BOARD MEETING

1pm on Thursday 31st May 2018

Board Room
University Hospital Llandough

CARING FOR PEOPLE
KEEPING PEOPLE WELL

MAY BOARD MEETING
1pm on 31st May 2018
Board Room, University Hospital Llandough

AGENDA

PATIENT STORY Prehabilitation and Optimization Gary Howell, UHB Macmillan Allied Health Professional Cancer Lead & Patient		
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 29th March 2018	*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	Performance Report	*Director of Public Health*
10 @ 2.30pm	Implementing the Strategy – Medical and Dental Under and Postgraduate Training	*Medical Director and HEIW*
@ 3pm	Elderfit	*Director, Elderfit*
11 @ 3.30pm	Mental Health Needs Based Community Services	*Presentation Ian Wile & Dan Crossland*
12	Progressing Smoking Cessation in the Cardiff and Vale Population	*Director of Public Health*
13	Year End Statements	*Vol 2 Boardbook to follow*
13.1	To agree and endorse the Accounts and Statements for 2017/18	*Director of Finance*
13.2	To agree and endorse the Wales Audit Office ISA 260 Report for 2017/18	*Wales Audit Office*
13.3	To agree and endorse the Annual Accountability Report for 2017/18	*Director of Corporate Governance*
13.4	To agree and endorse the Head of Internal Audit Opinion and Annual Report for 2017/18	*Director of Finance*
13.5	To agree and endorse the Audit Committee Annual Report 2017/18 and recommendations to the Board therein	*Chair, Audit Committee*

14	Winter Plan	*Chief Operating Officer*
15	Capital Programme 2018-19	*Director of Planning*
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		
16	**Minutes from other Boards/Committees**	
1	Audit Committee – February	*J Antoniazzi*
2	Quality, Safety and Experience Committee – April	*S Elsmore*
3	Stakeholder Reference Group – March	*P Martyn*
4	Local Partnership Forum – April	*M Driscoll*
5	Shared Services Partnership Assurance Report – March	*L Richards*
6	Emergency Ambulance Services Joint Committee – January and March	*L Richards*
7	WHSSC Joint Committee – March	*L Richards*
8	Finance Committee – February and March	*J Union*
17	Agenda of the Private Board Meeting	*Chair*
18	To note the date of the next Board Meeting 26th July 2018 at 1pm **to be preceded by the AGM**	
19	**Dates for 2018** Thursday 27 September - ***Board & Trustee meeting*** Thursday 29 November 2018	

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¶ To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. [Section 1(2) Public Bodies (Admission to Meetings) Act 1960

UNCONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE UNIVERSITY HEALTH BOARD HELD AT 09.00 ON 29 MARCH 2018 BOARD ROOM, UNIVERSITY HOSPITAL LLANDOUGH

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Present:

Maria Battle	Chair
Abigail Harris	Director of Strategic Planning
Akmal Hanuk	Independent Member – Community
Charles Janczewski	Vice Chair
Eileen Brandreth	Independent Member – ICT
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Fiona Kinghorn	Deputy Director of Public Health
Prof Gary Baxter	Independent Member – Cardiff University
Dr Graham Shortland	Medical Director
John Antoniazzi	Independent Member –Estates
John Union	Independent Member – Finance
Len Richards	Chief Executive
Michael Imperato	Independent Member – Legal
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Sara Moseley	Independent Member – Third Sector
Steve Curry	Chief Operating Officer
Cllr Susan Elsmore (part)	Independent Member – Local Authority
Lance Carver	Associate Member – Director of Social Services

In Attendance:

Anne Beegan (part)	Wales Audit Office
Mark Jones (part)	Wales Audit Office
Indu Deglurkar	Chair, SMSC
Peter Welsh	Director of Corporate Governance
Stephen Allen (part)	Chief Officer, Cardiff and Vale of Glamorgan CHC

Secretariat Julia Harper

Apologies:

Martin Driscoll	Director of Workforce and OD
Dr Sharon Hopkins	Director of Public Health

UHB 18/035 PATIENT STORY

The UHB Chair, Miss Maria Battle, began by explaining how staff had coped during a very difficult winter period especially through the snow. She was proud of and grateful for the extraordinary efforts staff had gone to to get to work and care for patients. It was clear that this continued pressure in the face of increasing demand was not sustainable and staff needed care as well and today's staff story demonstrated the mechanisms available for them to access support and the need to develop these and how the UHB was committed to re-launch the "Time To Change" initiative.

Kathryn Murray, Clinical Trials Pharmacist delivered the staff story as part of the "Time to Change" campaign.

Mrs Murray described her life-long battle with depression and how this impacted on her work. She had learned how to identify the triggers for a bout of depression and how to cope with it.

Over the years she had accessed Occupational Health and the Employee Wellbeing Service. She described how difficult it had been to access the Community Mental Health Team and because she was not suicidal, had not been offered an appointment with a psychiatrist, so had to pay privately to see one.

Mrs Murray commented on the pressures of work, but was pleased that she was currently well and was happy to share her experiences on social media and to be part of the relaunch of "Time to Change" that would help to start conversations with colleagues who were struggling. Part of the initiative was also to develop resources to assist managers.

Mr Murray recommended that managers and staff be given time out of the office to discuss issues informally and for the UHB to consider setting up mindfulness sessions and improve access to clinicians in occupational health and psychiatry to support staff to enable them remain in work. The Chair agreed that these suggestions would be considered at one of the Board's Committees.
Action – Miss Maria Battle

Ms Moseley commented that as the Welsh Chair of "Time to Change", she was able to report that work was being undertaken with employers to develop support tools. Given the winter pressures, there was a need for the UHB to make talking therapies available more broadly.

The Chair thanked Mrs Murray for sharing her story and for raising the issue higher up the Board agenda.

UHB 18/036 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting of the Board, in particular, new Independent Member, Prof Gary Baxter representing Cardiff University and the Director of Social Services for the Vale of Glamorgan, Mr Lance Carver, who had been appointed an Associate Member of the Board.

UHB 18/037 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

UHB 18/038 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. Ms Brandreth and Prof Baxter declared interest in the item on Research and Development, Mr Janczewski declared interest in WHSSC and Mr Carver declared interest in Funded Nursing Care.

UHB 18/039 MINUTES OF THE BOARD MEETING HELD ON 25th JANUARY 2018

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 25th January 2018.

UHB 18/040 ACTION LOG FOLLOWING THE LAST MEETING

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

UHB 17/185 Patient Safety, Quality and Experience – Mrs Ruth Walker explained that in terms of infection control, e coli had not been previously counted. The UHB was concentrating its efforts on catheter management and this was showing positive improvement which would be shared as part of the 1,000 Lives project.

UHB 18/041 CHAIR'S REPORT

The Board **RECEIVED** the written report of the Chair. In addition to that, the Chair added the following:

1. **Meeting with Cabinet Secretary –** The Chair and Chief Executive had attended meeting with the Cabinet Secretary and Minister for Social Services with the leaders of the two local authorities to discuss the Parliamentary Review. It had been agreed to provide regional priorities within the next 3 weeks to inform the Government response.
2. **All Wales Advisory Board –** A national meeting had been held on Monday to consider how the Parliamentary Review could be implemented.

The Board:

- **NOTED** the report.
- **RATIFIED** the Chair's action.
- **ENDORSED** the affixing of the Common Seal.

UHB 18/042 CHIEF EXECUTIVE'S REPORT

The Board **RECEIVED** the written report of the Chief Executive. The following areas were highlighted:

1. **Winter Demand –** The Chief Executive commented on the camaraderie he had witnessed during the snow and the extraordinary efforts staff and volunteers had gone to just to help. The UHB had been under enormous pressure, especially February and critical care had been running way above establishment. Demand was starting to abate, but there was a knock-on effect on performance and quality. It was important to understand the risk in the community relating to GP services and ambulance availability. The whole system had been severely tested and it was vital that all impacts were understood and lessons learned over the next few months.

2. **Tertiary Services Provider –** The report attached to this item was also being considered at the ABMU Board meeting. It was noted that the UHB was working in partnership to develop a suite of tertiary services with Morriston Hospital. It was important that fragile services were identified and providers worked together to ensure they were sustainable for everyone's benefit.

   Comments from Board Members demonstrated the willingness to work together in order to put patients first. With regard to a tripartite arrangement including Cwm Taf, it was noted that this was undertaken through the Regional Planning Forum.

The Board

- **NOTED** the report of the Chief Executive.
- **AGREED** the establishment of a Tertiary Services Provider Partnership Board with ABMU.

UHB 18/043 MAJOR TRAUMA NETWORK FOR SOUTH AND WEST WALES AND SOUTH POWYS – REPORT ON CONSULTATION

This report was taken at 10am in line with other Health Boards.

The Medical Director, Dr Graham Shortland introduced the work underpinning the report including the 13 supporting papers. The Director of Planning, Mrs Abigail Harris commended the support of the CHC and for the provision of comments on the proposals. In terms of addressing the number of concerns expressed by the CHC about the lack of information in the document, Mrs Harris explained that the answers would not be known until the detailed planning work was undertaken following support for the proposals (finance, staff modelling and recruitment and travel time analysis). Whilst indicative costs had been produced, more detail was required and final costs would be brought back to the Board.

The CHC's main concerns remained over capacity at UHW, and the failure to repatriate patients in a timely manner. Mrs Harris explained that support for the trauma centre would not necessitate a move of any service from the site but acknowledged the site was already congested. Therefore, modelling work was being undertaken to determine what further elective surgery could be undertaken at UHL. In addition, the issue of repatriation was being raised with Welsh Government and the UHB was already undertaking a lot of work on this and a repatriation protocol was being drafted in conjunction with other Health Boards. At the same time, rehabilitation services were being strengthened.

The CHC also queried what the network would look like and how the location for trauma units would be determined. It would have been more useful for members of the public to have seen the full picture including rehabilitation pathways at the outset.

The CHC was also disappointed that the Collaborative had not undertaken a period of continuous engagement across the whole of the areas affected by the proposals.

In summary, the provision of a major trauma network was a Ministerial priority and had a clinically positive outcome for patients. In addition, trauma centres in England found there to be a positive impact on recruitment.

In terms of thoracic surgery, it was important to be able to link with a thoracic surgeon within 30 minutes and the WHSCC independent expert panel advice was that co-location with the major trauma centre was not necessary as the trauma team would have the necessary skills to deal with initial trauma work. An independent Board member and Miss Indu Deglurkar challenged this as consultant colleagues were of the opinion that the expert should be no further away than 6 miles. The CHC also raised their requirement that the siting of thoracic surgery should be subject to a public consultation and clinical views could be brought out as part of public consultation.

ASSURANCE was provided by:

- The NHS Wales Health Collaborative had led on the development of a service model and on public consultation on a major trauma network for South and West Wales and South Powys.
- The service model and the approach to consultation were based on the advice of the Collaborative Leadership Forum and Major Trauma Project Board.

The Board:

- **CONSIDERED** the recommendation of the Collaborative Leadership Forum set out in the Health Collaborative Report attached as Appendix 1, taking into account the views and comments of the Cardiff and Vale Community Health Council that had been circulated.

- **APPROVED** the establishment of a Major Trauma Network for South and West Wales and South Powys, subject to the mitigations identified and in line with the recommendations of the Independent Panel.
- **AGREED** to seek assurance on the issues raised by the CHC in planning and implementation of the major trauma network and centre.

In view of the strong representations of the CHC and Board members on the interdependency of Thoracic Surgery and the Major Trauma Centre, the Chair and Chief Executive were asked to write to WHSCC about their views on a public consultation.

Action – Miss Maria Battle and Mr Len Richards

UHB 18/044 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 the increase in serious incidents including pressure damage, and the fact that incidents occurred when there were staff shortages and the service was under immense pressure. The issues with endoscopy were under review at the Quality, Safety and Experience Committee and falls would be considered in April and ophthalmology in June. An explanation was also given about the internal inspection process and the philosophy of patient safety walkrounds that would be considered in September.

The Chair invited further comments:

The patient death at Ty Llidiard was raised. It was noted that although this related to a UHB patient, the service was commissioned by WHSSC through Cwm Taf Health Board. Action had been taken to support the family and the other 5 UHB patients who were currently receiving treatment there. WHSSC had been asked for assurance on the service and to deal with a complaint. It was noted that Ty Llidiard had been closed to new admissions but following an independent visit, had reopened. In view of the gravity of the issue, the Chair asked that the Director of Public Health provide a report to the Quality, Safety and Experience Committee.
Action – Dr Sharon Hopkins

Concern was expressed that given only one member of staff in commissioning, it was a challenge to ensure that patients, particularly children, were receiving quality care in external units. In addition, mental health and CAMHS came under different Clinical Boards including PCIC so expertise was diluted. Greater benefit would be delivered if knowledge was pooled. It was important that gaps in the service were identified and considered at the Quality, Safety and Experience Committee in April.
Action – Dr Sharon Hopkins

With regard to the Links accommodation, it was noted that new accommodation was being planned as part of the SARC development that

was due to be submitted to Welsh Government in October for estimated start in April 2019. However, health and safety concerns would be addressed immediately and reported through the Health and Safety Committee.

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 where available.
- 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 areas of current concern
- **AGREED** that the current actions being taken were sufficient.

UHB 18/045 FINANCE REPORT

The Director of Finance, Mr Robert Chadwick advised that the report had been presented to the Finance Committee for detailed consideration. He commented that the UHB was on the right trajectory to hit its target.

In terms of the Agenda for Change pay awards, 1% provision had already been made but it was anticipated that the UHB's allocation would be increased.

It was agreed that a letter would be sent from the Board to the Clinical Board Directors for achieving savings and reducing the deficit, particularly in the face of the winter challenges without compromising patient care.
Action – Miss Maria Battle

LIMITED ASSURANCE was provided by:

- The work undertaken to develop the 2017/18 operational plan;
- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 11 position which was £2.823m less than the profiled deficit within the financial plan;
- The identification of a full £35m savings programme.

The Board:

- **NOTED** that the UHB had an one year operational plan that had a planned deficit of £30.900m for the year;
- **NOTED** that the UHB had reduced its forecast year end deficit by £4m in month to £26.900m;

- **NOTED** the £25.502m deficit at month 11 which included a planning deficit of £28.325m and budget underspends of (£2.823m);
- **NOTED** that the UHB had written to Welsh Government to confirm a reduction to the cash assistance required by the UHB in line with the reduction in the forecast year end deficit.

UHB 18/046 PERFORMANCE REPORT

In the absence of the Director of Public Health, the Medical Director, Dr Graham Shortland commented that as agreed, a new way of report presentation was being considered and an update would be provided at the Development Day in April.
Action – Dr Sharon Hopkins

The Chair invited questions and comments:

- Mr Curry explained how and where good practise was shared.
- CAMHS required continuous scrutiny given the high variation in demand and the shortage of staff. Risks around sustaining short term fixes would be shared outside the meeting.
- The Winter Plan had been produced by the same methodology as the previous year based on 3 years of data. Pre Christmas the plan had been on track, but between Christmas and the New Year there had been 74 additional admissions and the out of hours service peaked against trend. On 30th and 31st December there was 24 and 26% increase in daily A&E attendance that led to protracted recovery. Demand increased again in January and February with nearly 15% increase in majors aged over 85 years with admissions up 11%. In addition, critical care bed day usage increased by 12%. Issues were compounded with 2 bouts of snow, but overall, there was an improving picture in March with a focus on patient experience measures such as ambulance and 12 hour waits. A comprehensive report would be brought to the Board in May.
  Action – Mr Steve Curry
- It was noted that in terms of demand, the UHB had been an outlier with a significant increase in demand compared with other health boards, yet managed to record the lowest number of 12 hour waits in Wales.
- In terms of the A&E assessment protocol, it was noted that risks were balanced against the whole system. Efforts were concentrated on flow through admissions and discharges. However, the new Clinical Director was looking at different models.
- It was agreed that the Board needed to see expected outcomes and delivery timescales.
  Action – Mr Steve Curry
- Performance against Stroke targets had suffered along with unscheduled care performance. The Clinical Board was 50 days into a new approach and there had already been some improvement.

- The Chair thanked the Executive Team and the workforce on behalf of the Board for keeping the system functioning through the winter period.

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 18 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 18/047 INTEGRATED MEDIUM TERM PLAN (IMTP) 2018-2021

The Director of Planning, Ms Abigail Harris reminded Board that the first draft had been presented to Board at the last private meeting and this was now being brought into the public domain. Formal feedback had been received from Welsh Government in the last week that identified a lack of ambition in terms of performance and a financial gap that was too great.

Welsh Government considered the IMTP not approvable at the current time and had therefore asked the UHB to submit an annual plan.

ASSURANCE on the development of the UHB 2018/21 Integrated Medium Term Plan (IMTP) was provided through:

- Continued routine formal dialogue through the Welsh Government targeted intervention process.

The Board **NOTED** the current position regarding the development of the 2018/21 IMTP.

UHB 18/048 DELIVERING OUR STRATEGY – CHALLENGES FOR GMS

Dr Anna Kuczynska, Clinical Board Director for Primary, Community and Intermediate Care attended the Board at the Chair's request to share the challenges faced by General Medical Services (GMS) as this was a key to achieving the UHB's Strategy. The UHB had a clear role in scaling up services in primary care to support GMS.

The Chair invited comments and questions;

- Support for GMS would have a positive effect on A&E services.
- The impact of projects in MSK and mental health was great as these accounted for 40% of GP consultations.
- MSK and mental health were also two of the highest reasons for staff sickness.

- A strong primary care service was required to deliver the UHB's vision.

The Chair congratulated Dr Kuczynska on her appointment and leadership and thanked her for the presentation. It was **AGREED** to bring back arrangements for the roll out of work to the next Board meeting.
Action – Mr Steve Curry /Len Richards

UHB 18/049 DEVELOPING THE CARDIFF AND VALE WAY

The Chief Executive, Mr Len Richards, described the proposal as a phased journey to transformation and summarised the 7 steps or enablers that would be considered in detail at the Board Development Day in April.
Action – Mr Len Richards

It was thought that there were lots of examples of how the Strategy was being delivered but staff did not realise or brand the work in this way. Ms Moseley offered to assist with communication work to support this.

ASSURANCE was provided by:

- The development of the approach to transformation was described
- Health Systems Management Board signed off the projects included in the transformation programme and monitored through highlight reports
- The next phase of development was outlined with seven key strands being taken forward.

The Board:
APPROVED

- The continued central role of Shaping Our Future Wellbeing
- The approach to transformation (making better systems) of continuing learning and development

AGREED

- To actively support the next phase of development to implement 'seven strands' in developing the 'Cardiff and Vale Way', incorporating the learning from Canterbury.

UHB 18/050 WALES AUDIT OFFICE ANNUAL AUDIT REPORT 2017

Ms Anne Beegan and Mark Jones from Wales Audit Office (WAO) attended the meeting and summarised the content of the Annual Audit Report including the areas on which the UHB should focus. She highlighted again the capacity available within corporate governance to deliver the required agenda and on those available to manage the new GDPR requirements. Ms Beegan also commented on the thematic reviews and the areas identified where the UHB was leading the way.

Mr Welsh advised that the UHB management response and action plan would be shared with Management Executive and monitored through the Audit

Committee. In terms of monitoring Strategy, assurance was given that the new Strategy and Delivery Committee would plug the gap. However, it was noted the UHB was not ready to manage the implementation of the new GDPR regulations and this capacity gap remained a risk.

Whilst there was a severe workforce capacity constraint in Information Governance, there was also a risk from non-investment in IT infrastructure particularly as the UHB Strategy placed a huge reliance on IT.

The Chair thanked Anne Beegan for her work and wished her well in her future role. The Board **NOTED** the report.

UHB 18/051 AUDIT OF THE CONTRACTUAL RELATIONSHIP WITH RKC ASSOCIATES LTD AND ITS OWNER

The Director of Corporate Governance presented the report and highlighted that 22 of the 26 actions identified had been completed with 4 ongoing. Wales Audit Office was pleased with the progress being made and Internal Audit had provided substantial assurance. The final report would be shared with the Public Accounts Committee.

In terms of no purchase order no pay, caution was expressed that this may unwittingly cause harm to patients and threaten continuity of service. An all Wales Group was considering the issues. In addition, the Board agreed there should be consistency in the dealing with managers who failed to follow procurement rules.

ASSURANCE was provided by:

- The progression of the Action Plan provided
- Ongoing monitoring by the Audit Committee
- Internal Audit review

The Board **NOTED** the contents of this report.

UHB 18/052 WELL-BEING PLANS FOR CARDIFF AND THE VALE OF GLAMORGAN

Mrs Fiona Kinghorn gave an overview of the two different plans that were wide ranging and would be a challenge to deliver. They contained a number of KPIs that would need to be made clear during the work on pathways and should be embedded as part of the transformation work.

ASSURANCE was provided by:

- The UHB was represented by the Chair and members of the Executive Team on the Public Services Boards (PSBs) in Cardiff and in the Vale of Glamorgan; the PSBs had overseen the development of the Plans

- UHB staff had been involved in discussions and stakeholder workshops to help shape the content of the Plans and had the opportunity to comment on the draft Plans
- The draft Plans were considered and supported by the UHB Strategy and Engagement Committee in November 2017 during the formal consultation period.

The Board:

- **AGREED** the final versions of the Plans, subject to formal collaborative sign-off by the Public Services Boards in April and publication in May 2018.

UHB 18/053 UHB RESEARCH AND DEVELOPMENT IMPLEMENTATION

The Medical Director, Dr Graham Shortland commented on the meetings with all Clinical Boards to review their performance data, revise their R&D plans, provide better incentives and improve links with all academic partners.

Prof Baxter was very pleased to see the proposals to strengthen links with Cardiff University and develop a joint office with a fund to support clinical development. There was, in addition, lots of clinical innovation work that would be brought to a Board Development Day as multi-disciplinary research was key to transformation.
Action – Mrs Abigail Harris

ASSURANCE was provided by:

- The UHB R&D plan underwent major changes with key changes and set out rather than to just regulate the Clinical Boards, it encouraged them to generate funding and resources for R&D with improved performance.

The Board:

- **APPROVED** the Research and Development Cardiff and Vale University Health Board Research and Development Implementation Plan.

UHB 18/054 WHITCHURCH HOSPITAL – DISPOSAL OF SITE

This item was withdrawn from the Agenda.

UHB 18/055 FUNDED NURSING CARE (FNC)

The Director of Corporate Governance, Mr Peter Welsh, commented that all Health Boards were receiving this report.

ASSURANCE was provided by:

- The Chief Executive Officers Group had discussed and approved the paper for circulation to Health Boards

The Board:

- **NOTED** the background provided and the legal challenges regarding FNC that had taken place over recent years;
- **NOTED** the Judgment of the Supreme Court that quashed the previous HB decisions and found both HB and LA arguments regarding what should form the FNC rate to be incorrect, instead providing its own definition;
- **NOTED** the implications of this for HBs and LAs, including the need to uplift the FNC rate in order to ensure compliance with the Judgment;
- **NOTED and APPROVED** the recommendation that the FNC rate that was the responsibility of the HBs to fund be uplifted to £162.75;
- **NOTED** the work underway to develop processes to manage reimbursement and the need to consider the current policy model in discussions with WG.

PART 2 – ITEMS FOR INFORMATION ONLY

UHB 18/056 MINUTES FROM OTHER BOARDS / COMMITTEES

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

1. **Strategy and Engagement Committee -** November
2. **Charitable Funds Committee -** December
3. **Finance Committee –** January x 2
4. **Health and Safety Committee** - January
5. **Resource and Delivery Committee** – January
6. **Joint Meeting of Health Professionals' Forum and Stakeholder Reference Group** - January
7. **Local Partnership Forum –** February
8. **Quality Safety and Experience Committee -** February
9. **New Strategy and Delivery Committee –** March
   A small group would be convened to write the Terms of Reference. In terms of GDPR, Executive Directors were asked to consider how this could be taken forward.
10. **WHSSC Joint Committee –** September and November briefing
11. **Collaborative Leadership Forum -** December
12. **Emergency Ambulance Services Committee** November and January Summary

The minutes were **NOTED.**

UHB 18/057 AGENDA OF THE PRIVATE BOARD MEETING

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

UHB 18/058 REVIEW OF THE MEETING

There was nothing further to add to the meeting. However, a comment was made about the length of the meeting being sedentary that was not conducive to good health and wellbeing. In addition, it was hoped that a better connectivity could be seen between the agenda and the patient story.

UHB 18/059 DATE OF THE NEXT BOARD MEETING

The next meeting would be held at 1pm on 31st May 2018 in the Board Room, University Hospital Llandough.

UPDATED BOARD ACTION LOG FROM MARCH 2018

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
UHB 17/052 UHB 17/226 UHB 17/089 UHB17/182 UHB 18/006	30.3.17 30.11.17 25.5.17 28.9.17 25.1.18	Patient Safety, Quality and Experience	Share with Mr Hanuk UHB's use of foreign languages and opportunity to work with Cardiff University Business School.	R Walker A Harris Dr G Shortland	The need for a Memorandum of Understanding would be known after the next meeting. Mrs Harris and Dr Shortland meet regularly with the University and are working on an agreement for the work programme and joint priorities for the next year. The next meeting with the University is 1st August 2018.
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.
ACTIONS TO BE BROUGHT FORWARD ON ANOTHER AGENDA					
UHB 17/066	30.3.17	Health and Safety Committee	Produce Estate rationalization plan for discussion at Board meeting.	A Harris	Board agreed to receive the comprehensive Estates Plan in **Spring 2018.** Deferred as dependent on Clinical Services Plan - therefore not raised as planned at S&D Committee on 13th March. 2 day workshop with Executive and Clinical Boards on 14/15th June to discuss. Report to be brought in July with Clinical Services Plan. **Board July 2018.**

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UHB 18/014	25.1.18	Performance Report	Agree what information should be shared and what information should be scrutinized at Board. Schedule for consideration at February Board Development Day.	P Welsh	Discussed at February and April Board Development Days. Update to be reported to **May Board** through the **Chair's report.**
UHB 18/046	29.3.18	Performance Report	Update Board on proposal for the new presentation of information. Report on Winter Pressures. Provide Board with expected outcomes and delivery timescales in new Performance Report.	Dr S Hopkins S Curry S Curry	**April Board Development Day** **May Board**
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. **Deferred to May.** At May agenda setting it was agreed to delegate this to the **QSE Committee for September 2018.**
UHB 18/044	29.3.18	Patient Experience Report	Report on quality and safety of externally commissioned services, particularly paediatrics and identify any gaps in the service.	Dr S Hopkins	Report to **Quality, Safety and Experience Committee**
UHB 18/053	29.3.18	R&D Implementation	Bring clinical transformation work to a Board Development Day	A Harris	**Board Development Day – June 2018**
UHB 18/035	29.3.18	Patient Story	Ask a Board Committee to consider suggestions made by Mrs Murray to support staff at work.	M Battle	This will be considered at the **Strategy and Delivery Committee in September.**
ACTIONS COMPLETED SINCE LAST MEETING					
UHB 17/185	28.9.17	Patient Safety, Quality and Experience	QSE to give consideration of ways of addressing big rise in community infection and falls	R Walker	**Quality, Safety and Experience Committee** Falls on April QSE agenda.

