BOARD MEETING

1pm on Thursday 25th January 2018

Board Room
University Hospital Llandough

BOARD MEETING
1pm on 25th January 2018
Board Room, University Hospital Llandough

AGENDA

PATIENT STORY A child with complex needs		
PART 1: ITEMS FOR ACTION		
1	Welcome and Introductions	Oral
2	Apologies for Absence	Oral
3	Declarations of Interest	Oral
4	Minutes of the Board meeting held on 30th November 2017	*Chair*
5	Action Log	Oral *Chair*
6	Chair's Report	*Chair*
7	Chief Executive's Report	*Chief Executive*
8	Patient Safety Quality and Experience Report	*Executive Nurse Director*
9	Cardiff and Vale of Glamorgan Joint Commissioning and Pooled Budgets For Older Peoples Services	*Director of Planning*
10	Cardiff and Vale of Glamorgan Area Plan for Care and Support Needs	*Director of Planning*
11	Finance Report	*Director of Finance*
12	Integrated Medium Term Plan 2018 - 2021 Update	Oral *Director of Planning*
13	Performance Report	*Director of Public Health*
14	Corporate Risk and Assurance Framework Update	*Director of Corporate Governance*
PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE BOARD **AVAILABLE ON THE UHB WEBSITE** http://www.cardiffandvaleuhb.wales.nhs.uk/board-meetings		
15	**Minutes from other Boards/Committees**	
.1	Audit Committee – December	*John Antoniazzi*
.2	Finance Committee – October and November	*John Union*
.3	Health and Safety Committee – October	*Michael Imperato*
.4	Resource and Delivery Committee – November	*Charles Janczewski*
.5	Mental Health and Capacity Legislation Committee – November	*Charles Janczewski*
.6	Joint Meeting of Health Professionals' Forum and	*Paula Martyn &*

 .7 .8 .9 .10 .11	Stakeholder Reference Group – November Local Partnership Forum – November Organ Donation Committee – November Quality, Safety and Experience Committee – December Emergency Ambulance Services Committee – September and Chair's summary – November Shared Services Partnership Assurance Report	*Sue Bailey* *Martin Driscoll* *Maria Battle* *Susan Elsmore* *Len Richards* *Len Richards*
16	Agenda of the Private Board Meeting	
17	To note the date of the next Board and Trustee Meeting 29th March 2018 at 1pm	
18	**Dates for 2018/19** Thursday 31 May 2018 Thursday 26 July 2018 - ***Board & AGM*** Thursday 27 September - ***Board & Trustee meeting*** Thursday 29 November 2018 Thursday 31 January 2019 Thursday 28 March 2019	

¶
¶
¶ 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

4

UNCONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE UNIVERSITY HEALTH BOARD HELD AT 1PM ON 30 NOVEMBER 2017 BOARD ROOM, UNIVERSITY HOSPITAL LLANDOUGH

Present:	
Maria Battle	Chair
Abigail Harris	Director of Planning
Akmal Hanuk	Independent Member – Community
Charles Janczewski	Vice Chair
Eileen Brandreth (part)	Independent Member – ICT
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Dr Graham Shortland	Medical Director
John Union	Independent Member – Finance
Len Richards	Chief Executive
Martin Driscoll	Director of Workforce and OD
Michael Imperato	Independent Member - Legal
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Sara Moseley	Independent Member – Third Sector
Dr Sharon Hopkins	Director of Public Health
Steve Curry	Chief Operating Officer
Stuart Egan	Independent Member – Trades Unions
Cllr Susan Elsmore	Independent Member – Local Authority
Paula Martyn	Associate Member – Chair, SRG
Sue Bailey	Associate Member – Chair, HPF
In Attendance:	
Peter Welsh	Director of Corporate Governance
Steven Place	Representing Cardiff and Vale of Glamorgan CHC
Secretariat	Julia Harper
Apologies:	
Prof Elizabeth Treasure	Independent Member – University
John Antoniazzi	Independent Member –Estates
Lance Carver	Associate Member – Director of Social Services
Alan Brown	Vice Chair, Cardiff and Vale of Glamorgan CHC
Indu Deglurkar	Chair, SMSC
Stephen Allen	Chief Officer, Cardiff and Vale of Glamorgan CHC

UHB 17/221 PATIENT STORY

The UHB Chair, Miss Maria Battle, as Chair of the Organ Donation Committee, introduced the specialist nurses in organ donation, Gail Melvin and Charlotte Goodwin who were attending the Board to present a story on multi faith issues. For the benefit of new Board members, Miss Battle explained that receipt of a patient story was an opportunity to put patients at

the centre of decision making and allowed Members to reflect on patient experience throughout the meeting.

The nurses commented on three examples of where faith played an important role in communication and decision making with patients' families. In the first case of a Sikh gentleman, conversations were held with 25 family members. Fortunately they were aware of their loved one's intentions with regard to donation and consented to the transplantation of organs but not to research. Specific requests were made for staff to leave the bedside light on and to put a few drops of water onto the lips when death was imminent and these wishes were respected and actioned. Unfortunately not all organs were viable for transplant.

In the second case of a Sikh man who had not discussed his wishes with his family, with interpretation from the man's brother, his wife consented to kidney donation and research. Staff had to consider virology as the man had recently visited India. In this case there was an added challenge with a 90 minute delay getting into theatre and this meant the family and the retrieval team who had travelled from another part of the UK were left waiting. Unfortunately it turned out that the organs were not suitable for transplant. In terms of culture, the man's headscarf remained on at all times and the family requested the attendance of a multi faith chaplain.

In the case of a Muslim man who died around the time that the organ donation legislation was changing, his family had already discussed their feelings with each other and all had decided they all wanted to opt out. They requested burial before sun down and this was respected.

It was noted that staff were making links with local mosques to raise awareness of organ donation and an invitation had been extended to a mosque member to attend the Organ Donation Committee. The NHS Blood and Transfusion Service was also producing a regular newsletter on diversity issues as some areas of the country had little experience of multi faith/culture issues.

In future, it had been agreed that all clinicians involved in the organ retrieval process would hold a moment of silence in theatre before retrieval commenced and read words of thanks for the gift by the donor and their family as a mark of respect.

The key message to everyone was to discuss your wishes with your family. Mr Hanuk commented that he had a very good network involving a number of communities and would be happy to support the team to spread the message.

UHB 17/222 WELCOME AND INTRODUCTIONS

The Chair welcomed three new Independent Members and the new Vice Chair to their first meeting of the Board. She also thanked Professor Elizabeth Treasure and Stuart Egan for their energy and sincerity serving the

4

Board over the last 8 years. This would be their last meeting, and unfortunately Prof Treasure had been unable to attend.

UHB 17/223 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

UHB 17/224 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. Ms Brandreth declared an interest in two items involving Cardiff University.

UHB 17/225 MINUTES OF THE BOARD MEETING HELD ON 28th SEPTEMBER 2017

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 28th September 2017.

UHB 17/226 ACTION LOG FOLLOWING THE LAST MEETING

The Board **RECEIVED** the Action Log from the September meeting and **NOTED** the following:

UHB 17/089 Patient Safety, Quality and Experience Report (CAMHS) – There had been no movement on the out of hours tertiary CAMHS concerns raised. These services were commissioned by WHSSC and provided by Cwm Taf University Health Board. It was agreed that Dr Hopkins and the Chief Executive would consider whether this should be referred to the WHSSC Joint Committee in order to enable discussion.
Action – Dr Sharon Hopkins

UHB 17/227 CHAIR'S REPORT

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

1. **Personalia –** The Chair reported that the Executive Team was complete, 3 new Independent Members (IMs) were attending their first meeting, as was the new Vice Chair, Charles Janczewski. Two new IMs would be appointed shortly. In addition, the Cabinet Secretary had agreed the appointment of Mr Lance Carver, Director of Social Services, Vale of Glamorgan Council as an Associate Member of the Board. In light of the number of new Board Members, further training would be arranged.

2. **Diary of Events Attended –** The Chair shared the events attended in the last two months.

3. **Major Trauma Network Consultation –** the consultation period had been extended by 12 weeks to 5th February 2018.

4. **KwaZulu Natal Povincial Legislature Health Portfolio Committee Visit –** a successful visit to the UHB was made on 14th November and further collaboration would be taken through the Wales for Africa Group.

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

UHB 17/228 CHIEF EXECUTIVE'S REPORT

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

1. **Personalia -** Martin Driscoll the new Director of Workforce and OD was attending his first Board meeting and Steve Curry who had been the Interim Chief Operating Officer had been appointed substantively.

2. **Visit to Canterbury Health, New Zealand –** The Chief Executive reported that he had led a small group to Canterbury to examine their "care closer to home" philosophy in operation. He advised that a full report would be circulated in the next couple of days, but stressed the need for good real time information systems, clinical engagement, a higher trust and lower bureaucracy relationship and being receptive to change culture. They also had a single system budget and always turned discussion to what would be best for Agnes, the mythical patient. The next steps were to develop this international alliance/collaboration for mutual learning and reinvigorate the UHB's vision, improve clinical information and pathways and learn from their community falls prevention work.

3. **Child and Adolescent Mental Health Services (CAMHS) –** It was noted that a resources model was being completed for consideration at the Management Executive. Only the management of the service would change, not its location.

4. **WAO Report – UHB Contractual Relationship with RKC Associates Ltd and its Owner –** Good progress had been made and would be considered at the December Audit Committee. In addition, the Public Accounts Committee would receive an update in April 2018.

5. **Targeted Intervention –** good progress was being made.

6. **Joint Executive Team (JET) Meeting with Welsh Government –** The Chief Executive reported on his first JET meeting and confirmed that

the UHB accounted well and this was recognised by further Welsh Government support.

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

4

UHB 17/229 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

The Executive Nurse Director, Mrs Ruth Walker, answered the questions raised by Independent Members at the Chair's Governance Group. This covered resuscitation in mental health facilities and ligature points, the work of the falls model wards, and transgender services. The Board noted that discussions were ongoing with Welsh Government on the latter and that the Management Executive would be asked to make a decision on what the UHB could offer as the service was resource intensive for the complex group of patients. Currently Wales did not have the capacity or capability to deliver a service and the London waiting time was 14 months. It was noted that it was important to make progress as up to 30% of patients had committed suicide whilst waiting for treatment.

Mrs Walker also answered questions on the progress with medicines management with the continued regular audit of maintaining locked fridges and cupboards, the lessons learned from serious incidents with the Quality Safety and Experience Committee that used one meeting a year to consider learning in detail and the improvements made including in the fracture clinic with the provision of an additional 2 telephones. It was noted that improvement work was underway in the fracture clinic and a new pathway was being developed for implementation in the Spring which should remove 60% of visits to clinic.
The Chair commended the improvement of the serious incident closure reports and requested an update on transgender
Action – Dr Graham Shortland
and fracture services at a future meeting.
Action – Mr Steve Curry

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 17/230 FINANCE REPORT

4

The Director of Finance, Mr Robert Chadwick advised that the report had been presented to the Finance Committee earlier in the day for detailed consideration. He commented that the UHB was on target to meet the £30.9 planned deficit. He also drew the Board's attention to two material risks. Funded Nursing Care costs arising from a recent legal ruling and no cheaper stock available (NCSO) drugs. Both pressures applied to all Welsh Health Boards and could not be influenced locally.

The Board noted that the structural deficit continued to increase because savings had been achieved via non-recurrent measures. Members were invited to attend a meeting of the Finance Committee on the 4th January 2018 to consider in detail the underlying deficit and the plans for the coming year.
Action – All Board Members

LIMITED ASSURANCE was provided by:

- The work that had been undertaken to develop the 2017/18 operational plan;
- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 7 position which was broadly in line with the profiled deficit within the financial plan.
- The identification of a full £35m savings programme.

The Board:

- **NOTED** that the UHB had a one year operational plan that had a planned deficit of £30.900m for the year;
- **NOTED** the £17.963m deficit at month 7 which included a planning deficit of £18.025m and budget underspends of (£0.062m);
- **NOTED** that the UHB now had a savings plan fully identified;
- **NOTED** the risks that were outside the current expenditure projection that needed to be managed;
- **APPROVED** a request to Welsh Government for £36.423m cash assistance.

UHB 17/231 PERFORMANCE REPORT

The Director of Public Health, Dr Sharon Hopkins answered questions raised by Independent Members at the Chair's Governance Group. The Board noted that it was expected that the staff vaccination target would be met but it was not known if the general at risk population target would be achieved.

Dr Hopkins was unable to confirm why there had been a reduction in the number of cases of self-harm among children. In terms of CAMHS, the UHB was working with Cwm Taf on a new care model and the number of delayed transfers of care was improving.

The Chair invited further questions and comments:

- A summary of the length of time patients were delayed in hospital would be provided for Board Members (DTOC).
  Action – Mr Steve Curry
- Concern was expressed that only half of staff were receiving an annual appraisal as this was an indication of the value placed on staff. It was confirmed that this figure was actually higher than the one electronically reported and was monitored via monthly performance review. It was agreed to provide a report to the Resource and Delivery Committee on how this discrepancy was being addressed.
  Action – Mr Martin Driscoll
- It was noted that the Board had previously agreed a number of priority areas for attention and these were all reported within the body of the main report. The Cabinet Secretary had requested Chair's concentrate on stroke, cancer and healthcare associated infection.
- In terms of infection, there was a Wales-wide driver diagram in use. Many of the UHB's regular attenders were immune suppressed and therefore more susceptible to infection. *E.coli* was a new target with the focus on catheterisation in the community. Infection prevention and control (IPC) was considered in detail at the Quality, Safety and Experience Committee. In addition, the UHB Medical Director chaired the all Wales Antimicrobial Group and had instigated antimicrobial walkrounds in the UHB. Overall the UHB was below the UK mean for antibiotic use.
- There was a challenge discharging neuro patients for rehabilitation due to day case funding in local hospitals. 12 patients had waited over 100 weeks for neurosurgery because of issues with theatre access. It was confirmed that the outcome of the Neuro review was expected soon.
- It was noted that the Minister had provided an additional £1m with £800k going into community rehabilitation. The Chair agreed to circulate the briefing that had been provided to Chairs.
  Action – Miss Maria Battle

REASONABLE ASSURANCE was provided by:

- the fact that the UHB was making progress in delivering its Operational Delivery Plan for 2017/18 by achieving compliance with 19 of its 60 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 17/232 INTEGRATED WINTER PREPAREDNESS AND RESILIENCE PLAN

The Chief Operating Officer, Mr Steve Curry had nothing to add to the report and encouraged members to view the full plan via the electronic link.

ASSURANCE was provided by:

- The production of a multi-agency integrated winter resilience plan based on learning from previous years.
- The plan was based on the approach approved by Board in July 2017.
- The Health Board components of the Plan had been approved by Management Executive.

The Board:

- **NOTED** the Cardiff and Vale of Glamorgan Integrated Winter Preparedness and Resilience Plan.

UHB 17/233 MORTUARY AND CELLULAR PATHOLOGY RESPONSE TO HTA INSPECTION

The Chief Operating Officer, Mr Steve Curry advised the Board that all the concerns raised by the Human Tissue Authority (HTA) had been addressed in the action plan that was available in a separate “boardbook”. A number of improvements had already been made and investigation through a root cause analysis was underway with progress reported to Management Executive on a weekly basis. The HTA had commended the UHB on its openness and transparency.

The Chief Executive confirmed that the outcome would be reported to Board in April as it was important that the reasons for the deterioration were identified and lessons were learned.
Action – Mr Steve Curry

ASSURANCE was provided by:

- The governance process and completed actions that had been implemented to meet the requirements of the HTA inspection.

The Board:

- **NOTED** the progress to date against actions.
- **NOTED** the investigation timescale and early recommendations.

UHB 17/234 ACTION TAKEN BY THE CHAIR ON BEHALF OF THE BOARD

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

UHB 17/235 CORPORATE RISK AND ASSURANCE FRAMEWORK UPDATE

The Director of Corporate Governance, Mr Peter Welsh reported no significant change to the risk register since the last meeting. Work was progressing on the revised presentation of risk and this would require a greater level of ownership. It was proposed to use the April Board Development Day to consider the risks to be included and these would be tied to strategic objectives.

ASSURANCE was provided by:

- Assignment of risks to a Lead Executive and Committee.
- The CRAF was a standing agenda item at Board and its Committees.
- The review of the CRAF that was currently taking place recognised that this area could be strengthened to provide better assurance and was aimed at achieving this.

The Board:

- **CONSIDERED** the CRAF Update Report
- **NOTED** proposed next steps in the CRAF review.

UHB 17/236 REVIEW OF THE TERMS OF REFERENCE FOR THREE COMMITTEES OF THE BOARD

The Director of Corporate Governance, Mr Peter Welsh commented on the changes proposed and confirmed that the Chair and Chief Executive would be holding further meetings with Committee Chairs. The changes to the RATS Committee were required to address improvement actions following the WAO report.

The Vice Chair reiterated the importance of the attendance of Independent Members at Committee meetings. The reduction in the number of Members on Committees had placed a greater onus on Members' attendance in order for meetings to be quorate. Any member who was unable to attend needed to advise the Secretariat at the very earliest opportunity.
Action – All Independent Members

ASSURANCE was provided by:

- Discussion with Chairs and Executive Leads of Committees
- Discussion at the Chair's Governance Coordinating Group.

4

The Board:

- **APPROVED** changes to the Terms of Reference for the Quality, Safety and Experience, Mental Health and Capacity Legislation and Remuneration and Terms of Service Committees with effect from 1st January 2018.

UHB 17/237 REVIEW OF THE MANAGEMENT OF POLICIES, PROCEDURES AND OTHER WRITTEN CONTROL DOCUMENTS POLICY AND PROCEDURE

Mr Peter Welsh, Director of Corporate Governance advised that this Policy was the foundation for the UHB's governance processes with regard to the production and maintenance of policies and written control documents. The requirements for an equality and health impact assessment had been strengthened and the list of Committees responsible for policy areas had been amended in line with the new Committee structure. It was suggested that Committees give consideration to any links with key performance indicators.

ASSURANCE was provided by:

- This Policy had been in existence for several years within the UHB.
- The new format for joint Equality and Health Impact Assessments agreed last year was included in all policy documentation.
- Consultation had taken place across the UHB and comments received had been incorporated into the updated version.

The Board:

- **APPROVED** the updated Management of Policies, Procedures and Other Written Control Documents Policy and Procedure.
- **APPROVED** the full publication of the Management of Policies, Procedures and Other Written Control Documents Policy and Procedure in accordance with the UHB Publication Scheme.

PART 2 – ITEMS FOR INFORMATION ONLY

UHB 17/238 STROKE DELIVERY PLAN PROGRESS REPORT

Dr Fiona Jenkins, Director of Therapies and Health Sciences explained that this report was one of several Delivery Plans. Although good progress had been made, further action was required for a sustainable, good quality stroke pathway. Work was in progress and would be supported by the introduction of PREMS and PROMS.

It was noted that patients in Wales were least likely to die from stroke in the UHB and the figure was better than the UK average. A kiosk had been located in the stroke rehabilitation unit to capture patient feedback. This was mainly positive except for complaints about the environment.

4

ASSURANCE was provided by:
- Progress during the past year set out in the delivery plan update.

The Board:

- **NOTED** the report update and progress made
- **NOTED** that stroke care although improving, was not achieving level "A" status, and that further actions and remodelling would need to be taken to ensure sustainable improved performance and outcomes for patients.

UHB 17/239 MINUTES FROM OTHER BOARDS / COMMITTEES

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

1. **Welsh Health Specialised Services Committee – July and September**
2. **Quality Safety and Experience Committee – September and October**
3. **Strategy and Engagement Committee – September**
4. **Charitable Funds Committee – June and September**
5. **Audit Committee – September**
6. **Stakeholder Reference Group - September**
7. **Emergency Ambulance Services Committee – June and September**
8. **Finance Committee – August and September**
9. **Local Partnership Forum – August**
   Mr Egan reported that the draft 10 year Dementia Strategy had been warmly welcomed. However, he asked the Board to consider those people who could not engage themselves and without family, only had friends to advocate on their behalf. In this regard, further consideration should be given to respite care. It was agreed to take this up outside the meeting.
   Action – Miss Maria Battle
10. **NHS Wales Shared Services Partnership – September**

The minutes were **NOTED.**

UHB 17/240 AGENDA OF THE PRIVATE BOARD MEETING

In terms of openness, the agenda for the Private meeting was published and **NOTED.**

UHB 17/241 REVIEW OF THE MEETING

There was nothing further to add to the meeting.

UHB 17/242 DATE OF THE NEXT BOARD MEETING

The next meeting would be held at 1pm on 25th January 2018 in the Board Room, University Hospital Llandough.

5

UPDATED BOARD ACTION LOG FROM NOVEMBER 2017

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
UHB 17/052 UHB 17/226	30.3.17 30.11.17	Patient Safety, Quality and Experience	Explore improvements in out of hours emergency CAMHS inpatient treatment through WHSSC. To consider with the Chief Executive, referral to WHSSC Joint Committee to stimulate debate.	Dr S Hopkins	Discussion taken place. Tier 4 service does not take OOH referrals. Crisis team which operates 9am to 9pm 7 days a week has been offering a restricted service but will be up to full service again in February. The OOH responsiveness will be kept under review.
UHB 17/089 UHB17/182	25.5.17 28.9.17		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. Several meetings have taken place but a further recent meeting had to be postponed.
UHB 17/065	30.3.17	WHSSC	Discuss system rules separately.	M Battle	Discussions ongoing in many different fora.
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	Major refurb of 2 of 6 lifts is currently underway creating more capacity. A capital paper is being developed for all ageing estate issues requiring replacement funding. The estates strategic plan won't go into the detail of the specific discretionary capital schemes - the discretionary capital

					programme proposed for the year will come to the Board (either as part of the IMTP or as a separate report).
UHB 17/143	27.7.17	Performance Report	Appoint Champion for Hand Hygiene and Bare Below Elbow.	M Battle	Under review due to changes in Board Membership.
UHB 17/144 UHB 17/182	27.7.17 28.9.17	IMTP Development Process	Full integration of finance and workforce plans to be given more consideration as to how this could be achieved.	L Richards	This was being considered as part of the IMTP and was ongoing.
UHB 17/184	28.9.17	Chief Executive's Report	Review format and presentation of Board reports including Members' views.	L Richards	We are working on this.
UHB 17/229	30.11.17	Patient Safety Quality & Experience	Update Board on: • Transgender Service • Fracture Services	 G Shortland S Curry	
UHB 17/239	30.11.17	LPF Minutes – Dementia Strategy	Discuss implications for people who could not engage themselves and only had support from friends.	M Battle	Meetings ongoing with all key people by Chair and Executive Director of Nursing
ACTIONS TO BE BROUGHT FORWARD ON ANOTHER AGENDA					
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 **2017/18.**
UHB 17/066	30.3.17	Health and Safety Committee	Produce Estate rationalization plan for discussion at Board meeting.	A Harris	Progress report received in September 2017. Board agreed to receive the comprehensive Estates Plan in **Spring 2018**
UHB 17/185	28.9.17	Patient Safety, Quality and Experience Report	QSE to give consideration of ways of addressing big rise in community infection and falls prevention.	R Walker	**Quality, Safety and Experience Committee**

5

UHB 17/141 UHB 17/182	27.7.17 28.9.17	Patient Safety Solutions, Alerts and Notices	Fully cost and discuss again with Management Executive, the funding of patient identification solutions.	R Walker	The proposal is being taken via the normal POD process in line with the arrangements for the IMTP. Progress to be reported to **Quality Safety and Experience Committee in February 2018**
UHB 17/233	30.11.17	HTA Report	Outcome of root cause analysis and lessons learned to be brought back to Board.	S Curry	Independent Review commencing February. **Board in April 2018**
ACTIONS COMPLETED SINCE LAST MEETING					
UHB 17/201	28.9.17	Health and Safety Committee Minutes	Failure to attend training - raise worst offending with new WOD Director and the need for face to face training to include all modules.	L Richards	Reviewed as part of Performance Reviews
UHB 17/141	27.7.17	Patient Safety Solutions, Alerts and Notices	General update to be received in 6 months' time.	R Walker	Board agenda setting meeting agreed not necessary – already been to QSE. **CLOSED**
UHB 17/185	28.9.17	Patient Safety, Quality and Experience Report	Investigate higher ratio of Estates staff making a PI claim and report back to Concerns Group.	A Harris	Number and type of claims received at Concerns Group as requested **Complete.**
UHB 17/150	27.7.17	CRAF	Comments on layout and content to be fed back to Peter Welsh by the end of August.	All Members & Attendees	Up-date provided to Audit Committee on 26th September 2017. **CLOSED**
UHB 17/231	30.11.17	Performance Report	DTOC summary of individuals to be circulated. Report on PADR reporting discrepancy to go to Resource and Delivery Committee	S Curry M Driscoll	Sent 22.12.17 **Complete** Referred to R&D on 18/12/17. Oral update at the R&D Committee on 30 January. There is a lot of work being undertaken on appraisals and

5

CARING FOR PEOPLE
KEEPING PEOPLE WELL

					a written report will be presented at the May 2018 Committee meeting. **Resource & Delivery Committee May 2018**
UHB 17/231	30.11.17	Performance Report	Circulate Chairs' Briefing (stroke, cancer & IPC)	M Battle	**Complete**
UHB 17/230	30.11.17	Finance Report	Members were invited to consider in detail underlying deficit and next year's plans at meeting on the 4/1	All Board Members	**Complete**
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	July deferred to September 2017 and again to **January 18.** On January Agenda. **Complete**
UHB 17/149	27.7.17	Quality of Medical and Dental Education	Discuss with Cabinet Secretary the need for the UHB to be represented on the Board of HEIW.	M Battle	Independent Members were appointed through the public appointments process. **CLOSED**
UHB 17/236	30.11.17	Committee Terms of Reference	Importance of attendance and early notification of apologies was stressed.	Independent Members	**Complete** Chair has reiterated this in correspondence to all IMs

CHAIR'S REPORT TO THE BOARD	
Name of Meeting : Board Meeting	**Date of Meeting:** 25 January 2018

Executive Lead : N/A
Author : Director of Corporate Governance
Caring for People, Keeping People Well: The report aligns where appropriate with the Strategy and Strategic Objectives of the Health Board.
Financial impact : £ N/A
Quality, Safety, Patient Experience impact: N/A
Health and Care Standard Number : N/A
CRAF Reference Number : N/A
Equality and Health Impact Assessment Completed: Not Applicable

6

ASSURANCE AND RECOMMENDATION
ASSURANCE is provided by:

- Discussion at the Governance Co-ordinating Group
- Discussions with the Director of Corporate Governance

The Board is asked to:

- **NOTE** the report
- **RATIFY** the Chair's Action
- **ENDORSE** the affixing of the Common Seal

SITUATION

At each public Board meeting, the Chair presents an oral report on key issues to be brought to the attention of the Board since its last meeting. This written report gives me the opportunity, as Chair of the Health Board, to provide an update on relevant matters. It also outlines where I have been required to affix the Common Seal of the Health Board and, where appropriate, have taken Chair's Action in line with Standing Orders which requires ratification of the Board.

BACKGROUND

This over-arching report highlights the key areas of activity and risk, some of which may be referred to within the business of the Board meeting and also highlights topical areas of interest to the Board.

ASSESSMENT AND ASSURANCE

As Board is aware, we are in the middle of the winter pressures and I have been visiting many areas within our hospitals and the community. I would like to thank all our staff for their incredible dedication and resilience in the face of all the challenges and for the care they continue to provide. I saw first- hand the kindness and the extra miles staff went caring for patients during the Christmas period which, as well as working long hours, included decorations, singing, presents and concerts.

I received the outcome of my mid-year appraisal in December from the Cabinet Secretary which reflects the performance of the Executive team and the UHB overall. I am pleased to inform the Board that the Cabinet Secretary recognised that we continued to build upon progress and we are in a much better place than we were at the start of 2017. Although our financial situation remains unacceptable, the forecast achievement of the control total and the potential to go further is encouraging and the hard work was recognised which had resulted in this progress. Whilst we have delivered on our commitments made in terms of planned care we are expected to be more ambitious in what we aim to achieve in RTT in 2018/19. In unscheduled care we are in a stronger position but there is always room for improvement. I would like to take the opportunity to thank the Chief Executive and his Executive team for leading on the improvements and the hard work across the organisation.

The "Parliamentary Review of Health and Social Care-A Revolution from Within: Transforming Health and Social Care in Wales" was launched on 16 January 2018 and it was pleasing to note that the recommendations and findings reinforced the path that Cardiff and Vale UHB has already embarked upon with its partners and the community. We will be considering the report and ensuring that its recommendations and delivery are reported to the Board and committees.

Progress is being made in a number of key areas and further, more detailed discussions continue to be held at Committees and Sub Committees of the Board. The following matters are brought to the attention of the Board members:

1. **Independent Member**
   I am delighted to inform the Board of the following appointments
   - Professor Gary Baxter, Independent Member Cardiff University
   - *To be confirmed,* Independent Member Trade Union

This means we now have a full complement of Board members.

2. **Vice Chairs of the Committees**
   Following discussion at the Governance Co-ordinating Group meeting held on 28th November 2017, the following vice-chairs of Committees were agreed:
   - Audit Committee: John Union
   - Charitable Funds Committee: IM Trade Union (tbc)
   - Health and Safety Committee: Charles Janczewski

- Mental Health and Capacity Legislation Committee: Eileen Brandreth
- Finance Committee: Charles Janczewski
- Quality, Safety and Experience Committee: Gary Baxter
- Remuneration and Terms of Service Committee: Charles Janczewski
- Resource and Delivery Committee: Charles Janczewski
- Strategy and Engagement Committee: Sara Moseley

3. Six Month Reviews of Independent Members

I have almost completed all six month reviews of Independent Members who have been in post since April 2017. I have also met or scheduled to meet our new Independent Members who commenced in October 2017 for a 3 month review. In 2018/19, I shall be introducing annual reviews with our Associate Board Members.

4. December Board Development Meeting

The Board Development Day was held on 7th December 2017 and the following topics were presented and discussed:

- The UHB update on Wellbeing and Future Generations Act (Wales) 2015
- Implications of the Nurse Staffing Act 2016 (Wales)
- Our Estate and Statutory Compliance
- Update from Shared Servies Partnership
- Progress on our IMTP 2018/19

In the afternoon, our new Independent Members received a further detailed induction on the quality, safety and patient experience agenda chaired by the Executive Nurse Director.
In 2018/19, a schedule of similar Executive led sessions will be presented to Independent Members in the morning prior to the Board Business Meeting commencing at 1pm.

5. Specialist Adviser to the Board (Service Improvement and Transformation)

We are currently advertising for the above post. This adviser will provide the Board with national and international experience and knowledge of service improvement science. This will include experience of knowledge and experience of service redesign and transformational programmes required to deliver the Health Board's Strategy 'Shaping our Future Wellbeing'. The adviser will be accountable to the Chair and work a minimum of 4 days per month.

6. Significant Diary Commitments/ Meetings attended since the last Board Meeting

6/12/17 – Leading event to discuss NHS Service Pressure – and preparedness for the winter period – Senedd

- 6/12/17 - Visit to the Stroke Rehabilitation Centre Llandough
- 11/12/17- Chair and Chief Executive met with the Cabinet Secretary

- 11/12/17 – Mid Year Appraisal with Cabinet Secretary
- 12/12/17 – Specialist Services Celebration of Practice Event
- 12/12/17- Youth Council Grand Council participation event with Cardiff Public leaders
- 12/12/17- Cardiff Public Services Board
- 14/12/17 – UHL Christmas Decorations judging and UHL Christmas Carol Concert
- 15/12/17 – Clinical Senate
- 19/12/17 – Interviews for new IM – Trade Union.
- 19/12/17 - Julie Morgan AM
- 20/12/17 – Carols at Cardiff Dialysis Centres
- 9/1/18- Visit to Neonatal Unit
- 9/1/18 - Introductory meeting with new Chief Constable South Wales Police, the Chief Executive, Police and Crime Commissioner
- 9 & 10/1/18 – Public Meetings – Major Trauma Network
- 11/1/18 – Annual HIW Visit – Chair and Chief Executive
- 16/1/18 – Launch of Parliamentary Review for Health and Social Care
- 16/1/18 – Launch of 100 Years of Rookwood Celebration
- 22/1/18 – Children & Women Clinical Board – Celebration and Staff Recognition Event
- 23/1/18- Visit to Llanfair Unit

7. Affixing the Common Seal / Chair's Action and other signed documents.

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

a) Affixing the UHB Common Seal

The UHB Common Seal has been applied to 1 document in accordance with requirements. A record of the sealing of this document 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
831	Lease relating to Grangetown Health Centre, Cambridge Street, Grangetown, Cardiff, CF11 7DJ & Cardiff and Vale UHB(Landlord) & Ratnesh Agnihotri (Tenant)

b) Chair's Action

21/11/2017 – Radiology Maintenance, Asteral

21/11/2017 – Radiology Maintenance, GE

21/11/2017 – Radiology Maintenance, Siemens

21/11/2017 – Servo N Ventilators Purchase

08/12/2017 – Neonatal Project – PIF 84. Early orders for Obstetrics 2.

08/12/2017 – Neonatal Project – PIF 87. Early orders for MRI.

08/12/2017 – Neonatal Project – PIF 88. Early Orders for Phase 2a.

08/12/2017 – Novation – as per cost advisors Novation fee Spreadsheet

21/12/2017 – Cardiff and Vale UHB Refurbishment of Renal Facilities, Suite 19, University Hospital of Wales – Business Justification Case, October 2017

04/01/2018 – Managing De- conditioned Patients Pathways from 01/01/18 – 31/12/19)

04/0/2018 – Community Specialist Palliative Care

c) Other signed legal documents

22/11/2017 – Deed of Novation of Neonatal Design Services @ UHW

22/11/2017 – Delivery Agreement Part A – Provision of Project Management, Cost Management, Architectural, Structural and M&E Design Services between Cardiff and Vale University Health Board and Perfect Circle, Rookwood Relocation – CFMS00104

04/12/2017 – Cardiff and Vale University Health Board and BECT Building Contractors Ltd. Refurbishment of First Floor Tertiary Tower Cardiology Outpatients. Project no:14006

CHIEF EXECUTIVE'S REPORT	
Name of Meeting : Board Meeting	**Date of Meeting:** 25 January 2018

Executive Lead : Chief Executive
Author : Director of Corporate Governance 029 2074 4230
Caring for People, Keeping People Well: The report aligns with the Health Board's strategy and strategic objectives.
Financial impact : £ There are no direct resource implications
Quality, Safety, Patient Experience impact: Ensures the Board makes fully informed decisions.
Health and Care Standard Number : Relevant to the 7 Quality Themes within the Health Care Standards for NHS Wales
CRAF Reference Number : No1 – Governance and Accountability
Equality and Health Impact Assessment Completed: Not Applicable

7

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

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

The Board is asked to:

- **NOTE** the report

SITUATION

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

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

BACKGROUND

The Chief Executive's Report to the Board has traditionally been a verbal report to ensure the latest and most up to date information is presented. This has been reviewed, however, along with the Chair's report to the Board and a written report is now presented and published in advance of the Board

meeting on the Health Board's Internet. Clearly, there will be occasions when other urgent issues have arisen since the publication of the Chief Executive's report and a verbal update will also be provided when required.

ASSESSMENT AND ASSURANCE

The following matters are brought to the attention of Board Members:

1. **Car Parking Management Contract**

   A competitive tender process for the management of car parking, commenced in May 2017. The tender process covers all of the larger sites within the Cardiff and Vale UHB estate. During the first stage six suppliers expressed an interest and responded to a pre-qualification questionnaire. The procurement process has been managed as a competitive dialogue allowing the UHBs representatives to develop a suitable solution with the shortlisted suppliers. A technical evaluation team including staff side representation was formed to assess the proposed solution with the shortlisted suppliers. The competitive dialogue process has allowed the UHB to assess the proposed solutions from suppliers to understand how they would align with the objectives and values of the UHB. This included the shortlisted suppliers presenting an outline of their proposals to an executive advisory group.

   The intention is to invite the shortlisted suppliers to submit a final tender in January that will be evaluated to identify the winning bidder. Any recommendation will then be ratified by the Board. The new contract is due to commence on the 5th June 2018 on the UHW site and 1st November 2018 for all other sites.

7

2. **Visit to Canterbury District Health Board, New Zealand**

   At the last meeting of the Board, members received feedback from a recent visit to Canterbury DHB by a small group of UHB representatives. The purpose of the visit was to examine the 'care closer to home' philosophy in operation and to open up discussions on a strategic alliance between the two health organizations. Since this meeting a full report has been prepared and shared with the Health System Management Board, Local Partnership Forum and Board Members. The report has been well received and we are now keen to make further progress.

   The next step is to develop an International Learning Alliance between Cardiff and Vale UHB, Canterbury District Health Board, South East Sydney Health Board and Grampian Health Board. This would be a non-commercial Alliance opening up opportunities for the four

organisations to learn from each other in delivering our respective strategies.

A number of areas have also been identified to enable this partnership work to be progressed. This will be progressed through the Management Executive Team, Health System Management Board and the Strategy and Engagement Committee. Further updates will also be brought to the Board.

3. Targeted Intervention – meeting with Welsh Government

The next meeting of the Health Board and Welsh Government will take place on the 19th January 2018. An update will be provided to the Board at the meeting on 25th January 2018.

4. Joint Executive Team (J.E.T) mid-year review with Welsh Government

On the 17th November 2017, the Health Board's Executive Team, Director of Corporate Governance, Clinical Executive NHS Wales and Welsh Government Senior Officials met as part of the Health Board's mid-year review of performance. The agenda for the meeting included:

- Population Health
- Patient Quality and Safety
- Performance
- Workforce
- Financial
- Strategic Development

The Board has now received a formal summary of the notes of the review. In general terms, the review was positive and recognized the progress made to date in a number of key areas and the ongoing area of focus and further actions required.

5. Major Trauma Centre

Board Members have already been briefed on the proposals associated with the development of major trauma networks and a major trauma centre for Mid and South Wales. A consultation document was issued by Public Health Wales on the 13th November with a closing date to receive views by the 5th February. A series of internal consultation events have already taken place by the Health Boards and two public meetings took place in January 2018. Following the consultation, a report will be produced which will include details of the response to consultation and the final proposal for a major trauma network for South Wales. This report will then be

considered by Health Boards in March 2018.

Please see hyperlink below for the full consultation report
www.publichealthwales.org/majortraumaconsultation

6. Thoracic Surgery Services in South Wales

At the last Board meeting members considered proposals from the Welsh Health Specialised Services Committee (W.H.S.S.C) to undertake a review of Thoracic Surgery services in South Wales. The related engagement process was completed on the 28th November 2017. The outcome of this engagement will be considered by an expert panel and it is anticipated the outcome of this will be known in January 2018.

7. Transforming Cancer Services Programme: Business Case for the proposed new Velindre Cancer Centre

A draft of the above business cases were presented to the Health Board for comments and a detailed reply was sent in December 2017. The Board will be discussing the revised programme outline business case in March 2018.

8. Regional Planning

Work continues to be progressed on regional planning of clinical services. In particular, there is a commitment to delivering the re-configuration of elective and emergency Ear, Nose and Throat (ENT) services across Cardiff and Vale, Cwm Taf, and the Bridgend region.

The ENT Clinical Implementation Group is developing more detailed plans, including the detailed modeling of the distribution of inpatient and day case activity across hospital sites. At the appropriate time, this will require engagement and potential consultation with our population.

The Board should also note that there is a commitment to implement the development of a centralized Interventional Radiology out of hours on-call system.

Other additional services under review from a Regional perspective are Orthopaedics, Ophthalmology and Diagnostics. All are referenced in our Integrated Medium Term Plan (IMTP).

9. Focus On Primary Care Sustainability

UK-wide issues of primary care stability have been reflected within Cardiff and the Vale over the last year. Given this, and the fact that the Health Board's Strategy has a resilient primary care system at its centre, a series of focused workshops with GP Cluster Leads have been arranged in February 2018. This will provide an opportunity to explore potential options for greater sustainability through focused discussions on the underlying causes and potential solutions. The aim is to develop plans with primary care practitioners which would allow for a further rebalance in our sustainability approach to proactive and preventative measures; in keeping with the 'closer to home' strategy.

10. Wales Audit Office Report - UHB Contractual Relationship with RKC Associates Ltd and its owners.

On 6th December 2017, the Audit Committee received an update on the action plan which has also been shared with Wales Audit Office and the Public Accounts Committee.

The Audit Committee was pleased to note the significant progress made on the action plan since it was received by the Committee on 26th September 2017.

Of the twenty six actions contained within the action plan, only nine remained outstanding, it was confirmed that we are on schedule for a closure report, containing the completed action plan, to be provided to the Board meeting on 29th March 2018.

Following discussion at the Board meeting in March, a further report will then be presented to the Public Accounts Committee in April 2018.

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT	
Name of Meeting : Board Meeting	**Date of Meeting :** 25.01.18

Executive Lead : Executive Nurse Director
Author : Assistant Director Patient Safety and Quality **-** 029 2184 6117
Caring for People, Keeping People Well: This report underpins the Health Board's "Sustainability" elements of the Health Board's Strategy.
Financial impact: There are significant potential financial implications associated with this work in relation to clinical negligence claims.
Quality, Safety, Patient Experience impact: 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.
Health and Care Standard Number 2.1, 2.2, 2.3, 2.4, 2.6, 3.1, 3.3, 6.3
CRAF Reference Number 5.1, 5.1.5, 5.6, 5.7
Equality and Health Impact Assessment Completed: Not Applicable

8

ASSURANCE AND RECOMMENDATION

ASSURANCE is 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 where available
- Evidence of the action being taken to address key outcomes that are 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 is asked to:

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

CARING FOR PEOPLE
KEEPING PEOPLE WELL

SITUATION

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from November to end December 2017.

BACKGROUND

The development of an integrated Patient Safety Quality and Experience report, presents an opportunity for greater triangulation and analysis of information. It summarises the 'looking, listening and learning' that is undertaken on a daily basis across the UHB, enabling Clinical Boards and the Corporate Nursing Team to identify areas of good practice but also to identify emerging trends and issues that require action in order to improve safety and quality of services.

The UHB has a wide range of data which provides a level of assurance on the safety, and quality of services as well as on the experience of patients and families. This report provides an analysis of information drawn from the reporting of patient safety incidents, Serious Incidents (SIs) and Never Events, as well as concerns raised by patients and families, and feedback from national and local patient surveys. Themes emerging from internal and external inspections of clinical areas also provide a very valuable level of assurance in relation to the quality and safety of clinical services.

Where available, benchmarking data with peers is provided. Assurance in relation to the action that is being taken to address areas for improvement is also described.

ASSESSMENT

- There were 45 serious incidents reported during this period. This contrasts with 37 in the previous reporting period and is due to an increase in the reporting of Grade 3 and Grade 4 pressure damage, following an indication from Welsh Government that the UHB was a low reporter when compared with peers. All are currently under investigation.
- At the time of writing the UHB has 86 SIs open with WG in contrast to January 2017, when there were 169 incidents open. This represents a 49% reduction in a year which has been achieved through the introduction of monthly targets for Clinical Boards. These have helped in reducing their backlogs in closing historical SIs as well as ensuring that there is more timely investigation and closure of current incidents.
- The open number of SIs has increased from the last report to Board and this again is due to the increased reporting of Grade 3 and Grade 4 pressure damage. The Board should be advised of the likely increase in the average number of SIs being reported monthly as the UHB continues to address this reporting requirement during 2018.
- In the last report to Board there had been an upward trend in the reporting of patient safety incidents on both the University Hospital of Wales (UHW) and the University Hospital of Llandough sites over the last three months.

There were no particular emerging themes or trends. During this period the rate of reporting at UHW has reduced to below normal reporting rates and there has also been a reduction at University Hospital Llandough. There has been a 42% reduction in the number of reported patient safety incidents in the community hospitals and again this is a trend that we will continue to monitor.

- In the last report we commented on a noticeable increase in patient safety incident reporting at both Iorwerth Jones Centre and St David's Hospital over the previous three months. Services previously provided at the Iorwerth Jones Centre have now transferred to UHL. The average rate of reported incidents per month at Iorwerth Jones between January and October 2017 was 33 incidents per month. The rate is slightly lower following the transfer to UHL with 28 incidents reported per month on average. Incident reporting has reduced at St David's and more detail is provided below.
- There have been 2 Never Events reported during this period which is described in more detail below. The Board was advised in the previous report that there had been a Dental Never Event involving a wrong tooth extraction in early November. This was followed by another incident in which invasive treatment was carried out on the wrong tooth.
- In the last report to Board we it was evident that there was an increase in patient falls in October 2017. There was a similar increasing trend in falls seen over the winter months in 2016. The Board should be advised that there has since been a reduction in the level of falls during November and December 2017 although 7 falls were reportable to WG due to significant injuries being sustained by patients. It is also noted that the patients were all greater than 65 years of age. A whole range of measures is being put in place to prevent and manage patient falls and these are described in more detail below.
- Feedback from a range of patient experience is very positive with 83% of people (n =94,262) using the Happy or Not machines placed throughout the UHB, indicating a positive experience. The patient satisfaction scores from the National Surveys distributed across the UHB during November and December were 88% and 92% consecutively a slight decrease from scores of 94% in the previous reporting period.
- The latest overall Health Board performance in response to 30-day concerns is 53 % which compares with the previous report to Board, but remains a reduction in performance from previous reports during the year. The proportionate investigation of concerns in a timely manner remains a focus and there are robust performance targets in place for Clinical Boards which are subject to Executive scrutiny on a monthly basis. 62% of concerns however are now responded to informally and the overall informal response time is 70%.

8

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT
November – December 2017

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

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

Serious Incidents		
Clinical Board	**Number**	**Description**
Children and Women	1 1	• Grade 3 or 4 healthcare acquired pressure damage. • Incident reported where the Procedural Response to Unexpected Death in Childhood (PRUDiC) process has been instigated. The child was well known to paediatric health services.
Dental	1 1	• A wrong tooth extraction incident has occurred which is being managed as a Never Event. • An incorrect tooth was prepared for root canal treatment. The error was realised and the tooth was repaired. This is being managed as a Never Event.
Executive Nurse	3	• Incidents reported where the Procedural Response to Unexpected Death in Childhood (PRUDiC) process has been instigated.
Medicine	8 5	• Grade 3 or 4 healthcare acquired pressure damage. • Falls where the patient sustained significant injury.
Mental Health	1 1 9 1	• Falls where the patient sustained significant injury. • Grade 3 or 4 healthcare acquired pressure damage. • Unexpected deaths of patients known to Mental Health services, including Addictions services. It is likely that HM Coroner will conclude that at least 4 of the deaths were suicides. Circumstances are not fully clear in all of the cases as yet. • Significant self-harm incident where the patient

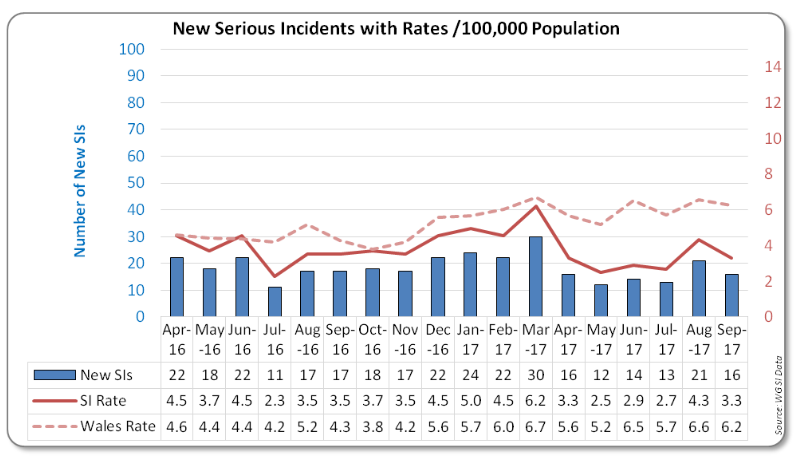
		has survived.
Primary Care and Intermediate Care	1	• Grade 3 or 4 healthcare acquired pressure damage.
Specialist	4 1	• Grade 3 or 4 healthcare acquired pressure damage. • Falls where the patient sustained significant injury.
Surgery	4 1 1 1	• Grade 3 or 4 healthcare acquired pressure damage. • Apparent delay in following up a patient for further investigation where a possible colon cancer was identified on CT scan. • A patient with Rapid Advanced Macular Degeneration was not offered an appointment within anticipated timeframes due to clinic capacity issues and apparent patient unavailability. The patient's vision has significantly deteriorated. • A long-standing orthopaedic patient's care is under review as his death from multi-organ failure had not been anticipated.
Total	**45**	

No Surprises		
Clinical Board	**Number**	**Description**
Clinical Diagnostics and Therapeutics	1	• The UHB alerted Welsh Government ahead of the publication of a report by the Human Tissue Authority following an inspection of the mortuary.
Executive/ Miscellaneous	1	• The UHB was alerted to potential media interest relating to a family who have previously raised concerns regarding the care of their son.
Medicine	2	• An outbreak of diarrhoea and vomiting temporarily affected two wards.

8

How do we compare to our Peers?

As reported to the previous Board meeting, the graph below demonstrates the reporting rate of Serious Incidents to Welsh Government per 100,000 population. The information is provided to the UHB from WG on a 6-monthly basis so updated information is not available. The UHB continues to strive to achieve timely reporting of SIs; identification and reporting of healthcare acquired grade 3 and 4 pressure damage and timely submission of robust closure forms based on the feedback from WG.

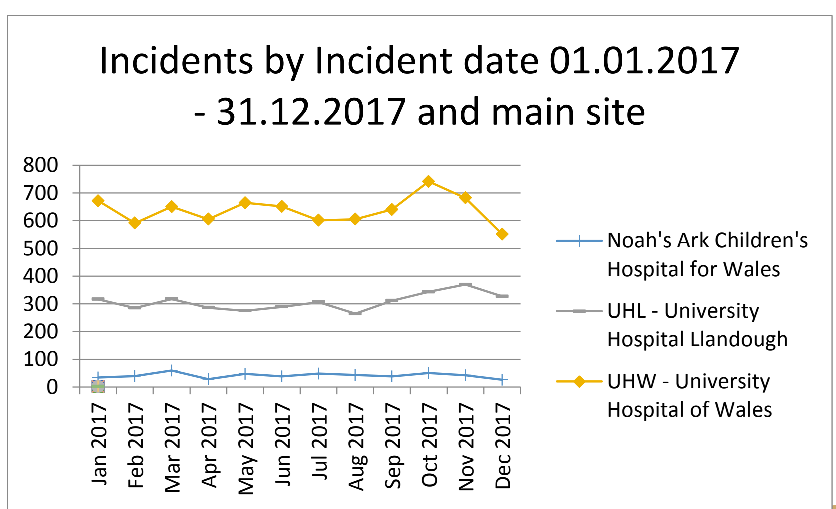


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
New SIs	22	18	22	11	17	17	18	17	22	24	22	30	16	12	14	13	21	16
SI Rate	4.5	3.7	4.5	2.3	3.5	3.5	3.7	3.5	4.5	5.0	4.5	6.2	3.3	2.5	2.9	2.7	4.3	3.3
Wales Rate	4.6	4.4	4.4	4.2	5.2	4.3	3.8	4.2	5.6	5.7	6.0	6.7	5.6	5.2	6.5	5.7	6.6	6.2

In terms of general incident reporting, the following graph demonstrates the patient safety incidents reporting on to the UHB's Datix risk management system by main sites over the last 12 month period. As anticipated, the majority of incidents are recorded at the University Hospital of Wales (UHW) site followed by University Hospital Llandough (UHL) which reflects the size and activity at those sites.

There is a downward trend in this reporting period at UHW and UHL following a previous upward reporting rate. The trend will continue to be monitored.

It should be noted however, that the UHB achieved a seven year high in incident reporting rates in 2017. This is encouraging, demonstrating that staff know how to report incidents and it is embedded within the culture to do so. However, it is recognised that reporting rates differ across healthcare professions and the Patient Safety and Quality Department intends to work with the Medical Education Department in 2018 to promote the value of incident reporting to medical staff.

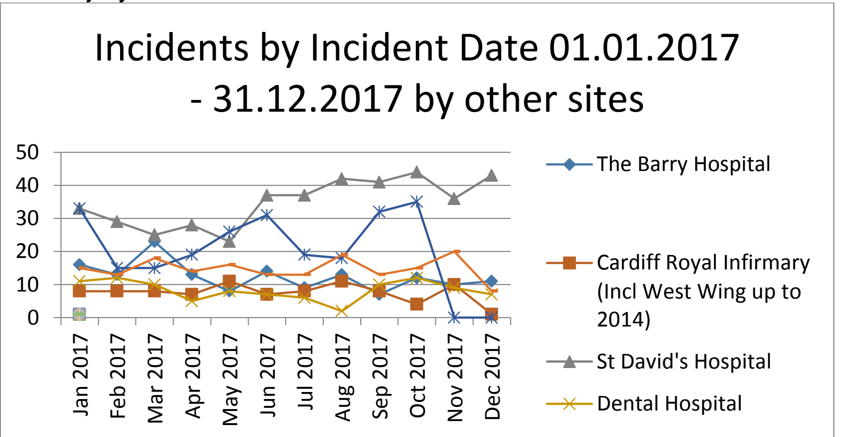


8

The graph below demonstrates the patient safety incidents reported onto the UHB's Datix risk management system by other sites over the last twelve months. The lower volume of incidents reported reflects the size and activity levels at the sites.

Increasing numbers of incidents at St David's Hospital have been monitored. The largest volume of incidents reported at St David's continue to relate to patient falls. In November 2017, 16 falls were recorded. There were several patients who fell more than once with a maximum of 4 falls in one patient. The falls did not result in harm to the patients. In December 2017, 32 falls were recorded. There were several patients who fell more than once with a maximum of 3 falls in one patient. There was one incident which resulted in a patient sustaining a fractured neck of femur; this patient had fallen twice on the ward in December 2017 and once in November 2017. The other falls did not result in harm to the patients.

Services previously provided at the Iorwerth Jones Centre have transferred to UHL. The average rate of reported incidents per month at Iorwerth Jones between January and October 2017 was 33 incidents per month. The rate is slightly lower following the transfer to UHL with 28 incidents reported per month on average. In November and December 2017, 13 incidents were reported in the Behaviour categories and these were restricted to repeated incidents in a small number of patients such as refusal of treatment, medication or interventions. In the same timeframe, there were 11 patient falls. One patient sustained 3 of these falls; no patient sustained any significant injury.



Never Events

All Wales position:

The 6 monthly feedback report from WG reported at the previous Board meeting, indicates that there were 6 Never Events reported in Wales between April and September 2017. They were mainly surgical in nature.

	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
Overdose of methotrexate for non-cancer treatment	0	1	0	0	0	0
Retained foreign object post-procedure	0	0	0	0	1	1
Wrong implant/prosthesis	1	0	0	0	0	1
Wrong site surgery	0	0	0	1	0	0
Total	**1**	**1**	**0**	**1**	**1**	**2**

Unfortunately, a further two Never Events have been reported by the UHB to WG in the current reporting timeframe. They relate to an incorrect tooth removal and a procedure commenced on an incorrect tooth in Dental Clinical Board. These incidents are under investigation.

What are we doing about it?

