved other issues within the department surfaced. Did not attend (DNAs) were noted to be high but the clinical board had experience resistance to improvement but there was a need to fix the bigger things in the first instance such as ODAs and estates where the impact was greatest. In relation to DNAs processes were in place to ensure that a full theatre list could be undertaken even if a DNA occurred.
- It was noted that increasing theatre utilisation, including reducing cancellations were key to the delivery of RTT.
- It was confirmed that some cancellations were the result of leave. It was noted that the six week notice annual leave policy is in place and that the SCRUM system was in place to manage leave, and the message was being reinforced that the CB, and individuals needed to plan appropriately. Weekly meetings were in place with Directorates to manage lists and annual leave.
- It was acknowledged there were problems with repatriating patients from out of area back to their local hospital, , although this recognised as a system-wide issue. In relation to neurosurgery, it was noted that the health board provides the tertiary rehabilitation for these patients, but more work needed to be done to confirm the point at which it was appropriate for a patient to receive ongoing rehabilitation locally.
- Members stated it would be helpful to see a plan that would take utilisation back up to the position achieved in early 2016.

**ACTION: To present report to new Committee with improvement plan**

- The Committee **NOTED** the presentation and **AGREED** that the plan and monitoring of issues would go forward to the new Committee

*Dr Tony Turley and Team left the meeting 10.35am*

**PPP 17/009 WALES AUDIT OFFICE (WAO) – COMMUNITY NURSING  
WORKFORCE: DISTRICT NURSING**

Mrs Ruth Walker, Executive Nurse Director, presented the WAO report on the Community Nursing Workforce undertaken in 2014 stating all actions identified in report had been completed and taken forward. It was highlighted that district nursing had moved on considerably since 2014. Work had been completed to align to cluster models and there was work ongoing around fully utilizing the resource. PCIC Clinical Board had

revisited the work of district nurses and took this through to the Local Medical Committees (LMC), which was progressing well. The next step will be around the all Wales principles of district nursing and the Health Board was having conversations with the Chief Nursing Officer (CNO) around this.

It was discussed and noted that:

- The community and district nurses were a dedicated group and there was a difference between the role of the two groups. Changes were being introduced on the models of care enabling more patients to be discharged earlier from hospital. It was realised the Community Resource Teams (CRTs) had an impact on demand for district nursing services.
- Ways of training district nurses were being reviewed with the University and Royal College of Nursing. This was to have a programme that was fit for purpose on model based nursing. Due to this the Health Board could face some challenges as there will be a shift in resources. The Health Board offered a 24 hour district nursing service which needed to be maintained.
- There was a need to equip nurses to enable them to use technology. This was to aid lone workers in regard to homes visits and provide more efficient services where records and care plans could be updated electronically. The technology needed to support agile working and the increase monitoring of patients at home.
- In relation to recruitment there was a national shortage of nurses. A number of strategies had been employed to encourage people to apply for roles. The interim Director of Workforce, Organisation and Development had been driving Project 95 with the object of raising the nursing capacity to 95%. This had been achieved in a number of Clinical Boards.
- In response to celebrating the nursing profession, it was stated a biannual conference was held to commemorate their achievements and the amazing work of nurses across the Health Board.

The Committee:

- **NOTED** progress made on all actions and **NOTED** areas of good practice from the Report
- **CLOSED** the item on the Wales Audit Office Tracking Report

*Mrs Ruth Walker left the meeting after presenting report*

### **PPP 17/011 WALES AUDIT OFFICE (WAO) – MEDICINES MANAGEMENT**

Dr Graham Shortland, Medical Director gave an oral update on the WAO Medicines Management report stating this was monitored regularly through the Medicines Management Group. The report also considered by the Improving Medicines Committee and Health Systems Management Board (HSMB). Updates will continue to be presented every six months.

It was stated that the Wales Audit Office reports are tracked by the Audit Committee and the Director of Corporate Governance distributes the papers to relevant Committees.

**ACTION: A report to be brought to the Resource and Delivery Committee for sign off**

- The Committee **NOTED** the updated item on the Wales Audit Office Tracking Report

**PPP 17/012 IMMUNISATION: UPDATE ON PERFORMANCE AND SCHEDULE CHANGES**

Mrs Fiona Kinghorn gave an update on immunisation performance. It was recognized that the Health Board was the best in Wales but a persistent challenge existed with risk groups under 65 in relation to the flu vaccination. These were a cohort of patients with chronic conditions.

There was a need to try and improve performance against the target, and actions had been taken through cluster work with PCIC, social media. It was noted that the recall mechanisms were also being look at to see how they could be modified to encourage patients to take up vaccinations. There was low uptake amongst teenagers and work was done around understanding the reasons for this. Key to this was the efficacy of the database systems and was currently waiting on new Cypress system with NWIS which was due to be delivered in 2018. This key issue had been escalated to Welsh Government as the timescale was deemed too long.

There will be changes in eligibility to childhood flu vaccination by increasing the age for which this will be offered. A programme of HPV vaccination for men who have sex with men will be introduced and will be delivered through sexual health clinics. In addition, the 5 in 1 vaccination will be increased to 6 in 1 to include hepatitis B.

There was further discussion on behavioural science and how this can have a positive effect in delivery of vaccinations.

The Committee:

- **NOTED** the UHB's current uptake of immunisations and forthcoming changes to the immunisation programme
- **SUPPORTED** the implementation of actions to improve uptake and implement changes to the programme; and provide feedback on any suggested additional interventions

**PPP 17/013 DRAFT INTEGRATED MEDIUM TERM PLAN (IMTP)**

Mrs Abigail Harris, Director of Strategic Planning, gave an oral update on the draft IMTP informing Members that a comprehensive report had been presented to the Board in March. Through the Targeted Intervention mechanism the Health Board was holding ongoing discussions with Welsh Government (WG). There were actions in place to bring down costs and work was underway to identify options to further reduce the deficit. It would therefore be necessary to clarify whether any of these actions would have an

impact on the current IMTP and annual plan. A Targeted Intervention meeting was scheduled with WG to take place shortly and this item will continue to be discussed in the Finance Committee on actions taken and to provide assurance that everything was being done to deliver an improved position.

The message presented to Clinical Boards was the need to deliver their plan and ensure that normal performance mechanisms were being followed through. Members were informed that the transformation work was being progressed and was key to the delivery of the UHB strategy.

It was discussed and noted that:

- Responding to how the strategy could be achieved, it was stated that a piece of work had been completed looking forward to 2026 to set out the key milestones to deliver the strategy. Work was being finalised to firm up the measures against each of the ten strategic objectives set out in the strategy, to ensure that the delivery milestones were completely aligned. The Health Board will be sharing this with Welsh Government (WG) and will reported to the Board.
- Members were informed that WG hold meetings with Wales Audit Office and Health Inspectorate Wales. They will be reviewing the Health Board escalation status in June after the next Targeted Intervention meeting.

The Committee

- **NOTED** the oral update

#### **PPP 17/014 UPDATE ON HEALTH ENTERPRISE, ALLIANCE FOR REGIONAL TRANSFORMATION (HEART) PROGRAMME**

Mrs Abigail Harris, Director of Strategic Planning presented the report on the HEART programme. This was in collaboration with the two local authorities and Cardiff University. The partnership was intended to bring together the effort of the four partners in a more coordinated approach. The programme focused on three them: citizen driven services which links with our work on the perfect locality; collaborative infrastructure development (including technology and estate) – including the redevelopment of UHW to provide a fit for purpose modern hospital; and clinical innovation to contribute to generating wealth and improved health.

Members were informed that a report will be brought back to the Board and Strategy and Engagement Committee including an estates strategic plan for the UHB. It was highlighted that the City region was placing clinical innovation as an important component. It was commented that life sciences sector was underdeveloped and there was a need to make improvements in terms of research and clinical innovation. Interest had been expressed from industry partners keen to work with the Organisation.

- The Committee **NOTED** the progress made on the HEART programme

## PPP 17/015 CAPITAL PROGRAMME AND COMPLIANCE REPORT

Mrs Abigail Harris, Director of Strategic Planning presented the report on the Capital Programme and gave an update on the end of year position. An update table on the proposed discretionary capital programme was tabled.

Members were made aware of a number of risks and issues. There was an ongoing problems with the cold water in the Children's Hospital being too hot. There had been discussions with the contractors and major installation flaws had been discovered and needed to be rectified. It was noted that the neonatal development would slip by three months due to the complexity of the programme. It was also noted that the Rookwood full business case had been submitted to WG and would be presented to Board for final sign off. There had been significant additional costs to the programme as a result of increased costs associated with delivery of the scheme which WG was aware of. In relation to statutory compliance work, it was noted that the work programme was behind as it was taking more time to do remedial work.

The draft discretionary programme included funding for an 'Invest to Save' scheme to be introduced. There was uncommitted discretionary capital of £2.4m but it was noted that a number of urgent schemes were still being costed, and it was likely that not all of the schemes identified as urgent were affordable and would need to be prioritised.

It was discussed and noted:

- In relation to neonates it was explained this was not a cost issue but timing element.
- In relation to ongoing risks, the Health Board was compliant with 22 out of 44 risks and confirmed the rating would be reduced. All other projects that has been surveyed will be reprioritised and have an agreed schedule of those deemed important.
- £500k was received for IT capital and in the past this area had obtained end of year expenditure from slippage on the all-Wales capital budget. £3.6m end of year funding had been awarded in 2016/17 but it was noted that funding at this level was not guaranteed each year and that the original plan for IT had identified the need for higher levels of investment.
- The Committee **NOTED** the report and associated annexure

## PPP 17/016 WORKING TOGETHER FOR OUR FUTURE WELLBEING: UPDATE ON THE IMPLEMENTATION OF THE UHB FRAMEWORK FOR WORKING WITH THE THIRD SECTOR

Mrs Fiona Kinghorn, Interim Director of Public Health stated that good progress had been made on the action plan approved for 2016/17. The paper gave a snapshot of what was delivered and introduced the plans for 2017/18. There had been good development of work between primary care clusters and third sector as well as Clinical Boards and third sector. There had been third sector mapping with locality work and each of those came under the four themes of Shaping our Future Wellbeing.

The Committee:

- **NOTED** the end of year progress in delivering the Action Plan for 2016/17 which supports implementation of the UHB Framework for Working with the Third Sector
- **NOTED** the action plan for 2017/18

### **PPP 17/016 PROGRESS IN DEVELOPING THE SOFW: IN OUR COMMUNITY PROGRAMME**

Mrs Claire Williams, Corporate Strategic Planning Lead, gave an update on Shaping our Future Wellbeing. This was a programme of work called In Our Community which looked at the major infrastructure needed for provision in the community. In the strategy it stated there was a hospital and network of facilities to support care at home and in the community and highlighted the following:

- Improvements had been made how we deliver our universal prevention population health services.
- Improvements on quality of services could be made by working with partner organisations to deliver this more collaboratively and in a coordinated way.
- To improve capacity in the system, we needed to reduce DNAs to release capacity.
- We were unable to provide some of the services because of the inability to utilise our health centre facilities. This was due to the condition of the estates as they were not set up for the services we would want to provide.
- There was a preferred way forward and a preferred solution including a health and wellbeing centre for each locality and a wellbeing hub in each cluster area.
- There was a need to have reassurance around collaboration and the partnership piece of work and to jointly describe how the whole system service model works.
- There was a need to think again in terms of outpatients in relation to what we were doing with each of the outpatient contacts and how they could be stratified in a different way.
- To need to develop the criteria to inform the rationalisation of our estate. To factor in opportunity provided by co locating with the local authority.

It was discussed and noted:

- Clinicians were keen to have more clinical engagement and there was progression in a number of service areas. Those clinicians had seen the opportunity to accelerate or build on opportunities already realised.
- Discussions will be held at Management Executive how to engage and reach agreement with Clinical Boards.
- There had been engagement focussing on the Wellbeing Hubs. One of the key challenges was ensuring that the development of services in the community was done in a way that ensured a reduction in costs of the healthcare system overall, with a shift in resources from the acute hospital sector.
- The Committee **NOTED** the presentation

### PPP 17/017 WORKFORCE AND ORGANISATIONAL DEVELOPMENT DELIVERY PLAN 2016/17: FULL YEAR'S REPORT

Mrs Julie Cassley Interim Director of Workforce and Organisational Development gave a presentation on the delivery of the plan for 2016/17. It was highlighted that:

- The WOD plan fitted in with IMTP and SOFW and was looking in depth at the deliverables and what had been achieved with the five objectives.
- A summary of key successes was described such as 93.6% band 5/6 nurses in post against 95% target.
- There had been a 100% switchover from high premium agency to framework agency and sickness absence was at its lowest rate in six years.
- Key challenges ahead was also described such as maintaining an affordable workforce cost base and reducing avoidable spend and sustaining off contract agencies.
- In April 2016 there were 900 off contract shifts and this was reduced with the hard work of staff and nurse engagement.
- There was positive feedback from patients in relation to Values into Action.
- The values objectives had been reduced from six to four areas and will re-launch the new objectives in the near future. These will be embedded into all processes.
- A detailed WOD plan has gone into the IMTP for 2017/18 and the main objectives was described.

It was discussed and noted:

- The recruitment and retention premium in Mechanical and Electrical Trades was highlighted and understood as being explored on an all Wales basis. Comment was raised that this scheme could open doors for other groups of staff to complain under job evaluation.
- In response it was stated that these were very infrequent and went through a robust All Wales process, ratified through the Wales Partnership Forum. It was also noted that the premium was time limited.
- It was commented that the RAG status was useful showing a huge amount of work that was being done through the WOD team.
- The Committee **NOTED** the presentation

### PPP 17/018 NURSE RECRUITMENT AND RETENTION - MEDICINE CLINICAL BOARD

Mrs Sue Thomas, Head of Workforce and Organisational Development, presented a paper on the nurse recruitment and retention plan in the Medicine Clinical Board, which has a challenging nurse band 5 vacancy position.