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UHB 18/040	29.3.18	Report	prevention.		E coli had not been previously counted. The UHB was concentrating its efforts on catheter management and this was showing positive improvement which would be shared as part of the 1,000 Lives project. Revised IPC risk assessment on April QSE. **Complete**
UHB 18/049	29.3.18	The Cardiff and Vale Way	Consider 7 steps to transformation at a Development Day.	L Richards	On Agenda **of Board Development Day April 2018. Complete**
UHB 18/043	29.3.18	Major Trauma Centre (AOB)	Write to WHSSC with Board and CHC view that public consultation should be undertaken on Thoracic Surgery.	L Richards & M Battle	Letter sent. **Complete**
UHB 17/052 UHB 17/226 UHB 17/089 UHB17/182 UHB 18/006	30.3.17 30.11.17 25.5.17 28.9.17 25.1.18	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. **Complete**
UHB 18/045	29.3.18	Finance Report	Write to Clinical Board Directors thanking them for delivering savings and reducing deficit.	M Battle	**Complete**
UHB 18/048	29.3.18	Challenges to GMS Sustainability	Provide Board with arrangements to roll out of work.	S Curry	**May Board.** Agreed at May agenda setting that this would be included in the Chief

					Executive's Report. **Complete**

CHAIR'S REPORT TO THE BOARD	
Name of Meeting: Board Meeting	**Date of Meeting:** 31 May 2018

Executive Lead: N/A
Author: Director of Corporate Governance Tel 029 2074 4230
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

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
- **ENDORSE the Terms of Reference for the Strategy and Delivery Committee.**

SITUATION

At each public Board meeting, the Chair presents a report on key issues to be brought to the attention of the Board since its last meeting. This written report provides an update on relevant matters, outlining where the Chair has been required to affix the Common Seal of the Health Board and, where appropriate, Chair's Action has been taken 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

1. **Specialist Advisor to the Board (Strategy and Delivery)**

   I am pleased to announce that Professor Jonathan Grey has been appointed to the above post. Jonathan will bring a wealth of experience to support the delivery of our Strategy.

2. **WAO Report in Respect of the UHB's Contractual Relationships with RKC Associates Ltd and its Owner**

   Following my attendance with the Chief Executive at the Public Accounts Committee in September 2017, the Committee requested that it be provided with an update on our progress in April 2018. My letter to the Committee providing this update is attached to my report, together with the Committee's response.

   The action plan continues to be monitored by the Audit Committee and an update report was presented at the March Board. A further update will be provided to the Public Accounts Committee by September 2018 as requested, and a closure report will come to Board upon conclusion of the action plan.

3. **Staff Raising Concerns**

   A number of systems are currently in place to enable staff throughout the UHB to raise concerns. The Safety Valve was launched in 2013 and Freedom to Speak Up in 2016, the All Wales Procedure for NHS Staff to Raise Concerns was updated in December 2017. In addition, our Values Behaviour Framework launched at the end of 2017, is explicit about our expectation that staff speak out.

   I held a meeting with the Executive Nurse Director and Director of Corporate Governance in January 2018 to discuss what further steps we could take to ensure all staff have the confidence to speak up. This also highlighted a need to strengthen the governance around the processing of these concerns.

   A Working Group chaired by the Executive Nurse Director has been established to take this work forward. It is considered important to retain the various routes by which staff can raise concerns to give them a choice and a re-launch of these is being planned for September 2018. A standard operating procedure has been produced which provides that all staff concerns will be passed to the Director of Corporate Governance to maintain a robust governance system and

audit trail. It is proposed that reports setting out trends and themes will be provided to the Quality Safety and Patient Experience Committee.

4. South Central & East Regional Planning & Delivery Forum

The fourth meeting of the above Forum was held on the 11th April. The meeting focused on further collaborations between Health Boards on the delivery of clinical services. These include:

- Paediatrics, Obstetrics and Gynaecology
- Ear, Nose and Throat
- Vascular Surgery
- Diagnostics
- Ophthalmology
- Orthopaedics
- Tertiary Services provision in South Wales

A further meeting of the Forum will be held on 19th June 2018.

5. Board Development Day 27th April 2018

A second Board development Day was held in April to progress work on making the Board and its Committees work more effectively and efficiently. The meeting was held at the Powerhouse Hub Llanederyn and it was agreed, where possible , future Board meetings will be held in the community in Cardiff and the Vale of Glamorgan inviting community groups to meet the Board.

A series of presentations were made on the following key areas:

- Up-dated base line review of progress to date on delivering our strategy and the trajectory for further work.
- Audit of the contents of the Board business during in 2017/18 to ensure appropriate time is available at Board Meetings to focus on Strategy, scrutiny and assurances.
- A new draft executive summary template for Board Committee papers was presented for comments. It is intended to use this paper for the Board meeting in July 2018.
- Review of the presentation and use of clinical data and performance
- Further updates will be provided at the Board Development session in June 2018

6. Strategy and Delivery Committee

The first meeting of the above was held on 13th March to receive the draft Terms of Reference for the Committee. Following consultation

and discussion a final draft has been prepared (see attached) and the Board is asked to endorse those Terms of Reference.

7. Significant Diary Commitments/ Meetings and public engagement sessions attended since the last Board Meeting

- 3/4/18 **-** The Age Connects Senior Health Shop - Barry
- 4/4/18 - CEO of NHS Confed visits Childrens Hospital for Wales
- 5/4/18 – Action for Elders - Balanced Lives – Golau Caredig Barry
- 10/4/18 – A day spent shadowing paramedics in Wales Ambulance Service
- 25/4/18 - Launch of Values and Behaviours Document for health and education in Ysgol Y Deri
- 1/5/18 – Cardiff Public Services Board
- 3/5/18 - Engagement Session with Vale 50+ Forum Barry
- 4/5/18- Andrew RT Davies tour of The Orchard Llandough Hospital
- 8/5/18 launch of Belonging/Pertyn @chapter Cardiff
- 8/5/18 - Launch of Cardiff's Local Well-being Plan – Civic Leadership Event at the Cornerstone Cardiff with the Leader of the Council and the Police and Crime Commissioner and the Public Service Board
- 8/5/18-Celebration event for Clinical Boards performance of planned care
- 10/5/2018 – Regional Partnership Board – also attended by Huw Irranca-Davies
- 10/5/18- Patient Safety Visit to the UHB team in HMP Cardiff
- 22/5/18 - Launch of the Vale Wellbeing Plan in Llandough Hospital with the Leader of the Council, Elderfit, children from the nursery and the Public Services Board
- 25/5/18 - With Music in Mind – Engagement Session with Dementia Choir Cowbridge

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

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

a) Affixing the UHB Common Seal

The UHB Common Seal has been applied to 7 documents in accordance with requirements. A record of the sealing of these documents was entered into the Register kept for this purpose and has been signed in accordance with Section 8 of the Standing Orders.

Register	Description of documents sealed

No.	
835	Agreement for Underlease. Cardiff and Vale University Local Health Board and Velindre NHS Trust and The Maggie Keswick Jencks Cancer Caring Centres Trust
836	Velindre NHS Trust and Cardiff and Vale University Local Health Board. Deed of indemnity relating to the land North West of Whitchurch Playing Fields
837	Planning Obligation by Agreement pursuant to section 106 Town and Country planning Act 1990.
838	Contract for the Sale of Freehold Land with Vacant Possession at Wedal Road between Cardiff Council and Cardiff and Vale University Local Health Board
839	Collaboration Agreement in relation to the provision of the Wales Interpretation and Translation Services, between County Council of the city and County of Cardiff and Others
840	Partnership Agreement in relation to a pooled fund for care home accommodation services for older people.
841	Delivery Agreement Part A. Provision of Project Management between Cardiff and Vale UHB and Perfect Circle JV Ltd. CFMS0111

b) Chair's Action / Contracts

20/03/2018 – Orthodontic Services

20/03/2018 – Manual defib Replacement Programme

26/03/2018 – Purchase of Pro Matt Therapy Systems

18/04/2018 – Development of Specialist neuro and spinal rehabilitation and clinical gerontology services – full business case.

24/04/2018 – Next Generation sequencing Panel for analysis of FFPE Samples.

c) Other signed legal documents

None to report.

6

Strategy and Delivery Committee

Terms of Reference and Operating Arrangements

May 2018

Draft: Version 6

1. PURPOSE

1.1 The purpose of the Strategy and Delivery Committee is to:

Advise and assure the Board on the development and implementation of the UHB's overarching strategy, "Shaping our Future Wellbeing", and key enabling plans. This will include all aspects of delivery of the strategy through the Integrated Medium Term Plan and any risks that may hinder our achievement of the objectives set out in the strategy, including mitigating actions against these.

In particular the Committee will monitor and receive assurances in respect of the following:

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2 RESPONSIBILITIES OF THE COMMITTEE

In broad terms the role and responsibilities of the Committee are divided into four categories as shown below:

A. Strategy
B. Delivery Plans
C. Performance
D. Other Responsibilities

Part A

Strategy and/or Strategic Intent

2.1 **Shaping Our Future Wellbeing (SOFW)**. Provide assurance to the Board that the overarching strategy (SOFW) of the UHB is being:

a. Reviewed and progressed as intended, within the appropriate timescales to achieve desired outcomes.
b. Provide assurance that key milestones identified in SOFW are being delivered.
c. Provide assurance that SOFW is actively embedded and continually refreshed within the organisation
d. Provide assurances that significant risks associated with the delivery of the SOFW are being mitigated

2.2 **Learning Alliance**. Provide assurance to the Board that the learning alliance with Canterbury District Health Board, New Zealand, Grampian and South East Sydney Health Boards is progressing, active learning being derived and used and benefits are captured.

2.3 National Strategies. Provide assurance to the Board that the organisation is strategically aligned with Welsh Government's health and social care strategy which includes:

a. The Wellbeing of Future Generations Act
b. The Social Care and Wellbeing Act
c. The Long Term Plan (Wales) arising in response to the Parliamentary Review (January 2018)

Part B

Development and Delivery of Plans that support Strategies

2.4 Enabling/Supporting Plans: The Committee will scrutinise and provide assurance to the Board that supporting UHB plans have been developed and that their objectives are being delivered as planned. This will include:

a. **Integrated Medium Term Plan (IMTP):** The development and delivery of the Health Boards three year plan ensuring that service provision and quality, financial and workforce elements are aligned and integrated. Particular attention will be given to:

i. **Workforce Plan:** Scrutinise and provide assurance to the Board that:
- The strategic workforce issues as set out in Shaping Our Future Wellbeing strategy are being fully addressed
- That early consideration is given to key service and operational issues which may impact on the delivery of the Health Boards plans

ii. **Capital Plan:** Provide assurance to the Board that **major** capital investments are aligned with SOFW and to provide oversight to the prioritisation of investments. The Committee will where appropriate, be responsible for reviewing achievement of the intended outcomes following completion or implementation. The Committee will also receive the minutes and when required, reports from the UHB's Capital Management Group.

b. **Other Significant Plans**: The Committee will scrutinise and provide assurance to the Board that other significant plans associated with the delivery of the UHB's strategy (SOFW) will be reviewed and monitored to ensure they are being progressed and implemented as intended. This will include the plan for:

i. Research and Development
ii. Digital Health Care
iii. Commercial Developments
iv. Infrastructure/Estates

v. Key Service Change Proposals. This will include providing assurance that they are in accordance with national guidance regarding engagement and consultation with stakeholder/partner organisations
vi. Major consultations and or engagements that support the delivery of SOFW

2.5 Regional Plans: The Committee will provide assurance to the Board that SOFW delivery plans are aligned with and reflect agreements reached in Regional Planning Groups/Forums/Programmes. This will include receiving notes and updates from:

a. *South Central and East Planning and Delivery Forum*

b. *The Tertiary Service Provider Partnership*

2.6 Transformation Programme: The Committee will scrutinise and provide assurance to the Board that the transformation programme is strategically aligned, progressing and being implemented as planned and at pace.

Part C

Performance

2.7 Performance: The Committee will scrutinise and provide assurance to the Board that key performance indicators are on track and confirm that effective actions are being taken to correct unintended variations giving full consideration to associated governance arrangements. This will include:

a. *The key organisational Performance Indicators as determined by the Board*

b. *Workforce Key Performance Indicators as determined by the Board*

c. *Closer scrutiny ("Deep Dives") on areas of concern where the committee considers it appropriate*

Part D

Other Responsibilities

2.8 Equality and Health Impact Assessments: To provide assurance to the Board that Equality and Health Impact Assessments are fully considered and properly addressed in all service change proposals and that full consideration is

given to the UHB's responsibilities for Equality, Diversity, Human Rights and the Welsh Language.

2.9 "Staff Wellbeing. To provide assurance to the Board that the wellbeing of staff:

a. Is always fully considered regularly reviewed to ensure that suitable support is made available whenever necessary.

b. Staff wellbeing plans are aligned with SOFW and the values of the organisation

2.10 Information Governance and Data Quality: To provide assurance to the Board that the organisation has effective and robust information governance and data quality arrangements and processes in place and complies with the requirements of the General Data Protection Regulations. This will include:

a. Receiving the minutes and notes of the Information Technology and Governance Sub- Committee together with updates from the sub-committee chair

b. The Sub Committee will also receive reports and updates as required from the Senior Information Risk Owner and Data Protection Officer of the organisation

3 GOVERNANCE

3.1 Delegated Powers of Authority

As described above.

- The Committee will advise the Board on the adoption of a set of key indicators of service planning against which the UHB's performance will be regularly assessed and reported.
- The Committee will regularly review the high corporate risks associated with its functions and to ensure that appropriate and effective mitigating actions are in place.

3.2 Authority

The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant

to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

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

3.3 Sub Committees

The Information Technology and Governance sub Committee will report to the Strategy and Delivery Committee. However, the Committee may, subject to the approval of the UHB Board, establish other sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

3.4 Membership

Chair:	Independent member of the Board
Members:	A minimum of 2 other Independent member of the Board, The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

3.5 Attendees

In attendance:	Chief Executive (Lead Executive) Director of Planning Chief Operating Officer Director of Workforce and Development Director of nursing or nominated deputy Director of Finance or nominated deputy Director of Public Health or nominated deputy Director of Corporate Governance Other Executive Directors should attend from time to time as required by the Committee Chair. (nominated deputies must be consistent) Deputy Director of Planning (Service Planning) Director of Capital Estates and Facilities Trade Union representation from the Local Partnership Forum

Specialist Advisor to the Board for Strategy / Transformation

By invitation: The Committee Chair may extend invitations to attend committee meetings as required to the following:

Chairs of the Stakeholder Reference Group and Professional Forum
Clinical Board Directors
Representatives of partnership organisations
Public and patient involvement representatives
Trade Union Representatives

as well as others from within or outside the organisation who the Committee considers should attend, taking account of the matters under consideration at each meeting.

3.6 Secretariat

Secretary: As determined by the Director of Corporate Governance

3.7 Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair {and on the basis of advice from the UHB's Remuneration and Terms of Service Committee}.

3.8 Support to Committee Members

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

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

3.9 COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

Meetings shall be held bi-monthly and otherwise as the Chair of the Committee deems necessary – consistent with the UHB's annual plan of Board business.

Withdrawal of individuals in attendance

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

4 RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES / GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

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

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

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

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

4.1 REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports throughout the year;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

The Board may also require the Committee Chair to report upon the committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

4.2 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (set within individual Terms of Reference)

4.3 REVIEW

These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

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

Ysbyty Athrofaol Cymru
University Hospital of Wales
UHB Headquarters
Heath Park
Cardiff, CF14 4XW
Parc Y Mynydd Bychan
Caerdydd, CF14 4XW

Eich cyf/Your ref:
Ein cyf/Our ref: MB-sdd-04-6839
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol: 02920 745684

Maria Battle
Chair

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9 April 2018

Mr Nick Ramsay AM
Chair Public Accounts Committee
National Assembly for Wales
By email: SeneddPAC@assembly.wales

Dear Mr Ramsay

I write further to our attendance at the Public Accounts Committee on 25 September 2017 to provide an update as requested in your letter of 31 October 2017.

I attach a copy of the updated action plan which has been monitored by our Audit Committee (at its meetings in September and December 2017 and February 2018) and considered at the September 2017 and March 2018 meetings of the UHB Board, all in public session.

The action plan reflects the progress that has been made since the last report to the Public Accounts Committee. A review has also been conducted by Internal Audit to establish if the reported improvements being made by the Health Board are occurring as stated, and I am pleased to say that this has resulted in a finding of Substantial assurance. Three recommendations for improvement were made by Internal Audit; these were accepted and responded to as part of the report presented to the February Audit Committee. A copy of the completed Internal Audit report is also provided with this letter.

The NHS Wales Audit and Assurance Services undertook a similar review specifically within NHS Wales Procurement Services in August 2017.

As referenced by the Public Accounts Committee, Internal Audit is also to conduct a review within the Health Board of contracts. This will take place this financial year and the outcome reported to our Audit Committee, I will also share the final Internal Audit report with the Committee.

Summary of action plan progress

Of the 26 actions contained within the action plan, only 4 now remain outstanding.

The action around review of the procedures used to recruit Executive Directors and other Senior Managers has been amended as partially complete acknowledging that even though the review of the procedures was conducted by July 2017, amendment of the Recruitment and Selection Policy and Procedure is needed to reflect the

changes in practice to fully conclude this action and provide robust assurance. The updated policy and procedure is due for approval in May 2018.

Full closure of the Action Plan was intended for March 2018, the following 4 actions have not yet been concluded:

- Full implementation of the no purchase order no payment system – the initial date set for completion of this action has been extended to ensure there are no unintended consequences to patients or impact on continuity of service, this will now be achieved by June 2018;

- Development of an internal protocol providing a system for senior leaders to raise concerns – a number of systems are currently in place. The Safety Valve and Freedom to Speak Up were launched in 2013 and 2016 respectively. However, the Executive Nurse Director, the Head of Corporate Governance and I, taking into account the observations of the Public Accounts Committee, have ensured further work is undertaken and there will be a re-launch of the procedure for NHS staff, including senior leaders, to raise concerns. A Working Group chaired by the Executive Nurse Director has been established to take this work forward and a report is to be presented to the UHB Management Executive on 9 April 2018. This is in addition to work outlined below in relation to culture;

- Circulation of a bulletin to the UHB Board and throughout the UHB reinforcing the Nolan principles of Good Governance – finalisation of this communication will form part of the Working Group's agenda to ensure the content aligns with outcomes of the Group and will be launched at the same time as the procedure.

- Standing Financial Instructions and Standing Orders – revision will take place to reflect the model Standing Financial Instructions and Standing Orders being developed on an All Wales basis. This National work is not yet concluded.

UHB Culture

In 2016 we launched our Freedom to Speak Up helpline, supported by a number of information sources. This was on the basis of research in partnership with Cardiff University and our own cultural workshop in which we explored the experience of those who had raised concerns previously.

The learning from this has been integrated in our Values Programme and we have recently commissioned an evaluation of Freedom to Speak Up activity. The evaluation shows us that since its launch in July 2016, the Freedom to Speak Up pages have been accessed over 4300 times, the YouTube videos 590 times and the information about how to raise a concern 718 times. The next phase of evaluation will collect further information about staff awareness and feedback from those who have used the helpline. This intelligence will be fed into the aforementioned Working Group to enable us to develop further resources to improve UHB culture and increase confidence around raising concerns.

We continue to make a significant investment in our Values Programme. Throughout 2017 we heard from staff, patients and their families and carers about their experiences and these have formed the basis of a Values Behaviour Framework which we launched at the end of 2017. We are explicit in the Framework about our expectation that staff speak out. More than 3000 staff were involved in its development and trained on how to give feedback about issues of concern. We also now include this training in all our leadership, management and supervisor programmes. Our Assistant Director of Organisational Development chairs the All Wales Staff Survey Project Board and has ensured the 2018 survey contains questions about raising concerns, enabling us to monitor our progress over time.

The All Wales Procedure for NHS Staff to Raise Concerns was updated in December 2017, and the revised version adopted by the UHB's Resource and Delivery Committee on 30 January 2018. This provides that the CEO and Vice-Chair can be contacted should a staff member feel they cannot raise a concern with their manager. In addition I am joined by our Independent Member (Legal) as the named Independent Member for Freedom to Speak Up. Again the Working Group is looking at how we can continue to strengthen the internal processes that support this procedure and ensure that the system adequately serves those that speak up and gives all staff the confidence to do so.

Review of payments

As the Public Accounts Committee is aware, following an internal review of all manual payments made to Consultants or individuals, we referred two contracts to NHS Counter Fraud Service Wales in addition to the referral made by the Wales Audit Office. These investigations are nearing conclusion and I will provide an update to the Committee as soon as the outcome is available.

Following final completion of the action plan, closure reports will come back to the Audit Committee and Board and I will of course share the completed signed off action plan with the Public Accounts Committee.

Yours sincerely

Maria Battle
Chair

Encs:

- Action plan dated 5 April 2018
- Internal Audit report dated 14 February 2018

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Cyfrifon Cyhoeddus

National Assembly for Wales
Public Accounts Committee

Maria Battle
Chair – Cardiff and Vale University Health Board
Heath Park
Cardiff
CF14 4XW

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25 April 2018

Dear Maria,

Audit of Cardiff and Vale UHB's contractual relationships with RKC Associates Ltd and its Owner

Thank you for your comprehensive update of 9 April which was considered at the meeting of the Public Accounts Committee on 16 April.

The Committee Members were pleased with the progress the Health Board has made in addressing the issues highlighted in the Auditor General's Public Interest Report and noted that there are only 4 actions which remain outstanding.

I would welcome a further update on the remaining action points for 1 September unless they are completed prior to that date.

Yours sincerely,

Nick Ramsay AM
Chair

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0300 200 6565

CHIEF EXECUTIVE'S REPORT	
Name of Meeting: Board Meeting	**Date of Meeting:** 31 May 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: Governance & Accountability and relevant to the 7 Quality Themes
CRAF Reference Number: N/A
Equality and Health Impact Assessment Completed: Not Applicable

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

This is the second written report being presented and, where appropriate, has been informed by updates provided by members of the Executive Team. This report will continue to be developed, focusing on our Strategy and related objectives and specifically on providing strong governance and assurance.

ASSESSMENT AND ASSURANCE

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

1. End of Year Position - Activity and Financial Positions

There were some positive improvements in some of our key performance measures in 2017/18. We continued to reduce our access times for patients on a Referral to Treatment Time (RTT) pathway – reducing the number of patients waiting greater than 36 weeks for their treatment by 32%. This means 364 fewer patients were waiting this March end compared to the same time last year. We also halved the number of patients waiting greater than eight weeks for a diagnostic test, with over 900 fewer patients waiting this March compared to last. Whilst our cancer performance over recent months is not where it should be, we did continue to see improvement in 2017/18 – with a 3% improvement in compliance in comparison to the previous year and more patients treated.

Reference has been made in the CEO Connects letter to the impact on our unscheduled care system of a particularly challenging winter and additional pressures from the adverse weather. Despite the challenges faced and a 3% increase in Emergency Unit attendances, 83.7% of our patients were seen and treated within 4 hours within our emergency departments. Patients waiting greater than 12 hours, however, increased by 381 in comparison to the previous year, with this deterioration happening during our most challenging winter months (January to March). Whilst our 4 hour performance remained the same as the previous year and our 12 hour waits remain comparatively low across Wales, we must continue to look at ways in which to improve our performance, particularly eliminating our 12 waits over the course of this coming year.

It has been a great team effort over the last year so thanks are extended to all staff for the part they played.

The UHB's has an agreed planned deficit of £30.9m for 2017/18 and the forecast was revised at month 11 to £26.9m. The provisional year end outturn is a deficit of £26.853m which is £0.047m better than the forecast position. Whilst this represents satisfactory in year performance, it should be noted that the UHB breached its statutory break even duty with an accumulated deficit between 15/16 and 17/18 of £56m and ended the year with a closing underlying deficit of £49m

2. Car Parking Contract

Following a competitive tendering process for the management of car parking for the UHB, the contract has been awarded to Parking Eye.

This contract will commence on 5th June 2018 on the UHW Site and 1st November 2018 for all other sites.
The new system will include a number plate recognition system (as already in place at the University of Llandough) and enabling infrastructure works will be completed before the contract commences.

3. Targeted Intervention

A further meeting was held with Welsh Government to monitor improvements in our performance and financial position. Welsh Government is content with the progress we continue to make and the monitoring through Targeted Intervention will continue.

4. Thoracic Surgery – Public Committee

Members will be aware that Welsh Health Specialised Services Committee (WHSSC) has been leading a review of Thoracic Surgery Services in south Wales, with the aim of improving patient outcomes and securing the long term sustainability of services. Surgery is currently provided at Morriston Hospital, Swansea and UHW, Cardiff. Following an engagement exercise in the autumn 2017 which led to the recommendation that there should be a single centre, an Independent Panel was convened to consider the location of the single centre based on submissions by the two Health Boards. In January 2018, the WHSSC Joint Committee accepted the Panel's recommendation that a future single centre for thoracic surgery in south Wales should be located at Morriston Hospital, subject to further discussion with the Community Health Councils about the need for public consultation. WHSSC asked ABM UHB to work with C&V UHB to develop more detail around the service, what it might look like and how it might be put in place, and this work is ongoing.