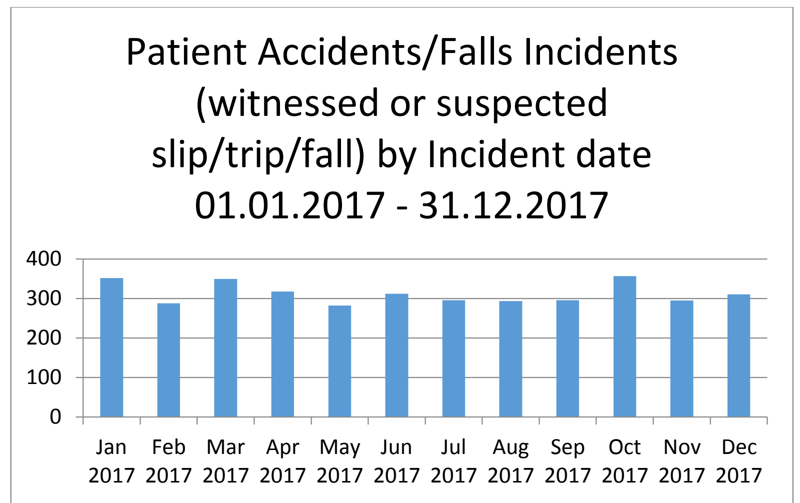
Detailed work to embed National Safety Standards for Invasive Procedures (NatSSIPs) continues. The UHB is exploring human factors with a greater emphasis in the Dental Never Events currently under investigation.
The UHB anticipates the imminent publication of a revised list of Never Events and following this will be undertaking a piece of work with Clinical Boards to risk assess the controls that are in place to reduce the likelihood of Never Events within their areas.

8

Patient Falls

How are we doing?

Patient falls continues to be a frequently reported patient safety incident. The following table indicates the number of patient accidents/falls and the level of harm sustained as reported between January and December 2017.



The majority of falls continue to result in no significant injury to patients. The UHB will continue to monitor the trend of falls over the Winter period. It is noted that 7 falls were reportable to WG in November and December 2017 due to significant injuries being sustained by patients. It is also noted that the patients were all greater than 65 years of age.

How do we compare with our Peers?

There is currently no reliable All Wales benchmarking data available.

What are we doing about it?

The excellent work of the Falls Delivery Group continues, and there are a range of measures and activities taking place to prevent and manage Falls, as described in the previous report to Board.

Of note in this reporting timeframe is the #SlippersForChristmas campaign that was launched over the Christmas period providing advice on the importance of appropriate footwear in falls prevention. This followed a successful campaign in 2016.

A Physiotherapy Team Leader from the Vale Community Resource Team organised a falls prevention campaign in December 2017 entitled The 12 Days of Christmas Falls Prevention. Further information can be found on the UHB's website.
http://www.cardiffandvaleuhb.wales.nhs.uk/12-days-of-christmas-falls-prevention

The newly appointed Falls Strategy Implementation lead commences in post on January 15th 2018.

Regulation 28 reports

No Regulation 28 reports were issued to the UHB by Her Majesty's Coroner in the current reporting timeframe.

Outcomes of internal and external inspection processes

How are we doing?

Internal observations of care

Seventeen unannounced internal inspections were undertaken in November and December 2017. These were undertaken across five Clinical Boards. Of these, 16 inspections were undertaken as part of the planned programme of unannounced inspections, and one at the request of the Executive Nurse Director.

As previously reported, the inspections continue to provide a positive picture of staff delivering care in a professional and dignified manner. The key findings are reported back to the clinical area and a written report is submitted to the Director of Nursing for that Clinical Board, along with a draft action plan if necessary.

Key findings for November and December have shown:

- Very good examples of medicines management, in contrast to the last reported findings;
- Evidence of good leadership and team working;
- Calm, homely environments;
- Comprehensive risk assessments completed;
- Good examples of evaluation.

However, whilst findings did indicate good medicines management in most areas, it was noted that in some areas, medications were not being stopped in accordance with the All Wales Prescription Writing Standards 2014.

Issues relating to confidentiality were also highlighted, where computers displaying patient identifiable data were left unattended, and PSAG boards displayed in public facing areas in some wards were seen to display sensitive data.

What are we doing about it?

The Corporate Nursing Team have met with the Nurse Advisor for Medicines Management to discuss the medicines management issues observed during the inspections so that these can be fed back into training and education; a monthly report detailing all findings relating to medicines management is provided to the Nurse Advisor for Medicines Management.

Discussion has taken place with the nurse in charge at the time of the inspection with regards to the patient confidentiality issues identified.

The Corporate nursing team will continue to undertake a schedule of internal inspections to wards and departments.

The new Medicines Code has been approved by the Quality, Safety and Experience Committee and was launched in the UHB during this reporting period.

Patient Experience

The All Wales Framework for Assuring Service User Experience describes four quadrants which group together a wide range of feedback including **real time**, **retrospective, proactive/reactive** and **balancing**. The UHB employs a wide variety of methods across the four quadrants in order to gain the views of service users so that this rich, qualitative information can be considered and used to improve services.

How are we doing?

We are able to demonstrate activity in all four quadrants.

Real Time

The number of routine 'real time' surveys completed each month across our Clinical Boards is consistently in excess of eight hundred and fifty; with over ten thousand eight hundred received and analysed during 2017. The patient satisfaction scores from the National Surveys distributed across the UHB during November and December were 88% and 92% consecutively.

The majority of qualitative comments received were in relation to a positive experience and included:

"This is the first time I have had to stay in hospital in many years. I had heard horror stories from people who had stayed and expected the worst. How wrong I was. I am so amazed how professional and compassionate all the staff are at UHW. They are all a credit to their profession. I felt I was the most important patient they ever had there. I would like to thank everyone on behalf of my family for taking such care of me".

Importantly it is about acting upon what we are being told, ensuring a 'listening organisation'. An example of this includes;

Better help with people who are hard of hearing.

Ward sister signposted to guidance available and Audiology contacted and they agreed to provide a staff awareness session if required.

One of our patients at Hafan Y Coed provided a few requests on his feedback form and one was in relation to benefits. Citizens Advice information was shared with the ward and this was followed up. Due to the complexity of the patient's circumstances, the colleague from Citizens Advice arranged an appointment outside his regular weekly slot; ensuring he had additional time to assist and support our patient as required.

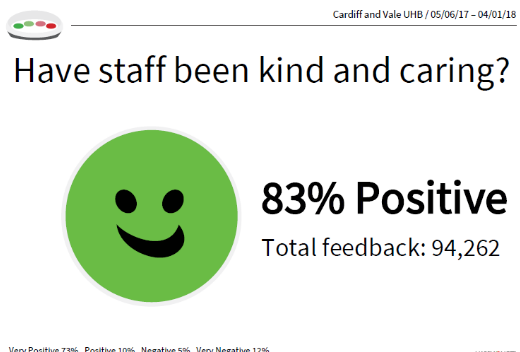
Patients do feedback that they can on occasion feel bored in hospital, this is aligned to the CHC report into 'Older People in Community Hospitals: Avoiding Boredom and Loneliness (2016). To assist in counteracting this, during 2017 there were additional volunteer roles introduced that included:

- Musicians
- Art and Craft Volunteers

The Health Board ward befriender role has also been further developed now encompassing students from Cardiff University, University of South Wales and Cardiff and Vale College.

A Knit and Natter Group was also set up with both patients and people living in the community attending University Hospital Llandough on a Monday afternoon. Due to its success there are plans to commence volunteer led Knit and Natter sessions on additional wards at the University Hospital of Wales.

During December festive 'twiddle muffs' and knitted teddies were distributed to Gerontology and Mental Health Services for Older People at Barry Hospital. Chocolate selection boxes were also shared with patients in Hafan Y Coed.



Happy or Not Feedback - A total of 94,262 people have now given feedback via Happy or Not machines placed throughout the UHB and 83% have indicated a positive experience. We note that the day which receives consistently the most negative feedback is a Saturday

Proactive and Reactive

Outpatients Kiosk

Outpatients Kiosk - Introduced to the department in May, the outpatient's kiosk provides a means of gathering feedback from patients, relatives, friends and carers. The survey tool, currently loaded on the kiosk, is of a bespoke design based around car parking, signage, waiting times and information. 949 surveys have been completed to date, both full and partial - 750 (79%) are by patients, 144 (15%) by relatives/friends/loved ones and 55 (6%) by carers/helpers.
The feedback continues to inform us that many patients find it difficult to find a parking space and that this makes them late for their appointment. In addition a small percentage of patients continue to experience difficulties in finding their clinic and that this has also made them late for their appointment. Many patients' appointments were running late and they had not received an apology or been told the reason why.

Ward Feedback Kiosks were introduced to the wards in June this year and are a means of gathering real time feedback from patients, relatives, friends, carers and staff. The survey tools, currently loaded on the kiosks, are based on the 'Feedback in 5' survey and are available in both English and Welsh. During each survey period, the kiosk remains on its designated ward for one week. A detailed report is then sent to the area the following week.

8

To date, 24 areas have been surveyed at UHW and 24 areas at UHL.

Based on data from 6th November – 31st December 2017 inclusive, 420 surveys (both full and partial) have been completed, 257 (61%) by staff, 116 (28%) by relatives/friends/carers and 47 (11%) by patients. It is very encouraging that of the patients who responded:

- 79% reported feeling safe whilst in our care.
- 62% thought staff were always kind and caring towards them.
- 67% of patients felt they were involved when decisions were made about their care/treatment.
- 52% of patients rated their care as excellent.

- On the whole comments left by patients and relatives/friends/carers were positive however, there were negative around the ward environment/decor, facilities and understaffing.

'Nurses were very friendly'.

'Not enough staff ever, inadequate care'.

- Comments left by staff centered mainly around understaffing issues, pay. However, there were some positive comments made around team work.

> 'We need more staff to make this ward a better environment'.

Balancing

The UHB receives approximately 2,600 concerns per year; this is set in the context of approximately 1.8 million patient contacts. To date the Health Board has received over 2,000 concerns and January and February are two of the busiest months in concerns. The latest overall Health Board performance in response to 30-day concerns is 55%; there is however much variability across the UHB. The focus upon the proportionate investigation of concerns in a timely manner remains a focus and 62% of concerns are now responded to informally and the overall informal response time is 72%.

For the reported period 34% (97) of formal concerns related to concerns about medical treatment.

59 (21%) formal concerns were raised regarding communication between staff and patients.

32 (11%) formal concerns were raised regarding cancellation of out-patient appointments and 29 (10%) regarding the length of out-patient waiting lists.

In December, 34 (40%) of the informal concerns received related to concerns about medical treatment.

10(12%) informal concerns were received regarding cancellation of out-patient appointments and 10 (12%) regarding the length of out-patient waiting lists.

Compliments

During the period 1st December 2016 – 31st December 2017, the Health Board logged 787 compliments. Medicine Clinical Board have logged the highest volume of compliments, particularly within the Emergency, Medicine Directorate.

How do we compare to our Peers?

At present there is no new All Wales data available regarding concerns or compliments. Generally across the four quadrants there is little reliable benchmarking data available with the exception of Ombudsman reports.

8

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

How do we compare to our Peers?

There is currently no reliable benchmarking data related to Patient Experience. The Once for Wales project, in which the UHB is participating, is aiming to develop a common data set for 'concerns' across Wales to aid benchmarking with peers.

What are we doing?

The learning from the investigation of incidents, and complaints as well as the feedback received from compliments and the full range of patient feedback mechanisms provides us with the opportunity to take action to improve services. These can be small changes that make a real difference to individuals through to major changes to processes across the UHB which improve services for many patients. The following measures have been taken during this reporting period:

- Following a query raised regarding the possibility of using of Entonox for endometrial biopsies, all staff in the Gynaecology Outpatient Department have received training in the use of Entonox and been made aware of its availability for patients.
- After receiving a concern that a latex allergy was missed causing a reaction for the patient, the All Wales Maternity record will be reviewed at its next planned update in January 2018 so that allergies can be recorded more prominently.
- A patient raised concerns about some nurses / doctors sterility when using central lines. UHB wide work currently being implemented, is to be rolled out in the area raising the importance of aseptic, non-touch technique.
- A patient suggested a 'snack trolley' might be helpful at one of the Outpatient Clinics. A new Trolley service initiative is now underway whereby the trolley will visit on a Monday and Friday.
- Cleanliness raised –the management team visited the ward and undertook a cleaning audit.
- Patient flush in Endoscopy Out Patient Department not working – this was noted on a feedback form and fixed.
- Although there was no adverse event identified from the investigation, following the sad death of a child with longstanding complex health needs, scoping has been undertaken with advice from Clinical Engineering on equipment suitable for community use. A portable kit which enables recording of blood pressure, heart rate, oxygen saturation and temperature has been identified. Twenty five of these kits are being procured for used by Community Child Health staff. In addition, twenty encrypted netbooks have been released to Community Child Health staff. Forty access tokens have been procured which allow the netbooks to be used by more than one staff member. A new netbook is currently under development and will be considered for a phased roll out if additional devices are needed.

CARDIFF AND VALE OF GLAMORGAN JOINT COMMISSIONING AND POOLED BUDGET FOR OLDER PEOPLE SERVICES	
Name of Meeting : Board Meeting	**Date of Meeting** 25 January 2018

Executive Lead : Director of Strategic Planning
Author : Assistant Director – Integrating Health and Social Care rachel.jones41@wales.nhs.uk
Caring for People, Keeping People Well: The Market Position Statement and Commissioning Strategy has been developed in conjunction with social care, housing and the third sector to promote new integrated working across Cardiff and Vale of Glamorgan to improve outcomes for citizens, maximise the use of resources and increase organisational alignment.
Financial impact: The proposed pooled budget approach for 2018/19 means that Cardiff and Vale of Glamorgan UHB, Cardiff Council and Vale of Glamorgan will continue to pay and be responsible for their own net costs, reflected as their individual contributions to the pooled budget. There is no risk sharing in the first year of this new arrangement.
Quality, Safety, Patient Experience impact: The Joint Commissioning Strategy aims to improve well-being outcomes for people by focusing resource and increasing capacity; providing a proactive approach to care and support; and encouraging preventative interventions.
Health and Care Standard Number 1.1, 2.1, 2.3, 2.5, 2.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.2, 5.1, 6.1, 6.2, 6.3, 7.1
CRAF Reference Number 1.1, 2.1, 3.1, 3.1.2, 4.2, 4.3, 5.1, 5.1.2, 5.1.7, 5.1.8, 5.1.13, 5.3.2, 5.7, 6.2, 6.4, 6.7, 8.1
Equality and Health Impact Assessment Completed: No – this will be undertaken as part of any new commissioning arrangements agreed across the region.

9

ASSURANCE is provided by:

- The commissioning intentions were developed in a workshop facilitated by the Institute of Public Care to ensure alignment with Cardiff & Vale UHB, Cardiff Council and Vale of Glamorgan Council's commissioning strategies and organisational priorities.
- The Market Position Statement and Commissioning Strategy has been subject to a stakeholder workshop on 5th July 2017 across statutory partners, third sector, providers and Registered Social Landlords.
- The Market Position Statement and Commissioning Strategy was considered and approved by the Regional Partnership Board on 13th November 2017.
- The proposed approach in relation to joint commissioning and the establishment of a pooled budget for older people care accommodation has been developed by a joint project board with Cardiff Council and Vale of Glamorgan Council and the same report is due to be approved by all three partners in January 2018.

The Board is asked to **APPROVE** the following recommendations:

- Note the progress regarding meeting the Part 9 requirements which includes the establishment of a pooled budget for care accommodation.
- Approve the establishment of a pooled budget for older people care accommodation from 1st April 2018, with Cardiff Council to act as the host organisation in 2018/19.
- Delegate authorisation of the Partnership Agreement in relation to the pooled budget to the Chief Executive.
- Approve the Market Position Statement and Commissioning Strategy for Older People Care and Support Services as set out in **Appendix 1.** http://www.cvihsc.co.uk/wp-content/uploads/2017/12/MPS_English-051217-Final.pdf

SITUATION

The Board is required by the Social Services and Wellbeing (Wales) Act 2014 (SSWWA 2014) to progress joint commissioning arrangements for older people services across Cardiff and the Vale of Glamorgan, including the establishment of a pooled budget for care accommodation

BACKGROUND

Part 9 of the SSWWA 2014 requires local authorities and the local health board for each region to establish and maintain pooled funds in relation to the exercise of care home accommodation functions by 6th April 2018. The region consists of Cardiff & Vale University Health Board (UHB), together with Cardiff Council and the Vale of Glamorgan Council as the statutory bodies within the pooled budget.

The purpose of the pooled funds arrangements is to ensure that local health boards and local authorities work together to maximise their influence to shape the future development of services. This includes ensuring there is sufficient capacity and an appropriate range of good quality services to respond to demand.

The work to develop the pooled budget is overseen by the Cardiff and Vale of Glamorgan Regional Partnership Board (C&VGRPB). It is important to recognise that, whilst the C&VGRPB retains the oversight of the development of the pooled budget, the decision making responsibilities (i.e. for agreeing the pooled budget and its management) rests with Cardiff Council, the Vale of Glamorgan Council and Cardiff and Vale University Health Board.

On 21st May 2017, the then Minister for Social Services and Public Health wrote to the Chairs of Regional Partnership Boards (RPBs) setting out Welsh Government's expectations: *"You will be aware that the requirement to establish pooled funds in relation to the exercise of care home accommodation functions will come into effect next April. My expectation is that there will be a single pooled fund established jointly at the regional level between the health board and all the local authorities within the partnership*

area. This approach is essential to ensure that partnership boards deliver an integrated and collaborative approach to meeting care and support needs".

In a statement to the National Assembly on 10th October 2017, the previous Minister for Social Services and Public Health also said "*If I am not satisfied with the way this requirement has been delivered in each region by the end of the forthcoming financial year (2018/19), I will need to consider options for more direct intervention".*

In addition to the requirement for pooled funds in relation to care home accommodation functions, local authorities and health boards are also expected to:

- Undertake a population needs assessment and market analysis to include the needs of self-funders.
- Agree an appropriate integrated market position statement and commissioning strategy.
- Agree a common contract and specification (for use between the care home providers and the statutory bodies).
- Develop an integrated approach to agreeing fees with providers.
- Develop an integrated approach to quality assurance.

9

ASSESSMENT AND ASSURANCE

Pooled Budget

In order to progress the work to develop a pooled budget, a project team has been in place including the service leads and legal and finance representatives from the three partner organisations.

To date, work has been undertaken to consider the scope of the pooled budget arrangements within the Cardiff and Vale of Glamorgan region. It is proposed that the budget will initially focus on care accommodation for older people (over 65), including those whose care is funded by NHS Continuing Health Care (NHS CHC), Funded Nursing Care (FNC) and local authority funded long term care home placements.

In order to inform the potential size of the proposed budget, the Pooled Budget Project Board has considered previous expenditure in relation to the 'in-scope' services and current commitments for 2017/18. This is estimated to be approximately in the region of £46.1m made up of:

- £22m - Cardiff Council
- £6.3m - Vale of Glamorgan Council
- £17.8m - Cardiff and Vale University Health Board

For the 2018/19 financial year, it is proposed that one pooled budget is established across the region with effect from 1st April 2018. During the first year of the new pooled budget arrangements, it is intended that Cardiff

Council will act as the host organisation for these arrangements. The host arrangements will be reviewed as part of the development of any further joint working agreed by partners beyond March 2019.

Whilst there will be one pooled budget in place, the processes for commissioning and payment for services will still remain with the three organisations as at present, with each partner continuing to be responsible for their own budget and expenditure. The accountability for the functions of the statutory bodies remains with each individual organisation, in accordance with the Part 9 Guidance under SSWWA 2014.

However, in order to reflect the relevant costs of the three organisations within the pooled budget, transactions will be undertaken on a quarterly basis. This will operate so that the costs incurred by each of the three organisations during each quarter will be charged to the pooled budget held by Cardiff Council, as the host organisation at the end of each quarter. These costs will be offset by the contributions made by each of the partners to the pooled budget, also on a quarterly basis. The contributions will be based on the actual costs incurred in that quarter and will be timed to coincide with the charges so that no adverse cash flow implications are incurred by any of the three partners.

At the end of the financial year, the pooled budget will therefore provide an overall record of the costs incurred by the three organisations in relation to long-term care home placements, FNC and NHS CHC costs for older people. These will be fully offset by the partners' contributions which will be equivalent to their actual costs in that year. Each of the three partner organisations will therefore continue to pay and be responsible for their own net costs, reflected as their individual contributions to the pooled budget. There is no risk sharing in the first year of this new arrangement.

The proposed arrangements for the pooled budget means that there is no possibility of any potential cross-subsidisation between the parties (e.g. between the UHB and both local authorities).

The operation of the pooled budget transactions will be reported on a quarterly basis to the C&VGRPB and the supporting Strategic Leadership Group. Reporting on activity and expenditure will also continue to be made through existing mechanisms within each of the partner organisations. These new arrangements will enable greater transparency regarding activity and expenditure and help facilitate increased joint working between partners regarding engagement with providers in relation to market shaping and fee setting over time.

The pooled budget arrangements will be subject to a written partnership agreement between Cardiff Council, Vale of Glamorgan Council and Cardiff and Vale UHB. It will set out the scope of the pooled budget, hosting, payment and monitoring arrangements as well as governance structures, accountability and decision making.

The Partnership Agreement will be finalised and signed before the 31st March 2018 following formal approval of the proposed arrangements by each of the three partners in January 2018.

Market Position Statement and Commissioning Strategy for Older People Care and Support Services

One of the requirements of Part 9 of the Act is to '*Agree an integrated market position statement and commissioning strategy to specify outcomes required of care homes and services required*'. The Market Position Statement aims to contain information on:

- Current and projected local demographics, expenditure and activity levels;
- The types of services we will be investing/ disinvesting in;
- Our vision for how we wish to respond to the changing needs for care and support in the future.

A joint Market Position Statement and Commissioning Strategy (**Appendix 1**) http://www.cvihsc.co.uk/wp-content/uploads/2017/12/MPS_English-051217-Final.pdf
for older people has now been completed following a stakeholder workshop in July involving over 80 people from health, housing and social care (including third sector and providers). Feedback and additional information from the session has been incorporated into the completed document.

9

The Market Position Statement and Commissioning Strategy has been developed around 4 key 'design principles' which partners will be expected to consider and support when developing future services. These include:

- **What Matters to Me -** *Listening and working with people in need of care and support to jointly find solutions to meet their needs;*
- **Home First -** *Enabling people to live at home, or as close to home as possible, in accommodation appropriate to their needs and where they can live well, thrive and remain independent;*
- **Sustainable and Prudent Use of Resources -** *Promoting prevention and early intervention, and developing quality outcomes and value for money solutions which meet care and support needs;*
- **Avoiding Harm, Waste and Variation -** *To ensure high quality care across all services.*

Following the approval of the Market Position Statement and Commissioning Strategy by partner formal decision making processes, the document will be used to inform the longer term commissioning plan across partners going forward.

Other Part 9 Requirements

In addition to the requirement to establish the pooled fund, the Cardiff and Vale of Glamorgan RPB has also undertaken a number of pieces of work in response to the additional Part 9 requirements. These will provide the

foundations for developing wider integration across the region and an update on progress is provided in the table below:

Part 9 Requirement	**Progress to date**
Undertake a population needs assessment and market analysis to include the needs of self-funder	The Cardiff & Vale of Glamorgan Population Needs Assessment was published at the end of March 2017. Further analysis was undertaken in relation to self-funders as part of the Market Position Statement.
Agree common contract and specification for nursing care	A Task and Finish Group is in place across the partners and a new draft common contract has been developed. Engagement is planned to take place with providers and older people later in the year in relation to outcomes, which will be incorporated into the specification. The Group is also waiting for the feedback on the Welsh Government's consultation on Phase 2 of the implementation the Regulation and Inspection of Social Care (Wales) Act 2016 so this can be reflected in the final document.
Develop an integrated approach to agreeing fees with providers	There are currently separate arrangements in place across the 2 local authorities in relation to fee setting and negotiations with providers. Separately, Cardiff and Vale UHB undertake fee setting for CHC, which has no direct link to local authority fees. A Task and Finish Group has been established across the three partners to develop a shared message to ensure that all providers are updated across the region in a timely way: • Different fee levels across the Local Authorities have been collated and analysis completed on the rates paid. There is a notable difference in rates, so work will need to be done over the next year to increase alignment. However, it is important to highlight that developing a consistent approach to fee setting across the region does not mean that there will be one fee across the region as there will continue to be regional differences impacting on costs. • Process mapping of the current placement, authorisation and commissioning processes used by partners has been completed with a view to identifying where work will need to be undertaken to develop a common approach where practicable to do so. This will also form part of the phased approach to achieving wider integration by April 2019. • There are plans for a new regional Provider Forum

9

	to take place to enable a greater integrated approach between partners and providers.
Develop an integrated approach to quality assurance	This will be undertaken as part of the discussions to agree the common contract.

Assurance

Following the establishment of a pooled budget, further work will be required to develop the joint commissioning programme in relation to a consistent approach to fee setting, commissioning placements, undertaking quality assurance and ultimately the agreement of new models of care. Future reports on any new approaches will be brought to the Board as appropriate.

At this stage, the Partnership is not considering a pooled budget for learning disabilities and mental health for younger adults. This position is consistent with other Regional Partnership Boards across Wales. However, work is underway on the development of a Regional Learning Disability Commissioning Strategy for Adults and a report on the proposed approach will be brought to the Board in the future for consideration and approval.

9

CARDIFF AND VALE OF GLAMORGAN AREA PLAN FOR CARE AND SUPPORT NEEDS	
Name of Meeting : Board Meeting	**Date of Meeting** 25 January 2018

Executive Lead : Director of Strategic Planning
Author : Assistant Director – Integrating Health and Social Care rachel.jones41@wales.nhs.uk
• **Caring for People, Keeping People Well : Deliver Outcomes that matter to people** The Area Plan has been developed in conjunction with partners to respond to the issues which people identified within the Population Needs Assessment, published in March 2017.
Financial impact: The Area Plan is required to identify resources (including pooled fund agreements) available to respond to the Population Assessment.
Quality, Safety, Patient Experience impact : The Area Plan aims to improve well-being outcomes for people by focusing resource and increasing capacity; providing a proactive approach to care and support; encouraging preventative interventions; and promoting and maximising independent living opportunities.
Health and Care Standard Number 1.1, 2.1, 2.3, 2.5, 2.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.2, 5.1, 6.1, 6.2, 6.3, 7.1
CRAF Reference Number 1.1, 2.1, 3.1, 3.1.2, 4.2, 4.3, 5.1, 5.1.2, 5.1.7, 5.1.8, 5.1.13, 5.3.2, 5.7, 6.2, 6.4, 6.7, 8.1
Equality and Health Impact Assessment Completed: Yes

10

ASSURANCE is provided by:

- The Chair, Vice Chair, Chief Executive and Director of Planning are members of the RPB which has overseen the development of the Plan.
- A Partnership Steering Group has informed the development of the Area Plan and has included representatives from the UHB.
- The Steering Group has also worked with representatives of the Public Service Boards to ensure alignment with the development of the Well-being Plans in Cardiff and Vale of Glamorgan.

The Board is asked to:

- **NOTE** the Cardiff and Vale of Glamorgan Area Plan and Action Plan for Care and Support Needs (as set out in **Appendix 1** and **Appendix 2**), subject to final approval at the meeting of the Regional Partnership Board on 1st February 2018.
- **AGREE** for the Chair to action the sign off of the final version of the plan at the RPB on 1st February 2018.

SITUATION

The Well-being of Future Generations (Wales) Act 2015 inserted section 14A into the Social Services and Well-being (Wales) Act 2014 which requires local

authorities and local health boards to prepare and publish a plan (the Area Plan) setting out the range and level of services they propose to provide, or arrange to be provided, in response to the Population Needs Assessment (PNA). In many respects the Area Plan should be viewed as providing the care and support chapter(s) of the two Well-being Plans.

BACKGROUND

The PNA was published in March 2017 following engagement under a joint regional brand of 'Let's Talk' via a number of mechanisms including public surveys; focus group interviews with local residents; a survey of local professionals and organisations providing care or support; a review of key documents, service and population data; and a series of workshops with lead professionals in the area to start to collate and interpret the findings.

The care and support needs identified through the PNA are wide ranging and are often outside the remit of the RPB (e.g. domestic violence) and it is therefore important that there are close working relationships between the Public Service Boards, the RPB and other partnership structures to ensure partners collectively respond to these agendas.

Following the publication of the PNA, the document has been circulated widely to partners, stakeholders and those groups and citizens involved in the preparation of the document. The PNA is also available on the Partnership website at www.cvihsc.co.uk and the key findings have been promoted via social media.

ASSESSMENT

Work on developing the Area Plan for Cardiff and Vale of Glamorgan has been undertaken by a Partnership Steering Group which has included representatives from the UHB and members of the two Public Service Boards. The Steering Group has reported progress into the Partnership's Strategic Leadership Group and the RPB.

In response to the findings of the Population Needs Assessment a review was undertaken in relation to all suggested areas for action. This was done against existing or planned activity in current partnerships or organisational delivery mechanisms across the region to identify where this work is already being progressed. The mapping work also reviewed where accountability lies (eg. Public Service Board, Community Safety Partnership, Youth Progression Board, Safeguarding Board etc) as it is recognised that not everything falls under the auspices of the RPB.

Two documents have been produced as a result of this review. The first is the **Area Plan (Appendix 1)**, which sets out the key needs identified within the Population Assessment, along with the priority areas for action in response to the findings. In addition an **Area Action Plan (Appendix 2)** has also been developed, which provides the detail of how these priorities will be delivered. Both documents also set out the contributions to Cardiff and Vale of

Glamorgan's Well-being Objectives and the National Social Services Outcomes Framework.

The main focus of the Area Plan and Action Plan will be the RPB's responsibilities for the integration of services in relation to:

- Older people, including people with dementia
- Children with complex needs
- Learning disability and autism
- Adult and young carers
- Integrated Family Support Services

Where there are other care and support themes identified which are led by other Partnerships and planning arrangements across the region, the Plans signpost to existing reporting mechanisms to enable progress to be monitored.

The development of the Plans has been undertaken alongside the production of the Well-being Plans in both Cardiff and Vale of Glamorgan to ensure alignment. Similarly, the development of the UHB's Integrated Medium Term Plan has included appropriate consideration of the key findings and proposed actions in the Action Plan. The RPB also recognises the need to work closely with the Public Service Boards to ensure that there is alignment of objectives and actions, along with clear accountability arrangements for taking lead responsibility on issues.

Consultation and Engagement

A workshop for stakeholders and those involved in the preparation of the PNA was held on 5th October 2017 to review the draft Plan and inform the Action Plan ahead of the consultation period. Public consultation subsequently took place between 23rd October and 3rd December 2017 and involved attendance at community events and venues and an on-line survey. Over 100 responses were received in a range of formats including survey responses, completed 'post cards' at events and comments captured from facilitated focus groups. The key themes emerging from the consultation included:

- Positive feedback regarding the draft content, such as both reports being people focused and targeting the main (vulnerable) population groups across the region.
- Requests for greater reference to the issue of homelessness and how the Plans propose to address this issue.
- Requests for some additional relevant strategies/areas of work not currently included in the Area Action Plan to be added, such as 'Ageing Well in Wales', the 'Carers Strategic Action Plan' and the remodelling of specialist NHS learning disability services.
- Requests for some additional specific actions to be added, including a focus on falls prevention in relation to older people, and how we can support (unpaid) carers who work.

All feedback received as part of the development of the Plan and subsequent consultation has been considered and reflected in the final documents as appropriate. The plans are subject to approval at the Regional Partnership Board on 1st February 2018 and also by the Cabinets of Cardiff Council and Vale of Glamorgan Council.

The Action Plan will be reviewed and updated as required by the Cardiff and Vale of Glamorgan RPB, and progress will be reported within the RPB's Annual Report.

FINANCE REPORT FOR THE PERIOD ENDED 31st DECEMBER 2017	
Name of Meeting : Board Meeting	**Date:** 25th January 2018

Executive Lead : Executive Director of Finance
Author : Deputy Director of Finance 02920 743555
Caring for People, Keeping People Well: This report details performance against the annual financial plan supporting the UHB to deliver service priorities, maximise patient outcomes whilst maintaining the sustainability of services.
Financial impact: The UHB financial position at the end of December 2017 is a deficit of £22.177m comprised of the following: • (£0.998m) favourable budget variance; • £23.175m planned deficit (9/12th of £30.900m).
Quality, Safety, Patient Experience impact: This report details financial performance against the one year operational plan which supports improvements in quality, safety and patient / carer experience.
Health and Care Standard Number 1
CRAF Reference Number 6.7
Equality Impact Assessment Completed: Not applicable

ASSURANCE AND RECOMMENDATION

LIMITED ASSURANCE is provided by:

- The work that has been undertaken to develop the 2017/18 operational plan;
- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 9 position which is £0.998m less than the profiled deficit within the financial plan;
- The identification of a full £35m savings programme.

The Board is asked to:

- **NOTE** that the UHB has an one year operational plan that has a planned deficit of £30.900m for the year;
- **NOTE** the £22.177m deficit at month 9 which includes a planning deficit of £23.175m and budget underspends of (£0.998m);
- **NOTE** that the UHB now has a savings plan that is fully identified;
- **NOTE** the key risks that are outside the current expenditure projection that need to be managed.

11

SITUATION

The UHB remains on target to meet the £30.9m planned deficit which includes a fully identified £35.0m savings plan. The risk on NCSO drugs has fallen in month and the UHB forecast position now includes provision for the current year costs of £1m for increased NHS Funded Nursing Care (FNC) costs which are expected to arise following the recent Supreme Court judgement.

The residual risks that need to be managed now include:

- The impact of back dated costs arising from increased NHS funded nursing care fees following the Supreme Court judgement currently estimated at £2.7m;
- The continued exceptional cost of £0.6m for NCSO drugs;

The month 9 financial position of the UHB has seen a considerable in month improvement and is now nearly £1m better than planned. The UHB will review its year-end forecast over January and key to this is:

- An assessment of continued improvements and delivery of delegated budgets;
- Clarification of the extent of additional FNC liability that the UHB will be expected to manage;
- Clarification of the likely costs of the Welsh Risk pool for which the UHB currently holds a £1m provision;
- Greater assurances on the further efficiency schemes being pursued by the UHB;
- As assessment of the estimated costs of Winter above the plan.

The review of the financial forecast will be undertaken with a view of reducing the forecast deficit in order to support the All Wales Financial Position as requested by Welsh Government. The reduction could be between £2m - £4m but this is very much dependent upon gaining clarity to the key issues above, some of which are outside the control of the UHB.

BACKGROUND

The UHB submitted a financial plan to Welsh Government on 10th March 2017 which had a deficit of £45.873m. 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 opening underlying deficit position was £54.5m and whilst the UHB has worked towards delivering a £30.9m deficit, many of items needed to achieve this are non recurrent. The UHB's assessed underlying deficit to be carried forward into 2018/19 fell by £0.5m in month and is currently assessed at £54.5m. The UHB is applying further pressure on the underlying deficit with the objective of reducing the figure carried forward to 2018/19 to below £50m.

This report has been prepared against the 2017/18 planned deficit of £30.9m. A summary of this plan is provided in table 1.

Table 1: Revised Operational Plan 2017/18 @ December 2017

	Financial Plan
	£'000
Draft Financial Plan @ Jan 2017	**-69,685**
Risk Adjustments and Transformation Opportunities	23,812
Risk Adjusted Plan @ March 2017	**-45,873**
Additional In Year Identified Savings @ December 2017	14,973
Financial Plan with Stretch Target: surplus / (deficit)	**-30,900**

ASSESSMENT AND ASSURANCE

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

Table 2: Finance Dashboard @ December 2017

Finance Dashboard							
Finance Indicators	Statutory Target	Standard	Performance In Month	Performance Year to Date	In Month	Year to Date	Month 9 Full Year Forecast
					RAG Rating		
Remain within revenue resource limit - Variance Adv/(Fav)	Yes	£0	£1.733m	£22.177			
Reduction in underlying deficit c/f to 18/19 (£54.5m b/f to 17/18)		£0	(£0.5m)	£54.582m			
Variance against unapproved 2017/18 £30.9m deficit plan		£0	(£0.842m)	(£0.998m)			
Pay expenditure (actual versus Plan)		£0	(£0.066m)	(£1.553m)			
Non-Pay Expenditure (Actual versus Plan)		£0	(£0.592m)	£1.018m			
Income (actual versus Plan)		£0	(£0.184m)	(£0.463m)			
Remain with CAPEX resource limit	Yes	£0	n/a	(£1.211m)			
Creditor payments compliance 30 day Non NHS		95%	95.70%	92.50%			
CRP Green / Amber status - Delegated Targets @ Dec 31st		100% Green		100%			

Month 9 Cumulative Financial Position

The UHB reported a deficit of £22.177m at month 9 as follows:

- (£0.998m) favourable budget management variance;
- £23.175m planned deficit (9/12th 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 31st December 2017

Income/Pay/Non Pay	In Month Budget £m	In Month Actual £m	In Month Variance (Fav)/Adv £m	Year to Date Budget £m	Year to Date Actual £m	Year to Date Variance (Fav)/Adv £m	Full Year Budget £m	Full Year Forecast £m	Full Year Variance (Fav)/Adv £m
Income	(105.345)	(105.529)	(0.184)	(918.678)	(919.142)	(0.463)	(1,275.157)	(1,275.157)	0.000
Pay	49.215	49.149	(0.066)	439.559	438.006	(1.553)	587.336	587.336	0.000
Non Pay	58.705	58.113	(0.592)	502.294	503.312	1.018	718.721	718.721	0.000
Variance to Draft Plan £m	2.575	1.733	(0.842)	23.175	22.177	(0.998)	30.900	30.900	0.000
Planned Deficit	(2.575)	0.000	2.575	(23.175)	0.000	23.175	(30.900)	0.000	30.900
Total £m	(0.000)	1.733	1.733	0.000	22.177	22.177	(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 @ December 2017

Income	In Month			Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Revenue Resource Limit	(72.677)	(72.677)	0.000	(613.568)	(613.568)	0.000
Non Cash Limited Expenditure	(1.628)	(1.628)	0.000	(14.679)	(14.679)	0.000
Accomodation & Catering	(0.230)	(0.181)	0.049	(1.771)	(1.750)	0.021
Education & Training	(3.118)	(3.118)	(0.000)	(28.255)	(28.338)	(0.084)
Injury Cost Recovery Scheme (CRU)	0.011	(0.021)	(0.033)	(1.699)	(1.759)	(0.060)
NHS Patient Related Income	(22.761)	(22.946)	(0.185)	(207.679)	(208.235)	(0.555)
Other Operating Income	(3.877)	(4.004)	(0.127)	(42.737)	(43.088)	(0.351)
Overseas Patient Income	(0.010)	(0.013)	(0.003)	0.124	(0.005)	(0.129)
Private Patient Income	(0.107)	(0.034)	0.073	(1.018)	(0.695)	0.323
Research & Development	(0.949)	(0.907)	0.042	(7.395)	(7.025)	0.370
Total £m	(105.345)	(105.529)	(0.184)	(918.678)	(919.142)	(0.463)

An in month surplus of £0.184m and a cumulative surplus of £0.463m is reported against income budgets.

The reported cumulative deficit against R & D income is primarily due to the reduction in Welsh Government funding.

The Overseas Patient Income is skewed by the application of a resource limit adjustment to extinguish the 2016/17 UHB debtor in respect of overseas reciprocal arrangements.

The over recovery of NHS Patient Related Income in month is due to a revised assessment of income due in month 9 as well as the recovery of further income for additional service delivery in critical care, transplant and haematology services.

The majority of the in month favourable variance reported against other operating Income relates to activity related income collected at a directorate level.

Pay

Pay budgets continue to show sound performance with a year to date underspend of £1.553m. Table 5 highlights that this is favourable performance compared to a month 9 overspend of £1.779m in 2016/17.

Table 5: Analysis of fixed and variable pay costs

	2016/17 Total Spend £m	2016/17 Month 1 to Month 8 £m	2017/18 Month 1 to Month 8 £m	2016/17 Month 9 £m	2017/18 Month 9 £m	2016/17 Cum. to Month 9 £m	2017/18 Cum. to Month 9 £m
Basic	502.093	330.977	339.498	42.358	43.324	373.335	382.821
Enhancements	23.635	15.520	16.159	1.844	1.843	17.364	18.002
Maternity	4.136	2.812	2.756	0.359	0.358	3.170	3.114
Protection	0.743	0.498	0.453	0.061	0.055	0.560	0.509
Total Fixed Pay	**530.607**	**349.807**	**358.866**	**44.622**	**45.580**	**394.429**	**404.447**
Agency (mainly registered Nursing)	9.017	5.581	5.267	0.497	0.643	6.077	5.910
Nursing Bank (mainly Nursing)	14.249	8.837	9.435	0.917	1.031	9.754	10.466
Internal locum (Medical & Dental)	2.105	1.459	2.811	0.118	0.348	1.577	3.160
External locum (Medical & Dental)	9.547	6.471	4.632	0.645	0.593	7.116	5.225
On Call	2.154	1.399	1.431	0.159	0.165	1.558	1.596
Overtime	6.072	4.067	3.601	0.433	0.439	4.501	4.041
WLI's & extra sessions (Medical)	3.549	2.343	2.814	0.245	0.348	2.588	3.161
Total Variable Pay	**46.693**	**30.157**	**29.991**	**3.015**	**3.568**	**33.172**	**33.559**
Total Pay	**577.301**	**379.964**	**388.858**	**47.637**	**49.149**	**427.600**	**438.006**
Pay Budget	**576.692**	**378.023**	**390.345**	**47.798**	**49.214**	**425.821**	**439.559**
Budget Variance (Fav)/Adv £m	**0.609**	**1.940**	**(1.487)**	**(0.161)**	**(0.066)**	**1.779**	**(1.553)**

The increase in 2017/18 pay levels is mainly due to the cost of the annual pay award, the apprenticeship levy and funded developments.

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

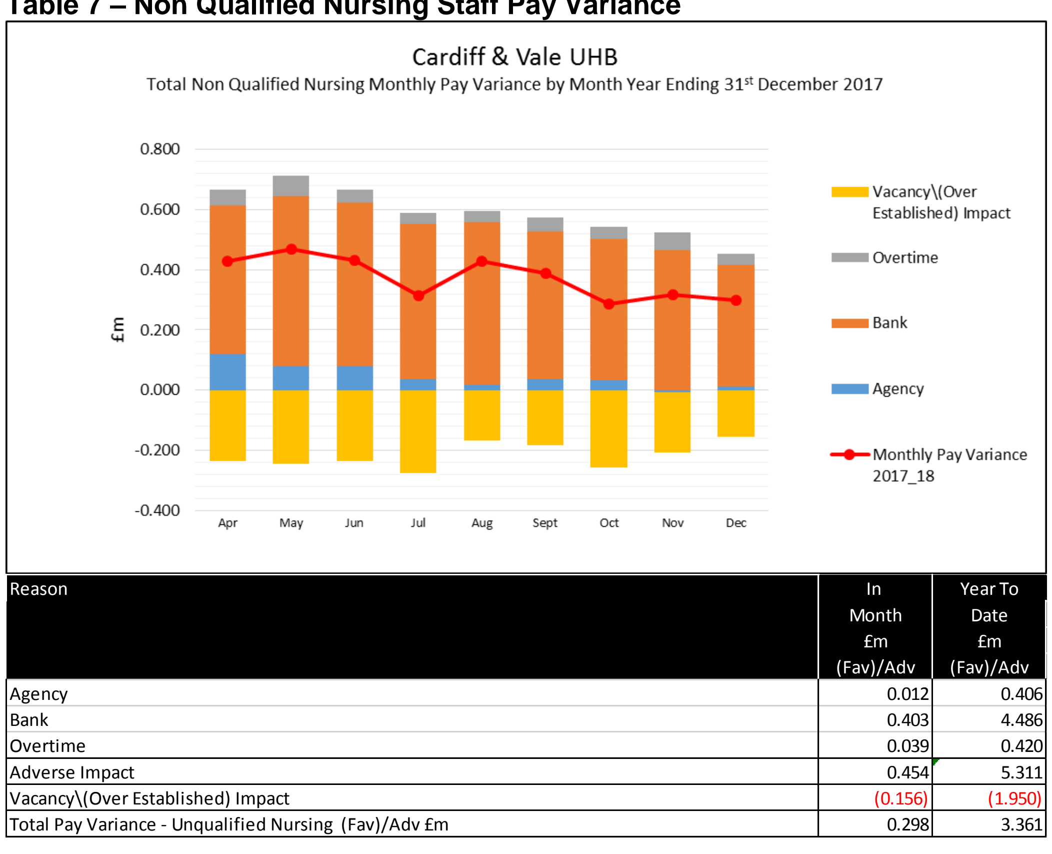
Table 6: Analysis of pay expenditure by staff group @ December 2017

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	1.929	1.856	(0.074)	17.017	16.519	(0.498)
Management, admin & clerical	5.883	5.808	(0.076)	51.853	50.983	(0.870)
Medical and Dental	12.716	12.716	(0.000)	113.343	112.685	(0.658)
Nursing (registered)	14.656	14.579	(0.077)	131.691	130.283	(1.408)
Nursing (unregistered)	3.821	4.119	0.298	34.828	38.189	3.361
Other staff groups	7.380	7.360	(0.020)	65.716	65.433	(0.284)
Scientific, prof & technical	2.829	2.712	(0.117)	25.112	23.914	(1.197)
Total £m	49.214	49.148	(0.066)	439.559	438.006	(1.553)

The in month underspend of £0.066m against pay budgets is broadly consistent with the trend established in the first eight months of the year.

11

Table 7 – Non Qualified Nursing Staff Pay Variance



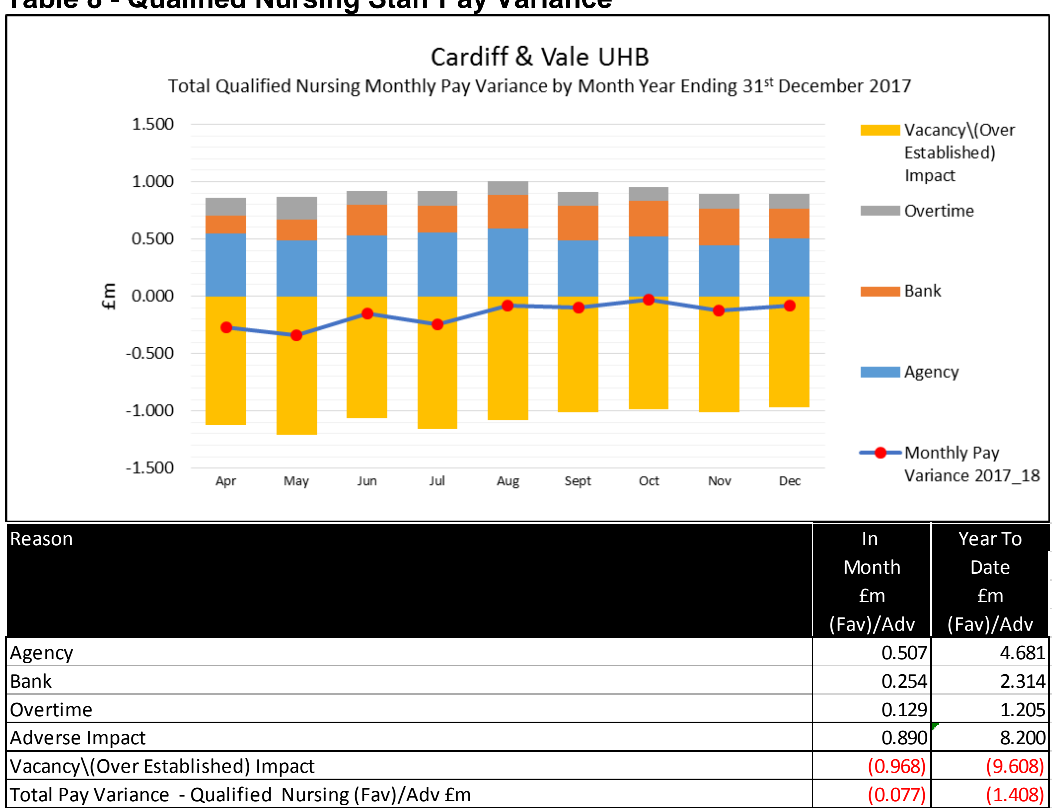
Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.012	0.406
Bank	0.403	4.486
Overtime	0.039	0.420
Adverse Impact	0.454	5.311
Vacancy\(Over Established) Impact	(0.156)	(1.950)
Total Pay Variance - Unqualified Nursing (Fav)/Adv £m	0.298	3.361

Table 7 demonstrates that the majority of adverse variance against non-qualified nursing assistants is due to an overspend of £4.486m on bank staff which is partly offset by an underspend against established posts. The in month overspend of £0.298m compares favourably against the average monthly overspend for the year to date of £0.373m.

11

CARING FOR PEOPLE
KEEPING PEOPLE WELL

Table 8 - Qualified Nursing Staff Pay Variance



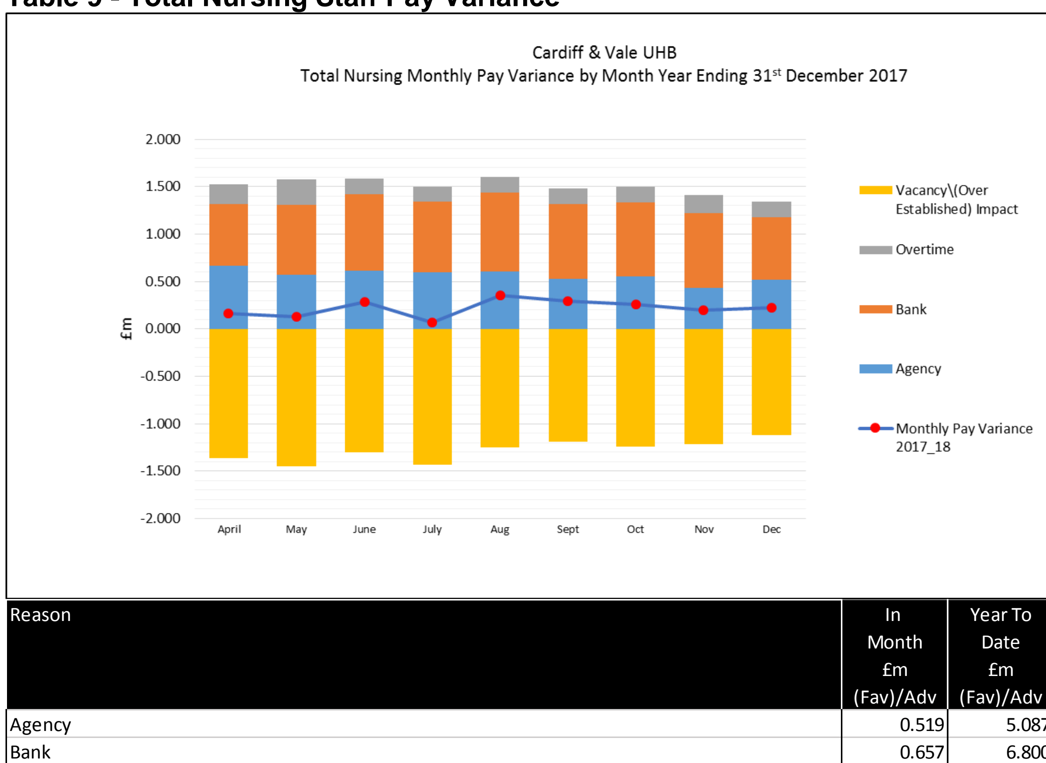
Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.507	4.681
Bank	0.254	2.314
Overtime	0.129	1.205
Adverse Impact	0.890	8.200
Vacancy\(Over Established) Impact	(0.968)	(9.608)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	(0.077)	(1.408)

Table 8 confirms that expenditure on established qualified nursing posts is significantly less than budget. The overall trend for the year to date is moving towards broadly balanced monthly budgets.

11

CARING FOR PEOPLE
KEEPING PEOPLE WELL

Table 9 - Total Nursing Staff Pay Variance



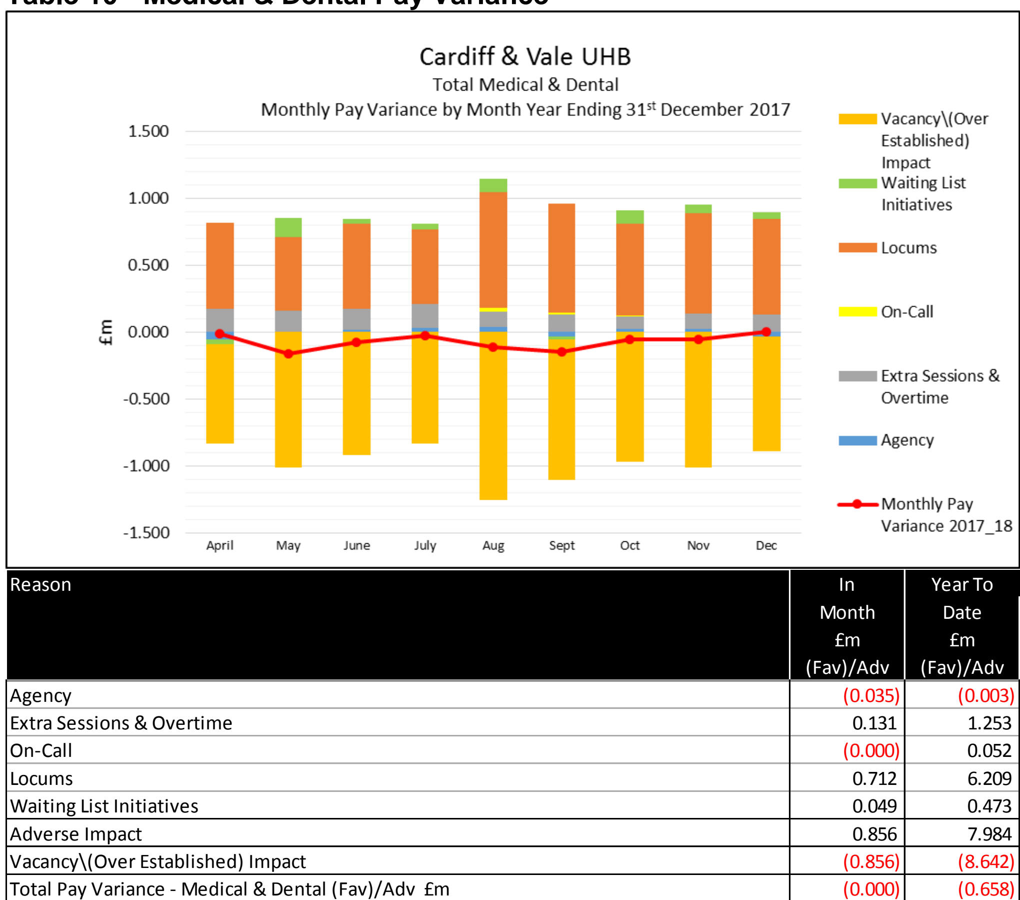
Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.519	5.087
Bank	0.657	6.800
Overtime	0.168	1.625
Adverse Impact	1.344	13.511
Vacancy\(Over Established) Impact	(1.123)	(11.558)
Total Pay Variance - (Fav)/Adv £m	0.221	1.953

Table 9 shows that the expenditure against substantive nursing posts for the year to date is less than budget as reported by a £11.558m surplus against established posts. However the combined £13.511m 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 £0.658m at month 9.