A broad range of initiatives used to recruit nurses were explained and stated they were moving forward by introducing interventions through a 'four pronged' approach. Plans on retention and marketing were well underway and a recent success in a recruitment fair/campaign was referred to. The staff had done very well in marketing Medicine as a positive place to work. A plan was also being developed on workforce change in order to underpin the establishment of the nursing workforce as there is a known UK wide nursing shortage gap. The team was confident they were doing all that was necessary to hire and retain.

Although a considerable amount of effort and progress is being made, due to turnover it is estimated that the Medicine Clinical Board will continue to have a gap in band 5 posts. The broader plan was to review the workforce models around the needs of the patient and acuity of service. CNO standards will be observed. It was anticipated that through such service redesign there would be an opportunity to identify areas where it is possible to have a different skill mix around the patient and a further opportunity to realign establishments to assist in improving the overall vacancy position.

It was discussed and noted:

- Concerns were raised whether this would bypass CNO standards. It was commented that international evidence showed a decrease of qualified nurses had proved to increase morbidity and mortality. However, it was recognised that other evidence was informing the development of the ward model developed as part of BIG1.
- In relation to compliance with the new Act there is a working group being led by the Deputy Nurse Director which is overseeing the implementation of the CNO standards, to ensure the Organisation is compliant.
- This was a much wider issue as there were issues with beds being open that were unable to be staffed.
- Staff Representative stated union members had expressed misgivings working on wards with only one qualified nurse and concerned they could become deskilled.
- The workforce change model had not yet been developed and emphasis placed on the service model would need to be agreed. This would be developed in partnership with staff and trade union engagement.
- The development of the Healthcare Support Framework was in place. Healthcare Support Workers accounted for 40% of our nursing workforce. It was stated that the workforce and healthcare was changing and there was a need for transformation.
- It was commented that perhaps one of the mechanisms not explored was a Retention and Recruitment Premium (RRP) as staff representatives felt benefits had been eroded over the years and that working in this area was not so attractive.
- There was a need to have a plan in five years in order to have enough qualified nurses.

The Committee:

- **NOTED** and **SUPPORTED** the plan

*Sue Thomas left the room at 12.35*

### PPP 17/019 APPROVAL OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT POLICIES

The Committee:

- **RATIFIED** Chair's Action to adopt the All Wales Organisational Change Policy
- **RATIFIED** Chair's Action to amend the Relocation Expenses Policy
- **ADOPTED** the revised All Wales Recruitment and Retention Payment Protocol
- **ADOPTED** the revised All Wales Employment Break Policy
- **ADOPTED** the revised All Wales Disciplinary Policy and Procedure
- **RESCINDED** the Protection of Pay and Condition of Service Policy so that all cases with effect from 1 April 2017 are managed under the Organisational Change Policy

It was highlighted:

- The Recruitment and Retention Payment names and address was incorrect.
- It was stated that since the adoption of an All Wales scenario the Workforce and Organisational Development policies were eroding at the terms and conditions of staff and the Health Board was no longer deemed an employer of choice.

24.3

### PPP 17/020 CONTINUING HEALTHCARE REPORT

The Continuing Healthcare Report was **RECEIVED** and **NOTED** for information. Mr Robert Chadwick, Director of Finance, stated that in the previous financial year the Health Board gave an uplift to home care providers of up to 8% to recover some of the anomalies on the understanding that we would start fresh going forward. This year the providers were given 2% which was passed on straight from Welsh Government. Some of the Welsh providers no longer recognized the 8% uplift and were asking for an additional 14%. It was stated the Health Board had worked constructively over the last two years with providers to get to current position and there was a need to work through process.

### PPP 17/021 WORKFORCE PERFORMANCE INDICATORS

The Committee **RECEIVED** and **NOTED** the report. It was stated that there were some anomalies in the outliers that needed to be discussed at another meeting. Members were informed that there had been a great deal of manual intervention as well as NWIS changing the system. This was not always within the Organisations' control but would provide an updated position at next Resource and Delivery Committee.

**ACTION:** To provide Resource and Delivery Committee with an update report in relation to the outliers

**PPP 17/022 MINUTES OF SUB-COMMITTEE MEETINGS**

The unconfirmed minutes of the Information Management and Technology sub-Committee were **RECEIVED** and **NOTED**.

**PPP 17/023 LEGACY REPORT AND HANDOVER**

The Chair commented more detail was needed in the Legacy Statement.

Concern was noted that being the last meeting, there were no dates in place for the start-up of the two new Committees especially in regard to how this will affect Tier 1 follow-up and other issues related to the Committee.

The Committee

- **CONSIDERED** and **NOTED** the Legacy Statement

**PPP 17/024 REVIEW OF THE MEETING AND ITEMS TO RAISE WITH THE BOARD**

- The utilisation of theatres
- RRP where other groups could come forward and asked to be treated equally

**24.3**

**Minutes from the Local Partnership Forum Meeting held on Tuesday  
6 June 2017 at 2pm in the Corporate Meeting Room, Executive  
Headquarters, UHW**

**Present:**

Julie Cassley	Interim Executive Director of Workforce and OD (Co-Chair)
Mike Jones	Chair of Staff Representatives/UNISON (Co-Chair)
Karen Burke	UNISON
Joe Monks	UNISON
Steve Gauci	UNISON
Claire Radley	Assistant Director of OD
Catherine Salter	RCN
Ffion Matthews	SCP
Peter Welsh	Director of Corporate Governance
Andrew Crook	Interim Associate Director of Workforce
Keithley Wilkinson	Equality Manager
Joanne Brandon	Director of Communication and Engagement
Stuart Egan	Independent Member-Trade Union
Dawn Ward	BAOT/UNISON
Peter Hewin	BAOT/UNISON
Abigail Harris	Executive Director of Strategy and Planning
Bob Chadwick	Executive Director of Finance
Sharon Hopkins	Interim Chief Executive
Fiona Jenkins	Director of Therapies and Health Sciences
Graham Shortland	Medical Director
Pauline Williams	RCN

**Apologies:**

Holly Vyse	CSP/Staff Side Secretary
Ruth Walker	Executive Director of Nursing
Dorothy Debrah	BDA
Fiona Kinghorn	Interim Director of Public Health
Fiona Salter	RCN
Ceri Dolan	RCN
Zoe Morgan	CSP
Julie Davies	UNISON

**Secretariat:**

Rachel Pressley	Workforce Governance Manager
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**LPF17/021 WELCOME AND INTRODUCTIONS**

Mrs Cassley welcomed everyone to the meeting.

**LPF 17/022 APOLOGIES FOR ABSENCE**

Apologies for absence were **NOTED**.

### **LPF 17/023 DECLARATIONS OF INTEREST**

There were no declarations of interest in respect of agenda items.

### **LPF 17/024 MINUTES OF PREVIOUS MEETING**

The Local Partnership Forum **RECEIVED** and **APPROVED** the minutes from 7 February 2017 as an accurate record of the meeting.

*(Dr Shortland, Ms Brandon and Mr Crook entered the meeting)*

### **LPF 17/025 ACTION LOG REVIEW**

The Local Partnership Forum **RECEIVED** and **NOTED** the Action log. The following additional matters arising were raised:

LPF 17/007, *Shaping the Agenda of the Local Partnership Forum*: A Time Out had been held on 4 April. Some of the actions agreed at that time had already been implemented, including a re-framed agenda and earlier publication of papers. Mr Jones and Dr Pressley were going to discuss how to implement the other items raised on 13 June 2017 and would provide a report to the next meeting of the Local Partnership Forum

*(Dr Radley entered the meeting)*

LPF 17/012 *Finance Report*: Mr Cadwick would be attending the Staff Side meeting the following day (7 June 2017).

### **LPF 17/026 WOD DELIVERY PLAN 2016/17**

The Local Partnership Forum **RECEIVED** a presentation from the Interim Executive Director of Workforce and OD providing an end of year update against the WOD Delivery Plan for 2016/17. Mrs Cassley reminded the Forum that this should be viewed in the context of Shaping Our Future Wellbeing and the 5 WOD Objectives.

Key successes from last year and challenges ahead were described, and a detailed action plan with Quarter 4 performance RAG rated was shared. Highlights and exceptions were flagged for noting by the Forum.

A copy of the presentation would be shared with Forum members.

**ACTION: Dr Pressley**

*(Mrs Williams entered the meeting)*

The Forum discussed the presentation and the following points were noted:

- A full Employee Relations report would be received at the next meeting of the Workforce Partnership Group.
- Further discussion around the Healthcare Support Workers Framework was warranted, including how to best utilize the support structures many of the Trade Unions had in place. This item was referred to the Workforce Partnership Group
- Some members were experiencing difficulties accessing statutory and mandatory training through ESR. Mr Hewin suggested that this was of concern as there were potential pay progression implications. It was agreed that specific issues should be raised with the Learning, Education and Development team outside of the meeting. This item was also referred to the Workforce Partnership Group for further discussion.

**ACTION: Mr Crook**

### **LPF 17/027 CHIEF EXECUTIVE'S UPDATE**

The Local Partnership Forum **RECEIVED** a verbal update from the Interim Chief Executive, Dr Sharon Hopkins.

Dr Hopkins thanked staff for working so hard during the cyber attack and UEFA Champions League, especially the Emergency Unit, Emergency Planning and Communications teams.

She advised that work to improve services and resources through the Transformation Programme continued, and the improvement trajectory was coming on well, though was not fast. Work was being undertaken to build and free up internal capacity and capability to enable the expertise and talent of our staff to be used when making improvements. This included the appointment of Clinical (medical and non-medical) transformation leads. Mr Monks suggested that the transformation 'team' needed to include non-clinical staff such as engineers, who could bring a different approach to problem solving.

It was noted that there is a huge financial challenge for this year, with a planned deficit of £45m, but there is a lot of enthusiasm for tackling this through the transformation work.

Dr Hopkins noted the critical role of Trade Unions in communicating the Turning the Curve through Transformation work and translating it for staff in a meaningful way. She asked Trade Union members of the Forum if they would review and comment on the communication plan. Mr Jones indicated that if a copy could be available for the following day they would review it at their Staff Side meeting.

**ACTION: Ms Brandon**

24.4

The new Chief Executive, Len Richards, was due to start with the UHB on 19 June. The recruitment process for a new WOD Director was underway, and had attracted a good field of candidates.

#### **LPF 17/028 VALUES INTO ACTION**

The Local Partnership Forum **RECEIVED** the verbal report of the Assistant Director of OD on progress made by the Values into Action project.

Dr Radley advised that there was not going to be a 're-launch' of the values, as such, but a continuation of the work already seen. Fact sheets, briefings for managers, and presentation slides would all be made available, and the VIP campaign would continue. There would also be a stand in the concourse for visibility and momentum.

The new Chief Executive would be asked to sign a pledge, showing his commitment to the work already begun.

**24.4**

#### **LPF 17/029 EMPLOYEE ASSISTANCE PROGRAMME**

The Local Partnership Forum **RECEIVED** the verbal report of the Assistant Director of OD on the new Employee Assistance Programme.

Dr Radley advised that the provider, Care First, was part of the All-Wales Procurement Framework which meant that significant savings of £35k had been made. The key difference between Care First and the previous provider was that access was for employees only, and not their family members. The service was available 24/7 and included a lifestyle section on the website.

It was noted that there had been very good anecdotal reports of the previous provider, though it had not been possible to complete a thorough evaluation of the service. It was hoped that this high standard would continue, and lessons learned around monitoring had been built in this time to ensure the right information was provided for evaluation purposes.

#### **LPF 17/030 DRAFT ANNUAL EQUALITY STATEMENT AND REPORT**

The Local Partnership Forum **RECEIVED** and was asked to comment on the draft Annual Equality Statement and Report 2016/17.

Mr Wilkinson reminded the Forum that the structure of the report was determined by Welsh Government requirements, but this time it included a section on the UHB Values and Behaviours, and the objectives set out in the UHB Strategic Equality Plan (SEP).

Mr Wilkinson suggested that the organisation appeared to be in a transition stage, with a general movement from understanding equality to embedding it.

Miss C Salter shared concerns she had previously raised at the Health and Safety Committee around the quality of Equality and Health Impact Assessments (EHIA), and asked what training and monitoring was in place. Mr Wilkinson advised that, together with Sue Toner from Public Health, he delivered scheduled training on a bi-monthly basis and was available for ad hoc training on request. It was noted that quality assurance was an issue in some areas, but that this was not universal (e.g. Workforce Policies), and he reminded the Forum that policies could not be approved by Committees without an EHIA. He emphasised that quality assurance was the responsibility of everyone, not any one individual. Some further cultural change was needed, though assessment in this format was relatively new.

Miss Ward expressed concerns around people using the phrase 'working document' to allow EHIAs to remain incomplete. Mr Wilkinson agreed, stating that it was a legal requirement to provide evidence of changes taking place, but also suggested that there was a need to balance this with a recognition of the size and range of services provided.

24.4

#### **LPF 17/031 FINANCE REPORT**

The Local Partnership Forum **RECEIVED** and **NOTED** the report of the Executive Director of Finance.

Mr Chadwick reminded the Forum that the deficit for 2016/17 had initially been forecast as £22m but it had quickly become apparent that this was not achievable and it had increased to £35m. Following discussions with Welsh Government and the introduction of Turning the Curve this had reduced again to £30.9m. Mr Chadwick advised that the final deficit was actually £29.2m. The figures had been audited and remain unchanged.