WHSSC is currently discussing a proposal with the CHCs for an 8 week consultation to run in June - August 2018 in which people will be invited to share their views on whether they agree or disagree with the recommendation of the Independent Panel, and if we develop the single centre at Morriston, what factors we should consider.

Draft consultation documentation will be brought for consideration to short public meetings of the Health Boards when they run Board Development sessions in June. WHSSC is working with Health Boards and CHCs to agree a programme of consultation activity which will provide the public, stakeholders and staff with a range of opportunities to learn about the proposals, ask questions and share their views. A report on consultation feedback, the view of the CHC and the recommendation of the Joint Committee on the way forward will be brought to the September meeting of the Health Board for decision.

5. Developing our Strategic Partnership with Cardiff University

In April the Management Executive Team received a report on the above which acknowledged the importance of strengthening the partnership between Cardiff University (CU) and Cardiff &Vale University Health Board (CVUHB) recognizing that inter-dependency of the working relationships between the two organisations, and the co-dependency.

The two organisations have a long history of working together to train the next generation of clinicians, undertake research, support clinical innovation into practice and improve patient care and population health. Both have their own strategies. However, there is close alignment between a number of the strategic themes and strategic objectives, and there are a number of interdependencies in the delivery of these strategic priorities.
The paper recommended work Programme for the next 12 – 18 months, confirming expected outcomes, which strategic themes they contribute to, and the executive lead.
The Joint Steering Group meeting on 8th May to approve proposed work Programme.

6. Well-being Future Generations Act

The Board was last updated on our approach to implementing the Well-being of Future Generations (Wales) Act (WFGA) 2015 in September 2017. The Act provides us with a real opportunity to make a sustainable difference for the future of our population, including a key focus on prevention. Our well-being objectives are our SOFW objectives so this is about the way we deliver our strategy. We need to use the Act to influence our strategic thinking and practical delivery across our services and teams and through our joint work with partners.

We need to create energy and enthusiasm in the organisation around the idea that paying attention to the 7 goals and applying the sustainable development principle (5 ways of working) in delivering our strategy could help us deliver in different and more creative ways than we might have thought of before – The Orchard is a great example of this.

We have made progress since the Board was last updated:

- we have completed a leadership baseline assessment, which told us that we still have a way to go to deliver differently – the first step is raising awareness of the Act across the organisation
- our Vice Chair is our WFGA Champion
- we have tested an approach to embed the WFGA in the corporate arena of Workforce and Organisational Development
- A recent internal audit, which examined how we were delivering our responsibilities with regard to the Act, reported reasonable assurance that arrangements to secure governance, risk management and

internal control, within the areas under review, are suitably designed and applied effectively. Some matters that require attention are being worked on.

We are currently working on an action plan which will focus on how we might further deliver the strategy through the lens of the Act, and a communication plan to raise awareness of the Act across the organisation.

7. GMS Sustainability Briefing – May 2018

This section aims to update on the work being undertaken to manage and mitigate the GMS sustainability risk, and the work to explore new models of care over the longer term.
Two GMS sustainability workshops took place on 8th February and 28th February. These workshops were well attended with circa 75 attendees on each day. The sessions held focused on:

- The challenges for GMS, to include some of the Cardiff and Vale specific challenges.
- The role of the General Practice Support Team and how to access support from the GPST, and the basket of contractual support available.
- Sharing good practice across Cardiff and Vale and beyond.
- Exploring approaches to creating sustainable health and care systems - the role and importance of primary care.

Following the GMS sustainability days the overall approach has been comprised by various elements which can be considered under the following areas:

- Level 1 -Sustainability and resilience of primary care
- Level 2 - Piloting new models and ways of working
- Level 3 - Scaling up good practice (Primary Care ‘at scale’)
- Level 4 - Transformation of Primary Care (cluster working to improve population health and wellbeing)
- Level 5 - Transformation in relation to health and social care

Progress has been made against Level 1 in terms of the contractual and proactive support being offered to General Practice with the procurement of a demand and capacity modelling software, and a GP Fellowship Scheme being developed.

Two cluster pilots relating to musculoskeletal (Central Vale cluster) and Mental Health Liaison (East Cardiff cluster) have helped inform proposed action to deliver Level 3 – scaling up good practice to enable Primary Care ‘at scale’, with business cases being

A number of facilitated sessions have taken place between March – May 2018 to discuss and consider how we take forward Level 4 and 5 in relation to a potential transformation bid, considering the role of clusters/localities in delivering seamless care at a population health level.

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT	
Name of Meeting : Board Meeting	**Date of Meeting :** 31.05.18

Executive Lead : Executive Nurse Director
Author : Assistant Director Patient Safety and Quality - 029 2184 6117 Assistant Director Patient Experience - 029 2184 6108
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

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 areas of current concern and AGREE that the current actions being taken are sufficient.

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SITUATION

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from March to end of April 2018.

BACKGROUND

The development of an integrated Patient Safety Quality and Experience report, presents an opportunity for greater triangulation and analysis of information. It enables Clinical Boards and the Corporate Teams to identify areas of good practice but also to identify emerging trends and issues that require action in order to improve safety and quality of services.

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

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

ASSESSMENT

There are two of areas that remain of concern and a continued focus for patient safety quality and experience.

Never Events – another Never Event has been reported by the Dental Clinical Board. While we recognise that these types of Never Events are the most commonly reported type in the UK, this is of concern due to the fact that there has been a cluster of such incidents. The Patient Safety team will be working with the Clinical Board to consider the introduction of a Local Safety Standard for Invasive procedures (LocSIPP) – this is a new toolkit that has been produced by the British Association of Oral Surgeons for clinical teams involved in dental extractions. It gathers together recommendations regarding the development of safety standards to minimise the risk of wrong site surgery in all dental settings, focusing on the extraction of the wrong tooth. In addition, the Executive Nurse Director is considering an independent review of current processes.

Serious Incident reporting – there has been a further increase in reporting during March and April 2018 when the UHB reported 30 and 27 SIs respectively. This continues to relate to the increase in the reporting of pressure damage as described in the previous report to Board. The Board has been advised previously that they should anticipate an increasing

trajectory of reporting, as we take steps to improve the quality of the reporting of pressure damage in community settings. A considerable amount of work is being undertaken to both improve reporting and also to improve the prevention and management of pressure damage. A more detailed update will be provided in the next Board report. A paper will also be presented to the September 2018 Quality, Safety and Experience Committee in line with the agreed workplan.

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

During March and April 2018, 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, 4 or unstageable healthcare acquired pressure damage. • A baby required admission to the Neonatal Unit following a difficult Ventouse delivery.
Dental	1	• A patient had root canal treatment to a lower right tooth instead of the lower left side. This is being managed as a **Never Event.**
Executive Nurse	2	• Incidents reported where the Procedural Response to Unexpected Death in Childhood (PRUDIC) process has been instigated.
Medicine	19 7 1 1	• Grade 3, 4 or unstageable healthcare acquired pressure damage. • Falls where the patient sustained significant injury. • Patients delayed in having diagnostic or surveillance procedures in Gastroenterology. • There was a delay in triage and assessment of an unwell patient brought to hospital by Welsh Ambulance Services NHS Trust.
Mental Health	6 3 1	• Unexpected deaths of patients known to Mental Health services, including Addictions services. • Falls where the patient sustained significant injury. • A patient was found to have an infectious illness requiring treatment and isolation after admission to Hafan Y Coed.
Primary Care and Intermediate Care	1	• The death of a patient is being investigated by the Coroner. The patient was known to Primary Care. There is concern about medication management by a community pharmacy that needs to be addressed.
Specialist	3 2	• Grade 3, 4 or unstageable healthcare acquired pressure damage. • Falls where the patient sustained significant injury. • An outbreak of Vancomycin-Resistant Enterococci temporarily affected Cardiothoracic

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	1 1	Services. • An unexpected death of a Cardiothoracic Services patient was reported to the Coroner.
Surgery	2 1 1 1 1	• Falls where the patient sustained significant injury. • Death of a patient where a healthcare associated infection has been recorded on the patient's death certificate. • Grade 3, 4 or unstageable healthcare acquired pressure damage. • A medication error involving prescription and administration of methotrexate was reported. It is being managed as a **Never Event.** • An incident occurred where a patient with multiple fractures had a screw inserted to the incorrect site. This is being managed as a **Never Event.**
Total	**57**	

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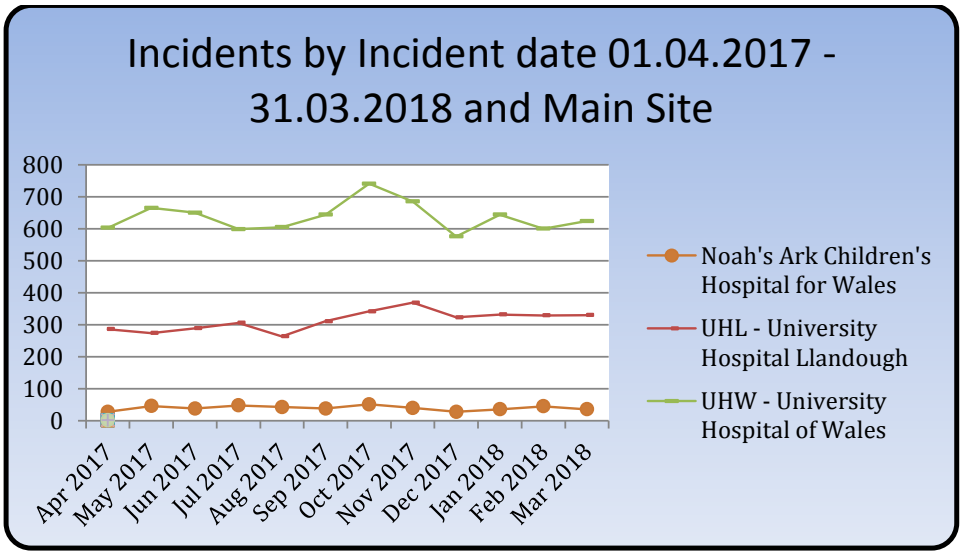
No Surprises		
Clinical Board	**Number**	**Description**
Executive Nurse	1	• Incidents reported where the Procedural Response to Unexpected Death in Childhood (PRUDIC) process has been instigated.
Medicine	1	• An outbreak of diarrhoea and vomiting symptoms temporarily affected several wards.
Mental Health	1	• The wife of a patient known to Mental Health services was interviewed for a BBC radio programme following publication of a report from Cardiff University regarding people living with dementia.
PCIC	1	• A Health Centre sustained significant water damage due to flooding which affected normal service provision.
Specialist	1	• Identification of an infection temporarily affected services in Critical Care and Neurosciences.
Surgery	1	• A patient reported his concerns regarding delayed orthopaedic surgery to the local media.
Total	6	

How do we compare to our Peers?

There is no updated information available from Welsh Government regarding the position across Wales on Serious Incident reporting.

In terms of general incident reporting, the following graph demonstrates the patient safety incidents reported on to the UHB's Datix risk management system by main sites over the last twelve months. As would be anticipated, the majority of the incidents were recorded at the University Hospital of Wales (UHW) followed by University Hospital Llandough (UHL) which reflects the size and activity at those sites. The Patient Safety Team continues to monitor the incident reporting rates across the sites.



Never Events

All Wales position
There is no updated information available from Welsh Government regarding the position across Wales on Never Events.

The UHB has reported three new Never Events since the last report to Board which have been outlined in the new incidents section of this report. The incidents remain under investigation.

What are we doing about it?

A cluster of Never Events in the Dental Clinical Board will have been noted by the Board.

The Delivery Unit has provided the UHB with information from NHS England for consideration regarding use of National Safety Standards for Invasive Procedures (NatSSIPs) in dental settings to reduce the risk of Never Events.

The Patient Safety Team has presented information to the Clinical Board on NatSSIPs to facilitate their implementation programme. The Executive Nurse Director is considering an independent review of the dental never events.

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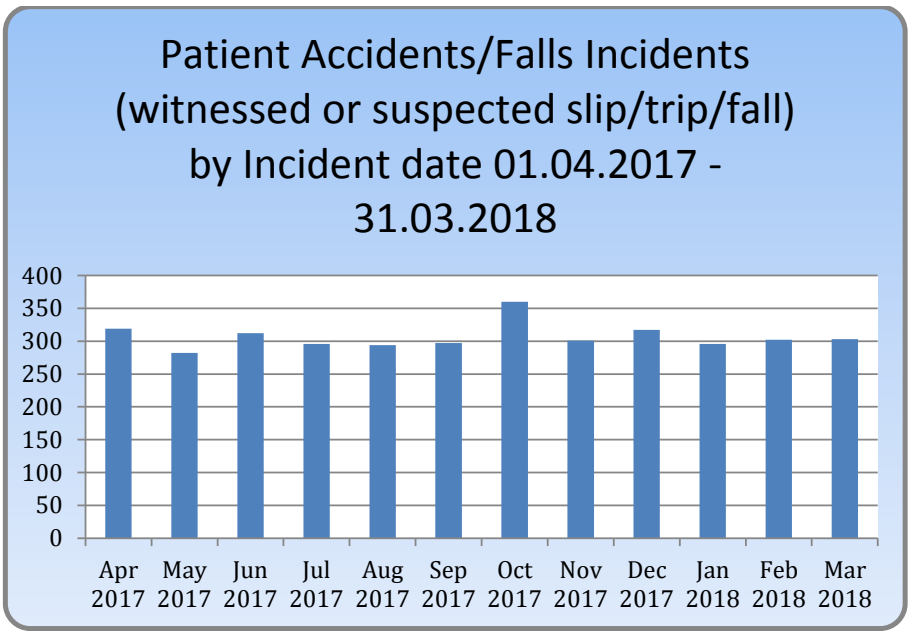
Patient Falls

How are we doing?

Patient falls continue to be a frequently reported patient safety incident. The following table indicates the number of patient accidents/falls reported between April 2017 and March 2018.



The majority of falls continue to result in no significant injury to patients. The Patient Safety Team monitors the trend of falls over the Winter period as previous increases at this time have been noted. It is evident that there has not been an increased volume of incidents reported this year.

There was however, an increase in the number of falls resulting in significant injury in March and April 2018. 14 incidents were reported to Welsh Government as Serious Incidents which was increase from 10 incidents in the last report to Board. Two of the incidents in the current report occurred on ward C6 at UHW but there is no other trend in the remaining incidents as they all occurred in different clinical areas.

How do we compare with our Peers?

There is currently no reliable All Wales benchmarking data available.

What are we doing about it?

Oliver Williams, the Falls Strategy Implementation Lead, is embedding well into his new role.

He has enjoyed recent success with celebrations of his work. He was an award winner at the Cardiff and Vale UHB Staff Recognition Awards in March 2018 where he was awarded the Dr Kate Granger Award for Compassionate Care.

He has also presented his work on an Individualised Strength and Balance Programme at the recent International Forum on Quality and Safety in Healthcare in Amsterdam.

He has presented to a judging panel for the Health Service Journal Patient Safety Awards 2018. The outcome is awaited.

The nature of his strategic role provides an opportunity to influence and implement schemes across the UHB in the coming months to improve patient safety and experience in relation to falls. The focus of this work will be in the development and expansion of community based, multi-agency initiatives to prevent and manage falls. In addition to this, there will be some initiatives taken forward to reduce falls in the in-patient setting, including an innovative LIPs project being taken forward by a multi-disciplinary team incorporating clinical simulation training to support staff in preventing and managing falls.

Regulation 28 reports

The UHB has not received any Regulation 28 reports during this reporting period.

Outcomes of internal and external inspection processes

How are we doing?

Internal observations of care

Twenty unannounced internal inspections were undertaken during March and April 2018. These were undertaken across five Clinical Boards; 18 inspections were undertaken as part of the planned programme of unannounced inspections, whilst one was requested by a Lead Nurse and another by the Deputy Nurse Director.

The inspections continue to provide a positive picture of staff delivering care in a professional and dignified manner; with evidence of kind, caring staff seen across all areas. The key findings are reported back to the clinical area at the time of the inspections and a written report is submitted to the Director of Nursing for that Clinical Board; of note, what is considered good practice in one area, may be an area requiring improvement in another.

Key findings for March and April have shown:

- Improvements with medicines management continues
- Good leadership and team working continues to be observed during the inspection process, evidenced by calm, organised ward areas, good

communication between staff groups and positive comments from both staff and patients.

- There continues to be a variation in the standard of completion of documentation:
- Comprehensive completion of risk assessment in most areas but not all
- examples of good evaluation of care
  - some attempts to individualise care plans seen, but this is not consistent across all areas
- Patient identifiable data (PID) has been seen to be left unattended at times, e.g. computer screens displaying PID open, notebook containing PID kept in sluice area.
- Delay in maintenance requests being actioned continues.
- Excellent interaction with patients noted, and patients are complimentary about the care they received.

What are we doing about it?

Discussion takes place with the nurse in charge at the time of the inspection to ensure action is taken to address areas requiring improvement.

Positive areas identified during the inspection process are fed back to the nurse in charge during feedback at the end of the inspection.

A monthly report detailing all findings relating to medicines management continues to be provided to the Nurse Advisor for Medicines Management and this information is fed in to the Medication Safety Group as appropriate for consideration.

Monthly reports of the findings of inspections are provided as part of the Clinical Board Directors of Nursing Professional Nursing Review with the Executive Nurse Director, this meeting forms part of the scrutiny and assurance arrangements within the UHB.

External inspections

During this period, Healthcare Inspectorate Wales carried out an unannounced inspection of Elizabeth Ward. Feedback at the end of the day was very positive. The UHB is currently awaiting the draft report and recommendations.

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?

Real Time

The patient satisfaction scores from the National Surveys distributed across the UHB during March and April were 91% and 92% consecutively.

The number of routine 'real time' paper surveys completed each month across our Clinical Boards during March and April has been **1020** and **1129** consecutively.

The Patient Experience Team have also met with staff from the Mental Health Clinical Board to discuss survey returns and how to improve compliance and engagement with the patients/carers. Productive discussion took place and agreement that a poster to promote the value and to provide feedback of actions would be designed. A service user has been instrumental in the initial draft design, encouraging ownership and collaboration.

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

> Level of care received over the last two days has been very good. Felt like I've been treated as a person and not just another patient, and that my individual needs mattered.

> I have been treated with care, diligence and friendliness in a clean and welcoming ward. Every one of the staff – medical, nursing and practical support (cleaners and caterers) have been 100% supportive, polite and caring.

However we don't always get it right and when asked *'Was there anything we could do to change and improve you experience*? One patient responded by saying:

> An awful lot in my opinion. Mental health is so critical to the social wellbeing of community. If someone had a broken leg /hip or heart attack the treatment would be visible. Mental health is invisible!'

In addition, we were able to make some changes based on feedback;

You said	We did
Can you support an ordinary plaster for people with allergies to micropore?	Discussed with the Senior Nurse and alternatives are available – clinical area also notified of feedback
To be seen on time or within acceptable wait. Problem with notes delayed appointment by two hours	Doctor apologised to patient, hearing aid also checked and nurse undertook venepuncture to prevent further delays –Patient appeared happy leaving clinic.

One of the themes that does frequently occur is issues with the Health Board lifts with the following two qualitative comments received during March and April are examples of the comments made by patients and the public:

2 lifts working

The Health Board estates team have been working to resolve this issue and recently changed Contractors, with the aim of significantly reducing the frequency whereby the lifts are 'out of action'. The ' new' Contractor has a positive record of prompt resolution when they previously managed the contract.

The lifts would be my main concern at times they are not working and I cannot walk more than 100 yards and have to use a very heavy scooter. I have waited up to 10 mins for a lift to arrive only to have to wait for able bodied patients, family and hospital workers to take their place leaving me waiting.

We have Happy or not machines in 3 hospital sites and one community dental practice. We recently changed the question to:

Would you recommend this hospital to your family and friends?

Retrospective

The National Programme for Unscheduled Care Boards has endorsed a programme of work to conduct an evaluation of how well the health and social care system managed over the winter period 2017/18. Feedback was required from 1st December 2017 to 31st March 2018 and numerous sources accessed to provide this. This included:

- Access to an on line survey which was promoted and shared via the Heath Board Communications team using Social Media platforms e.g. Twitter and Face book.
- The PALS team proactively contacting approximately twenty people via email and in addition undertook twenty phone calls.
- The survey link was shared via the Health and Social Care Facilitator Networks, for both Cardiff and the Vale.

In summary, the feedback was from both primary and secondary care. The experience shared varied greatly, however, the majority of people felt that the Emergency Services in Cardiff and Vale UHB coped as well as could be expected, despite the huge amount of pressure on them during the winter months. Examples of the mixed qualitative comments provided include:

> They struggles with sheer volume of people, some of which perhaps didn't need to be there, but they still managed to do their job.

> Great performance considering the financial constraints and the insatiable demand.

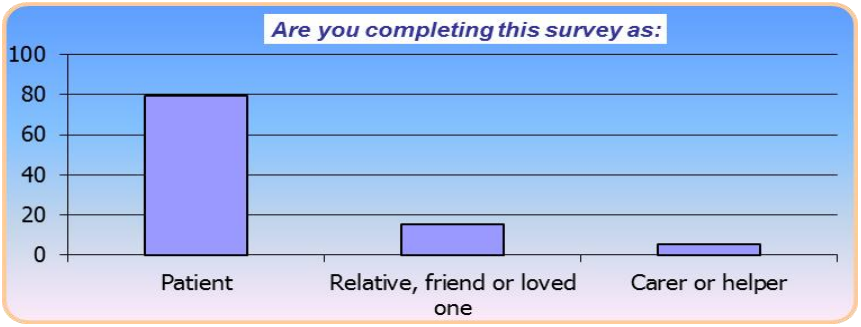
The top four suggestions for Cardiff and the Vale in preparation for next winter were:

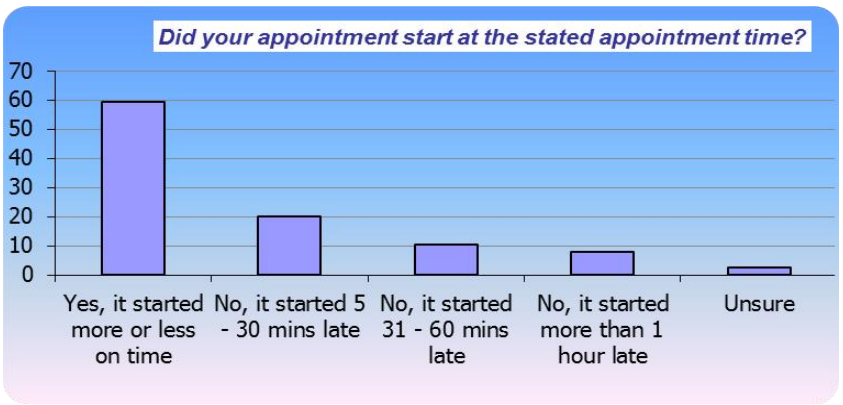
1. More staff/adequate staffing
2. Improved access to GP services, both in and out of hours to help the Emergency Unit
3. More centralised Government resources/funding
4. More community resources to alleviate the strain on secondary care

Proactive and Reactive

Outpatients Kiosk

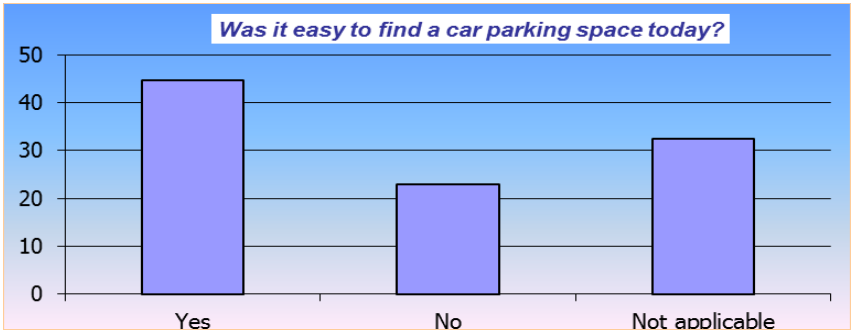
This Kiosk has received in total 1368 responses mainly from patients and continues to be completed consistently each month by over 100 patients.





It is pleasing to note that 60% of appointments are on schedule.

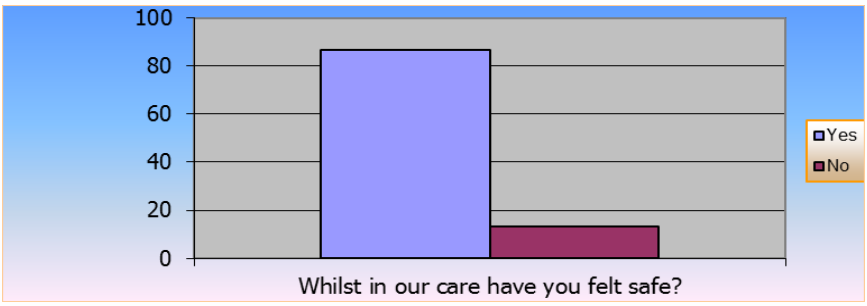
However, car parking remains a concern, since the introduction of park and ride it has been noted that this problem has been decreasing.



Ward Feedback Kiosks

The ward feedback kiosks were introduced to the wards in June 2017 and were a means of gathering real time feedback from patients, relatives, friends, carers and staff. The survey tools loaded on the kiosks, were available in both English and Welsh. During each survey period, the kiosk remained on its designated ward for one week. A detailed report was then sent to the area the following week. To date, 3,054 surveys have been completed

Most patients feel safe in our care and involved in decisions about their care.



	Have you felt involved when decisions have been made about your care/treatment?
Yes	84%

For this year we will be targeting primary care settings to ensure that we have feedback from patients, staff and carers in GP, Dental and pharmacy practices.