11

Table 10 - Medical & Dental Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	(0.035)	(0.003)
Extra Sessions & Overtime	0.131	1.253
On-Call	(0.000)	0.052
Locums	0.712	6.209
Waiting List Initiatives	0.049	0.473
Adverse Impact	0.856	7.984
Vacancy\(Over Established) Impact	(0.856)	(8.642)
Total Pay Variance - Medical & Dental (Fav)/Adv £m	(0.000)	(0.658)

Non Pay

Table 11 highlights an in month underspend of £0.592m and a £1.018m cumulative overspend against non pay budgets.

Table 11: Non Pay Variance @ December 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	8.021	8.041	0.020	70.292	70.619	0.327
Commissioned Services	13.202	13.250	0.048	120.815	120.940	0.125
Continuing healthcare	4.278	4.269	(0.009)	43.840	44.202	0.361
Drugs / Prescribing	12.021	11.610	(0.411)	110.437	109.971	(0.466)
Establishment expenses	1.049	1.005	(0.043)	8.057	7.963	(0.094)
General supplies & services	0.606	0.705	0.098	3.826	4.273	0.448
Other non pay	4.462	4.410	(0.052)	16.510	17.725	1.215
Premises & fixed plant	3.560	3.320	(0.240)	26.723	26.119	(0.604)
Primary Care Contractors	11.506	11.503	(0.003)	101.794	101.501	(0.293)
Total £m	58.705	58.113	(0.592)	502.294	503.312	1.018

The NHS funded nursing fees pressure arising from the recent court judgement is now assessed to be up to £0.941m in respect of 2017/18 and £2.705m for prior years. The in year costs are now included in the UHB's forecast however costs associated with previous years remain outside the forecast and therefore remain a risk.

The variance reported against commissioned services has arisen due to an increase in WHSCC commitments primarily to cover specialist services provided by the UHB through the WHSCC contract.

The surplus against premises and fixed plant in December and for the year to date is due to an underspend against the energy budget.

The December list of NCSO price concessions issued by the Department of Health confirmed that the price concession granted against a number of drugs had fallen in month. As a consequence the risk of continuing NCSO status for a number of high volume drugs has been re-assessed and quantified at £0.6m in the UHB's assessment of risk.

Other non-pay includes the additional costs resulting from the outsourcing of the neuro-interventional radiology service which are now estimated to be £0.516m for the year to date. The UHB has prepared a paper for WHSCC to consider sharing the risk of the outsourced service. Whilst some constructive dialogue has taken place a decision has still not been made regarding funding.

Also included in other non pay is a £1.119m contribution to the stretch target due to planned underspends in delegated budgets

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 9 months to 31st December 2017 by Clinical Board is shown in Table 12.

Table 12: Financial Performance for the period ended 31st December 2017

Clinical Board	M8 Budget Variance £m	M9 Budget Variance £m	In Month Variance £m	Cumulative % Variance
Clinical Diagnostics & Therapies	0.250	0.299	0.048	0.38%
Chidren & Women	0.666	0.657	(0.009)	0.89%
Capital Estates & Facilities	(0.191)	(0.312)	(0.121)	(0.65%)
Dental	(0.028)	(0.028)	0.000	(0.10%)
Executives	(0.193)	(0.235)	(0.042)	(0.82%)
Medicine	0.444	0.370	(0.074)	0.44%
Mental Health	(0.123)	(0.246)	(0.123)	(0.45%)
PCIC	(1.517)	(1.890)	(0.373)	(0.83%)
Specialist	(0.463)	(0.560)	(0.097)	(0.49%)
Surgery	0.397	0.283	(0.113)	0.29%
Central Budgets	0.601	0.663	0.062	0.67%
SubTotal	**(0.156)**	**(0.998)**	**(0.842)**	**(0.11%)**
Planned Deficit	20.600	23.175	2.575	2.52%
Total	**20.444**	**22.177**	**1.733**	**2.41%**

In total delegated budget holders are now reporting an underspend approaching £1m. The Medicine, Children and Women, Surgery and the CD&T Clinical Boards are reporting cumulative overspends.

The overspend against the Medicine Clinical Board is primarily due to its nursing budget performance. In month performance by the Medicine Board improved, however, pressures on nursing budgets remained. Underperformance in PICU and NICU alongside premium costs of medical cover and drug overspends are pressures in the Children and Women Clinical Board. The deficit reported by the Surgery Clinical Board fell by £0.113m in month and is primarily due to the early recognition of underperformance in orthopaedics, renal and sarcoma alongside overspends on wet AMD. The overspend reported by the CD&T Clinical Board is due to the additional costs arising from the outsourcing of the neuro-interventional radiology service.

All Clinical Boards have completed a review of 2017/18 financial forecasts and those Clinical Boards with a forecast year end overspend have been asked to produce recovery plans in order to achieve a balanced year end outturn. The only Clinical Board that is now forecasting an overspend is CD&T due to the exceptional non recurring costs in neuro-interventional radiology. Without this cost pressure, the Clinical Board has a balanced plan. The expectation now is that all Clinical Boards will deliver the lower of their forecast position or a break even position.

Savings Programme

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

At month 9 the UHB now has a fully identified savings plan to deliver the £35.001m savings target as summarised in Table 13 and is detailed in **Appendix 1**.

Table 13: Progress against the 2017/18 Savings Programme at Month 9

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	35.001	35.001	0.000

For the year to date £24.1m (68.9%) of savings are profiled into the position and these have been delivered. It should be noted that a number of identified corporate schemes are profiled into the last 3 months of the year.

Underlying Financial Position

A key risk to the UHB is its c/f deficit from 2017/18 into 2018/19. The underlying deficit in 2016/17 b/f into 2017/18 was £54.5m. The assessed deficit c/f into 2018/19 is currently £54.5m as shown in Table 14.

Table 14: Summary of Underlying Financial Position

	2017/18 Plan	Forecast Position @ Month 9	
	£m	Non Recurrent £m	Recurrent Position £m
Opening Underlying Deficit	**54.533**	**0.000**	**54.533**
Income	**(23.414)**	**0.000**	**(23.414)**
Cost pressures less mitigating actions	**34.782**	**5.861**	**40.643**
Less CIPs	**(35.001)**	**17.821**	**(17.180)**
Deficit	**30.900**	**23.682**	**54.582**

The UHB continues to seek further recurrent savings in 2017/18 in order to reduce the c/f underlying deficit into 2018/19.

11

Balance Sheet

The Balance sheet is shown in **Appendix 3.**

The increase in reported value of property, plant and equipment reflects the impact of the Valuation Office Agency's valuation of the UHB's Estate as at 1st April 2017.

The main reason for the increase in trade debtors is the increase in amounts due from the Welsh Risk Pool. This is mirrored by a similar increase in the value of provisions held since 1st April 2017.

The reduction in trade and other payables shown within current liabilities is primarily due to the 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 4**.

Welsh Government wrote to the UHB on December 14 2017 to confirm that it will provide up to a maximum of £29.389m strategic cash only support to Cardiff & Vale UHB in 2017/18.

The total working balances cash assistance that the UHB is seeking fell by £3.701m to £3.333m following a revision to forecast provisions and working capital balance estimates in month 8. This requirement was reconfirmed in the UHB's month 9 financial report to Welsh Government. Welsh Government confirmed in the letter of December 14 that the request for working balance cash allocations for capital and revenue were noted, and would be confirmed and allocated in the normal manner, subsequent to HMT approval of the Welsh Government 2017-18 estimates in January 2018.

The UHB has requested total cash assistance of £32.722m (£29.389m strategic cash only support & £3.333m working balances cash assistance).

Public Sector Payment Compliance

The UHB's cumulative performance to the end of December improved by 0.5% in month to 92.5%. As previously reported the poor performance to date is linked to the transition to the All Wales Nursing Agency Contract. The UHB expects performance in this area to gradually improve following the 1st August 2017 roll out of an automated ordering & receipting process that currently works well in respect of one supplier. In addition, the UHB is piloting a "No Purchase Order, No Pay" policy within corporate departments with the long term intention of rolling the policy out across the UHB and improving the efficiency of invoice payments. Furthermore all Clinical Boards have formally been reminded that the UHB expects all invoices received to either be authorised or receipted on Oracle within 3 days of receipt. It is expected

that the combination of remedial actions will produce a steady improvement across the remaining months of the year.

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of December 2017 is detailed in **Appendix 5** and summarised in Table 15.

Table 15: Progress against Capital Resource Limit @ December 2017

	£m
Planned Capital Expenditure at month 9	18.545
Actual net expenditure against CRL at month 9	17.334
Variance against planned Capital Expenditure at month	(1.211)

Capital progress to date has been slow but this has been skewed by three significant asset sales where the net book value will provide a source of capital funds for the full year and not just the first nine months.

Financial Risks

The UHB remains on target to deliver its £30.9m forecast deficit position dependent upon the continued delivery of identified savings and containment of future operational cost pressures. There are however still some key risks that are outside of the plan and these are set out below:

- The prior year risk in NHS Funded Nursing Care fees following the Supreme Court judgement in respect of weekly fees which is assessed as circa being £2.705m for previous years. This risk is not included in the UHB's forecast outturn.
- Whilst the UHB had accounted for NCSO drugs pressures of £3.5m as part of its forecast position, the high costs continue which was not anticipated. If NCSO costs continue at the rate experienced in month 9 for the rest of the year the UHB has a £0.6m risk that is not covered in its plan.

The UHB continues to seek further cost reduction and curtailment measures to mitigate against the in year risks in addition to the identification of further recurrent savings schemes to reduce the underlying deficit carried forward into 2018/19.

Key Concerns & Recovery Actions

At month 9, the key concerns and challenges are set out below:

1. Concern- Budget overspends at month 9;

   Action – All Clinical Boards have confirmed expected year end outturn through a detailed forecasting exercise. Clinical Boards with forecast year end

overspends are required to implement recovery actions as part of the Clinical Board Performance Escalation process.

2. Concern – Key financial risks;

   Action – Further savings are being sought to mitigate against these and other unforeseen risks that are not included within the UHB plan. These will need to be carefully monitored and managed in order to deliver the forecast position.

3. Concern – Underlying Deficit.

   Action – Further work is being taken forward to reduce the recurrent cost base in order to minimise the c/f underlying deficit into 2018/19.

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's draft 2017/18 financial plan requires the delivery of £35m financial savings to achieve a £30.9m deficit. There are however a number of significant financial risks that need to be managed in order to achieve the forecast out turn position. The UHB financial position is currently better than planned. This financial improvement and clarity on financial risks and internal efficiencies being pursued will be reviewed in month with the intention, if possible, of reducing the UHB forecast position to support the NHS Wales overall financial position as requested by Welsh Government. In addition, the UHB aims to identify further recurrent savings in order to reduce the underlying deficit carried forward into 2018/19.

The UHB will continue to share progress being made with Welsh Government at its Targeted Intervention meetings. The UHB will also ensure good financial management processes remain in place to explore further options to support longer term financial sustainability.

The reported financial position for the nine months to the end of December is a deficit of £22.177m. This is made up of a budget plan deficit of £23.175m and a favourable variance against plan of £0.988m

Appendix 1

2017/18 Part Year Effect Month Ending 31st December 2017-18

Identified Savings	17-18 CRP Target	Granular Identified Green	Amber	Red Pipeline	Total Green & Amber	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
Corporate Execs	681	941	106	72	1,046	-365
Specialist Services	2,400	2,636	311	324	2,947	-547
Capital Estates and Facilities	1,244	1,355	0	0	1,355	-111
PCIC	3,323	3,327	226	450	3,553	-230
Surgery	2,357	2,407	118	35	2,526	-169
Dental	400	408	0	10	408	-8
Children & Women	1,775	1,665	147	420	1,812	-37
CD&T	1,880	1,890	0	163	1,890	-10
Mental Health	1,395	1,433	0	0	1,433	-38
Medicine	1,878	1,879	0	157	1,879	-1
Clinical Board Forecasts			3,065		3,065	-3,065
Corporate schemes	17,668	10,143	2,945	234	13,088	4,580
Total Savings	**35,001**	**28,084**	**6,918**	**1,864**	**35,001**	**0**

2017-18 Full Year Effect Month Ending 31st December 2017-18

Identified Savings	Recurrent 17-18 CRP Target	Granular Identified Green	Amber	Red Pipeline	Total Green & Amber	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	2,493	3,239	275	160	3,514	-1,021
Mental Health	1,047	1,047	0	0	1,047	0
CD&T	1,382	1,340	0	163	1,340	42
Dental	300	88	0	20	88	212
Surgery	1,768	1,794	170	86	1,964	-196
Capital Estates and Facilities	933	873	60	420	933	0
Children & Women	1,331	926	425	723	1,351	-20
Medicine	1,408	1,702	0	368	1,702	-294
Specialist Services	1,800	1,365	450	324	1,815	-15
Corporate Execs	501	609	74	16	683	-182
Corporate schemes	17,668	4,197	0	0	4,197	13,471
Total Savings	**30,631**	**17,180**	**1,454**	**2,279**	**18,634**	11,997

11

Appendix 2

Cardiff and Vale UHB Financial Plan 2017/18 - Monthly Run Rates

	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Forecast Year end Position £'000
Gross costs	**103,244**	**101,554**	**110,313**	**109,081**	**110,590**	**109,803**	**96,177**	**113,911**	**110,823**	**118,150**	**117,264**	**144,276**	**1,345,186**
Identified savings	-618	-1,481	-2,972	-1,757	-2,739	-2,898	-4,741	-3,568	-3,403	-3,381	-3,369	-4,073	-35,001
Unidentified savings required for stretch target													
Total savings required	**-618**	**-1,481**	**-2,972**	**-1,757**	**-2,739**	**-2,898**	**-4,741**	**-3,568**	**-3,403**	**-3,381**	**-3,369**	**-4,073**	**-35,001**
Net costs	**102,626**	**100,073**	**107,341**	**107,324**	**107,851**	**106,905**	**91,436**	**110,343**	**107,420**	**114,769**	**113,894**	**140,203**	**1,310,186**
Income (phased as per budget plan)	98,952	98,579	104,814	104,728	105,337	104,301	88,882	107,862	105,687	111,862	110,987	137,295	1,279,286
Net surplus/ (deficit)	**-3,674**	**-1,494**	**-2,527**	**-2,596**	**-2,514**	**-2,604**	**-2,554**	**-2,481**	**-1,733**	**-2,908**	**-2,908**	**-2,908**	**-30,900**

Notes

April gross costs are lower than average in part due to the monthly 1 budget setting process and the unwinding and confirmation of previous year estimates.

Gross costs in May are abated by the 7.3m profit on disposal arising from the sale of CRI West Wing and sale of the former petrol station at Llandough

Gross costs in October are abated by a £15.275m credit in respect of impairments and depreciation as a consequence of an adjustment required to the carrying value of the UHB's estate following receipt of the District valuers 5 yearly report on the estate. The October spike in savings reflects management action to recover a VAT claim c £1.5m.

Monthly gross costs will vary due to demand side seasonal care and prescribing pressures; the implementation of in year plans; the timing of weekly pay runs and the payment of pay enhancements

The spike in month 12 gross costs is primarily due to the additional £20.6m of AME Donated Depreciation\Impairments profiled into month 12 and the expected settlement of LTAs

11

Appendix 3

BALANCE SHEET AS AT 31ST DECEMBER 2017

	Opening Balance 1st April 2017	Closing Balance 31st December 2017
Non-Current Assets	**£'000**	**£'000**
Property, plant and equipment	628,042	640,304
Intangible assets	1,601	1,572
Trade and other receivables	42,437	46,621
Other financial assets		
Non-Current Assets sub total	**672,080**	**688,497**
Current Assets		
Inventories	15,129	16,252
Trade and other receivables	137,493	192,460
Other financial assets	0	0
Cash and cash equivalents	881	2,156
Non-current assets classified as held for sale	1,815	0
Current Assets sub total	**155,318**	**210,868**
TOTAL ASSETS	**827,398**	**899,365**
Current Liabilities		
Trade and other payables	157,516	130,354
Other financial liabilities	0	0
Provisions	102,277	151,981
Current Liabilities sub total	**259,793**	**282,335**
NET ASSETS LESS CURRENT LIABILITIES	**567,605**	**617,030**
Non-Current Liabilities		
Trade and other payables	10,207	9,808
Other financial liabilities	0	0
Provisions	44,615	43,365
Non-Current Liabilities sub total	**54,822**	**53,173**
TOTAL ASSETS EMPLOYED	**512,783**	**563,857**
FINANCED BY: **Taxpayers' Equity**		
General Fund	399,057	449,816
Revaluation Reserve	113,726	114,041
Total Taxpayers' Equity	**512,783**	**563,857**

11

Appendix 4

CASH FLOW FORECAST AS AT 31st DECEMBER 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
RECEIPTS													
WG Revenue Funding - Cash Limit (excluding NCL)	77,340	60,358	90,378	66,386	67,086	79,642	71,292	73,102	82,767	65,128	78,705	38,076	850,260
WG Revenue Funding - Non Cash Limited (NCL)	1,830	1,830	1,150	1,410	1,610	1,815	1,375	1,720	1,605	1,620	1,620	1,982	19,567
WG Revenue Funding - Other (e.g. invoices)	2,360	2,360	2,506	2,361	2,361	2,331	2,356	2,356	2,878	2,386	2,386	7,220	33,861
WG Capital Funding - Cash Limit	9,000	2,000	1,000	2,100	3,900	2,950	0	4,200	375	3,325	5,200	6,915	40,965
Sale of Assets	0	9,152	0	0	0	0	212	550	0	0	0	0	9,914
Income from other Welsh NHS Organisations	47,076	17,644	41,554	29,101	31,459	41,273	25,977	32,259	39,530	26,413	30,943	36,188	399,417
Other - (Specify in narrative)	11,438	3,599	7,579	5,630	8,324	6,620	9,018	6,738	5,850	6,573	5,125	8,489	84,983
TOTAL RECEIPTS	**149,044**	**96,943**	**144,167**	**106,988**	**114,740**	**134,631**	**110,230**	**120,925**	**133,005**	**105,445**	**123,979**	**98,870**	**1,438,967**
PAYMENTS													
Primary Care Services : General Medical Services	5,249	4,042	8,318	3,992	3,986	6,294	4,142	4,059	6,769	4,134	4,064	6,734	61,783
Primary Care Services : Pharmacy Services	153	124	144	112	125	135	121	101	215	484	250	250	2,214
Primary Care Services : Prescribed Drugs & Appliances	15,528	2	15,095	4	7,945	16,115	3	7,429	16,189	0	7,830	7,830	93,970
Primary Care Services : General Dental Services	1,734	1,877	1,908	1,936	1,720	1,806	1,845	1,793	1,768	1,839	1,820	1,820	21,866
Non Cash Limited Payments	1,986	2,196	1,910	2,173	2,105	2,125	2,135	2,174	2,201	2,220	2,140	2,140	25,505
Salaries and Wages	45,715	47,104	47,578	46,857	46,825	46,822	46,626	47,425	47,459	47,178	47,603	47,554	564,746
Non Pay Expenditure	41,188	43,621	48,892	44,051	45,352	44,772	49,641	44,931	40,770	42,345	45,674	49,011	540,248
Capital Payment	9,738	1,925	1,323	1,802	3,587	2,322	2,277	3,052	2,773	3,449	3,951	8,752	44,951
Other items (Specify in narrative)	15,801	2,891	17,084	2,836	9,095	16,775	2,913	8,717	17,075	3,186	9,200	10,833	116,406
TOTAL PAYMENTS	**137,092**	**103,782**	**142,252**	**103,763**	**120,740**	**137,166**	**109,703**	**119,681**	**135,219**	**104,835**	**122,532**	**134,924**	**1,471,689**
Net cash inflow/outflow	11,952	(6,839)	1,915	3,225	(6,000)	(2,535)	527	1,244	(2,214)	610	1,447	(36,054)	
Balance b/f	881	12,833	5,994	7,909	11,134	5,134	2,599	3,126	4,370	2,156	2,766	4,213	
Balance c/f	12,833	5,994	7,909	11,134	5,134	2,599	3,126	4,370	2,156	2,766	4,213	(31,841)	

11

Appendix 5

PROGRESS AGAINST CRL AS AT 31st DECEMBER 2017

Approved CRL issued November 30 2017 £'000s	40,965

Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
All Wales Capital Programme:						
Replacement Cardiac Catheter Labs UHW	3	2	(1)	3	3	0
Rookwood Emergency Works	379	286	(93)	1,445	1,383	(62)
Relocation of Central Processing Unit	0	0	0	0	0	0
Neonatal Phase 2	10,992	10,273	(719)	15,935	15,935	0
Primary Care Fees	0	0	0	125	125	0
Gamma Cameras	135	12	(123)	672	672	0
Anti Ligature Works	20	0	(20)	500	500	0
CRI Wards 14 and 14(a)	388	53	(335)	2,148	1,601	(547)
Genomics	0	67	67	960	960	0
Implementation of WIFI	0	0	0	600	600	0
National Clinical Information Systems	0	0	0	448	448	0
Modular Theatre Llandough	1,697	1,659	(38)	1,697	1,697	0
Interventional Radiology Suite UHW	0	0	0	1,500	1,500	0
Sub Total	**13,614**	**12,352**	**(1,262)**	**26,033**	**25,424**	**(609)**
Discretionary:						
I.T.	339	308	(31)	1,162	1,162	0
Equipment	374	356	(18)	2,078	2,078	0
Statutory Compliance	1,508	1,464	(44)	2,524	2,524	0
Estates	10,610	10,754	144	17,468	18,077	609
Sub Total	**12,831**	**12,882**	**51**	**23,232**	**23,841**	**609**
Donations:						
Ronald McDonald House, Oakgrove Foundation & Endowments	5,648	5,648	0	6,048	6,048	0
Sub Total	**5,648**	**5,648**	**0**	**6,048**	**6,048**	**0**
Asset Disposals:						0
West Wing	1,750	1,750	0	1,750	1,750	0
The Former Filling Station at Llandough	10	10	0	10	10	0
CRC Credits Surrendered	212	212	0	212	212	0
Longcross House	280	280	0	280	280	0
Sub Total	**2,252**	**2,252**	**0**	**2,252**	**2,252**	**0**
CHARGE AGAINST CRL	**18,545**	**17,334**	**(1,211)**	**40,965**	**40,965**	**0**
PERFORMANCE AGAINST CRL (Under)/Over £'000s		**(23,631)**			**0**	

11

CARING FOR PEOPLE
KEEPING PEOPLE WELL

DRAFT UHB INTEGRATED MEDIUM TERM PLAN (IMTP) 2018- 21	
Name of Meeting : Board Meeting	**Date of Meeting :** 25th January 2018

Executive Lead : Director of Planning
Author : Deputy Director of Planning
Caring for People, Keeping People Well : 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
Financial impact : Financial consequences arising from the Plan are set out at key milestones throughout its development
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 development of the UHB 2018/21 Integrated Medium Term Plan (IMTP) is provided through:

- Continued routine formal dialogue through the Welsh Government targeted intervention process and planning liaison meeting
- Compliance with the 2018/19 NHS Wales Planning Framework timeframes and requirements

The Board is asked to:

- **RECEIVE** – An oral update on the development of the draft IMTP

12

SITUATION

The draft IMTP has been developed in line with the requirements of the Welsh Government Planning Framework guidance and the ambition is to produce a 3 year plan which Welsh Government will be able to support.

BACKGROUND

The UHB has a statutory duty to operate within the bounds of a Welsh Government approved IMTP. The IMTP is the UHB's organisational route map detailing the key actions

and expected outcomes in delivering national strategic objectives and performance targets in the context of Shaping Our Future Wellbeing, our ten year strategy. The outcome of the Parliamentary Review has confirmed the underpinning design principles supporting our strategy and the direction of travel described in the emerging draft IMTP.

ASSESSMENT

The UHB's IMTP 2018/21 framework has been clearly presented and with the clear executive led confirmation of the organisation's strategic objectives, commissioning intentions and key performance, finance and workforce deliverables which have provided the context for the development of the Clinical and Service Board 2018/21 IMTPs to provide the operational detail. This approach has been strengthened through:

- 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
- Alignment of the delivery planning functions with key strategic deliverables – e.g. the Transformation Board overseeing the Unscheduled Care, Planned Care and Locality workstreams
- Alignment of UHB priorities with key commissioning and delivery partners e.g. Local Authority and other Public sector partners' plans, other UHBs and Trusts, WHSSC and EASC
- Business Case Approval Group and the subsequent strengthened UHB Business Case process

In responding to the 2018/19 – 2020/21 UHB Commissioning Intentions, National and Organisational strategic priorities & key deliverables, the UHB's Clinical and Service Boards have produced draft IMTP and supporting Project Outline Documents (POD)s for significant service change or development proposals.

These plans have informed the development of the UHB's draft 2018/21 IMTP in accordance with the process outlined on the IMTP development programme (see table below).

To achieve meaningful plans, the following key actions have been taken:

Forum / Group	Date	Purpose	Product
Mgt Exec	August 2017	• Agree IMTP key deliverables and refreshed Commissioning Intentions	• Updated Draft Commissioning Intentions • IMTP Deliverables
UHB Board Development	31st August 2017	• Presentation to review 1st Draft Commissioning Intentions	• Updated Draft Commissioning Intentions • IMTP Deliverables
Strategy and Engagement Committee	5th September 2017	• Presentation to review Commissioning Intentions & IMTP Deliverables	• Final Draft Commissioning Intentions including 2018/21 IMTP Deliverables
Senior Clinical / Service Board and Corporate	14th Sept 2017	• Dedicated workshop session to review / discuss IMTP delivery expectations and objectives	• Understanding of cross cutting priorities & CB IMTP requirements
UHB Board	28th Sept 2017	• Formal approval of process, commissioning intentions and presentation of high level delivery expectations	• Final Commissioning Intentions • Final IMTP Delivery Expectations and Objectives
UHB wide	29th Sept 2017	• Issued subject to formal Board approval Commissioning Intentions including 2018/19 IMTP Deliverables	Issued (subject to Board approval) • Commissioning Intentions including 2018/21 IMTP Deliverables
Clinical / Service Boards	9th Nov 2017	• Final submission date for Business Cases • Submission of 1st Draft Clinical / Service Board narrative, summary dashboard and Planned Care Schemes and PODs	• Business Cases • Draft narrative • Draft Summary Dashboard • Draft PODs • Draft Planned Care Plans
IMTP Corporate Leads	24th Nov 2017	• Submission of Draft UHB IMTP Corporate Sections to enable the creation of a single document	• Draft UHB IMTP Corporate Sections

12

Forum / Group	Date	Purpose	Product
UHB Board Development	7th Dec 2017	• Presentation to Board on the draft financial framework and high level IMTP themes	• Draft Financial Framework approved for wider circulation
Mgt Exec	By End Dec 2017	• Prioritisation of Business Cases and PODs • Sign off of Planned Care Schemes	• Business Cases approved for implementation on 1st April 2018
Clinical / Service Boards Performance Reviews	17th & 18th Jan 2018	• Clinical / Service Boards present their Plans for draft approval	• Final Draft Clinical / Service Board Plans
UHB Board (Private)	25th Jan 2018	• Review and endorsement of 2018/21 Draft IMTP	• Final Draft 2018/21 IMTP
Mgt Exec	February	• Receive and review WG comments on draft	• Revised IMTP reflecting WG comments
UHB Board (Public)	29th Mar 2018	• Formal approval of 2018/21 IMTP	• Final 2018/21 IMTP

Further engagement will be untaken with the CHC and through the UHB's Local Partnership Forum and the Stakeholder Reference Group**.** Throughout the process continues to be ongoing discussion with WG officials and the Chair briefs the Cabinet Secretary on progress.

PERFORMANCE REPORT	
Name of Meeting : Board Meeting	**Date of Meeting : 26 January 2018**
Executive Lead : Director of Public Health	
Authors : Members of the Performance and Information Department (tel 029 20745602)	
Caring for People, Keeping People Well: 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.	
Financial impact: The achievement of the efficiency and productivity targets will deliver savings to support the financial position	
Quality, Safety, Patient Experience impact : The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement	
Health and Care Standard 1 – Governance Leadership and Accountability **CRAF Reference No 6 -** Resources	

Equality and Health Impact Assessment Completed: 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 21 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 December 2017 and provides more detail on actions being taken to improve performance in areas of concern.

BACKGROUND

The UHB is presently compliant with 21 of its 60 performance measures (November = 19, March = 23/58) and is making satisfactory progress towards delivering a further 24 (November = 24, March =13).

13

The Welsh Government's Delivery Framework continues to be revised for 2017/18 and 18/19, with new measures or revisions to existing measures having been adopted or proposed. A review of the performance reporting considering these changes has commenced and will be the subject of a future board development session.

Since the last report two measures have improved to green:

#1 – The proportion of patients who have had a nutrition score completed and appropriate action taken within 24 hours of admission has increased to 95%

#62 = The number of patients whose transfer of care has been delayed has reduced to 38 in total.

There are now 16 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
Delivering for our population	9	9	3	13.5/21
Delivering our service priorities	2	3	1	3.5/6
Delivering sustainably	8	7	10	11.5/25
Improving culture	2	5	2	4.5/9
Total	21	24	16	33/61

13

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:

- Immunisation
- Healthcare acquired pressure ulcers
- 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 and postponed admissions
- Healthcare Acquired Infection

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.

Cardiff and Vale University Health Board - Performance Dashboard - January 2018

Purpose		Strategic Objectives	Measure	n	Mar-16	RAG rating	Mar-17	RAG rating	Nov-17	RAG rating	Jan-18	RAG rating	Latest Trend	Target	Time period	Exception Report
					Status report											
Caring for people and keeping them well	For Our Population	All take responsibility for improving our health and wellbeing	Uptake of influenza vaccination among high risk groups	1	>65: 68.5%, @risk: 47.7%, pregnant women: n/k	R	>65: 68.5%, @risk: 48.1%, staff:52.9%	A	>65: 55.9%, @risk: 33.7%, staff:40.8%	G	>65: 68%, @risk: 45.3%, staff:60.2%	G	↑	Green: Community: 75%, staff 60%; Amber (improvement on 16/17) - profile FYO >65: 70%, @risk: 52%, staff:50%	upto 2/1/18	
			Percentage of children who have received 3 doses of the 5 in 1 vaccine by age 1 & who received 2 doses of the MMR vaccine by age 5	2	83.7%	A	81.2%	R	5 in1 : 95%, MMR2: 87.4%	A	5 in1 : 94.7%, MMR2: 87.5%	A	↓	Target: 95%, amber = EOY IMTP trajectory of 95% & 90%	Jul-Sep 17	
			Proportion of adults obese or overweight	3	54%	G	54%	G	52%, Age std 54%	G	52%, Age std 54%	G	●	reduction on previous year (54% 2012/13, 2013/14)	NSW 2016/17	
			% of adults consuming > 14 units of alcohol p. Wk (New measure)	4	44%	A	42%	G	23% Age std 23%		23% Age std 23%			New measure - previous results relates to consumption above recommended units	NSW 2016/17	
			Proportion of adults meeting physical activity guidelines	5	27%	G	60%		60% Age std 59%	A	60% Age std 59%	A	●	Target continuous reduction in % of adults who reported being physically active for more than 150 mins in the previous week	NSW 2016/17	
			% of C&V resident smokers who make a quit attempt via smoking cessation services - target 5%	6	1.1%	R	0.7% to Q2	R	0.4% Q1 17/18	R	0.85% to Q2 17/18	R	●	WG target 5% by 2017/18, IMTP trajectory = 1% for Q1&2	Q2 17/18	
			% C&V residents who are CO validated as successfully quitting at 4 weeks - measured annually - target 40%	7	46.0%	G	67.0%	G	52.4% Q1 17/18	G	55.3% Q2 17/18	G	↑	Tier 1 target 40%, IMTP trajectory = 58%	Q2 17/18	
			Rate of conceptions among females under 18	8	Cardiff 30.4 per 1000, Vale 19.4 per 1000	G	Cardiff 27.5 per 1000, Vale 15.8 per 1000	G	Cardiff 27.5 per 1000, Vale 19 per 1000	A	Cardiff 27.5 per 1000, Vale 19 per 1000	A	●	reduction on previous year	2015 (Annual)	
		Deliver outcomes that matter to people	Crude Hospital Mortality Rate for people aged less than 75	9	0.60%	G	0.60%	G	0.62%	G	0.62%	G	●	12 Month Reduction Target	12 months to Dec17	
			Emergency crude mortality rate (12 mth)	10	2.94%	G	3.05%	G	3.01%	G	3.05%	G	●	Reduction in CMR (Aug 2015 to Jul 2016 = 2.9%)	12 months to Dec17	
			Demonstrable reduction in the mortality rate for stroke, heart attack and fractured neck of femur patients (30 day post event, 12 mth)	11	stroke 10.1%, heart attack 3.7%, #NOF 5.9%	G	stroke 11.2%, heart attack 3.7%, #NOF 6.1%	A	stroke 13.1%, heart attack 3.8%, #NOF 6.2%	A	stroke 13.7%, heart attack 4.2%, #NOF 7.5%	A	●	Demonstrable reduction in rolling 12 month rate (Oct 15 to Sep 16: 10.1%, 3.7%, 6.9%)	12 months to Sep 17	
			% Universal mortality reviews undertaken within 28 days of a death (New measure)	12		G			81%		71%	A	↓	NEW MEASURE from April-17 - Target is 95%, Amber is improvement from 70% baseline	Oct-17	
			Patient experience monitored through “Fundamentals of Care” audit and national surveys	13	Operational score (15/18 >85%), User Experience score 89.7% (23/26 >85%)	A	87%	A	87%	A	87%	A	●	% of pts responding who rated overall experience of care as 8/10 or above (Green 90%)	National report Sept-16	
			“Two minutes of your Time patient feedback scores”	14	6/11 >90%, 7/11 >85%	R	6/11 >90%, 7/11 >85%	R	7/11 >90%, 7/11 >85%	R	5/11 >90%, 7/11 >85%	R	↓	Green: 90% for each of the 11 questions, Amber: >85%	Monthly snapshot for Dec-17	In Nursing director's report
			Proportion of formal complaints responded to within 30 working days	15	55%	R	43%	R	54%	R	55%	R	●	80%	Complaints received to 22/11/17	In Nursing director's report
		Reduce health inequalities	Life expectancy at birth	16	80.8	G	80.8	G	Cdf- F: 82.6, M:78.3, V- F: 83.2, M: 79.1	G	Cdf- F: 82.6, M:78.3, V- F: 83.2, M: 79.1	G	●	Continuous Improvement	2013/15	
			Reduce infant mortality for population	17	4.3 per 1,000 live births	A	3.9 per 1,000 live births	G	3.9 per 1,000 live births	G	3.9 per 1,000 live births	G	●	reduction on 2012 rate (4.1)	ONS (2015)	
			% live births with a birth weight of less than 2500g	18	5.8% (provider)	G	5.90%	G	6.30%	G	6.00%	G	●	12 mth cumulative reduction on previous year (5.9%)	Upto Nov-17	
			Rate of hospital admissions with any mention of intentional self harm for children and young people per 1000 popn (New measure)	19	433		387		3.5	G	3.5	G	↑	Annual reduction from 3.87 in 15/16 & 4.33 in 14/15	Year 16/17	
			Reduction in the number of emergency hospital admissions for basket of 8 chronic conditions per 100k popn	20	1020	G	1089	A	1032	A	1034	A	●	reduction against same 12 month period of previous year (1078)	Upto Sep-17	
			Reduction in the number of emergency hospital readmissions within a year for basket of 8 chronic conditions	21	192	G	196	A	201	A	202	A	●	reduction against same 12 month period of previous year (198)	Upto Sep-17	
			Emergency admission for hip fractures (age-standardised, 65+ per 100,000 people) (Revised Populations applied)	22	499	G	554.8	G	552.8	A	555.2	A	●	reduction on previous year (575 per 100,000 conf limit+/-48)	Sep-Aug 2017	
	Our Service Priorities	Offer services that deliver the population health our citizens are entitled to expect	Delivery of the 31 day (Non- USC) and 62 day (USC) cancer access standards	23	100% NUSC, 74.2% USC	R	97% NUSC, 83% USC	R	94.2% NUSC, 83.5% USC	R	98.8% NUSC, 89.7% USC	R	↑	98 % NUSC, 95% USC	Monthly snapshot for Nov-17	✓
			Primary care contractor professionals assurance status	24	Satisfactory	G	Satisfactory	G	Managerial Intervention Required	A	Managerial Intervention Required	A	●	2 formal sustainability applications reviewed by panel. Further 7 receiving support to ensure viability	as at 1/1/18	
			% GP Practices open during daily core hours or within 1 hour of daily core hours	25	83% (2015)	G	88%	G	88%	G	88%	G	●	Improvement target (2015 - 86%)	Dec-17	
			Dementia Bundle: Diagnosis rates, Access & training	26	Diagnosis: 55% Access: 71%, Training: 33%	R	Diagnosis: 58% Access: 98%, Training: 30%	G	Diagnosis: 58% Access: 98%, Training: 30%	G	Diagnosis: 63% Access: 98%, Training: 32%	G	↑	Target: Diagnosis improvement in proportion >65years diagnosed with dementia, Access attain 95% memory patients seen within 14 weeks, Trainingimprovement in %GP practices that completed MH DES in dementia care	Diagnosis Yr 16/17, Access: Oct17, Training Year 16/17	✓
			% of people over 65 who are discharged from hospital and referred to a care home and not their usual place of residence	27	2.60%	G	3.00%	A	3.20%	A	3.20%	A	●	Demonstrable reduction in rolling 12 month rate (Jan-Dec 16: 2.8%) - Amber remain in SPC limits (p. mean = 3.09, UCL 4.2%)	12 months to Dec-17	
			Sustained compliance against four acute stroke bundles	28	1: 35%, 2: 100%, 3: 57%, 4: 67%	R	1: 40%, 2: 96%, 3: 64%, 4: 79%	R	1: 57%, 2: 100%, 3: 75%, 4: 77%	A	1: 43%, 2: 95%, 3: 72%, 4: 98%	A	●	Continuous improvement against all 4 NHS Wales Quality Improvement Metrics (NEW)	Monthly performance in Nov 17	✓
	Sustainability	Reduce harm, waste and variation sustainably making best use of the resources available to us.	Number of new serious incidents & % assured within agreed timescale (NEW MEASURE)	29	219 serious incidents, 21 no surprises	R	206 serious incidents, 39 no surprises	A	120 Sis, 16 no surprises - 54% assured in timescale	A	158 Sis, 20 no surprises - 53% assured in timescale	A	●	No. of SIs: reduction in year (219 Sis in15/16, 236 16/17) , Timeliness for assurance : 95%	No. of SIs: Dec-17, Timeliness: Nov-17	In Nursing director's report
			% patients with a positive screening for sepsis in both inpatients and emergency A&E who have received all 6 elements of the 'sepsis six' bundle within 1 hour.	30	Bundle 6 90.6% compliant	A	64.9%	A	Oct-17: 75%, YTD 67%	A	Nov-17: 75%, YTD 68%	A	●	Continuous improvement target (Q1 16/17 = 48.1%, Q2 = 62%, Q3=64.9%, Q4 = 57%)	M7-17/18	
			Reduction in number of patients who had a potentially preventable Hospital Acquired Thrombosis (VTE) up to 90 days post discharge	31	156		161	A	5 potentially preventable, 22 still to be reviewed		11 potentially preventable, 0 to be reviewed			NEW Definition FOR 2016/17: rolling 12 mth reduction in preventable HATs post level 2 Root Cause Analysis	12 mths to June-17	
			% of nutrition score completed and appropriate action taken within 24 hours of admission	32	95%	G	94%	A	94%	A	95%	G	●	Green: 95%, Amber 90%	Monthly snapshot for Nov-17	
			Patient environment: Credits 4 cleaning scores for high risk areas	33	Very high risk: 94.7% High risk: 94.4% Significant risk: 91.3%	R	Very high risk: 98.1% High risk: 97.0% Significant risk: 96.7%	G	Very high risk: 98.4% High risk: 97.4% Significant risk: 97.3%	G	Very high risk: 98.4% High risk: 96.9% Significant risk: 95.3%	G	●	Very high risk: 98% High risk: 95% Significant risk: 85%	Monthly snapshot for Nov-17	
			% compliance with Hand Hygiene (WHO 5 moments)	34	94%	R	94%	R	93%	R	93%	R	●	Green: 100%, Amber:>95%	Monthly snapshot for Nov-17	
			Reduction in C. Difficile and Staphylococcus Aureus Bacteraemia (MRSA), working towards a zero tolerance	35	11 C difficile cases; 11 S. aurea cases	A	13.7 C difficile cases; 10.6 S. aurea cases	R	88 C difficile cases; 99 S. aurea cases; 215 E. coli cases	R	98 C difficile cases; 117 S. aurea cases; 262 E. coli cases	R	●	Target is average monthly rate of no more than 10 C difficile, 8 S. aurea and 24 E. coli cases for Apr 17 to Mar 18 period	9 mths: Apr 17 to Dec-17	✓
			Reduction in the number of healthcare acquired pressure ulcers	35	M12 = 413, avg = 34.4	G	M10 = 577 MA(12) = 55	R	M6 = 519 MA(12) = 88	R	M8 = 776 MA(12) = 95	R	↓	10% reduction on previous year (2015/16 avg = 34.4, target = mthly average of 31) {source:FOC}	M8 - to Nov 2017	
			Financial balance: remain within revenue resource limits	36	£0.068m surplus at M12, (£13.3m favourable variance from plan)	G	£29.717m deficit at M11	R	£17.963m deficit at M7	R	£22.177m deficit at M9	R	●	2017/18 Draft Planned Deficit £30.9m	M9 - 2017/18	
			Remain within capital resource limits.	37	Actual spend at M12= £41.0m	G	Actual spend at M11= £20.216m	G	Actual spend at M7= £13.499m	G	Actual spend at M9= £17.334m	G	●	Approved planned year end spend as at November 6 2017 = £40.965m	M9 - 2017/18	In Finance Report
			Show reductions in annual total pay spend.	38	£545.781 to m 12	R	£524.4m to m 11 2016/17	R	£339.807m to m 7 2017/18	R	£438.006m to m 9 2017/18	R	●	£427.600m to m 7 2016/17	M9 - 2017/18	
			Number of procedures undertaken that are on the UHB's "Interventions not normally undertaken" list for procedures of limited clinical effectiveness	39	5315		5528	A	5202	A	5180	A	↑	12 month rolling reduction (Dec-Nov16 : 5671)	Dec-Nov17	
			Reducing outpatient did not attend rates for New and Follow Up appointments	40	N 10.5%, FU 11.7%		N 10.2%, 11.8%	A	N:10.2%, FU 11.9%	R	N:9.9%, FU 11.9%	R	●	12 month rolling reduction- 16/17 New DNA 9.8%, FU 12.2%	M79- 2017/18	
			Increasing in-session theatre utilisation (adopting Newton measure)	41	79%	A	72%	A	75%	A	77%	A	●	Newton consulting set standards: green >= 85%, amber 67%-85%, red <=67%	Nov-17	
			Uptake of ERAS across whole HB.	42	Programme has stalled	R	Programme has stalled	R	Refresh being planned as part of TTC	R	Refresh being planned as part of TTC	R	●	Self assessment based on roll out plan agreed with WG	Dec-17	
			Ensure that the data completeness standards are adhered to within 1 month of the episode end date	43	95.2% in month, 96.5% past 12 month	A	95.8% within 30 days	G	95.6% within 30 days	G	95.5% within 30 days	G	↑	NEW MEASURE FOR 2016/17: 95% within 30 days	Sep-17	
		Have a planned care system where demand and capacity are in balance	% hospital cancellations rebooked with 14 days	45	56%	R	28%	R	30%	R	43%	R	↑	WG target: 100%, IMTP trajectory 44%	Monthly snapshot for Oct-17	✓
			Part 1 Local Primary care Mental Health Support Services (% assessed within 28 days & therapy started within 28days)	46	82.2% (28 days), 92.8% (28 days)	G	78% (assessment), 86% (therapy)	R	97% (assessment), 80% (therapy)	A	92% (assessment), 79% (therapy)	A	↓	80% within 28 days for assessment, 90% within following 28 days for therapy	Monthly snapshot for Nov-17	
			Part 2 Coordination of care and treatment Planning for secondary Mental Health Users (% of users with a care and treatment plan)	47	90.4%	G	91.0%	G	90.4%	G	90.1%	G	●	90%	Monthly snapshot for Nov-17	✓
			Part 3 % of former users of secondary mental health services who are assessed under part 3 of the measure, who received their outcome assessment report within 10 days	48	89%	A	100%	G	100%	G	100%	G	●	100%, Amber: Continuous improvement as new standard	Monthly snapshot for Nov-17	
			Part4 Mental Health Advocacy (Provision of an advocate to all eligible requesting users)	49	100%	G	100%	G	100%	G	100%	G	●	100%	Monthly snapshot for Nov-17	
			95% of patients will be waiting less than 26 weeks for treatment with a maximum wait of 36 weeks	50	84% <26 weeks, 2522pts > 36 wks	A	83% <26 weeks, 2720pts > 36 wks	A	82% <26 weeks, 3339pts > 36 wks	A	82% <26 weeks, 1012pts > 36 wks	A	●	95% <26 wks, 0 > 36 wks: Amber: Achieve quartely IMTP milestone (1023)	Posn at 31-Dec-17	✓
		Have an unplanned (emergency) care system that provides the right care, in the right place, first time	Attainment of the primary care out of hours service standards	51	5 Green, 3 Amber, 9 Red	R	6 Green, 6 Amber, 5 Red	R	7 Green, 2 Amber, 8 Red	R	5 Green, 2 Amber, 10 Red	R	↓	Number of standards where the UHB is compliant (Green 13/17, Amber 10/17)	Monthly performance in Dec-17	✓
			Deliver the 70% Cat A 8 minute response times all Wales target on a rolling 12 month basis and sustain the 65% Health Board target on a monthly basis	52	80%	G	82%	G	83%, 85% for 12 mths	G	78%t, 83% for 12 mths	G	↓	70% n.b	Monthly performance in Dec-17	
			95% of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge	53	85%	R	84%	R	83%	R	82%	R	↓	WG target: 95%, IMTP for Q3 90%	Monthly performance in December-17	✓
			Eradication of over 12 hour waits within all hospital emergency care facilities	54	55	R	59	R	80	A	91	A	↓	WG target: 0, IMTP trajectory: 100	Monthly performance in December-17	
	Culture	Be a great place to work and learn	Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	55	56%	R	58%	R	57%	R	60%	R	●	Green: >85%, Amber 68-84%, Red <68%	12 months to Nov-17	
			Medical Staff – percentage of staff undertaking Performance Appraisal	56	75.2%	R	74.4%	R	76.0%	A	77.8%	A	●	Green: 85%, Amber: increase from Mar-15 position of 77%	as at Dec-17	
			% of staff completing staff survey in the organisation.	57	22%	R	36% 0f 7000 staff surveyed	R	36% 0f 7000 staff surveyed	R	36% 0f 7000 staff surveyed	R		Bi-Annual	2016 staff survey	
			Overall measure for organisational climate / engagement	58	60%	A	3.64/5	A	3.64/5	A	3.64/5	A	●	Bi-Annual	2016 staff survey	
			Achieve annual local sickness and absence workforce target	59	5.14%	A	4.86%	G	4.86%	A	4.86%	A	●	12 month rolling reduction was 4.9% by end of Mar-17, target reduce to 4.2% Mar-18	to 30-Nov-17	
			Retain platinum corporate health standard	60	Achieved	G	Achieved	G	Achieved	G	Achieved	G	●	Re-assessed as meeting standard	2017/18	
		Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	Ambulance handover times: % within 15 and 60 minutes	61	15 mins: 56%, 60 mins: 93%	A	15 mins: 49%, 60 mins: 90%	R	15 mins: 47%, 60 mins: 87%	A	15 mins: 49%, 60 mins: 85%	A	●	15 mins: 60%, 60 mins: 100% (Amber: IMTP trajectory for 60 mins = 63%)	Monthly performance in Dec-17	✓
			No. of Delayed transfers of care – mental health (all ages) and non mental health (75 years and over)	62	73 NMH, 21 MH	R	29 NMH, 17 MH	G	47 NMH, 7 MH	A	30 NMH, 8 MH	G	↑	Continuous improvement : March 2017: 29 Non MH, 17 MH - IMTP trajectory is 10% redn on March posn	Monthly snapshot for Dec -17	
			Progress in Delivering Strategic Programme	63	Blueprint for HEART prepared for board	A	Slippage on aspects due to changing financial posn	A	TTC programme accelerating	A	TTC programme accelerating	A	●	Sustained improvement (metrics to be developed)	Assessment at Jan-18	
									Current Performance = 33/61							

13

ASSESSMENT

1) IMMUNISATION

How are we doing?

Childhood vaccinations

In the most recent COVER report (Jul-Sep 2017) uptake of the 5 in 1 at age 1 dropped slightly below 95% for the first time in 2 years, to 94.7%. Uptake of MMR2 at age 5 remained relatively unchanged, at 87.5%.

Seasonal flu

The seasonal flu campaign is ongoing, so figures will change before the end of the season. Current uptake (to 2 Jan 2018) is:

- Community over 65s: 68.0% (target: 75%)
- Community under 65s at risk: 45.3% (target: 55%)
- Staff with patient contact: 60.2% (to end of Nov 2017) (target: 60%)

An accurate figure for pregnant women is not known until towards the end of the season (point of delivery audit).

How do we compare with our peers?

Childhood vaccinations

Wales average figures are:

Uptake of 5 in 1 at age 1: 95.9%
Uptake of MMR2 at age 5: 90.5%

Seasonal flu

Wales average figures are:

- Community over 65s: 66.6% (target: 75%)
- Community under 65s at risk: 45.3% (target: 55%)
- Staff with patient contact: 50.7% (to end of Nov 2017) (target: 60%)

13

What are the main areas of risk?

Childhood vaccinations

The fall to below 95% for 5 in 1 is a concern, as uptake has exceeded the 95% target for the last 2 years following a set of interventions to improve data recording timeliness and engage practices and parents. The 5 in 1 vaccine has recently been replaced by the 6 in 1 vaccine (which adds hepatitis B to the vaccine) and it is thought that initial problems with the Child Health 2000 (CH2K) system in recording and reporting the new vaccine alongside the 5 in 1 may have contributed to the drop

in uptake. CH2K was also unable to run routine reports of uptake for 5 in 1 / 6 in 1 which are essential components of the data cleansing cycle in place locally in Cardiff and Vale. This was escalated via NWIS and seems to now be resolved but it means that data cleansing was not possible for the most recent quarter (Oct-Dec 2017), so recorded uptake may well fall short of the target for the next quarter too. Data cleansing is planned to restart for the Jan-Mar 2018 report.

Roll out of the Cypris Child Health system which is due to replace CH2K and eventually remove the need for manual data cleansing by harmonising GP practice and Child Health data automatically, has been delayed again by NWIS with no confirmed implementation date for Cardiff and Vale UHB. Previously Cypris was due to be implemented before the end of 2017/18 but this may now be another year later. The delays to Cypris roll out have been escalated with WG as a risk to maintaining and improving uptake in Cardiff and Vale.

Seasonal flu

Frontline staff uptake in Cardiff and Vale has been the first among LHBs to exceed the new WG 60% target, and we hope to further increase uptake in the rest of the season and in subsequent years.

Community flu vaccine uptake, in common with the rest of Wales and the UK, has remained little changed this season compared with last season so far despite additional efforts to raise awareness and prompt vaccination. With recent increases in circulating flu virus in the community we continue to encourage vaccination to reduce the risk of localised institutional outbreaks of flu in the community, and reduce the impact of flu consultations and cases on primary and secondary care.

What actions are we taking to improve our position and when will they start to take effect?

Childhood vaccinations

We have recently fully implemented a quarterly data cleansing and performance cycle in primary care, consisting of quarterly practice and cluster profiles of key immunisation uptake; a transparent system for identifying and engaging with practices with outlying uptake each quarter, working with those practices to implement evidence-based interventions; and targeted data cleansing in advance of COVER reporting. This should start to impact on uptake from the next quarter.

Seasonal flu

We are continuing to raise awareness of seasonal flu vaccination with eligible groups in the community. We will be undertaking end of season reviews of staff and community campaigns in order to understand areas for improvement in the 18/19 season.

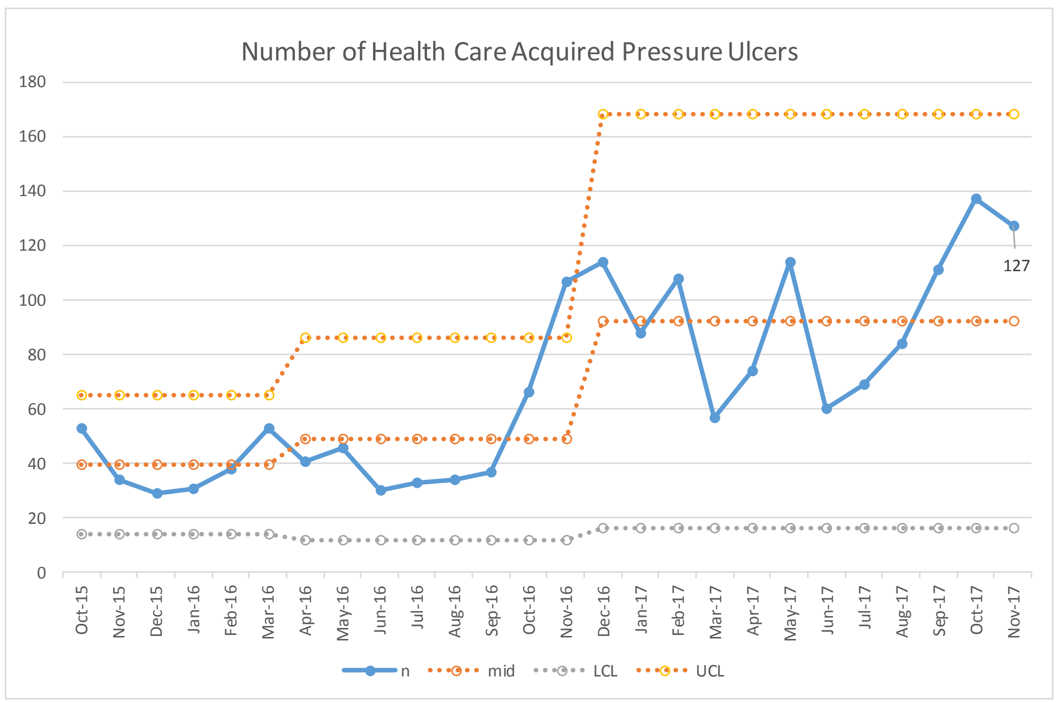
13

2 HEALTH CARE ACQUIRED PRESSURE ULCERS

How are we doing?

The number of health care acquired pressure ulcers in quarter 3 has been higher than that observed in previous quarters, averaging 125 per month.

As per the statistical process control chart below, this level is within the current process limits, with the monthly average over the past 12 months being 92.



How do we compare with our peers?
All Wales data is no longer made available.

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.