*(Mr Wilkinson and Mr Egan left the meeting)*

Miss Ward noted that this was an impressive amount to save over a four month period, especially given that it was winter. Mr Chadwick agreed but reminded the Forum that monies had been put aside for winter pressures, and the savings made were largely not sustainable.

Miss Burke asked if the £6m saved would have otherwise been used for recruitment. Mr Chadwick assured her that no deliberate attempts had been made to reduce nursing staffing, though not using off-contract agency staff had helped. Non-nursing vacancies had been held.

Mr Monks asked to what extent reducing sickness had helped. Mrs Cassley advised that this was difficult to determine as many, but not all, areas would use Bank and Agency to cover absence. The biggest measures and

outcomes associated with reducing absence are improved productivity and quality, improved morale and financial savings.

*(Dr Hopkins left the meeting)*

**LPF 17/032 TURNING THE CURVE TO TRANSFORMATION  
PROGRAMME UPDATE REPORT**

The Local Partnership Forum **RECEIVED** and **NOTED** the report of the Interim Chief Executive outlining progress being made to deliver a Transformation Programme that supports sustainable service delivery.

**LPF 17/033 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT**

The Local Partnership Forum **RECEIVED** and **NOTED** the integrated Patient Safety, Quality and Experience Report

**LPF 17/034 PERFORMANCE REPORT**

The Local Partnership Forum **RECEIVED** and **NOTED** the Performance Report.

**LPF 17/035 MINUTES OF THE WORKFORCE PARTNERSHIP GROUP**

The Local Partnership Forum **RECEIVED** and **NOTED** the minutes of the Workforce Partnership Group Meeting held on 17 January 2017 and 14 March 2017.

**LPF 17/036 MINUTES OF THE EMPLOYMENT POLICY SUB GROUP**

The Local Partnership Forum **RECEIVED** and **NOTED** the minutes of the Employment Policy Sub Group Meeting held on 10 May 2017.

**LPF 17/037 ANY OTHER BUSINESS**

There was no additional business raised through the Co-Chairs.

**LPF 17/038 REVIEW OF THE MEETING**

It was agreed that the Board should be asked to note the concerns raised regarding the quality of some Equality and Health Impact Assessments.

24.4

The Local Partnership Forum thanked the Board for their efforts getting the organisation through the financial difficulties of the past few months.

#### **LPF 17/039 DATE AND TIME OF NEXT MEETINGS**

The next meeting was scheduled to take place on Tuesday 1 August at 10am in the Primary Seminar Room, Hafan Y Coed, UHL (with a staff representative pre-meeting at 9am).

**24.4**

**UNCONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE  
STAKEHOLDER REFERENCE GROUP HELD ON TUESDAY 23 MAY 2017, HAFAN  
Y COED, UNIVERSITY HOSPITAL LLANDOUGH**

**Present:**

Paula Martyn	Care Forum Wales (Chair)
Posy Akande	Carer
Sarah Capstick	Cardiff Third Sector Council
Suzanne Duval	Diverse Cymru
Liz Fussell	UHB Volunteer
Darren Panniers	Welsh Ambulance Service NHS Trust
Linda Pritchard	Glamorgan Voluntary Services

**In Attendance:**

Linda Donovan	Head of Strategic & Service Planning, Cardiff and Vale UHB
Alex Evans	Service Project Lead, Cardiff and Vale UHB
Abigail Harris	Executive Director of Strategic Planning, Cardiff and Vale UHB
Clare Williams	Corporate Strategic Planning Lead, Cardiff and Vale UHB
Huw Williams	Emergency Preparedness Manager, Cardiff and Vale UHB

**Apologies:**

Pamela Drake	Vale of Glamorgan Council
Riah-Jayne Jones	Cardiff University
Alison Kibblewhite	South Wales Fire and Rescue
Stuart Parfitt	South Wales Police
Richard Thomas	Care and Repair Cardiff and the Vale
Bob Tooby	Welsh Ambulance Services NHS Trust

**Secretariat:**

Gareth Lloyd

**SRG 17/13 WELCOME AND INTRODUCTIONS**

The Chair welcomed colleagues to the meeting.

**SRG 17/14 APOLOGIES FOR ABSENCE**

The SRG **NOTED** the apologies.

It was **NOTED** that although not a member of the SRG, apologies had been received from Anne Wei and Keithley Wilkinson.

**SRG 17/15          DECLARATIONS OF INTEREST**

There were no declarations of interest.

**SRG 17/16          MINUTES OF THE STAKEHOLDER REFERENCE  
GROUP MEETING HELD ON 20 MARCH 2017**

The SRG **RECEIVED** and **APPROVED** the minutes of the meeting held on 20 March 2017.

**SRG 17/17          MATTERS ARISING****Cardiff Council Nomination for SRG**

Gareth Lloyd reported that there had been no progress with securing a nomination from Cardiff Council. The local authorities were in the process of reviewing their nominations following the recent local elections.

**Major Trauma Centre**

Linda Donovan informed the SRG that the confidential report of the independent panel of specialists had been sent to the Collaborative Board. Discussions had been put on hold for the duration of the General Election 'Purdah' period. Further engagement would be undertaken following the Election.

**Availability of Taxis for Wheelchair Users**

Suzanne Duval agreed to seek further information on the difficulties in making advance bookings of taxis for wheelchair users from the Disability Access Group.

**Action: Suzanne Duval****SRG 17/18          FEEDBACK FROM BOARD**

The SRG **RECEIVED** and **NOTED** the agenda of the UHB Board meeting held on 31 March 2017.

Peter Welsh drew the SRG's attention to several items which had been discussed.

- Len Richards had been appointed as Chief Executive and would commence in post on 19 June 2017. Mr Richards had a wealth of experience both in the NHS and in the Australian health care sector. The SRG agreed that he be invited to a meeting later on in the year.

**Action: Anne Wei/Gareth Lloyd**

- Serious Patient Safety Incident Report – Cardiff and Vale UHB was extremely open notwithstanding its need to comply with confidentiality requirements.
- On 2 May the UHB introduced a new Park and Ride service from Llanedeyrn to UHW. The service is for staff and visitors with staff paying £1 and visitors £2. There had been extremely positive feedback and over 1,000 people had used the service. Peter Welsh informed the SRG that he and Geoff Walsh the UHB's Director of Capital, Estates and Facilities had held a productive meeting with the official responsible for transport in the Vale of Glamorgan Council who was keen to work closely with the UHB to improve public transport services to UHL. Abigail Harris explained that the UHB was promoting sustainable travel as part of its responsibilities under the Wellbeing of Future Generations Act.

Peter Welsh informed the SRG that the next UHB Board meeting would take place on 25 May and the papers were on the UHB's website. The agenda items included:

- Outcome of Engagement on Mental Health Services for Older People and Rehabilitation Services.
- Full Business Case for Specialist Neurosciences and Specialist Rehabilitation and Clinical Gerontology Services i.e. the transfer of services from Rookwood Hospital to UHL.
- Health Inspectorate Wales Annual Report
- UHB Integrated Medium Term Plan (IMTP) update.

Abigail Harris explained that the UHB's latest Plan identified a significant financial gap which was unacceptable to Welsh Government (WG). The focus was therefore on closing this gap. It may be necessary to implement more radical changes than previously and the UHB recognised that such actions would not be without risk. Although the UHB's activity performance remained very good overall, its Unscheduled Care performance was not as good as it would have wished. The UHB had invested in community services but the level of social care funding per head of population in both Cardiff and Vale of Glamorgan local authorities remained lower than in other parts of Wales and patients were still not returning home quickly enough following hospital admission.

Abigail Harris informed the SRG that the engagement exercise on proposals for Mental Health Services for Older People and Rehabilitation Services had ended. In response to concerns raised by the Community Health Council two public meetings had been held: one at UHL and the other in Llanishen. No new issues had been raised during the engagement but transport to UHL remained a concern. The paper being considered by the UHB Board on 25

May recommended proceeding with the proposed service changes that had been presented to the SRG at its meeting in March.

## **SRG 17/19            SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY**

The SRG **RECEIVED** a presentation from Clare Williams on the mapping of the Wellbeing Hubs.

The SRG was informed that WG had indicated that it would welcome a Programme Business Case (PBC) for the UHB's Shaping Our Future Wellbeing (SOFW): In Our Community Strategy. Clare Williams explained that the PBC would describe proposals for a network of Health and Wellbeing Centres and Wellbeing Hubs. The purpose of that day's session was to share the methodology for identifying the most appropriate locations for these facilities and also which facilities should close.

The SRG was informed that the SOFW: In Our Community Programme remained true to what people told us they wanted during the engagement process. The four principles: empower the person; home first; outcomes that matter to people; and avoid harm waste and variation, had been converted into objectives. A key aim of the Strategy is the reduction of health inequalities. A Health Impact Assessment of the proposals would be presented to the SOFW Programme Team in June.

The SRG was informed that utilisation of its Health Centre accommodation had been identified at just 63% (based on 2013 data). It was likely that part of the reason for this was that significant investment would be required to make much of this accommodation fit for purpose.

Clare Williams explained that in developing the Programme it had been assumed that the three Health and Wellbeing Centres would be located at CRI, Barry Hospital and the old Whitchurch Hospital site. Work was ongoing with colleagues from Public Health to develop a simple algorithm to apply to each Cluster in order to identify the most appropriate locations for the Wellbeing Hubs. A further assumption was that existing NHS land or Council owned facilities would be used. The SRG then received and discussed examples of three ways of illustrating travel times to potential locations.

The SRG enquired about the impact of the local authority Local Development Plans. Clare Williams explained that the most recent applications under the Cardiff LDP oblige the developer to make a provision for health.

The SRG made a number of observations.

- Support for the SOFW: In Our Community Strategy was reaffirmed

24.5

- In identifying travel times bus travel times should be re-assessed and consideration be given to consulting with the existing bus users group.
- The principle of health and social services working together and co-locating facilities was endorsed.
- The SRG suggested that links with Welsh Ambulance Services NHS Trust (WAST) and South Wales Police would also be beneficial.

Clare Williams explained that in developing the proposals the UHB continued to work closely with WAST and the Police. Work was ongoing to try to align infrastructure plans. Abigail Harris informed the SRG that consideration was being given to re-establishing a pan organisational estates/infrastructure group.

### **SRG 17/20 BUSINESS CONTINUITY ARRANGEMENTS FOR MAJOR EVENTS**

24.5

The SRG **RECEIVED** a presentation from Huw Williams on the UHB's involvement in preparing for major events, its contribution to community engagement/consultation and in the event of an emergency, how the UHB integrates with partners to save life, reduce harm and return to normality.

In response to enquiries Huw Williams explained that

- The UHB participated in the formal debriefing sessions that are held following every event major event.
- There are high levels of engagement with the majority of which is undertaken by the event organisers, Police and local authorities. The UHB does however play a key role in communicating health messages.
- The Red Cross and St John's Ambulance are engaged in the planning process.

The SRG was asked whether there was anything further that Cardiff and Vale UHB could do in advance of major events to inform and work with its communities and partner agencies.

The SRG made several observations

- It is important to engage with and provide information to carers as well as care providers.
- The Third sector networks could play a role in getting information out to the public.
- Local radio and the free press should be utilised.
- Helplines should be set up.
- It is extremely important that plain language is used to communicate messages rather than jargon.

**SRG 17/21 OUR VALUES INTO ACTION**

The SRG **RECEIVED**, **NOTED** and endorsed the revised set of UHB Values and Behaviours.

Clare Williams explained that the revised Values and Behaviours would be launched towards the end of June/early July 2017 and asked the SRG for its support in promoting them.

**Action: All****SRG 17/22 WORK PROGRAMME 2017-18**

The SRG **RECEIVED** and **NOTED** the draft Outline Work Programme for 2017-18.

It was agreed that Rachel Jones, Assistant Director Integrating Health and Social Care be invited to provide information on the Joint Regional Older Person's Strategy.

**Action: Anne Wei/Gareth Lloyd**

SRG members agreed to send any further suggestions for items to Gareth Lloyd by 23 June 2017.

**Action: All****SRG 17/23 NEXT MEETING**

9.30am-12pm on Wednesday 26 July 2017, Seminar Room, Hafan Y Coed, University Hospital Llandough.

Cardiff and Vale UHB Annual General Meeting would take place on 27 July.

**24.5**

**CONFIRMED MINUTES OF THE FINANCIAL COMMITTEE  
HELD ON 26<sup>th</sup> APRIL 2017  
UHW HQ**

**Present:**

Maria Battle	Chair
Marcus Longley	Vice-Chair
Sharon Hopkins	Interim Chief Executive
Bob Chadwick	Executive Director of Finance
Chris Lewis	Deputy Director of Finance
Steve Curry	Acting Chief Operations Officer
Ruth Walker	Executive Director of Nursing
Julie Cassley	Acting Director of Workforce
Ivar Grey	Independent Member
John Antoniazzi	Independent Member
Andrew Gough	Assistant Director of Finance (Transformation & Planning)

**In Attendance:**

Catherine Caldwell	Deloitte UK
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**Secretariat:**

Paul Emmerson	Finance Manager
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**FC – 17/045 Welcome and Purpose of the Committee**

The Chair welcomed everyone to the meeting.

**FC – 17/046 Apologies for Absence**

Apologies were received from Peter Welsh, Margaret McLaughlin

**FC – 17/047 Minutes of the Finance Committee Held on 14<sup>th</sup> March 2017**

The Committee RECEIVED and APPROVED minutes of the meeting held on 14<sup>th</sup> March 2017.