Balancing

Complaints

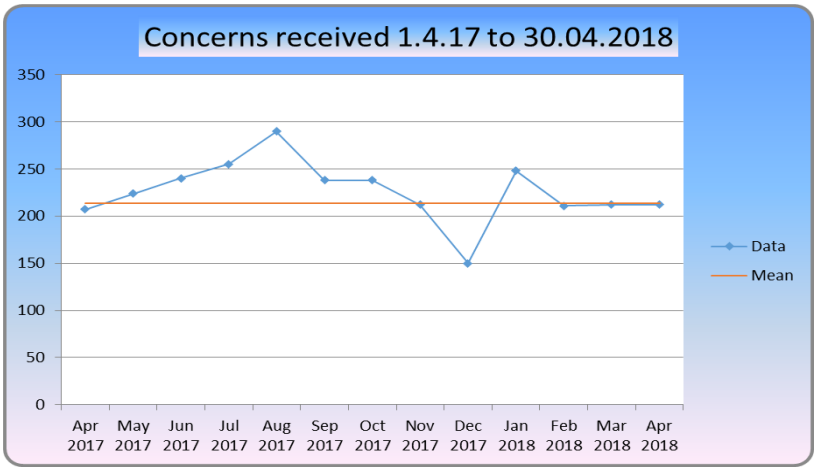
Between 1st April 2017 and 31st March 2018, we have received 2,727 Complaints, of which 61% were managed through our informal process, with less than 2% being converted to a formal complaint.

There was a rise in formal concerns during March 2018, whereby we received 111 formal concerns in comparison to an average of 88 per month, however, this reduced in April to 93. The highest number of concerns, 815 in total, related to waiting times and cancellation of appointments/admission followed by 774 concerns raised primarily relating to Clinical Diagnosis and treatment.

Surgery Clinical Board continue to receive the highest number of formal and informal concerns; during March and April. However, the Surgery Clinical Board managed 67% of their concerns informally and a high percentage related to a delay in Ophthalmology Outpatient Appointments. As a result of the high volume of concerns raised, the Clinical Board implemented a number of changes to address this, including, introduction of a Nurse Led Clinic for patients who meet specific criteria and can be seen by a nurse. We have seen a reduced backlog of patients waiting to receive a follow up appointment and there has been a slight decrease in the number of informal concerns received. During March and April, 86 informal concerns were logged, in comparison to 111 during January and February. The UHB will continue to monitor this position.

The Clinical Boards have shown a commitment to working with the Concerns Team to maintain the improvement in the 30 day response times, meeting weekly to discuss all active concerns. The latest overall Health Board performance in response to 30-day concerns is 72%. This is a slight decrease in comparison to 74% reported in the last Board report.

During March and April, the Health Board received 423 complaints, 52% of those were managed through the informal process, and the overall informal response time is 95%.



Compliments

During the period 1st April 2017 - 30th April 2018, the Health Board received 600 compliments. Medicine Clinical Board continues to receive the highest number of compliments, in particular for the Emergency Unit.

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How do we compare to our Peers?

There is currently no reliable All Wales benchmarking data available.

What are we doing?

All complaints and patient feedback provide us with an opportunity to make changes to improve services. The following are examples of action that the UHB has taken following concerns raised by patients and their families:

You Said	We Did
Patient would like option of jacket potatoes with fillings	Request shared with Operational Services Manager – patient able to request jacket potatoes on any lunch or supper service at the hospital
The entrance is very dirty	Within 24 hours of asking the Estates team jet washed the front entrance of the Women's Unit
I should have an OT assessment before discharge as my flat is not accessible to me	Occupational Therapy assessment underway
Would like more physio if possible	Physio informed
TVs in the Delivery Suite would be a great addition, reclining chairs or chair bed in recovery for partners would be of benefit	Application to the Charitable Funds Committee to provide televisions for the Delivery rooms and additional recliner chairs

The toilet flush in my room needs fixing – I found it embarrassing	Maintenance Request placed to review flush as part had broken off
Patient unhappy in four-bedder as doesn't get along with one of the other patients	Senior Nurse contacted, patient moved and is a lot happier
Patient in next bed took glasses by mistake – glasses got broken	Optician filled out prescription – receipt submitted for a claim
Anxious about coping after leaving hospital. Would like help and support as to what to do next	Discussed with Sister – Care package being organised
I found it hard to hear names being called especially with a lot of background noise. My name was called out twice before I realised it was my turn. In this day and age of technology, is it possible to consider flashing names up on television screens or an electronic appointment board?	We are looking at ways of improving our communication between ourselves and the patients. The television screens are an excellent idea and discussions have taken place with IT to see the feasibility of using the current ones in our waiting room.
It was difficult to access Department of Sexual Health Services	Access to the service has been reviewed and community clinics reviewed with discussions with the CHC
All documents in the community clinic were in English no Welsh versions available.	All patient accessible paperwork has been reviewed and is being translated into Welsh,
GP OOH-Concerns raised regarding appropriateness of GP out of Hours Telephone Triage	Clinical decision templates reviewed - these support clinical telephone triage,
It was difficult to access Department of Sexual Health Services	Access to the service has been reviewed and community clinics reviewed with the CHC to improve.

PERFORMANCE REPORT
Name of Meeting : Board Meeting **Date of Meeting : 31st May 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 18 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 April 2018 and provides more detail on actions being taken to improve performance in areas of concern.

BACKGROUND

The UHB is presently compliant with 19 of its 65 performance measures (March 2018=18/60, March 2017 = 23/58) and is making satisfactory progress towards delivering a further 23 (March 2018 = 23).

Since the last report three measures have improved to green:

#8 – The rate of conceptions among females under 18 reduced from 27.5 per 1000 females in Cardiff and 19 per 1000 in Vale in 2015 to 22.3 per 1000 and 15.9 per 1000 in the Vale

#30 – The proportion of 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 improved from 55% in January to 90% in April.

#43 – The proportion of episodes coded within 30 days increased to 96% in April from 94.9%. The coding of mental health inpatient activity has commenced.

One measure has improved from red to amber:

#28 – Performance against the first and second of the four stroke bundles has risen from 23% and 90% to 48% and 97% respectively. It is expected that as a UHB we demonstrate sustained continuous improvement.

A deterioration in performance was observed against

#10 – The Emergency crude mortality rate (12 mth) increased from 2.92% to 3.14% over the course of the year. However as identified in the body of the report risk adjusted mortality rate, a measure that is more aligned with services, has improved.

#18 – The proportion of live births with a birth weight of less than 2500g rose from 5.8% to 6.1% in the 12 month period. Whilst not a statistically significant increase, and the measure may have been influenced by changes to maternity services across South East Wales, presently there is no evidence suggesting that the requirement to deliver further reductions was achieved.

#32 – The proportion of patients who had a nutrition score completed and appropriate action taken within 24 hours of admission fell to 93% in March from 95% in January.

#56 – The percentage of medical staff undertaking Performance Appraisal fell from 77% to 74%. The expectation is that we demonstrate an improvement on the 77% rate observed in March 2015.

There are now 18 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	7	11	2	12.5/20
Delivering our service priorities	2	3	1	3.5/6
Delivering sustainably	9	6	15	12/30
Improving culture	1	3	5	2.5/9
Total	19	23	23	30.5/65

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:

- Mortality
- Mental Health Measures
- Unscheduled care report incorporating Emergency Department and ambulance response and handover times and delayed transfers of care
- GP Out of Hours services
- Stroke
- Cancer
- Elective access including dementia and diagnostic waiting times and postponed admissions
- Healthcare Acquired Infections
- Finance

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.

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

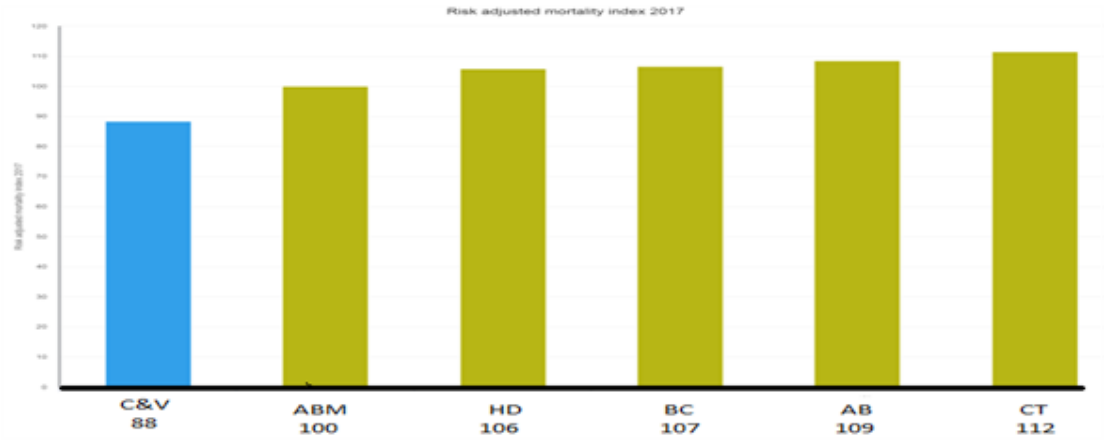
Purpose	Strategic Objectives	Measure	n	Status report: Mar-14	Mar-15	Mar-16	Mar-17	Mar-18	RAG rating	May-18	RAG rating	Latest Trend	Target	Time period	Exception Report
For Our Population	All take responsibility for improving our health and wellbeing	Uptake of influenza vaccination among high risk groups	1	>65: 69%, @risk: 52%, pregnant women: 44%	>65: 70%, @risk: 53%, pregnant women: 49%	>65: 68.5%, @risk: 47.7%, pregnant women: n/k	>65: 68.5%, @risk 48.1%, staff:52.9%	>65: 70.8%, @risk: 49%, staff:64.7%	A	>65: 71%, @risk: 49%, staff:64.7%	A	↑	Green: Community: 75%, staff 60%; Amber (improvement on 16/17) - profile FYO >65: 70%, @risk: 52%, staff:50%	End of season	
		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	84.6%	84.0%	83.7%	81.2%	5 in1 : 94.7%, MMR2: 87.5%	A	5 in1 : 95.0%, MMR2: 87.1%	A	○	Target: 95%, amber = EOY IMTP trajectory of 95% & 90%	Jan-Mar18	
		Proportion of adults obese or overweight	3	55% (12/13)	54% (13/14)	54%	54%	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% (12/13)	44% (13/14)	44%	42%	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	26% (12/13)	27% (13/14)	27%	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	not available	0.6%	1.1%	0.7% to Q2	0.85% to Q2 17/18	R	1.25% to Q3 17/18	R	○	WG target 5% by 2017/18, IMTP trajectory = 1% for Q1&2	Q3 17/18	
		% C&V residents who are CO validated as successfully quitting at 4 weeks - measured annually - target 40%	7	not available	36.9%	46.0%	67.0%	55.3% Q2 17/18	G	64% Q3 17/18	G	↑	Tier 1 target 40%, IMTP trajectory = 58%	Q3 17/18	
		Rate of conceptions among females under 18	8	Cardiff 35 per 1000, Vale 28.4 per 1000	Cardiff 30.4 per 1000, Vale 19.4 per 1000	Cardiff 30.4 per 1000, Vale 19.4 per 1000	Cardiff 27.5 per 1000, Vale 15.8 per 1000	Cardiff 27.5 per 1000, Vale 19 per 1000	A	Cardiff 22.3 per 1000, Vale 15.9 per 1000	G	↑	reduction on previous year	2016 (Annual)	
	Deliver outcomes that matter to people	Crude Hospital Mortality Rate for people aged less than 75	9	94	103	0.60%	0.60%	0.62%	G	0.63%	G	○	12 Month Reduction Target (12M to Apr-16 was 58%)	12 months to Apr-18	
		Emergency crude mortality rate (12 mth)	10	3.15%	3.27%	2.94%	3.05%	3.05%	G	3.14%	A	○	Reduction in CMR (May-Apr17 was 2.92%)	12 months toApr-18	
		Demonstrable reduction in the mortality rate for stroke, heart attack and fractured neck of femur patients (30 day post event, 12 mth)	11	stroke 14.5%, heart attack 3.7%, #NOF 8.9%	stroke 12.8%, heart attack 3.2%, #NOF 6.9% (Feb)	stroke 10.1%, heart attack 3.7%, #NOF 5.9%	stroke 11.2%, heart attack 3.7%, #NOF 6.1%	stroke 12.5%, heart attack 3.8%, #NOF 8.1%	A	stroke 13.6%, heart attack 3.7%, #NOF 6.5%	A	○	Demonstrable reduction in rolling 12 month rate (Oct 15 to Sep 16: 10.1%, 3.7%, 6.9%)	12 months to Jan-18	
		% Universal mortality reviews undertaken within 28 days of a death (New measure)	12	25%				71%		81%		○	NEW MEASURE from April-17 - Target is 95%, Amber is improvement from 70% baseline	Feb-18	
		Patient experience monitored through "Fundamentals of Care" audit and national surveys	13	Operational score 84% (4/12 >85%), User Experience score 89% (2/15 >85%)	Operational score (8/12 >85%), User Experience score 89% (23/26 >85%)	Operational score (15/18 >85%), User Experience score 89.7% (23/26 >85%)	87%	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	8/11 >90%	7/11 >90%	6/11 >90%, 7/11 >85%	6/11 >90%, 7/11 >85%	6/11 >90%, 8/11 >85%	R	7/11 >90%, 7/11 >85%	R	↑	Green: 90% for each of the 11 questions, Amber: >85%	Monthly snapshot for Apr-18	In Nursing director's report
		Proportion of formal complaints responded to within 30 working days	15	45%	43%	55%	43%	74%	A	69%	A	○	Green: 80%, Amber sustainable improvement from 40-50% range	Complaints received to 31/3/18	In Nursing director's report
	Reduce health inequalities	Life expectancy at birth	16	80.5 2009/11	80.8 2011/13	80.8	80.8	CdP F: 82.6, M:78.4, V- F: 83.5, M: 78.8	G	CdP F: 82.6, M:78.4, V- F: 83.5, M: 78.8	G	○	Continuous Improvement (March-18 figures updayed)	2014- 2016	
		Reduce infant mortality for population	17	4.1 per 1,000 live births (2012)	4.3 per 1,000 live births (2013)	4.3 per 1,000 live births	3.9 per 1,000 live births	2.8 per 1,000 live births	G	2.8 per 1,000 live births	G	↑	reduction on 2015 rate (3.9)	ONS (2016)	
		% live births with a birth weight of less than 2500g	18	7.3% (provider)	6.7% (provider)	5.8% (provider)	5.90%	5.98%	G	6.10%	A	○	12 mth cumulative reduction on previous year (5.9%)	Upto Feb-18	
		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	1157	1048	1020	1089	1020	A	1013	A	○	reduction against same 12 month period of previous year (1110)	Upto Jan-18	
		Reduction in the number of emergency hospital readmissions within a year for basket of 8 chronic conditions	21	223	196	192	196	202	A	204	A	○	reduction against same 12 month period of previous year (198)	Upto Jan-18	
		Emergency admission for hip fractures (age-standardised, 65+ per 100,000 people) (Revised Populations applied)	22	727.5 (Mar-Feb14)	633.9 (Mar- Feb 15)	499	554.8	583.7	A	556	A	○	reduction on previous year (561 per 100,000 conf limit+/-56)	Jan-Dec2017	
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	96% NUSC, 83% USC	96.4% NUSC, 82% USC	100% NUSC, 74.2% USC	97% NUSC, 83% USC	98.3% NUSC, 86.8% USC	R	96% NUSC, 88% USC	R	○	98 % NUSC, 95% USC	Monthly snapshot for Mar-18	✓
		Primary care contractor professionals assurance status	24	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Managerial Intervention Required	A	Managerial Intervention Required	A	○	5 sustainability applications and one pending. Support is being provided to four practices who are looking to merge into two in October 2018.	as at 10/5/18	
		% GP Practices open during daily core hours or within 1 hour of daily core hours	25	76% (2013)	83% (2014)	83% (2015)	88%	88%	G	88%	G	○	Improvement target (2015 - 86%)	May-18	
		Dementia Bundle: Diagnosis rates, Access & training	26	97%	Diagnosis: 54% Access: 84%, Training: 42%	Diagnosis: 55% Access: 71%, Training: 33%	Diagnosis: 58% Access: 98%, Training: 30%	Diagnosis: 63% Access: 99%, Training: 32%	G	Diagnosis: 63% Access: 99%, 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: Apr18, 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	2.77%	2.77%	2.60%	3.00%	3.30%	A	3.30%	A	○	Demonstrable reduction in rolling 12 month rate (Jan-Dec 16: 2.8%) - Amber remain in SPC limits (ie, mean ± 3.09 UCL & 2%)	12 months to Apr-18	
		Sustained compliance against four acute stroke bundles	28	1: 96%, 2: 46%, 3: 77%, 4: 91%	1: 98%, 2: 86%, 3: 94%, 4: 96%	1: 35%, 2: 100%, 3: 57%, 4: 67%	1: 40%, 2: 96%, 3: 64%, 4: 79%	1: 23%, 2: 90%, 3: 60%, 4: 92%	R	1: 49%, 2: 97%, 3: 76%, 4: 95%	A	↑	Amber: Continuous improvement Green: UHB IMTP Mar-18 trajectory: 60%, 96%,89%,85%	Monthly performance in Mar 18	✓
Caring for people and keeping them well	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	102	97 serious incidents, 47 no surprises	219 serious incidents, 21 no surprises	206 serious incidents, 39 no surprises	240 Sis, 31 no surprises - 52% assured in timescale	A	250 Sis, 34no surprises - 58% assured in timescale	A	↓	No. of SIs: yr to date (219 Sis in15/16, 236 16/17) , Timeliness for assurance : 95%	No. of SIs: yr to 28 feb, Timeliness: Mar-18	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 84% compliant	Bundle 6 86.7% compliant	Bundle 6 90.6% compliant	64.9%	Jan-18: 55%, YTD 66%	A	Apr-18: 80%, YTD 67%	G	↑	Continuous improvement target (Q1 16/17 = 48.1%, Q2 = 62%, Q3=64.9%, Q4 = 57%)	Apr-18	
		Reduction in number of patients who had a potentially preventable Hospital Acquired Thrombosis (VTE) up to 90 days post discharge	31	41.0%	35.0%	156	161	10 potentially preventable, 0 to be reviewed		8 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 Dec-17	
		% of nutrition score completed and appropriate action taken within 24 hours of admission	32	92%	94%	95%	94%	95%	G	93%	A	↓	Green: 95%, Amber 90%	Monthly snapshot for Mar-18	
		Patient environment: Credits 4 cleaning scores for high risk areas	33	Very high risk: 93%, High risk: 92%, Significant risk: 89%	Very high risk: 93%, High risk: 93%, Significant risk: 92%	Very high risk: 94.7% High risk: 94.4% Significant risk: 91.3%	Very high risk: 98.1% High risk: 97.0% Significant risk: 96.7%	Very high risk: 98.2% High risk: 96.7% Significant risk: 96.8%	G	Very high risk: 98% High risk: 95% Significant risk: 91%	G	↓	Very high risk: 98% High risk: 95% Significant risk: 85%	Monthly snapshot for Apr-18	
		% compliance with Hand Hygiene (WHO 5 moments)	34	91%	91%	94%	94%	94%	R	94%	R	○	Green: 100%, Amber:>95%	Monthly snapshot forMar-18	
		Reduction in C. Difficile and Staphylococcus Aureus Bacteraemia (MRSA), working towards a zero tolerance	35	263 C difficile cases; 31 MRSA cases	172 C difficile cases; 44 MRSA cases	11 C. difficile cases; 11 S. aurea cases	13.7 C difficile cases; 10.6 S. aurea cases	115 C difficile cases; 140 S. aurea cases; 316 E. coli cases	R	126 C difficile cases; 155 S. aurea cases; 354 E. coli cases	R	○	WG target: 127 C-diff, 96 S-aureus, 290 e-coli	12 mths: Apr 17 to Mar-18	✓
		Reduction in the number of healthcare acquired pressure ulcers	35	Mthly average = 38	Monthly average = 31 (372.14/15)	M12 = 413, avg = 34.4	M10 = 577 MA(12) = 56	M10 = 1119 MA(12) =107	R	Data quality issue identified			10% reduction on previous year (2015/16 avg = 34.4, target = mthly average of 31) (source:FOC)		
		Financial balance: remain within revenue resource limits	36	£19.177m deficit at M12	£21.364m Deficit at M12	£0.068m surplus at M12, (£13.3m favourable variance from plan)	£29.717m deficit at M11	£25.502m deficit at M11	R	£1.836m deficit at month 1. £0.151m adverse variance against plan	R	↓	2018/19 planned deficit £19.9m	M1 2018-19	✓
		Remain within capital resource limits.	37						G	Expenditure at the end of April was £0.568m against a plan of £0.570m.	G	○	Approved planned expnditure £36.099m	M1 2018-19	
		Reduction in Underlying deficit	36a						R	£45.9m assessed underlying deficit position at month 1	R	↑	If 2018/19 plan achieved reduce under\ying deficit to £39.6m	M1 2018-19	
		Delivery of recurrent 3% savings target	36b						R	£16.244m identified at Mnth 1	R	↑	£25.335m	M1 2018-19	
		Delivery of non recurrent 1% savings target	36c						R	£4.174m identified at month 1	R	↑	£8.445m	M1 2018-19	
		Delivery of financial improvement target	36d						R	£2.100m identified at month 1	R	↑	£9.3m	M1 2018-19	
		Creditor payments compliance 30 day Non NHS	37a						R	92.4% in April	R	↓	95% of invoices paid within 30 days	M1 2018-19	
		Remain within Cash Limit	37b						R	forecast cash deficit of £28.791m	R	○	To remain within Cash Limit	M1 2018-19	
		Maintain Positive Cash Balance	37c						G	Cash balance = £2.305	G	○	To Maintain Positive Cash Balance	End of April	
		Number of procedures undertaken that are on the UHB's "interventions not normally undertaken" list for procedures of limited clinical effectiveness	39			5315	5528	5197	A	5243	A	○	12 month rolling reduction (Dec-Nov16 : 5566)	Apr-Mar18	
		Reducing outpatient did not attend rates for New and Follow Up appointments	40		N 10.8%, FU 12.1%	N 10.5%, FU 11.7%	N 10.2%, 11.8%	N:10.1%, FU 12.2%	R	N:10.4%, FU 11.6%	R	○	12 month rolling reduction- 16/17 New DNA 9.8%, FU 12.2% (IMTP traj 11.7% & 11.2%)	12mths- 2017/18	
		Increasing in-session theatre utilisation (adopting Newton measure)	41	Tier 2	78%	79%	72%	75%	A	77%	A	○	Newton consulting set standards: green >= 85%, amber 67%-85%, red <=67%	Apr-18	
		Uptake of ERAS across whole HB.	42			Programme has stalled	Programme has stalled	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	May-18	
		Ensure that the data completeness standards are adhered to within 1 month of the episode end date	43	92% in month, 97% past 12 months	95% in month, 96% past 12 months to Feb-15	95.2% in month, 96.5% past 12 month	95.8% within 30 days	94.9%	A	96% (MH now being coded)	G	↑	95% within 30 days	For March 2018	
	Have a planned care system where demand and capacity are in balance	% hospital cancellations rebooked with 14 days	45	52%	38%	56%	28%	37%	R	32%	R	↓	WG target: 100%, IMTP trajectory 44%	Monthly snapshot for Feb-18	✓
		Part 1 Local Primary care Mental Health Support Services (% assessed within 28 days & therapy started within 28days)	46	5.5% (28 days), 73% (56 days)	98.7% (28 days), 96% (56 days)	82.2% (28 days), 82.8% (28 days)	78% (assessment), 86% (therapy)	83% (assessment), 79% (therapy)	A	94% (assessment), 67% (therapy)	A	○	80% within 28 days for assessment, 80% within following 28 days for therapy	Monthly snapshot for Mar-18	
		Part 2 Coordination of care and treatment Planning for Secondary Mental Health Users (% of users with a care and treatment plan)	47	88.3%	91.9%	90.4%	91.0%	90.1%	G	90.6%	G	○	90%	Monthly snapshot for Mar-18	✓
		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	100%	100%	89%	100%	100%	G	100%	G	○	Green: 100%, Amber: Continuous improvement as new standard	Monthly snapshot for Apr-18	
		Part4 Mental Health Advocacy (Provision of an advocate to all eligible requesting users)	49	100%	100%	100%	100%	100%	G	100%	G	○	100%	Monthly snapshot forApr-18	
		95% of patients will be waiting less than 26 weeks for treatment with a maximum wait of 36 weeks	50	86.4% <26 weeks, 2088pts > 36 wks	84% <26 weeks, 2386pts > 36 wks	84% <26 weeks, 2522pts > 36 wks	83% <26 weeks, 2720pts > 36 wks	84% <26 weeks, 2921pts > 36 wks	A	87% <26 weeks, 783pts > 36 wks	A	○	95% <26 wks, 0 > 36 wks: Amber: Achieve quarterly IMTP milestone (86% & 85% Q4)	Posn at 31-Mar-18	✓
	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	7 Green, 1 Amber, 7 Red	7 Green, 8 Red	5 Green, 3 Amber, 9 Red	6 Green, 6 Amber, 5 Red	8 Green, 1 Amber, 8 Red	R	8 Green, 2 Amber, 7 Red	R	↑	Number of standards where the UHB is compliant (Green 13/17, Amber 10/17)	Monthly performance in Apr 18	✓
		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	59%	48%	80%	82%	82%, 83% for 12 mths	G	83%, 82% for 12 mths	G	○	70% n.b	Upto Apr-18	
		95% of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge	53	86%	82%	85%	84%	75%	R	82%	R	↑	WG target: 95%, IMTP for Q1 87%	Monthly performance in Apr 18	✓
		Eradication of over 12 hour waits within all hospital emergency care facilities	54	175	101	55	59	290	R	116	R	↑	WG target: 0, IMTP trajectory: 100 for Q1	Monthly performance in Apr 18	
Culture	Be a great place to work and learn	Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	55	51%	56%	56%	58%	59%	R	59%	R	○	Green: >85%, Amber 68-84%, Red <68% (IMTP traj Feb - 82.9%)	12 months to Apr-18	
		Medical Staff – percentage of staff undertaking Performance Appraisal	56	66%	77%	75.2%	74.4%	77.0%	A	74.0%	R	↓	Green: 85%, Amber: increase from Mar-15 position of 77%	as at Apr-18	
		% of staff completing staff survey in the organisation.	57	19%	19%	22%	36% 0f 7000 staff surveyed	36% 0f 7000 staff surveyed	R	36% 0f 7000 staff surveyed	R	○	Bi-Annual	2016 staff survey	
		Overall measure for organisational climate / engagement	58	Not available	51%	60%	3.64/5	3.64/5	A	3.64/5	A	○	Bi-Annual	2016 staff survey	
		Achieve annual local sickness and absence workforce target	59	5.60%	5.54%	5.14%	4.86%	5.04%	R	5.07%	R	↓	12 month rolling reduction from 4.9% Mar-17, IMTP target reduce to 4.2% Mar-18	to Mar-18	✓
		Retain platinum corporate health standard	60	In progress	Achieved	Achieved	Achieved	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: 41%, 60 mins: 90%	15 mins: 60%, 60 mins: 92%	15 mins: 56%, 60 mins: 93%	15 mins: 49%, 60 mins: 90%	15 mins: 31%, 60 mins: 71%	R	15 mins: 42%, 60 mins: 83%	R	↑	15 mins: 60%, 60 mins: 100% (Amber: IMTP trajectory for 60 mins requires c. 84%)	Monthly performance in Apr 18	✓
		No. of Delayed transfers of care – mental health (all ages) and non mental health (75 years and over)	62	55 NMH, 15 MH	109 NMH, 24 MH	73 NMH, 21 MH	29 NMH, 17 MH	32 NMH, 14 MH	A	39 NMH, 9 MH	A	○	Continuous improvement : March 2017: 29 Non MH, 17 MH - IMTP trajectory is 10% redn on March posn	Monthly snapshot for Apr-18	
		Progress in Delivering Strategic Programme	63	Progress on developing high level strategies & relationships with CU	Progress on developing high level strategies & relationships with CU	Blueprint for HEART prepared for board	Slippage on aspects due to changing financial posn	Transformation programme accelerating	A	Transformation programme accelerating	A	○	Sustained improvement (metrics to be developed)	Assessment at Mar-18	
													Current Performance = 30.5/65		

ASSESSMENT

1) MORTALITY

How are we doing?