13

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 Surgery Clinical Board and will report to the Nursing and Midwifery Board. The main focus of the group has been on the following:

- Influencing the all Wales pressure ulcer reporting and investigating guide which has now been agreed and is waiting sign off for adoption by the Health Board at the Nursing Midwifery Board.
- Involvement with the Bed Management contract
- Health Board policy and procedure for pressure ulcers has been revised and due to be presented at the Quality Safety and Experience Committee.
- Launch of new guidance for the selection of mattresses.

Compliance with completion of Waterlow risk assessment is checked during unannounced inspections conducted by corporate nursing.
Influencing work is also progressing to improve and apply consistency to the reporting from an All Wales electronic incident reporting system. All pressure ulcers have an RCA undertaken to review care and ensure action is taken to prevent reoccurrence. All pressure damage is reported as a POVA.

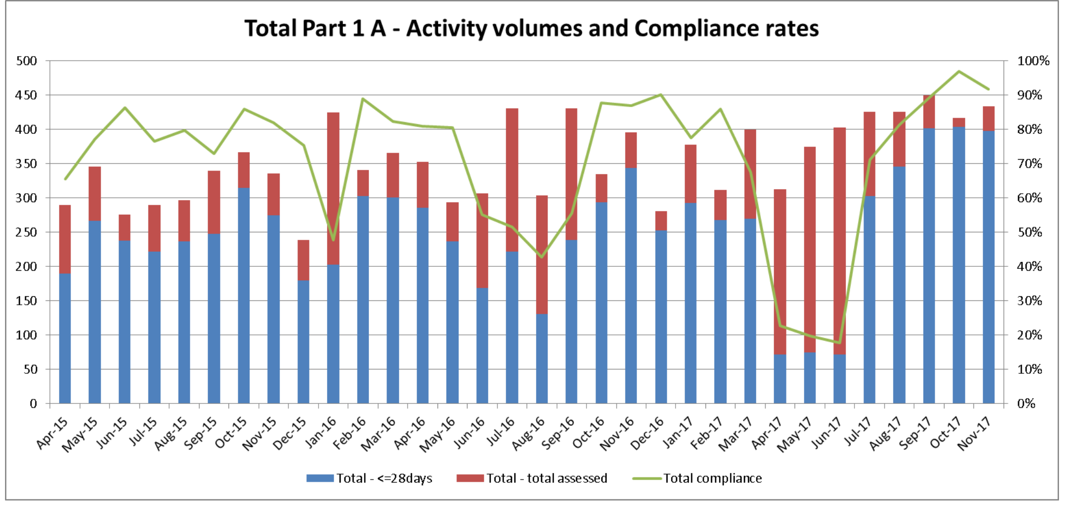
3 MENTAL HEALTH

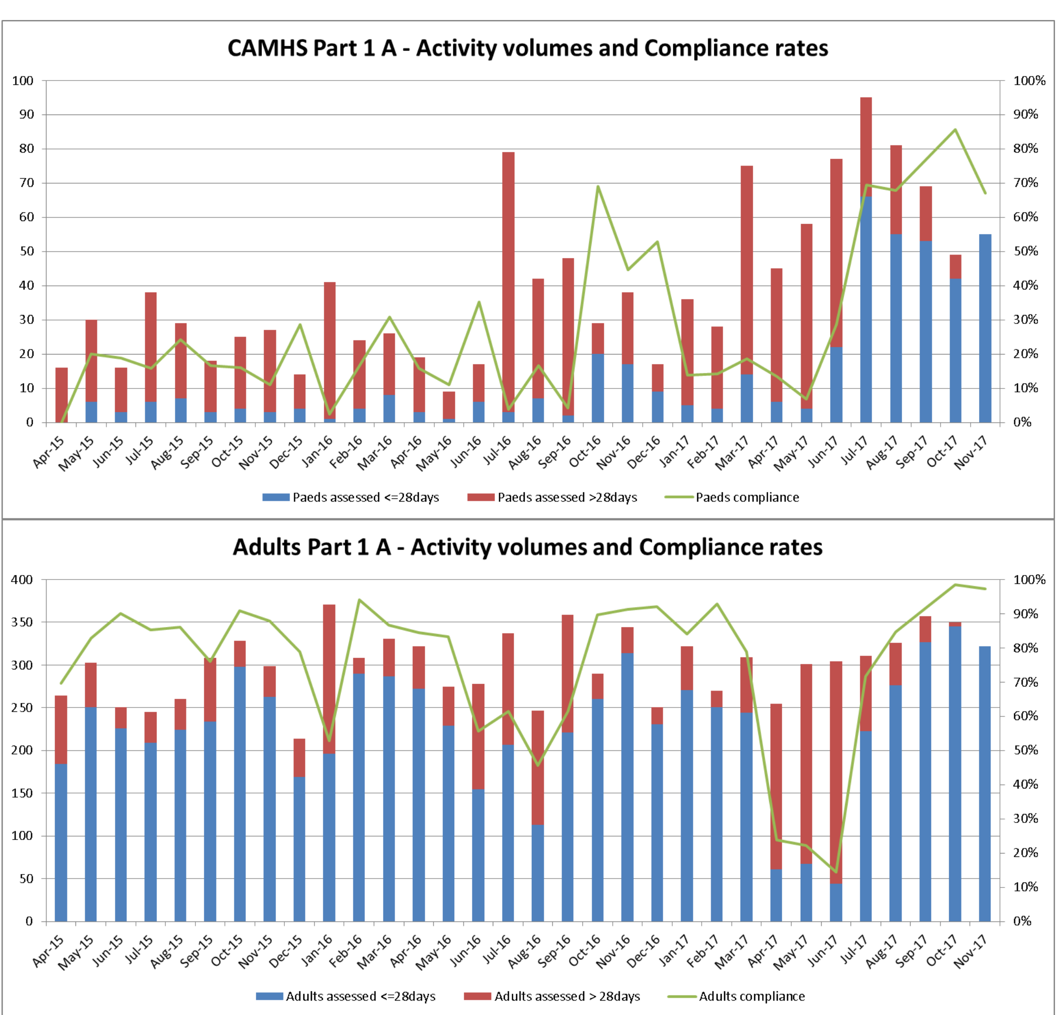
How are we doing?

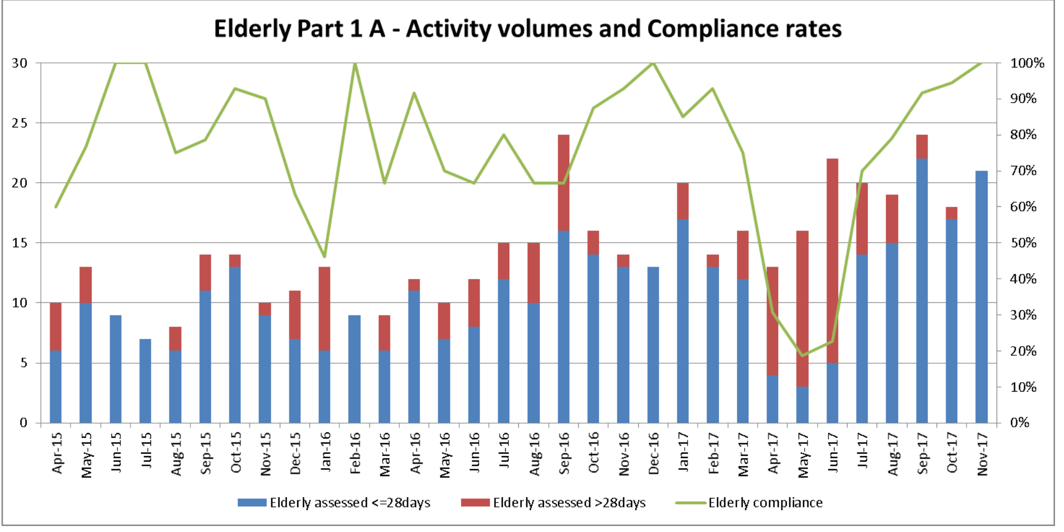
Part 1a: Service users to receive an assessment within 28 days

Overall 92% of service users seen in November 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%.

Both the adult and older people's services achieved the standard of 80%, delivering 97% and 100% respectively. This is predominantly due to staff returning from sickness and improvements in the service's administration of patients who do not attend or who cancelled their appointments. Referral volumes received by the adult and older people's services over the 2017 calendar year averaged almost 900 per month, a slight increase on the previous year.


Total Part 1 A - Activity volumes and Compliance rates
0
50
100
150
200
250
300
350
400
450
500
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 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 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17
Total - <=28days
Total - total assessed
Total compliance


CAMHS Part 1 A - Activity volumes and Compliance rates
0
10
20
30
40
50
60
70
80
90
100
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 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 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17
Paeds assessed <=28days
Paeds assessed >28days
Paeds compliance
Adults Part 1 A - Activity volumes and Compliance rates
0
50
100
150
200
250
300
350
400
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 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 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17
Adults assessed <=28days
Adults assessed > 28days
Adults compliance



Part 1b: Overall 79% 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	Adult	Elderly	Total
<= 28 days	2	98	3	103
Total Commencing therapy	2	125	4	131
% Compliance	100%	78%	75%	79%

Part 2: Overall 90.1% of LHB residents had a valid Community Treatment Plan completed at the end of November. Performance remains above the standard of 90%.

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.

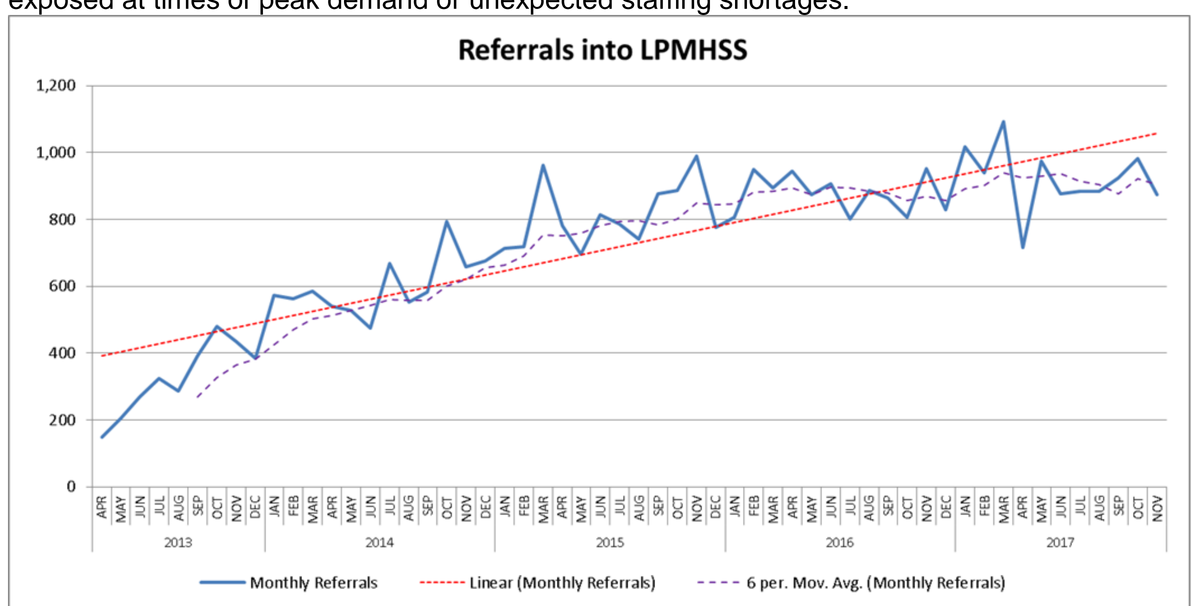
How do we compare with our peers?

Comparison with the performance of other Health Boards in Wales in delivering the mental health measures in the month of August 2017 is shown below:

13

October 2017	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	81.5%	82.7%	90.7%	100.0%
ABM	65.2%	96.6%	89.7%	100.0%
AB	81.1%	75.4%	91.4%	100.0%
BCU	82.0%	89.8%	90.1%	100.0%
C&V	96.6%	80.4%	90.1%	100.0%
CTaf	84.1%	77.7%	91.5%	100.0%
HDda	76.2%	83.2%	93.2%	100.0%
Powys	90.1%	78.1%	89.1%	100.0%
Rank	1/7	4/7	4.5/7	-/7

What are the main areas of risk?
The key risk has been the steadily increasing demand on primary mental health services and the inherent variation within the monthly demand. As per the chart below, the 12 month average now appears to be stabilizing around demand of 900 per month. This risk exacerbates a further risk relating to the low level of resilience planned for with regard to the service's capacity to meet the demand, which is often exposed at times of peak demand or unexpected staffing shortages.



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.

13

The child and adolescent mental health service are using the staffing bank to provide the supply side flexibility to cope with referral peaks which are common for Children's and Younger People's services.

The Cwm Taf Health Board has developed an action plan to improve the administration of Community Psychiatric Therapy (CPT) reviews and to increase the clinic capacity by two sessions per month. These started in September 2017.

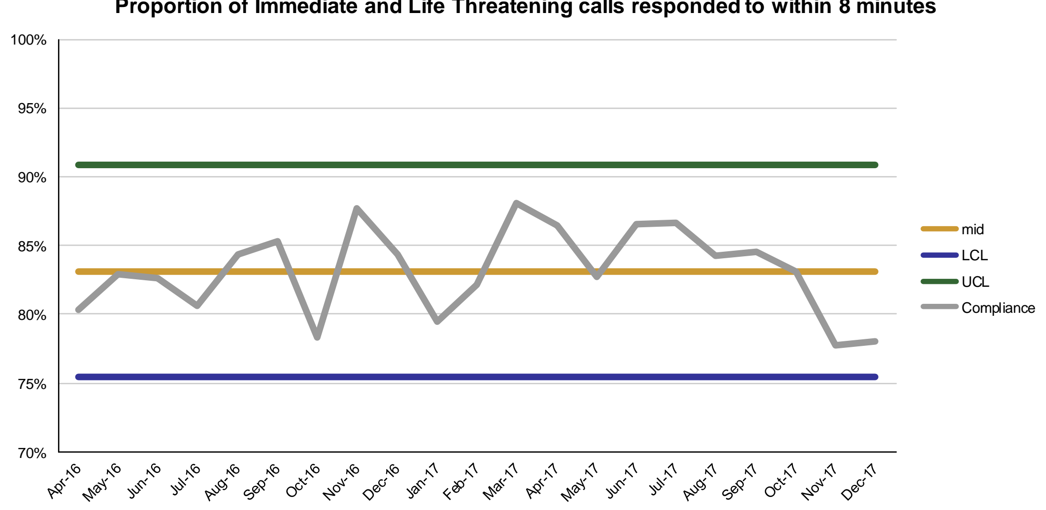
Adult and Older People Services

A reserve list of Bank staff has been identified who are called upon during certain periods in the year. The service now has an ongoing improvement cycle to review referral patterns and refine the trigger levels used to determine when they deploy Bank staff.

The service has improved administrative procedures ensuring that they are consistently applying the guidance set by the Welsh Government for the management of patients who fail to attend or cancel their appointments.

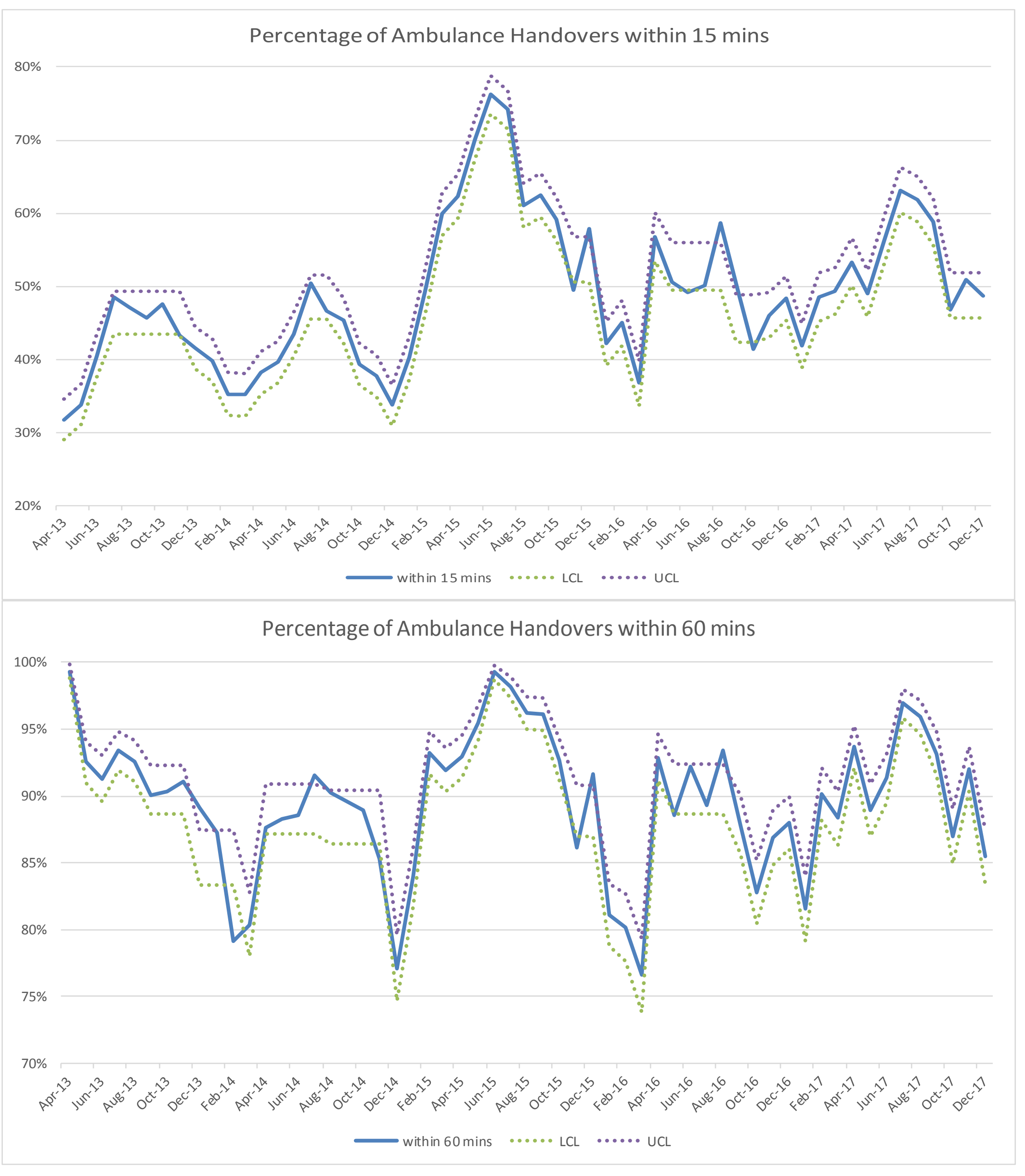
4) Unscheduled Care

The proportion of immediate and life threatening calls responded to within 8 minutes remains stationary around a mean of 83%, above the Welsh Government target of 70%.

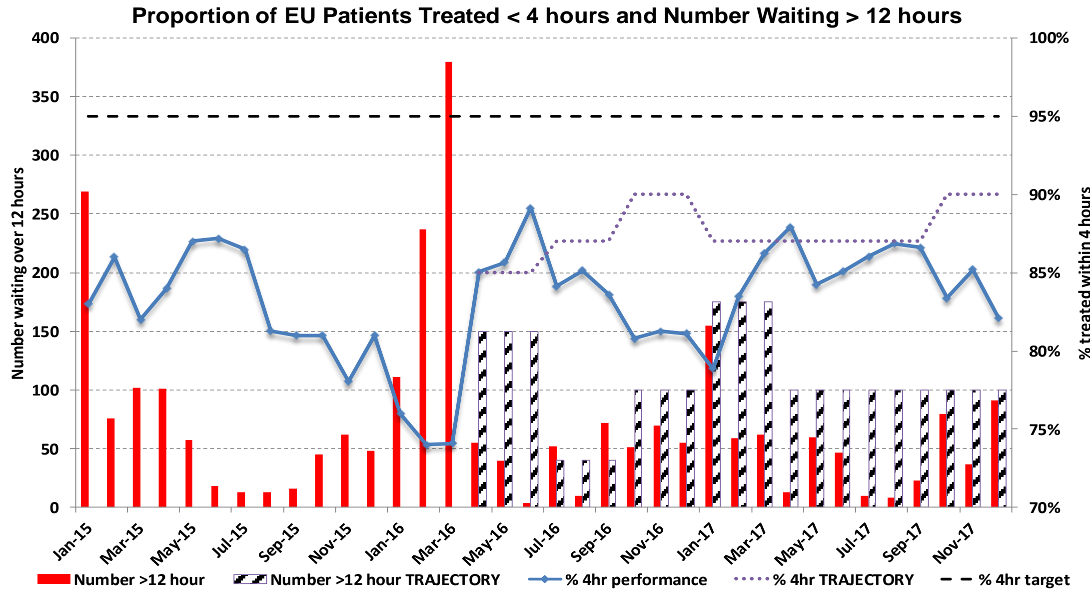


In respect of ambulance handover delays, performance in December had fallen to 49% for patients handed over within 15 minutes and 85% of patients handed over within an hour. Performance in this area is highly volatile, suggesting the service lacks resilience.

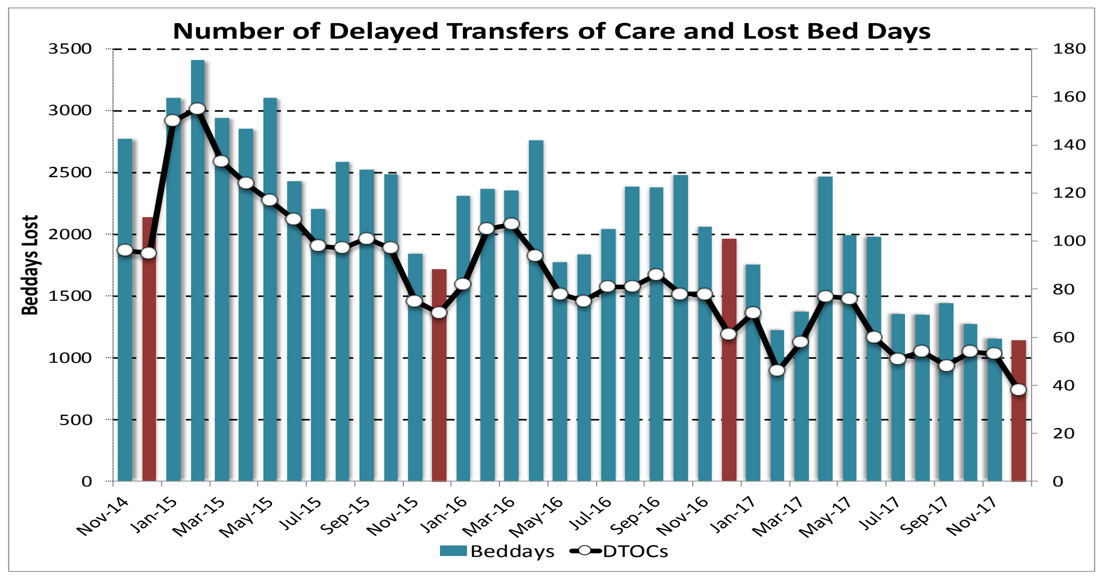
13



The proportion of patients admitted, discharged or transferred within 4 hours fell in December to 82.1%, against the WG expected level of performance of 95% and the UHB's IMTP trajectory of 90%. The number of patients waiting in excess of 12 hours increased to 91, below the IMTP trajectory of 100, but in excess of WG's standard of zero. These figures exclude patients where there has been clinical justification for the patient requiring extended periods of care and observation within the Emergency Department footprint.



At the December 2017 census point, the UHB recorded that 38 patients had their care pathway delayed as per formal WG rules. The number of bed days attributed to patients whose care was delayed was 1140 in the month, equating to 37 beds per day. This is the lowest level for over 3 years and meets the Welsh Government's expectation to deliver continuous reduction.



13

How do we compare with our peers?

The latest performance data available indicates that C&V performs within or better than the Welsh average.

Month	Oct-17	Oct-17	Nov-17 (Prov)	Nov-17
HB	4 Hour	Patients >12Hrs	Red Call<8 Minutes	Ambulance Waits>1 Hr
ABM	79.1%	706	73.4%	698
AB	87.3%	246	71.5%	305
BCU	78.7%	1262	77.6%	892
C&V	83.4%	80	77.5%	188
CT	88.7%	183	73.7%	3
HD	85.4%	580	65.4%	111
Wales	83.5%	3057	73.0%	2254
C&V Rank	4/6	1/6	2/6	3/6

The UHB has the 4th highest rate of delayed transfers of care of patients aged over 75 years overall in Wales for non-Mental Health, whilst the Mental Health rate is the 5th highest. Recognising that for the past 5+ years, the UHB has been the worst performer in this area, this position would indicate that the levels of improvement made by the UHB in improving the discharge process and our approach to integrated care are relatively speaking far better than those seen in other Health Boards

November-17		Wales	ABM	AB	BCU	C&V	CT	HDda	Powys	C&V Rank
No. of DTOCs per 10,000	Non Mental Health	140.6	123.6	164.5	163.2	153.8	138.5	68.6	174.3	4/7
	Mental Health	3.2	5.9	2.0	2.3	3.1	2.8	3.4	2.7	5/7

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 plan, there are a number of more immediate actions, including:

- Winter Plan – developed with our partners, the plan takes a whole system approach to winter. It builds on and maximises what is already in place, in addition to building in some additional resilience. This includes:
  - Tactical deployment of additional bed capacity
  - Maximising our integrated models of care – CRT; Integrated discharge team; Increased capacity for Residential Discharge to Assess services (2 beds)
  - '7 days no delays' - 4 patient flow escalation weeks (1 in each of Dec, Jan, Feb & March) as a 'firebreak' approach to produce a step-change in performance, safety

and patient experience - focusing on patient flow, increasing discharge, reducing length of stay and maximising admission avoidance
  - Increased GP OOH resilience in line with demand
  - Additional Senior Decision Makers at the front end
  - Additional ward cover
  - Dedicated clinical team to focus on the management of outliers
- Development of alternative pathways / models including:
- Emergency General Surgery model (commenced October) – second dedicated general surgery consultant during day time hours to support the EU and Surgical Assessment Unit. CEPOD (emergency surgical theatre) capacity has also increased
- Continued joint working with WAST to develop and implement new EU attendance avoidance pathways e.g. gynaecology, mental health
- Extending & maximising Ambulatory Emergency Care model at UHW – better streaming of patients with ambulatory sensitive conditions away from ED. Looking at what we can do further over winter e.g. extending opening hours. In addition, co-location of GP OOHs commenced Nov 2017
- Moving ‘unplanned’ to ‘planned’ – e.g. urology ‘hot slots’ as part of new urology on-call cover and Medicine Clinical Board / Patient Access test of change of planned slots for GP referrals (initiated as part of the escalation week)

13

5) 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 December, the UHB achieved the following:

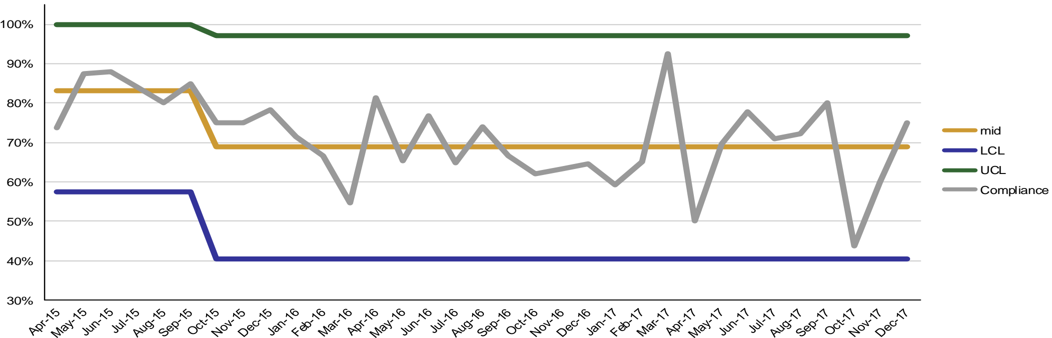
- 5 areas were reported as Green (7 reported for October)
- 2 areas were reported as Amber (2 reported for October)
- 10 areas were reported as Red (8 reported for October)

	Demonstrates volumes only		Dec-17			
Standard	**Description**	**Target**	Total	Result	Score	
	Telephone Services					
Telephone Calls	Number of calls answered within target	95% ans. in 60 seconds	**11761**	**8960**	**76%**	
		100% ans. in 120 seconds	**11761**	**9910**	**84%**	
Abandoned Calls	No. of callers who abandon after 60 secs.	No more than 5%	**11761**	**677**	**6%**	
Handling	% of calls recording the correct demographics	100% Correct	**11761**	**11761**	**100%**	
	Telephone Triage Services					
Urgent Triage	No. of urgent calls, logged & returned	98% triaged within 20 mins	**3510**	**2132**	**61%**	
Routine Triage	No. of routine calls, logged & returned	98% triaged within 60 mins	**4790**	**2753**	**57%**	
	Immediate Life Threatening (ILT) Conditions					
Referral	Number of life threatening conditions identified	100% within 3 mins	**289**	**289**	**100%**	
	Home Visiting					
Home Visits	The number and percentage of home visits	No target	**10507**	**721**	**7%**	
HV P1 (Emerg)	No. of face to face contacts within one hour	75% seen within one hour	**12**	**9**	**75%**	
	No. of face to face contacts within two hours	100% seen within two hours	**12**	**11**	**92%**	
HV P2 (Urgent)	No. of face to face contacts within two hours	98% seen within two hours	**246**	**154**	**63%**	
HV P6 (	No. of face to face contacts within six hours	98% seen within six hours	**463**	**245**	**53%**	
	Primary Care Centre Appointments					
PCC	No. and percentage of PCC attendances	No target	**10507**	**3108**	**30%**	
PCC P1 (Emerg)	No. of face to face contacts within one hour	75% seen within one hour	**15**	**8**	**53%**	
	No. of face to face contacts within two hours	100% seen within two hours	**15**	**15**	**100%**	
PCC P2 (Urgent)	No. of face to face contacts within two hours	98% seen within two hours	**342**	**227**	**66%**	
PCC P6	No. of face to face contacts within six hours	98% seen within six hours	**2751**	**2631**	**96%**	
	Transmissions					
Transmissions	No. of reports sent to GP Practice by OOH	100% by 9am	**11757**	**11757**	**100%**	
	Other Data					
Rota	Shift fill rate (reported in hours)	100% of shifts filled	**5368**	**3878**	**72%**	

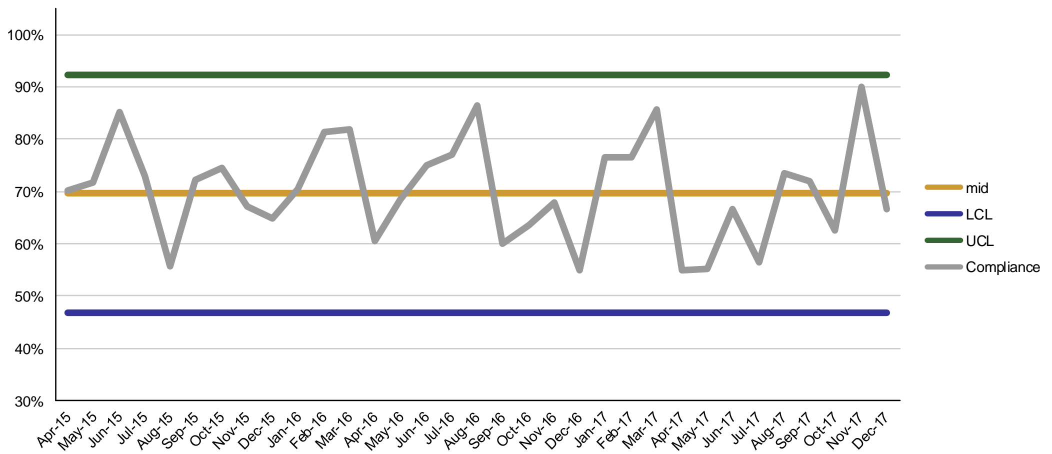
Whilst the seasonal nature of demand was expected to result in an increase in call volumes in December, the increase from 8243 in October to 11761 in December, represented a 13% increase in demand above the volumes observed in December 2016. This significant increase along with a reduction in the proportion (not volume) of shifts filled to 72% in December (3878 hours of care provided) from 87% in October (3627 hours of care provided) were the key factors in performance deteriorating.

The proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour rose to 75% in December, meeting the 75% standard.

13



The proportion of primary care centre appointments provided within 1 hour for those prioritised as "emergency" fell from 63% to 53%. Performance has remained within the same process control limits for the past 30 months.



How do we compare with our peers?

Progress is being made on All Wales data collection for OOH services, though data is not currently available across all LHBs. It will be another few months before this data is established to the level required in order to merit being included in this report.

13

What are the main areas of risk?

The key area of concern continues to be meeting the targets set by WG in particular for P1 Home visits due to the geographical area and triage targets. In December there was a reduction in the 2nd overnight GP shift fill rate which decreased from 90% in November to 72% in December.

What action are we taking?

There are a number of actions that are being taken forward to improve the service, which include:

- The latest bundle payment, whereby GPs have to book 6 hot spot shifts over a 3 month period, has been approved from January – March 2018. Easter payment rates have yet to be agreed.
- The post of Deputy Clinical Shift lead is to be advertised externally following the Governance Review of the Service.
- A plan to address the IT issues affecting the delivery of the service has been developed.
- Clinical Practitioners – a study day is taking place on 12th January 2017 with all Clinical Practitioners in terms of the future role, the needs of the service and keeping up their Advanced practice portfolio. Practitioners from the 111 service are attending to look at taking the framework forward within their service.
- A Paediatric Advanced Nurse Practitioner and a triage nurse with a background in Paediatrics will be commencing work in the service over the next few weeks.
- A Workforce plan is being created to get the service on a more sustainable and performant footing.
- The UHB is exploring with the University opportunities to deploy Advanced Paramedic in the out of hours service in the future.

6) STROKE

How are we doing?

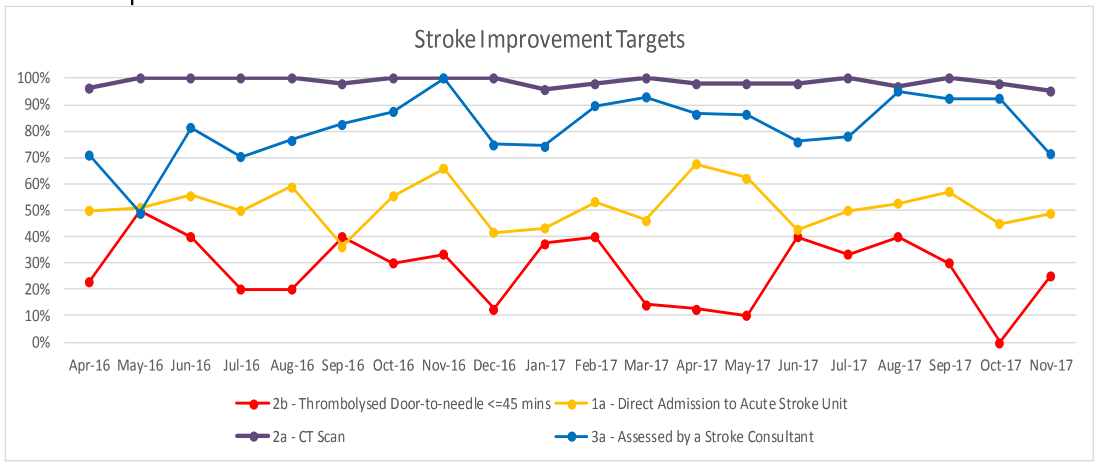
The expectation on the UHB is to demonstrate continuous improvement over the course of the year with the objective of achieving the SSNAP UK average by the end of the financial year. (SSNAP is the audit tool used throughout the UK to record detailed data on stroke patients treated in hospitals).

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. Compliance for both the 4 and 24 hour QIM has deteriorated since May.

WG benchmarking standard		IMTP trajectory	UHB in Nov-17
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	60%	49%
12 Hour QIM	CT Scan within 12 hours	96.0%	95%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	89%	71%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	Improve	25%

13

Trends in performance are shown below:



The following table shows the UHB's performance against all of the QIMs:

Stroke Care Performance Indicators	*Nov-16*	*Dec-16*	*Jan-17*	*Feb-17*	*Mar-17*	*Apr-17*	*May-17*	*Jun-17*	*Jul-17*	*Aug-17*	*Sep-17*	*Oct-17*	*Nov-17*
1. Access													
1a - Percentage of All Stroke Patients Thromb	13.0%	28.6%	17.0%	20.8%	16.7%	17.8%	17.2%	10.0%	7.3%	15.9%	19.2%	11.3%	9.5%
1b - Percentage of Eligible Stroke Patients Thr	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
2. Time													
2a - Thrombolysed Patients with Door-to-need	33.3%	0.0%	12.5%	10.0%	0.0%	0.0%	10.0%	40.0%	0.0%	20.0%	20.0%	0.0%	25.0%
2b - Thrombolysed Door-to-needle <=45 mins	33.3%	12.5%	37.5%	40.0%	14.3%	12.5%	10.0%	40.0%	33.3%	40.0%	30.0%	0.0%	25.0%
2c - Thrombolsyed Patients with Onset-to-Nee	33.3%	6.3%	12.5%	0.0%	0.0%	0.0%	10.0%	20.0%	0.0%	10.0%	10.0%	0.0%	0.0%
2d - Thrombolysed Patients with Pre and Post	66.7%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	66.7%	90.0%	100.0%	100.0%	100.0%
72 Hour Pathway Care KPIs													
1. Within 4 Hours Care KPI	67.4%	46.4%	40.4%	52.1%	47.6%	68.9%	62.1%	40.0%	46.3%	52.4%	57.7%	43.4%	42.9%
1a - Direct Admission to Acute Stroke Unit	65.9%	41.7%	43.2%	53.3%	46.2%	67.5%	62.3%	42.6%	50.0%	52.5%	57.1%	44.9%	48.7%
1a - TRAJECTORY for above	55.0%	55.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%
1b - Swallow Screening	80.5%	74.5%	76.7%	74.5%	75.0%	82.9%	81.5%	63.8%	71.8%	71.7%	76.0%	66.0%	70.0%
2. Within 12 Hours Care KPI	100.0%	100.0%	95.7%	97.9%	100.0%	97.8%	98.3%	98.0%	100.0%	96.8%	100.0%	98.1%	95.2%
2a - CT Scan	100.0%	100.0%	95.7%	97.9%	100.0%	97.8%	98.3%	98.0%	100.0%	96.8%	100.0%	98.1%	95.2%
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%
3. Within 24 Hours Care KPI	93.5%	51.8%	63.8%	77.1%	73.8%	71.1%	65.5%	58.0%	68.3%	81.0%	75.0%	73.6%	71.4%
3a - Assessed by a Stroke Consultant	100.0%	75.0%	74.5%	89.6%	92.9%	86.7%	86.2%	76.0%	78.0%	95.2%	92.3%	92.5%	71.4%
3b - Assessed by a Stroke Nurse	95.7%	92.9%	97.9%	89.6%	95.2%	95.6%	93.1%	90.0%	97.6%	96.8%	92.3%	88.7%	92.9%
3b - TRAJECTORY for above	70.0%	70.0%	88.0%	88.0%	88.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%
3c - Assessed by One of OT, PT, SALT	95.7%	60.7%	72.3%	87.5%	81.0%	84.4%	75.9%	72.0%	85.4%	85.7%	82.7%	81.1%	100.0%
4. Within 72 Hours Care KPI	97.8%	69.6%	78.7%	91.7%	83.3%	95.6%	75.9%	82.0%	90.2%	85.7%	76.9%	92.5%	97.6%
4a - Formal Swallow Assessment	100.0%	68.0%	41.7%	82.4%	76.9%	85.7%	73.7%	65.0%	82.4%	82.6%	75.0%	89.5%	100.0%
1a - TRAJECTORY for above	84.0%	84.0%	84.0%	84.0%	84.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
4b - OT Assessment	97.6%	84.0%	100.0%	93.3%	90.0%	100.0%	86.3%	94.0%	93.9%	92.9%	93.8%	91.3%	97.4%
4c - Physiotherapy Assessment	100.0%	90.4%	100.0%	97.9%	95.2%	100.0%	94.3%	98.0%	97.3%	95.0%	93.9%	100.0%	100.0%
4d - SALT Communications Assessment	97.1%	71.1%	88.9%	96.7%	90.9%	95.7%	75.0%	76.9%	90.9%	84.2%	78.8%	93.9%	100.0%
Patients Treated per Month	46	56	47	48	42	45	58	50	41	63	52	53	42

13

How do we compare with our peers?

The latest available benchmarking data across Wales is for November 2017, indicating that the UHB's relative performance has deteriorated against 3 of the 4 bundles.

HB	4 Hours	12 Hours	24 Hours	Door to Needle <= 45 Minutes
ABM	35.2%	94.5%	73.6%	22.2%
AB	43.4%	96.2%	83.0%	20.0%
BCU	45.1%	95.6%	82.4%	14.3%
C&V	42.9%	95.2%	71.4%	25.0%
CT	61.1%	100%	66.7%	0%
HD	83.6%	100%	85.1%	75.0%
Wales	50.5%	96.6%	78.2%	27.1%
C&V Rank	5/6	5/6	5/6	2/6

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?

4hr target:

- Review the Code Stroke 2 pathway with the aim to reduce the number of inappropriate calls to the stroke team
- Re-circulate inpatient pathway for query/ confirmed strokes on inpatient wards
- Review rehab pathway for patients on Stroke Rehabilitation Centre who do not require stroke specific rehabilitation / do not have rehab potential

Thrombolysis:

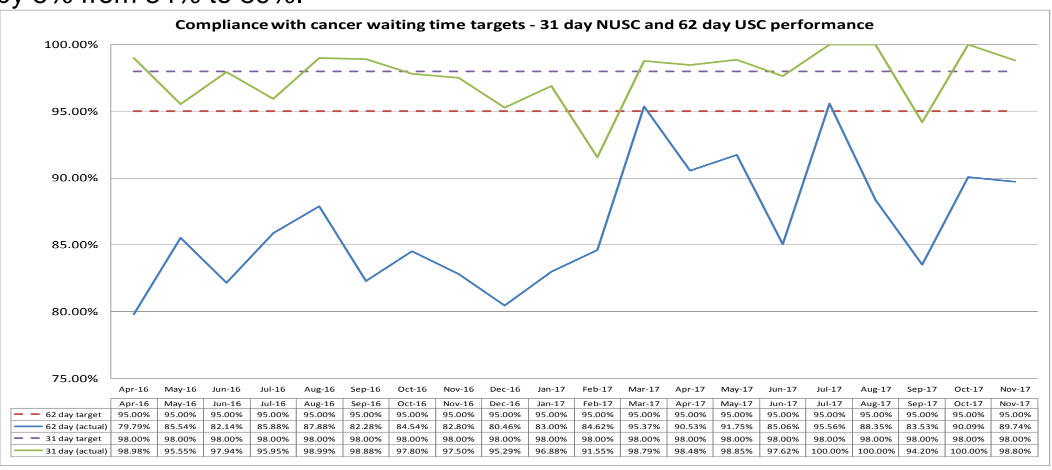
- Process map the thrombolysis pathway to look for areas of improvement. The Continuous Service Improvement team to facilitate.
- Routine Cause Analysis forms are being completed at weekly breach meetings for patients who have breached the 45 min target. Breach reasons taken to SOG.

7) CANCER

How are we doing?

The Health Board continues to perform close to or above target (98%) for patients on the Non-urgent suspected cancer 31 day pathway. Discrete performance for November 2017 is 98.80%.

November's performance for patients on the urgent suspected cancer 62 day pathway is 89.74%, against the target of 95%. Performance quarter to date is 89.91% against an IMTP trajectory of 91%. Year to date performance has improved by 5% from 84% to 89%.



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
62 day target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
62 day (actual)	79.79%	85.54%	82.14%	85.88%	87.88%	82.28%	84.54%	82.80%	80.46%	83.00%
31 day target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
31 day (actual)	98.98%	95.55%	97.94%	95.95%	98.99%	98.88%	97.80%	97.50%	95.29%	96.88%

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
62 day target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
62 day (actual)	84.62%	95.37%	90.53%	91.75%	85.06%	95.56%	88.35%	83.53%	90.09%	89.74%
31 day target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
31 day (actual)	91.55%	98.79%	98.48%	98.85%	97.62%	100.00%	100.00%	94.20%	100.00%	98.80%

The Cabinet Secretary announced in November 2017 intentions to implement a Single Cancer Pathway (SCP) from April 2019, in place of the existing two cancer waiting time targets. Whilst formal guidance has not yet been issued confirming the target and rules, the current assumption is that the target will be 95% of patients must be seen, diagnosed and treated within 62 days of the point of suspicion. Health Boards will be expected to formally shadow report from 1 January 2018, with the first return due to Welsh Government in March 2018. Since April 2017, Health Boards have been informally reporting on the SCP, although data definitions have changed since its start – with April's data now being excluded as a result. Discrete monthly performance based on internal shadow reporting is as follows:

SCP	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17
% Performance (no suspensions)	66.10%	74.25%	68.21%	70.48%	60.96%	84.44%

13

How do we compare with our peers?

In October 2017, the UHB ranked 1st out of the 6 Health Boards for delivery of both the 31 day non-USC target and 62 day USC target.

Oct 17	ABM	AB	BCU	C&V	CT	HD	Wales	C&V rank
Non USC	95.0%	93.5%	98.1%	100 %	98.4%	97.4%	96.6%	1/6
USC	85.1%	86.7%	88.4%	91%	84.7%	87.3%	87.4%	1/6

What are the main areas of risk?

The key risks to delivering the required quality and experience standards are:

- Whilst we continue to treat patients in turn or according to their clinical priority, our backlog of untreated patients waiting > 62 days fluctuates and remains too high. 83% of the total backlog is GI. Whilst upper and lower GI have a lower conversion rate than other tumour sites, the UHB needs to further reduce the backlog in GI and other tumour sites to be assured of continuous improvement and achieving the levels of performance set out in our IMTP.
- The need to balance waiting time target demands against clinical urgency across all diagnostic areas – specifically radiology, pathology and endoscopy
- Full implementation of the Single Cancer Pathway. Whilst the Single Cancer Pathway is conceptually simple (and strongly supported by the UHB), it is operationally complex. The main issues for the Health Board are: (i) Lack of written guidance from Welsh Government / Cancer Network on the target and rules (ii) Aligning the UHB's Project Structure to national structure and ensuring project resources are in place to mange and deliver the project (iii) Ensuring capacity and systems for tracking are fit for purpose (iv) Ensuring demand and capacity balance for the forecast increase in demand and the speed / timeliness within which diagnostic tests will need to be undertaken and reported (v) Ensuring IT systems are fit for purpose and there is an agreed data set for Wales (vi) Identifying the point of suspicion - Wide programme of Clinical engagement required and processes / system will need to be changed.

What actions are we taking?

The UHB remains committed to achieving and sustaining improvement. The approach remains largely similar to that previously reported:

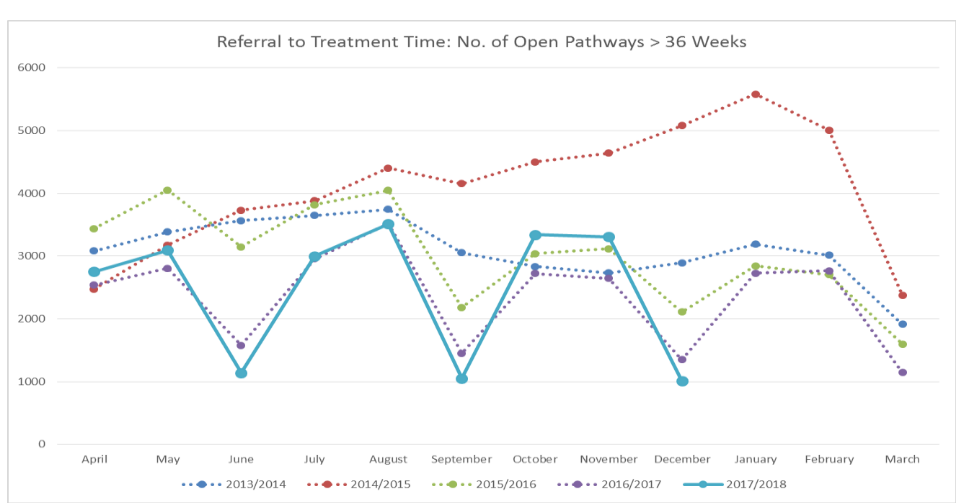
- UHB continues to do the right thing and treat patients in turn, according to their clinical priority.
- Patients continue to be tracked at both Directorate and UHB level, with actions escalated as appropriate.

- A specific project focusing on lower and upper GI pathway redesign and improvement is ongoing with executive and improvement support.
- The UHB continues with implementation of its endoscopy plan to reduce the backlog and balance demand and capacity, thereby improving patient experience and access to endoscopy services.
- The UHB is continuing to work with the All Wales Cancer Network and other Health Boards to prepare for the implementation of the Single Cancer Pathway. The delivery of the project and resources to address capacity gaps specifically (tracking and diagnostics) will require additional investment. This will be taken forward via the Health Board's IMTP / BCAG process. Cancer Services are planning to bring all tumour sites onto the UHB's tracking system (Tentacle) and are working with IT to develop our systems. Local modelling and regional approach to demand and capacity is in development through the regional diagnostics group - current estimated of uplift in capacity are between 20 and 30%. Initial Clinical engagement through UHB's Cancer Leads group.

8) ELECTIVE ACCESS

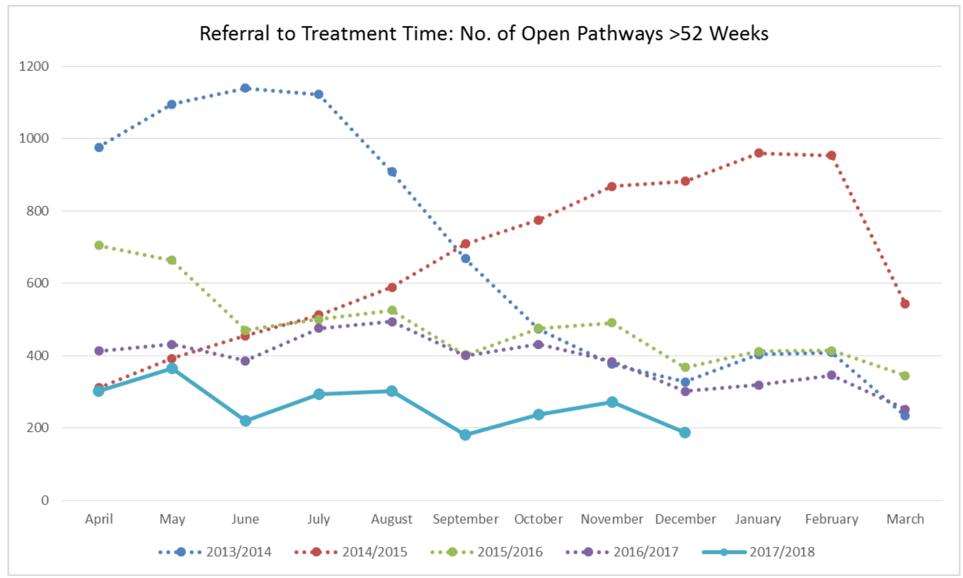
How are we doing?

The UHB achieved its elective referral to treatment time improvement trajectory in December reducing the number of patients waiting in excess of 36 weeks to 1012 against the milestone of 1023 patients.



There has been a decrease in the numbers of our longest waiting patients; there were 187 patients waiting greater than 52 weeks (276 in November).

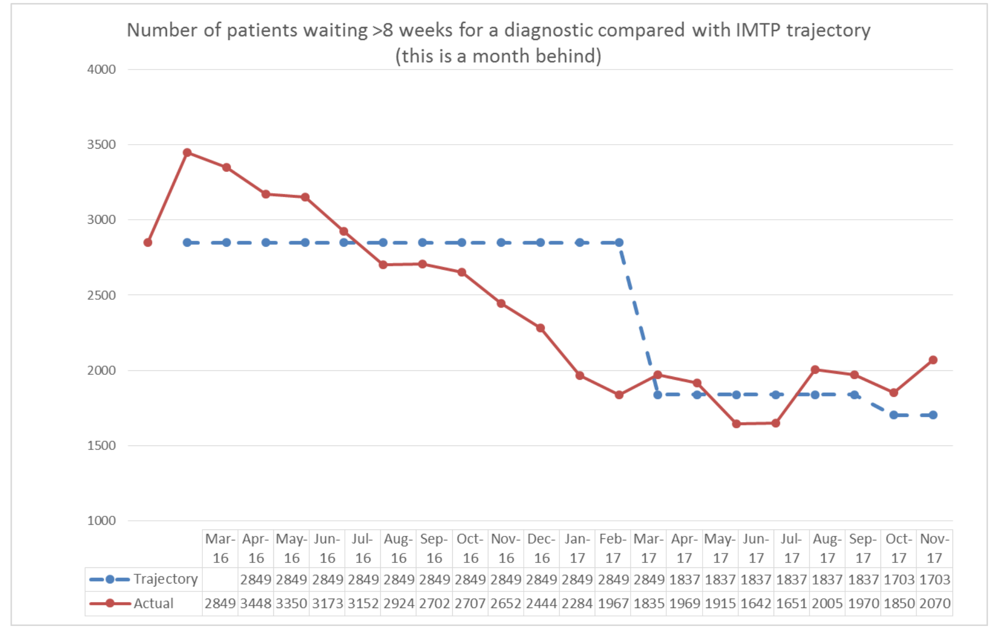
13



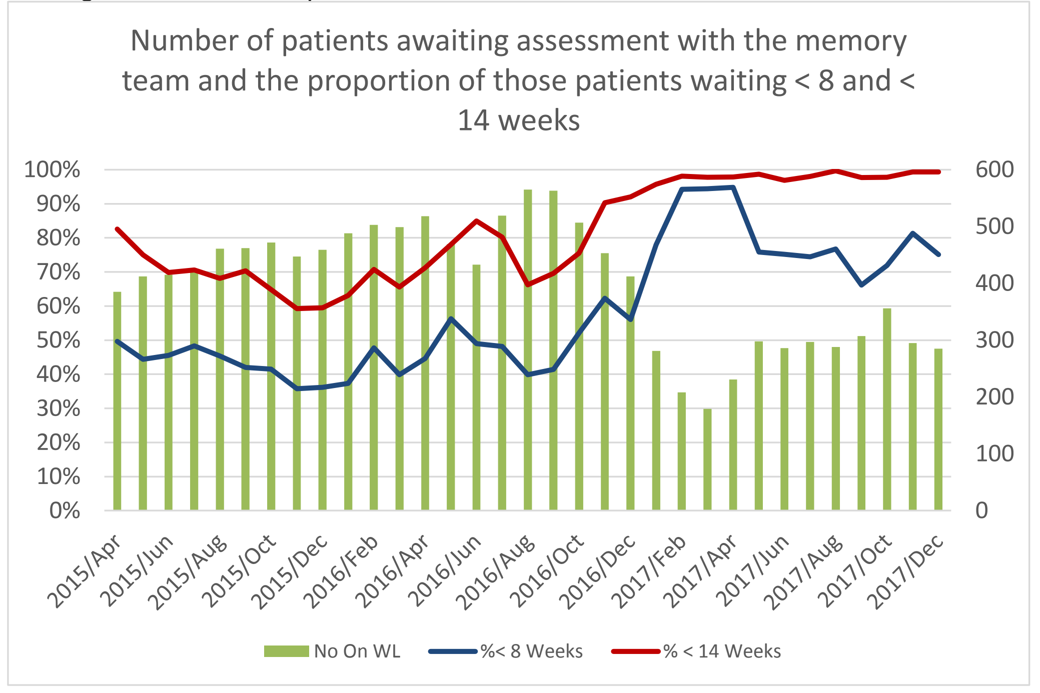
There were 13,396 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of December, equating to 83% of patients waiting under 26 weeks. This performance is below the 86% improvement trajectory submitted in the annual plan.