**FC – 17/048 Action log following the last meeting**

All outstanding actions were picked up on the agenda.

**FC – 17/049 Financial Position Month 12**

The Deputy Director of Finance presented the UHB's financial performance to month 12 and highlighted the following:

- The UHB financial position at year end is a deficit of £29.243m comprised of the following:
  - £2.916m adverse variance against the UHBs savings target;
  - £4.327m adverse budget management variance;
  - £22.000m planned deficit.
- The UHB's provisional year end position is subject to External Audit scrutiny and review. At this point in time the UHB does not expect any risks to materially affect the reported year end position.
- The draft year end financial deficit of £29.243m is £1.720m below the previous forecast of £30.963m but still £7.243m above the unapproved £22m operational plan;
- Budget performance within the UHB was circa £1m better than set out in the Financial Improvement Plan (FIP). In addition, year-end LTA settlements reached with external commissioners and providers were £0.7m better than forecast leading to a draft year end position that is £1.720m lower than the £30.963m Financial Improvement Plan profile provided to Welsh Government.
- A relatively small under-recovery of £0.382m was reported against the income target for the year. LTA settlements were overall better than forecast in the FIP.
- Pay budgets were £0.609m overspent for the year, with an in month underspend of £0.218m reported representing a significant turnaround from the first half of the year. A combined year end overspend of £2.901m and an in month overspend of £0.274m was reported against registered and unregistered nursing. Medical and Dental budgets reported a year end overspend of £1.353m, however the position from mid-year onwards had been broadly flat with an in month underspend of £0.066m reported in month 12.
- Non Pay budgets were £6.251m overspent for the year. Pressures on secondary care drugs had continued with an adverse variance of £3.574m reported for the year. This was the main area of concern and would be addressed in 20107/18 through budget setting and the Leaner and Fitter programme.
- The majority of Clinical Boards managed expenditure within the control totals set by the Financial Improvement Plan. Performance within the Children and Women's Clinical Board was £0.228m over the total set by the FIP due to both budget and CRP underperformance. Further

information in respect of the overshoot would be provided to the next committee meeting.

**Action: Deputy Director of Finance**

- The Chair confirmed that Welsh Government officials had indicated that the work progressed by the UHB to manage down the deficit at year end deficit whilst maintain performance against other key performance targets had been recognized. Further focus was now expected in respect of the 2017/18 plan.

**FC – 17/050 Financial Plan 2017/18 – Progress to Date**

The Executive Director of Finance presented an overview of the progress on the UHB's Draft 2017/18 Financial Plan.

The UHB was requested by Welsh Government to restate its plan and to resubmit it for consideration by the 10th March 2017. There was an expectation by Welsh Government that significant progress would be made in reducing the forecast deficit for 2017/18, which stood at £69.685m. The UHB submitted a revised financial plan to Welsh Government on 10<sup>th</sup> March 2017 which had a reduced deficit of £45.873m. This draft plan was presented to the Board at its 30<sup>th</sup> March 2107 meeting and its adoption was endorsed, recognizing that it was not yet complete and very much work in progress.

In line with guidance, the plan does not include and is not dependent on any assumptions of additional income from Welsh Government, The revised plan does not however come without considerable risk. The key risks to delivery are contained in the Finance Risk Register and progress in mitigating against these risks was outlined as follows:

1. **Management of Budget Pressures (£9m).** Clinical Boards have produced plans to manage this risk which will be reviewed in light of financial performance during the first quarter.
2. **Delivery of Recurrent CIP Programme (£13m).** £7.8m green and amber recurrent savings schemes had been identified to date against this target. Therefore 40% of the target is still at risk dependant on the work by Clinical Board to identify further schemes.
3. **Recurrent Risk Adjusted Mitigating Action (16.1m gross).** Part coverage is provided by a 5.2m reserve for slippage leaving a net £10.9m target.

Progress against the gross mitigating actions was variable. The areas of greatest risk were identified as:

- £2.0m limit investment into Velindre Cancer Centre – this is in part dependent on the approach adopted by other Commissioners and may prove difficult to sustain and the delivery of this is therefore high risk;
  - £1.5m mitigated against Aneurin Bevan (AB) income risks – discussions have started with AB but have not yet been concluded. This is included within the AB plan and is therefore high risk;
  - £0.5m mitigated against R&D income risks – Following notification of the UHB's R&D allocation this risk has now materialised.
4. **Non Recurrent Adjusted Mitigating Actions (£11.2m).** The UHB has £1.0m reserve coverage against the non recurrent actions leaving a net risk of £10.2m. The following progress was noted:
- £6.7m Surplus on disposal of West Wing – the sale is complete with the final surplus subject to the calculation of the profit on disposal after sale cost;
  - £4.3m non recurrent opportunities – momentum on 'turning the financial curve' continues with £1.6m green and amber non recurrent savings on the CIP tracker to date.
5. **Transformational Opportunities (£2.7m).** This is monitored on a fortnightly basis, however it is too early in the year to assess the risk on this.
6. **Other Risks Contained in the Draft Plan.** The other risks in the plan were highlighted, but it was noted that it was difficult at this stage of the year to assess if any of them would materialise.

24.6

Both the Vice Chair and Ivar Grey asked whether Welsh Government had expressed a view about the present planned deficit and the progress towards financial balance.

The Director of Finance confirmed that Welsh Government were fully sighted on the draft plan and that whilst further work is required to mitigate against the numerous significant risks, the draft plan was realistic being built upon realistic assumptions from which the UHB could move forward. Benchmarking data suggested that further efficiencies could be delivered by the UHB through, for example, the reduction of length of stay or outpatient follow ups. However the UHB was not yet in a position to fully evaluate whether the consequent cash savings could be delivered in 2017/18. The Interim Chief Executive confirmed that further downward pressure on costs would be exerted through grip and control and relentless good management, however transformation programmes will only progress at a pace which did not increase the risk of adverse incidents or diminish the quality of service provided to patients. It was added that Welsh Government were now also

engaged in the discussion of the impact of Population Growth, Secondary/Tertiary Services and Systems rules on the financial position of the UHB. In this context the Chair suggested that the recent JET letter from Welsh Government is shared with the Committee to provide assurance that the Welsh Government are happy that the UHB is moving in the right direction.

**ACTION : Deputy Director Of Finance**

**FC – 17/051 2017/18 CIP Tracker**

The Executive Director of Finance presented the 2017/18 CRP Tracker. The development and delivery of schemes is monitored through weekly reporting of individual schemes and the risk to delivery is measured by a traffic light system as follows:

At the time of reporting (13<sup>th</sup> April 2017) the UHB had identified £9.4m of green and amber savings against the £17.5m 2017/18 target of which £7.8m was recurrent against the £13.1m recurrent target.

The Director of Finance emphasized the need to encourage the identification of further red pipeline opportunities to ensure the continuity of new schemes.

**FC- 17/052 - Cost Reduction Board Terms of Reference**

The Assistant Director of Finance (Transformation & Planning) informed the Committee that the purpose of the Cost Reduction Board (CRB) is to provide assurance to the Finance Committee that Clinical Boards and Service Departments are on track to:

- Deliver a balanced budget at the end of the financial year
- Have developed and implemented the Cost Improvement Programme
- Deliver Leaner and Fitter Cross Cutting Themes.

Membership and attendance of the Board was outlined and it was noted that the inclusion of the Chief Operating Officer within the membership was under consideration.

**FC- 17/053 – Update On Efficiency Framework**

The Assistant Director of Finance (Transformation & Planning) provided an update on the implementation of the Efficiency Framework within the Health Board as part of developing sustainable Integrated Medium Term Plans (IMTP). The Framework provides a consistent basis for Health Boards and Trusts to identify and compare plans around a wide range of potential

efficiency opportunities, some of which need to be taken forward collectively across NHS Wales.

The initial high level summary of the Cardiff and Vale return detailing how the anticipated 1.5% £13m recurrent cost savings could be delivered.

A Task and Finish Group has been set up with representation across Wales to further develop the Framework. It was noted that Andrew Gough (Assistant Director of Finance) is the Cardiff and Vale representative. The initial meeting of the Task and Finish Group suggested that the Cardiff and Vale Cost Improvement Plan Tracker be used as a basis for a RAG rating system across NHS Wales.

Initially the following areas will be considered to determine whether variability on the value of savings planned across health boards provides opportunities for spread or for all Wales schemes:

- Prescribing (primary and secondary care)
- CHC
- Other non-pay expenditure
- Workforce costs (especially nursing and medical staff)

Cardiff and Vale will continue to play an active role in the development of the Efficiency Framework ensuring we explore and maximise all potential opportunities.

Whilst not yet agreed Welsh Government are likely to ask for quarterly updates of identified savings in the Efficiency Framework format.

#### **FC- 17/054 – Finance Risk Register**

The key financial risks had already been discussed earlier in the meeting and the contents of the finance risk register were noted.

#### **FC – 17/055 Date and Time of Next Meeting**

The Committee agreed to that the meeting scheduled for 10<sup>th</sup> May 2017 would be rescheduled to a future date in May to enable discussion of the 2017/18 month 1 Financial Position.

**CONFIRMED MINUTES OF THE FINANCIAL COMMITTEE  
HELD ON 31<sup>st</sup> MAY 2017  
UHW HQ**

**Present:**

Maria Battle	Chair
Marcus Longley	Vice-Chair
Bob Chadwick	Executive Director of Finance
Chris Lewis	Deputy Director of Finance
Ivar Grey	Independent Member
Margaret McLaughlin	Independent Member
Andrew Gough	Assistant Director of Finance (Transformation & Planning)

**Secretariat:**

Paul Emmerson	Finance Manager
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24.6

**FC – 17/056 Welcome and Purpose of the Committee**

The Vice Chair welcomed everyone to the meeting.

**FC – 17/057 Apologies for Absence**

Apologies were received from Peter Welsh, John Antoniazzi, Sharon Hopkins Steve Curry, Ruth Walker, Julie Cassley, Abigail Harris

**FC – 17/058 Declarations of Interest**

The Vice Chair invited Members to declare any interests in the proceedings on the agenda. None were declared.

**FC – 17/059 Minutes of the Finance Committee Held on 26<sup>th</sup> April 2017**

The Committee RECEIVED and APPROVED minutes of the meeting held on 26<sup>th</sup> April 2017.

**FC – 17/060 Action log following the last meeting**

All outstanding actions were picked up on the agenda.

**FC – 17/061 Financial Position Month 1**

The Deputy Director of Finance presented the UHB's financial performance to month 1 and highlighted that the UHB recorded a £3.674m deficit at the end of month 1 based on a planned year end deficit of £45.873m.

The deficit was made up as follows:

- £0.014m adverse variance against the UHBs savings target;
- £(0.163)m favourable budget management variance;
- £3.823m planned deficit (1/12th of £45.873m).

It was emphasised that the month 1 position was prepared on the assumption that the UHB would work towards a planned deficit of £45.873m in 2017/18. However, since completion of the month 1 report the UHB at its Board meeting on the 25th May 2017 had agreed to work towards a stretch target to deliver a position no worse than the £30.9m forecast position in 2016/17.

The following issues were highlighted;

- A dashboard summarising performance against key financial performance indicators is provided at table 3 in line with the 2016 structured assessment recommendations issued by Welsh Audit Office.
- Future reports will include an assessment of the cashflow forecast, the balance sheet, public sector payment compliance and capital programmes in line with information provided by the Welsh Government monthly monitoring returns.
- Only those savings plans identified at the time of reporting were profiled into the plan at month 2.
- Table 4 indicated that income budgets reported a deficit of £0.304m; pay budgets recorded a £0.240m underspend and non pay budgets registered £0.212m underspend in month 1.
- The committee acknowledged that approximately £0.050m of the income deficit had arisen due to a reduction in the level of Welsh Government funding supporting R & D within the UHB. In this context the UHB had arranged a meeting with Welsh Government to discuss how the implications for the UHBs R & D Strategy.
- The Vice Chair asked whether the UHB was sighted on potential changes to the distribution of WHSCC funding to Health Boards. The Director of Finance confirmed that the UHB were sighted on this risk but no provision had been included within the plan. Current discussion centred upon the most appropriate year for the calculation of the redistribution of WHSCC income.
- The committee noted the adverse variance reported against accommodation and catering income and requested that an update be provided at month 2.

**Action: Deputy Director of Finance**

- The majority of Clinical Boards managed expenditure within month 1 budgets. The committee was assured that the UHBs priorities were consistently communicated across the Clinical Boards and that the control culture which had been augmented by Turning the Curve was now embedded throughout the organization. However it was noted that the options to manage pressures arising from “front door” demand vary across Clinical Boards and in this context the motivation for all Clinical Boards to act corporately had to be maintained.
- The committee was informed that the £17.333m of savings targets identified on table 15 excluded the £2.695m target in respect of transformational opportunities. The committee was informed that on its own the achievement of the current savings targets would not deliver a financial position within the planned deficit of £30.9m and that a further £15m of cost reduction actions were required. A cycle of further options and opportunities to meet the stretched target will be worked through within a project structure and agreed timescales to address the stretch target.

24.6

**FC – 17/062 Financial Plan 2017/18 – Progress to Date**

The Executive Director of Finance provide a verbal update.

Following a request from Welsh Government to consider options to close the planned 2017/18 deficit, the UHB board at its 30th March 2107 meeting endorsed a draft 2017/18 operational plan with a planned deficit which had reduced from £69.685m to £45.873m. After further discussion with Welsh Government, the UHB was asked to consider options to reduce the planned 2017/18 deficit to a position which was no worse than the £30.9m forecast position in 2016/17. Therefore the plan was reconsidered by the UHB at its Board meeting on the 25th May 2017 where it was agreed to work towards a stretch target to deliver a position no worse than the £30.9m forecast position in 2016/17.