Latest data from CHKS indicates that Cardiff and Vale UHB has the lowest risk adjusted mortality rates in Wales, with 12% (88 – 100) fewer deaths observed than would be expected based on the UK average.



How do we compare with our peers?

The UHB's performance in line with the performance attained by our peer group of 24 acute teaching hospitals in the UK outside of London and better than that attained by our Welsh Health Board peers.

Risks

Hospital mortality is a useful indicator for measuring the UHB's effectiveness in providing safe, clinically effective services and for the early identification of harm occurring.

What are we doing?

The UHB continues to deliver on all recommendations made by Professor Stephen Palmer in his report on managing mortality in NHS Wales in July 2014. A detailed report on mortality is being considered by the management executive in May, to inform any changes to the ongoing programme of monitoring and management.

The UHB will continue to ensure that value based healthcare, retains a balanced approach, seeking to improving outcomes and experience, whilst making more effective use of resources.

2) MENTAL HEALTH

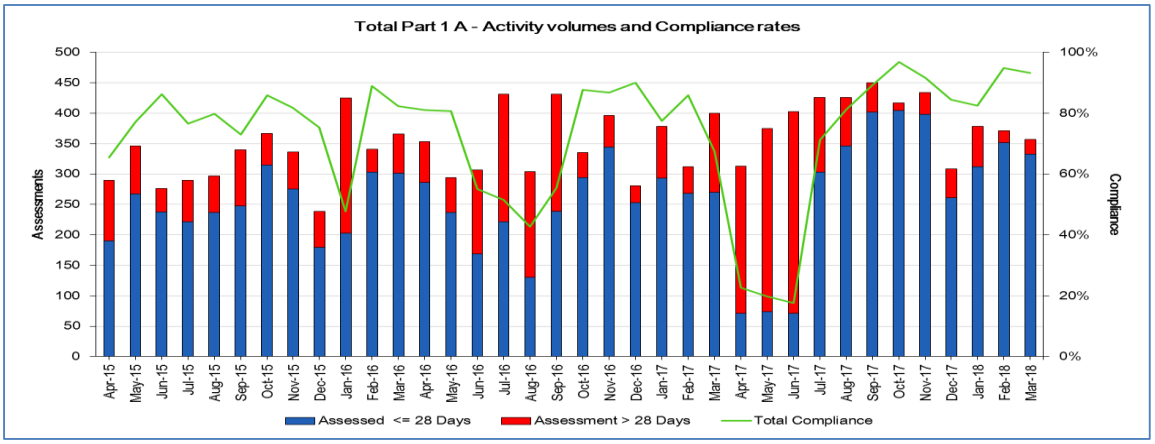
How are we doing?

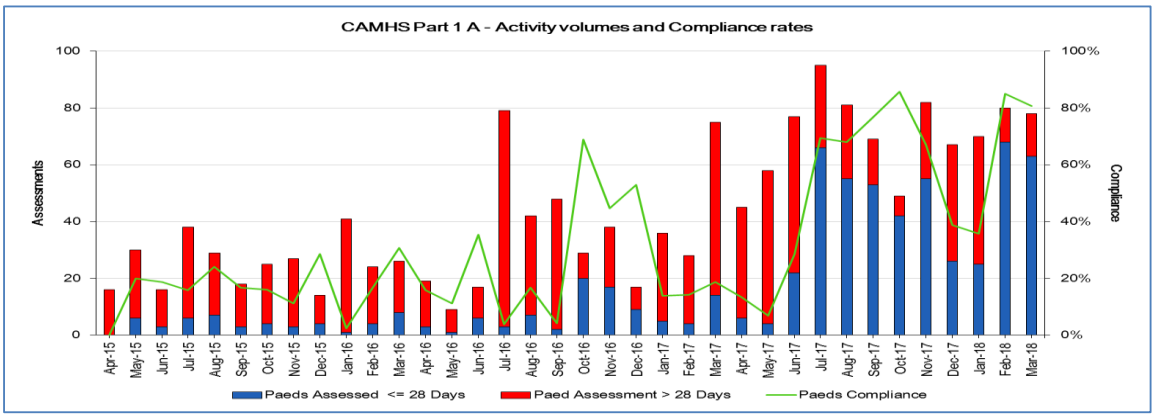
Part 1a: Service users to receive an assessment within 28 days

Overall 93.7% of service users seen in March 2018 were assessed by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of referral, against the Welsh Government's minimum standard of 80%.

All three services within the UHB were compliant with the Welsh Government's standard of 80%. There has been a significant improvement in access into the Children's and Adolescents' service, where compliance has risen from 36% in January up to 81% in March.

Both the adult and older people's services achieved the standard of 80%, delivering 97% and 100% respectively.





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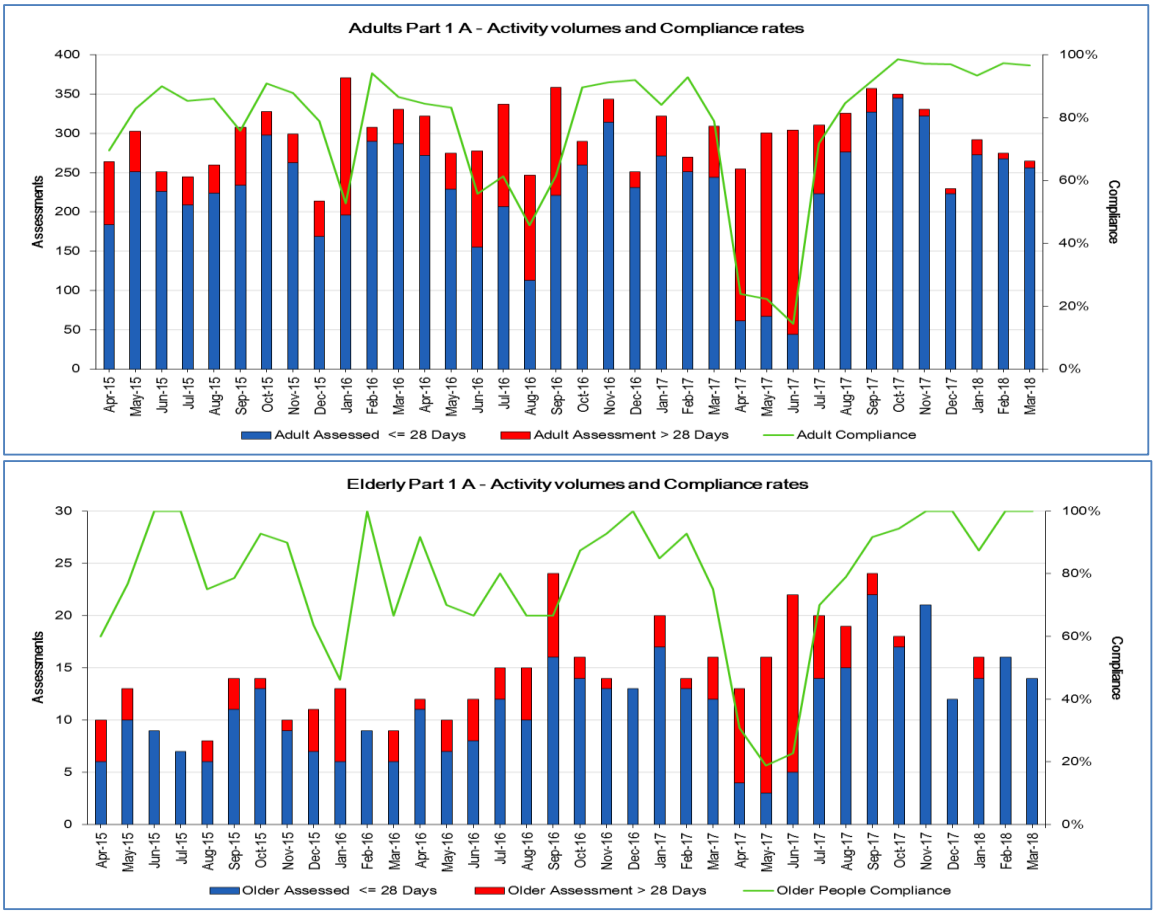


Part 1b: Overall 67% of service users started a therapeutic intervention following assessment by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of their assessment against a standard of 80%**.**

Part 2: Overall 91.0% of LHB residents had a valid Community Treatment Plan completed at the end of March. 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?

The UHB's level of performance is similar to that of other Health Boards in Wales, as per the data for February 2018. However alongside Betsi Cadwaldr UHB we are no longer consistently meeting part 1b of the measures.

February 2018	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	86.8%	87.7%	89.0%	100.0%
ABM	73.8%	88.8%	89.0%	100.0%
AB	95.9%	92.6%	91.1%	100.0%
BCU	77.6%	78.5%	86.4%	100.0%
C&V	94.9%	75.4%	90.1%	100.0%
CTaf	88.5%	95.2%	85.4%	100.0%
HDda	94.2%	84.0%	92.5%	100.0%
Powys	88.9%	82.8%	92.5%	100.0%
Rank	2/7	7/7	4/7	-/7

What are the main areas of risk?

The ability of the Children and young people's Part 1 team to consistently achieve the target of 80% of children seen in less than 28 days is subject to major fluctuations of demand and the staffing capacity of a small team which cannot flex adequately at times of peak demand.

A further risk facing the board is associated with the delivery standard for part 1b: "commencement of therapy". The standard is not sensitive to the group-based model used by the organisation for proving many of the interventions, nor to the UHB's Solution Focused Brief Therapy approach, whereby effectively every session could be the practitioners last session with the patient and thus 'treatment' could be deemed to start at first contact, which the new rules from WG define as explicitly not counting as the first point of treatment

What actions are we taking?

Part 1a of the measure was delivered in February and March 2018 with the capacity and demand were more closely aligned.

The service has been meeting on a regular basis with the delivery unit who have been supporting and advising on the improvement plan.

The service has developed weekly reporting through the PARIS information system and put in place a robust operational process which includes:

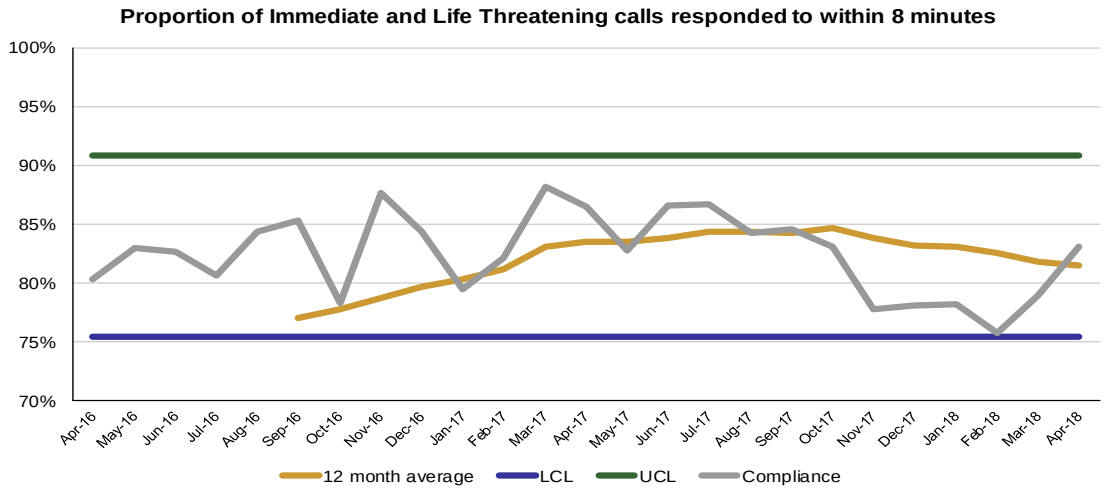
- Pre appointment screening introduced and telephone triage in place where appropriate. This tends to be for older young people.
- Daily monitoring of position

- Regular validation of PARIS in place based on weekly monitoring reports
- Booking in turn on a weekly basis to utilise every available slot that becomes available
- Strict adherence to booking rules and where appropriate clock readjustment in place
- Suspension put in place for family choice
- Phoning all patients to check attendance daily
- Refilling all cancelled slots
- Utilising any DNA slots to make phone calls and start assessments
- Continuing to utilise additional slots where these can be sourced from limited pool.

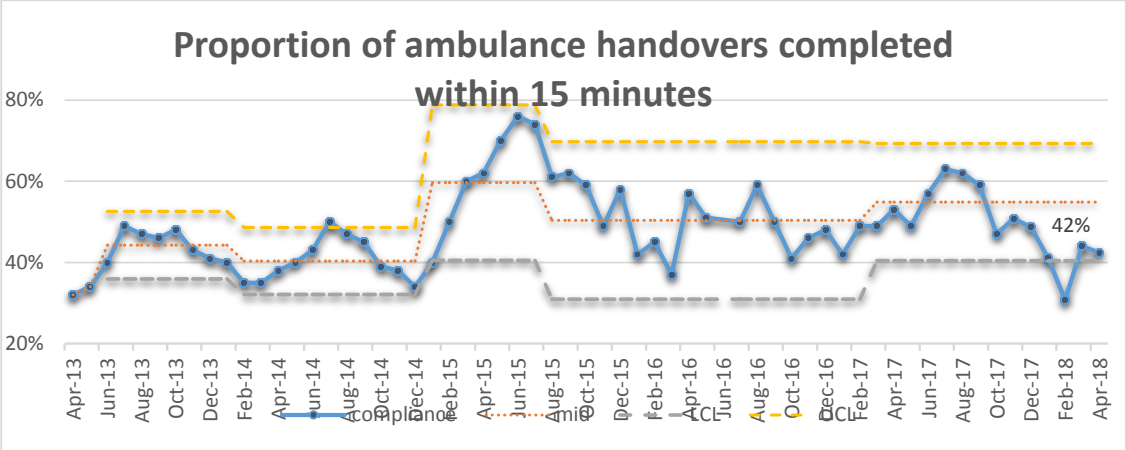
In respect of part 1b, a service plan for delivery of the Matrics Cymru, which has resulted in an increased level of capacity being required to meet demand for a wider variety of specific one-to-one psychological interventions, is being considered. The plan is also working around the new reporting guidance recently received from WG and used in this report.
(For information Matrics Cymru provides evidenced based (including NICE) guidelines for the delivery of psychological therapies and is markedly affecting what interventions we deliver and how we deliver them.

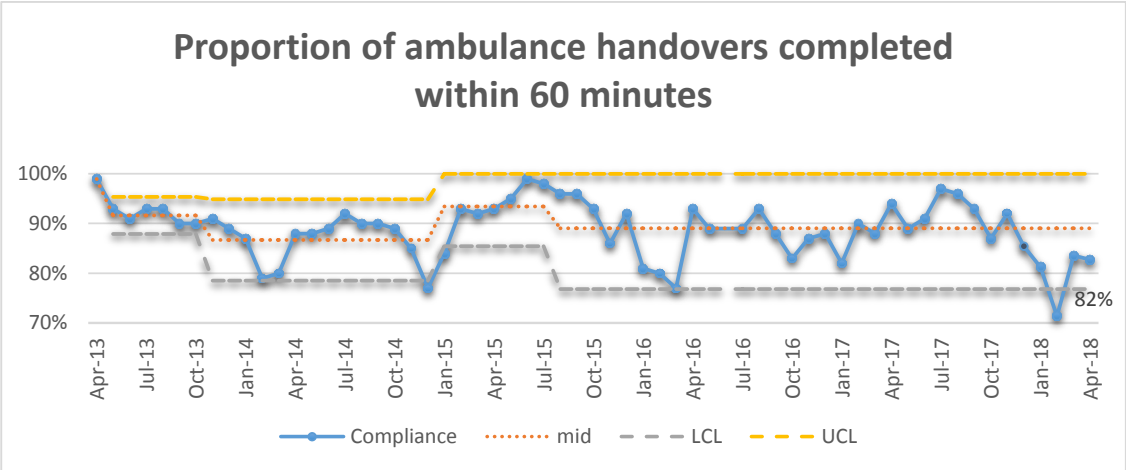
3) UNSCHEDULED CARE

The proportion of immediate and life threatening calls responded to within 8 minutes was 83% in April, in line with the 12 month average of 82%, and above the Welsh Government target of 65%.

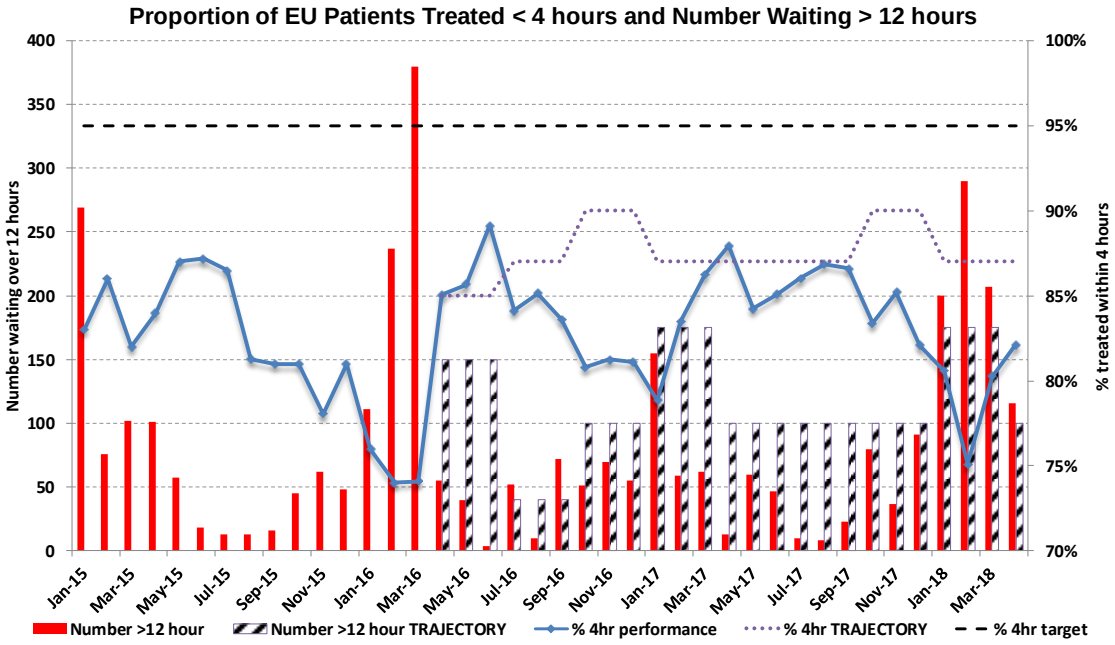


In respect of ambulance handovers, 42% of patients were handed over within 15 minutes and 83% of patients handed over within an hour. The WG minimum standard is 60% within 15 minutes, and 100% within 60 minutes. The UHB's improvement trajectory is 84% within 1 hour.

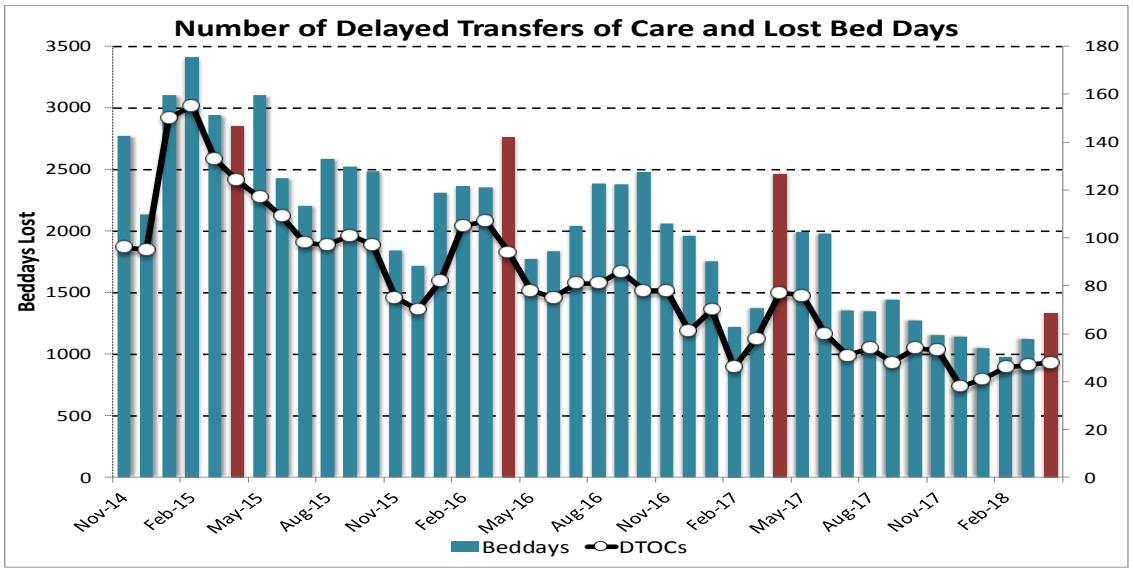




The proportion of patients admitted, discharged or transferred within 4 hours rose in April to 82.1%, against the WG expected level of performance of 95% and the UHB's IMTP trajectory of 87%. The number of patients waiting in excess of 12 hours decreased to 116, which is above the IMTP trajectory of 100 and 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 April 2018 census point, the UHB recorded that 48 patients had their care pathway delayed as per formal WG definitions. The number of bed days attributed to patients whose care was delayed was 1338 in the month, equating to 45 beds per day. This marginal increase is similar to seasonal trends.



How do we compare with our peers?

The latest performance data available indicates that C&V performs within or better than the Welsh average for WAST response, handover and Emergency department treatment times.

Month	Mar-18	Mar-18	Mar-18	Mar-18
HB	4 Hour	Patients >12Hrs	Red Call<8 Minutes	Ambulance Waits>1 Hr
ABM	71.4%	1051	66.6%	1006
AB	75.3%	752	67.2%	537
BCU	67.8%	2058	73.8%	1170
C&V	80.2%	207	78.9%	344
CT	81.6%	516	68.9%	11
HD	80.3%	860	58.9%	303
Wales	75.6%	5444	69.6%	3417
C&V Rank	3/6	1/6	1/6	3/6

The UHB is ranked 4th for delayed transfers of care of patients aged over 75 years overall in Wales for non-Mental Health, whilst the Mental Health rate is ranked 2nd out of 6.

February-18		Wales	ABM	AB	BCU	C&V	CT	HDda	Powys	C&V Rank
No. of DTOCs per 10,000	Non Mental Health (Age 75+)	143.1	123.0	182.1	154.7	149.3	127.2	89.8	175.6	4/7
	Mental Health (all Ages)	3.1	5.8	2.0	3.0	2.3	2.8	2.8	3.2	2/7

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?

The Health Board continues to maintain and implement schemes predicted on ensuring the quality and safety of services is maintained and performance improved. These include:

- Extension until Mid-May of a number of schemes that had originally been put in place as part of the Integrated Winter Plan – including additional senior decision makers at key times; tactical deployment of additional bed capacity; and dedicated clinical team to review medical outliers
- Continued joint working with WAST to develop and implement new EU attendance avoidance pathways e.g. gynaecology, mental health, ACS
- Planning cycle in place for weekends and bank holidays
- In conjunction with our partners, a workshop was held on 2nd May to review the positives, challenges and learning from the 2017/18 Integrated Winter

Plan – the outcome of which will be used to inform development of the 2018/19 Integrated Winter Plan.

- Development of a Summer Plan to improve the unscheduled care system – which would lead into our Winter Plan. There are a number of areas of focus including an EU footprint review; specific pieces of work on discharges e.g. discharge to assess; Live Information system; and opportunities in UHL.