The December position for the number of patients waiting more than 8 weeks for a diagnostic test is 1869. Whilst representing a 5% reduction on the quarter two ends position, the UHB did not achieve the quarter 3 IMTP target of 1703. Whilst the UHB had implemented a number of recovery actions in December, the timing and volume of additional capacity secured was insufficient. The main areas off plan were cardiology (echocardiograms) and endoscopy.

13



At the end of December 2017, 99% of patients requiring a memory assessment were waiting less than 14 weeks, against a standard of 95%. The number of patients waiting less than 8 weeks, deteriorated from 81% in November to 75% in December 2017. Since October 2017 GP-led clinics have been reinstated to stabilise the waiting list and reduce the worsening trajectory. This has reduced the waiting times down to a present maximum of 10-12 weeks.



How do we compare with our peers?

The All-Wales waiting time position at the end of October 2017, shown below, indicates that Cardiff & Vale ranked 4th for the % of patients waiting less than 26 weeks, 4th for the lowest number of patients waiting in excess of 36 weeks and 6th for the number of patients waiting in excess of 8 weeks for a diagnostic.

October 2017	Wales	ABM	AB	BC	C&V	CT	HD	C&V Rank
% < 26 weeks -RTT	85.1%	86.9%	89.5%	80.5%	84.1%	86.7%	83.6%	4/6
No. > 36 weeks - RTT	22931	4463	1517	9608	3340	738	3265	4/6
No. > 8 weeks diagnostic	5980	349	1780	497	1850	1504	0	6/6

What are the main areas of risk?

The RTT target for year end is 800 with the expectation that there will be no more than 4 areas with breaches; Orthopaedics, Ophthalmology and Neurosurgery are three of those areas. There is an ongoing reliance on the private sector to provide additional capacity.

What actions are we taking?

- The UHB, with the Welsh Government waiting time improvement monies, continues to secure additional capacity – both internally and externally – to achieve the revised target of no more than 800 greater than 36 week breaches by the end of March
- The UHB has procured additional endoscopy activity through an insourcing arrangement with an external company – anticipated start date 27th January 2018
- The Specialist and Surgery Clinical Boards are developing a plan and options to be considered to address theatre capacity constraints for neurosurgery
- The Orthopaedics Directorate continues to maximise opportunities resulting from re-provision of one theatre through a 'modular build' laminar flow unit – operational at the end of November 2017

9) HEALTHCARE ACQUIRED INFECTIONS

13

How are we doing?

Welsh Government Reduction Expectations 2017/18

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 numbers of cases recorded up to the end of December within the UHB is shown below alongside a straight line trajectory for delivery.

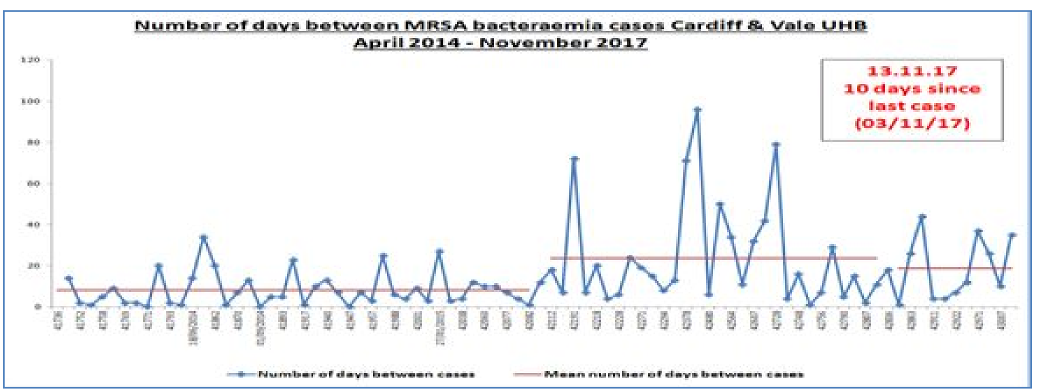
Target Organism	Total Allowable for 2017/18	Month 9 target	Apr-Dec 2017
C. difficile	126	94	98
***S. aureus* (Total)**	96	72	117
E. coli	290	218	262

Included within the *S. aureus* total were 12 MRSA cases against a target of zero.

Position as at Quarter 3:

C. difficile: The position has improved considerably with regard to *C. difficile* cases during November and December. 4 cases only were recorded during November and 6 cases in December, these are the lowest number of cases in two consecutive months that we have seen in the last 3 years. We need to continue to see these improved numbers of cases to meet the reduction expectation by end March 2018. It is still possible.

***Staph. aureus* blood stream infections*:* The** UHB can no longer achieve the *Staph. aureus* bacteraemia reduction expectation. We have increased our numbers of *Staph. aureus* bacteraemia against the previous year and have also seen more cases of MRSA bacteraemia than last year.



*"*Time between event" monitoring of our MRSA bacteraemia cases since April 2014 clearly shows that we were able to demonstrate an improvement in 2016 this has now fallen back.

***E.coli* blood stream infections:** There has been a modest improvement in *E.coli* cases in November and December 2017, which means that we can still achieve the required reduction expectation by end financial year, but we will need to see fewer than 10 cases of *E.coli* per month over the next three months to achieve this.

How do we compare with our peers?

13

C. difficile, S. aureus bacteraemia and *E. coli* bacteraemia monthly commentary, up to Dec 17

Reduction expectation summary (Apr - Dec 17)

Number and rate of *C. difficile, S. aureus* bacteraemia and *E. coli* bacteraemia per 100,000 population by health board, Apr - Dec 17

Not on trajectory to achieve expected reduction by Mar 18
On trajectory to achieve expected reduction by Mar 18

	C. difficile		*S. aureus* bacteraemia		*E. coli* bacteraemia	
	Number (*)	Rate**	Number (*)	Rate**	Number (*)	Rate**
ABM UHB	211 (+109)	52.91	149 (+71)	37.36	417 (+153)	104.57
AB UHB	169 (+60)	38.40	117 (+35)	26.58	361 (+95)	82.03
BC UHB	203 (+68)	38.72	145 (+41)	27.66	407 (+59)	77.63
C&V UHB	98 (+4)	26.55	117 (+45)	31.70	262 (+44)	70.98
CT UHB	43 (-1)	19.14	75 (+31)	33.39	220 (+71)	97.95
HD UHB	125 (+51)	43.24	99 (+42)	34.24	350 (+158)	121.07
All Wales	**875 (+271)**	**37.31**	**706 (+242)**	**30.10**	**2028 (+471)**	**86.46**

* (difference between current number of cases and number required to be on trajectory to meet the reduction expectation)
** Rate per 100,000 population

As can be seen from the above summary Cwm Taf are on target to achieve the reduction expectation for *C. difficile* and C&V UHB are only 4 cases above the trajectory to achieve the reduction expectation. No other Health Board is on target to deliver on any of the HCAI reduction expectations for 2017/18.

2017/18 FY summary (Apr - Dec 17)

Number and rate of *C. difficile,* MRSA bacteraemia, MSSA bacteraemia and *E. coli* bacteraemia per 100,000 population by health board, Apr - Dec 17

More cases than Apr – Dec 16
Same cases as Apr – Dec 16
Fewer cases than Apr – Dec 16

	C. difficile		MRSA bacteraemia		MSSA bacteraemia		*E. coli* bacteraemia	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
ABM UHB	211	52.91	15	3.76	134	33.60	417	104.57
AB UHB	169	38.40	12	2.73	105	23.86	361	82.03
BC UHB	203	38.72	32	6.10	113	21.55	407	77.63
C&V UHB	98	26.55	12	3.25	105	28.45	262	70.98
CT UHB	43	19.14	10	4.45	65	28.94	220	97.95
HD UHB	125	43.24	7	2.42	92	31.82	350	121.07
P THB	18	18.08	0	0.00	1	1.00	3	3.01
V NHST	8	N/A	0	N/A	3	N/A	8	N/A
All Wales	**875**	**37.31**	**88**	**3.75**	**618**	**26.35**	**2028**	**86.46**

* Rate per 100,000 population

When the number of cases seen in April to December 2017 is compared with the same period in 2016 it can be seen that Cardiff and Vale has seen a reduced number of cases of *C. difficile* in Apr-Dec 17 vs 2016 and also fewer cases of *E.coli* BSI, *Staph. aureus* BSI (MRSA & MSSA) cases have increased compared with 2016 figures. BCU and Powys Health Boards have also reduced their cases of *C. difficile* compared with April – December 2016; Hywel Dda HB is the only health board to reduce *Staph. aureus* BSI; Velindre NHS Trust is the only other NHS organisation to reduce their cases of *E.coli* BSI.

13

What actions are we taking and do we need to take to improve the position and when will they start to take effect?

***C. difficile*:**
Work to reduce *C. difficile* through focussing on hotspots, improving early isolation of patients with diarrhoea, improving treatment and adhering to antimicrobial prescribing guidance appears to be making a difference to our numbers of cases month on month. We need to understand what is making the difference and ensure that the good work is spread across the whole organisation and sustained, so that our numbers of *C. difficile* cases continue to decrease.

***Staphylococcus aureus*:**
Our figures for *Staphylococcus aureus* blood stream infections are heading in the wrong direction and we are no longer able to achieve the required reductions for 2017-18. It is extremely disappointing that our MRSA blood stream infection position has also slipped back. We need to refresh our approach to reducing this burden of infection focussing on medical device management and implementation of ANTT across the Health Board and more focussed work in the community related to wound management and prevention of infection in substance misusers. With regard to the increases in MRSA bacteraemia, we need to reverse the upward trend in cases urgently and may need to challenge clinical boards again to discuss cases of MRSA bacteraemia (and other healthcare associated infections) with the Nurse Director / DIPC to bring back a focus on not tolerating cases of MRSA and preventable infections.

***E.coli*:**
Our figures for *E.coli* blood stream infections are lower in April to December 2017 vs the same period in 2016. It was a challenging new target introduced this year and we will probably not achieve the required reduction by end March 2018. However, tracking our cases month on month has shown the significant burden of infection that is related to *E.coli* blood stream infections and we have seen some improvement. As this target is linked to the UK Antimicrobial Resistance Strategy commitment to reduce Gram negative blood stream infections by 50% by 2020/21 there will be further pressure to make improvements over the coming years. A significant burden of *E.coli* blood stream infection presents from the community, but even so, it is estimated that a significant proportion of these cases are healthcare associated and therefore potentially preventable. We have started a UTI improvement group through the PCIC clinical board to take forward work in the community to improve the management of UTI and urinary catheters in the community with a view to that feeding into reductions in *E.coli* BSI. This work needs to continue and to move from pilot work to spreading good practice and improvements in UTI prevention and management across the broader healthcare services of the Health Board as soon as possible.

1000 Lives HCAI Collaborative:
The Health Board contributed a team to attend the launch event of the 1000 Lives HCAI collaborative in October 2017. The next collaborative learning event will be in April 2018. The Health Board needs to use the Quality Improvement approach and

engagement with the 1000 Lives collaborative to implement and embed interventions to reduce the burden of HCAI and Antimicrobial resistance across our organisation.

RECOMMENDATION:

The Board is asked to **CONSIDER** UHB current performance and the actions being taken to improve performance.

CORPORATE RISK AND ASSURANCE FRAMEWORK UPDATE REPORT	
Name of Meeting: Board	**Date of Meeting:** 25 January 2018

Executive Lead: Director of Corporate Governance
Author: Head of Corporate Governance sian.rowlands@wales.nhs.uk
Caring for People, Keeping People Well: This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact: 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.
Quality, Safety, Patient Experience impact: The CRAF includes a number of risks that impact on quality, safety or patient experience.
Health and Care Standard Number: 2.1
CRAF Reference Number: Not applicable
Equality and Health Impact Assessment Completed: Not applicable

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Assignment of risks to a Lead Executive and Committees
- The CRAF being a standard agenda item at Board and its Committees
- The review of the CRAF that is currently taking place recognises that this area can be strengthened to provide better assurance and is aimed at achieving this.

The Board is asked to:

- **NOTE** this progress update.

SITUATION

The review of the overall Risk Management process, including the CRAF that is maintained, published and provided to the Board and its Committees continues.

BACKGROUND

The last report to Board advised of the proposed next steps to achieve launch of the new process in April following presentation at the April Board Development Session.

14

ASSESSMENT AND ASSURANCE

Update

- The procedural guide currently being utilised in areas to work through their registers, improve content and achieve transfer to the new system is attached as Appendix 1.

- Extreme risks have been selected from the CRAF in respect of the Audit Committee (Policies/Procedures), Health and Safety Committee (Fire Safety) and Quality, Safety and Experience Committee (Failure to protect patients and staff against health care acquired / cross infections). Reports are being prepared to outline the CRAF review and proposed new CRAF content around these risks.

- Due to the sheer volume of risks and detail contained within the CRAF, meetings are being arranged with Executive Leads to support a high level review of the current content. This, together with the reviews in UHB areas, and reports being provided as described above, will provide assurance around rationalisation of the CRAF content.

RISK IDENTIFICATION AND RISK REGISTER GUIDANCE

01/12/17

What is risk?

✓ Something that might happen that could have an effect upon an organization

X Something that has happened (i.e. an incident)

X Something that will happen or is already happening (i.e. an issue)

Consists of a combination of 3 elements:

CAUSE	EVENT	EFFECT
What might trigger the event to occur	An unplanned / unintended variation from an objective	How the organization could be impacted should the event occur

Risk Identification – Getting it Right √
This is how a risk should be written

OBJECTIVE

To see all outpatients within 15 minutes of their appointment time

What might cause non-achievement of the objective?

What might be the variation from the objective?

What might be the result? [there may be a number of consequences but the main impact should be identified]

CAUSE	EVENT	EFFECT
IF another Consultant leaves the Cardiology Department	**THEN** there will not be enough Consultants to see the number of patients that come through the Department and its clinic wait times will increase	**RESULTING IN** Business Objective Impact Financial Impact Adverse Publicity / Reputational Impact Service Delivery Impact

IMPACTS

Safety	**Financial**	**Environmental**
Statutory Duty / Inspections	**Adverse Publicity / Reputation**	**Quality**
Business Objective	**HR**	**Service Delivery**

Risk Identification – Getting it Wrong X
This is how a risk should not be written

Objective: "To see all outpatients within 15 minutes of their appointment time."

Failure of the objective	"Not seeing patients within 15 minutes of their appointment time."
Questioning the objective	"Seeing all patients within 15 minutes of their appointment time could put a lot of stress on clinic staff."
One word risks	"Fraud", "Fire", "Reputation"
Statement of fact	"There is a risk that projects may fail"
Failure to…..	"Failure to recruit enough staff"
Incident	"Due to the computer system crashing…"
Issue	"Because we don't have enough staff…"
Whinge	"We've been told that a new computer system is being introduced, but nothing has been done to provide training to the staff."
Essay	"When the department was moved 3 years ago, various changes were made to working practices. Break times were extended, section leaders appointed. Now more changes are underway, so we are likely to have additional staffing costs. We're also spending more than planned on IT support, which may necessitate cutbacks, leading to an adverse impact on staff morale, lower service levels and reputational damage."

DRAFT

Page **2** of **2**

RISK IDENTIFICATION AND RISK REGISTER GUIDANCE

01/12/17

Risk Registers

- Complete record of actual risks that have been identified relating to a set of objectives
- Day-to-day tool to help managers achieve their objectives
- Drive and evidence Risk Management activities
- Act as a means of or source for risk reporting / escalation

Must be kept simple and practical

Information must be worthwhile and kept up to date

Wording must make sense and be easy to understand

Risk Register Template

Objective (We have 10 strategic objectives as laid out in the 10 year strategy for the UHB "Shaping Our Future Wellbeing")																	
ID	Open Date	Speciality	Risk Owner	Risk Type [Main Impact]	Description	Current Controls	Original Score	Current Consequence	Current Likelihood	Current Score	Further Action	Due Date	Target Score	Key Indicators	Next Review	End Date

Risk Management Process

Departmental Manager
Assesses risk, identifies action required & completes Risk Assessment Form
Risks scoring less than 9 are managed locally (retain risk register, risk assessments & review these regularly)
All risks scoring 9 or more are added to the Departmental Risk Register & a Departmental Action Plan developed.

↓

Directorate / Locality Manager / Assistant Director
Reviews Departmental risk assessments for risks scoring 9 or more & checks accuracy of scores, seeking advice from appropriate H&S adviser to assist with review
Confirms with Departmental Manager suitability of actions to eliminate/reduce risk or identifies further action required
Consolidates risks into Directorate / Locality Risk Register for all risks scoring 12 or more & prepares Directorate Action Plan.

↓

Clinical Board Risk / Quality Lead Manager / Executive Director
Reviews Directorate / Locality Risk Registers, checks accuracy of scores
Confirms suitability of actions to eliminate / reduce risk
Confirms assurance arrangements & where gaps are identified ensures these are resolved
Consolidates risks into Clinical Board / Corporate Directorate Risk Register for all risks scoring 12 or more & prepares Clinical Board Action Plan.

↓

A bi monthly meeting will be held to:
Review Risk Registers & Action Plans, and risks identified within the Corporate Risk and Assurance Framework (CRAF) / any other sources to see if they have an impact
Senior attendance (e.g. Clinical Board Director of Operations, Nurse / Medical Director),

↓

Progress reports provided to:
Clinical Board monitoring Group (H&S and / or Q&S) / Corporate Team Meeting
Agrees Risk Register and monitors progress with Action Plans.

↓

Risk / Quality Lead Manager
Sends Clinical Board Risk Register to Chief Operating Officer for onward transmission to Board Secretary
Executive Directors send Corporate Registers direct to Head of Corporate Governance.

↓

Head of Corporate Governance
Prepares CRAF for consideration by UHB Board and Committees & publishing
Provides feedback from UHB Board and Committees.

DRAFT

UNCONFIRMED MINUTES OF THE AUDIT COMMITTEE
HELD ON 5 DECEMBER 2017
IN THE CORPORATE MEETING ROOM, HEADQUARTERS, UHW

Present:

John Antoniazzi	Independent Member – Capital, Chair
John Union	Independent Member - Finance
Stuart Egan	Independent Member – Trades Union

In Attendance:

Abigail Harris	Director of Corporate Governance
Anne Beegan	Wales Audit Office
Carol Evans	Assistant Director of Patient Safety & Quality
Craig Greenstock	Counter Fraud Manager
Ian Virgil	Deputy Head of Internal Audit
James Johns	Head of Internal Audit
Mark Jones	Wales Audit Office
Peter Welsh	Director of Corporate Governance
Robert Chadwick	Director of Finance
Sian Rowlands	Corporate Governance Manager
Simon Cookson	Director of Audit and Assurance
Steve Curry	Chief Operating Officer
Glynis Mulford	**Secretariat**

AC: 16/063 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone present to the meeting. Mr Stuart Egan was thanked for his service to the Health Board and contribution to Audit Committee over the past eight years as Independent Member lead for Unions and wished him well for the future.

AC: 16/064 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

AC: 16/065 DECLARATIONS OF INTEREST

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

15.1

AC: 16/066 UNCONFIRMED MINUTES OF THE MEETING HELD ON 26 SEPTEMBER 2017

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 26 September 2017.

AC: 16/067 ACTION LOG FROM MEETING OF 26 SEPTEMBER 2017

The Committee **RECEIVED** the Action Log from the meeting of 26 September 2017 and **NOTED** the following:

AC 17/007: Mental Health Clinical Board Out of Area: Significant investment had been made with three new members of staff. This will be doubled by March and when recruited to full strength the number will increase to 11 which will improve performance to review out of area patients and CHC packages. Since the Internal Audit review a Complex Care and Commissioning Peer Group had been set up. In addition KPI targets have been set within their performance reviews and a trigger had been built into the PARIS system when annual reviews were due. This will be followed up by Internal Audit as part of their routine process. **COMPLETE**

16/093: Internal Audit Position Report and Tracking Report – Medicines Cost Reduction: In regard to the update on the high value issue. The Director of Medicines Management considered there was too much cost associated with putting in a process around this. In terms of wastage this occurred more in the community setting. Issues arose when drugs were no longer needed and patients had returned them to the community pharmacy. They were unable to be reused, recycled or go back into the supply chain as they did not know how the drugs were stored at home. It was considered too costly to put any process in place to track trends and themes; it would also mean a change in contract. In regard to secondary care there was little wastage as there were better processes of redistributing drugs and putting them back in use. It was stated that correspondence had been received and concluded by email that the matter was closed and complete. **COMPLETE**

AC: 17/068 PATIENT SAFETY

Mrs Carol Evans, Assistant Director of Patient Safety and Quality, queried given the HTA report whether Internal Audit would be reviewing HTA processes into next year's programme. In response, the Head of Internal Audit stated that he had a conversation with the Chief Executive and will look at the action plan put in place to see whether any progress had been made against this. Members were informed that the Chief Exec had been allocated sessions within the Internal Audit plan. If considered necessary Internal Audit would be involved with any matters arising in-year and presented to Audit Committee.

15.1

AC: 17/069 INTERNAL AUDIT PROGRESS REPORT

Mr James Johns, Head of Internal Audit presented the above report and explained it gave a range of detail of progress of the plan with any updates and changes and the key issues from the audit work. These included summaries of the Reasonable and Substantial reports and the detail and full versions of the two reports which received Limited Assurance.

The key issues in Section 2 showed four detailed reports of progress against the plan schedule that were shown in Appendix A. These were initially planned to come to the December meeting. It highlighted the status of the work with stages of reporting and reasons for delays in progressing the work to conclusion. It was stated that there had been delays with one report relating to Stock Control and Localities but this was now complete. It was emphasized and reiterated to the Organisation, the importance of supporting Internal Audit work, for having access to relevant staff for information in order to deliver the work to the Committees expectations.

In terms of delivery of plan and key changes, there had been delays and dialogue to changes in the plan with the Health Board. The key issue would be paragraph 4.5 which referenced a piece of work with the Chief Executive. Members were informed there will be regular quarterly items from Internal Audit going to Management Executives.

The Committee:

- **ACKOWLEDGED** and **APPROVED** the piece of work from the Chief Executive
- **CONSIDERED** and **NOTED** the Internal Audit Progress Report

AC: 17/070 INTERNAL AUDIT POSITION REPORT

Cleaning Standards – Limited Assurance: Mr Ian Virgil, Deputy Head of Internal Audit gave an overview of the report. It was explained that the purpose of the audit was to establish if the Health Board (HB) was compliant with arrangements for ensuring it met with national standards in NHS Wales. There were a number of positive areas with clear management, supervisory and staffing arrangements in place for environmental cleanliness. However, the Limited Assurance was the requirement of the HB to carry its own technical audits of cleaning across the HB and to look at standards of cleanliness in areas such as on the wards. A number of weaknesses were identified in the process and the reporting of figures which could mean the HB could not be fully assured that reporting compliance levels were fully accurate.

It had been identified that audits were not being signed off by nursing or ward staff but only the cleaning staff. It was emphasized this was not universal. Other minor weaknesses were indentified relating to consistency across the two sites as there were differences in the way audits were being scored and reported. It was emphasized that there should be consistency to ensure figures are accurate. It was

highlighted that the HB should also be carrying out its own managerial audits to ensure this work was being carried out correctly. The action plan had been discussed with executives.

It was commented and noted:

- It was raised that the recommendations had an ending by March 2018 and suggested a follow up in early May to ensure this work was complete. It was highlighted that the Executive Director of Nurses was reinforcing, through meetings with lead nurses, that there was a requirement for ward staff to sign off the measures and actions.

Medicine Clinical Board PADRs and Mandatory Training: The Committee was informed the sample testing identified a low level of PADRs identifying 55% completion and those completed were not being signed off neither did it comply with procedure. There was also a low level of compliance with statutory and mandatory training. At the time of review the Medicine Clinical Board had recently moved onto the ESR system and a number of staff was not put under the correct hierarchy. Also noted were the actual processes for monitoring within the directorate and at clinical board level were not receiving accurate information for agreed level of compliance through ESR and LED.

The Chief Operating Officer stated that he had received and accepted the recommendations and had met with the Clinical Board who was taking action and these will be monitored going forward. The departments will have weekly and fortnightly meetings with teams to include a range of other issues. It was assured that the actions will be taken forward and will be monitored through the Executives. There will be performance meetings that will look at all PADRs and be followed-up with Internal Audit. It was emphasized that this was a wider issue as an organisation and will be of particular focus for the Clinical Board. The follow-up report will ensure this will be addressed.

It was commented and noted:

- It was known that the Clinical Board had difficulties as the Medicine Clinical Board was large and dealt with complex patients and was a challenged Clinical Board with a number of issues that needed to be addressed.
- It was stated that there was a very senior management team supporting the Clinical Board Director.
- There were issues with ‘running the front door’ and it was recognised that the Clinical Board was challenged in a number of areas but had also improved significantly in places. There had been a new Director of Operations and Director of Nursing and there was a need to give time and support for improvements to be made.
- The CEO and executive team review the structure at times and was content with the current arrangements. This was in the executive teams focus and was working very closely with the Clinical Board.

15.1

The Committee:
- **CONSIDERED** and **NOTED** the Progress Report Against Plan

AC: 17/071 WALES AUDIT OFFICE REVIEW OF DISCHARGE PLANNING

Mrs Anne Beegan, Wales Audit Office stated that the Review of Discharge Planning was mandatory and was the third assessment on patient flow. The focus of Discharge Planning was in regard to arrangements within the Health Board (HB) to manage discharge planning and in response to the work that had been undertaken with the Wales Audit Office and Health Inspectorate Wales. The findings for the HB were positive in comparison to other HBs. A previous review was undertaken on Delayed Transfers of Care (DToC), which was reflected in the report. Audits were carried out on discharge planning arrangements, policies and pathways to enable the discharge planning process. It was stated that the HB needed to focus on local level of staff awareness and improve training in these areas. The Audit also reviewed the actual discharge planning processes. This was not done in detail but had been looked assessed from a high level. This was not in consistence with other HB as the services are run on a five day per week basis. The final areas reviewed were in regard to performance improvements and how the HB was monitoring its performance against DToC and stated this area was improving.

It was discussed and noted:
- In regard to the RAG rating in the appendix, the NHS Delivery Unit had completed a self assessment. They had undertaken a review on acute and community hospitals and therefore may be a year out of date. In response to the query of how the Health Board had improved, it was stated that the NHS Delivery Unit review had a different focus to the WAO review, which was explained above. The NHS Delivery Unit centred around specific elements of checklists.
- The Director of Corporate Governance stated that Audit Committee receive all WAO reports and this report would go forward to Quality, Safety and Experience Committee to monitor the situation on behalf of Audit Committee to give assurance it is completed. There were four recommendations to progress and the management response was in place. It was highlighted that Recommendation 4 refers to the HB as a Trust.
- In response to whether the HB had made improvements on previous work, it was stated that the work around DToC had identified that there was good partnership arrangements. Although it could not be stated that improvements had been made but in comparison to other HB the arrangements were much better.

ACTION: To forward report to QSE Committee for monitoring purposes

The Committee:
- **NOTED** the report

AC: 17/072 WALES AUDIT OFFICE REVIEW OF GP OUT OF HOURS SERVICES

The Committee **NOTED** the report from Wales Audit Office, who informed members the report was the second review in relation to patient flow. It was stated that it had taken time to receive a management response and explained the process.

The GP Out Of Hours (OOH) was a three pronged approach looking at governance arrangements and where it sits within the HB. The audit looked at the sustainability of services both financial and clinically and focused around what it was like for a patient. In terms of arrangements at the HB, it was identified there was no strategy and was key to focus on GP OOH as a fundamental part of the unscheduled care system. This was the front end service and was vital for GPs to be engaged in the process. There was a need to have an underpinning workforce plan given the pressures in the service. Weaknesses were identified around undertaking Clinical Audit and should be balanced in the system in terms of quality and safety to ensure regular audits are taking place and stated monitoring arrangements were improving. Financially and clinically, the sustainability of the service was fragile and acknowledged this was an all Wales issue. Spending on the service was one of the lowest in Wales. In terms of performance the HB compared well but there were some issues around home visits, appointments and call backs.

It was commented and noted:

- There was robust discussion on receiving management responses in a timely manner and delays will be escalated after a point. It was emphasized that management had accepted all recommendations.
- The Director of Corporate Governance informed that regular reports on Internal Audits were regularly reviewed at Management Executives and would now include Wales Audit Office reports so that executives can be sighted on the status of the reports. Any delays can be brought formally through Management Executive and will do more in terms of supporting staff and linking with individuals and relevant areas to flag up the deadlines. Part of the discussion with Internal Audit was to reinforce the timescales and will put this into the paper for WAO. It was suggested that in the action plan it should read the person's title and not their name.
- The Finance Director considered the expenditure levels in the analysis of Health Boards in Wales to be imprecise when looking at the spread of North Wales and other HBs. This was in regard to looking at outliers as the biggest driver as the model was different.
- An all Wales report was being undertaken as it acknowledged there were issues with royalties and pay rates and issues around the HMRC ruling and what risk could be placed on GPs.
- It was stated that GPs patients in Wales had a 30% higher level than the average in the UK which had an impact on delivery of service and recognised this was not sustainable. It was stated this is part of a bigger picture and looked at the peak times of OOH going to GPs and whether these patients should be going to other services or In Hours.

ACTION: To forward report to QSE Committee for monitoring purposes

AC: 17/073 WALES AUDIT OFFICE REVIEW OF PROGRESS UPDATE – MANAGEMENT OF FOLLOW-UP OUTPATIENTS

The Wales Audit Office informed Members the paper was a progress update specifically in regard to the five recommendations raised previously. This was a mandatory review for the whole of Wales in relation to the management of follow up backlogs. At the time of the report, the number of patients delayed in Cardiff and Vale was more than 50% of the whole of Wales.

The report was RAG rated where progress stood. It was identified that progress was good with one recommendation being implemented and was making progress on the other four. The big task for the Health Board was to ensure they were validating and the Health Board had a number of approaches established to do this. The audit reviewed how patients were managed in terms of clinical risk and identifying risks. It was difficult for HBs to understand what the conditions were and identifying whether patients were coming to harm whilst sitting on the waiting list. Cardiff and Vale were the only HB looking into this area. Whilst there was a focus on high risk conditions it was considered it should be broadened to other specialties. Although This was started as local piece of work but will take out nationally as there was concern of clinical risk with patients sitting on waiting list backlogs. There was further discussion on modernizing the service; change in culture; to have discussions looking at high risk specialties and the work needed around this area.

It was commented and noted:

- It was considered to maintain focus through Quality, Safety and Experience (QSE) Committee in relation to clinical risks to ensure progress continues moving in right direction. The challenge for the HB was the need to take a pragmatic approach for work undertaken on high risks specialties which should go across the board. There was huge focus on outpatients and follow-up through the Transformation process and this is monitored and reported to the Quality, Safety and Experience Committee.
- It was stated that in view of discussions, there was a need to change the focus on papers received at QSE for assurance on action and timescales to be completed. Members were informed that on a weekly basis the Chief Operating Officer presents a tracking report on key targets to Management Executive and this is monitored at a senior level.

ACTION: To forward report to QSE Committee for monitoring purposes

The Committee:

- **NOTED** the report

15.1

AC: 17/074 WALES AUDIT OFFICE COLLABORATIVE ARRANGEMENTS FOR MANAGING PUBLIC HEALTH RESOURCES

Mrs Anne Beegan, Wales Audit Office, presented the report for information and stated this was a local piece of work with audit planned with Public Health Wales (PHW). It was useful to bring the report to Audit Committee as there were a few recommendations in terms of collaborative working. The management response had been a collective response and had been reviewed by Board Secretaries to ensure Health Boards had been sighted on the process for monitoring the management response. The report will sit with PHW Audit Committee. Mrs Sharon Hopkins had presented a detailed paper which was discussed and debated and would form part of the response.

The Committee:

- **NOTED** the report

AC: 17/075 WALES AUDIT OFFICE COMMITTEE UPDATE

Mr Mark Jones, Wales Audit Office, stated that the Health Boards Funds for 2016/17 held on Trust go forward to the Trustees Committee at end of January. This should be signed and certified by the statutory deadline being 31 January 2018. The new accounts for 2017/18 had commenced and in October WAO had signed off and certified the three grants the Health Board had acquired.

In regard to the Structured Assessment work a draft report will be issued in January 2018 and aim to take the final report to Board in January 2018; this will be the Wales Audit Office annual governance work. It was explained that there will be a progress update on a local piece of work undertaken regarding a previous review on managing medical equipment, and two thematic pieces of work regarding primary care work and integrated care fund. The primary care had been completed at phase 1 and the second phase will commence in the New Year which will look at HB arrangements. The Integrate Care Fund will be rolled out post Christmas. This was an all Wales piece of work that will review local authorities and focus predominantly at the Regional Partnership Boards. In addition, it will look at Welsh Government and their role in the Integrated Care Fund. National reports for information were included with a summary of good practice events and new events arising over next few weeks.

The Committee:

- **NOTED** the report

AC: 17/076 WALES AUDIT OFFICE – ACTION PLAN OF CONTRACTUAL RELATIONSHIP WITH RKC ASSOCIATES LIMITED AND ITS OWNER

Mr Peter Welsh, Director of Corporate Governance, gave an update on the above report stating this resulted in the CEO and UHB Chair going to a Public Accounts

Committee (PAC). As part of the process an action plan had been developed and went through Board and its Committees and Management Executives. Twenty six actions had been completed and nine were in amber. Actions on an all Wales basis were in amber which was taking longer to implement. The Health Board was feeding our learning into the all Wales discussion and had put longer end dates around these issues and linking with people to keep up momentum. All actions were in line to be completed by the set target date. The Health Board was in dialogue with the WAO and a meeting had been arranged for January 2018. The Public Accounts Committee was being regularly updated. A final report will be submitted to PAC in April 2018 who had been pleased with the comprehensiveness of the action plan and commitment of the HB to put things right. The Health Board was on target for the final action plan to come to the Audit Committee on 27 February and a closure report will be submitted to Board at end of March. This will be followed by an update report to go to the Public Accounts Committee once finalized.

The Committee was assured that gaps had been closed but there was a need to ensure we were continuing the work past the action plan. There was a need to ensure there was good audit records and responding as soon as an issue arises. There was wider discussion on the new processes and it was stated that mechanisms had been strengthened for staff to raise concerns or highlight issues. There had been a review of procedures to recruit Senior Managers which will be updated in the policy once completed. The policy will go forward to Resources and Delivery Committee for sign off which encapsulates very senior management.

The Committee:

- **NOTED** the contents of this report;
- To **MONITOR** the progress of the Action Plan and
- **PROVIDED** the Board with the assurances required.

AC: 17/077 TRACKING REPORT ON AUDIT RECOMMENDATIONS

The Committee **NOTED** the Tracking Report and Mr Peter Welsh, Director of Corporate Governance stated he was working with Internal Audit to develop the report further.

AC: 17/078 CAPITAL ORDERING AUTHORISATION PROTOCOL

Mr Robert Chadwick, Director of Finance stated the policy had been updated with no fundamental changes made. This was the process for capital ordering for IM&T and estates.

The Committee:

- **APPROVED** the protocol which will govern how the UHB places capital orders and **REQUESTED** that the UHBs capital scheme of delegation is updated to include the Executive Director of Therapies, the Head of Capital Planning and the Head of Compliance and Discretionary Capital

AC: 17/079 DIRECTOR OF CORPORATE GOVERNANCE REPORT

The Director of Corporate Governance highlighted a number of elements from his report:

- ***The Deloittes Financial Governance Review:*** This was being monitored and progress had been made.
  Structured Assessment: Difficulties were encountered last year in losing a number of Independent Members in a short period of time. Two further members will finish their terms of service at the end of December. The Health Board was waiting for new appointments to be ratified by Cabinet Minister.
- ***End of year reporting***: A significant amount of work in regard to the Annual Governance Statement and associated documents had commenced and will be completed within the timescale for Wales Audit Office and Internal Audit to review the documents.
- ***Board / Committee Working:*** In terms of the development of the Board there will be a series of training and development sessions. The CEO had made known the changes to be considered in terms of Board papers received.

The Committee:

- **NOTED** the report

AC: 17/080 UPDATE ON THE CORPORATE RISK ASSURANCE FRAMEWORK

Mr Peter Welsh, Director of Corporate Governance, stated that in summary there had been no significant changes to the current risk register but each committee was receiving their contribution to the CRAF on a regular basis.

In April 2017 it was decided to implement a new vehicle and approach for risks and assurances within the Health Board. The Corporate Governance Manager was in ongoing discussions with Clinical Boards. In the New Year there will be a new method in how risks will be presented, mitigated, described and controlled. Best practice had been looked at and a new template which will be used. The new template and guide will be reviewed by Management Executives in March and the Board Development session will be used for its launch in April. This will be clearly aligned to the strategic objectives of the organisation and reflected in agendas of the Board and Committees to receive assurances.

The procedural guide was almost complete and will go forward to Clinical Boards to see how it will be embedded. The proposal around redefining the risks was to look at risks on the CRAF and recommended for the next committee a report be submitted on Policies that was under the Audit Committees remit. This would be reanalyzed with the new process and what the new target score would be within the new framework. The Framework will be shared with Internal Audit and Wales Audit

Office. The approach was being tested with different Clinical Boards and corporate departments to ensure the framework was fit for purpose.

The Committee:

- **NOTED** the Audit Committee Corporate Risk and Assurance (CRAF) Update Report

AC: 17/081 LOSSES AND PAYMENTS REPORT

Mr Robert Chadwick, Director of Finance, informed the Committee that regular reports would be brought the Committee to approve losses and special payments with attached appendix.

The Committee:

- **APPROVED** the write off of the losses and special payments outlined in the assessment section shown below:
- **NOTED** the minutes of the 22nd November 2017 meeting of the Losses and Special Payments Panel.

AC: 17/082 REVIEW OF MEETING

An update of the Wales Audit Report was also raised at Board meeting.

AC: 16/082 URGENT BUSINESS

There was no urgent business

AC: 16/083 DATE OF NEXT MEETING

The next Audit Committee meeting is scheduled to take place at 9.00am on **Tuesday, 27 February 2018** in the Corporate Meeting Room, Headquarters, UHW

CARING FOR PEOPLE
KEEPING PEOPLE WELL

CONFIRMED MINUTES OF THE FINANCE COMMITTEE

HELD ON 31st OCTOBER 2017

UHW HQ

Present:

Len Richards	Chief Executive
Maria Battle	Chair
Dr Sharon Hopkins	Director of Public Health
Bob Chadwick	Executive Director of Finance
Martin Driscoll	Director of Workforce
Charles Janczewski	Vice Chair
John Union	Independent Member
Andrew Gough	Assistant Director of Finance (Transformation & Planning)

In Attendance:

Urvisha Perez	Welsh Audit Office (Observer)
Mark Jones	Welsh Audit Office (Observer)

Secretariat:

Paul Emmerson	Finance Manager

FC – 18/110 Welcome and Purpose of the Committee

The Chair welcomed everyone to the meeting.

FC – 18/111 Apologies for Absence

Apologies were received from Chris Lewis, Abigail Harris, Ruth Walker, Steve Curry, John Antoniazzi and Peter Welsh.

FC – 18/112 Declarations of Interest

The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.

FC – 18/113 Minutes of the Finance Committee Held on 28th September 2017

The Committee RECEIVED and APPROVED minutes of the meeting held on 28th SEPTEMBER 2017.

15.2

FC - 18/114 Matters arising from the minutes of the meeting held on 28th SEPTEMBER 2017

The Vice Chair noted that the UHB's initial draft 3 year forecast and plan assumed additional funding of £10m in 2019/20 and a further £10m in 2020/21 to address the additional health needs arising in the Cardiff & Vale area from relatively high rates of population growth in comparison to the rest of Wales. Further to this the Vice Chair asked what level of confidence the committee should have in respect of the assumption of additional funding.

The Director of Finance confirmed that the planning assumption had been made in the context of a LHB allocation review that was being undertaken by Welsh Government for implementation in 2019/20. The Director of Finance indicated however, that at this point the UHB had received limited assurance from Welsh Government in respect of the assumption of additional funding for higher rates of population growth in Cardiff & Vale and that the UHB would need to adjust future forecasts and plans accordingly if the additional funding was not provided.

For the benefit of the newly appointed independent members there was agreement to re-circulate the Draft 2018/19 – 2020/21 Financial Plan presentation provided to the Finance Committee on the 28th September 2017

Action: Assistant Director of Finance (Transformation & Planning)

FC - 18/115 Action log following the last meeting

The Committee RECEIVED the Action Log from the meeting of 28th September 2017 and NOTED that reports on Public Sector Payment Performance (PSPP) and the NCSO Cost pressure would be picked up under the agenda

FC - 18/116 Finance Report as at Month 6

The Assistant Director of Finance (Transformation & Planning) presented the UHB's financial performance to month 6. The UHB remained on target to meet the £30.9m planned deficit. A further £4.5m of savings had been identified in month and work was continuing to bridge the remaining savings gap of £4.3m which was profiled into months 7-12.

The UHB recorded a £15.409m deficit at the end of month 6 based on a planned year end deficit of £30.900m. The deficit was broadly in line with the plan being made up as follows:

- Nil variance against the UHB's savings target
- (£0.041m) favourable budget management variance
- £15.450m planned deficit (6/12th of £30.900m)

Performance against income targets improved by £0.043m in month leaving a cumulative over recovery against targets of £0.209m. The improvement in the in

15.2

month position was primarily due over-performance on NHS Patient Related Income relating to the recovery of costs from Commissioning Groups in England for care provided to English patients.

The reported £1.186m cumulative month 6 pay and the in month underspend of £0.457m against pay budgets is a step up from trend established in the first five months of the year. All other pay groups with the exception of unregistered nurses have a year to date and in month underspend in September. The UHB has plans in place to reduce the premium cost of covering vacancies which is driving the overspend in unregistered nursing.

A cumulative overspend of £1.354m and an in month overspend of £0.529m was reported against non-pay budgets in September. The committee was informed that the UHB had incurred significant additional drug costs arising from NCSO ('No Cheaper Stock Obtainable') concessions which were agreed nationally. The UHB has no influence over agreed concession price. The risk to the UHB arising from drugs that were granted NCSO concession would be picked up later on the agenda.

The committee was informed that the full year cost of outsourcing the neuro-interventional radiology service might rise to a figure in excess of £0.600m by the end of the year. The UHB has planned to minimise additional costs by maximising the level of work undertaken through the partially re-instated in house service. In addition the UHB had initiated a constructive discussion with WHSCC in respect of additional WHSCC income coverage for the extra costs that have arisen.

The committee asked for an update on the agreement of WHSSC support to the neuro-interventional radiology service at the next committee meeting.

Action: Assistant Director of Finance (Transformation & Planning)

All Clinical Boards were on track to deliver their forecast position year end position and all had balanced plans with the exception of Medicine and CD&T which were working to deliver the best possible positions.

The unidentified savings gap fell in month by £4.528m from £8.810m to £4.282m following completion of the 'Grip and Control budget forecast review. Further urgent work was continuing to identify the additional £4.282m of savings schemes required to deliver the plan and the Committee was informed that the UHB remained confident of bridging this gap.

The Committee was advised that a significant proportion of 2017/18 savings were non recurrent and that there was an urgent drive to identify further recurrent savings c £1.5m in 2017/18 so that the UHB's underlying deficit moving into 2018/19 was no greater than the £54.5m at the beginning of 2017/18.

15.2

The UHB's forecast year end **cash** deficit remained at £37m and the committee was advised that Welsh Government would be asked to provide additional cash coverage for this. The UHB had already considered its cash management plans in lieu of the provision of additional cash from Welsh Government.

The Committee was informed that the identification and delivery of a further £4.3m of savings schemes along with impact of a £2m increase in NHS Funded Nursing Fees following the Supreme Court judgement in respect of weekly fees were the main risks to the achievement of the plan. The increase in NHS Funded Nursing Care Fees was an All Wales issue and Welsh Government support would be requested.

The Assistant Director of Finance re-iterated that a significant proportion of 2017/18 savings were non recurrent and that as a result the underlying deficit going into 2018/19 was currently £56m which is £1.5m higher that the £54.5m underlying deficit brought forward to the current year.

The Chief Executive indicated that the progression of the transformational agenda is expected to maintain organisational grip and control and that Corporate Services would provide a lead through the identification of recurrent savings.

The Committee agreed that the reported position gave limited assurance in the context of the planned deficit of £30.9m and the remaining risks that could influence the year end outturn.

FC - 18/117 Cost Reduction Programme

The Assistant Director of Finance (Transformation & Planning) reminded the Committee that the £35.001m savings target was comprised of a £17.333m devolved target (1.5% recurrent and 0.5% non-recurrent CRP), £2.695m Transformation and £14.973m Stretch Targets.

The following key points were highlighted from the Cost Reduction Report:

- As at 30th September 2017, against the total savings target of £35.001m, £30.720m of opportunities had been identified as Green or Amber.

- Against the devolved CRP target of £17.333m, £18.808m of schemes had been identified as Green or Amber as at 30th September 2017. All but one Clinical Board had reached the milestone of 100% Green Schemes by the 1st October which was a positive reflection on the organisation's culture.

- At the end of September, £ 5.916m of cross cutting opportunities had been identified as Green or Amber. Each theme was led by an Executive Director.

It was confirmed that there was no double count of cross cutting schemes as actual targets and savings were only counted once within the delegated CRP targets.

The Committee was informed that as at month 6 that the Mental Health, CD&T, Dental and Capital Estates Clinical Boards were short of their recurrent savings targets. Clinical Boards that were short of recurrent savings target are subject to additional scrutiny.

For the benefit of new committee members the Director of Finance provide a broad outline of the RAG rating criteria that supported the delivery of saving schemes. Green schemes were confirmed and monitored through the budget process, amber schemes had indicative values and delivery times and red schemes were pipeline ideas. The process was constructed so that all Clinical Boards were sighted on and able to roll out schemes across the patch. Red pipeline schemes were important as they provided assurance that the process of developing savings was continuing.

The Committee noted that to date pay savings schemes have primarily focussed on reducing variable costs. The Director of Workforce indicated that a reduction in fixed costs was dependent on the re-structuring of the delivery of services and this would generally take longer to achieve.

FC - 18/118 Public Sector Payment Performance – Improvement Plan

The Assistant Director of Finance (Transformation & Planning) presented the Plan to improve Public Sector Payment Performance to the 95% Target. The compliance rate had improved to 90.6% in September. Poor performance in previous years was driven by cash flow difficulties however the primary reason for the current year poor performance was a delay in authorizing invoices.

In the short term the UHB planned to improve performance through the implementation of a number of technical adjustments, the use of robotics in the invoice validation process and improvements in the turnaround of invoices by budget holders. Longer term improvements would be gained through the implementation of the “No Purchase Order, No Payment” policy. The Director of Finance noted that the expected gain from the “No Purchase Order, No Payment” policy may be preceded by a dip in performance whilst the new process bedded in.

The Finance Committee was informed that two Health Boards would be visited so that the UHB can learn from the issues arising from the implementation of the No Purchase Order (PO)/No Pay” policy. The Committee asked to be informed of the schedule of visits

Action: Assistant Director of Finance (Transformation & Planning)

The Committee was advised that if the UHB experiences any cash flow difficulties at year end, this could significantly impact upon the ability to maintain performance levels.

It was confirmed that progress against the plan would be monitored and that the Finance Committee would be notified of the compliance rate as the year unfolded through the monthly finance report.

FC - 18/119 Risk Register

The Director of Finance presented the risk register to the Finance Committee and advised that 1 new risk had been added to the register in respect the underlying deficit carried forward from 2017/18.

The Vice Chair noted that a number of risks that were now scored at a low risk. The Director of Finance confirmed that the risks had previously attracted a higher score and that the revised scores reflected the current assessment.

In respect of delivery of transformational opportunities and the underlying deficit carried forward to 2018/19 the Committee asked for the timetable for the establishment of the Transformation Board to monitor the delivery of transformational opportunities to be shared with the Finance Committee.

Action: Director of Public Health to share the Timetable for the establishment of the Transformation Board to monitor the delivery of transformational opportunities with the Finance Committee.

The Committee also requested for the Timetable for the roll out of budget manager training programme across the organization to be added to the risk register

Action: Director of Finance to add the Timetable for the roll out of budget manager training programme to the risk register

FC - 18/120 NO CHEAPER STOCK OBTAINABLE (NCSO)

The Assistant Director of Finance (Transformation & Planning) presented a paper on financial risks arising from drugs that had been granted an NCSO concession. The Pharmaceutical Services Negotiating Committee (PSNC) is able to apply monthly to the Department of Health for a price concession or NCSO status for generic drugs that are in short supply. Where a concession is granted, prescriptions dispensed by a community pharmacy contractor are reimbursed at a price concession tariff rather than the national drug tariff. This in turn leads to an increase in prescribing costs incurred by the UHB as the price concession tariff is higher than the national drug tariff.

The price concession only applies to the month that it is granted. In previous years NCSO have not been a significant financial issue as there has been limited price movement for a limited length of time which has not had any material impact on the cost of prescribing. For the year to date the extent of price movement and the length of the concession periods granted was moving beyond the patterns established in

previous years. The committee was asked to note that that NCSO status was a national issue over which the UHB had no influence and that the scope to switch to other drugs was limited by a patient safety protocols.

The Committee was asked to note that:

- The additional NCSO costs to September for the UHB are estimated at £1.579m;
- The range of estimated 2017/18 additional NCSO costs for the UHB is £2.638m to £4.711m, of which £3.5m is built into the UHB's financial forecast;

FC - 18/121 Items to bring to the attention of the Board/Other Committees

No other items to bring to the main board.

FC - 18/122 Date and time of next meeting

Thursday 30th November; 10.00am; Boardroom, Llandough Hospital

CONFIRMED MINUTES OF THE FINANCE COMMITTEE

HELD ON 30th NOVEMBER 2017

LLANDOUGH BOARDROOM

Present:

Len Richards	Chief Executive
John Union	Chair (Finance Committee)
Maria Battle	Chair (Heath Board)
Dr Sharon Hopkins	Director of Public Health
Bob Chadwick	Executive Director of Finance
Ruth Walker	Executive Nurse Director
Steve Curry	Chief Operating Officer
Martin Driscoll	Director of Workforce
Charles Janczewski	Vice Chair
John Antoniazzi	Independent Member
Andrew Gough	Assistant Director of Finance (Transformation & Planning)
Christopher Lewis	Deputy Director of Finance

In Attendance:

Secretariat:

Paul Emmerson Finance Manager

FC – 18/123 WELCOME AND PURPOSE OF THE COMMITTEE

The Chair welcomed everyone to the meeting.

FC – 18/124 APOLOGIES FOR ABSENCE

Apologies were received from Abigail Harris and Peter Welsh.

FC – 18/125 DECLARATIONS OF INTEREST

The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.

FC – 18/126 MINUTES OF THE FINANCE COMMITTEE HELD ON 31ST OCTOBER 2017

The Committee **RECEIVED** and **APPROVED** minutes of the meeting held on 31st OCTOBER 2017.

15.2

FC - 18/127 ACTION LOG FOLLOWING THE LAST MEETING

The Committee **RECEIVED** the Action Log from the meeting of 31st October 2017and **NOTED** the following:

FC 18/114 – The Draft 2018/19 – 2020/21 Financial Plan presented to the Finance Committee on the 28th September 2017 was re-circulated to Finance Committee members on 22 November 2017.

FC 18/116 – A risk share proposal for the neuro-interventional radiology service was sent to WHSSC on 2nd November and initial response received on 3rd November. Further discussions are taking place between WHSSC Directors to determine the level of support for this.

FC 18/118 - The two Health Boards to have implemented the No Purchase Order (PO)/No Pay" policy are Aneurin Bevan and Hywel Dda. Aneurin Bevan was visited on 1st November and Hywel Dda had to cancel the planned meeting which is now re-scheduled for 17th January.

FC 18/119 - The Health Services Management Board (HSMB) has taken on the role of the Transformation Board in order to secure the ownership and full involvement of all of the Clinical Boards and Corporate Departments. The HSMB meets monthly and has a dedicated section on transformation at the beginning of each agenda.

FC 18/120 - The timetable for the roll out of budget manager training programme across the organization has been added to the risk register.

FC - 18/128 FINANCE REPORT AS AT MONTH 7

The Deputy Director of Finance presented the UHB's financial performance to month 7. The UHB recorded a £17.963m deficit at the end of month 7 and remained on track to stay within the planned year end deficit of £30.900m. A further £4.3m of savings had been identified in month which meant that the UHB now had a fully developed £35.001m savings plan.

The deficit at month 7 was broadly in line with the plan being made up as follows:

- (£0.062m) favourable budget management variance
- £18.025m planned deficit (7/12th of £30.900m)

Performance against income targets improved by £0.006m in month leaving a cumulative over recovery against targets of £0.215m.

15.2

A £1.363m cumulative month 7 pay underspend and in month underspend of £0.176m was reported with all pay groups with the exception of unregistered nurses having a year to date and in month underspend in October. The UHB has plans in place to reduce the premium cost of covering vacancies which is driving the overspend in unregistered nursing. The Director of Nursing confirmed that the overspend against unregistered nursing was partly due to the use of health care support workers to cover for registered nursing vacancies. The UHB was focussing on better rostering, reducing sickness, minimising the use of off contract agencies and increasing the percentage of filled substantive registered nursing groups to drive an improvement in the position. The majority of work is currently concentrated on the Medicine Clinical Board. The Director of Workforce indicated Workforce and Organisational Development Delivery Plans would be scrutinized by the UHB's Resource and Delivery Committee.

A cumulative overspend of £1.516m and an in month overspend of £0.162m was reported against non-pay budgets in October. The Committee was informed that the risks around NCSO drugs and cost of outsourcing the neuro-interventional radiology service remained. In month pressures had been observed against clinical supplies, theatres and blood products. The favourable in month surplus against commissioned services was primarily due to a re-assessment of projected outturn against WHSCC commitments.

All Clinical Boards remained on track to deliver their forecast year end position and all had balanced plans with the exception of CD&T which was working to deliver the best possible position in light of the additional costs arising from the outsourcing of the neuro interventional radiology service.

The Committee was informed that the UHB now had a full savings programme following confirmation of a £1.5m rebate in relation to catering and additional savings in medicines management and clinical productivity. The Deputy Director of Finance also confirmed that all Clinical Boards had met their in year savings targets, however a number of 2017/18 savings were non recurrent and would not reduce the UHB's c/f underlying deficit.