The Director of Finance indicated that the revised draft operational plan would be confirmed to Welsh Government when the month 2 monitoring returns are submitted at the beginning of June.

There was some discussion on the opportunities offered by clinical variation, clinical transformation, cross cutting themes and the efficiency framework to move the planned deficit towards £30.9m in 2017/18. The importance of continuing to encourage red pipeline of savings schemes was also emphasized. In reply to a concern raised it was confirmed that the red

pipeline schemes were essentially ongoing ideas being worked up and would not necessarily be controversial in nature.

The Vice Chair indicated that the Board needs assurance that plans will be put in place in time to deliver the £15m schemes to achieve the stretch plan in 2017/18.

The Executive Director of Finance confirmed that a further update on the options and progress towards the stretched target would be provided at the next finance committee meeting.

It was also noted that WHSCC had decided not to extend the commissioning of some services. In this context it was important for the UHB to exercise control and ensure that services were not extended on a Provider basis where there was not an appropriate level of support from WHSCC.

### **FC – 17/063 Cost Reduction Programme, Cross Cutting Themes and Efficiency Framework**

The Assistant Director of Finance confirmed that steady progress had been made in identifying savings schemes and that as at the 12<sup>th</sup> May 2017, £11.6m of opportunities have been identified as Green or Amber leaving a £5.7m shortfall against the delegated target. Progress to date is in advance of the comparable period in 2016/17.

The Cross Cutting Themes and associated project management arrangements to support the schemes in 2017/18 were noted.

In addition it was reported that the UHB's Efficiency Framework submission to Welsh Government as at 12<sup>th</sup> May 2017 identified CRP schemes totalling £17.786m including £6.192m red pipeline schemes.

### **FC- 17/064 – Finance Risk Register**

The Executive Director of Finance asked the Committee to note the risks highlighted within the risk register which had been updated as at 22<sup>nd</sup> May 2017. It was also noted that the register would be updated to reflect the revised planning deficit as well as emerging issues and performance as the year progressed.

The Executive Director of Finance informed the committee that some risks would be managed by the Cost Reduction Board that had been established. The Board expects to meet for the first time after the month 2 position is reported with the intention of considering the position of Clinical Boards that were under achieving savings and operational plans. Clinical Boards that do not provide sufficient assurance around forward plans could be called to scrutiny at the Finance Committee.

In addition a digital solutions expert had been secured by the UHB for a 6 month period alongside a number of appointments to the transformation team. The appointments are also intended to help in the management of risks to the transformational agenda.

**FC- 17/065 – Items to bring to the attention of the Board / other Committees**

The Executive Director of Finance informed the committee that the report on UHB's Governance Processes by Deloitte UK had yet to be published. The committee noted that the UHB had not been asked to comment on the accuracy of the draft report.

**FC – 17/066 Date and Time of Next Meeting**

It was noted that the meeting schedule for the 13<sup>th</sup> June 2017 would be rescheduled to a future date in June to enable discussion of the 2017/18 month 2 Financial Position.

24.6



**UNCONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE  
HELD AT 9.30am ON 25 APRIL 2017 IN THE CORPORATE MEETING ROOM,  
HQ, UNIVERSITY HOSPITAL OF WALES (UHW)**

**Present:**

**Martyn Waygood**  
Stuart Egan

**Independent Member – Legal (Chair)**

Independent Member – Trade Union/Health and  
Safety Staff Lead

**In attendance:**

Charles Dalton  
Fiona Jenkins

Head of Health and Safety  
Director of Therapies and Health Sciences (from  
agenda item 17/034)

Fiona Kinghorn  
Catherine Salter  
Geoff Walsh  
Peter Welsh

Interim Director of Public Health  
Staff Representative (RCN)  
Director of Capital, Estates and Facilities  
Director of Corporate Governance

**Apologies:**

Carol Evans  
Claire Radley

Assistant Director of Patient Safety and Quality  
Assistant Director of Organisational Development

**Secretariat:**

Rachael Daniel

Health and Safety Adviser

**PART 1****HSC: 17/027 WELCOME AND INTRODUCTIONS**

The Chair welcomed all present to the meeting. Mr Waygood referred to the number of members who were absent from the meeting and the number of apologies not received.

The Director of Corporate Governance informed the Committee that although Mr Egan now attended the Committee in his capacity as Staff Representative Lead his Health Board role as Independent Member – Trade Union enabled the Committee to be quorate and subsequently be able to approve the Policies on the agenda.

**HSC: 17/028 DECLARATIONS OF INTEREST**

The Chair invited Committee Members to declare any interest in the proceedings included in the agenda. None were declared.

**HSC: 17/029          MINUTES OF PREVIOUS MEETING**

The minutes of the Health and Safety Committee held on the 24 January 2017 were **APPROVED** and **ACCEPTED** as a true record.

The Interim Director of Public Health referred to page 12 of the minutes and noted it was reported at the time as purchasing cigarettes but in fact should be purchasing e-cigarettes.

**HSC: 17/030          UPDATED ACTION LOG**

The Committee **RECEIVED** the Updated Action Log from the previous meeting. The following updates were provided:

- HSC: 16/030 – the Director of Capital, Estates and Facilities informed the Committee it was not strictly a ‘permit to work’ that was being trialled as ultimately there would be too many to effectively manage, so a ‘permit to access’ had been introduced which covered a multitude of issues. Mr Walsh advised problems were still occurring with Contractors who abused the system and a number of yellow and red cards had been issued. He added problems were further exacerbated by contractors who were not under the control of the Estates Department and subsequently any schemes will now have to come through him for signing off.

The Interim Director of Public Health queried whether guidance could be issued to Clinical Boards, the Health and Safety Adviser confirmed guidance had already been produced and issued following the Operational Health and Safety Group meeting in March and had also been raised at the Clinical Board’s Health and Safety Group meetings.

The Trade Union Representative - RCN queried whether the Training for Managers Course would include the Contractor Control Policy, the Head of Health and Safety confirmed it would.

The Independent Member – Trade Union queried whether any other Health Boards were experiencing similar problems, Mr Walsh advised no other Health Board had an estate similar to ours so was difficult to benchmark against. He added it was disappointing that a number of breaches were through our own staff not managing the contractors correctly. Mrs Kinghorn requested whether a trend analysis on the number of yellow and red cards issued could be brought to the next meeting, Mr Walsh confirmed this could be produced.

**ACTION – Mr G Walsh**

- HSC: 16/051 – the Head of Health and Safety informed the Committee 63 hoists that were either obsolete or in poor condition were being replaced following a capital investment of £400k and thanked Mr Walsh for his assistance in taking this forward.

24.8

- HSC: 17/006 – the Chair informed the Committee the Assistant Director of Organisational Development had requested clarification on what assurances the Committee required in respect of the Employee Wellbeing Service.

Mr Waygood clarified concern was expressed at the last meeting that the external service was ceasing and as a result whether the same level of accessibility to services would still be available to staff and that they would still receive continued support.

- HSC: 17/013 – the Head of Health and Safety informed the Committee each Clinical Board had been written to advising devices would not be removed unless risk assessments had been completed and identified suitable alternative arrangements were in place. Mr Dalton highlighted compliance usage was currently at 70%.

The Independent Member – Trade Union informed the Committee the devices were not classed as personal protective equipment under the Regulations, however staff side are clear if the risk assessment states a device is required then staff must use them. This was endorsed by the Committee.

24.8

#### **HSC: 17/031          CORPORATE RISK ASSURANCE FRAMEWORK DOCUMENT (CRAF)**

The Director of Corporate Governance informed the Committee the status of the CRAF had not changed since the last meeting. Mr Welsh advised a Risk Management Development Day was being held on Thursday 27<sup>th</sup> April which would look at how risk was managed within the Health Board. The outcomes from the day would be reported to the May Board meeting.

Mr Welsh queried the current status of passenger lifts across the Health Board, the Director of Capital, Estates and Facilities advised the position had improved however the risk rating related to the age and condition of the lifts and a replacement programme was required. Mr Walsh added the All Wales maintenance and servicing contract was currently being reviewed.

The Corporate Risk Assurance Framework Document was **RECEIVED** and **NOTED** by the Committee

#### **HSC: 17/032          ENFORCEMENT AGENCIES CORRESPONDENCE REPORT**

The Head of Health and Safety informed the Committee one new issue had arisen since the last meeting. Mr Dalton advised an incident occurred when a contractor's van was reversing out of the old Emergency Admissions Road and struck a member of staff walking to the Medical Physics building resulting in a fracture of the elbow and nose. The incident was reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and

Dangerous Occurrences Regulation (RIDDOR) and the Health Board was contacted by the HSE for further information.

The incident was fully investigated and remedial actions identified, this was then shared with the HSE. Whilst the HSE confirmed the proposed remedial actions were suitable and sufficient and closed the incident on the basis of the work being completed, they did highlight that the Health Board did not have a plan that considered pedestrian safety. It was agreed an overall strategy would be developed by the Head of Health and Safety and the Director of Capital, Estates and Facilities.

### **ACTION – Mr C Dalton and Mr G Walsh**

The Independent Member – Trade Union thanked Mr Walsh and his team for installing the new beacons on the pedestrian crossings in University Hospital Llandough.

Mr Dalton advised the legionella incident had now been closed and the enforcement notice rescinded.

Mr Dalton also suggested that as no further correspondence had been received from the HSE in respect of passenger lifts that this issue would no longer be included in the report, this was **ENDORSED** by the Committee.

The report was **RECEIVED** and the Committee **AGREED** that appropriate actions were being pursued to address the issues raised.

**ASSURANCE** was provided by:

- The continued investigations, actions and monitoring referred to within the report.

### **HSC: 17/033      FIRE SAFETY ANNUAL REPORT**

This item was deferred to the July meeting.

### **HSC: 17/034      FIRE SAFETY MANAGEMENT AND ENFORCEMENT REPORT**

The Director of Capital, Estates and Facilities highlighted to the Committee one enforcement notice for Whitchurch Hospital was still in force and would not be rescinded until the site was closed.

The Independent Member – Trade Union advised of an issue that was being continually raised on workplace inspections. Mr Egan stated fire doors were being wedged open and when challenged staff advised that they had been informed by the Fire Officer that as long as the room was occupied at the time this was acceptable. Mr Egan's concern was that staff representatives would not be aware of this and a clear steer from the Fire Officers was required.

24.8

The Trade Union Representative – RCN added it was agreed at the Operational Health and Safety Group meeting that a one page guidance would be developed that would be shared with the Clinical Boards and staff representatives. Mr Walsh agreed this would be helpful and would progress with the Senior Fire Safety Adviser.

#### **ACTION – Mr G Walsh**

The Chair expressed his concern at the low compliance for fire safety training and whether this should be brought to the attention of the Board. Mr Egan added a combination of methods to deliver the training was required and further thought needed to be given on how this could be achieved. The Head of Health and Safety suggested this was taken to both the Fire Safety Group and the Deputy Fire Safety Managers Group so that a strategic plan to improve compliance could be developed. This was **AGREED** by the Committee with feedback at the next meeting.

#### **ACTION – Mr C Dalton**

The report was **CONSIDERED** by the Committee in relation to the on-going work to meet the requirements of fire enforcement compliance.

**ASSURANCE** was provided:

- that identified fire enforcement compliance and safety were being appropriately managed.

#### **HSC: 17/035      HEALTH AND SAFETY EXECUTIVE PRIORITY ACTION PLAN EXCEPTION REPORT**

The Head of Health and Safety informed the Committee two new red areas had been added to the plan, these were in relation to:

- Development of a Manager's Training Course.
- Monitoring Schedule

The Independent Member – Trade Union informed the Committee the Health and Safety Executive were focusing on three key areas, these being Stress, Musculoskeletal (MSKs) and Occupational Lung Disease and queried whether the Health Board should also be considering HSE prioritised areas. The Trade Union Representative – RCN confirmed the Maximising Attendance Group was also focusing on Stress and (MSKs) via multi disciplinary teams.

The Interim Director of Public Health added assurances was required from the Health and Wellbeing Group that policies were up-to-date and the issues being addressed. The Health and Safety Adviser stated the Management of Stress and Mental Health Wellbeing in the Workplace Policy was to be presented to the July Committee meeting as it was due for renew and the Chair of the Health and Wellbeing Group was also a member of this Committee.

The exception report was **RECEIVED** and **CONSIDERED** by the Committee.

**REASONABLE ASSURANCE** was provided by:

- the demonstration of progress against each strategic area and highlighting further actions required within set timescales.

**HSC: 17/036            MANAGEMENT OF VIOLENCE AND AGGRESSION  
POLICY**

The Head of Health and Safety informed the Committee this was a review of a current Policy to which minor changes had been made. Mr Dalton added the Policy had been consulted upon via the intranet consultation pages and the Operational Health and Safety Group.

The Independent Member – Trade Union referred to the Equality and Health Impact Assessment (EHIA) and suggested verbal abuse of the ethnic minority was not being fully considered. Mr Dalton added the incident reporting data did not suggest this was an issue but would re-visit the EHIA.

The Policy was **APPROVED** by the Committee

**HSC: 17/037            LONE WORKER POLICY**

The Head of Health and Safety informed the Committee this was a review of a current Policy to which minor changes had been made. Mr Dalton added the Policy had been consulted upon via the intranet consultation pages and the Operational Health and Safety Group.

The Policy was **APPROVED** by the Committee.