Enhanced performance management and focus on 4 hour and 12 hour waits and ambulance delays through EU performance huddle approach

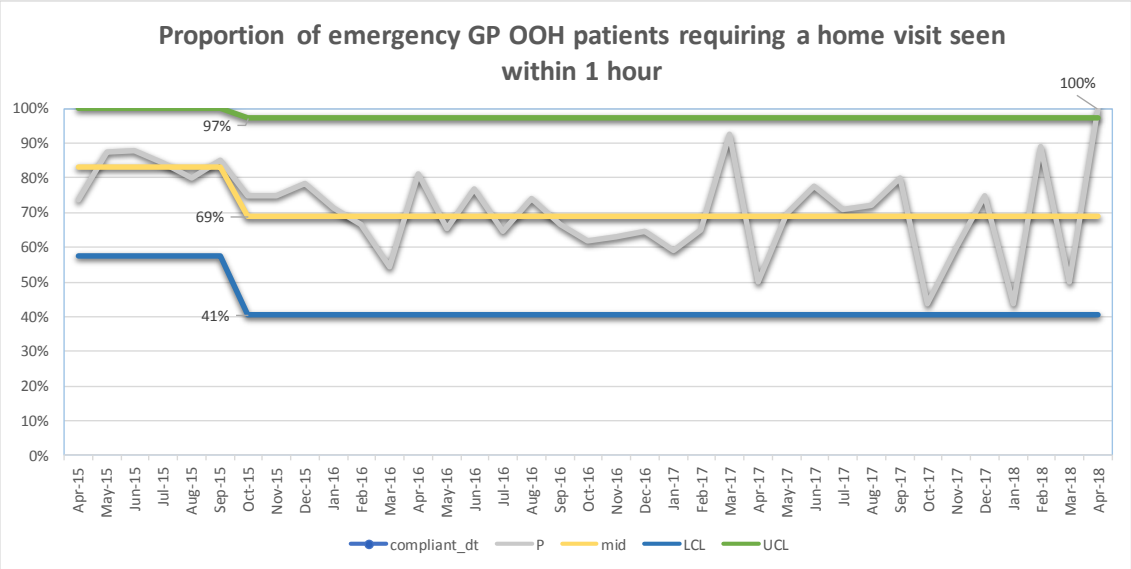
4) GP OUT OF HOURS SERVICES (OOH)

How are we doing?

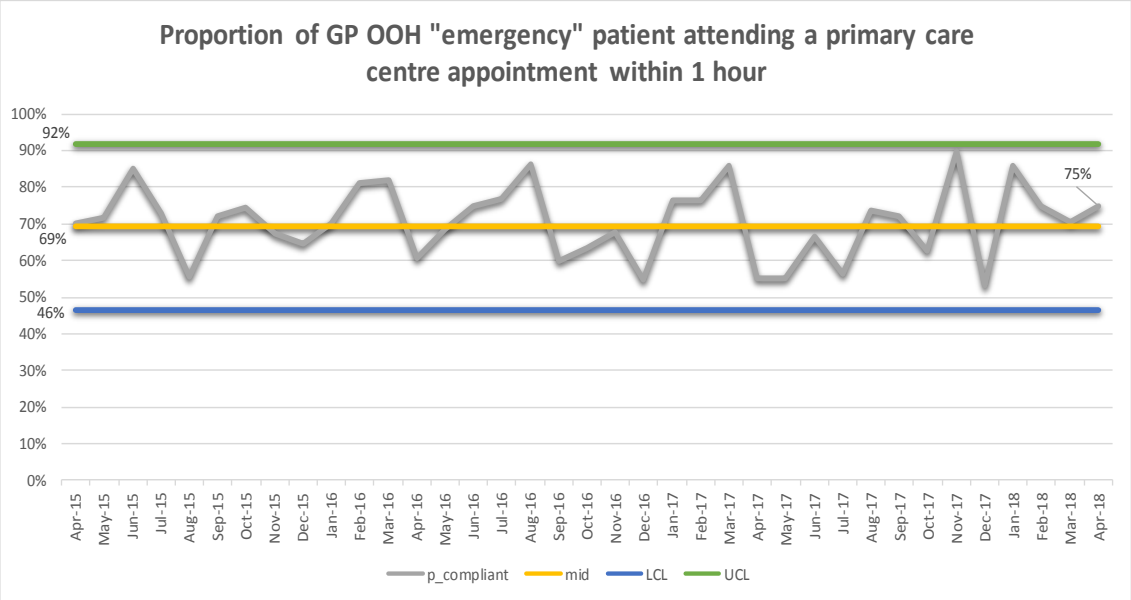
The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. Performance improved on all measures in March compared to April, as demand reduced and the shift fill rate improved 84% in April, from 79% in February.

	Demonstrates that a standard has been achieved		Total Contacts= 9641				Total Contacts= 9310			
	Demonstrates that a standard is within 10% of being achieved		Total Clinical Contacts Recorded on Adastra = 8494				Total Clinical Contacts Recorded on Adastra = 8141			
	Demonstrates that a standard has **not** been achieved									
	Demonstrates volumes only		Mar-18				Apr-18			
Standard	**Description**	**Target**	Total	Result	Score		Total	Result	Score	
Telephone Services										
Telephone Calls	Number of calls answered within set timeframes	95% ans. in 60 seconds	8424	6681	79%		8346	7244	87%	
		100% ans. in 120 seconds	8424	7312	87%		8346	7672	92%	
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	8424	363	4%		8346	190	2%	
Handling	% of calls recording the correct patient demographic information	100% Correct	8424	8424	100%		8346	8346	100%	
Telephone Triage Services										
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	2525	1783	71%		2329	1749	75%	
	Longest time to triage an urgent call	Longest time		555				601		
	Average of the 10 longest times to triage an urgent call	Average time		400				390		
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	4069	3061	75%		3971	3076	77%	
	Longest time to triage a routine call	Longest time		1177				1068		
	Average of the 10 longest times to triage a routine call	Average time		748				815		
Immediate Life Threatening (ILT) Conditions										
Referral	Number of life threatening conditions identified	100% within 3 minutes	178	178	100%		176	176	100%	
Home Visiting										
Home Visits	The number and percentage of home visits	No target	8494	566	7%		8141	538	7%	
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	14	7	50%		7	7	100%	
	The number of face to face contacts within two hours	100% seen within two hours	14	11	79%		7	7	100%	
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	193	143	74%		200	150	75%	
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	359	239	67%		331	238	72%	
Primary Care Centre Appointments										
PCC	The number and percentage of PCC attendances	No target	8494	2544	30%		8141	2467	30%	
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	17	12	71%		4	3	75%	
	The number of face to face contacts within two hours	100% seen within two hours	17	16	94%		4	3	75%	
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	351	249	71%		261	225	86%	
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	2176	2076	95%		2202	2168	98%	
Transmissions										
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	9350	9349	100%		9122	9122	100%	
Other Data										
Outcomes	The number of calls ending in telephone advice	No target	8494	2515	30%		8141	2323	29%	
	The number of calls advised to contact their GP within 24hrs.	No target	8494	2969	35%		8141	2811	35%	
Referrals OUT	The number of referrals to the Emergency Department	No target	8494	503	6%		8141	514	6%	
	The number of referrals to WAST	No target	8494	92	1%		8141	95	1%	
	The number of referrals for direct admission	No target	8494	381	4%		8141	360	4%	
Referrals IN	The number of referrals from the Emergency Department	No target	8494	16	0.2%		8141	28	0.3%	
	The number of referrals from WAST	No target	8494	92	1%		8141	168	2%	
Rota	Shift fill rate (reported in hours)	100% of shifts filled	5202	4166	80%		4386	3686	84%	
Complaints/Incidents										
Complaints	Total number of complaints received & number upheld	No target		3				8		
Compliments	Total number of compliments received	Volume only		2				2		
Significant Events	Total number of significant events recorded	Volume only		0				0		
Serious Incidents	Total number of serious incidents recognised	Volume only		0				0		

The proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour had previously been fluctuating wildly, between limits of 41% and 97%. Discrete performance in April was however 100%, with the notable change being a reduced level of demand. The mean performance is 69% compared with the Welsh Government’s delivery standard of 75%.



The proportion of primary care centre appointments provided within 1 hour for those prioritised as “emergency” was 75% in April. Performance has remained within the same process control limits for the past 36 months.



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How do we compare with our peers?

Welsh Government have chosen to publish comparative data for 2 of the indicators relating to the timeliness of urgent triage and the timeliness of consultations for urgent patients.

Feb-18	ABM	AB	BC	C&V	CT	HD	Powys	C&V

								Rank
%Urgent calls logged & patient started definitive clinical assessment <=20 mins of call being answered	78%	77%	63%	68%	54%	57%	83%	4/7
% very urgent patients seen<= 60 mins following clinical assessment	25%	72%	50%	85%	65%	67%	92%	2/7

What are the main areas of risk?

The two areas of concern are:

- An ability to provide home visits within 20 minutes for all areas of Cardiff and Vale when considering the geographical area covered and the variation in average travel times across our dense urban areas.
- The ability to attract staff onto the roster at certain times of the week and the subsequence reliance on bank staff, who provide less certainty as to their availability.

What action are we taking?

A process to look at changing the skill mix and rostering of the multi-disciplinary team providing the service is well advanced. As part of this:

- The pilot to examine the effectiveness of deploying a Paediatric Advanced Nurse Practitioner and a triage nurse with a background in Paediatrics was successful and the process is in motion to substantiate this development.
- The University have agreed in principle to provide opportunities to deploy an Advanced Paramedic in the out of hours service, the process for doing so is under consideration
- A 3 month pilot to examine the potential to use clinical practitioners including those with a paramedic background to complement the capacity to provide home visits starts in May, prior to the Bank Holiday.
- Interviews to build a clinical practitioner staffing bank have commenced, with the intention of the bank providing access to additional capacity on a flexible basis.
- A preferred options for improving the career progression of the clinical practitioners as a means of recruiting and retaining high quality individuals, has been presented by the service. The direct and wider implications are presently being considered
- Joint working arrangements have been established with Cardiff University to provide mentorship and exposure to the Out of Hours service for students undertaking the “Advanced Clinical Practice” qualification.
- Demand capacity analysis at a case mix level is close to completion to support both scheduling and skill mixing by hour of the week and week of the year.

In addition to the above, GP Out of Hours services across Wales, have been invited to work with WG to consider what the future performance measures and standards need to be to deliver on Welsh policy commitments.

5) STROKE

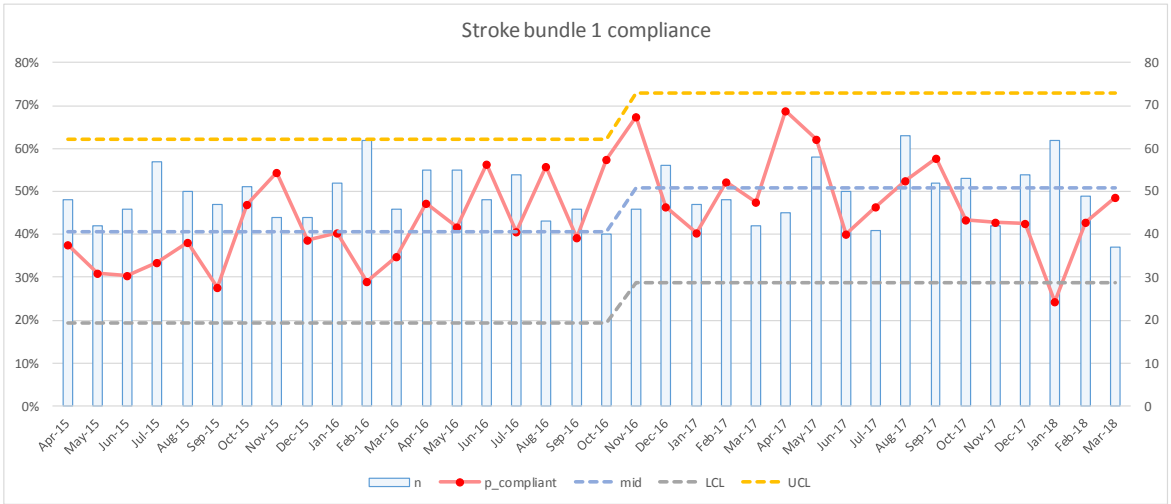
How are we doing?

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

The Welsh Government has chosen four areas within the Quality Improvement Measures (QIMs) to focus on for All-Wales benchmarking. There is a target for three of them, whilst an improvement trend is required for the other.

WG benchmarking standard		IMTP trajectory	UHB in Mar-18
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	60%	50%
12 Hour QIM	CT Scan within 12 hours	97%	97%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	80%	81%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	25%	14%

Trends in performance in delivering the full bundles are shown below. These indicate that the significant deterioration in performance observed in January has been managed and performance is improving back to the process mean:



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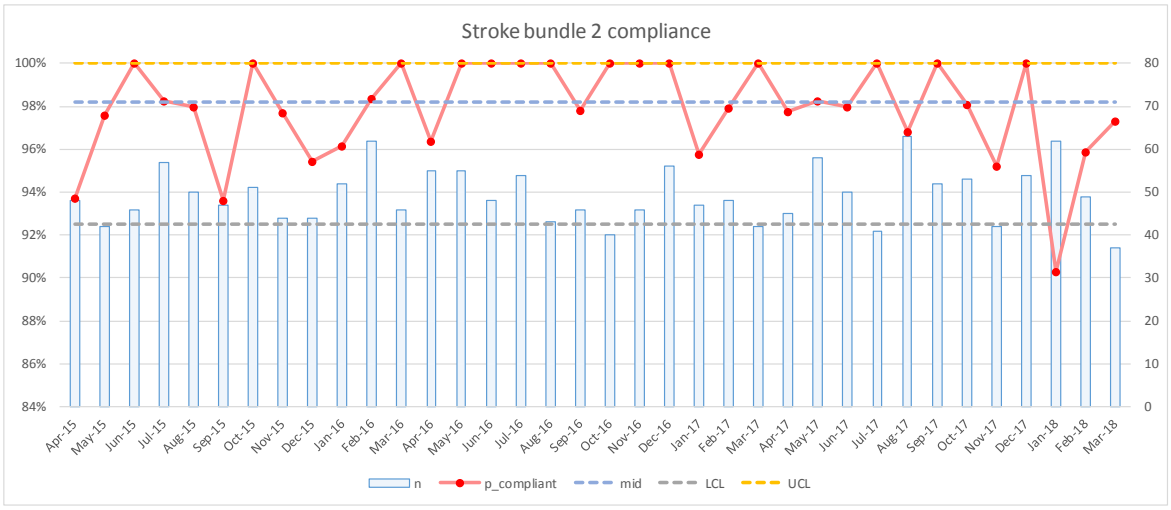
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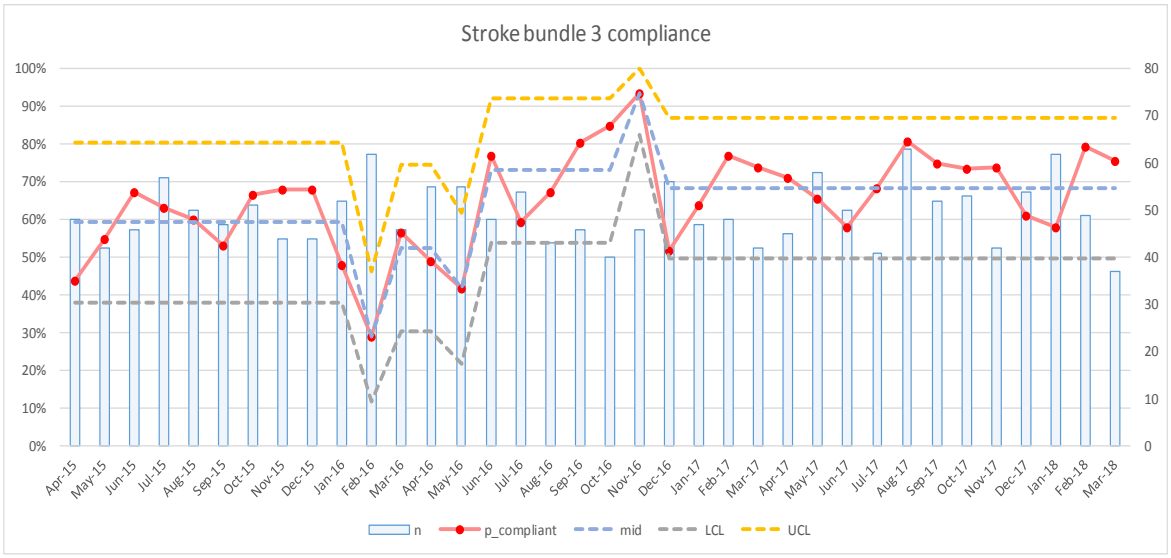
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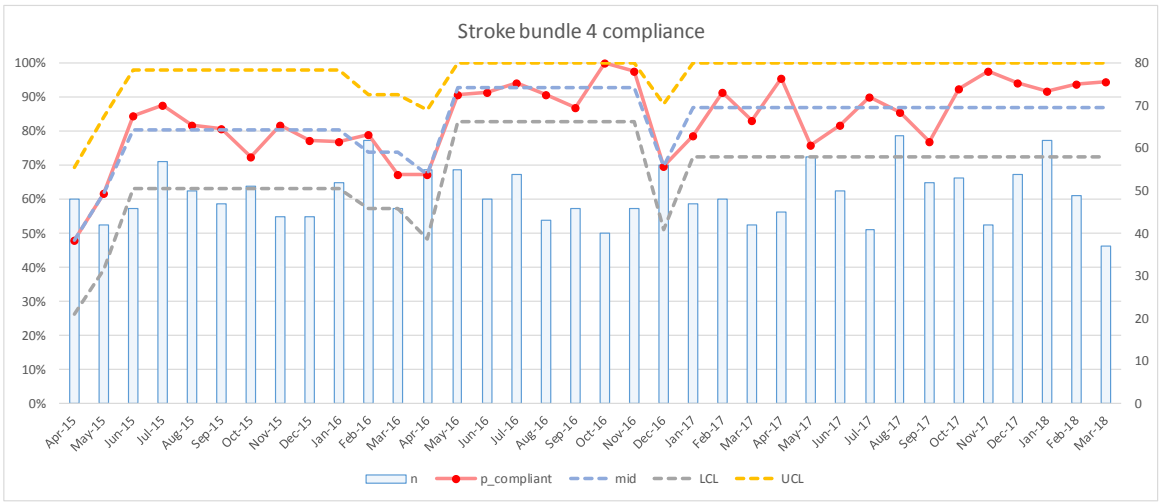
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The following table shows the UHB's performance against all of the QIMs:

Stroke Care Performance Indicators	*Mar-17*	*Apr-17*	*May-17*	*Jun-17*	*Jul-17*	*Aug-17*	*Sep-17*	*Oct-17*	*Nov-17*	*Dec-17*	*Jan-18*	*Feb-18*	*Mar-18*
1. Access													
1a - Percentage of All Stroke Patients Thrombo	16.7%	17.8%	17.2%	10.0%	7.3%	15.9%	19.2%	11.3%	9.5%	14.8%	11.3%	12.2%	18.9%
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-needl	0.0%	0.0%	10.0%	40.0%	0.0%	20.0%	20.0%	0.0%	25.0%	12.5%	0.0%	16.7%	0.0%
2b - Thrombolysed Door-to-needle <=45 mins	14.3%	12.5%	10.0%	40.0%	33.3%	40.0%	30.0%	0.0%	25.0%	12.5%	14.3%	66.7%	14.3%
2c - Thrombolsyed Patients with Onset-to-Nee	0.0%	0.0%	10.0%	20.0%	0.0%	10.0%	10.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%
2d - Thrombolysed Patients with Pre and Post	100.0%	87.5%	100.0%	100.0%	66.7%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
72 Hour Pathway Care KPIs													
1. Within 4 Hours Care KPI	47.6%	68.9%	62.1%	40.0%	46.3%	52.4%	57.7%	43.4%	42.9%	42.6%	24.2%	42.9%	48.6%
1a - Direct Admission to Acute Stroke Unit	46.2%	67.5%	62.3%	42.6%	50.0%	52.5%	57.1%	44.9%	48.7%	45.1%	21.1%	43.5%	50.0%
1a - TRAJECTORY for above	60.0%	60.0%	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	75.0%	82.9%	81.5%	63.8%	71.8%	71.7%	76.0%	66.0%	70.0%	73.6%	51.7%	60.9%	58.3%
2. Within 12 Hours Care KPI	100.0%	97.8%	98.3%	98.0%	100.0%	96.8%	100.0%	98.1%	95.2%	100.0%	90.3%	95.9%	97.3%
2a - CT Scan	100.0%	97.8%	98.3%	98.0%	100.0%	96.8%	100.0%	98.1%	95.2%	100.0%	90.3%	95.9%	97.3%
2a - TRAJECTORY for above	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
3. Within 24 Hours Care KPI	73.8%	71.1%	65.5%	58.0%	68.3%	81.0%	75.0%	73.6%	73.8%	61.1%	58.1%	79.6%	75.7%
3a - Assessed by a Stroke Consultant	92.9%	86.7%	86.2%	76.0%	78.0%	95.2%	92.3%	92.5%	73.8%	72.2%	77.4%	85.7%	81.1%
3b - Assessed by a Stroke Nurse	95.2%	95.6%	93.1%	90.0%	97.6%	96.8%	92.3%	88.7%	92.9%	88.9%	77.4%	89.8%	89.2%
3b - TRAJECTORY for above	88.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%
3c - Assessed by One of OT, PT, SALT	81.0%	84.4%	75.9%	72.0%	85.4%	85.7%	82.7%	81.1%	100.0%	90.7%	88.7%	93.9%	94.6%
4. Within 72 Hours Care KPI	83.3%	95.6%	75.9%	82.0%	90.2%	85.7%	76.9%	92.5%	97.6%	94.4%	91.9%	93.9%	94.6%
4a - Formal Swallow Assessment	76.9%	85.7%	73.7%	65.0%	82.4%	82.6%	75.0%	89.5%	100.0%	96.0%	95.7%	96.3%	95.2%
1a - TRAJECTORY for above	84.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
4b - OT Assessment	90.0%	100.0%	86.3%	94.0%	93.9%	92.9%	93.8%	91.3%	97.4%	94.0%	92.6%	93.5%	97.1%
4c - Physiotherapy Assessment	95.2%	100.0%	94.3%	98.0%	97.3%	95.0%	93.9%	100.0%	100.0%	98.1%	98.1%	100.0%	100.0%
4d - SALT Communications Assessment	90.9%	95.7%	75.0%	76.9%	90.9%	84.2%	78.8%	93.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Patients Treated per Month	42	45	58	50	41	63	52	53	42	54	62	49	37

9

How do we compare with our peers?

The latest available benchmarking data across Wales indicates that all Health Boards are faces challenges in providing direct admission to the acute stroke ward on a sustainable basis. It also indicates that the UHB is providing a more timely thrombolysis service than our peers.

February-18	Wales	ABM	AB	BCU	C&V	CT	HDda	C&V Rank
Direct admisson to Acute Stroke Ward within 4 hours	41.5%	24.4%	41.8%	48.8%	40.7%	38.1%	61.7%	4/7
CT Scan within 12 hours	96.4%	96.4%	95.5%	94.1%	96.6%	97.6%	100.0%	3/7
Assessed by Stroke Consultant within 24 hours	85.3%	88.1%	97.0%	84.7%	82.8%	57.1%	90.6%	5/7
Door to Needle within 45 Minutes	26.1%	7.7%	20.0%	28.6%	66.7%	0.0%	44.4%	1/7

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.

What actions are we taking?

4hr Target:

- A second 90-day transformation programme has commenced led by a dedicated senior nurse and programme manager.
- In response to the number of 4hr breaches noted during the hours 5-8pm Monday to Friday, the Stroke nurse specialists are working extended hours up to 8pm. The pilot commenced on 9th April 2018
- A dashboarding tool to monitor and highlight reasons for discharge delays across the complete stroke pathway has been developed and is on track to become live at the end of May. This should improve flow across the pathway
- A Benchmark of high performing stroke services is taking place in May and June, which is anticipated to inform future service and system improvements.

Thrombolysis:

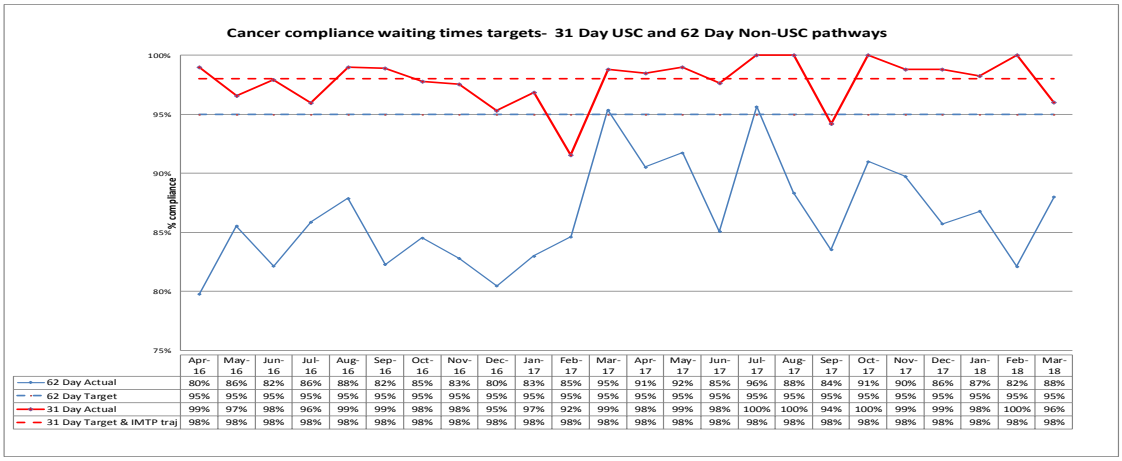
- The code Stroke 1 pathway has been process mapped and a pilot has commenced to further embed elements of the Helsinki Model. This is working well with further reductions in the "door to needle" time observed.
- Root Cause Analysis forms are being completed at weekly breach meetings for patients who have breached the 45 min target.

6) CANCER

How are we doing?

96% of cancer patients on the 31 day pathway were treated within the standard in March 2018, with 2 urology and 1 lung patient waiting in excess of 31 days. Performance over the year has been consistent in fluctuating around the 98.5% level, above the Welsh Government's minimum standard.