The c/f deficit from 2017/18 into 2018/19 is a key risk for the UHB. The underlying deficit in 2016/17 b/f into 2017/18 was £54.5m and the assessed deficit c/f into 2018/19 was currently £0.5m higher at £55m. A number of the 2017/18 opportunities including the profits on disposals of assets no longer required that enabled the UHB to reduce the planned deficit to £30.9m in 2017/18 would not be available to the UHB next year and in this context the UHB had already started the process to develop financial plans for the next 3 year planning cycle in detail. For the record the Director of Finance had written Welsh Government outlining the reasons underpinning the UHB's underlying deficit as identified by Appendix 6 of the Finance Report.

The Committee agreed that a copy of the letter should be relayed to all Board Independent Members for information.

ACTION: Director of Finance
The Director of Finance confirmed that a summary of the 2018/19 – 2020/21 Financial Plan would be brought to the next Finance Committee and the Committee agreed that an invite to the Committee would be extended to all Board members Executive Officers.

The Deputy Director of Finance drew attention to the UHB's cash position and the Welsh Government (WG) requirement to obtain formal Board recognition and approval for the UHB's request for cash assistance for 2017/18. The UHB's Board of the 30th November 2017 would therefore be asked to support and approve a request to Welsh Government for £36.423m cash assistance based on month 7 estimates of £29.389m strategic cash support and £7.034m working balances cash support. It was noted that the UHB's requirement for cash assistance was primarily driven by the UHB's planned deficit. On consideration of the reasons underlying the request for cash assistance the Finance Committee agreed that it supported the request for formal Board approval of the UHB's request for cash assistance for 2017/18.

The Committee was informed that the impact of the increase in NHS Funded Nursing Fees following the Supreme Court judgement (risk of up to £4m), the continuing costs of NCSO drug concession (risk of up to £1.7m) and the potential costs of a severe winter in excess of the £1.5m set aside (risk of up to £0.5M) were the main risks to the achievement of the financial plan.

The increase in NHS Funded Nursing Care Fees was an All Wales issue and Welsh Government support would be requested. It was also noted that the NCSO drug pressure was a national issue over which the UHB had no discretion. The Director of Operations confirmed that building on the experience of previous year, the UHB had developed a strong winter plan to keep patients safe within the planned resource available.

The key concerns and remedial actions around budget overspends, financial risks and the underlying deficit were outlined to the Committee.

LIMITED ASSURANCE was provided by:

- The work that has been undertaken to develop the 2017/18 operational plan;
- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 7 position which is broadly on line with the profiled deficit within the financial plan;
- The identification of a full £35m savings programme.

The Finance Committee:

- **NOTED** that the UHB has a one year operational plan that has a planned deficit of £30.900m for the year;

15.2

- **NOTED** the £17.963m deficit at month 7 which includes a planning deficit of £18.025m and budget underspends of (£0.062m);
- **NOTED** that the UHB now has a savings plan that is fully identified;
- **NOTED** the key risks that are outside the current expenditure projection that need to be managed;
- **APPROVED** a request to Welsh Government for £36.423m cash assistance.

FC - 18/129 Cost Reduction Programme

The Assistant Director of Finance highlighted the following key points from the Cost Reduction Report:

- As at 31st October 2017, a full savings programme of £35.001m was in place.
- All Clinical Boards had reached their 2017/18 devolved CRP target. Clinical boards that had not reached their recurrent CRP targets were subject to further scrutiny.
- At the end of October, £ 7.580m of recurrent full year effect cross cutting opportunities had been identified as Green or Amber. This was positive going forwards and it was expected that the model and process for developing and implementing cross cutting opportunities would continue next year.

The Finance Committee:

- **NOTED** the progress against the 2017/18 CRP target

FC - 18/130 REVIEW OF FINANCIAL REPORTING

The Deputy Director of Finance outlined the UHB's response to the Wales Audit Office report titled 'Comparative review of NHS financial reporting – Cardiff and Vale University Health Board'. The report highlighted where UHB reporting followed good practice and outlined 4 areas where the UHB could improve reporting. The Committee was informed of the actions and improvements that had already been put in place by the UHB each of the four areas identified.

The Finance Committee meeting agreed that the WAO Report 'Comparative review of NHS financial reporting – Cardiff and Vale University Health Board' should be circulated to Finance Committee Members.

ACTION: Secretariat

The Finance Committee also asked the UHB to write to WAO to share the actions taken in response to the report.

ACTION: Director of Finance

ASSURANCE was provided by:

- The review of the main Wales Audit Office (WAO) findings of the UHB financial reporting and the update provided in this report.

The Finance Committee:

- **NOTED** the main finding of the Wales Audit Office Report;
- **NOTED** and **SUPPORTED** the actions that have been taken to make improvements in Financial Reporting.

FC - 18/131 FINANCIAL GOVERNANCE REVIEW PROGRESS REPORT

The Deputy Director of Finance presented a report summarising the progress made against the action plan agreed by the Board at its September 2017 meeting in response the Welsh Government commissioned independent financial governance review of Cardiff and Vale University Health Board undertaken by Deloittes LLP.

Each of the 22 key recommendations arising from the review were listed in the report. 9 of the recommendations had been actioned and completed (RAG rated green) and reasonable progress had been made against the other 13 (RAG rated amber).

Further updates would be brought back to the committee on a ***periodic basis***.

ASSURANCE is provided by:

- The report which is an independent review of the financial governance of Cardiff and Vale University Health Board carried out by Deloittes LLP;
- The action plan prepared and agreed by the Board at its September 2017 Board Meeting to address the key findings and recommendations of the report.
- The monitoring of progress being made against the action plan by the Finance Committee.

The Finance Committee**:**

- **NOTED** the progress being made against the action plan;
- Would **PROVIDE** assurance to the Board on the action that is being taken and the progress that is being made.

FC - 18/132 CLINICAL BOARD FINANCIAL PLANS 2018/19 TO 2020/21 PROGRESS REPORT

15.2

The Deputy Director of Finance informed the Committee that the UHB's IMTP process required Clinical Boards to produce balanced 3 year financial plans that integrated service, workforce and finance strategies. Clinical Boards had been requested to submit first draft three year IMTPs by the 9th November 2017 within a prescribed UHB wide framework that included financial assumptions around the management of key financial drivers such as savings programmes, cost pressures and investments. The UHB expects to use the Clinical Board plans to produce a consolidated plan to include proposals to move towards financial sustainability for consideration by the Board in March.

Progress to date varied across Clinical Boards and the Deputy Director of Finance indicated that the first draft had assessed local pressures of £6m within Clinical Boards that would need to be managed. This pushed the total savings requirement up to 2.7% on average. To date £12.9m savings equivalent to 1.49% had been identified, however this should be treated caution as £10.7m are red schemes and £2.2m are green and amber. Clinical Boards had identified growth pressures of £14.7m for which there is an expectation of funding. The identified growth pressures excluded pay inflation, some areas of growth in NICE drugs, corporate pressures in commissioning, investments and contractual uplifts to primary care contractors.

The Committee were advised that scrutiny of the initial draft would focus on the issues described above.

It was noted by the Chief Executive that initial plans had been drafted relatively early and that wider engagement and further integration with workforce and service plans was essential. The Director of Public Health emphasised that finance should not be the sole driver of plans and that evidence suggested that saving plans were more readily achieved when supported by staff and linked to patient care and advances in medical practice.

The Director of Operations stressed that it was important that the plan addressed the reality of providing services to a population which was continuing to increase and stated that future strategy must work across Clinical Boards. The Chief Executive and Chair highlighted that whilst the UHB must continue plans to reach financial balance the plan should be realistic so that the culture of safety and control that had been developed was maintained. In this context the Director of Public Health confirmed that all future UHB service plans will consider the impact on quality, resource and activity before progressing. The Nurse Director indicated that future plans would also need to address the Nurse Staffing Levels (Wales) Act 2016.

The Director of Finance confirmed that a summary of the 2018/19 – 2020/21 Financial Plan would be brought to the next Finance Committee and the Committee agreed that an invite to the Committee would be extended to all Board members Executive Officers.

ACTION: Director of Finance

LIMITED ASSURANCE is provided by:

- The partial progress that has been made in developing balanced plans for 2018/19 and beyond.

The Finance Committee:

- **NOTED** the progress that has been made;
- **SUPPORTED** the next steps that need to be taken to make further progress.

FC - 18/133 Risk Register

The Assistant Director of Finance (Transformation & Planning) presented the risk register to the Finance Committee and asked the Committee to endorse the removal of 5 risks from the risk register where optimum controls are in place

The Finance Committee:

- **NOTED** the risks highlighted within the risk register
- **ENDORSED** risks to be removed from register where optimum controls are in place

FC - 18/134 Items to bring to the attention of the Board/Other Committees

No other items to bring to the main Board.

FC - 18/135 Date and time of next meeting

Wednesday 3rd January; 9.00am; Large Meeting Room, UHW

15.2

UNCONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE HELD AT 9.30am ON 24 OCTOBER 2017 IN CORPORATE MEETING ROOM, HEADQUARTERS, UNIVERSITY HOSPITAL OF WALES (UHW)

Present:

Michael Imperato	**Independent Member – Legal (Chair)**
Stuart Egan	Independent Member – Trade Union/Health and Safety Staff Lead

In attendance:

Charles Dalton	Head of Health and Safety
Carol Evans	Assistant Director of Patient Safety and Quality
Fiona Jenkins	Director of Therapies and Health Sciences
Catherine Salter	Staff Representative (RCN)
Geoff Walsh	Director of Capital, Estates and Facilities
Peter Welsh	Director of Corporate Governance

Apologies:

Steve Allen	CHC Representative
Charles Janczewski	Independent Member (Vice Chair)
Fiona Kinghorn	Deputy Director of Public Health
Claire Radley	Assistant Director of Organisational Development

Secretariat:

Rachael Daniel	Health and Safety Adviser

PART 1

HSC: 17/082 WELCOME AND INTRODUCTIONS

Mr Imperato welcomed all present to his first meeting as Chair. He informed the members he had a very useful conversation with Mr Martyn Waygood who had been very helpful in providing him with guidance in taking the Committee forward.

HSC: 17/083 DECLARATIONS OF INTEREST

The Chair invited Committee Members to declare any interest in the proceedings included in the agenda. None were declared.

15.3

HSC: 17/084 MINUTES OF PREVIOUS MEETING

The minutes of the Health and Safety Committee held on the 18 July 2017 were **APPROVED** and **ACCEPTED** as a true record, with the exception of a minor amendment:

- HSC: 17/078 – the minute should read 'violence and aggression training is part of the mandatory training core modules'.

HSC: 17/085 UPDATED ACTION LOG

The Committee **RECEIVED** the Updated Action Log from the previous meeting. The following updates were provided:

- HSC: 17/032 – the Head of Health and Safety informed the Committee that whilst the Health and Safety Executive were happy with the investigation into the pedestrian road traffic accident they raised concerns that the Health Board had no overall strategy for vehicle/pedestrian safety. Mr Dalton stated whilst a lot work had been undertaken in relation to safety in the tunnels the HSE were looking for a much broader strategy. The Director of Capital, Estates and Facilities added the tunnels were a particular issue as they were service tunnels and not pedestrian walkways, therefore the tunnels would be closed off to all non essential users. This action was supported by the Security and Personal Safety Strategy Group.

  A written progress report on the broader strategy was requested for the next meeting.

  ACTION – Mr G Walsh/Mr C Dalton

  The Independent Member – Trade Union stated he was not happy for the concern he raised at the last meeting to be closed on the action log. Mr Egan stressed that he and the former Chair of the Committee had witnessed cars mounting the pavement as the turning circle was not big enough. Mr Walsh advised he would look at this again but added the safety of the whole area needs to be taken into consideration.

  ACTION – Mr G Walsh

- 17/036 – the Head of Health and Safety advised the one page guidance in respect of wedging fire doors open had been produced and circulated to the Fire Safety Group and Deputy Fire Safety Managers. Mr Dalton stated he would verify that the guidance had been added to the intranet and also the induction and mandatory training modules.

  ACTION – Mr C Dalton

15.3

17/058 – the Assistant Director of Patient Safety and Quality informed the Committee that by the next meeting a timeframe for the risk module would be available, the Chair stated this should be considered as a high priority.

ACTION – Mrs C Evans

17/061 – the Head of Health and Safety advised the trial had not yet commenced as the Mental Health Clinical Board were assessing whether the replacement of cigarettes with e-cigarettes would have an impact on the risk of violence and aggression to staff. It was hoped to commence this trial in early November.

HSC: 17/086 CORPORATE RISK ASSURANCE FRAMEWORK DOCUMENT (CRAF)

The Director of Corporate Governance informed the Committee the high risks associated to this Committee had not changed since the last meeting. Mr Welsh added a major review of risk was currently being undertaken with a new approach to be commenced in April 2018.

The Corporate Risk Assurance Framework Document was **RECEIVED** and **CONSIDERED** by the Committee.

ASSURANCE was provided by:

- The mitigation of Health Board risks being monitored by the appropriate Committees of the Board albeit the information provided via the CRAF required strengthening.

HSC: 17/087 FIRE SAFETY – ASSESSMENT OF EXTERNAL CLADDING PANELS ON UHB BUILDINGS

The Director of Capital, Estates and Facilities informed the Committee in response to the Grenfell Fire, Welsh Government requested all Health Boards review their external cladding. Mr Walsh added this Health Board sent one sample to National Wales Shared Services Partnership – Specialist Estate Services (SES) who confirmed no further testing was required. The report had also been shared with the Management Executive Team meeting.

The report was **RECEIVED** and **NOTED** by the Committee.

REASONABLE ASSURANCE was provided by:

- Reference to Operating & Maintenance (O&M) Manuals for the respective buildings including 'As Installed' drawings and specifications.

HSC: 17/088 UPDATED FIRE SAFETY ANNUAL REPOPRT

The Director of Capital, Estates and Facilities advised the updated Fire Safety Annual Report had been brought back to the Committee as requested at the last meeting.

In respect of unwanted fire signals Mr Walsh informed the Committee South Wales Fire Service were now taking strong action, they previously sent numerous appliances to an alarm but were now only sending one appliance as well as not attending site for a 5 minute period so that the alarm could be investigated and confirmed as an actual fire. Mr Walsh confirmed this was happening at a number of Health Boards. The Head of Health and Safety added this approach had been strongly debated by the South Wales Concordant. Mr Walsh stated the Fire Service now wants Health Boards to make the decision to reset the alarm.

The Chair queried what other Fire Services were doing. Mr Walsh advised North Wales and the Midlands were not responding to unwanted fire signals and others were considering their options.

The Independent Member – Trade Union stressed he was concerned at the reduction of service and SWFS had a duty of care to all. Mr Egan advised the Health Board must make sure in writing SWFS were aware that this situation was not acceptable and be very clear concerning the potential risk. Mr Imperato concurred with this and made clear to SWFS that the Health Board cannot support these actions.

ACTION – Mr G Walsh

The Staff Representative (RCN) still considered the Fire Safety Annual Report did not give appropriate assurances as the training statistics did not cover the reporting period and have not changed from the previous report. The action plan had also been removed from the report as opposed to timeframes being added which was requested at the previous meeting. Mr Walsh advised it proving difficult to get all the training information but that he would liaise with the Learning Education Department (LED) once again, Mr Dalton added there was a general concern in relation to the accuracy of ESR data.

The Director of Therapies and Health Sciences informed the Committee mandatory training compliance was reviewed at every Clinical Board Performance Review and Mr Martin Driscoll the new Human Resources Director could not understand why figures were so low, and it was concluded that ESR was not reliable at this time. Clinical Boards were also not assured that the data was accurate. Mrs Jenkins suggested that a review of statutory and mandatory health and safety training was considered at the next committee meeting.

ACTION – Mr Martin Driscoll

Mr Walsh advised he was not aware of why the action plan had been removed and would investigate further. Mrs Salter added whilst it was interesting to view the annual report the reassurances came from the action plan. Mr Walsh stressed it was difficult to add timeframes to the action plan as these would be financial/resource driven. Mr Dalton suggested the Board should be made aware actions could not be completed due to resources so that the Board had risk with knowledge. Mr Egan suggested the action plan reflected when the actions would be completed if funding was available. The Assistant Director of Patient Safety and Quality stated it all came back to the corporate risk framework and having a detailed record of risks.

The updated Fire Safety Annual Report was **RECEIVED** and **NOTED** by the Committee.

ASSURANCE was provided by:

- Fire Safety aspects being monitored and progressed as appropriate.

HSC: 17/089 FIRE ENFORCEMENT AND MANAGEMENT COMPLIANCE REPORT

The Director of Capital, Estates and Facilities advised the Chair this was a regular report that was bought to the Committee.

Mr Walsh informed the Committee the enforcement notice at Hafan y Coed related to a smoking incident and had been resolved by the Mental Health Clinical Board and therefore the notice had been rescinded by South Wales Fire Service.

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 by:

- Identified fire enforcement compliance and safety were being appropriately managed.

HSC: 17/090 SHARED SERVICES FIRE SAFETY AUDIT OF UNVERSITY HOSPITAL LLANDOUGH

The Director of Capital, Estates and Facilities informed the Committee the action plan had been progressed since the last meeting. The Chair referred to progress in item 9.3.3 that states not started to date and queried when this would be commenced, Mr Walsh stated this statement did not reflect the current position as it was also linked to a number of other items on the action plan.

It was also noted that the action plan was monitored by the Fire Safety Group.

It was **AGREED** this would remain an agenda item until the Committee was **ASSURED** that all actions had been completed.

ACTION – Mr G Walsh

ASSURANCE was provided by:

- Identified fire safety issues in the Shared Services Audit were being appropriately managed.

HSC: 17/091 ENFORCEMENT AGENCIES CORRESPONDENCE REPORT

The Head of Health and Safety informed the Committee there were currently 4 active issues, 1 of which was being pursued by the Health and Safety Executive. The HSE had informed the Health Board they were applying fees for intervention in respect of the contractor fall which they were still investigating.

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: 17/092 HEALTH AND SAFETY EXECUTIVE PRIORITY ACTION PLAN EXCEPTION REPORT

The Head of Health and Safety informed the Committee there were nine red areas on the plan and highlighted key progress made.

In respect of bariatric patients Mr Dalton informed the Committee the Manual Handling Adviser was working with the Internal Medicine Directorate in developing and equipping a suitable area.

Mr Dalton advised significant investment made been made to purchase 60 new hoists. The Pro-act Audit had also recently been repeated and the results would be brought to the next Committee meeting.

ACTION – Mr C Dalton

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.

15.3

PART 2

HSC: 17/093 COMMITTEE WORK PROGRAMME FOR 2017/18

The Work Programme was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 17/094 HEALTH AND SAFETY EXECUTIVE PRIORITY ACTION PLAN (DETAILED)

The full Priority Action Plan was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 17/095 ENVIRONMENTAL HEALTH REPORT OF ROOKWOOD HOSPITAL ON 13TH JULY 2017

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: 17/096 ENVIRONMENTAL HEALTH REPORT OF WARD BASED CATERING, UNIVERSITY HOSPITAL OF WALES ON 14TH SEPTEMBER 2017

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: 17/097 ENVIRONMENTAL HEALTH REPORT OF AROMA UNITS, UNIVERSITY HOSPITAL OF WALES ON 14TH SEPTEMBER 2017

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of had been achieved.

The Director of Capital, Estates and Facilities informed the Committee the score was being appealed as a 5 had been given to the Aroma Unit in University Hospital Llandough.

HSC: 17/098 ENVIRONMENTAL HEALTH REPORT OF CENTRAL FOOD PRODUCTION UNIT (CFPU), UNIVERSITY HOSPITAL OF WALES ON 12TH SEPTEMBER 2017

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 5 had been achieved.

The Director of Therapies and Health Sciences stated she was very pleased with the sustained improvement in catering services.

HSC: 17/099 OPERATIONAL HEALTH AND SAFETY GROUP MEETING OF JUNE 2017

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

HSC: 17/100 FIRE SAFETY GROUP MINUTES OF MAY 2017

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

HSC: 17/101 SECURITY AND PERSONAL SAFETY STRATEGY GROUP MINUTES OF MAY 2017

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

HSC: 17/102 HEALTH AND SAFETY RELATED POLICIES SCHEDULE

The schedule was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 17/103 REVIEW OF THE MEETING AND ITEMS TO BRING TO THE ATTENTION OF THE BOARD OR OTHER COMMITTEES

Mr Imperato thanked everyone for their contribution to today's meeting. He stated going forward he would welcome member's ideas on short presentations in respect of staff stories as it was important to understand the mechanics of what was going on at ground level. He was also keen for good practices to be shared. He would also like for the Board walkabouts to have a staff health and safety perspective.

Mr Welsh advised the patient safety walkabouts were being discussed at the next Quality, Safety and Experience Committee and also the Board Development day in December. Mrs Jenkins stated whilst the patient safety walkabouts focused on quality and safety there was availability to incorporate health and safety or for a separate programme to be developed. Mrs Evans concurred it would be good to have staff presentations.

A number of ideas were put forward by members and Mr Imperato requested that any suggestions were forwarded to Miss Daniel so that they could be collated and considered.

ACTION – All Committee Members

HSC: 17/104 DATE AND TIME OF NEXT MEETING

The next meeting will be held at 9.30am on Tuesday 23rd January 2018 in the Corporate Meeting Room, HQ, University Hospital of Wales.

15.3

Signed ……………………………………

Date ……………………………………

UNCONFIRMED MINUTES OF A MEETING OF THE RESOURCE AND DELIVERY COMMITTEE HELD ON 7 NOVEMBER 2017 – 9.00AM CORPORATE MEETING ROOM, HEADQUARTERS, UHW

Present:

Charles Janczewski	Chair – UHB Vice Chair
Akmal Hanuk	Independent Member – Local Community

In Attendance:

Julie Cassley	Assistant Director of Workforce and Organisational Development
Keithley Wilkinson	Equality Manager
Lee Davies	Assistant Chief Operating Officer
Martin Driscoll	Director of Workforce and Organisational Development
Peter Welsh	Director of Corporate Governance
Ruth Walker	Executive Nurse Director
Sharon Hopkins	Director of Public Health

Observer:

Urvisha Perez	Wales Audit Office

Apologies:

Fiona Jenkins	Director of Therapies, Health Science and IT
John Union	Independent Member -
Steve Curry	Chief Operating Officer
Stuart Egan	Independent Member – Trade Union

Secretariat: Glynis Mulford

RD: 17/012 WELCOME AND INTRODUCTIONS

Mr Charles Janczewski, the new Chair, attending his first meeting introduced himself to the Committee. All those present were invited to do the same and welcomed all. Urvisha Perez, from the Wales Audit Office, attended as an observer.

RD: 17/013 MATTERS ARISING

The Chair informed members that the Terms of Reference was still in draft and a meeting to discuss the document further was being arranged in December 2017. It was stated that future meetings would benefit from an indicative timed agenda and described how these meetings would be conducted.

15.4

RD: 17/013 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

RD: 17/014 DECLARATIONS OF INTEREST

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

RD: 17/015 MINUTES OF THE RESOURCE AND DELIVERY COMMITTEE MEETING HELD ON 8 AUGUST 2017

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 8 August 2017.

RD: 17/016 ACTION LOG FROM MEETING PEOPLE, PLANNING AND PERFORMANCE MEETING HELD ON 8 AUGUST 2017

The Committee **RECEIVED** the Action Log from the meeting of 8 August 2017 and **NOTED** the following:

RD 17/005: Terms of Reference: To ensure all actions are indicated with a timescale

RD 17/006: Year End Referral to Treatment Time Update: The Executive Nurse Director was not aware that this had been reported to Quality, Safety and Experience Committee.

ACTION: P Welsh to verify that a report had been presented to Quality, Safety and Experience Committee and if not for this to be scheduled for a future meeting. The Committee to be updated on progress at next meeting arranged for January 2018.

PPP 17/018: WAO Review of Operating Theatres & UHB Management Response and Theatre Improvement Project: *As* the report was being presented at the meeting, the status to be changed to *'on agenda for today'*.

Management Executive Meeting - 22.05.17- Employee Relations Case: The Committee was assured that the message had been reinforced to Clinical Boards to release staff for investigation work and for this to be conducted in a timely manner.

The Committee:

- **NOTED** the Action Log

15.4

RD: 17/017 ASSURANCE ON RTT PLANNING CYCLE DEVELOPMENT

Lee Davies, Assistant Chief Operating Officer gave a PowerPoint presentation on Referral to Treatment Time (RTT) Planning Cycle Development. It was highlighted:

- An overview of the key messages in meeting national targets for waiting times was described. The new approach that the UHB had taken to RTT delivery in 2015/16 was also explained working to quarterly performance cycles with the aim of controlling the performance position. This had resulted in reaching and delivering targets for the past 11 quarters. This consistency led to the best 36-week position for seven years. The new strategy had led to significant additional funding from Welsh Government (WG).
- The approach to developing the Planned Care Delivery plans was explained. The demand and capacity analysis had been completed in October and Clinical Boards are in the process of assessing the gaps this leaves and the options to address them.
- During the year the approach must remain flexible, depending on the quarterly demand for each specialty. Each specialty agrees a quarterly target with weekly intensive overviews to pursue delivery of the schemes.
- The purpose of the annual plan was to provide a reasonably robust assessment of deliverability. But emphasised demand could not be predicted precisely and this was not an exact science. The capacity and demand with key specialties was also explained in-depth in relation to new outpatients and inpatients and day cases.
- A summary was presented regarding the change in waiting list sizes stating they still encountered problems with outpatients as the list was still growing but the treatment backlog had reduced in the past year. Two thirds of the growth in the outpatient waiting list had previously been in eight specialties but solutions had been implemented leading to a backlog reduction in these areas over the past 12 months. A residual collection of specialties had continued to go up over the year but recurrent solutions were in place.
- In regard to the 2018-21 Integrated Medium Term Plan (IMTP) – the four scenarios were explained and what type of scenarios would be analysed over the next three years, such as how ambitious we could be in moving towards to 95% compliance.

It was commented and discussed:

- In response to RTT monies from WG and how the Health Board (HB) measures what is expected to be delivered, it was stated that delivery schemes are agreed with Clinical Boards identified where they need to have schemes in place, increase core capacity and look at what the core capacity is. Monies from WG are attained later on in the year but the HB did not rely on this. In terms of value for money from Welsh Government

15.4

CARING FOR PEOPLE
KEEPING PEOPLE WELL

funding, it was noted that delivery options are limited when funding is provided mid-year.
- The Committee was informed they were asking WG to engage in discussions around receiving full allocation going into next year and what other monies would be available. This was in order to work on value for money and ensure the schemes being put in place were going to add to sustainability and service redesign.
- In regard to what system is used in anticipating the demand triggers, it was explained that it is not possible to forecast demand with precision but projections can be made based upon historical patterns. It was emphasised there was not a whole systems modelling tool in the NHS as there were a number of variables. The team works with the University's school of mathematical modelling and will continue to develop and make use of the tools available.
- It was stated that management of risks was important for the Committee to consider as there were implications on the waiting list and in regard to finance and queried how this would move forward to help mitigate the risk. In response it was explained that this was a part of the Integrated Medium Term Plan aligning to other areas such as workforce and the plans should improve year on year. It was stated there will always be risk but it was about prioritising and scheduling what the risk would be.

ACTION:

The Committee:
- **NOTED** the presentation

RD: 17/018 UPDATE ON THEATRES UTILISATION REPORT

Mr Alun Tomkinson, Clinical Board Director and team updated the Committee on the report and highlighted the following:

- It was reported that back in May 2017 the utilisation of theatres had dropped to between 73-74% with 78% booking compliance and a cancellation rate of19%.
- In order to strengthen areas key strategies were put in place such as:
  - a workforce plan to improve staffing levels
  - to strengthen governance and accountability with the clinical and managerial teams
  - to look at systems reviewing whole pathways around the surgical stream
- Utilisation had increased to 78-79% in September / October with a stretch target of 83%. Bookings had reached 86% compliance; this was an 8% improvement. Improvements in CAVOC had shown 92% of theatre utilisation.

15.4

CARING FOR PEOPLE
KEEPING PEOPLE WELL

- There was still room for improvement and work had commenced with the Children's Hospital predominantly to do with the use of theatres for elective and emergency surgery. There has also been improved trajectory for day units on both the UHL and UHW sites.
- Learning points from these processes has been around engagement and ownership and ensuring management and clinicians are working with teams. There were different solutions for directorates within the Surgical Service with good practice being shared across the Clinical Board.
- Pre-assessment and preadmission was critical and a working group had been established to review areas and informed it aligned with work for next year in terms of the Integrated Medium Term Plan.
- Work with Public Health had also commenced in regard to DNAs and would be linking this aspect of work to depravation and understanding where particular GP clusters have a commonality with cancellation rates. In addition, they would be working with GPs around communication.

It was commented and discussed:

- In regard to sustainability, it was stated that a performance framework was placed in the directorates and a large part of this was around communication with specialties and services.
- There was a level of assurance this was sustainable and was confident around staffing levels. There were critical elements around engagement and communication with workforce and how this would be managed.
- The Clinical Board were commended in employing those hard to fill vacancies, stating there was a need to keep up morale which was challenging in the environment.
- It was emphasised that a significant component on utilisation was around availability of beds and that theatre inefficiency was not just around theatres.

The Committee:

- **NOTED** the contents of this paper and the progress made since the last meeting
- **AGREED** the proposed next steps

RD: 17/019 WALES AUDIT OFFICE - ORTHOPAEDICS

Mr Alun Tomkinson, Clinical Board Director and team presented the Wales Audit Office report, stating the paper presented a positive aspect in terms of the development of an audit conducted in 2013. A revised model of care was being piloted in CMATS and at this stage indicated a positive impact on outpatient demand.

In regard to outpatient waiting times, there was an extra 2,000 patients referred this year and CMATS was therefore critical in meeting the gap as internal capacity was struggling. There was much work being done to bring the waiting list down

and although challenging, the team were confident this would continue to improve which had been reflected in the RTT position in the last few quarters.

The Committee was informed in regard to prosthesis costs the service, with NWSSP, had negotiated the lowest cost of knee replacement in Wales. It was stated that the Organisation accepts more complicated work from neighbouring Health Boards with significant higher costs, which had raised the average. The service also takes on revision costs and this marker reflects the casemix acquired in Cardiff. On a positive note, the Health Board was now the benchmark in Wales for driving down these costs.

In regard to the revision rates on knee and hips, there had previously been an issue with a manufacturer's metal hip replacements which had a higher failure rate. As a result those cases had been recalled. The WAO report had used data from 2013 but going forward would look at the last five years of data nationally. There had been a change in practice involving more scrutiny and tracking of implants. This was fully in line with the national level with clinical benefits.

PROMS had been rolled out to hip/knee surgery and achieved an 84% response rate for this year. This had allowed only 5-6% of patients to require follow-up and supported the recording of clinical outcomes, noting they were better than the UK average.

It was commented and noted:

- In regard to revision, this was failure of the product and all costs had been recovered from the manufacturer.
- In response to the query on the CMATS pilot running on limited time and how to keep the momentum going, it was stated that the Planned Care Board within Wales said this was the right thing to do and it was critical to make this sustainable. Although this was a pilot a business case was being written which will evidence over time cost neutrality, emphasising this was critical given financial restraints.
- In regard to the timeline, the aim was not to stop the pilot in April but potentially to obtain support from WG with the Invest to Save scheme. This would also run with the IMTP identifying plans for next year. In addition, would be reviewing over a three year period in regard to compliance to what can be worked through financially with the business case where steps and milestones have been considered.
- Questions were raised on what work was being done to ensure we have business models to recoup costs in relation to high cost of implants. Members were informed that arrangements had been set up with the sub group of the IPFR team and with finance that at the point of referral from other Health Boards agreement is received to pay costs over a certain threshold.
- It was raised whether we were confident the risks we carry of infection prevention and control were being addressed. It was recognised there was more vigilance and an emergency meeting had been called at the last

outbreak, ensuring there is good data collection processes in place to monitor trends; ensuring hand hygiene levels are reached and conducting theatre audits and revisiting the issue again.
- Assurances were sought in regard to areas of concern within the action plan and whether these had been addressed.

ACTION: M Bond to update the action plan and circulate to the Committee

The Committee:
- **NOTED** the summary of opportunities highlighted from the Welsh Audit Office
- **NOTED** the areas of focus the Directorate are taking and actions will further assist in delivery of performance

RD: 17/020 WALES AUDIT OFFICE – MEDICINES MANAGEMENT

Dr Graham Shortland, Medical Director, presented the updated report previously audited in 2013-14 in primary care and 2014-15 in an acute hospital setting stating there was a comprehensive process in Medicines Management within the Organisation.

It was commented and noted:
- The Nurse Executive Director was pleased to see there was improvement and progress being made. This was endorsed by the Chair.
- It was agreed for further assurances that recommendations were being acted on, a report would be brought back to the Committee on an annual basis for an update on progress but would be monitored through the Medicines Management Group.

The Committee:
- **NOTED** progress with the actions required by the Auditor General for Wales/ Wales Audit Office

RD: 17/021 WALES AUDIT OFFICE – RADIOLOGY SERVICES

The Resource and Delivery Committee **RECEIVED** and **NOTED** the overall conclusion of the Wales Audit Office (WAO) review of the Radiology service in Cardiff & Value UHB and progress made against the action plan developed to address the WAO recommendations.

Mr Lee Davies, Assistant Chief Operating Officer, stated that the Radiology Strategy is a complex piece of work and advised that in the main the action plan was being progressed as intended.

It was commented and noted:

- It was encouraging to see work had started on the Radiology Strategy but queried when there would be an indication to have sight of the timeframe with milestones finalised and how this would fit in with the IMTP process.
- The Committee was informed that over the next few months this piece of work would continue and acknowledged that it would be helpful to get more specific timelines as this will be a part of the IMTP document. Once this was complete it would be shared with the Committee.
- It was noted that recommendations had not been accepted by the Health Board and asked whether any dialogue had been established with WAO to secure agreement on the way forward.
- Ms Perez reported that she had spoken to the Director of Operations for CD&T and the reasoning behind not accepting the recommendation was because there had been a slight discrepancy. There were not two recommendations but only one not accepted and this was around the workforce which had been incorporated into the strategy.
- The Assistant Director of Workforce and Organisational Development stated that in relation to WOD plan the Clinical Board plan was scrutinised. There were also indicators in place which were part of the overall workforce plan such as PADR. There were components in the IMTP in regard to the workforce and was satisfied they were in place.

ACTION: L Davies to update the Committee in regard to the recommendation that was not accepted.

RD: 17/022 UNIVERSITY HEALTH BOARD WORKFORCE AND ORGANISATIONAL DEVELOPMENT DELIVERY PLAN – 6 MONTH UPDATE

Mrs Julie Cassley, Deputy Director of Workforce and Organisational Development, gave a comprehensive overview on the 17/18 half year Delivery Plan Update.

It was highlighted:

- A plan had been developed over three years ago, however, a more recent detailed delivery plan was revised with five objective areas. The setting for the plan was around Shaping our Future Wellbeing Strategy and the IMTP. The five objectives were explained that support this.
- All Clinical Boards work to the objective areas and may place a different emphasis due to their particular needs and service areas. The objectives are flexible and intended to be a framework as well as a delivery plan.
- The key successes and challenges were described such as the downward trend in sickness absence which has been reduced to 4.89%. The Director of Nurses driving the switchover in agency Healthcare Support Workers

(HCSW) to bank and substantive staff; and the 100% switchover from high premium agencies to on contract framework agencies.

- In regard to maintaining good employee relations, it was noted that there had been an increase in formal cases and this impacted on the time being taken to investigate and conclude cases.
- The Health Board were providing a leading role on the MTI initiative for Wales to achieve assignment of posts put forward for the MTI.
- Seven graduates had been appointed to the Organisation and a number of hard to fill Senior Management posts filled, although more work was needed on talent management for Directorates and Clinical Boards.
- The forecast up to next March 2018 on recruiting Band 5 and 6 nurses was shown informing there would be 114 starters during this period. Work had commenced on retention acknowledging this was a UK wide position.
- Adaption programmes were also being run with return to practice initiatives.
- A considerable amount of work had been planned around the Values and Behaviours Framework for this year to ensure the profile was kept high.

It was discussed and noted:

- There was a need to look at the organisation as a whole in regard to shaping the integrated plans. The WOD plan was comprehensive and there was a need to view areas which were going to drive the Organisation forward.
- Mr Martin Driscoll said that the Personal Appraisal Development Review (PADR) was a lag measure demonstrating what had happened, but there was a requirement for this to lean more towards Organisational Development, focussing on what activities we are engaged in and how this would be measured going forward.
- There was wider discussion on PADRs such as contracts and the need to align PADRs to behaviours.
- It was suggested that as the Health Board employs a vast amount of staff, to look at the staff groups within the Organisation and to arrange a development session to acquire a base set of information. In addition, a thorough training needs analysis for the Health Board should be further considered.
- There was a need to look at what kind of workforce we envisage for the future. It was acknowledged that as an organisation we had not worked out how these are measured but should look strategically at what would be the key indicators.

The Committee:
NOTED the presentation

15.4

RD: 17/023 PERFORMANCE AGAINST STRATEGIC EQUALITY PLAN

Mr Keithley Wilkinson, Equality Manager, outlined and highlighted elements of the report on the Strategic Equality Plan and informed we were in the second year of the four year plan. Members were advised that as a public sector Organisation we had an obligation to have a plan in place under the Equality Act 2010. The plan was based on completed tasks, deliveries and actions which followed the SMART process in what we need to do.

The plan addressed our legal obligations and social and moral obligations and went through a process involving our internal stakeholders, members of staff and external stakeholders in terms of various communities. It was highlighted that the Equality Health and Impact Assessment, although there has been some criticism, was also commended as a piece of work regarding the future horizon scanning approach adopted. The plan was RAG rated with 60 actions completed. Those coded in amber will be completed by March 2018 but pointed that some actions were part of an ongoing process.

In regard to employee information, this was available and would be circulated after the meeting. In terms of Development Day, work has started on how to analyse and monitor some of the information. As an organisation, we are at the equality stage of looking ahead to the future by working in an equitable way. This is a transition stage and giving different support for people to have equal access. The plan for 2018/19 and onwards is to move to a transformation aspect around equity where systematic barriers were being removed.

It was commented and noted:

- In regard to the transgender community awareness training had been developed and delivered to staff. Emphasising this was a societal issue as well as an organisation issue.
- In response to the concern raised around protective characteristics, Members were informed that the Equality Manager and Welsh Language Manager were part of the process for inductions courses, stating that bespoke and tailored training was also conducted. 72% of staff had been involved in equality training where each protective characteristic had been highlighted.

The Committee:
NOTED the contents of the paper

RD: 17/024 MORE THAN JUST WORDS (WELSH LANGUAGE)

The Resource and Delivery Committee **NOTED** the oral update from Mr Keithley Wilkinson, Equality Manager. To date Welsh Government had not responded to the report but envisaged this could be presented at next meeting.

RD: 17/025 POLICIES FOR APPROVAL

1. Records Management Policy

Mr Peter Welsh presented the policy on behalf on the Information Technology and Governance sub-Committee as there was a need to change some of the retention schedules and the policy had been updated to reflect this.

The Committee:

- Did not **APPROVE** the policy on Records Management and did not **APPROVE** the full publication of the Records Management Policy in accordance with the UHB Publication Scheme. The queries raised are highlighted below:

- Concerns were raised in regard to the implementation of the policy protocol across the organisation.
- In regard to the Records Management Procedure - Page 12: The Royal College of Nursing should be changed to *'Nursing Midwifery Council'*.
- The area on staff records did not feel strong enough but it was confirmed this was predominantly about Clinical Records but did cover all records. Compliance with the policy was being tracked through the Records Management Group.
- The cover report stated this was to go to the Strategy and Engagement Committee for 5 September and refers to both versions two and three.
- The link to the Retention Policy did not work.

The Director of Corporate Governance stated that he would report the queries raised to the Information Technology and Governance sub Committee and the policy would be resubmitted at the next Committee in January 2018, but if needed, Chair's Action would be requested to speed up the process.

2. Medical Appraisal Policy

The Committee:

- Formally **ADOPTED** and **APPROVED** the Medical Appraisal Policy with full publication of the Records Management Policy in accordance with the UHB Publication Scheme.

RD: 17/026 UPDATED EXTRACT ON CORPORATE RISK ASSURANCE FRAMEWORK

Mr Peter Welsh, Director of Corporate Governance explained that the risks that previously rested with the People, Planning and Performance Committee had been split between the two new Committees. There had been no change since presented at the last meeting. A major overhaul was being undertaken in looking at the risks and this was being progressed. This was being tracking by the Audit Committee.

Work had commenced in looking at how risks were presented and described. There was a need for this framework to be more aligned to our strategic objectives as we go forward and would be implemented from April next year to tie into the IMTP.

It was commented and noted:

- The Director of Corporate Governance explained that the Clinical Boards managed their own risks but the Committee would receive the higher risks and seek assurances around these.
- Concern was raised that executives had risks allocated to them in two portfolios.
- There was work still to be done on risk framework and the CRAF was still at development stage and a work in progress.

The Committee:

- **NOTED** the report was a work in progress

RD: 17/027 HIGH LEVEL PERFORMANCE DASHBOARD

This paper was presented for information.

RD: 17/028 ANY OTHER BUSINESS

There was no other business to report.

RD: 17/029 DATE OF NEXT MEETING

The next Resource and Delivery Committee meeting is scheduled to take place at 9.00am on **Tuesday, 30 January 2018** in the Corporate Meeting Room, Headquarters, UHW

15.4

**UNCONFIRMED MINUTES OF THE
MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE
(MHCLC)
HELD AT 3 PM ON TUESDAY 29TH NOVEMBER 2017
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Charles Janczewski	**MHCLC Chair and Vice Chair, Cardiff and Vale UHB**
Eileen Brandreth	Independent Member and MHCLC Vice Chair
Sara Moseley	Independent Member

In attendance:

Steve Curry	Chief Operating Officer (Lead Executive for mental health)
Dr Graham Shortland	Medical Director (part) (Lead Executive for mental capacity)
Ian Wile	Director of Operations, Mental Health
Sunni Webb	Mental Health Act Manager
Dr Jenny Hunt	Clinical Psychologist
Julia Barrell	Mental Capacity Act Manager
Lucy Phelps	Service User Representative
Amanda Morgan	Service User Representative
Jeff Champney-Smith	Chair, Hospital Managers Power of Discharge Sub-Committee

Apologies

Kay Jeynes	Director of Nursing, PCIC
Jayne Tottle	Mental Health Clinical Board Nurse
Peter Welsh	Director of Corporate Governance

Secretariat: Helen Bricknell

MHCLC 16/102 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

MHCLC 16/103 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

15.5

CARING FOR PEOPLE
KEEPING PEOPLE WELL

MHCLC 16/104 DECLARATIONS OF INTEREST

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

MHCLC 16/105 MINUTES OF THE PREVIOUS MEETING OF THE MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE HELD ON 29TH NOVEMBER 2016 & 9TH MAY 2017

The minutes (29/11/2016) were **RECEIVED** and **CONFIRMED** as a true and accurate record following the amendment to minute MHCLC 16/068:

The monthly Quality and Safety meetings report on all usage of the MCA, no audit has been undertaken from the Community Child Health Directorate. An audit will be undertaken during 2017 with the Audit Clinical Lead, however no clinical incidents in Child Health had been reported.

The minutes were **RECEIVED** and **CONFIRMED** as a true and accurate record for 9th May 2017.

16/088 Minutes had conflated the Mental Capacity Act and DoLS report.

MHCLC 16/106 ACTION LOG REVIEW

To check the dates logged against the Actions on the log and up-date where necessary.

16/028: Section 136 Partnership Arrangements a verbal update on the Action will be given in part of the meeting.

16/052: This item will become redundant off the Action Log as working towards a smoking ban. The purchasing of E Cigarettes will be looked into further to ensure Human Rights are not compromised. An oral update will be given at the next Committee meeting.

16/052: The Benefits Realization report has not been finalised by Welsh Government. Upon completion it will be disseminated throughout the Committee.

16/050: The MHA Exception report is still outstanding. Police have not shared any data currently. National data can be accessed for

Black Minority Ethnicity, this can be embedded in the IMTP plan and a service report for another Committee or Operational meeting.

16/046: To triangulate, capture data and outcome of such material including staff compliance with MCA training. To receive **ASSURANCE** from the Committee, Chief Operating Officer to discuss with Clinical Boards outside of the meeting by proxy measures of training and dissemination across the Health Board to raise these figures.

The Committee **RECEIVED** and **NOTED** the Action Log.

Introduction to Independent Member Sara Moseley who joined the meeting.

MHCLC 16/107 ANY OTHER URGENT BUSINESS AGREED WITH THE CHAIR.

There was no other urgent business.

MHCLC 16/108 DEPRIVATION OF LIBERTY SAFEGUARDS MONITORING REPORT

The report was delivered by the Medical Director and provided by A Cole from Vale of Glamorgan Social Services.
The paper is for information purposes. There are significant increases in DOLS applications within the UHB. This is causing both financial strain and difficulty for Executive Directors in signing off the authorizations.. For the local authorities, concern continues as there are delays in the system on completion of assessment within care homes.
There will be an internal audit on DoLS in the New Year. The previous internal audit gave limited assurance because there was no plan to manage the outstanding assessments. Discussion to be had outside of the Committee on the continuing pressures caused by DoLS.

The Committee **RECEIVED** and **NOTED** the report.

MHCLC 16/109 MENTAL CAPACITY ACT MONITORING REPORT – SBAR

The Mental Capacity Act Manager delivered a brief overview of how she tries to triangulate both internal and external information to build up a picture of the use of the Mental Capacity Act within the UHB
The Chair opened up for discussion:

- It was explained that it is difficult to capture information on the use of the Mental Capacity Act, as this can only be uncovered by scrutinizing patient records. Unlike the Mental Health Act, there are no statutory forms that have to be completed. Clinical Boards need to perform regular audits in order to find out whether clinicians are complying with the Act. There is risk currently within the UHB as not conforming within high standards.
- Statistical evidence can be gathered, again triangulation of information could be proved useful, compliance needs to be measured within the UHB and discussions to be taken outside of the Committee how to progress quality data.
- Further ideas surrounding this process to be discussed at the next Committee.

The Committee **RECEIVED** and **NOTED** the report.

MHCLC 16/110 DO NOT ATTEMPT CARDIO PULMONARY RESUSCITATION (DNACPR)

The Mental Capacity Act Manager delivered a brief overview of the report. Whilst there is little direct evidence from audits that the law is not being complied with regarding DNACPR decisions, there is some indirect evidence as well as considerable anecdotal information.
Unfortunately, the All-Wales standardised DNACPR audit (agreed by Welsh Government) does not directly address the question of where patients lack mental capacity to be involved in DNACPR discussions, whether family or friends were consulted.

Within the UHB there are definitely some DNACPR decision in place that have not been taken in accordance with the law. What isn't clear is the extent of the problem.
To ask the Resus Team to include a question about consultation where patient lacks capacity to be involved in discussions about CPR in the audit template.

The Committee suggested that Welsh Government be asked to consider amending the audit template to include specific questions about people who lack mental capacity to be involved in discussions around CPR.

The Committee **APPROVED** the report and supported its recommendations *[insert the recommendations here]* .
The Committee **RECEIVED** the report.
The Committee **NOTED** the report.

MHCLC 16/111 RATIFICATION OF IMCA AND LPA/CAD PROCEDURES

The Mental Capacity Act Manager gave a brief summary of the Lasting Power of Attorney and Court Appointed Deputies Procedures.

The Committee **NOTED** the report.
The Committee **SUPPORTED** the report.
The Committee **APPROVED** the report.
The Committee **APPROVED** full publication of Lasting power of attorney and court appointed deputy procedure

The Mental Capacity Act Manager gave a brief summary of the Independent Mental Capacity Advocacy procedure.

The Committee **NOTED** the report.
The Committee **APPROVED** full publication of Independent Mental Capacity Advocate procedure.

MHCLC 16/112 MENTAL HEALTH ACT EXCEPTION REPORT

The Director of Operations, Mr. Ian Wile delivered the topical information around the usage of the Mental Health Act. The Director of Operations gave credit to the Mental Health Act department as there have been no illegal detentions in accordance to the Act for the last three quarters.

The Committee **NOTED** the report.

MHCLC 16/113 UPDATE NATIONAL CORE DATA

The Director of Operations Mr. Ian Wile reported the benchmarking report had been produced by the MHA Department and is ready for dissemination. It will be circulated in due course.

The Committee **AGREED** the report to be circulated.

MHCLC 16/114 UPDATE ON HIW INSPECTION OF LINKS CMHT

The Director of Operations, Mr. Ian Wile, verbally updated around the Inspection that was undertaken in June 2017, a positive update, hand written notes were taken at the time. It was reported that:

- The Links had a patient focused team.
- There are issues surrounding the state of repair of the building.
- Service user care obtained and feedback was very positive.
- The full report will be provided when completed.

The Chair **NOTED** that there is no current report available.

MHCLC 16/115 MENTAL HEALTH MEASURE MONITORING REPORT SBAR / REPORT

The Director of Operations, Mr. Ian Wile and Chief Operating Officer, Mr. Steve Curry discussed the report submitted outlining that Mental Health Services were compliant up until the end of the reporting period, but a spike in referrals due to the high publicity from the media and royal family exposure around Mental Health. Extra resources have been input into the team due to the high demand.

- Direct access for GP via electronic access
- CAMHS took back some referrals to recover the high demand

- In September the recovery period was complete and the compliance rate is 100%.

Earlier in the year the target of 80% has now increased to 97% and the amount of rightsizing from the team due to the demand and capacity within the service has reached a high sustainable level.
The predicted rate of referrals was high and the actual level of referrals stayed in line with projection.

- The Chair asked when would the CAMHS service reach their target of 80%, this was delivered in October, and a trajectory coming close to the time. Further explanation to wait until the presentation delivered.

- Based on weekly reporting, if it is being stretched beyond capacity, the community vacancies can be filled for drafting in support staff.
- PARIS will be fully effective for CAMHS in the near future.
- Meetings are underway and issues have been identified with data capturing.
- Patient cancelling the 28 day clock for waiting assessment resets, the currently being checked by hand and the patients' file. Multiple staff will be checking every month and therefore it is not sustainable long term.
- Amount of data captured by PARIS
- High Waiting List Demand
- CAMHS delivered 86% on PART 1 of the Measure, fluctuating but overall sustainable, improving trajectory.

The Chair **NOTED** the report.

MHCLC 16/116 COMPLIANCE UPDATE PART 1

The report submitted was summarized by the Director of Operations, Mr. Ian Wile. The Power of Discharge group increased concern of the lack of complete Care and Treatment Plan's and the quantitate information held within such reports for the patients best interests.

There is national concern from professional bodies, with the lack of ability to measure the Health Board patients' improving health measures. There is a tool that is being supported which is added to the Care and Treatment Plan, enabling staff to determine what is the most important thing to them over the next 6 months. This can be used as an auditable tool and a simple lever to gather further information.

QUALITY OF CARE AND TREATMENT PLANS – PART 2

The Director of Operations Mr. Ian Wile gave a brief overview on the holistic nature of the care plan, currently being reported on twice a year, improving the position of the Care and Treatment plans and possible random auditing. The Chair opened up for comments:

- Many service users may not be aware of the measure and their care and treatment plan, have not been involved in formulating their Care and Treatment plan.
- Reviews are not an interactive process and are in excess of 12 months before a review.
- Quality of the planning is not of a high standard and the understanding of how stretched the services are.

- Being unable to find further ways to encourage help, deliver on the needs of the patient to future services for input/ help.
- The Chair of the Power of Discharge group reiterated the lack of consistency in Care and Treatment plans at meetings.

The Committee **NOTED** the report.

MHCLC 16/117 UPDATE ON SUSTAINABILITY

CAMHS presentation was delivered by Dr. Jenny Hunt. Primary Mental Health service transferred back last April with a long waiting list, aiming to reduce the list and arrive at targets. Dr. Jenny Hunt iterated there were over 60 referrals a month which impacted on the demands of the service, job plans, assessments and interventions. The targets of 80% were reached. The increase of referrals has risen to 15-20 daily.
Adult Mental Health services helped by assessing the 16-17 year olds and have now been referred back to CAMHS directly.

- Electronic referrals system
- PARIS
- Allocation of referrals
- Telephone triage for young people
- CSI have reviewed the service and provided a modeling tool for capacity

The Chair opened up for comments/ discussions, the following were raised:

- The measure particularly with children and young people can be classed as early intervention. Trying to deliver the measure has proven difficult within primary mental health services thus resources are consequently stripping demand on the service.
- The demands on the service are to be evaluated and all aspects to be taken into account on re-sizing the service, identifying professionals for the job, working upstream and in a preventative manner to enable people to enter the services at the correct time and receive the correct referrals, appointments and the indicators surrounding the robustness of assessments.
- The unmet need has not been truly explored but the growth would be factored into the growth of demand.
- The upstream working model and the partnership arrangements are being piloted.

ADULT PRESENTATION

The Director of Operations, Mr. Ian Wile gave a brief overview of the presentation and the involvement within the 3rd sector.
The collaboration with Mind and the Vale, ACE and outside services for social and wellbeing.
Welsh Government came out to employ bank psychiatric nurses, services around Wales are limited and are trying to employ multi-disciplinary professionals.
The Services have been compliant since September / October 2017.

The Committee **NOTED** the report.

MHCLC 16/118 PROVISIONS OF MENTAL HEALTH SUPPORT TO PRISONERS

The report was delivered by the Chief Operating Office, Mr. Steve Curry, it was decided the paper is for noting. It is being followed up with PCIC Clinical Boards and IMTP Plan going forward.

The Committee **NOTED** the paper.

MHCLC 16/119 COMMITTEE WORK PLAN

The Chair discussed that the Terms of Reference will be brought to the next meeting.

MHCLC 16/120 HOSPITAL MANAGERS' POWER OF DISCHARGE SUB COMMITTEE MINUTES

The Committee **RECEIVED** and **NOTED** the report.

MHCLC 16/121 REVIEW OF THE MEETING

The meeting was reviewed, it was noted the Chair wants this Committee to be legislative, there will on occasion have overlaps that will feed into the Committee.

MHCLC 16/122 DETAILS OF NEXT MEETING

The next meeting will be held on Tuesday 6th February 2019 in the Boardroom, Headquarters, University Hospital of Wales.

15.5

CARING FOR PEOPLE
KEEPING PEOPLE WELL

UNCONFIRMED MINUTES OF A JOINT MEETING OF CARDIFF AND VALE HEALTHCARE PROFESSIONALS' FORUM AND STAKEHOLDER REFERENCE GROUP HELD ON THURSDAY 30 NOVEMBER 2017, HAFAN Y COED, UNIVERSITY HOSPITAL LLANDOUGH

Present:	
Sue Bailey	Clinical Board Director for Quality, Safety and Patient Experience, Clinical Diagnostics and Therapeutics Clinical Board, Cardiff and Vale University Health Board (Chair HPF)
Paula Martyn	Care Forum Wales (Chair SRG)
Posy Akande	Carer (item 17/16 onwards)
Sarah Capstick	Cardiff Third Sector Council
Ben Gray	Vale of Glamorgan Council
Anna Mogie	HPF
Linda Pritchard	Glamorgan Voluntary Services
Richard Thomas	Care and Repair Cardiff and the Vale
Geoffrey Simpson	One Voice Wales
In Attendance:	
Leigh Davies	Deputy Clinical Lead for Major Trauma, Cardiff and Vale UHB (items 17/12-17/16 only)
Abigail Harris	Director of Planning, Cardiff and Vale UHB
Angela Hughes	Cardiff and Vale UHB, Patient Experience
Peter O'Callaghan	Clinical Director, Cardiothoracic Surgery, Cardiff and Vale UHB (item 17/17 only)
Anne Wei	Strategic Partnership and Planning Manager, Cardiff and Vale UHB
Peter Welsh	Director of Corporate Governance, Cardiff and Vale UHB
Keithley Wilkinson	Equality Manager, Cardiff and Vale UHB
Apologies:	
Suzanne Duval	Diverse Cymru
Liz Fussell	UHB Volunteer
Suzanne Hardacre	HPF
Sheila Harrison	HPF
Alison Kibblewhite	South Wales Fire and Rescue
Stuart Parfitt	South Wales Police
Denise Shanahan	HPF
Michael Stone	HPF
Secretariat:	Gareth Lloyd

15.6

CARING FOR PEOPLE
KEEPING PEOPLE WELL

HPF/SRG 17/12 WELCOME AND INTRODUCTIONS

The Chairs welcomed colleagues to the meeting.