**HSC: 17/038            MINIMAL MANUAL HANDLING POLICY**

The Head of Health and Safety informed the Committee this was a review of a current Policy to which minor changes had been made. Mr Dalton added the Policy had been consulted upon via the intranet consultation pages and the Operational Health and Safety Group.

The Policy was **APPROVED** by the Committee

**HSC: 17/039            WASTE MANAGEMENT POLICY**

The Director of Capital, Estates and Facilities informed the Committee this was a review of a current Policy to which minor changes had been made. Mr Walsh added the Policy had been consulted upon via the intranet consultation pages and the Operational Health and Safety Group.

The Interim Director of Public Health noted a very comprehensive EHIA had been completed.

24.8

The Policy was **APPROVED** by the Committee

**HSC: 17/040 WATER SAFETY POLICY**

The Director of Capital, Estates and Facilities informed the Committee the Water Safety Policy superseded the previous Control of Legionella Policy as a broader policy was required. Mr Walsh advised the Policy had been agreed by the Water Safety Group and had been consulted upon via the intranet consultation pages and the Operational Health and Safety Group. The Policy had also been viewed by the Health and Safety Executive who were satisfied with its content.

It was also suggested that the Chair of the Water Safety Group should be a member of the Health and Safety Committee. This was **AGREED**.

**ACTION – Miss R Daniel**

The Policy was **APPROVED** by the Committee

**PART 2**

**HSC: 17/041 COMMITTEE WORK PROGRAMME FOR 2017/18**

The Work Programme was **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 17/042 REGULATORY REVIEW AND TRACKING REPORT**

The report was **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 17/043 HEALTH AND SAFETY EXECUTIVE PRIORITY ACTION PLAN (DETAILED)**

The full Priority Action Plan was **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 17/044 WASTE MANAGEMENT COMPLIANCE REPORT**

This item was deferred to the July meeting.

**HSC: 17/045 ENVIRONMENTAL HEALTH REPORT OF ST DAVIDS HOSPITAL OF WALES ON 17<sup>TH</sup> JANUARY 2017**

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 4 had been achieved.

**HSC: 17/046 ENVIRONMENTAL HEALTH REPORT OF CENTRAL FOOD PRODUCTION UNIT (CFPU), UNIVERSITY HOSPITAL OF WALES ON 10<sup>TH</sup> MARCH 2017**

24.8

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 5 had been achieved.

**HSC: 17/047 ENVIRONMENTAL HEALTH REPORT OF BARRY HOSPITAL ON 21<sup>ST</sup> FEBRUARY 2017**

This item was deferred to the July meeting.

**HSC: 17/048 OPERATIONAL HEALTH AND SAFETY GROUP MEETING OF DECEMBER 2016**

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 17/049 FIRE SAFETY GROUP MINUTES OF DECEMBER 2016**

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 17/050 SECURITY AND PERSONAL SAFETY STRATEGY GROUP MINUTES OF NOVEMBER 2016**

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 17/051 HEALTH AND SAFETY RELATED POLICIES SCHEDULE**

The schedule was **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 17/052 REVIEW OF THE MEETING AND ITEMS TO BRING TO THE ATTENTION OF THE BOARD OR OTHER COMMITTEES**

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

**ACTION – Mr M Waygood**

**HSC: 17/053 DATE AND TIME OF NEXT MEETING**

The next meeting will be held at 9.30am on Tuesday 18 July 2017 in the Corporate Meeting Room, HQ, University Hospital of Wales.

Signed .....

Date .....

24.8



**Minutes of the Welsh Health Specialised Services Committee  
Meeting of the Joint Committee**

held on 30 May 2017, 9.30am at  
Health and Care Research, Castlebridge 4,  
Cowbridge Road East, Cardiff

**Members Present**

Ann Lloyd	(AL)	Chair
Lyn Meadows	(LM)	Vice Chair (via videoconference)
Chris Turner	(CT)	Independent Member/ Audit Lead
Sharon Hopkins	(SH)	Interim Chief Executive, Cardiff and Vale UHB
Marcus Longley	(ML)	Independent Member
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Stuart Davies	(SD)	Acting Managing Director of Specialised and Tertiary Services Commissioning, WHSSC
Carole Bell	(CB)	Director of Nursing and Quality, WHSSC
Sian Lewis	(SL)	Acting Medical Director, WHSSC

**Apologies:**

Tracey Cooper	(TC)	Tracey Cooper, Chief Executive, Public Health Wales
Gary Doherty	(GD)	Chief Executive for Betsi Cadwaladr UHB
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Alex Howells	(AH)	Acting Chief Executive, Abertawe Bro Morgannwg UHB
Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB
John Williams	(JW)	Chair of Welsh Renal Clinical Network

**In Attendance**

Paul Buss	(PB)	Medical Director/ Deputy Chief Executive, Aneurin Bevan UHB
Sian Harrop-Griffiths	(SHG)	Director of Strategy, Abertawe Bro Morgannwg UHB
Geoff Lang	(GL)	Executive Director of Strategy, Betsi Cadwaladr UHB
Ian Langfield	(IL)	Acting Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Ruth Treharne	RT	Director Of Planning and Performance/Deputy Chief Executive Cwm Taf UHB

**Minutes:**

Juliana Field	(JF)	Corporate Governance Officer, WHSSC
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The Meeting opened at 9.35am



JC17/001 **Patient Story – Paediatric Cardiac Surgery**

The Chair welcomed Debbie Jones and her daughter Lilly, who was born with congenital heart disease/ hole in the heart.

Debbie provided members with an account of Lilly's care and the journey through the care pathway. Members noted that a diagnosis had been made in Cardiff during the pregnancy and that arrangements had been made for Lilly to be born at the Bristol Royal Infirmary (BRI) specialist unit. The transition from Cardiff to Bristol was smooth and Debbie felt that Bristol had been well prepared, which allowed her to focus on Lilly rather than having to explain and pass information to the clinical team in Bristol. Members noted that accommodation had been provided for Debbie and her partner in Bristol which was welcomed. However, as the service was in Bristol they were slightly isolated from the wider family network. Lilly underwent a number of operations, the final of which was to repair the hole in her heart. This was successful and Lilly is now a healthy heart baby. Debbie noted that she could not fault the service and level of care received from both BRI and University Hospital Wales, Cardiff.

CB reminded members of the recommendations of the Bristol Cardiac Review and highlighted that Lilly's story demonstrated the considered efforts being made to improve the way the service worked with the family and how the two teams worked together to ensure a successful outcome for Lilly.

Members noted that work around the recommendations, including how to bring the family into planning care were ongoing and were being monitored by the Network.

Members thanked Debbie for sharing her experiences.

JC17/002 **Welcome, Introductions and Apologies**

The Chair formally opened the meeting and welcomed members and the public.

It was noted that the meeting was inquorate. The Chair received support to proceed with the meeting on the condition that any decisions would be taken by Chair's action, except for approval of the Integrated Commissioning Plan (ICP), where approval was required from all members; therefore it was agreed that for this item a formal request would be sent to members requesting written approval of the ICP or an explanation as to why if the ICP was not supported.

Apologies were received as noted above. It was noted that Sian Harrop-Griffiths was in attendance at the meeting on behalf of Alex Howells, Geoff Lang on behalf of Gary Doherty, Ruth Treharne on behalf of Allison Williams and Paul Buss on behalf of Judith Paget.



JC17/003 **Declarations of Interest**

There were no declarations to note.

JC17/004 **Accuracy of Minutes of the meetings held 28 March 2017**

Members approved the minutes of the meeting held on 28 March 2017 as a true and accurate record.

JC17/005 **Action Log and Matters Arising**

**Action Log**

Members reviewed the action log and noted the updates provided.

**JC021 - Individual Patient Funding Requests (IPFR): Independent Review**

Members noted that the Chair had spoken with Professor Harpwood, chair of the All Wales IPFR Panel, and noted that there were a number of concerns raised in respect of the Review. In addition, the current key areas of concern regarding IPFR were a significant increase in requests for positron emission tomography (PET) scans and the non-attendance of clinical representatives at IPFR Panel meetings. It was noted that a parallel process for PET scan approval was being developed and members were urged to encourage clinical representatives from their health boards to use their best endeavours to attend IPFR Panel meetings.

**Matters Arising**

None to note.

JC17/006 **Report from the Chair**

Members received the report from the Chair noting the following:

**Meeting with Cabinet Secretary**

The Cabinet Secretary had voiced concern with regard to the high risk services currently being reviewed and requested that he be provided with regular updates. The meeting focussed on performance from both commissioner and provider perspectives.

**All Wales NHS Chairs Meeting**

The group remained anxious regarding a number of service performance issues, including cardiac surgery and the thoracic surgery review.

**Health Board - Board meetings**

The Chair and Acting Managing Director had been well received and had found these meetings very interesting.

24.9



### Review of Culture

Members were reminded of an independent review into complaints about bullying in WHSSC that was conducted in November 2016. It was noted that a report on the review had been received in December 2016 and recommendations shared with staff. The Chair believed that since the review there had been a positive change to the atmosphere amongst staff at WHSSC. However, another letter had been received recently by the Cabinet Secretary from an Assembly Member repeating concerns and calling for a further independent review. Members noted that the Chair felt it important to update the Committee to ensure transparency and expressed her disappointment to have been made aware of the latest letter. The Chair indicated that she would be meeting the Assembly Member to discuss the nature of the complaint and would be happy to invite the independent reviewer back to WHSSC to determine whether or not things had improved since the review in 2016.

Members resolved to

- **Note** the content of the report.

24.9

### JC17/007 **Report from the Acting Managing Director**

Members received the report which provided an update on key issues that had arisen since the last meeting. The following areas were highlighted.

#### Associate Medical Director Appointments

Members noted the appointment of five Associate Medical Directors (AMDs) to WHSSC. This was described as an important step in strengthening and embedding clinical engagement within WHSSC's work.

Members were informed that the fifth AMD, Robert Colgate, a Consultant Psychiatrist at ABMUHB, had now been appointed to cover the Mental Health portfolio.

SL was also looking at the possibility of honorary roles for some of the applicants who had not been appointed but had expressed a continuing interest in being involved with WHSSC. This would enable WHSSC to facilitate developmental opportunities for clinical staff seeking strategic managerial experience. SL would be working with Health Boards to ensure a smooth transition for any clinicians appointed to roles with WHSSC.

#### Risk Sharing

The update was noted and it was explained that a more detailed discussion would be held in private session.

#### Neuroradiology

It was noted that this issue related specifically to the Interventional element of Neuroradiology, rather than the wider Neuroradiology service. Members were reminded of discussions at the previous meeting around



sustainability of the service and the turnover of staff. It was noted that the recruitment process had not been successful and there had been a substantial interruption to the service. Members received assurances that the WHSSC Team was working closely with the provider.

#### Neurorehabilitation

A range of concerns had been raised around the service. Members noted that the WHSSC Team was investigating concerns related to commissioning and patient flow. Assurances were provided that, at this time, there were no concerns around patient safety.

#### Thoracic Surgery – Additional capacity

Members noted that the action taken in south east Wales, to implement additional weekend working during February 2017, had been positive and consideration was being given as to how this could be sustained going forward.

A referral pathway to University Hospitals of North Midlands NHS Trust had been agreed as an interim arrangement to deliver additional capacity for patients from south west Wales. It was anticipated that patients would start to be transferred from the end of June 2017, later than originally anticipated due to technical difficulties and consultant sick leave.

#### Cardiac Surgery

Members noted that work continued with the Delivery Support Unit to ensure appropriate pathway start dates for the cardiac surgery service. It was explained that breaches in the surgical pathway had occurred when the start dates were corrected at late notice. This was having an impact on the management of waiting lists and would remain a risk until after the full impact was known and worked through.

#### Neonatal Transport

Members noted the ongoing work in relation to the development of proposals for a 24/7 neonatal transport service in south Wales. Members further noted that there was no funding provision for this within the WHSSC 2017-20 ICP. It was anticipated that a paper would be presented to the Joint Committee in September 2017 with a recommendation for the service.

Members resolved to

- **Note** the content of the report.

#### JC17/008 **WHSSC Integrated Commissioning Plan 2017-20**

Members received a covering paper together with the Integrated Commissioning Plan for 2017-20 and were asked to confirm their support for the Plan and its submission to Welsh Government.

The Chair drew attention to the level of detail presented within the Plan



and the concern around the lack of availability of a supporting needs analysis. The Chair requested that, once approved, a short summary version of the Plan be produced for wider distribution. This would be used to provide clarity to Health Board chairs of what was in and what was out of the Plan and Health Boards would be encouraged to use it to brief their colleagues, including clinicians.

Members noted that further work would be undertaken, throughout 2017-18, around benefits realisation. It was noted that the Management Group would be considering Thoracic Surgery and Bone Anchored Hearing Aids at their next meeting, and that work had commenced on Blood and Marrow Transplant, phases 1-3.

An overview of the ICP Risk Management Framework was provided and it was noted that this included quality and performance elements.

SD provided an overview of the financial element of the plan and the approach to value based commissioning; more details around the approach, range of opportunities and implementation would be reported to future meetings. Members noted the non-recurrent benefit achieved from the previous year's plan and that work had been started to review investments to ensure benefits were being achieved.

It was suggested that a collective approach was developed to risk management and that knowledge regarding mitigations was shared in a collaborative way across the whole system.

Members noted the importance of having a robust system in place to address escalation and acknowledged that the process, as outlined in section 3.7 of the covering paper, could be developed and nuanced to suit unforeseen circumstances. It was explained that the escalation process would initially be applied to commissioned services; however its output might identify finance for services that were unfunded in the Plan. The WHSSC Team was asked to consider whether the escalation process needed revision to incorporate services not yet commissioned.