Reported performance against the USC 62 day target in March was 87%, below the UHB's IMTP trajectory for quarter 4 of 92%. There were 13 breaches in month, of which 4 were GI; 3 haematology; 2 breast; 2 Urology; 1 Lung; and 1 other. Performance for the complete year was 88% (1005/1142), 3 % higher than last year, with 55 more patients treated.



	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	Dec-17	Jan-18	Feb-18	Mar-18
62 Day Actual	80%	86%	82%	86%	88%	82%	85%	83%	80%	83%	85%	95%	91%	92%	85%	96%	88%	84%	91%	90%	86%	87%	82%	88%
62 Day Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
31 Day Actual	99%	97%	98%	96%	99%	99%	98%	98%	95%	97%	92%	99%	98%	99%	98%	100%	100%	94%	100%	99%	99%	98%	100%	96%
31 Day Target & IMTP traj	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%

The UHB continues to prepare for the implementation of the 'single cancer pathway'. In line with Welsh Government requirements, the UHB submitted its shadow report on SCP performance in April for January data. The Health Board reported 100% compliance. It should be noted, however, that this is not a true reflection of ongoing SCP performance as the Welsh Government requirement for this month was to include those patients referred in January and treated in January.

9

How do we compare with our peers?

In February 2018, the UHB was 1 of 4 Health Boards compliant with the 98% delivery standard for the 31 day non-USC pathway. No health boards delivered the 95% 62 day USC standard.

Feb-18	ABM	AB	BCU	C&V	CT	HD	Wales	C&V Rank
Non USC	93.7%	98.7%	99.3%	100%	99.2%	95.1%	97.5%	1/6
USC	82.6%	94.7%	86.6%	82.1%	84.3%	89.2%	87.0%	6/6

What are the main areas of risk?

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

- GI continues to be the single biggest issue for the UHB. Whilst the issues are fully understood, these are multi-factorial. Actions to address these are being progressed - see actions being taken section below.
- We continue to treat patients in turn or according to their clinical priority but remain aware that our backlog of untreated patients waiting > 62 days fluctuates and remains too high. The UHB needs to further reduce the backlog across all tumour sites to be assured of continuous improvement and achieving the levels of performance set out in our IMTP.
- Waits for 1st new appointment for Breast are too long – although plans have now

been agreed to reduce these back down to 3 weeks.

What actions are we taking?

As reported last month, the single biggest challenge for the UHB is Gastrointestinal (GI). The issues are multi-factorial and we continue to implement a range of improvement cycles, including:

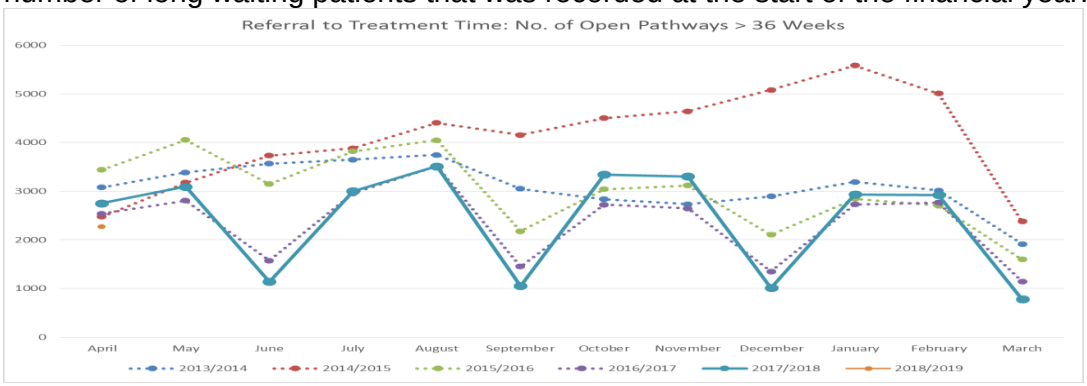
- Refined endoscopy referral process
- Pilot initiative to provide CT Colonograms on the same day as the colonoscopy in UHL.
- A new process for expediting diagnostic delays; continued reduction of endoscopy waits; and CPEX delays, working across the 3 clinical boards who deliver the services.
- Inclusion of GI patients in Tentacle, the Health Board's tracking system. This will continue to be developed over the next 6 weeks in order to support proactive management, and automated validation

7) ELECTIVE ACCESS

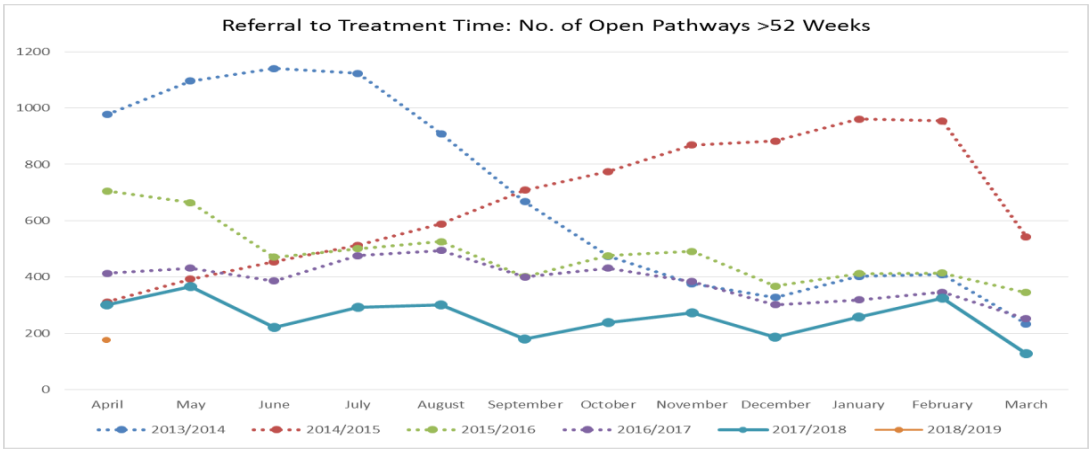
How are we doing?

There were 11140 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of March, equating to 86.5% of patients waiting under 26 weeks, against the IMTP trajectory of 86%.

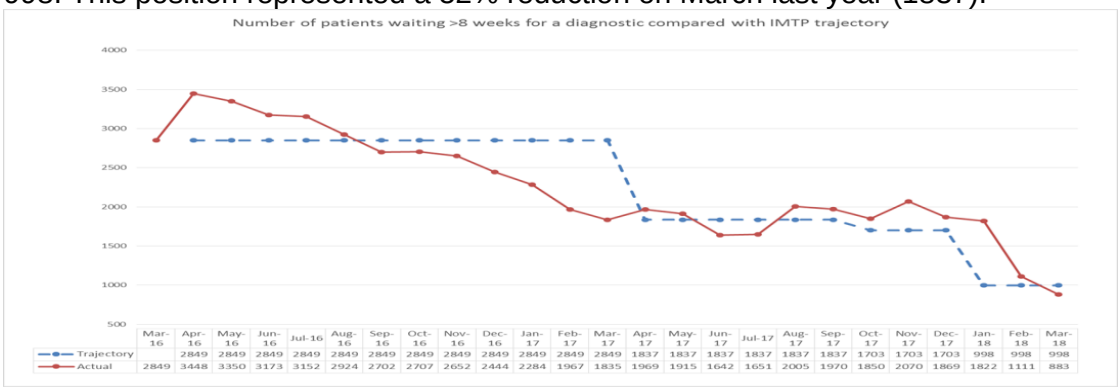
The number of patients waiting over 36 weeks reduced to 783 at the end of March, meeting the UHB's revised trajectory of 800. This is a one third reduction in the number of long waiting patients that was recorded at the start of the financial year.



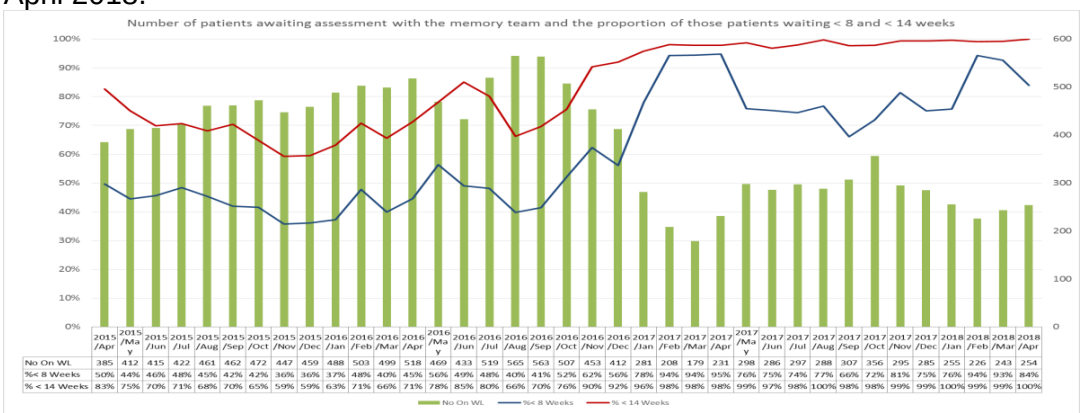
There has also been a significant decrease in the numbers of our longest waiting patients. With 129 patients waiting greater than 52 weeks at the end of March, a 50% reduction.



The Health Board also reduced the number of patients waiting greater than 8 weeks for a diagnostic test at the end of March 2018 to 883, against a revised target of 998. This position represented a 52% reduction on March last year (1837).



At the end of April 2018, 100% 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, did however decrease from 94% in February to 84% in April 2018.



How do we compare with our peers?

The All-Wales waiting time position at the end of February 2018, shown below, indicates that Cardiff & Vale ranked 5th for the proportion of patients waiting less than 26 weeks, 4th for the lowest number of patients waiting in excess of 36 weeks

and 7th for the number of patients waiting in excess of 8 weeks for a diagnostic.

February 2018	Wales	ABM	AB	BC	C&V	CT	HD
% < 26 weeks – RTT	87.3%	87.5%	91.1%	83.2%	86.1%	91.3%	87.0%
No. > 36 weeks – RTT	19031	4111	1122	7933	2921	514	2430
No. > 8 weeks diagnostic	4129	278	550	1052	1111	1071	66

What are the main areas of risk and how are we mitigating them?

There are a number of areas of risk including:

- Demand increases and capacity gaps
- Physical theatre capacity and theatre staffing
- Reliance of external providers

As in previous years, the UHB is mitigating the risk through:

- Development and monitoring of demand and capacity plans as part of its annual and quarterly Planned Care planning cycle
- Early decision making to smooth activity across the year and maximise opportunities for improvement

8) HEALTHCARE ACQUIRED INFECTIONS

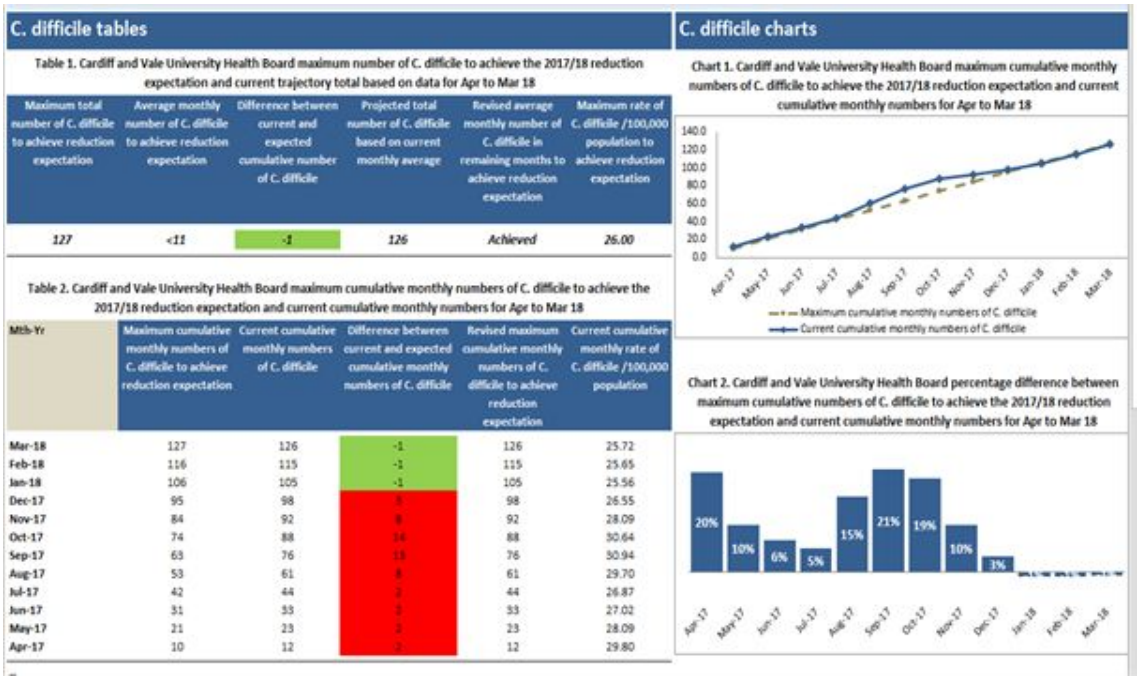
How are we doing?

The requirements for Cardiff and Vale UHB were as follows:

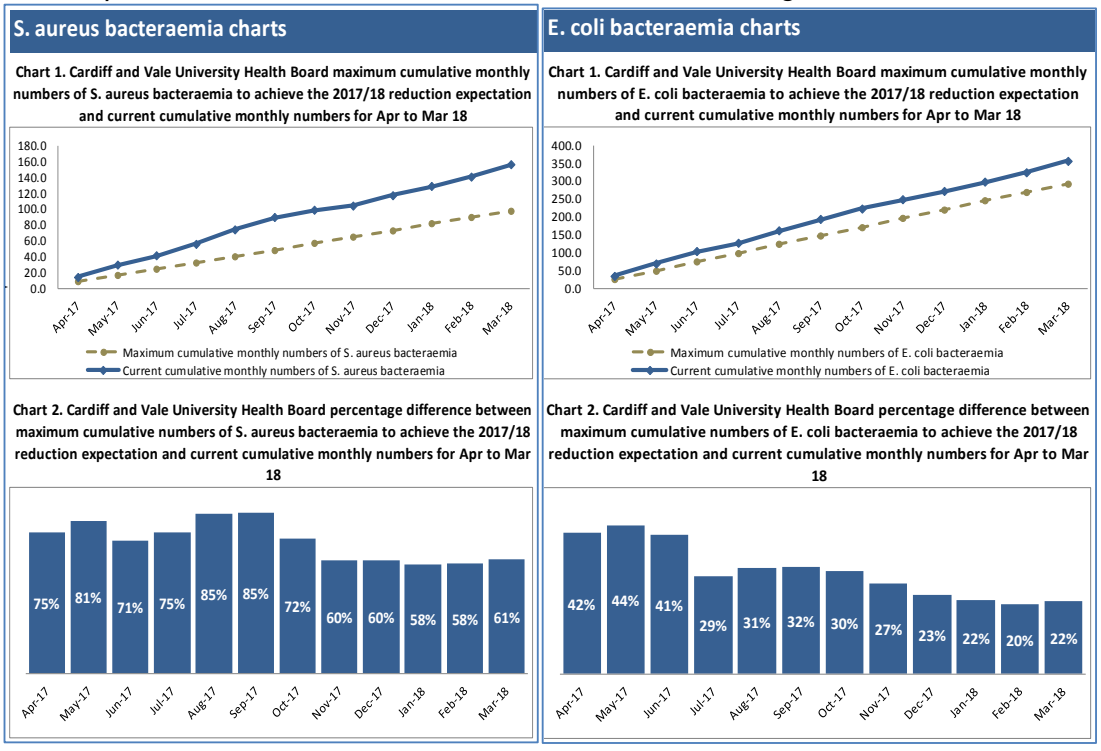
- *C.difficile*: To reduce to 26 cases per 100,000 population by end March 2018.
- *Staph. aureus* bacteraemia: To reduce to 20 cases per 100,000 population by end March 2018.
- *E.coli* bacteraemia: To reduce to 60 cases per 100,000 population by end March 2018.

Position at end March 2018:

The target set for *C. difficile* was achieved.



The *Staph. aureus* bacteraemia and *E.coli* Bacteraemia targets were not met.



The Welsh Government published the targets for 2018/19 on 4th May. These require:

- Further 10% reduction in rate of *C. difficile* disease against achievement of 2017-18.

- *Staph. aureus* bacteraemia to reduce to 20 cases per 100,000 population
- *E.coli* bacteraemia to reduce to 60 cases per 100,000 population
- Klebsiella Sp. and Pseudomonas aeruginosa bacteraemia will be added to the reporting dashboards – a 10% reduction in numbers of cases compared to 2017-18 will be expected.
- For the first time Antimicrobial Prescribing Goals have also been included in the direction to Health Boards.
    - Primary and secondary care required to reduce total volume of antimicrobial usage by 5%.
    - Secondary care to increase the proportion of antimicrobial usage within the WHO access category of antimicrobials to >/= 55% of total antibiotic consumption in DDDs.

Position at end April 2018 – 1st month of data:

*C.difficile***:** 3 cases of *C. difficile* were documented in April 2018. This is the lowest number of cases of *C. difficile* in a month since August 2006.

Staph. aureus blood stream infections*:* 11 cases of *Staph. aureus* bacteraemia were documented in April 2018, including 1 case of MRSA bacteraemia. Unfortunately this number continues the trend of higher numbers of bacteraemia than we need to see to realise an improvement.

E.coli blood stream infections: 24 cases

Pseudomonas aeruginosa blood stream infections: 2 cases

Klebsiella sp. Blood stream infections: 4 cases.

How do we compare with our peers?

Comparative data is not available for this first month of the financial year.

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

A detailed organisational plan to address the new requirements is being prepared by the Infection Prevention and Control Group and should be completed by June 2018. Otherwise our planned work remains as highlighted previously:

- to continue to improve our position for *C. difficile* disease, sustaining the achievements already made.
- To re-invigorate work to tackle *Staph. aureus* bacteraemia.
- To effectively link work to improve Antimicrobial Stewardship with work to reduce the burden of Gram negative bacteraemia and C. difficile disease.
- To ensure that the Multi-drug resistant organism IP&C procedure and risk assessment are embedded effectively across the organisation.
- To address environmental and infra-structure issues which increase our risks of outbreaks of infectious diseases.
- To ensure that quality improvement methodology – the LIPS programme and

the 1000 Lives HCAI & AMR collaborative are all used in support of addressing HCAIs and Antimicrobial Resistance.

9) FINANCE

How are we doing?

The UHB considered a draft IMTP at its January 2018 Board Meeting. This was submitted to Welsh Government by the end of January 2018 but was not acceptable due to assumptions around additional funding. Following this the UHB revised its financial plan and consequently it was not in a position to submit an IMTP to Welsh Government for approval as it was significantly away from being financially balanced.

The requirement was therefore now to agree an acceptable one year Operational Plan with Welsh Government and the UHB wrote to Welsh Government setting out a revised 2018/19 position which was a deficit of £29.2m. This was discussed at Targeted Intervention meetings and was not acceptable by Welsh Government.

The Health Board reconsidered its position at its March 2018 Board Meeting and following helpful dialogue with Welsh Government reduced its projected deficit to £19.9m. The Board accepted that it would need to work throughout the year to deliver this £9.3m financial improvement target. This decision has been shared with Welsh Government and is currently the position that the UHB is working towards.

Reported month 1 position

At month 1 the UHB is reporting a deficit of £1.809m comprised of the following:

- £1.658m planned deficit (1/12th of £19.900m);
- £0.151m adverse variance against plan.

Income/Pay/Non Pay	In Month			Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Income	(106.470)	(106.052)	0.418	(106.470)	(106.052)	0.418
Pay	49.155	49.233	0.078	49.155	49.233	0.078
Non Pay	58.973	58.628	(0.345)	58.973	58.628	(0.345)
Variance to Draft Plan £m	1.658	1.809	0.150	1.658	1.809	0.150
Planned Deficit	(1.658)	0.000	1.658	(1.658)	0.000	1.658
Total £m	0.000	1.809	1.809	0.000	1.809	1.809

The £0.151m adverse variance against plan primarily related to overspends against ward nursing budgets totalling £0.245m within the Medicine, Mental Health and Surgery Clinical Boards.

It is important to note that this position excludes the financial impact of unidentified savings schemes and mitigating actions, which will be profiled into the position later in the year if they remain unachieved.

Progress against savings targets

Progress against the devolved 3% recurrent and 1% non-recurrent savings targets at the week commencing 23rd April is detailed below:

	Recurrent			Non-Recurrent		
Clinical Board	**18-19 3% recurrent**	**Identified Green & Amber**	**Identified Green & Amber**	**18-19 1% non-recurrent**	**Identified Green & Amber**	**Identified Green & Amber**
	£'000	**£'000**	**%**	**£'000**	**£'000**	**%**
PCIC	4,950	4,950	100%	1,650	428	26%
Mental Health	2,205	1,182	54%	735	714	97%
CD&T	2,582	1,630	63%	861	589	68%
Surgery	3,536	2,306	65%	1,179	460	39%
Specialist Services	3,029	1,076	36%	1,010	1,267	126%
Capital Estates and Facilities	1,935	1,364	70%	645	91	14%
Children & Women	2,663	1,591	60%	888	307	35%
Medicine	2,816	1,561	55%	939	183	19%
Corporate Execs	1,022	521	51%	341	0	0%
Dental	600	63	11%	200	135	68%
Total	**25,335**	**16,244**	**64%**	**8,445**	**4,174**	**49%**

Of the £9.3m financial improvement target, £7.2m remains unidentified.

Underlying deficit position: The underlying deficit position brought forward into 2018/19 was £49.0m. If the 2018/19 financial plan is fully delivered the forecast 2019/20 brought forward underlying deficit would be £39.6m.

Creditor payment compliance: Month 1 non-NHS Creditor payment compliance was 92.4% for April, below the 95% 30 day target.

Remain within Capital expenditure resource limit: THE UHB had an approved annual capital resource limit of £36.099m at the end of April. Capital expenditure for April was £0.568m against an in month target of £0.570m.

Cash: The UHB has a forecast cash deficit of £28.791m. Cash management plans will be developed if Welsh Government cash support is not provided.
The UHB cash balance at the end of April was £2.305m.

What are our key areas of risk?

The key challenges for the UHB in delivering this plan will be:

- Delivery of a 3% recurrent and a 1% non-recurrent savings target of £25.3m and £8.4m respectively;

- Identification of opportunities to deliver the £9.3m financial improvement target;
- Managing operational service pressures within current budgets.
- Managing down the underlying deficit

What actions are we taking to improve?

Delivery of savings targets - the impact of any CRP shortfall will be reflected in the month 2 position. All budget holders are required to prioritise the identification and implementation of schemes as a matter of urgency to ensure a full savings plan is in place. Until this is achieved, measures to curtail expenditure to ensure a balanced budget position each month need to be actioned.

Delivery of financial improvement target - the UHB is undertaking further work to refine this plan and further options are being considered to manage the financial risks in delivering the improvement target.

Managing within current budgets - overspending Clinical Boards will need to provide robust recovery action plans as part of the Clinical Board Performance Review escalation process.

Managing down the underlying deficit – a greater focus on recurrent savings supporting the continued reduction in the underlying deficit.

RECOMMENDATION:

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

Board Meeting
……Date of Meeting

Agenda Item… ??
Report title……

IMPLEMENTING THE STRATEGY - MEDICAL AND DENTAL UNDERGRADUATE AND POSTGRADUATE TRAINING

Executive Lead : Medical Director
Author : Assistant Medical Director Postgraduate and Undergraduate Medical Education
Caring for People, Keeping People Well: Teaching and training is essential to our strategy and the development of our 'Culture' making the UHB a great place to work and learn.
Financial impact : Funding for teaching and training is significant from a number of different funding streams and is reported as part of the regular financial planning reviews and financial reports.
Quality, Safety, Patient Experience impact: Higher quality and properly supervised teaching and training results in better standards of care and better outcomes for patients. Educational surveys, including the GMC trainees survey provide important information with regard to patient care and patient safety.
Health and Care Standard Number 7.1 Workforce **CRAF Reference Number** 7.1 The need to train and recruit a competent medical and dental workforce.
Equality Impact Assessment Completed: No

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Identification of priority areas for action, as described in the paper, and establishment of Educational Governance structures.

RECOMMENDATION

The Board is asked to:

- **NOTE** the Report and significant development of simulation training
- **AGREE** the priority areas for Undergraduate and Postgraduate Medical Education 2018/2019

10

SITUATION

The UHB is required to deliver both the undergraduate (UG) and postgraduate (PG) education and training as set out in the Service Level Agreement (SLA) with both the Wales Deanery and Cardiff University School of Medicine.

As part of the Annual Commissioning process by the Wales Deanery it was agreed with the Chief Executive that an annual report be presented to the Board to describe the current situation and in particular reassure the Board about actions being taken in areas of concern and report areas where we are performing well.

Teaching and training is essential to our strategy and the development of our 'Culture' making the UHB a great place to work and learn. This is important in both maintaining the trainees we have and attracting new staff to the UHB. High quality training is also directly linked to improved patient outcomes. Underpinning great teaching and training are our values and the way we treat each other.

There are significant changes currently planned for the overarching educational structures in Wales with the launch of Health Education and Improvement Wales, currently being set up and due to go fully operational in October 2018.

BACKGROUND

Undergraduate Medical Education

It is the aim of the Department to work in partnership with Cardiff University School of Medicine and the Wales Deanery to ensure that the UHB is a leading provider of high quality undergraduate medical education and training. The UHB currently provides more than 4,400 medical student placements annually, significantly more than any other Health Board in Wales.

Cardiff University School of Medicine embarked on a fundamental revision of the undergraduate medical curriculum, entitled C21, which started in September 2013. Health Board staff have made significant contributions to curriculum design and the delivery of Phase 1a of the C21 course. All phases of the C21 curriculum were successfully delivered during the 2016-2017 academic year. The Health Board was highly commended for this achievement and the quality of undergraduate training provided at the 2017 UG Commissioning visit. This success is being further built upon during the current academic year.