HPF/SRG 17/13 APOLOGIES FOR ABSENCE

The HPF/SRG **NOTED** the apologies.

It was **NOTED** that although not a member of the SRG, Marie Davies had sent her apologies for the meeting.

HPF/SRG 17/14 DECLARATIONS OF INTEREST

There were no declarations of interest.

HPF/SRG 17/15 FEEDBACK FROM BOARD

The HPF/SRG **RECEIVED** and **NOTED** the agenda of the UHB Board meeting held on 28 September 2017.

Peter Welsh drew the attention of the HPF/SRG to several issues that had been discussed and reminded them that all the papers from the meeting were available on the internet.

- There had been significant changes to the Executive and Independent membership of the Board.
- The Chair's Report formally ratified the appointment of new SRG members.
- The Welsh Audit Office Full Report on the UHB's contractual relationship with RKC Associates Ltd. and its owner had been presented to the Board together with and Action Plan. The Action Plan would be presented to the Audit Committee the following week and would demonstrate 70% compliance. The UHB Chair and Chief Executive had also given evidence to the Welsh Public Accounts Committee regarding the issue The Committee had been pleased with the robustness of their response.
- There had been no issue of concern in the Finance Governance Review and all necessary actions had been implemented.

Abigail Harris reported that she had also provided the Board with an update on the UHB's traffic management arrangements. The UHB was seeking expressions of interest for taking over the management of car parking on the UHW site when the current contract ended on 4 June 2018. The Board would make a final decision on the award of the new contract at its meeting in January 2018. She explained that the Annual Report of the Director of Public

Healthy highlighted the need for sustainable travel solutions which would be particularly important given the predicted huge increase in population in Cardiff and the Vale over the next 15-20 years.

HPF/SRG 17/16 CONSULTATION ON THE DEVELOPMENT OF A MAJOR TRAUMA NETWORK

The HPF/SRG **RECEIVED** a presentation on the proposed development of a Major Trauma Network for South and West Wales and South Powys, from Abigail Harris and Leigh Davies, Deputy Clinical Lead for Major Trauma.

The Consultation was being led by the NHS Wales Health Collaborative. At present South Wales was the only region of the United Kingdom without a Major Trauma Network.

The HPF/SRG was informed that Major Trauma is the leading cause of death of those aged under 45 in the UK. If you are treated in a Major Trauma Network you are likely to have:

- an increased chance of survival (20%);
- better recovery; and
- better quality of life.

The establishment of a Network would also have a positive impact on recruitment and would also reduce disruption to other services.

In February 2017 an Independent Clinical Panel reviewed available evidence and recommended that::

- a major trauma network for South Wales should be quickly developed;
- the adults' and childrens' Major Trauma Centre should be on the same site;
- the major trauma centre should be at UHW;
- Morriston Hospital Swansea should become a large trauma unit and should have a lead role for the major trauma network;
- A clear realistic timetable should be set.

At their Board meetings in September, each of the Health Boards within the Collaborative agreed in principle to a period of consultation on the Panel's recommendations.

It was acknowledged that the establshment of the network would take time. A lead clinician had been appointed to develop the service model further. One of the key tasks will be to identify the location of the Trauma Units in West Wales.

It was noted that the establishment of a major trauma network would require significant capital and revenue investment therefore a business case would have to be produced and formally approved by the commissioners. UHW would have to be reconfigured because theatres would be required close to the Emergency Unit. Additional imaging facilities would also have to be provided. Detailed costings have not been undertaken as a formal decision had not been made.

Abigail Harris reported that the Community Health Council was concerned about the impact that the creation of a major trauma centre at UHW would have on the site and the services for the local populations of Cardiff and the Vale of Glamorgan. It was recognised that to accommodate a Major Trauma Centre the UHW site would have to be decongested and largely rebuilt. It was widely acknowledged that in general patients remain in hospital too long and initiatives to address this and provide as many services as possible in the community as close to people's homes as possible would be introduced in line with the UHB's Shaping Our Future Wellbeing Strategy.

In response to an enquiry, Leigh Davies estimated that subject to securing the necessary additional funding he believed it would be possible to secure

The HPF/SRG was then asked to consider some specific questions.

1. Do you agree or disagree that a major trauma network should be established for south and west Wales and south Powys?

Comments included:

- The sooner the network is in place the better because of the reduced morbidity and 20% predicted increased in survival rates,
- The financial costs are far outweighed by the societal benefits
- Although the creation of a network will be an additional cost, if morbidity rates are reduced as a consequence then long term costs may actually decrease. Getting the right treatment quickly and starting rehabilitation early will reduce long term disability.
- More emphasis should be given to the establishment of the network rather than the issue of the location of the centre as the service model is about the whole patient pathway.
- The location of the trauma units must be identified as soon as possible to provide re-assurance to the public

The HPF/SRG enquired whether the creation of a major trauma centre could adversely impact on the recruitment to the trauma units. It was acknowledged that there was a general problem with recruitment of junior doctors. The new model would mean that doctors would have sessions across the network and it is believed that recruitment would in fact be more difficult without the creation of the network.

15.6

2. Do you agree or disagree the development of the major trauma network should be based on the recommendations from the independent panel?
Comments included

- These recommendations have come from an independent panel of experts who have experience of what works and what benefits result from establishing a network. It is hard to disagree with their advice.
- The fact that that the 'lead role' of the network would lie with a separate Health Board to the centre and the reasons for this should be emphasised and explained in more detail in the Consultation Document. Abigail Harris explained that the Consultation Document could not now be amended but agreed that it would be helpful to further explain the term and this would be done during future presentations.

3. If we develop a major trauma network for South and West Wales and South Powys, is there anything else we should consider?

Comments included

- An evaluation process should be agreed and described. This should include patient stories and PREM data which the UHB Patient Experience Team could help with.
- Transport issues will have to be addressed for people visiting patients in the major trauma centre. It was noted that the panel had not considered access for visitors to be a major consideration in recommending the location of the major trauma centre as in principle patients would remain in the centre for as short a time as possible before transferring to other parts of the network.
- The third sector must be part included as key partners in the network as they will have a big role to play in rehabilitation.
- The ability of the Welsh Ambulance Services NHS Trust (WAST) to support the running of the network was crucial. It was noted WAST representatives would be attending the public consultation meetings.

In response to an enquiry, Leigh Davies indicated that he believed it would be difficult to run a major trauma centre at UHW without a thoracic surgery service on the site as approximately 40% of major trauma deaths have significant thoracic involvement.

Members of the HPF/SRG agreed to circulate the Consultation Document within their organisations and encourage colleagues to respond.
Action: All

HPF/SRG 17/17 ENGAGEMENT ON THE FUTURE SHAPE OF THORACIC SURGERY SERVICES

The HPF/SRG **RECEVED** a presentation on a review of the provision of thoracic surgery services in South Wales from Peter O'Callaghan, Clinical Director Cardiothoracic Surgery.

Abigail Harris explained that although the Welsh Health Specialised Services Committee's (WHSSC) engagement period had ended the previous day, the Health Board had been given special dispensation to submit the views of the HPF/SRG after the deadline.

The HPF/SRG was informed that patients in Wales with lung cancer had some of the lowest survival rates in Wales. Wales does, however, perform well when it comes to outcomes following thoracic surgery which suggests that it is the patient pathway rather than the quality of the surgery that is the problem with patients sometimes waiting longer than they should for surgery. Thoracic surgery is becoming increasingly specialised and larger centres demonstrate better outcomes. Because thoracic surgery is becoming so specialised, surgeons are no longer trained to do both cardiac and thoracic operations. There are currently two thoracic surgery teams in South Wales: one at UHW and one at Morriston Hospital with only two consultants at each site although UHW has a third Locum Consultant. At present out of hours cover is provided by both thoracic and cardiac surgeons but from 2020 all thoracic surgery must be provided by thoracic surgeons.

WHSSC has received a recommendation from the Royal College of Surgeons that there should be a single thoracic surgery centre in South Wales but there were some factors it did not take into account. The engagement exercise is designed to find out whether stakeholders believe there is any other information that should be considered before deciding whether there should be one or two units in South Wales.

Peter O'Callaghan explained that clear patient pathways will be developed with the vast majority of care delivered locally with only the surgery itself undertaken in the centre for example, it could be that five days post-surgery patients are referred back to a local cardiac physician.

The HPF/SRG was informed that WHSSC has established a Project Board comprising of experts in thoracic surgery, representatives of all South Wales Health Boards and lay members. The Project Board will compare the evidence being gathered by WHSSC against the service specification and the feedback received through engagement and will then recommend either that thoracic surgery should continue on two sites or that it should be delivered from a single site. If the recommendations is a single site option, the decision on where this should be will be referred to an independent panel. The independent Panel would meet during late December 2017 or early January 2017. The draft criteria the panel would use to determine the location are:

- How easy will it be for patients to access care at a centre?

- How easy will it be for the centre to meet the standards required of a high-quality centre, as described in the service specification?
- How sustainable is the centre?
- Will the centre help improve the standards of care across South Wales?

The HPF/.SRG then discussed the engagement questions.
The meeting felt that the evidence presented made a strong case for a single centre and that the right information was being used to inform that decision

Members made the following comments about the criteria:

- It is crucial for the Panel to have well researched evidence about the key service interdependencies, to be able to judge which of the 2 sites would result in the greatest improvements in patient outcomes from co-location with a single thoracic surgery centre. While the model is being established to meet the needs of the majority of patients i.e. who require surgery for lung cancer, there is still an important group of patients who would benefit from co-location with the Major Trauma Centre. The meeting heard that 40% of major trauma deaths have significant thoracic injuries – this needs to be a serious consideration in the criteria used to determine the location of a possible single thoracic surgery centre
- Surgery is only one part of the pathway, and improvements in patient outcomes will only be realised if the whole pathway from prevention and early diagnosis to post-operative care and rehabilitation is reviewed and addressed. The criteria used by the Panel therefore needs to include consideration of the ambitions of the 2 sites to establish a centre as part of the development of whole pathway, and their plans to look at the bigger picture as a means of improving overall patient outcomes in this field.
- The criteria needs to include consideration of the ability of the sites to attract and retain staff (surgeons and other specialist thoracic staff)
- Public confidence in the service they receive at the hospitals should be considered as a factor

In the discussion about the process, there was a comment that greater clarity is needed on what the next steps would be if the recommendation from the Project Board is that there should be two sites. The meeting understood that the current arrangements are not sustainable after 2020 and wanted to know what options might be open to the Joint Committee.

There was a further comment that it will be important for there to be more collaborative pathways established between a single thoracic surgery centre and the respiratory physicians in the referring hospitals to enable patients to be repatriated and cared for closer to home as soon as possible after surgery.

In response to an enquiry, Abigail Harris suggested that once the decision on the number and location of centres had been made it would be 12-18 months before a new service model was introduced.

The HPF/SRG was informed that in its formal response the UHB had made it clear that it believed that all the evidence should be carefully evaluated and that WHSSC should robustly test the interdependencies with other services including major trauma services.

HPF/SRG 17/18 CONSULTATION ON DRAFT WELLBEING PLANS

The HPF/SRG was informed that the Wellbeing of Future Generations (Wales) Act 2015 established Public Service Boards (PSB) in every local authority area. PSBs were required to publish a local wellbeing plan by May 2018. The Cardiff and Vale of Glamorgan draft Wellbeing Plans were out for consultation. Abigail Harris explained that all individual organisations within the PSBs were required to publish their own set of Wellbeing Objectives. The Shaping Our Future Wellbeing (SOFW) Strategy would serve as Cardiff and Vale UHB's Wellbeing Objectives. She was confident that the draft Wellbeing Plans were aligned with the SOFW Strategy.

The HPF/SRG made several observations.

- It would be vitally important to get the Wellbeing Plans right given the predicted significant population growth in Cardiff.
- The needs of the growing number of carers must be addressed.

Members of the HPF/SRG agreed to review the draft Wellbeing Plans and encourage colleagues within their organisations to respond.
Action: All

HPF/SRG 17/19 NEXT MEETING OF HPF/SRG

It has subsequently been agreed that the next meeting will take the form of another joint meeting. The meeting will take place1.30pm-4pm, 31 January 2018, Seminar Room, Hafan Y Coed, UHL.

15.6

CARING FOR PEOPLE
KEEPING PEOPLE WELL

Minutes from the Local Partnership Forum Meeting held on Wednesday 1 November 2017 at 9am in Seminar Room 1, Cochrane Building, University Hospital of Wales

Present:

Mike Jones	Chair of Staff Representatives/UNISON (Co-Chair)
Martin Driscoll	Executive Director of Workforce and OD (Co-Chair)
Stuart Egan	Independent Member – Trade Union
Joe Monks	UNISON
Catherine Salter	RCN
Ffion Matthews	SCP
Peter Hewin	BAOT/UNISON
Dawn Ward	BAOT/UNISON
Sharon Hopkins	Director of Public Health
Geoff Walsh	Director of Capital, Estates and Facilities
Leanne Coburn	Head of Communications
Peter Welsh	Director of Corporate Governance
Bob Chadwick	Director of Finance
Len Richards	Chief Executive
Julie Cassley	Deputy Director of Workforce and OD
Pauline Williams	RCN
Ceri Dolan	RCN
Andrew Crook	Head of Workforce Governance
Diane Parry	Consultant Respiratory Physician

In attendance (observing):

Anne Wei	Strategy Partnership and Planning Manager

Apologies:

Graham Shortland	Medical Director
Ruth Walker	Executive Director of Nursing
Abi Harris	Executive Director of Strategic Planning
Holly Vyse	CSP
Dorothy Debrah	BDA
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Ceri Bowen	UNITE
Fiona Salter	RCN
Rachel Pressley	Workforce Governance Manager
Karen Burke	UNISON
Steve Gauci	UNISON

Secretariat:

Helen Palmer	Senior HR Officer

15.7

CARING FOR PEOPLE
KEEPING PEOPLE WELL

LPF17/057 WELCOME AND INTRODUCTIONS

Mr Jones welcomed everyone to the meeting, especially Mr Martin Driscoll, Executive Director of Workforce and OD who was attending his first Local Partnership Forum.

LPF 17/058 APOLOGIES FOR ABSENCE

Apologies for absence were **NOTED**.

LPF 17/059 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items.

LPF 17/060 MINUTES OF PREVIOUS MEETING

The Local Partnership Forum **RECEIVED** and **APPROVED** the minutes from 1 August 2017 as an accurate record of the meeting.

LPF 17/061 ACTION LOG REVIEW

The Local Partnership Forum **RECEIVED** and **NOTED** the Action Log. The following additional matters arising were raised:

LPF 17/046 *Shaping Our Future Wellbeing: In our Community Programme:* Mrs Davies had been invited to attend the Mental Health Clinical Board Partnership Forum.

LPF 17/062 LETS TALK TRAVEL - ENGAGEMENT

The Local Partnership Forum **RECEIVED** and **NOTED** the report of the Director of Capital, Estates and Facilities.

Mr Walsh referred to the papers that had been sent out and advised that these had been sent to Management Executive meeting. The papers outline the initial thinking around car parking and the issuing of permits going forward. They are hoping to receive feedback from as many people as possible. The report provides an update on the contract and how it is progressing and engagement going forward.

Car parking on site will be free from 4th June 2018 when the current contract comes to an end. As there are not enough parking spaces on site there is a need for a Car Parking Management Policy. Mr Walsh commented that car parking is a personal issue and it would not be possible to satisfy everyone.

Welsh Government have given permission to go to tender and there is a shortlist of 3 companies, Indigo, Parking Eye and Q Park. These companies have experience of the NHS in Wales and England. Some smaller companies had been removed from the process as they didn't satisfy the pre-questionnaire.

Mr Walsh advised that a specification had been developed and sent out for a competitive dialogue process. Companies will visit the site and then make a formal bid via invitation to tender, confirming how they will manage the parking, what equipment they will use and what penalty notices they will issue etc. A panel will review the responses, the panel will be made up of Executive Directors/Independent Members, Staff Representatives and Procurement.

A Board Development session is taking place on the 6 December where it has been agreed by the Chair that each company shortlisted will make a presentation to the Board. Comments from the Board Session will then be taken into another session where they can evaluate all the tenders.

Timescales are tight in order to have something in place when the contract ends on the 4 June 2018.

Ms Coburn advised that the UHB was looking to develop a Cycle Hub and Bus Hub on the UHW site which would comprise a unit to keep bikes safe, shower facilities, café and electric points for charging cars.

As parking on site will be free from the 5 June 2018 it is hoped that parking permits will be in place by 31 March 2018 to begin in April.

There is a set of criteria which will be used to determine essential users and non-essential users. Ms Coburn also advised that it will be possible to apply for the permit online. A computer hub will be set up to enable staff to apply online and there will be assistance available. Line manager approval will also be required as part of the application process.

Permits will be issued on clinical need rather than on a first come first served basis. However, the challenge will be with office based staff and managing the changes and behaviours. It will then be rolled out to all sites.

Mr Richards referred to congestion on site and ambulances not getting through to the Emergency Department and sustainable travel and air quality. Mr Jones commented that the congestion was better than it was 6 months ago and that the hub would be better, but there would be some problems when putting it in.

Ms Coburn confirmed that the leaflet was currently being redesigned and it will hopefully go out on Friday.

The Local Partnership Forum discussed the Car Parking and the following points were raised:

- Mr Jones referred to Security cameras and asked Mr Walsh if the car parking companies would be using the UHB cameras. Mr Walsh confirmed that they would be using separate cameras.

- Mr Monks commented that the park and ride was getting fantastic feedback and it would be good to spread it out over both sides of the A48.

- Mr Monks referred to Parking Eye complaints and that the £70 penalty notice was harsh, and asked if going forward there could be not such a hefty fine. Mr Walsh advised that they would make the fine as low as they possibly can, and that the UHB consider what is being charged in local public car parks and it would be comparable.

  Mr Walsh also stated that if it is too cheap it does not act as a deterrent. Only 2% of staff are breaching the agreement, 98% are adhering to it. If they are charged wrongly then it is resolved, and stated that a lot of tickets are being cancelled. Mr Walsh also advised that there has been a significant improvement in parking charge notices being issued and these have gone down by 56%. Mr Monks commented that it was an unfair deterrent and that it should be done on a sliding scale by banding.

  Mr Crook disagreed and stated that they are either parking illegally or not and if they choose to park somewhere they shouldn't then they should be fined accordingly.

- Mr Egan expressed concern about parking eye and the interface between customer/member of staff and that they couldn't speak to anyone. Mr Egan referred to a case where someone had difficulty contacting them with a complaint and asked if detailed research would take place into how the company used is with dealing with issues, as he didn't feel that Parking Eye was the best out there.

  Miss Dolan referred to a recent situation where she had to repeatedly email Parking Eye with regard to disabled spaces and the time limit of 4 hours. Miss Dolan commented that very few staff work for 4 hours, and time would be taken walking to the machine. An email was sent to Indigo and Parking Eye about 8 months ago and no response has been received. Mr Walsh advised that he was happy to discuss this with Miss Dolan outside of the meeting.

- Mr Welsh referred to permits for night staff living in Cardiff. Mr Walsh advised that there is not so much need for restrictions at night and on weekends and suggested possibly having a different coloured permit for Weekend and Night staff.

Mr Walsh advised that the Board will have the opportunity to quiz the company on this when the panel meet them and if they want evidence they can ask them to produce it.

(Ms Wei and Dr Parry joined the meeting)

(Mr Walsh and Ms Coburn left the meeting)

LPF 17/063 THORACIC SURGERY SERVICES ENGAGEMENT

The Local Partnership Forum **RECEIVED** a presentation from Dr Diane Parry, Consultant Respiratory Physician with the Health Board. The presentation was on a Stakeholder Engagement exercise by Welsh Health Specialist Services Committee Stakeholder and was titled:

Thoracic Surgery Services in South Wales: what does the best service look like?

Dr Parry advised that the consultation was looking at whether there should be one centre or two centres for Thoracic Surgery in South Wales, following a recommendation from the Royal College of Surgeons that there should only have one site. The consultation will be a 2 phase process, initially talking and then an independent panel will make the decision whether to have one or two sites.

The presentation focused on the following areas:

- What do Thoracic Surgery Teams do?

  Thoracic surgery teams operate on the lungs and the chest wall, the main part of their work is on patients with lung cancer. The teams consist of surgeons, anaesthetists, physiotherapists and specialised nursing staff. There are currently 2 teams in South Wales, one at University Hospital of Wales, and one at Morriston Hospital, Swansea.

- Why an engagement exercise?

  To improve thoracic surgery services in Wales, the reasons for this included: patients in Wales with lung cancer have some of the lowest survival rates in Europe, Patients with lung cancer are sometimes waiting longer than they should be for surgery, patients who require surgery but do not have lung cancer have very long waiting times, thoracic surgery is becoming increasingly specialist and that better outcomes come from larger centres. Thoracic surgery is now so specialised we are no longer training surgeons who can do both cardiac and thoracic operations so we need units where we have enough specialist thoracic surgeons.

- What are stakeholders being asked?

  We are being asked for views on whether there is any other information you think should be considered to decide whether we need one or two thoracic surgery centres in South Wales.

- What does the process to decide whether we need 1 or 2 units look like?

  A project Board has been established, the WHSCC team will collect a range of evidence to be considered by the Project Board, the Board will then compare the evidence against the service specification. The Board will then make a recommendation on whether we need 1 or 2 units. This is not the final decision.

- What does the process look like if we only need 1 unit?

  If this is the recommendation there is a second step, this second steep will provide a recommendation on whether the unit should be located in Morriston or UHW. The second recommendation is made by an independent panel.

- Why isn't there a formal "NHS Consultation" on this possible change?

  After taking legal advice, formal consultation is not needed at this stage.

- What do stakeholders need to do?

  Read the document, Delivering High Quality Thoracic Service in South Wales and give feedback on the form provided. Either as individuals or through their organisation of local groups. Deadline is 29 November 2017

  Some important points to consider:

- Whilst the document describes type of evidence they are using to decide whether we need 1 or 2 centres, they are asking if there is any other information you think should be considered.
- Is there any other information you think we should consider to decide whether we need one or two Thoracic Surgery centres in South Wales.
- If anyone requires any further information, Local Champions have been identified for each Health Board for them to contact, as well as staff at WHSCC and the WHSSC website.

Mrs Williams referred to the document and commented that it was good, however on page 7 the figures on cases didn't look correct, it was confirmed that the figures referred to lung cancer cases and not the total number of thoracic surgery cases. Dr Parry agreed to feed this back that it should be clearer.

ACTION: Dr Parry

There was discussion with regard to smoking cessation and that hopefully in the future the figures would hopefully reduce. Dr Parry advised that there was a public awareness campaign last year on getting people fitter for surgery, the outcomes are poor for those who present late. It is anticipated that more surgery will be being done for the next 15 years and then it will taper off.

The infrastructure in rural Wales is not brilliant but patients will go where they feel the best services are - they are willing to travel.

Dr Parry advised that more information was available on the website and feedback is encouraged from people via any route, and that the criteria for the independent panel is listed on page 11 of the engagement document. Any comments should be collated and sent back to Anne Wei.

(Dr Parry and Ms Wei left the meeting)

LPF 17/064 CHIEF EXECUTIVE'S UPDATE REPORT

The Local Partnership Forum **RECEIVED** a verbal update from the Chief Executive, Mr Len Richards.

Mr Richards referred to the Welsh Audit Office Report that was discussed at the last meeting and advised that meeting had taken place and they were talking through a response. A comprehensive action plan has been produced confirming what the UHB is doing and putting in place. Mr Richards agreed to circulate this, it would be sent to Mr Jones who could circulate it.
ACTION: Mr Jones

Mr Jones asked about the counter fraud investigation and Mr Richards advised that this was running separately, there is no detail currently but it is continuing. Mr Jones commented that this was reassuring to ensure that it doesn't happen again. Mr Hewin asked if the outcome of the investigation would be made public. Mr Richards advised that this would not happen when the investigation was continuing, however if action is taken through the courts, then the public would have knowledge through that.

Mr Richards referred to targeted intervention and advised that the UHB is one of three Health Board's under targeted intervention, this was highlighted at the last meeting. Meetings are taking place with a Welsh Government on a monthly basis, looking at two issues, namely, the financial position and a Health Inspectorate Wales (HIW) report into standards at University Hospital Llandough.

Mr Richards advised with regard to the HIW report he understood that they were satisfied with the changes that had been made at UHL and a line had been drawn under this. The remaining issue is that of the financial performance in year and importantly going forward. The UHB is required to demonstrate a

move back to financial sustainability in period, now end of March. The more savings the more efficiencies across the organisation, more re-currant savings reduce underlying deficit. This is difficult to demonstrate there is a consistent and continuing drive for further efficiencies.

Miss Ward asked if meeting on a monthly basis allowed enough time to do the work. Mr Richards commented that they do have the same conversation, however, the issue is one of confidence, setting out where we are going to be, demonstrating we are meeting what we said we would, building confidence. Mr Richards commented that he felt we were doing well in the year position.

Mr Richards advised that representatives from the Canterbury Health Board had visited the UHB to share their experiences. Canterbury Health Board is a similar to us and is based in New Zealand. This organisation had seen and done over the last 10 years what we want to do. They were able to demonstrate significant results. A presentation was made to staff and feedback was overwhelming with support. The UHB had been invited to go over and talk to clinicians in Canterbury. A number of people were travelling on 19 November 2017, for a week, and a place had been offered to Staff side, there are 5 going in total including the Clinical Board Director – Surgical Clinical Board; Clinical Board Director – PCIC; Director of Operations – PCIC; and;, Director of Social Service Local Authority. It is a valuable programme to go to all parts of the system, GP's, Nurses, Surgeons and find out what if feels like to work in the system.

Mr Richards stated that big organisations need to engage to find out what works and what doesn't work. The positive thing that came from the initial meetings with the Canterbury representatives was that we are also doing things that they could learn from, and a strategic alliance could be set up, not contractual, but a memorandum of understanding would be set up.

Dr Hopkins stated that a number of people were involved and that a programme of discussions would take place and learning would be used within the organisation.

Miss Ward thanked Mr Richards for the opportunity to hear what Canterbury do and that she had been at the presentation and there was a buzz around staff, the Canterbury model is similar to what we already do, and is aligning efforts and reducing silo working.

Mr Welsh commented that he would like to assure the forum that the correct governance process had been followed for the visit.

LPF 17/065 ESR PORTAL AND PAPERLESS PAYSLIPS

The Local Partnership Forum **RECEIVED** and **NOTED** the update from Andrew Crook, Head of Workforce Governance on the ESR Portal and Paperless Payslips.

Mr Crook wished to bring the ESR Portal to people's attention and advise how to access the portal.

There is a timetable for rolling out paperless payslips.

Mr Crook asked that all staff members be made aware that this is happening and advised that Capital, Estates and Operational Services staff had been left to last.

A process was being developed to allow the staff concerned to enable them to immediately access their payslips via the internet to their home PCs, laptops or phones.

Mr Jones commented that the information had gone out to staff side, however there had been a situation in CD&T Clinical Board where very few staff knew about it.

Mr Monks asked if there was plans to introduce this slowly, as there were pockets of staff who may not have a mobile phone or computer at home. There are plans to work in partnership education room, and purchase computers between us. Mr Monks also referred to a situation where someone had been declined a mortgage as they did not have a proper wage slip.

Mr Jones stated that he was concerned about staff on weekly pay, and the managers within Capital, Estates and Operational Services had been encouraged to put in a lottery bid for a hub in Llandough. This was encouraged and Mr Jones was advised to put the bid in as soon as possible.
ACTION: Mr Jones

Mr Monks referred to a room being available at UHW and it was agreed that they needed the bid.

LPF 17/066 FINANCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** a report from the Executive Director of Finance Mr Bob Chadwick, detailing the financial position of the UHB for the period ended 31 August 2017.

Mr Chadwick noted that the UHB has a planned deficit of £30.9m for the year. There is currently a gap of £8.8m of further savings that are required to deliver this. The UHB needs to close the gap further by next month, it has helped that some neighbouring Health Boards are going in the wrong direction. There was a £52m deficit at the beginning of the year, the plan is not to let this increase.

Mr Chadwick advised that next year there will still be an underlying current deficit as we have not made inroads into it. On the face of it the UHB has

15.7

done well, however it will be challenging to remove the underlying current deficit. Next year will be challenging as the deficit will still be there, we therefore need to work hard to identify recurrent savings. This will now be the focus of executive teams.

Mr Jones commented that this was good news and there was light at the end of the tunnel.

Mr Hewin stated that he understood the rationale for talking about the underlying current deficit and referred to previous situation when Section 118 redundancy notices were issued. Mr Hewin also referred to Ernst and Young being brought in where they issued run rates and decimated the Occupational Therapy Service and commented that he didn't want to go there again.

Mr Chadwick commented that there was nothing wrong with run rates if used effectively and sensibly. It was not the current thinking to use that methodology, but they can be used to monitor how things are progressing.

Mr Chadwick also commented that 70% of what the UHB spends is in staff, which why they are saying ii would take 3 years to get to the position. There will be unpopular decisions in order to shrink the current spend.

Mr Jones commented on pay and a pay rise and asked if he was correct in assuming that if Westminster agrees to a pay rise we will not get the money of Wales to pay for it. Mr Chadwick commented that he didn't know and that the money may come through. Mr Jones also commented that he was concerned about the financial situation as the UHB has employees who are using food banks, a proper pay rise was therefore needed.

Miss Salter thanked Mr Chadwick for transparency, but noted that there was little detail on how this was going to be managed. Mr Richards advised that schemes were being looked at and all Clinical Boards had efficiency targets to perform well.

Further schemes being looked at were non-pay, drugs switching etc. There is a challenge for Executive Directors on how to make savings in the Corporate Departments. 10% look at savings 10% corporate departments. No redundancies. Ms Salter asked about the 10% figure and whether they were going to sit with directors to decide, or each department.

Mr Richards advised that there was ongoing discussion and debate, they would not be on their own and would need to demonstrate behaviours. Headquarters take different decisions for their own areas before asking other to make theirs. £54m is where it is at the moment. There is ongoing consistent discussion – only by changing and improving service do you get efficient and effective change.

Miss Salter asked if taking on the Canterbury Model would be cost saving.

Mr Richards commented that that was an interesting question, Canterbury say they reduced demand on the hospital, however, they increased services in Primary Care, they haven't demonstrated a reduction.

It doesn't offer the whole solution, there is more work to be done.

Mrs Cassley referred to Section 118 and stated that it doesn't give sustainability, and suggested getting round the table in focus groups, and having productivity groups to look at efficiency. The Director of Nursing is looking at spending and wastage and referred to the spend on agency and how this has now been brought under control.

Mr Jones suggested looking at those people who want to retire and return, some department let them and some don't. The UHB could save money on pensions and sickness. Mr Jones also stated that Retire and Return can be good and can extend working lives.

Mr Hewin commented that one good thing that came out of the 118 process was the IMTP and being involved in meetings, and asked if this could be set up. Mr Crook advised that this would be happening around February/March time.

Mr Monks wished to point out to Mr Chadwick that since he has been with the Health Board there has been a restructure every year, they are constantly reshuffling and demoralising the workforce, which is not good for the workforce, they need to keep to a plan. Mr Chadwick that they were not looking to restructure, but redesign. Mr Driscoll commented that it is how you want to do business tomorrow. The strategic plan has not changed you need a workforce plan that delivers on the strategic plan.

Mr Chadwick commented on external pressure, e.g. Welsh Government and commented that we need be ahead, and incrementally improving and building confidence, there is room to improve.

LPF 17/067 WORKFORCE AND OD KEY PERFORMANCE INDICATORS

The Local Partnership Forum **RECEIVED** and **NOTED** the report of Mr Martin Driscoll the Executive Director of Workforce and OD.

Mr Driscoll referred to Page 14, of the report Bill Over/Underspend (Year-to-Date from April), we are now £1.1m underspent on pay, so going in the right direction.

With reference to Page 5, Sickness Absence, we are where we were this time last year with regard to sickness targets. Month on month performance is plateauing with regard to where the organisation has been over the last 12 months. There is an improvement on where we were in the years 2012, 2013 and 2014, however Mr Driscoll noted that it is going to get harder.

Mr Driscoll commented that we need to look at ways of encouraging and driving performance. The KPI's should show what we want to do and how to drive them. There are currently too many KPI's and they should be focused on the key things we need to drive and put in place.

LPF 17/068 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** the Patient Safety, Quality and Experience Report.

LPF 17/069 PERFORMANCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** the Performance Report.

LPF 17/070 ANY OTHER BUSINESS

There was no other business raised.

LPF 17/071 REVIEW OF THE MEETING

The Local Partnership Forum reviewed the meeting and asked Mr Egan to take the following items to the Board:

- Travel Concerns
- Ask for commitment from the Board with regard to action after the New Zealand trip is over
- Wish the Board well with regard to the financial situation

LPF 17/072 DATE OF NEXT MEETING

The next meeting of the Local Partnership Forum would be held on Wednesday 13 December 2017 at 10.00am in Seminar Room 6, Cochrane Building, University Hospital of Wales. The room would be available from 9.00am for a staff representative pre-meeting.

Minutes of the Organ Donation Committee Meeting

Held at 13.30pm on Wednesday 8th November 2017

In Corporate Meeting Room, UHB Headquarters

Present:	Maria Battle	MB
	Graham Shortland	GS
	Katja Empson	KE
	Judith VanDeVoort	JV
	Michelle Jardine	MJ
	Elijah Ablorsu	EA
	Duncan Thomas	DT
	Paul Frost	PF
	Lucy Barnes	LB
	Charlotte Goodwin	CG
	Jayne Catherall	JC
	Carol Morgan	CM
Apologies:	Tracey Skyrme	TS

Secretariat: Nia Smith

1.	**Welcome and Introductions** The Chair welcomed everyone to the meeting and introductions were made with a specific welcome to Paul Frost who has been appointed the new Clinical Lead for Organ Donation.	**Actions**
2.	**Minutes from Last Meeting** Minutes from the last meeting were passed by the committee. **Item 3 – Planting of Tree Ceremony:** A tree has been identified by CG and is ready to plant during the right time of year. A plaque has also been organized with 'Life goes on' to be engraved on. Date for planting ceremony still to be arranged. **Item 4 – ED Office Space:** MB and GS met with CG on the 31 July to source ED office space. A space was sourced and has been called the SNODBox. **Item 5 – Performance Update:** Performance has improved since last meeting. This is due to the amount of overrides that have decreased and with missed opportunities being scrutinized for educating purposes. KE is working alongside Maria Roberts to get the data from E-datix.	CG KE

15.8

	ICU capacity paper is to go to Board in January. MB asked who would work together on the paper. The paper will incorporate delays in theatre, figures and patient stories. CG is already presenting to the Board at the next meeting. CG is to collate data for the presentation. **Item 6** – Transplantation information to be fed into Critical Care Implementation Group. KE to pick up with Caroline Lewis week commencing 20th November.	CG KE
3.	**Missed Opportunities** The missed opportunities letter is around the new process that NHSBT undertake with missed donors. The PDA is not an accurate reflection of true missed potential. The new process allows the regional team to review the PDA to identify those patients in whom a real potential opportunity to donate was missed. The Health Board will be contacted directly about these true missed potentials with a letter sent to the CLOD so that the case can be formally reviewed and appropriate action taken. A copy of this letter will also be sent to the Chair of the ODC.	
4.	**Donation Update – PDA update** Between April 2017 and October 2017 a total of 82 organs have been retrieved with 52 referrals. A&E reported no missed opportunities and no cardiac or PICU referrals. There was 1 override mentioned; 1. The potential donor was overridden by a Consultant due to the donor needing screening because of a failure in the original tests in order to be a potential donor. EA asked if there was a way that DBD could be improved and the possibility of SNODs educating nurses for awareness.	
5.	**Paediatric and Neonate Donation** JV raised that currently they don't do any brain stem death testing and has been noted that we are behind on this process. JV is actively educating the medical staff to implement this process. A trainee student, Annabel Greenwood, did a survey monkey to staff and is about to get involved with Organ Donation for a day to day basis for education, awareness and preparedness in the neonatal unit. The name suggested to the Committee by JV was Trainee Representative for Organ Donation (TROD). The name was approved and the Committee agreed that the trainee is to be invited to the next Committee meeting.	JV to bring forward. NS to invite Annabel to next Committee meeting

15.8

	EA raised concerns that only a few Paediatric Consultant Transplant Surgeon are trained to take part in retrievals. He raised that there is potential in Neonates, however it is very rare. The Neonatal National Group is meeting in January which EA is attending and will feed back to next Committee meeting. It was agreed that Paediatric and Neonate Donation is to stay on the agenda for the next Committee meeting.	EA/NS NS
6.	**Capacity** Two donors received in A&E due to capacity issues in ITU. It has been flagged previously that conversations shouldn't happen in ED due to the sensitivity.	
7.	**Recent Successes** The film that Communications department facilitated about Organ Donation won a Welsh BAFTA 'Gift of Life' and has had a positive impact with building awareness. Donor stories have been published, for example; Teddy's Story Caitlin Conner To help raise awareness of the positive impacts of Organ Donation and for education purposes SNODs set up stands in UHL and UHW during Organ Donation week, which was hosted the week commencing 1st September. The film that Communications facilitated about Organ Donation won a Welsh BAFTA and has had a positive impact with building awareness. Posters have also been developed with figures depending on each department successes and incorporating patient stories.	JC
8.	**Action Planning for the next 6 months** CG raised that funding for the whole promoting organ donation Wales had been received from Welsh Government for lift wraps promoting organ donation. CG and her team identified areas where the lift wraps are to be located in the busiest areas of the hospital. The areas identified are B Block lifts and the Ground Floor. The Charitable Funds Committee was also raised as another opportunity for funding. CG also raised that there is a potential in for the back of ID badges to include the tissue donation numbers, referral numbers and the referral criteria of the potential donor for Critical Care Staff as we missing out on potential tissue donors. CG has already sourced quotes from suppliers; however will looking into Charitable Funds also.	CG to speak to Peter Welsh for small bids. CG
9.	**Welsh BAFTA Congratulations**	

15.8

	MB congratulated the Communications team on the Wales BAFTA achievement following the 'Gift for Life' film.	
10.	**Moment of Honor** Two members of EA's team came up with this idea. EA mentioned that he doesn't just believe in the retrieval of the organs but the whole donation process from the beginning to the end, regardless if the organ comes from a different hospital. It is a good way of forming a link with the family for closure and experience of the donation process in order to help raise awareness; it is also recognition and a thank you to the donor. EA has identified a time for this 'Moment of Honor' to take place when all the teams are together before retrieval in an isolated area. PF raised that this might have an emotional impact on the staff during retrieval and suggested a different time and place. DT mentioned that some families might identify it as a prayer and might not be happy with process. A few suggestions were raised to alter the reading as it didn't sound finished and replacing some of the wording.	EA to ask staff opinions. MB to ask the Spiritual Care Group for their views and to amend. NS to put on the agenda for the next meeting for an update. NS to invite EA's two trainees to the next committee meeting.
11.	**Trainee Representatives for Organ Donation (TRODS)** As mentioned in the minutes in item 5 of the Paediatric and Neonate Donation.	
12.	**Transplant Week Feedback** The week was a success with lots of people signing on to the register.	
13.	**Peer to Peer Support Group for Donor Families** Further to a Bangor University study LB raised that 78 families that had experienced the process of organ donation didn't feel supported and felt isolated. LB mentioned about implementing a process where families can be introduced to each other as they are going through the same process in order to help each other out. It was suggested that groups could meet four times a year. MB asked Welsh Government if there was potential for any financial backing for example; room hire & refreshments. If the structure of the peer group works well they could facilitate it themselves.	LB to facilitate this

15.8

14.	**Upcoming Events** **3 x Simulation Days** **'Taking Organ Transplantation to 2020'**	GS to work with KE NS to put on the agenda for next meeting
15.	**Date and Time of next meeting** **23 May 2018 at 9.30am, Corporate Meeting Room, HQ.**	

UNCONFIRMED MINUTES OF THE MEETING OF THE QUALITY, SAFETY AND EXPERIENCE COMMITTEE HELD AT 9AM ON 6 DECEMBER 2017 CORPORATE MEETING ROOM, HEADQUARTERS, UHW

Present:

Susan Elsmore	Independent Member, QSE Chair
Akmal Hanuk	Independent Member – Community
Maria Battle (part)	UHB Chair

In Attendance:

Angela Hughes	Interim Asst. Director Patient Experience
Carol Evans	Asst. Director Patient Safety and Quality
Catherine Salter	Staff Health and Safety Representative
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Dr Graham Shortland	Medical Director
Peter Welsh	Director of Corporate Governance
Ruth Walker	Executive Nurse Director
Steve Curry (part)	Interim Chief Operating Officer

Apologies:

Michael Imperato	Independent Member - Legal
Stuart Egan	Independent Member – Trades Unions
Abigail Harris	Director of Planning
Fiona Salter	Staff Representative
Robert Chadwick	Director of Finance
Dr Sharon Hopkins	Director of Public Health
Stephen Allen	Chief Officer, Cardiff and Vale of Glam CHC
Secretariat:	Julia Harper

QSE 17/188 WELCOME AND INTRODUCTIONS

The Chair, welcomed everyone to the meeting, in particular, two Management Trainees, Hattie Cox and Laura Jones who were observing the meeting.

It was noted that the attendance of the Specialist Services Clinical Board had been cancelled as part of the “7 Days No Delays” project.

QSE 17/189 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

QSE 17/190 DECLARATIONS OF INTEREST

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

QSE 17/191 MINUTES OF THE SPECIAL COMMITTEE HELD ON 17th OCTOBER 2017

15.9

The Minutes of the last meeting were **RECEIVED** and **APPROVED.**

QSE 17/192 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 17/132 Ward Bathroom Refurbishment – As there had been no correlation found, it was agreed to **close** this action.

QSE 17/056 Patient Safety Solutions Alerts and Notices – as no response had been received from the Community Health Council, it was agreed to **close** this action.

QSE 17/132 CHC Report – Mr Curry had provided details of repatriation difficulties to the CHC. **Complete.**

QSE 17/101 Cancer Peer Review – Action was in hand so this this item was **closed.**

QSE 17/176 Dental CB Assurance Report – Mandatory training was monitored at Performance Reviews and it was therefore agreed to **close** this action.

QSE 17/179 Never Event NG Tube – The Policy was anticipated for approval at Committee in February 2018.

QSE 17/152 Carers - A plan with dates would be available by February 2018. It was therefore agreed to **close** this action.

QSE 17/181 NatSSIPs – The Medical Director nominated Dr Tony Turley. **Complete.**

Critical Care Outreach/Care of Deteriorating Patients - Challenging and ongoing. New issues in Llanfair were emerging. A service was available but was not comprehensive. Agreed a full report to QSE with timeframe in **February 2018.**
Action - Mrs Ruth Walker and Dr Graham Shortland

QSE 17/132 – Trends and Themes in SIs (Patient Wristbands) – It had been difficult to release a member of the safety team to complete the work but the significance of the work was recognised. A report would be presented to BCAG in January for priority to be considered and included in the IMTP.
Action – Mrs Ruth Walker

QSE 17/017 HIW Ophthalmology Thematic Review – The Executive Nurse Director gave a breakdown of the number of concerns received as this had not been included in the report that was on the agenda.
April – November 180, average April – July was 18 per month with 40 in August. The figure fell in September to 26 as extra clinics were put on. This fell again to 21 in November. Concerns were mainly from glaucoma patients about the reasons for numerous cancellations. Of the 180 complaints, 72 related to cancelled appointments, 42 for waiting time and 19 about medical treatment.
It had been difficult to replace a consultant but 3 additional sessions were secured and more recently a further 2 had been made available. The post was currently out to advert.
It was anticipated that by the end of quarter 3, the UHB would clear the 36 week waiters but this would be hard to sustain. To meet the challenge in ocular plastics, a nurse appointment had been made.
Progress was being made with cataracts and 36 week waits should be cleared by the end of March.
Work was underway on improving the responses to complaints and the clinical pathways.
Independent Members requested a further update on waiting times and complaints at the April 2018 meeting to ensure no harm was being caused to patients.
Action – Mr Steve Curry and Mrs Ruth Walker

QSE 17/193 CHAIR'S ACTION TAKEN SINCE THE LAST MEETING

The Chair reiterated changes to the Committee Terms of Reference agreed at the last Board meeting.

QSE 17/194 PATIENT STORY – SPECIALIST SERVICES

In the absence of the Clinical Board, the Nurse Director, Mrs Ruth Walker delivered a story of the experience of a patient and his family following a serious road traffic accident. The themes highlighted were speed of treatment, distance from home, wonderful care of staff and communications. Overall, the patient's experience was positive but communication on general wards could have been improved. This was being developed by the Clinical Board and colleagues would ask staff at Walkrounds how challenges were managed by staff.

It was noted that the UHB was taking part in consultation on the major trauma network on which there was considerable clinical engagement. It was anticipated that a report would be prepared for the March Board meeting as there was considerable financial risk in becoming major trauma centre.
Action – Dr Graham Shortland

The Chair thanked Mrs Walker for delivering the patient story which reminded Board Members of their purpose in the UHB.

QSE 17/195 SPECIALIST SERVICES CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE REPORT

The Chair invited the Executive Nurse Director to take comments and questions in the absence of the Clinical Board:

- The Director of Capital and Estates would be asked about the timescales for BMT, theatre capacity, bathrooms and Rookwood Hospital.
- The Committee often discussed the environment and as yet, no resolution had been found to many of the issues.
- There were robust quality and safety arrangements in place in Specialist Services with good clinical engagement and actions were embedded.
- Dr Sortland would enquire about arrangements for mortality reviews.
  Action – Dr Shortland
- The Communications Team would be asked to use the poem on social media.
  Action - ?

ASSURANCE was provided by:
- Internal Audit Risk Management Report 2016
- Leadership and management approach of the Clinical Board Core Team and Directorate Management Teams having open, inclusive and transparent multi-disciplinary team core business and processes
- Regular performance management
- Governance and quality, safety and patient experience priority within the Clinical Board and Directorates.

The Quality Safety and Experience Committee:

- **NOTED** the progress and approach taken by Specialist Services Clinical Board to date and its planned actions
- **APPROVED** the approach taken by Specialist Services Clinical Board.

QSE 17/196 COMMUNITY HEALTH COUNCIL (CHC) REPORT

In the absence of the CHC Chief Officer, Mr Stephen Allen, the report was **RECEIVED** and **NOTED.**

QSE 17/197 CHC REPORT: OLDER PEOPLE IN COMMUNITY HOSPITALS – AVOIDING BOREDOM AND LONELINESS

The Executive Nurse Director, Mrs Ruth Walker advised that this report was an update on the action plan that had previously been received by the Committee. It was a challenge to manage the CHC's expectations against

what was reasonable with the finances and space available – eg the provision of day rooms on all wards. The work of the volunteers in this agenda was commended and the Chair agreed to thank those involved in helping to alleviate boredom and loneliness.
Action – Cllr Susan Elsmore

ASSURANCE was provided by:
- Current status and future plans were reported through the Quality Safety and Experience Committee
- The Health Board had considered and formally responded to the Community Health Council.

The Quality, Safety and Experience Committee:

- **NOTED** the progress made to provide engagement and activities for patients
- **NOTED** the challenges in providing engaging activities for patients.

QSE 17/198 POLICIES FOR APPROVAL

1. **SAFETY NOTICES AND IMPORTANT DOCUMENTS MANAGEMENT POLICY**

Mr Peter Welsh, Director of Corporate Governance stressed the importance of getting a consistent approach and a robust audit trail in governance arrangements. In response to concerns, it was agreed that this policy would be taken to the Executive Assistants' Group to ensure corporate staff were able to take all necessary action.
Action – Mr Peter Welsh

ASSURANCE was provided by:
- The former Policy had been in existence for several years within the UHB and had been reviewed and updated with the support and contribution of key staff.
- The Equality and Health Impact Assessment for Admin-Type Policies agreed last year was relied on to support this Policy.
- Consultation had taken place across the UHB and following meetings, comments received were incorporated into the updated version.

The Quality Safety and Experience Committee:

- **APPROVED** the updated Safety Notices and Important Documents Management Policy and Procedure.
- **APPROVED** the full publication of the Policy and Procedure in accordance with the UHB Publication Scheme.
  Action – Mrs Julia Harper

2. **DNACPR ALL WALES POLICY REVIEW**

ASSURANCE was provided by:

- Dissemination of information across the UHB.
- Training of Staff.
- Audit of DNACPR (Annual).
- Audit of 2222 calls (ongoing).

The Quality, Safety and Experience Committee:

- **APPROVED** the revised Sharing and Involving – All Wales Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy
- **APPROVED** the full publication of the All Wales Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy in accordance with the UHB Publication Scheme.
  Action – Mrs Julia Harper

3. THE MEDICINES CODE

The Medical Director, Dr Graham Shortland explained that this Code brought together a number of policies and procedures into one document and that it was hoped a primary care supplement would also be developed. The document had been in draft for a long time and wide consultation had taken place.

ASSURANCE was provided by:

- Aligning UHB Practice to the All Wales Policy for Medicines Administration Recording Review and Storage (MARRS 2015).
- Annual Medicines Audit completed by Clinical Boards and reported to UHB Medicines Management Group.

The Quality, Safety and Experience Committee:

- **APPROVED** The Medicines Code
- **APPROVED** the withdrawal of 13 policies/procedures on page 3.
- **APPROVED** the full publication of the Medicines Code in accordance with the UHB Publication Scheme.
- **AGREED** that Chair's action would be taken to approve the Equality and Health Impact Assessment that had unfortunately not been undertaken at the time of production.
  Action – Mrs Julia Harper

4. PRECEPTORSHIP FOR NEWLY QUALIFIED NURSES AND MIDWIVES POLICY AND PROCEDURE

The Executive Nurse Director advised that this policy had been refreshed to ensure nurses were safe and supported in transition from student to new registrant.

ASSURANCE was provided by:

- The policy and procedure were based on national guidelines, best practice and regulatory requirements and subsequent recommendations.
- Allocation of a trained preceptor to support and guide all newly registered nurses and midwives.
- Staff had access to education and training provided through the Nurse Foundation Programme or equivalent in-house training.
- Preceptors identified any new nurses or midwives who required additional support.
- Maintained staff training records and conducting PADR/Appraisal.
- Evaluation of preceptorship programmes and feedback.

The Quality, Safety and Experience Committee:

- **APPROVED** the Preceptorship for Newly Registered Nurses and Midwives Policy and Procedure.
- **APPROVED** the full publication of the Preceptorship for Newly Registered Nurses and Midwives Policy and Procedure in accordance with the UHB Publication Scheme.
  Action – Mrs Julia Harper

5. DISCHARGE POLICY AND PROCEDURE

Mrs Judith Hill attended to present this new Policy and Procedure. Committee noted that delayed transfers of care had improved but work continued on a daily basis and relationships with Local Authorities had improved.

The Director of Corporate Governance advised Committee that all Policies brought forward for approval had already been through the full engagement and consultation process as described in the Management of Policies and Other Written Control Documents Policy that had been agreed at the last meeting of the Board.

ASSURANCE was provided by:

- The implementation of a training and development programme to support the implementation of the Policy by ward based staff.
- Monitoring of compliance against the policy on a regular basis, supported by improvement plans to address recommendations

The Quality, Safety and Experience Committee:

- **APPROVED** the new Discharge from Hospital Policy and Procedure
- **APPROVED** the full publication of the Discharge from Hospital Policy and Procedure in accordance with the UHB Publication Scheme.
  Action – Mrs Julia Harper

QSE 17/199 QUALITY AND SAFETY IMPROVEMENT FRAMEWORK UPDATE

The Assistant Director, Patient Safety and Quality, Mrs Carol Evans gave an oral update. Meetings had been held with all Clinical Boards to embed requirements of the framework and reflect the position within their Integrated Medium Term Plans. All work was aligned with Health and Care Standards and a number of areas had been identified for further work. A full report would be prepared for the next meeting.
Action – Mrs Carol Evans

QSE 17/200 IMPLEMENTATION OF THE REFRESHED PATIENT EXPERIENCE FRAMEWORK

The Interim Assistant Director, Patient Experience, Mrs Angela Hughes was pleased to report activity in all four quadrants of the framework. In particular she cited the good work with schools to identify and support young carers. It was noted that the driver for the framework was 'what it was like to be a patient', as told by patients themselves. The UHB was on target to deliver the framework. It was agreed to share a recently prepared report with the Chair.
Action – Mrs Angela Hughes

ASSURANCE was provided by:

- The evidence of the progression of the Framework.

The Quality, Safety and Experience Committee:

- **NOTED** the progress of the implementation of the Framework

QSE 17/201 HEALTH AND CARE STANDARDS PROPOSED APPROACH FOR 2017 SELF ASSESSMENT

The Executive Nurse Director, Mrs Ruth Walker advised Committee that the Standards underpinned quality in all UHB business. Robust processes were in place to measure and deliver progress against the Standards and the report described the approach for the next self-assessment. As the timescales were tight, it was requested that dates for sign-off be added to the diaries now.
Action – Cllr Susan Elsmore and Lead Executive Directors

It was agreed to amend Lead Executives for Standards 2.8 and 3.4.
Action – Mrs Carol Evans

ASSURANCE was provided by:

- The progression of work to support continuous ongoing assessment against the standards
- Internal Audit Report 2017

15.9

The Quality, Safety and Experience Committee:

- **AGREED** the proposed approach for the assessment of compliance against the Health and Care Standards for the period 2017-2018.

QSE 17/202 PATIENT SAFETY WALKROUNDS

The Executive Nurse Director, Mrs Ruth Walker reiterated the rationale and proposals for Safety Walkrounds and encouraged Members to stick to the programme given the time spent planning and developing it and staff in all locations were well prepared and ready to receive Members to their areas. In this regard, the UHB Chair would be writing to all Board Members and it was agreed that the Committee Chair would do likewise, reiterating this was a concentrated one hour safety session and should not be used for other purposes.
Action – Cllr Susan Elsmore

The Committee **NOTED** the progress of WalkRounds.

QSE 17/203 NEONATAL IMPROVEMENT PLAN FOLLOWING ACINETOBACTER BAUMANNII OUTBREAKS

The Executive Nurse Director, Mrs Ruth Walker advised that the report described the progress made since the outbreak.