IL confirmed that the Plan only incorporated minor amendments from the draft Plan agreed in principle at the March 2017 meeting and that were reflected in the Technical Plan submitted to Welsh Government on 31 March 2017.

The following amendments were suggested for consideration:

- Risk Management Framework (Page 106 of ICP and page 6 of cover sheet)  
Revise text – “Risks scoring 16 or higher will be reviewed by Management Group on a monthly basis .....
- Risk Management Framework diagram (Page 105 of ICP and page 7 of cover sheet)



Include reference to the role of Quality & Patient Safety Committee within the process.

Members queried the recommendation to “*Support the implementation of the ICP Risk Management Framework and advise on the most appropriate officers within each Health Board to outline risks and advise on mitigation*” and requested clarification of what was expected from the officers so that Health Boards could nominate the most appropriate people.

A question was asked as to whether all Health Boards had systems in place to engage with their clinicians and manage expectations regarding the services excluded from the 2017-20 ICP. SHG provided an overview of the processes in place within ABMUHB and members discussed the ways in which information was shared between WHSSC and the Health Boards, also how this might be streamlined to support the Risk Management process. The discussion continued around the distinction between the differential risks to patients depending on which Health Board area they resided in, the risks to NHS Wales providers of specialised services, and the risks for Health Boards and WHSSC as the commissioners of non specialised and specialised services.

ML noted that there was very little narrative on public engagement in the Plan and suggested that a small section be added to outline WHSSC’s practices and intentions in this respect over the next three years. It was explained that WHSSC was endeavouring to engage with the voluntary sector and the CHCs but with limited success to date. The voluntary sector interests were focussed primarily on specific diseases and not at a broader more strategic level; the CHCs had a Health Board population focus. It was suggested that WHSSC should leverage the existing relationships that Health Boards had with their CHCs, also that this could be considered through the Directors of Planning meetings, which WHSSC already attended. SHG suggested that this could be considered at the Directors of Planning group to ensure that local and national engagement plans were aligned.

The Chair requested support from those members present and noted that she would write out to all members seeking approval of the Plan, requesting that a response be provided within 10 days to ensure a swift and efficient submission to Welsh Government. It was agreed that the letter would include details of any amendments made to the Plan, as a result of the discussions at the meeting, and would provide further clarity on the definition of the three domains within the risk management framework.

**Actions:**

- **Once ICP is approved, produce short summary for wider distribution. (IL)**
- **Chair to inform Health Board chairs what is in and what is out**



- **of the Plan. (AL)**
- **Consideration to be given to the suggested amendments to the Plan noted above. (IL)**
- **Clarification to be provided to Health Boards around what is expected from the officers identified to advise on the ICP Risk Management Framework so that Health Boards can nominate the most appropriate people. (IL)**
- **Liaise with Directors of Planning group to ensure that the local and national engagement plans are aligned. (IL)**
- **Chair to circulate a letter to all members (with updated 2017-20 ICP) for approval.**

JC17/009 **Provision of Specialised Neurosciences in NHS Wales**

Members received a report outlining the current provision of Specialised Neurosciences which will inform a five year Commissioning Strategy for Specialised Neurosciences by the end of 2017.

IL provided an overview of the report noting that the aim was to undertake an assessment of the implementation of recommendations over the last 10 years, highlighting the current service provision and recommendations for future delivery. IL reflected on comments earlier in the meeting around the issues with obtaining robust needs assessments and highlighted issues with Interventional Neuroradiology, Spinal Rehabilitation and detailing the next steps towards developing the strategy.

Members welcomed the work as a strong foundation for the development of the Strategy and recognised the complexities.

A question was asked in relation to the status of sign off of the spinal pathway and cross over with work being carried out by the NHS Wales Health Collaborative on the service model. IL undertook to liaise with the Collaborative to clarify the situation and ensure sharing of information. Members noted that the financial information relating to spinal rehabilitation was provided as part of the finance annex.

**Action:**

- **IL to liaise with the NHS Wales Health Collaborative to clarify the situation regarding sign off of the spinal pathway and sharing of information.**

A discussion was held around the Neurorehabilitation pathway and proposals relating to repatriation. Members noted that further detail on this would be provided through the development of the service specification which would be presented to a future Management Group meeting.

A question was asked as to how much risk there was to implementing a



Neurosciences Strategy, given current and likely future financial constraints. The Chair expressed the view that this represented quite a risk and noted that this should be added to the risk register and rated, if it wasn't already recorded.

**Action**

- **Risk to of inability to implement Neurosciences Strategy to be added to risk register and rated, if not already recorded. (IL)**

ML questioned the apparent lack of patient voice in annex 6 and suggested that it needed to be made clear as to how engagement with patients and the public had been undertaken. Members noted that engagement with patients and the public during this stage had been difficult due to the strategic nature of the review, it was anticipated that a greater level of engagement from would be had when reviewing specific workstreams as these were the areas in which patients and public were most interested. Members acknowledged the importance to ensure that the opportunity to engage was there and it was suggested that further consideration should be given to how best to engage with patients and public on more strategic, All Wales issues. It was suggested that a paragraph be included in the final Strategy paper, which would detail how WHSSC engaged with patients and the public making it clear where there had been any barriers to achieving this.

24.9

**Action:**

- **Details regarding patient and public engagement to be included in the Neurosciences Strategy paper when presented to the Joint Committee. (IL)**

Members discussed the need to ensure that the Strategy paper clearly differentiates the commissioning responsibilities of WHSSC and those of the Health Boards, recognising a need for cohesive pathways for patients.

**Action:**

- **Ensure that that the Neurosciences Strategy paper clearly differentiates the commissioning responsibilities of WHSSC and those of the Health Boards. (IL)**

Members resolved to:

- **Note** the current provision of Specialised Neurosciences for patients in NHS Wales which will inform the Five-year Commissioning Strategy;
- **Support** the urgent establishment of network arrangements with NHS England providers for Interventional Neuroradiology;
- **Support** the establishment of an operational delivery network for Specialised Rehabilitation in south Wales;
- **Support** the collective approach to the commissioning of Paediatric Neurology in both north and south Wales; and
- **Support** the proposal to implement a service specification for



Specialist Spinal Surgery and a phased implementation of application of this to the listing of specialist spinal patients within Neurosurgery.

JC17/010 **Delivery of the Integrated Commissioning Plan 2016-17**

Members received the paper which provided an update on the delivery of the Integrated Commissioning Plan for Specialised Services 2016-17 as at the end of March 2017.

Members resolved to:

- **Note** the progress made in the delivery of the 2016/17 ICP;
- **Note** the funding release proforma schedule;
- **Note** the risk management summary.

JC17/011 **Performance Report**

Members received the report for February 2017, which provided a summary of the key issues arising and detailed the actions being undertaken to address areas of non-compliance.

It was noted that the format of the report for 2017-18 was being reviewed to provide a more streamlined version. It was acknowledged that the latest version had improved accessibility of information for Management Group members and feedback had been received.

Members resolved to:

- **Note** current performance and the action being undertaken to address areas of non-compliance.

JC17/012 **Financial Performance Report**

Members received the finance report for Month 1 2017-18 noting a forecast underspend to year-end of £602k. No underlying concerns were noted.

Members resolved to:

- **Note** the current financial position and forecast year-end position.

JC17/013 **Reports from the Joint Sub-committees and Advisory Group Chairs'**

Members received the following reports from the Joint Sub-committees and Advisory Group chair:

**Sub Committees**

**WHSSC Quality and Patient Safety Committee**

Members noted the update from the meeting held 10 May 2017. The key areas of discussion as were noted as:



Blood and Marrow Transplants  
 BCUHB had submitted evidence to JACIE for accreditation.  
 The Heater Cooler Units issue had closed.

**All Wales Individual Patient Funding Request Panel**

Members noted the update from the meeting held 26 April 2017.

It was noted that work was still to be carried out following the Review and that the Panel was considering alternate mechanisms for considering applications for PET referrals.

**WHSSC Integrated Governance Committee**

Members noted the update from the meeting held 10 May 2017.

Members noted that the Committee had raised concerns around the governance of clinical networks and quality assurance of mental health service provision, where assurance had not been received regarding Welsh providers as they were not currently monitored therefore the Committee had asked the WHSS Team to investigate alternative arrangements.

24.9

**Welsh Renal Clinical Network**

Members noted the update from the meeting held 8 May 2017.

Members noted the commissioning of a new unit in Gwent which opened on the 30 March 2017 and the appointment of a lead nurse for the Network. However, it was noted that concerns remained around holding WAST to account for timely non-emergency transport.

It was noted that the Network had been nominated for two awards in pharmacy but missed out on a win. The work around these pieces of work was being reviewed to see if they could be applied to the wider health system to support cost efficiencies.

**WHSSC Management Group**

Members noted the update from the meeting held 27 April 2017.

**Audit Committee**

Members noted the update from the meeting held 15 May 2017.

JC17/014 **Date and Time of Next Meeting**

It was confirmed that the next meeting of the Joint Committee would be held on 27 June 2017.

The public meeting concluded at approximately 11.06am

**Chair's Signature:** .....

**Date:** .....



## WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE – JUNE 2017

The Welsh Health Specialised Services Committee held its latest public meeting on 27 June 2017. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what's happening in Welsh Health Specialised Services.

The papers for the meeting are available [here](#)

Len Richards was welcomed as a new member having recently been appointed as Chief Executive Officer at Cardiff & Vale UHB.

### Action Log

Members noted the action log. Members received an update on:

- JC007 - WHSSC Integrated Commissioning Plan 2017-20 (ICP)  
Approval: All voting members had signed a Written Resolution or confirmed their support in writing; the ICP was therefore approved.
- JC001; JC004; JC005 – ICP-related actions: The remaining open ICP-related actions would be progressed following approval of the ICP.
- JC009 – Provision of Specialised Neurosciences in NHS Wales – The Neurosciences Strategy Group had held its first meeting at which it agreed a timeline and prioritised the consideration of sub speciality services.

### Chair's Report

Members noted the Chair's report.

The Chair's action approving the recommendations set out in the paper on the Specialised Neurosciences Review that was considered at the May meeting was ratified.

### Acting Managing Director's Report

Members noted the Acting Managing Director's report and in particular:

- Thoracic Surgery Review - Engagement  
The engagement process regarding the Stage One decision had begun; a further discussion regarding a proposed revised timetable would take place in private session.
- Performance Management

An enhanced performance management framework is being developed that will incorporate the WHSSC escalation process and be reported on through a revised version of the Performance Report. Current performance issues would be considered under the Performance Management agenda item and expanded upon in the private session.

- **Completion of the All Wales Blood Service Programme**  
A closure report had been received that confirmed the project had successfully completed within timeline, generated cost savings and maintained a quality blood supply for the whole of Wales. A more detailed summary of the report will be presented to the July meeting.

S Lewis reported that her appointment as Managing Director of WHSSC had been confirmed and she will commence in that role in September 2017.

### **Inherited Bleeding Disorders (IBD)**

Members received a presentation that highlighted the continued patient and commissioner risks in the IBD service, made members aware that the WHSSC Team was not fully assured that the current arrangements would address these risks, and outlined options and a recommendation to address the risks. It was noted that IBD was a specialised service but that the commissioning arrangements were mixed. A proposal to address the issue was considered by Management Group in January 2017 but a decision was deferred. The WHSSC Team had written to Health Board CEOs to advise them of the outcome and the continuing risks. The current paper had been developed with a view to addressing the continuing issues.

The proposal included recruitment of new resource within WHSSC (0.5 wte) to undertake the development of an all Wales commissioning strategy but the cost would be funded from anticipated cost savings. Health Boards were asked to transfer their existing IBD resources to WHSSC in support of the proposal.

The proposal was supported in principle, subject to a summary of the headline costs and savings on which the proposal was based.

### **Performance Report**

Members received the report for March 2017, which provided a summary of the key issues arising and detailed the actions being undertaken to address areas of non-compliance.

The following areas were addressed in some detail: Cardiac Surgery, Plastic Surgery, Paediatric Surgery, Neurosurgery, Bariatric Surgery, Thoracic Surgery and Posture & Mobility.

**Financial Performance Report**

Members received the finance report for Month 2 2017-18 noting a forecast under spend to year-end of £760k based on limited Month 1 data. There were some concerns around the NHS England spend that was now based on HRG4+ Pbr rates – the WHSSC Team was resisting this on the basis that it reflected a cost increase in specialised services for no extra activity.

**Joint Sub Committees and Advisory Groups**

Members noted the update reports from the following joint sub committees and advisory groups:

- All Wales Individual Patient Funding Request Panel
- Cwm Taf Audit Committee
  - The WHSSC Annual Governance Statement 2016-17 and Annual Accounts 2016-17 had been approved.
- Wales Neonatal Network
- NHS Wales Gender Identity Partnership Group
  - The revised Terms of Reference of the Group were approved.

**24.9**



## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

<b>Reporting Committee</b>	<b>Shared Service Partnership Committee</b>
<b>Chaired by</b>	Mrs Margaret Foster, Chair
<b>Lead Executive</b>	Mr Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Jacqui Maunder, Head of Corporate Services, <a href="mailto:Jacqueline.Maunder@wales.nhs.uk">Jacqueline.Maunder@wales.nhs.uk</a>
<b>Date of meeting</b>	18 <sup>th</sup> May 2017

#### Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

##### 1. Deep Dive – Audit and Assurance Services

The Committee **received** an informative presentation from the NWSSP Director of Audit and Assurance outlining the mandatory elements of the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF), the current structure of the internal audit function for NHS Wales, service requirements and the possible developments to the audit structure & process going forward. Much progress has been made in developing the audit and assurance function over the last three years and the future focus would be supporting NHS bodies with assurance mapping, incorporating compliance with the Well-being of Future Generations Act into audit plans and a review of whether the existing internal audit model was sustainable for the future needs of NHS Wales

The Committee **NOTED** the investment that had been made in developing the Audit & Assurance function, the scope of the internal audit work programme, the key performance indicators which had been agreed with the Board Secretaries Group and the use of audit software to automate reports and improve productivity.