ASSURANCE was provided by:

- The development and ongoing monitoring of a robust improvement plan to address the recommendations made as result of the Independent Review.

The Quality, Safety and Experience Committee:

- **NOTED** the progress made in implementing the recommendations in the Improvement Plan.

QSE 17/204 INFECTION PREVENTION AND CONTROL (IPC) – TIER 1 INFECTION REDUCTION EXPECTATIONS FOR HEALTHCARE ASSOCIATED INFECTIONS

The Executive Nurse Director, Mrs Ruth Walker advised that the report covered the depth and breadth of the IPC agenda. A more detailed operational plan based on the driver diagram shared at the last Board meeting was also being developed. Discussion with the Chief Executive would take place to give greater consideration to the UHB's culture and communications as corporate branding of the IPC agenda was insufficient and action was not consistent, especially bare below the elbow.

The UHB Chair advised that she had not yet appointed a new Champion for hygiene and cleanliness and hoped that a greater impetus could be given to the agenda once an appointment was made.
Action – Miss Maria Battle

QSE 17/205 CLEANING UPDATE

The Capital Estates Director, Mr Geoff Walsh attended the meeting to represent the Director of Planning for this item. He began by answering the questions asked by the Committee earlier in the meeting (see item 17/195).

- BMT – it was anticipated that a business case would be submitted in September 2018 with full design and tendered costs.
- Rookwood Hospital – a business case had been submitted to Welsh Government but the process was being repeated because the contractor had withdrawn from the scheme. It was anticipated that a new business case would be submitted in January 2018 and work could start as early as May 2018, though funding was still a risk.
- T5 bathrooms – instead of just upgrading bathrooms, refurbishment of whole wards was being undertaken. Three wards had been completed, but due to winter pressures, work was on hold until Spring.
- Dementia Friendly – work on better use of colour was being actioned through the refurbishments.
- Theatre capacity – there was no timeline for any additional theatre capacity as the demand and capacity modelling had not yet been completed. However the development of a Business Justification Case for the first phase of the UHW theatre refurbishment programme was anticipated by July/August 2018.

In terms of cleaning, standards had been maintained in very high and high risk areas. The UHB had previously made a decision on financial grounds to invest resources in these areas at the expense of public areas such as corridors.

The Audit Committee had recently not been assured on the processes and systems for auditing cleaning - staff were not available to take measurements. The Committee was advised that the Limited assurance awarded related to processes and was not a reflection of cleanliness in clinical areas. However, Mr Walsh commented that following a review of the maintenance resource, a review of housekeeping would be undertaken and consideration was being given to the trial of cleaning robots.

LIMITED / REASONABLE ASSURANCE was provided by:

- Audit Report Draft Report – September 2017
- Actual Cleaning Scores for Very High & High Risk Area Scores vs Target

The Quality Safety and Experience Committee:

- **AGREED** that update content was appropriate and proportional.

QSE 17/206 HEALTH AND CARE STANDARD 2.9 MEDICAL DEVICES, EQUIPMENT AND DIAGNOSTIC SYSTEMS

Dr Fiona Jenkins, Director of Therapies and Health Sciences thanked Mr Clive Morgan for his work in this area.

ASSURANCE was provided by:

- The UHB's Medical Equipment Group as part of the Medical Equipment Management Governance Framework.

The Quality Safety and Experience Committee:

- **NOTED** assessment of corporate level compliance to Health and Care Standard: 2.9 Medical Devices, Equipment and Diagnostic Systems
- **SUPPORTED** the improvement actions to be included in the Medical Equipment Group (MEG) work programme for 2017/2018.

QSE 17/207 CORPORATE RISK AND ASSURANCE FRAMEWORK

The Director of Corporate Governance, Mr Peter Welsh advised Committee that there had been a reduction of the risk rating in the neonatal service.

The overall approach to risk was still under review and guidance had been produced in support of the new process which was being trialled on a small number of risks at Committees. It was agreed that this new method would be trialled on care of the deteriorating patient for the February Committee.
Action – Mrs Carol Evans

It was also agreed to engage with the IT team in terms of Cyber Security.
Action – Mr Peter Welsh

ASSURANCE was provided by:

- Assignment of risks to a Lead Executive and Committee
- The CRAF was a standard agenda item at Board and its Committees
- The review of the CRAF that was currently taking place recognised that this area could be strengthened to provide better assurance and was aimed at achieving this.

The Quality, Safety and Experience Committee:

- **CONSIDERED** the CRAF Update Report and the potential for change to risk reference 6.4.12.
- **NOTED** the proposed next steps in the CRAF review.

QSE 17/208 UHB SELF ASSESSMENT AGAINST HEALTH AND CARE STANDARD 2.6 MEDICINES MANAGEMENT – MID YEAR UPDATE

The Medical Director, Dr Graham Shortland commented that the report was a mid-point review. A rating of 3 had been agreed because there was no consistency across the board to be able to progress to the next level.

ASSURANCE was provided by:

- Action plans were being managed via the corporate Medicines Management Group.

The Quality, Safety and Experience Committee:

- **NOTED** the mid-year update on self-assessment against Health and Care Standard 2.6 (Medicines Management).

QSE 17/209 SINGLE POINT OF ENTRY FOR CHILDREN

This item was taken earlier in the meeting when the Chief Operating Officer, Mr Steve Curry, was present. Mr Curry spoke about the clinical pathway variation by having two points of entry: the paediatric A&E unit and the children's assessment unit. A project team had been set up to scope how the two systems could be amalgamated as there were cost pressures to running two systems concurrently. The Management Executive would be considering the scoping exercise further in December and it was anticipated that a further report would be presented to Committee in February 2018.
Action – Mr Steve Curry

It was important to consider this in conjunction with geography and space issues that would arise as a result of the major trauma centre decision. It was confirmed that consideration would be given to the model for the multi-professional workforce required if any changes to the current system were made.

The UHB Chair reminded Committee that the thinking to close one entry point had originally been raised with her under the safety valve process.

ASSURANCE was provided by:

- The establishment of a multi-disciplinary project to develop a sustainable model for paediatric unscheduled care services
- The project was progressing as per the original plan with regular updates to Management Executive

The Quality, Safety and Experience Committee:

- **NOTED** the work being done to agree a model for a Single Point of Entry.

15.9

QSE 17/210 PATIENT SAFETY SOLUTIONS – ALERTS AND NOTICES – UPDATE ON OUTSTANDING AREAS OF NON COMPLIANCE

The Executive Nurse Director, Mrs Ruth Walker, by way of assurance, advised Committee that there were a number of actions involved in order to comply with each safety notice. In many areas several of the required actions may have been completed but until the UHB was complaint with all action required, the notice remained outstanding. However, the UHB was continuing to make progress.

ASSURANCE was provided by:

- The UHB was currently 90% compliant with all existing Patient Safety Solutions (PSS). Work was underway to address the requirements of recently issued PSS to declare compliance with historical alerts.
- The actions that were being undertaken to address the outstanding areas of non-compliance.

The Committee:

- **CONSIDERED** the update provided within the report.

QSE 17/211 CANCER PEER REVIEW – COLORECTAL CANCER

The Medical Director, Dr Graham Shortland advised that the UHB was now into its second cycle of peer reviews. In relation to the concerns expressed about endoscopic ultrasound, local health boards were working together to develop a centralised service within Cwm Taf University Health Board.

ASSURANCE was provided by:

- The level of scrutiny applied internally and externally to the Peer Review assessment and Peer Review reporting process. Any concerns identified were addressed via an action plan and were regularly reported within the required process; at the Clinical Board performance reviews and by WG and the South Wales Cancer Network.

The Quality, Safety and Experience Committee:

- **NOTED** the report.
- **AGREED** that appropriate assurance had been provided in relation to the trends, themes and resulting actions, including the plans to address areas of concern.
- **NOTED** that the NHS Wales Peer Review Framework WHC 17 037 had been received and would be considered by the QSE in February 2018.
  Action – Dr Graham Shortland

QSE 17/212 MORTALITY DATA AND MORTALITY REVIEW

The Medical Director, Dr Graham Shortland advised that mortality statistics were regularly reviewed and reports on trends/themes were brought to Committee eg 7 day working.

Internal Audit reports would advise if the UHB was using the information in a systematic way. Dr Shortland asked Committee to let him know if there were any particular areas on which a report was required.

In terms of the Medical Examiner role, implementation had been delayed to April 2019. This was welcomed given the number of deaths which occurred within the UHB as compared to availability of staff for greater investigation.

With regard to vulnerable patients, further work was being undertaken to ensure that the mortality reviews undertaken on patients with a learning disability, dementia or mental health problems, did not identify that these particular groups had been compromised or disadvantaged in terms of their clinical care.

ASSURANCE was provided by:

- Monitoring of Mortality measures reviews
- Mortality Data

The Quality, Safety and Experience Committee:

- **AGREED** the ongoing proposed plans for mortality reviews.

QSE 17/213 HIW PRACTICE INSPECTION REPORT – PRIMARY CARE GENERAL MEDICAL SERVICES AND DENTAL GOVERNANCE

The Executive Nurse Director, Mrs Ruth Walker, told Committee that this report demonstrated that processes were in place and that more work on assurance would be undertaken with the Primary, Community and Intermediate Care Clinical Board.

ASSURANCE was provided by:

- The processes in place to monitor the outcomes of HIW inspections in primary care
- Overall positive findings

The Quality, Safety and Experience Committee:

- **CONSIDERED** the report and the findings of the inspections.

15.9

QSE 17/214 HIW ACTIVITY UPDATE

The Executive Nurse Director, Mrs Ruth Walker had nothing to add to the report.

ASSURANCE was provided by:

- The development, implementation and monitoring of improvement plans to address recommendations.
- Progress reports through the Clinical Board Quality, Safety and Experience Sub Committee (QSE), as well as through the UHB QSE Committee.

The Quality, Safety and Experience Committee:

- **NOTED** the findings following the Children's Hospital for Wales inspection
- **NOTED** the level of HIW activity across a broad range of services
- **AGREED** that the appropriate processes were in place to address the recommendations and to receive future assurance reports as the findings of the thematic reviews were published.
- **AGREED** that a more detailed report, outlining the UHB position against the findings of the All Wales HIW report would be received at the February 2018 Committee.
  Action – Mrs Carol Evans

(The meeting was no longer quorate)

QSE 17/215 HIW OPHTHALMOLOGY THEMATIC REVIEW

The Executive Nurse Director, Mrs Ruth Walker presented the position paper. The gap in the action plan on page 455 had been updated by Mr Curry earlier in the meeting. A further report would be requested for April 2018.
Action – Mr Steve Curry

ASSURANCE was provided by:

- The development, implementation and monitoring of an improvement plan to address recommendations that resulted from the Thematic Review.

The Quality, Safety and Experience Committee:

- **NOTED** the progress made in implementing the recommendations in the Improvement Plan.

PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION

QSE 17/216 LEARNING DISABILITIES SPECIALIST, SECONDARY AND PRIMARY CARE SERVICES

ASSURANCE was provided by:

- Ongoing work to progress the integration and governance of Learning Disability Services.

The Quality, Safety and Experience Committee:

- **NOTED** the progress made against the joint Care and Social Services Inspectorate Wales and Health Care Inspectorate Wales Improvement Plan.

QSE 17/217 REMOVAL OF "STATUTORY" SUPERVISION OF MIDWIVES AND A NEW MODEL FOR WALES

The Nurse Director, Mrs Ruth Walker explained that the report detailed the UHB's process for supervision of midwives following the removal of the statutory element by the regulators.

ASSURANCE was provided by:

- The development and ongoing monitoring of a robust improvement plan to address the recommendations made as result of the Independent Review.

The Quality, Safety and Experience Committee:

- **NOTED** the progress made in implementing the recommendations in the Improvement Plan.

UHB 17/218 MINUTES FROM CLINICAL BOARD QUALITY AND SAFETY SUB COMMITTEES

The following Minutes were received and noted.

1. **CLINICAL DIAGNOSTICS AND THERAPEUTICS – AUGUST AND SEPTEMBER**
2. **MENTAL HEALTH – SEPTEMBER AND OCTOBER**
3. **PRIMARY, COMMUNITY AND INTERMEDIATE CARE - JULY**
4. **SPECIALIST SERVICES – JULY, AUGUST X 2 AND SEPTEMBER**
5. **MEDICINE – AUGUST AND OCTOBER AND ACUTE AND EMERGENCY WAITS – JUNE/JULY AND AUGUST/SEPTEMBER**
6. **SURGERY – JULY**

7. **CHILDREN AND WOMEN – AUGUST**
8. **DENTAL – SEPTEMBER**

QSE 17/219 AGENDA FOR THE PRIVATE QSE MEETING

The private agenda was published as part of the culture on openness.

QSE 17/220 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEE

There was nothing to bring to the attention of the Board.

QSE 17/221 REVIEW OF THE MEETING

There was nothing to add to the meeting.

QSE 17/222 DATE OF NEXT MEETING

The next meeting would be held at 9am on Tuesday 13th February 2018.

CARING FOR PEOPLE
KEEPING PEOPLE WELL

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

EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON 26 SEPTEMBER 2017 AT THE HEALTH AND CARE RESEARCH WALES CASTLEBRIDGE 4, CARDIFF

PRESENT

Members:

Prof Siobhan McClelland	Chair
Mr Stephen Harrhy	Chief Ambulance Services Commissioner
Mr Gary Doherty	Chief Executive, Betsi Cadwaladr UHB
Mr Steve Moore	Chief Executive, Hywel Dda UHB
Ms Judith Paget	Chief Executive Aneurin Bevan UHB
Mr Len Richards	Chief Executive, Cardiff & Vale UHB
Mrs Carol Shillabeer	Chief Executive, Powys tLHB
Mrs Allison Williams	Chief Executive, Cwm Taf UHB

In Attendance:

Ms Tracy Myhill	Chief Executive, WAST
Mr Julian Baker	Director, National Collaborative Commissioning
Mr Stuart Davies	Director of Finance, EASC & WHSSC
Mr Ross Whitehead	Assistant Chief Ambulance Services Commissioner
Mr Robert Williams	Committee Secretary / Board Secretary Host Body
Mr Nathan Jones	Financial Management Trainee WAST
Ms Jess Hooper	Planning & Performance, WAST
Ms Ffion Ansari	Planning Department, Powys tLHB

		Action
Part 1. PRELIMINARY MATTERS		
EASC 17/50	**WELCOME AND INTRODUCTIONS** Professor McClelland (Chair) welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.	

15.10

	Professor McClelland welcomed Nathan Jones, Jess Hooper and Ffion Ansari who were present to observe the meeting. In commencing the meeting, the Chair reminded Members of the need to ensure that they all had read the Committee's papers and that contributors also take this into account when presenting items. Professor McClelland reminded members of the need to focus more on wider strategic issues and where appropriate, align the work of the Committee with matters that link with the Unscheduled Care Board work, this included HCPs and Community Paramedics which will be considered during the meeting and Members **NOTED** that there is a need to agree action going forward which was also an expectation of Dr Andrew Goodall, Director General / Chief Executive NHS Wales, as Chair of the Unscheduled Care Board.	
EASC 17/51	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Ms Alexandra Howells, Abertawe Bro Morgannwg UHB; Mr Steve Ham, Velindre NHS Trust; Dr Tracey Cooper, Public Health Wales, Mr Shane Mills, National Collaborative Commissioning Unit. Professor McClelland expressed concern about the attendance of some Committee Members and it was **NOTED** that the Chair would write to these Members to impress upon them the need to attend Committee regularly and the expectation of the Cabinet Secretary for Health, Well-Being and Sport and previous criticisms raised by Wales Audit Office and Internal Audit.	Chair / Committee Secretary
EASC 17/52	**DECLARATIONS OF INTERESTS** There were no additional interests, to those already declared, although Mrs A Williams reminded members that her husband is a paramedic with WAST and that he was involved in one of the Community Paramedic pilot schemes.	
EASC 17/53	**MINUTES OF THE MEETING HELD ON 27 JUNE 2017** Members **CONFIRMED** the minutes of the meeting held on 27 June 2017, subject to amending and correcting some of the detail in the paragraph relating to the	*Committee Secretary*

15.10

	paramedic Band 6 role and the following minor typographical error: On page 8, CAD is an acronym for 'Computer Aided Despatch' System.	
EASC 17/54	**ACTION LOG** Members **received** the action log and **NOTED** that progress with some of the related matters would be considered within the substantive business meeting agenda. **Paramedic Band 5 to 6 Role** Ms T Myhill explained that the plan was to issue letters during September 2017 to affected staff. However, WAST were awaiting formal written confirmation of the outcome from Welsh Government in order to proceed. Mrs A Williams added that there was reference to the funding of this agreement within the recent financial allocation assessment letter, where it is intended that the NHS will have funding 'top sliced' to meet the related costs. Members **NOTED** that formal confirmation of the agreement and related funding arrangements was awaited. The Committee **RESOLVED** to: • **NOTE** the Action Log	CEO WAST
EASC 17/55	**MATTERS ARISING** There were no matters arising from the Minutes.	
Part 2. PROVIDER ISSUES		
EASC 17/56	**WELSH AMBULANCE SERVICES NHS TRUST UPDATE** Ms T Myhill introduced Dr Brendan Lloyd, Medical Director WAST who was in attendance to present updates on two of the three WAST related provider update agenda items. **Community Paramedic Pilots** Professor McClelland welcomed Dr Lloyd to the Joint Committee meeting. Dr Lloyd made reference to the	

15.10

	considerable pressures being experienced by General practice and Out of Hours Services (OOHs) generally across Wales and whilst there has been a 6% increase in workload, a lot of the increased work links to work traditionally dealt with by GP practice or OOHs services. Dr Lloyd explained that WAST are able to recruit and over recruit high quality community paramedics who are trained and skilled to deal with elements of this increased activity flow. Members **NOTED** the two pilots taking place in Cwm Taf and Cardiff & Vale UHB areas, with interim evaluation referenced and discussed at the recent National Unscheduled Care Board meeting. Members **NOTED** the reported progress, which included positive and improving team working with Primary Care practitioners and the Paramedics. WAST were proposing a revised rotational staffing model in support of these schemes, whilst short term actions are being taken to directly employ paramedics the rotational odel is considered a more sustainable model moving forward. Members **NOTED** the work progressed to clarify matters relating to contracts, scope of practice and indemnity for the model and how WAST take it forward. A cost breakdown which will influence benefits to WAST and Health Boards in supporting vehicle deployment and reducing impact on A&E departments' was also included and discussions with Primary Care Clusters had to date been positive. In summary, Dr Lloyd confirmed that the interim evaluation to date, suggested that it was a scheme that could be introduced quite rapidly if supported. Members discussed the report and were generally supportive of the project, but considered a number of related issues needed clarification before the Committee could support its wider roll out. (Mr Len Richards arrived) Reference was made to the frail elderly and also patients with mental health issues. Clarity was also sought on how advanced community paramedics were able to maintain their skill levels as activity within the pilots was currently low. Dr Lloyd confirmed that they continued to also support emergency red and amber calls.	

	Mrs A Williams suggested that if there was scope for a varied caseload with some down time from the actual scheme, there could be GP practice specific work focused on minimising regular attenders to A&E. Mrs Shillabeer suggested that in relation to frail elderly and mental health patients it would be beneficial if community paramedics were independent prescribers and also whether strong links with care homes would also be helpful. Dr Lloyd explained that paramedics were currently not independent prescribers and whilst they can issue emergency drugs under Patient Group Directions, there are discussions currently ongoing with regards possible legislative change in this area in the future. Mr Moore in support of the pilot made reference to the data on page 9 which did not show any positive impact on reduced conveyancing rates. Mrs Paget felt that whilst intuitively wishing to support, the report raised a number of questions that would require answers. Mrs Paget felt it was important to be clear what the scheme is delivering and meant to deliver and that it was clear conveyancing rates were not being reduced. Dr Lloyd confirmed that the data on conveyancing rates needed to be better clarified and accepted it was an area for strengthening within the final report and its related evaluation, but that it was also important to recognise the need to improve patient safety and address some of the themes within clusters of HM Coroner Regulation 28 notices. Mrs A Williams reinforced the comments of the Chair and agreed that if the development and strengthening of the role and work of the Specialist Community Paramedic is targeted more at Primary Care / Cluster related work and priorities and less so at the Unscheduled Care system, there may be a need to signpost this development to the Primary Care Board. Mrs Paget confirmed that it does feature within the emerging model of Primary Care, but that this was not yet fully defined. Mr S Harrhy felt it was important to receive as an update, recognising that it was still work in development, but explained that whilst there were	

15.10

	clearly benefits to the scheme, it was not impacting on conveyancing to hospital rates. The Chair made reference to the need to agree an approach with regards one of the key recommendations relating to evaluation of the pilot and how we work together to undertake this and make use of the reconstituted Quality Assurance and Improvement Panel (QAIP)/Planning, Development and Evaluation Group (PDEG) Sub Group. The Chair in summarising welcomed the helpful discussion and general support moving forward, recognising that there was more work to do to inform the evaluation of the scheme in order to help the Committee make related informed decisions. Members **RESOLVED** to; • **NOTE** the reported update on the pilot and to address the points raised by Members in discussion, to inform the evaluation of the pilot, which will be considered by the QAIP/PDEG sub group. **Health Care Professional (HCP) Activity** The Chair made reference to the update being presented by Dr B Lloyd, WAST on the Health Care Professional Activity which was another of the key 5 areas of recent focused discussion at the Unscheduled Care Board and their related management in terms of the Clinical Desk. In introducing the item, Dr Lloyd reinforced that whilst the pilot project was important to support flow and the unscheduled care system, it was also a very important pilot to enhance and improve patient safety again within the context of a cluster of HM Coroner Regulation 28 Reports relating to hospital handover delays which impacted on the availability of emergency response vehicles. Dr B Lloyd highlighted key areas for focused discussion within the summary report and Members **NOTED** that general points were discussed in some detail at the recent QAIP/PDEG meeting. Members discussed the value of smoothing admission flow where there is direct conversation between Health Care Professionals referring patients into Unscheduled Care and hospital bed managers as often there can be peaks and group arrivals at A&E which can then add to A&E department congestion which can impact on flow. Members	

15.10

	considered there may also be advantages in their alignment with the work of Advanced Community Paramedics. Professor McClelland emphasised the importance of aligning this with WAST as work is already taking place with Health Boards, not least to ensure any underlying behaviour issues are addressed across the care pathway. Mrs Shillabeer added that it was also important to consider what would have helped the existing teams involved in providing care, to support and maintain the patient safely in their community and it was **NOTED** that these considerations were taking place. Members discussed the challenges in moving forward the issues raised in relation to HCP calls across the system and Mr Doherty explained the challenges in the system and that many of the demands placed on it make it difficult to instigate change as the system is under so much pressure. However, Mr Doherty supported the intent to implement change linked to the learning from some of the pilots in place and Dr Lloyd suggested exploring taking forward a locally tailored model, similar to the one piloted within Cwm Taf UHB. It was also important to **NOTE** that Cwm Taf was one of only a few areas in Wales not to be issued with a Regulation 28 report from HM Coroner relating to Ambulance delays. Dr Lloyd explained that a number of additional paramedics had been recruited to support winter demands and some could be deployed to address these issues. Members recognised the importance of ensuring work progresses at pace, via the work of the reconstituted QAIP/PDEG, and that matters by exception only are escalated back through Joint Committee. Mr Harrhy was asked to link with Medical Directors and Chief Operating Officers based on the content of the Health Care Professionals report and the agreed way forward. In summarising the discussions held and considering the detailed recommendations supported by QAIP/PDEG for consideration by the Joint Committee,	 *CASC*

15.10

	Members **RESOLVED** to: • **NOTE** the update provided within the summary report. • **Support** Recommendation 1, recognising more work needed between WAST and Health Boards. • **Support** Recommendation 2, recognising more patient information needed and it was **AGREED** that the CASC link back to Medical Directors and Chief Operating Officers in this work area. • **Support** Recommendation 3 and the related work being progressed. • **Support** Recommendation 4 in relation to the Demand & Capacity finding from the ORH review noting a further related workshop would take place in quarter 3. • **Support** Recommendation 5, the need to embed and adhere to a clear process for HCPs to engage with the receiving hospital to ensure bed availability and timescales for admission prior to transport being requested to smooth out the peaks in demand. • **Support** Recommendation 6, in developing and designing a system whereby WAST and Health Boards implement an escalatory process to tackle HCP admissions to Hospitals where ambulances are already queuing, for example, the number of ambulances outside a receiving unit equates to WAST unable to accommodate any more admission bookings, this will be considered further at the October QAIP meeting. • **Support** Recommendation 7, to further explore the feasibility of WAST undertaking a 'bed bureau' function to co-ordinate HCP admissions between the HCP and the receiving hospital to improve patient flow across the system: recognising that patient repatriations may cause issues and that further work between WAST, Health Boards and EASC is required. • **ENDORSE** the need to continue to develop the reporting of this related work for consideration by the next Unscheduled Services Programme Board. • **Support that** Cwm Taf UHB take their approach/progress to the next Primary Care Reference Group meeting. **Regional Service Re-design/Change** Professor McClelland explained to Members why there was no formal report in the open meeting to inform discussions, which primarily relate to the extent of	*CASC* *CASC* *Allison Williams*

15.10

	service changes being considered and discussed by NHS Wales organisations, which, if supported have the potential to impact significantly on the Welsh Ambulance Services Trust. Ms T Myhill added that a lot of change is being considered, discussed and is at various stages of development and these include Major Trauma; Stroke services; Paediatrics, Neonates and Obstetrics (some Regional decisions already made by South Wales Programme processes) which will impact on WAST. Ms Myhill emphasised the importance of WAST and the Commissioner being engaged early in related discussions in order that commissioning and provider implications are fully considered within any service change programme. Professor McClelland suggested that a summary report of proposed developments is considered for discussion at either a development session or closed part of the next meeting in November 2017. The Committee **RESOLVED** to: • **NOTE** the updates received.	
Part 3. UPDATES OF RELEVANCE TO THE COMMITTEE		
EASC 17/57	**CLINICAL RESPONSE MODEL DEVELOPMENT** The Report of the Assistant Chief Ambulance Services Commissioner was **received**. Mr Whitehead highlighted to Members the developing work identified within the report, which would support the Committee in responding to the PACEC review. Dr B Lloyd explained that whilst it was the right thing to do, it was important for Members not to underestimate the extent of the work needed to address related recommendations. Members **NOTED** that one of the related risks is the capability of WAST to generate the data in the way proposed, as the current systems do not align to the new quality indicators. Members **RESOLVED** to; • **NOTE** the Report; and • **ENDORSE** the development of related work to support the Clinical Response Model and continue to receive regular updates. (Dr B Lloyd left the meeting)	*Asst CASC*

15.10

EASC 17/58	**CHAIR'S REPORT** The Chair made reference to a number of the agenda items at the meeting which were also connected with the Wales Audit Office National Report and the Joint Committee's management response. Professor McClelland updated Members on discussions held with the Dr Andrew Goodall, Director General/ Chief Executive NHS Wales where clarity of accountability and responsibility including the alignments between EASC's work and the broader Unscheduled Care System was provided. Professor McClelland reported on discussions at the recent All Wales Chairs' meeting and specifically on the improving Ambulance response times performance which was positively received. (Mr Steve Moore left the meeting)	
EASC 17/59	**CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT** Mr Harrhy, Chief Ambulance Services Commissioner (CASC), presented an update on matters contained within his written report, which included; • Final Management Response to the Wales Audit Officer Report • Integrated Medium Term Plan and related funding update • WAST Strategic Plan and EASC Commissioning intentions • EASC workshop actions (June 2017) • Cross border flow • Clinical Risk Assurance Review update Mr S Harrhy confirmed that a strengthened management response with regards to the WAO Report was provided for Members to consider and approve, which reflected the discussions held in the June 2017 workshop. Members discussed the revised Sub Group arrangements for EASC and raised concern about the size of the proposed PDEG. In response, the Chair emphasised the importance of ensuring the right level of membership is nominated by Health Boards and made reference to one of the recent QAIP /PDEG meetings where there were no Health Board representatives in attendance. It was **NOTED** that the proposed sub group structure was a response to discussions at the workshop. Mr S Harrhy **AGREED** to write out to Health	CASC

15.10

	Boards with the proposed arrangements and to formally seek nominations. In relation to Appendix 5 and the supporting diagram explaining linkages between the work of the Committee and the Unscheduled Care System Members emphasised the importance of ensuring we reinforce connections. In relation to the IMTP and related funding issues, Members **NOTED** that there were still some difficulties in relation to the IMTP resourcing. Mrs J Paget summarised discussions at the All Wales CEOs meeting and whilst Mr S Harrhy had presented a revised proposal there remained difficulties in reconciling the additional resource requirements against those currently committed. Mrs Paget confirmed the £40k relating to accommodation was agreed. Professor McClelland expressed her ongoing significant concern about the lack of sufficient commissioning resource available to the Chief Ambulance Services Commissioner and the EASC Senior Team to support the expanding commissioning function. The Chair had also raised this concern at the recent all Wales NHS Chairs meeting and asked that the matter is considered further to achieve a more satisfactory solution to the one proposed. Members **NOTED** the EASC Strategic commissioning intentions and their alignment with some of the findings from the WAO report. Members discussed and **NOTED** that some of the outstanding actions, including the CASC job description and the revised Memorandum of Understanding, were work in progress and on schedule to be completed within the next few weeks. Members **RESOLVED** to • **NOTE** the report; • **ENDORSE** the 'final draft' management response to the WAO report; and • **APPROVE** the establishment of the related sub-groups.	

15.10

EASC 17/60	**NON EMERGENCY PATIENT TRANSPORT (NEPTS)** The Report of the Director, National Collaborative Commissioning Unit was **received**. Mr Baker reminded Members of the plurality model and the associated issues raised within the recent Internal Audit baseline review report, which identified a number of associated risks. Mr Baker made reference to the recent NEPTS Delivery Assurance Group meeting which was well attended and where discussions focused on some of the detail referenced within the report and the related complex wiring diagrams. Members **NOTED** the £24.9m resource identified to date although there were issues about the completeness and accuracy of data provided. Members **NOTED** the potential to develop an assurance framework that the Chair and CASC could sign off on behalf of the Joint Committee, but that this was subject to related work being completed. Mrs A Williams recognised the complexity and felt some of the associated work, if progressed positively, could lend itself well to a 'spend to save' initiative. She also asked that any positioning by providers is notified to Health Board Chief Executives in order for them to address. Mr J Baker reinforced the importance of ensuring the correct membership from Health Boards on the working group in order that related work can be progressed, as if not, it would need to keep coming back to Joint Committee. Members **RESOLVED** to; • **NOTE** the Report • **AGREE** the principles to support successful delivery of the Assurance Framework and enactment of the plurality model. • **AGREE** for the continuation of the NEPTS DAG with regular reporting to EASC. • **AGREE** for the NEPTS quality & assurance Framework to be signed by the Chair of EASC and the CASC on behalf of EASC and by the WAST Chair and CEO to become operational from 1 November 2017.	*Chair*

15.10

EASC 17/61	**EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) COMMISSIONING UPDATE** The Report of the Chief Ambulance Services Commissioner was **received**. Mr Harrhy presented some of the key issues raised within the report and wished to put on record the thanks of the Joint Committee to Dr John Glenn and the EMRTS team and the support from Betsi Cadwaladr UHB to address the recent developments in North Wales of the Caernarfon base, which was recently opened by the Cabinet Secretary. Mr S Harrhy made reference to the recent EMRTS internal audit and assurance report which was attached for Members and the related management response. Members **RESOLVED** to; • **NOTE** the Report; and • **MONITOR** delivery of the Management Response to the EMRTS Internal Audit Review Report.	
Part 4. GOVERNANCE & ASSURANCE		
EASC 17/62	**CHAIRS UPDATES FROM EASC SUB GROUPS** Members **NOTED** the updates provided by the Chairs of the sub groups established by the Joint Committee, these being: • NEPTS Commissioning and Delivery Assurance Group. • Quality Assurance and Improvement Panel (QAIP), minutes from the meeting held on 11 May 2017 and Chair's Summary from the meeting held on 14 September 2017. • EMRTS Delivery Assurance Group, Chair's Summary and confirmed Action Notes from the meeting held on 5 June 2017. Members **RESOLVED** to: • **NOTE** the Sub Group summary updates and Minutes received.	
EASC 17/63	**EASC GOVERNANCE UPDATE** Mr R Williams presented the EASC Governance update, the key elements of which linked to the earlier discussion by Members on approving the management	

15.10

	response to the WAO National Review into Emergency Ambulance Commissioning. Members having **AGREED** the actions linked to the WAO Management response, endorsed the work to fully de-couple the EASC Governance arrangements, by approving the Standing Orders, the only outstanding matter being the establishment of the new EASC Sub Groups. There remains action to complete the review of the MoU between Welsh Government, WAST and EASC and the CASC. Members asked that the Committee Secretary ensure Board Secretaries of Member bodies are updated, in order for the recommended Standing Orders for EASC to be presented and adopted by Member Health Boards. Members **RESOLVED** to: • **NOTE** the update provided. • **APPROVE** the actions to conclude the de-coupled governance processes • **APPROVE** the MoU between Member Health Boards; Standing Orders and the Hosting Agreement.	*CASC* *Committee Secretary*
EASC 17/64	**AMBULANCE QUALITY INDICATORS (Quarter 2)** The Report of the Chief Ambulance Services Commissioner was **received**. Mr Harrhy presented some of the key issues raised within the report and provided an overview of the highlights over the last quarter. Members **NOTED** the importance of ensuring Health Boards were sighted on the AQIs and were using them within their performance monitoring arrangements. Members **RESOLVED** to; • **NOTE** the Report.	
EASC 17/65	**UPDATED RISK REGISTER** Mr R Williams Board Secretary Host Body / Committee Secretariat, presented the updated Joint Committee Risk Register. Members **NOTED** the adjustments made to the risk register and welcomed the revised format in presentation of the report.	

15.10

	Mr R Williams explained that there were some areas for strengthening the mitigating actions, where there were shared risks. Ms T Myhill in relation to WAST agreed to arrange for comments to be submitted. Mrs A Williams suggested that any risks associated with proposed Major Trauma changes for EMRTS are also considered. Following discussion, Members **RESOLVED** to; • **NOTE** the contents of the report; and • **ENDORSE** the updated risk register.	
EASC 17/66	**FINANCE REPORT** Mr S Davies presented an update on the Month 5 EASC Finance position. Members **NOTED** that there was no significant under or over spends to report and that the reported position was balanced. Members **NOTED** that 'hear and treat' whilst supported was not within the allocation and correspondence had taken place with Dr Goodall, although a response had not been received and the CASC was asked to pursue this. Members **RESOLVED** to: • **NOTE** the Month 5 finance update.	*WHSSC / EASC Director of Finance*
EASC 17/67	**FORWARD PLAN** Members received and **NOTED** the forward plan.	*Chair / CASC / Committee Secretary*
OTHER MATTERS		
EASC 17/68	**DATE AND TIME OF NEXT MEETING** The time and date of the next Joint Committee meeting was scheduled to commence at 09:30am on Tuesday 28 November 2017, at Health and Care Research Wales Castlebridge 4, Cowbridge Road East, Cardiff.	*Committee Secretary*

Signed .... (Chair)

Date ....

15.10

GIG CYMRU NHS WALES | Pwyllgor Gwasanaethau Ambiwlans Brys Emergency Ambulance Services Committee

Reporting Committee	**Emergency Ambulance Services Committee**
Chaired by	Professor Siobhan McClelland
Lead Executive Directors	Health Board / Trust Chief Executives
Author and contact details.	Robert.Williams@wales.nhs.uk
Date of last meeting	28 November 2017

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: EASC Joint Committee Meeting Agenda & Papers 28 November 2017

COMMITTEE MEMBER ATTENDANCE

The Chair expressed her concerns regarding Chief Executive attendance as required by the standing orders of the Joint Committee. She confirmed that she had written to some Members regarding their attendance and by exception, if absence was unavoidable, sending Executive Directors as their representative. The Chair expressed her ongoing concern which was discussed in detail with those present. It was **NOTED** that Cardiff & Vale UHB were not represented at the meeting and that the meeting was not quorate in part, due to insufficient Chief Executive Officers being present.

TERMS OF REFERENCE FOR JOINT COMMITTEE SUB GROUPS

Members reviewed discussed and **APROVED** the proposed Terms of Reference for the following two new Sub Groups, agreed following discussion in relation to the Wales Audit Office Report and Recommendations;

- The Planning, Delivery and Evaluation Group
- The Joint Management Assurance Group

Members discussed the importance of ensuring the right level of representative attended meetings on behalf of Health Boards / Trusts, which would also help to mitigate matters being overly escalated to Joint Committee and allow the Sub Groups to discharge their delegated authority.

The Chair expressed her concern that despite direct communication from her, nominations for the sub groups had yet to be received from some Health Boards and had been provided late by others. As a consequence the first meetings of both the PDEG and JMAG were poorly attended. The Chair requested that nominations were sent as a matter of urgency.

15.10

CHAIR'S UPDATE
The Chair confirmed that her appraisal with the Cabinet Secretary for Health, Well-Being and Sport, had been postponed and was being rearranged.

Members **NOTED** a scheduled meeting with the Cabinet Sectary and the All Wales Chairs for December 2017.

CHIEF AMBULANCE SERVICES COMMISSIONER (CASC) UPDATE
Mr Stephen Harrhy, CASC, provided an update to the Joint Committee on progress with the following key matters:

- **Healthcare Professional Calls**

Members **received** an update from the CASC on discussions that had taken place with Chief Operating Officers, which focused on closer working between Welsh Ambulance Services Trust (WAST) staff and hospital Bed Managers, to better coordinate patient flow. The meeting also discussed options around Direct access and capturing related data. Further discussions were scheduled to take place with All Wales Medical Directors and the All Wales Directors of Planning and that the CASC would also be meeting with the All Wales Primary Care leads in order to progress related work.

- **Hear and Treat**

Members **NOTED** that Welsh Government had indicated their intention to fund arrangements for Hear & Treat. The CASC agreed to send a letter of confirmation outlining the funding arrangements to Members.

EASC COMMISSIONING INTENTIONS AND ALIGNMENT WITH IMTPs
Members **received** and **NOTED** the report regarding this matter and discussed in some detail areas for improvement. In **APPROVING** the document, Members discussed the importance of ensuring more of a shift left in the patient pathway, with increased focus and activity on steps 1 and 2 (activity prior to deployment to Hospital) and the importance that this is more appropriately reflected within commissioning intentions but also organisations **IMTPs**. There was agreement to also discuss this further within a development session of the Committee. The CASC **AGREED** to write out to Directors of Planning confirming the agreed arrangements.

Non Emergency Transport Services (NEPTS) Update
Members **received** and **NOTED** an update on NEPTS and the extensive engagement and discussions that had taken place enabling the Assurance Framework to go live in a shadow form from 1st November 2017. Work would continue between Health Boards and WAST on enacting the plurality model, and there is an expectation of at least one Health Board transferring their outsourced arrangements to WAST by 31st March 2018, Members **NOTED** that this is likely to be Cardiff & Vale UHB. .

EMRTS UPDATE
Members **received** and **NOTED** the EMRTS update report and **NOTED** the related connections to the consultation exercise taking place on Major Trauma services in South Wales.

15.10

WAST RECRUITMENT and RESOURCING Update
Members **received** and **NOTED** an update from WAST following recent media interest in related WAST staffing issue, following which the Chair had requested an update to Joint Committee, as the matters reported had not been raised by exception to the Committee. Members received assurance from WAST that a successful summer recruitment drive had allowed them to recruit more staff than originally planned, but that this would help improve efficiency in staffing management, with a reduction in overtime and external private provider support.

IMPLEMENTATION AND BENEFITS REALISATION OF BAND 6 PARAMEDICS IN WALES
Members **received** an update on the progress being made in partnership with Staff representatives to deliver and implement the All Wales agreement. The Committee emphasised the importance of ensuring that anticipated benefits were fully captured and realised, including some of the more immediate benefits that could be realised even in year 1 and it was important to ensure if possible that these are grasped.

COMPUTER AIDED DISPATCH SYSTEM
Members received an update on progress with implementation of the new Computer Aided Dispatch System (CADS). Members, whilst noting that there would be some impact on performance, the full extent needing to be quantified, congratulated WAST staff for successfully implementing such a significant project.

GOVERNANCE & ASSURANCE
Members received sub group Chair reports and related minutes, including;
- Non Emergency Patient Transport Services (NEPTS) Commissioning and Delivery Assurance Group
- Quality Assurance & Improvement Panel Action Notes
- EMRTS Delivery Assurance Group Chair's Summary
- Planning, Development and Assurance Group Chair's Summary.

WALES AUDIT OFFICE REPORT AND MANAGEMENT RESPONSE
Members **received** and discussed progress against the Management Action Plan and **NOTED** actions outstanding. Members **NOTED** that the Memorandum of Understanding between CASC, EASC, WAST and Welsh Government would need to be progressed and it was felt that conclusion of this item would inform the presentation of the complete set of related revised documentation for adoption by Member Health Boards before the end of the current financial year. The Committee Secretary will liaise with Board Secretaries in order for the revisions to be adopted by respective Health Boards.

AMBULANCE QUALITY INDICATORS
The Committee **received** the latest AQIs and discussed their use within respective Health Boards and the need to progress further work as agreed with the Cabinet Secretary on patient related experience and outcomes.

FINANCE REPORT
Mr S Davies presented the Month 7 EASC Finance report.

15.10

JOINT COMMITTEE RISK REGISTER
The Committee **received**, reviewed and **endorsed** the updated Joint Committee Risk Register **NOTING** the risks associated with Major Trauma and implications on EMRTS is assessed and added.

FORWARD WORK PROGRAMME
The Committee **received** and **noted** the Committee Forward Work Programme, which would be updated further following discussions at the meeting.

Key risks and issues/matters of concern and any mitigating actions

- The Committee **NOTED** matters considered within the Risk Register and suggested some related further work with WAST on mitigations.

Matters requiring Board level consideration and/or approval

- It is important that generally Boards are aware at Board level and as appropriate, Committee level, of matters relating to the work of the Emergency Ambulance Services Committee and their place within the broader unscheduled care system.
-

Forward Work Programme

- At its January 2018 meeting, in addition to the routine items that feature at every meeting of the Joint Committee, the following agenda items are planned:
  - Service Change (Development discussion)
  - Emergency Ambulance Performance and Winter Planning

Committee minutes submitted (insert √)	Yes	√	No	
Date of next meeting	**29 January 2018**			

15.10

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Jacqui Maunder, Head of Corporate Services, Jacqueline.Maunder@wales.nhs.uk
Date of meeting	16th November 2017

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

1.Deep Dive – Counter Fraud Services (CFS)
The Committee **received** an informative presentation from Graham Dainty (GD), Head of Counter Fraud Services (CFS) on the work of the Counter Fraud Service in Wales. GD advised that the NHS Wales counter fraud were hosted by NWSSP. The specialist NHS Counter Fraud Service (CFS) Wales Team and the Local Counter Fraud Services (LCFS) teams investigate fraud and corruption issues across NHS Wales and are funded by the Welsh Government and operationally managed via NHS Counter Fraud Authority.

GD gave a summary of a recent cases and in particular focused on one high profile case that had received a great deal of media attention and will result in a recovery of monies for the Public Sector. It was highlighted that the CFS team had worked in collaboration with Local Authorities and the Department for Work and Pensions.

GD emphasised the importance of training for raising awareness and deterring fraudulent activity and advised that the NHS Wales Counter Fraud Steering Group, which was chaired by NWSSP Director of Finance, had devised an online training module on "counter fraud". The DOFs group had been approached to request consideration of mandating the module an additional online training module to supplement the ten mandatory online training modules already in existence within the NHS Wales Core skills training framework (accessible via ESR). The Committee **noted** that different Health Boards/Trusts had differing views on the need to mandate the online counter fraud training module. Some felt that counter fraud was already covered adequately through corporate induction training and others felt it was more important to focus on completing the ten mandated modules first before adding any additional modules.

The Committee noted that staff could still complete the "counter fraud" module as an optional "add on" and it was suggested that in future it would be useful to know how many staff had completed the optional module and how many staff had attended face to face training which included counter fraud, e.g. corporate induction training.

15.11

2.Chair's Report

The Committee **received** a verbal update from the Chair who advised that she would be visiting Cardiff and Vale UHB on the 6th December 2017 as part of her annual programme of visits to Health Boards and Trusts. The Chair advised that she had attended the Royal College of Nursing (RCN) Nurse of the Year Awards and that the finalists had demonstrated a passion for the nursing profession and exemplified distinction in care, leadership, service and innovation. The Chair also congratulated Louise Walby, a respiratory nurse facilitator from Cwm Taf UHB, who emerged as the overall winner on the evening, in recognition of her work in tackling some of the worst mortality rates from chronic lung disease in Britain

3.Managing Director's Report

The Committee **received** a verbal report from the Managing Director, NWSSP which included an update on:

- **National Improvement Programme –** following on from the NHS Chief Executives Group requesting that the Welsh NHS Confederation work with the all Wales peer groups, to develop a National improvement programme in support of agreed priorities, the published plan for 2017-2018 outlined a number of actions in which NWSSP were to support the peer groups. NWSSP contribution to the work programme was progressing well and the majority of the work already aligned to NWSSP's Integrated Medium Term Plan (IMTP). A particular focus of future discussions would need to be on "missed opportunities" and Committee members agreed to put forward any potential ideas they had on improvement areas for NWSSP to take into consideration.
- **National Health Applications and Infrastructure Services (NHAIS) replacement** – progress was ongoing with regard to developing the options for the replacement of the NHAIS system. There had been a number of issues with the system being developed in NHS England and discussions were ongoing with CAPITA to try and understand what the cost of replicating the software solution from NHS England in Wales would be.

  It was **NOTED** that;
  1) A report setting out the options would need to be considered by the Committee early on in 2018.
  2) Within the NWSSP risk register, this area still remained one of the main operational risks facing the organisation.

4. Service Level Agreement (SLA)

The Committee received a report from Jacqui Maunder, Head of Corporate Services requesting approval for the updated Service Level Agreement (SLA) schedules which accompany NWSSP's overarching SLA with HBs/Trusts. It was highlighted that all relevant Service areas review and update their SLA schedules on an annual basis to ensure that there are effective arrangements in place for operational management and governance. The Committee noted that individual service areas had consulted with a variety of stakeholders including the Assistant Directors of Finance group, the Board Secretaries Group, the Directors of Workforce & Organisational Development group, the Directors of Planning group, the Heads of Primary Care group, Facilities directorate managers and Heads of Pathology.

15.11

The Committee **APPROVED** the revised SLA schedules.

5. Establishment of the Wales Infected Blood Support Service

The Committee **received** a report from Andy Butler, Director of Finance & Corporate Services on the **establishment of the Wales Infected Blood Support Service**. On 30th March 2017 the Cabinet Secretary for Health, Well-Being and Sport announced new support arrangements for individuals and their families affected by hepatitis C and HIV through treatment with contaminated blood in Wales. The report highlighted the significant work undertaken by NWSSP, working association with Welsh Government, to set up the new Service which had gone live with effect from the 1st November 2017.

The Committee **NOTED** the report.

6. Integrated Medium Term Plan (IMTP) Update 2018-2019
The Director of Finance & Corporate Services provided an update on the feedback received from Welsh Government on progress in delivering the performance measures outlined within the IMTP 2017-2018. The feedback stated that NWSSP had a strong plan.

NWSSP were keen to strengthen its arrangements for consulting and engaging with HBs/Trusts on its IMTP and had devised an engagement table to collect information on how NWSSP could further support NHS bodies in Wales. The Committee **noted** that NWSSP would be participating in the IMTP Winter Planning event at the SWALEC stadium on the 23rd November 2017 and that this would be a useful opportunity to identify how NWSSP could further support NHS Wales organisations who were not already receiving support services from NWSSP, for example the new Health, Education & Improvement Wales (HEIW) body once established.

The Committee **NOTED** the report.

7. Pharmacy Rebate Scheme

The Committee **received** a report from Mark Roscrow, Director of Procurement Services and Alex Curley, Head of Sourcing providing an update on the "One Wales" approach to the assessment and implementation of any primary care rebate schemes offered from the pharmaceutical industry to NHS Wales, which had been agreed by Chief Pharmacists in October 2015. Since the launch of the "One Wales" medicine management dashboard in October 2015 for the Primary Care Rebate Schemes it has generated a significant income for the health boards between October 2015 and December 2016. During the same period there was also a lost opportunity cost due to various contract compliance issues. To address this NHS Wales had worked with CDQ-Solutions on a number of enhancements to the original specification of the platform to support the health boards. E.g. functionality for NHS Wales to confidently deliver cost effective medicines with associated Patient Access Schemes dispense by the community pharmacy without incurring a net increase in the acquisition cost.

15.11

This enabled NHS Wales to be able to put the patients first, at the heart of their treatment choice and to be supported by their local community pharmacist without a financial penalty.

Community Pharmacy Wales would benefit from the high cost dispensing fee and the alternative cost effective supply route would be via a medicines homecare service whose value for money and patient care profile had not been verified.

A single central approach would further minimise the administrative burden for both the health boards and the suppliers. It would mean a consolidated rebate payment from each supplier back to NHS Wales via NWSSP and a transfer of the allocated amounts back to the relevant health boards. Also, the management fees that the health board pay to CDQ-Solutions under their service level agreement could be settled from the rebate income by NWSSP as a single invoice payment which would further streamline the process for all parties.

The Committee noted that the Procurement Team were interrogating data to gather business intelligence and requested that further work be done on looking at making greater efficiency gains through improved use of the data. The Chair requested that an update on progress be brought back to the Committee early on in the New Year.

The Committee **NOTED** the report and **ENDORSED** the approach taken to consolidate the rebate claiming process.

8.Procurement Strategy 2017-2022

The Committee **received** a report from Mark Roscrow, Director of Procurement Services on progress in developing Procurement **Strategy 2017-2022.**

The Directors of Finance, Assistant Directors of Finance and Heads of Service within NWSSP Procurement Services had worked collaboratively to agree a 5 year strategy for Procurement across NHS Wales. The strategy had previously been endorsed by the DOFs group, and required final approval by the SSPC prior to being issued to HBs/Trusts. The Committee **noted** the importance of having an updated procurement strategy, which had had been referenced in a recent Wales Audit Office (WAO) report "Public Procurement in Wales" and was an important element of NWSSP's commitment to delivering value for Wales.

The Committee **APPROVED** the strategy.

9. Prudent Procurement Report

The Committee **received** a verbal report from Mark Roscrow, Director of Procurement Services, on progress made in respect of the **All Wales Medical Consumables and Devices Strategy Group (AWMCDSG)** on Prudent Procurement**.**

The Committee **noted** that Welsh Government was setting up a working group to manage the prudent elements of the project in tandem with the values based project. The pilot was progressing well and the first patient centred outcome had related to patient pathways and data for cataracts.

Some progress had been made with the medical devices group and the composition of the group was currently under review. Regular updates were provided to Dr Andrew Goodall's Efficiency group and work was going to improve the communications from the group.

The Committee **NOTED** the update.

10.Purchase to Pay Update

The Committee **received** a verbal report from Mark Roscrow, Director of Procurement Services, on progress with the Finance Academy's Purchase to Pay (P2P) work stream. A project resource had been allocated, implementation of the Oxygen Finance Initiative was ongoing, initially at Abertawe Bro Morgannwg (ABM) UHB as a pilot site, and the Directors of Finance (DOF) group were supporting the no Purchase order, no pay policy. Workshops had been undertaken to explore non PO areas to shape process improvement and develop services.

The Committee **NOTED** the update.

11. Health Education and Improvement Wales (HEIW) Update

The Committee **received** a verbal report from Neil Frow, Managing Director on progress in establishing the "Health Education Improvement Wales (HEIW)" single body for workforce planning, development and commissioning of education and training. Approximately 19 NWSSP staff from the Workforce, Education and Development Services (WEDS) team would be migrating across to the HIEW under the Transfer of Undertakings (Protection of Employment) regulations (TUPE).

The Committee **NOTED** the update.

12. Designed for Life

The Committee **received** a report from Neil Frow, Managing Director providing an update on the programme for the 3rd Generation of construction and consultant frameworks for major capital projects.

Due to delays associated with extensions granted to the private sector parties to complete their bids, extensions to the subsequent evaluation process and Welsh Government contract queries, it was now anticipated that the frameworks will commence in February 2018. The Specialist Estates Services Team issued a letter (SESN 17/07) to NHS bodies confirming the current position and offering support to HBs/Trusts that needed to progress capital projects utilising alternative construction and consultant frameworks prior to February 2018. SES had established that alternative frameworks could be utilised by HBs/Trusts during the interim period.

The Committee **NOTED** the update.

13. 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).

15.11

It was reported that the NWSSP distribution would be increased by £750,000 and initial discussions had been held with Welsh Government to broker £1million into 2017/18. It was noted that NWSSP would still be able to break even. It was however highlighted that the NWSSP capital allocation was insufficient to take forward a number of key initiatives but discussions with Welsh Government were ongoing.

Committee members reviewed and discussed performance as part of the scrutiny process.

The Committee **NOTED** the report.

14.Reports for Information
The Committee **received** and **noted** a number of reports for information, these included:

- SSPC Forward Plan of Business 2018-2019
- Annual Review of Standing Orders
- Audit Committee Terms of Reference
- National Procurement Service (NPS) Update
- Wales Audit Report – Public Procurement in Wales

Corporate Risk

The Committee **NOTED** that **there were currently three red risks identified on the register relating to:**

- 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;
- The Technology Enabled Learning (TEL) portal requires additional support from NWIS to ensure that user capacity is aligned with forecasted usage and is fully supported and managed.
- recruitment challenges in professional service areas including procurement and engineering posts within the Specialist Estates Services department

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

- The Board is asked to **CONSIDER** 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.

Matters referred to other Committees

N/A

Date of next meeting	18th January 2017

15.11

PRIVATE MEETING OF THE BOARD

25 JANUARY 2018

AGENDA

PART 1: PRELIMINARIES			
1	Welcome and Introductions	Oral	
2	Apologies for Absence	Oral	
3	Declarations of Interest		*Chair*
4	To approve the Minutes of the Private Board meeting held on 30th November 2017		*Chair*
5	Action Log		*Chair*
PART 2: REPORTS			
6	Report of the Chair	Oral	*Chair*
7	Report of the Chief Executive	Oral	*Chief Executive*
8	Paediatric Surgery	Oral	*Executive Nurse Director*
9	All Wales Review of Laundry Facilities		*Director of Planning*
10	Clinical Negligence Claim		*Executive Nurse Director*
11	Confidential Medical Staff Issues	Oral	*Medical Director*
12	Integrated Medium Term Plan 2018/21		*Director of Planning*
PART 3: MINUTES FROM PRIVATE COMMITTEES FOR INFORMATION ONLY			
13.1 .2 .3 .4 .5	Audit Committee – December RATS Minutes 31 August Resource and Delivery – November Quality Safety and Experience – December Draft Minutes of the Regional Partnership Board – September		*J Antoniazzi* *M Battle* *C Janczewski* *S Elsmore* *M Battle*
PART 4: FINAL - CLOSURE AND FUTURE MEETINGS			
14	Review of the Meeting	Oral	
15	Date of the next meeting : Thursday 29th March 2018		

CARING FOR PEOPLE
KEEPING PEOPLE WELL

16