##### 2. NHAIS Update

The Committee **received** a presentation from Neil Jenkins, on the **NHAIS transition project** and members **noted** the ongoing changes taking place within NHS England with regards to the NHAIS primary care system and the associated processes for GP medical record movements, GP patient registration, screening services data feeds and GP/Ophthalmic payments systems.

The Committee **NOTED** that NWSSP were heavily reliant on the continued support from NHS Digital in terms of the contingency planning and **ENDORSED** the approach being taken to review with Capita the options available in delivering a replacement payments system.

24.10

### 3.Chairman's Report

The Committee **received** a verbal update from the Chair who gave an update on measures that had been implemented to protect digital health services and care services following the global cyber attack that affected 48 NHS Trusts in England and thousands of organisations and industries world-wide since Friday 12<sup>th</sup> May. The Chair advised that the NHS Wales Informatics Service has been co-ordinating the remediation work, liaising closely with the senior management from across NHS Wales to help ensure that clinical staff could continue to use digital solutions to support the delivery of care. The Chair expressed gratitude to NWIS and NWSSP's in house IT team for the proactive work undertaken to monitor digital services and to ensure that information security was as strong as it could be.

As part of the Chair's annual programme of visits to Health Board's and Trusts, all NHS bodies had been visited with the exception of visit Cardiff and Vale UHB and enquiries were being made to arrange a visit in the near future.

### 4.Managing Director's Report

The Committee **received** a verbal report from the Managing Director, NWSSP which included an update on:

- **Cyber Security** – the mitigating actions that had been taken to ensure business continuity within the transactional / administrative functions across NWSSP. Including the close working with NWIS to ensure that all the critical systems were back up and running as soon as possible including setting up new protected access points.
- **Nursing Recruitment Campaign** – NWSSP were continuing to play a key role as the single point of contact in supporting the new phase of the Train, Work, Live campaign which now focused on nurse recruitment
- **Amendment to the Shared Service definition in the Establishment Order** – Members fully endorsed a proposal to update the definition of shared services within the Velindre NHS Trust Establishment Order to better reflect the wider opportunities and savings that could be delivered via NWSSP.
- **National Improvement Programme (NIP)** – provided an outline of the NIP programme including detailing where NWSSP had been tasked to support the various Peer Groups in taking the programme forward. It was agreed that regular updates would be provided on progress being made.
- **All Wales Staff Bank** – an update on the work being facilitated through NWSSP on providing information to support the potential establishment of an all Wales staff bank. Finance (DOF's) group needed to work collaboratively to provide pace to the delivery of the project.
- **Indemnity Arrangements** – the ongoing review of the potential options with regard to indemnity arrangements across NHS Wales and the direct impact of the significant increases to premiums being reported
- **Health Education Wales (HEW)** – the first meeting of the Project Board had taken place and there was a clear commitment that the new body would be operational by April 2018. The main impact on NWSSP would be the transfer of the WEDS function to the new body. Further work would be needed to support the transfer over the coming months. At this stage it was

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not envisaged that any other services provided via NWSSP would be transferred to the new body.

### **5. Primary Care Services – Service Level Agreement (SLA)**

The Committee **received** a report presenting a revised Service Level Agreement (SLA) for the Primary Care Services (PCS) function. The changes to the SLA incorporated the introduction of the Primary Medical Care Advisory Team (PMCAT) function, which had successfully transferred from Public Health Wales (PHW) to NWSSP in January 2017.

Looking forward members **noted** that now PMCAT had transferred the NWSSP PCS team were also working with the Health Boards Directors of Primary Care Mental Health Services to focus on developing PMCAT services going forward to better support their requirements.

The Committee **APPROVED** the updated SLA.

### **6. Business Cases/Projects**

The Committee **received** two reports providing updates on:

- 1. Managed Services Contract for Finance and Procurement (FMS) Enterprise Systems** – the report gave an update the renewal of the established All Wales contract for the provision of Managed Services for Oracle E-Business Suite (Finance, Procurement and Warehouse Management modules), QlikView, BI reporting and V1 products (output documents, mail, BACS, and OCR scanning), collectively referred to as “FMS Enterprise Systems. Members noted that following consideration and review by the FMS Strategy and Development Group (STRAD) the new contract will include a transition phase for a hardware refresh which must be completed to allow the new Managed Services contract to commence on 1st April 2018. The contract term will be 7 years with options to extend for up to three years (7+1+1+1).
- 2. NHS building for Wales Framework Procurement** – the report gave an update on the development of the NWSSP – Specialist Estates Service (SES) 3rd generation construction procurement frameworks entitled NHS Building for Wales. The “Designed for Life: Building for Wales 3” is a national framework for all projects with a construction cost in excess of £10 million. Specialist Estates Services (SES) began a consultation process in 2016, in collaboration with the health boards and trusts across Wales, to identify the needs and requirements for the 3rd generation frameworks for capital construction. Preparation of documentation for the ITT has now begun with an intended publication date in early June 2017, with the overall process concluding in October 2017. The new framework is to be known as the NHS Building for Wales (BfW) framework.

The Committee **NOTED** the progress updates and endorsed the process being followed.

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## **7. Procurement Strategy**

The Committee **received** a draft Procurement Strategy document which had been developed in conjunction Procurement Services and the Assistant Directors of Finance & Procurement (ADOF's) group, Chaired by Eifion Williams, Director of Finance, Powys Teaching Health Board (THB).

The Committee **NOTED** the draft strategy and requested that the DOF's Peer Group provide comments on how best to measure the success of the strategy. Any feedback will incorporated into the strategy before being endorsed by the NWSSP Committee.

## **8. Prudent Procurement Report**

The Committee **received** an Annual Review report in respect of the work of the **All Wales Medical Consumables and Devices Strategy Group (AWMCDSG)**.

Committee members welcomed the report but they also recognised the need to help support the work of the group going forward and the importance and ambition of delivering the work programme with greater pace. In particular, the members noted the current work on hip prosthesis, silver dressings, trocars and cardiac stents, which were all progressing well. It was further noted that the Surgical Materials Testing Laboratory (SMTL) were in the process of developing a briefing paper on the potential topics for AWMCDGS which would be shared with Medical Directors to ensure the needs of NHS Wales were reflected.

The Committee **NOTED** the update.

## **9. Update on Laundry Review**

The Committee **received** an update report on progress with regard to the NHS Wales Laundry Service review. The Committee were encouraged by the engagement process which had also included a number of facilitated workshops as part of the process. A number of Committee members agreed to be involved in the evaluation of the options being put forward as part of the development of an outline business case (OBC). It was noted that the timetable had slipped slightly due to the requirement to undertake a detailed condition survey and it was agreed that the OBC would be presented to the September NWSSP Committee for a decision on the way forward.

The Committee **NOTED** the update.

## **10. Establishment of the Wales Infected Blood Support Service**

The Committee **received** a report on progress in developing the **Wales Infected Blood Support Service (WIBSS) in response to the** Cabinet Secretary for Health, Well-Being and Sport's statement on the 30th March 2017. This service was designed to put in place support arrangements for individuals and their families affected by hepatitis C and HIV having previously been treated with contaminated blood. Working with the Welsh Blood Service NWSSP had put in place an appropriate project team to ensure that the new arrangements would be in place ready for the October 2017 deadline when the service would need to become operational.

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The Committee **NOTED** the report.

### **11. NHS Student Bursary Arrangements update**

The Committee **received** a report providing an update on the additional changes being put in place to the administrative processes covering the NHS Bursary System in Wales operated through NWSSP. These changes were as a direct result of the Cabinet Secretary for Health, Well-being and Sport's announcement on the 9<sup>th</sup> December 2016 that bursaries would continue to be offered for students on eligible health related programmes in Wales, subject to a commitment to work in Wales for 2 years after graduation.

The Committee **NOTED** the report.

### **12. Finance and Performance**

The Committee **received** a report from the Director of Finance & Corporate Services summarising the latest **financial position** and key performance indicators (KPIs). NWSSP reported an £11k surplus at the close of Month 12. This was after distributing £2.0m to NHS Wales in February 2017 - £1.25m more than the £0.750m distribution commitment included in the approved IMTP and arranging the £1.2m brokerage with Welsh Government.

Committee members reviewed and discussed the performance as part of the scrutiny process.

The Committee **NOTED** the report.

### **13. Welsh Risk Pool Financial Position**

The Committee **received** a report from the Director of Finance & Corporate Services updating the Committee on the current financial **position regarding the Welsh Risk Pool** and the proposed actions to strengthen the related processes including learning lessons from claims.

### **14. Reports for Information**

The Committee **received** and **noted** a number of reports for information, these included:

- National Procurement Service (NPS) Update
- Audit Committee Highlight Report
- Draft Annual Governance Statement 2016-2017
- ESR Enhance Hire to Retire progress update
- Committee Effectiveness Survey 2017

### **15. Occupational Health System**

The Committee **received** a report on a proposal to standardise the occupational health software system used across Wales which would then allow the better utilisation of the ESR functionality (two way interface system) to help ensure the process efficiencies can be realised as part of the achievement of the 75 day recruitment reduction target.

The Committee **APPROVED** the business case and the associated funding

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streams.	
<b>Corporate Risk</b>	
<p>The Committee received an update on <b>key risks</b> and noted that NWSSP's Senior Management Team (SMT) had participated in a risk management workshop on the 27<sup>th</sup> April 2017, which provided an opportunity to review and refresh the corporate risk register. A second workshop was due to be held in June 2017 and the updated register would be presented to the next Partnership Committee. The Committee <b>NOTED</b> that <b>there were currently three red risks identified on the register relating to</b></p> <ul style="list-style-type: none"> <li>• the ongoing issues following the changes made by NHS England in relation to primary care records transfers and the proposed changes to the Exeter payment and patient registration system;</li> <li>• the ongoing issues within the Accounts Payable team and the arrangements in place within NHS bodies that has resulted in some delay in payment to suppliers in a number of Health Boards and Trusts; and</li> <li>• recruitment challenges in professional service areas including procurement and engineering posts within the Specialist Estates Services department</li> </ul> <p>The Committee noted a new amber risk, which related to the Lord Chancellor's announcement regarding the discount rate change and the impact on the future costs and funding of Welsh Risk Pool cases.</p>	
<b>Matters requiring Board level consideration and/or approval</b>	
<ul style="list-style-type: none"> <li>• The Board is asked to <b>NOTE</b> the work of the SSPC and ensure where appropriate that Officers support the related work streams.</li> <li>• The Board is asked to <b>CONSIDER</b> any potential pressures that NWSSP could consider providing support for, or any areas which NWSSP could invest in to further support HBs/Trusts in meeting any additional challenges over the next three years. To be reported back to the next Committee meeting.</li> </ul>	
<b>Matters referred to other Committees</b>	
<ul style="list-style-type: none"> <li>• <b>Directors of Finance (DOF's) group</b> – request that the group reviews the draft Procurement Strategy document and in particular provide comments on how the outcomes can be measured. Any feedback will be incorporated into the strategy before being endorsed by the NWSSP Committee.</li> </ul>	
<b>Date of next meeting</b>	22 <sup>nd</sup> June 2017

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**PRIVATE MEETING OF THE BOARD  
27 JULY 2017**

**AGENDA**

<b>PART 1: PRELIMINARIES</b>		
1	Welcome and Introductions	<i>Oral</i>
2	Apologies for Absence	<i>Oral</i>
3	Declaration of Interest	<i>Chair</i>
4	To approve the Minutes of the Private Board meeting held on 25 <sup>th</sup> May 2017	<i>Chair</i>
5	Action Log	<i>Chair</i>
<b>PART 2: REPORTS</b>		
6	Report of the Chair	<i>Oral</i> <i>Chair</i>
7	Report of the Chief Executive	<i>Oral</i> <i>Chief Executive</i>
8	Car Parking	<i>Oral</i> <i>Chair</i>
9	Audit of Contractual Relationship with RKC Associates Limited and its Owner	<i>Chief Executive</i>
10	Financial Governance Review of the UHB	<i>Chief Executive</i>
11	Confidential Medical Staff Issues	<i>Oral</i> <i>Medical Director</i>
12	Interventional Radiology	<i>Interim Chief Operating Officer</i>
13	Paediatric Surgery	<i>Oral</i> <i>Medical and Nurse Directors</i>
14	Draft Financial Plan 2017-18 Update	<i>Oral</i> <i>Finance Director</i>
15	Welsh Health Specialised Services Committee Integrated Commissioning Plan	<i>Director of Public Health</i>
<b>PART 3: MINUTES FROM PRIVATE COMMITTEES FOR INFORMATION ONLY</b>		
16.1	People, Planning and Performance Committee - May	<i>Prof M Longley</i>
16.2	Quality, Safety and Experience – June	<i>M Battle</i>
16.3	Abridged RTSC – March, May and June	<i>M Battle</i>
16.4	Welsh Health Specialised Services Committee Joint Committee – May & June	<i>Dr S Hopkins</i>
16.5	Audit Committee – May	<i>I Grey</i>
<b>PART 4: FINAL CLOSURE AND FUTURE MEETINGS</b>		
17	Review of the Meeting	<i>Oral</i>
18	Date of the next meeting : <ul style="list-style-type: none"> <li>• Thursday 28 September 2017</li> </ul>	