The model of teaching delivery required in the C21 curriculum remains a major departure from traditional clinical placement teaching activity. There is a strong emphasis on facilitated teaching time and individualised teaching and mentoring. The uplift in time and resources required is substantial. This has required a more transparent allocation of the Welsh Government funding (Service Increment for Teaching – SIFT) throughout the UHB, which has been agreed with the Finance Director. The outstanding challenge remains to ensure time for teaching is clearly translated into job plans and further ensure those Clinical Boards using their resource for teaching receive the funding for this activity.

Postgraduate Medical Education

The Department aims to provide appropriate education and support for the 630 junior doctors within the UHB currently in Wales Deanery approved training posts (i.e. Foundation, Core, Specialty and GP Training). Annual funding is received by the Wales Deanery on a per capita basis for junior

doctors in training and the Postgraduate Department also manages the study leave process for all Consultant and SAS Grade staff within the UHB.

Funding is received from the Deanery for the management and administration of the Foundation, GP and Dental Training schemes, and funding is also received from the Deanery to support the continuing professional development of SAS Grades within the UHB and provide appropriate administrative support to the SAS Faculty Lead. In partnership with Cardiff University School of Medicine substantial access to high-fidelity simulation training facilities has been obtained for the delivery of PG simulation training with excellent feedback from trainees.

Dental Education and Training

The primary purpose of the activity undertaken at the University Dental Hospital and School is to educate the next generation of dental professionals, balanced with delivery of dental care across primary, community and specialist dental services. The Clinical Board for Dentistry and the School of Dentistry are delivering additional student activity due to the increase in student numbers enrolled since 2010 as requested by Welsh Government.

ASSESSMENT

Undergraduate Medical Education

The Department is actively encouraging faculty development (which forms part of the Education Strategy) and has part-funded 16 Clinical Teaching Fellows (CTFs) from placement SIFT to undertake further training in education delivery. The process for departments to apply for these 12 months posts has been formalized during the current academic cycle in order to improve quality control of the delivery of UG medical education. In addition, UHB trainees are recruited to a Faculty of Clinical Tutors to enable them to develop their own recognised medical education credentials and support the delivery of undergraduate clinical skills teaching; 34 trainees are being sponsored as Members of the Academy of Medical Educators (AoME) through involvement as teaching faculty during the current academic year.

The UHB is working towards the provision of performance reporting in the field of undergraduate education, which has raised awareness and demonstrated achievement within this important area of service delivered by the UHB. This reporting process allows education to appear on the UHB “dashboard” of performance indicators highlighting areas of excellence and concern. Overall, there is a continuing improvement in performance and this continues to act as a driver to further enhance delivery of undergraduate teaching within the UHB and serves as a means of encouraging improvement within the specific departments within the UHB. Specific performance indicators to be further developed include:

- Incorporation of UG teaching into departmental Educational Governance structures.

- Appropriate recognition of teaching responsibilities for departmental Training Leads within job plans.
- Student feedback relating to departmental teaching.

Simulation teaching continues to receive excellent feedback from medical students. The UHB works in partnership with the School of Medicine to deliver high quality simulation as part of the C21 curriculum.
A further development within the A2/B2 link corridor on the University Hospital of Wales site was completed in October 2015 and provides additional classroom and low-fidelity self-directed learning facilities for both undergraduate students and postgraduate trainees. Partnership funding has been secured to further develop this area which was completed in May 2018; this facility will expand both UG and PG multidisciplinary simulation training relating directly to quality improvement activity within clinical teams.

A Medical Work Observation Programme (MWOP) is successfully provided within the UHB, co-ordinated by the Medical Education Department with excellent feedback.

Priorities for action regarding undergraduate teaching in 2018/2019 are shown in Appendix 1.

Postgraduate Medical Education

Data relating to quality of training is collated via the annual GMC Trainee and Trainer Survey results, face to face feedback with trainees and end of placement reports. During the 2017 Deanery Commissioning visit the UHB was highly commended for sustained improvement in the quality of training in several clinical departments.

There are however, several areas of particular risk relating to the quality of training and the potential threat of withdrawal of trainees highlighted via the Wales Deanery Quality Unit:

- Paediatric Surgery
- Radiology
- Psychiatry
- General Medicine

Detailed comments on these areas and specific actions taken are shown in Appendix 2.

The content of the GMC Trainee Survey changed in 2016 to include domains relating specifically to educational culture within departments. This has broader implications for working relationships between trainees and other members of the multidisciplinary team meaning that whole system approaches are required to improve training quality.

The GMC published new standards relating to Medical Education (*Promoting Excellence)* in 2015 for implementation in 2016. The standards place

responsibility on Local Education Providers (LEP) and Executive Boards to implement robust educational governance structures and processes, which should be linked to Quality and Safety processes. The Educational Governance Framework was launched in June 2017. The structure and processes embed responsibility for assessing and improving the quality of training within local departments with clear reporting mechanisms. In January 2018 each department submitted a comprehensive report on Educational Governance processes within their department with named educational leads and representation from senior nurses, trainees and directorate teams to ensure a rounded approach is adopted to improving quality of training within local Departmental Education Groups. This approach has been recognized as an example of best practice by the Wales Deanery and is being promoted in other Health Boards in Wales. The challenge remains to sustain the structure with increasing pressures on clinical teams; particularly to ensure that departmental training leads receive recognition within job plans to undertake the role.

As for UG training it is intended to include quality indicators for PG training within the Clinical Board performance indicators to encourage improvement. Proposed performance metrics include:

- Named Education Leads linked to appropriate recognition within jobplans.
- Trainee feedback including the annual GMC training survey results.
- Effective Departmental Education Groups.
- Multidisciplinary quality improvement work with measurable patient-centred outcomes.

Educational Contracts were introduced by the Wales Deanery for trainees in Surgery, Child Health and Obstetrics and Gynaecology in August 2016. The remaining specialties had educational contracts implemented in August 2017. The contracts stipulate the level of experience and training opportunities that should be available for each trainee. The aim is to establish a balance between training opportunity and service provision. In some departments this will reduce the availability of trainees for service delivery and this will have an impact on Consultant job planning. Adherence to the contracts is being monitored by the Wales Deanery; data regarding adherence within the UHB is not yet available. The educational governance structure will also provide a mechanism for individual departments to monitor compliance.

The Medical Education Department successfully applied for a Welsh Clinical Leadership Fellow who has been evaluating the effectiveness of medical simulation training within the UHB in addition, to leading a multidisciplinary quality improvement project relating to falls prevention.
Priorities for action regarding postgraduate training in 2018/2019 are shown in Appendix 3.

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Dental Education and Training

The Clinical Board for Dentistry will work closely with the School of Dentistry to support the delivery of high quality education and provide the best possible experience for dental students at both undergraduate and postgraduate level. The School of Dentistry has continually achieved high satisfaction scores in the National Student Surveys (NSS).
This has ensured a high profile nationally for Cardiff and is aided by the fact that many of the specialist dental staff are responsible for the delivery of the Continuing Professional Development (CPD) for the complete dental healthcare professional team.

Department of Medical Education

The Department of Medical Education is responsible for the organisation, delivery and quality control of a substantial programme of both UG and PG curriculum-driven medical education, including hosting Cardiff University School of Medicine examinations. In addition, the department runs all UHB medical induction programmes, medical trainer development sessions and administrates study leave and the consultant sabbatical scheme. Since 2009 the department has made cost savings of £398,280 through combining UG and PG functions, reviewing skill mix options and efficiencies within the Medical Director's budget. These savings have occurred within a context of increasing training demands. As a result the departmental infrastructure has increasing demands and there is frequent review of function to be able to deliver core requirements of training.

Following the publication of the GMC standards for medical education *Promoting Excellence,* and the development of the C21 UG curriculum there is a strong emphasis on the use of simulation training for curriculum delivery for both UG and PG trainees. The department has worked with strategic partners to substantially develop facilities to improve the capability of the UHB to deliver these aims. In addition, these facilities provide opportunity to undertake income generation through the provision of mandatory curriculum courses. Delivery requires faculty and departmental staff to effectively manage activity across three sites and courses require equipment and consumables to be able to run. Consequently, The Department is looking at all options including enhanced income generation from courses to deliver its functions and expand its role. Cardiff and Vale UHB provides the highest level of activity and most ambitious programme of training in Wales (see table one).

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Table one

Health Board	Medical Education Staffing WTE	Total Number of Undergraduate Students 2017/18 (Years 1-5)	Total Number of Training Grade posts 2017/18
Cardiff & Vale	**12.8**	**682**	**703**
ABMU	21	262	703
Aneurin Bevan	19	346	455
Betsi Cadwaladr	14	222	528
Cwm Taf	14.5	345	312
Hywel Dda	15	123	292
Powys	1.5	8	7

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Appendix 1

Priority Areas for Undergraduate Teaching 2018/19

- To ensure that all undergraduate medical students have access to appropriate high quality education and training
- To ensure that personal development of education and training is aligned to meet wider goals in undergraduate medical training within the UK as well as the local needs of the UHB and the NHS in Wales
- To continue working closely with Cardiff University to enable the C21 curriculum to be delivered within the UHB, with high quality education enabling greater student satisfaction and an enhanced student experience
- To further develop the Faculty of Clinical Tutors
- There is currently one 2 session honorary senior lecturer for UG delivery. The increasing requirement for simulation training requires an adjustment of this resource. The posts will be reviewed during the next 12 months and consideration given to ongoing support for one 1 session post for Undergraduate Lead (Honorary Senior Lecturer level) and to convert one session to a new post for UG medical simulation delivery in 2019. This will be supported by clear assignment of time within job plans for departmental UG training leads for delivery.
- Appointment of further Clinical Teaching Fellows and an Educational Pharmacist to support C21 curriculum delivery
- Establish transparency with respect to placement SIFT allocation to support SPA time in consultant job plans for UG teaching. Including the recognition of Dental SIFT appropriately.
- To incorporate UG training into the Departmental Educational Governance structure.
- To work with Clinical Boards to develop meaningful performance metrics relating to UG medical training.

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Appendix 2

Details of Postgraduate Training Areas at Risk

There are several areas of particular risk relating to the quality of training and the potential threat of withdrawal of trainees and are detailed in brief below:

1. **Paediatric Surgery:**
   2 higher surgical trainees were removed from Cardiff in December 2015. This was the consequence of a complex sequence of events including insufficient access to training cases, departmental training culture, trainee factors, the neonatal ICU infections and paediatric theatre and clinic capacity. There have been recent improvements in trainee experience which are welcome. The Clinical Board is working with the Medical Director's Office, Wales Deanery and other external stakeholders to re-establish paediatric surgical trainees in April 2019.

2. **Radiology:**
   There have been longstanding, unresolved problems with the quality of radiology training in the Health Board. Specific issues relating to the impact of rota gaps, access to out of hours subspecialty support, the working environment and training culture are actively being addressed with the department. There has been a substantial improvement in the training culture within the department.

3. **Psychiatry:**
   The Wales deanery undertook a targeted review of Psychiatry training in the UHB in 2015. There remains a risk of trainees being withdrawn in the event of a further deterioration. The training quality continues to be closely monitored. The low recruitment to posts will result in significant rota gaps which may further compromise training.

4. **General Medicine:**
   The workload out of hours within Medicine is significant. The ability of the out of hours teams to cope is threatened by poor recruitment to medical core and middle grade positions. This represents a patient safety risk. A review of Hospital at Night is underway with consideration being given to an out of hours service model.
   There are substantial changes to the Core Medical Training Curriculum due in August 2019; trainees will be required to attend outpatient clinics and gain a greater proportion of acute medical experience. This is a particular challenge for the UHB as 50% of core medical trainees are in specialty posts which do not contribute to acute medicine. However, inpatient service provision for some of these clinical areas such as cardiology and haematology is dependent on core medical trainees and will become fragile.

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Appendix 3

Priorities Areas for Postgraduate Training 2017/2018

- To meet requirements of the SLA as set by the Wales Deanery via the Annual Commissioning process.
- To ensure that all postgraduate students have access to appropriate high quality education and training
- To continue to provide continuous professional development to Educational Supervisors.
- To strengthen the medical education credentials of medical and dental staff.
- To meet requirements of various Royal College Curricula for junior doctors in training. In particular changes to core medical training.
- To consolidate educational governance structures and processes with clear reporting mechanisms in place.
- To ensure compliance with, and address issues raised in, the GMC annual Trainee Survey and Trainer Survey.
- To work with departments to implement educational contracts and address service delivery challenges that emerge as a result.
- To develop opportunity for income generation via provision of ‘commercial’ educational sessions.
- To integrate simulation training with identified quality improvement outcomes and the development of multidisciplinary team working.
- To work with Clinical Boards to develop meaningful performance metrics relating to PG medical training.

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PROGRESSING SMOKING CESSATION IN THE CARDIFF AND VALE POPULATION	
Name of Meeting : Board	**Date of Meeting:** 31st May 2018

Executive Lead: Executive Director of Public Health
Author: Principal Health Promotion Specialist Tel: 029 2183 2125
Caring for People, Keeping People Well: The report supports the Health Board's Mission Statement (Keeping People Well) and underpins the Outcomes, Priorities and Values elements of the Health Board's Strategy
Quality, Safety, Patient Experience impact: Impact on patient experience as a result of increased recording of smoking status and referrals. Patient impact in respect to the current pilot to remove an existing exemption to the No Smoking and Smoke Free Environment Policy
Health and Care Standard Number : 1.1 Health promotion, protection and improvement
CRAF Reference Number: 1.2, 4.3
Equality and Health Impact Assessment Completed: Not applicable as no change in policy

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Prevalence of smoking within the Cardiff and Vale population is below the WG target
- quarterly monitoring reports to Welsh Government on the Tier 1 Smoking Cessation Target
- monthly monitoring within clinical board and public health department performance review
- Monthly monitoring of the implementation and enforcement of the UHB's No Smoking and Smoke Free Environment Policy

The Board is asked to:

PROVIDE continued visible leadership and support to drive forward:

- work to reduce the prevalence of smoking in disadvantaged areas across Cardiff and the Vale of Glamorgan
- action to increase routine recording of smoking status and referral to specialist smoking cessation services and the enforcement of the No Smoking and Smoke Free Environment Policy
- action to support the pilot of the removal of the exemption (relating to mental health patients smoking in enclosed, outside areas) relating to the No Smoking and Smoke Free Environment Policy

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SITUATION

Cardiff and Vale University Health Board (UHB) is committed to delivering the Well-being of Future Generations Act (Wales) 2015 in line with its' statutory duty. Prevention is one of the five key sustainable development principles within the Act and is also a core element throughout the UHB's 10 year *'Shaping Our Future Wellbeing Strategy'.*

In Cardiff and the Vale of Glamorgan, as in the rest of Wales, smoking remains the biggest cause of avoidable mortality and is the primary reason for the gap in healthy life expectancy, being linked with a wide range of health issues including low birth weight, heart disease, respiratory disease and a variety of cancers. Reducing smoking prevalence is therefore a key public health priority. Whilst Smoking rates in Cardiff and Vale continue to fall (from 19% in 2015-2016 to 15% in 2016-2017), they remain high in areas of high deprivation and for certain population groups such as specific ethnic groups, those with mental health conditions, pregnant smokers, prisoners and individuals identifying as lesbian, bisexual, gay or transgender.

This paper summarises work to reduce smoking prevalence, including increasing access to smoking cessation in the community and in hospital, and highlights local priorities for action.

BACKGROUND

Local partners (Local Authorities, primary care providers and Third Sector) have successfully worked together with the UHB and its predecessor organisations over many years to develop and implement programmes to improve access to NHS smoking cessation support services and reduce smoking prevalence. Whist the UHB has already achieved Welsh Government's 2020 16% smoking prevalence target, it is acknowledged that the rate of smoking remains high within areas of deprivation and certain population groups; these smokers are often the most difficult to engage and require targeted smoking cessation support. To ensure all smokers can be offered support to quit smoking, UHB residents are able to access three specialist smoking cessation providers; the hospital in-house Smoking Cessation Service, Stop Smoking Wales (SSW) and Level 3 Enhanced Service Community Pharmacies. Twenty of 21 community based smoking cessation groups run by SSW Wales are held within GP practices and 80% of these are in areas of high deprivation.

Since 2010, the UHB has led developments aimed at addressing tobacco control and strengthening access to smoking cessation:

- Cardiff and Vale UHB was one of the first health boards to introduce a full ban on smoking across all grounds in 2013
- Introduction of a Level 3 (L3) Enhanced Smoking Cessation Service for Community Pharmacies based in areas of high deprivation (20 pharmacies are participating from a total of 25 in the target areas)

- Development of the UHB's Optimising Outcomes Policy (OOP) which expects all patients recorded as a being a smoker to have been offered, accepted and completed a smoking cessation support programme prior to elective surgery
- Adapting the hospital electronic patient management system to allow routine record smoking status and onward electronic referral into the hospital based smoking cessation service
- Targeted communication campaigns using traditional and new media. The latest campaign, 'Care to Quit', was launched in January 2018 and aims to increase referrals to the in-house Smoking Cessation Service from Clinical Boards, increase the number of GP Practices e-referrals and reduce the incidence of smoking across hospital sites
- Improving the engagement of pregnant women who smoke with smoking cessation services
- Deliver programmes to prevent young people taking up smoking and reduce environmental exposure to second hand smoke in community and school settings

The nationally led Help Me Quit (HMQ) Call Centre was launched in April 2017, which provides a single point of access for smokers and signposts them into community or hospital based smoking cessation programmes as appropriate. All local GP Practices have direct e-referral access and over 60% of all contacts from Cardiff and Vale to HMQ use this method (HMQ, April 2017- December 2017).This reinforces the important role the GP has in helping the quit attempt.

The UHB has both informed and contributed to the shaping of national tobacco control strategy and our local work aligns well. Welsh Government (WG) published it's most recent three year *Tobacco Control Delivery Plan for Wales 2017-2020* in September 2017. Overall outcomes include a focus on reducing prevalence – especially in areas of high deprivation, reducing the number of women that smoke in pregnancy and reducing smoking in young people.

WG has recognised that smoking cessation services are led and managed differently both across Wales and within health boards. It has therefore commissioned a Smoking Cessation Service Review to consider three options, including remaining with the current 'status quo' (with development). Options 2 and 3 suggest that either health boards or Public Health Wales manage all specialist smoking cessation services. The UHB considers that one fully integrated NHS smoking cessation service is preferable, pending further detail on all three options.

ASSESSMENT AND ASSURANCE

Health Boards have a Tier 1 Smoking Cessation target for 5% of smokers to become 'treated smokers' annually (i.e. attend at least one treatment session and set a firm quit date) and of those, at least 40% to quit smoking at 4 weeks (CO verified). This target has not been met by any health board in Wales to

date and Wales achieved 2.9% against the 5% target for 2016-2017 The UHB achieved 1.3% against this target and yet our prevalence is the lowest in Wales. It is estimated that over 8,000 smokers need to be referred in Cardiff and Vale of Glamorgan to meet this target. In order to reach more smokers and to reduce further our smoking prevalence, the UHB is focusing on three main areas of work for 2018-19.

1. **Reducing smoking prevalence in deprived areas and high prevalence groups**

Ensuring on-going publicity of SSW and L3 Community Pharmacy services to both professionals and the public is a key priority. A Communication Plan has been developed and members of the Local Public Health Team are working with GP Cluster leads to promote e-referral to smoking cessation support, offer training on smoking cessation and provide quarterly monitoring of referral numbers.

2. **Inpatient settings/ smoke free hospital environment**

The UHB has a key role in identifying patients who smoke, offering support and referring them into the hospital based smoking cessation service. A systematised pathway for asking and recording of smoking status is being implemented with Clinical Boards. Monthly monitoring of the electronic patient management system shows that referral numbers are increasing. Specific smoking cessation programmes aimed at pregnant women and mental health patients are in place and are also being monitored monthly.

Since October 2014, over 10,000 individuals have been challenged for smoking on hospital premises, most of whom are visitors (60%) and patients (26%). This provides an on-going challenge. Through the Local Authority, the UHB have employed a No Smoking and Waste Enforcement Officer on the UHW and UHL sites (a unique role in Wales) in anticipation of a legal duty to prohibit smoking on NHS grounds as part of the Public Health (Wales) Act 2017. Funding for the post has been secured until December 2018.

3. **Mental Health In-patient Services**

From January 2018, the Mental Health Clinical Board has removed the exemption on the No Smoking and Smoke Free Environment Policy which permits mental health in-patients to smoke outside, in enclosed gardens as part of an on-going pilot. This aims to ensure equity of access to smoking cessation support. The UHB is the first health board in Wales to take this step. The implementation is being closely monitored by a stakeholder Steering Group.

The UHB's Health and Safety Committee, which met on 10th April 2018, fully supported the work that had taken place and requested that this be 'mainstreamed' as part of normal policy procedures. However, specific elements relating to this work are on-going and if adopted, the Policy may need to be amended and some elements of the pilot will need to be discussed further in terms of their wider impact on in-patients across hospital sites.

CAPITAL PROGRAMME 2018/19
Name of Meeting : UHB Board **Date of Meeting** 31st May 2018

Executive Lead : Executive Director of Strategic Planning
Author : Director of Capital, Estates and Facilities
Caring for People, Keeping People Well: This report underpins the Health Board's "Our Service Priorities" and "Sustainability" elements of the Health Board's Strategy.
Financial impact : Not Applicable
Quality, Safety, Patient Experience impact : Improvement to infrastructure, compliance, medical equipment and IM&T
Health and Care Standard Number 1.1, 2.1, 2.4, 2.9
CRAF Reference Number 6.4, 6.6
Equality and Health Impact Assessment Completed: Not Applicable

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Consideration and discussion at Capital Management Group 16th April 2018 and Management Executive 30th April 2018.
- Regular Capital Review Meetings with Welsh Government Capital Department.

The UHB Board is asked to:

- **APPROVE** the Capital Programme for 2018/19
- **APPROVE** to delegate responsibility to Capital Management Group for adjustments to the Capital Programme 2018/19
- **AGREE** to acknowledge risks outlined in the Capital Programme 2018/19

SITUATION

The UHB receives an allocation of Capital funding from Welsh Government (WG) via our Capital Resource Limit (CRL). The allocation is divided between major capital, discretionary capital and other capital projects. The major capital allocation is used for larger scale projects that have followed Capital Planning Business Case route. The discretionary capital funding is used to address smaller scale infrastructure developments including statutory maintenance remedial works, rolling programmes of refurbishment (such as the bathroom programme), IT and equipment investment and small capital schemes that have been prioritised as part of the IMTP. The Other Capital Funding is used for ad hoc projects that have not gone through Capital

Planning Business Case route and are outside the discretionary capital allocation.

The deteriorating condition of significant parts of our estate remains a significant risk which is being managed by securing capital through the Capital Business Case route to replace significant infrastructure, and the use of discretionary capital programme to address the most urgent risks and priorities.

An estates plan is in development and sets out how the physical infrastructure needs to be developed over the next ten years to enable delivery of the service models outlined in Shaping Our Future Wellbeing, and how the most urgent service/estate risks will be addressed in the short to medium term. Once completed, this will come to the Board for approval.

BACKGROUND

The UHB has received approved funding for the 2018/19 Capital Programme of £34.902m. Due to Welsh Government policy changes the Health Board could not via money across financial years for schemes in 2017/18 which has reduced our Discretionary Capital allocation. The approved funding includes; £12.974m Discretionary Capital, £21.371m for Major Capital projects, £0.557 for other projects.

Further funding to support the capital programme will be generated through disposal of the following UHB assets and additional donations

	£m
Amy Evans Disposal	0.260
Colcot Clinic	0.150
Carbon Reduction Credit	0.208
Total	**0.618**

Cardiff and Vale University Health Board Capital Programme 2018-19						
No.	Cost Centre	Description	Scheme Lead	Cost		
				Original	ADJ	O'Turn
				£k	£k	£k
FUNDING:						
Major Capital						
	CAJ9	NeoNatal - Phase 2 Works		19,724	0	**19,724**
	CEGL	CRI- Wards 14 and 14a		548	0	**548**
		Rookw ood - Emergency Works		499	0	**499**
		Anti-Ligature w orks		100	0	**100**
		Interventional Radiology		500	0	**500**
Major Capital Total				**21,371**	**0**	**21,371**
Discretionary Capital & Sale of Properties						
		Discretionary Capital Allocation		12,974	0	**12,974**
		Amy Evans		260	0	**260**
		Colcott		150	0	**150**
		Carrbon Reduction Credits		208	0	**208**
Discretionary Capital & Sale of Properties Total				**13,592**	**0**	**13,592**
Other WG Schemes						
		Acceleration and implementation of national clinical systems		250	0	**250**
		Relocation of the Central Processing Unit from UHW to UHL		307	0	**307**
Other Schemes Total				**557**	**0**	**557**
TOTAL CAPITAL ALLOCATION				**35,520**	**0**	**35,520**

The proposed Capital Programme recommended by the Capital Management Group and agreed by the Management Executive is set out below. The programme has been developed to reflect the most urgent priorities facing the UHB this year. The allocation for IM&T and medical equipment has been reduced due to additional spend being utilised in 2017/18 which was planned for 2018/19.

Cardiff and Vale University Health Board

Capital Programme 2018-19

No.	Cost Centre	Description	Scheme Lead	Cost		
				Original	ADJ	O'Turn
				£k	£k	£k
COMMITTMENTS:						
MAJOR CAPITAL						
	CAJ9	NeoNatal - Phase 2 Works	J Holifield	19,724	0	**19,724**
	CEGL	CRI- Wards 14 and 14a	J Holifield	548	0	**548**
	CEF4	Rookwood - Emergency Works	T Ward	499	0	**499**
	CAHK	Interventional Radiology	T Ward	1,069	0	**1,069**
MAJOR CAPITAL COMMITMENTS				**21,840**	**0**	**21,840**
DISCRETIONARY CAPITAL & PROPERTY SALES						
Schemes B/F:						
	CEA4	East 1 UHL Ward		245	0	**245**
	CEGA	Lab Iso increase		118	0	**118**
	CEJ2	Shire database		181	0	**181**
	CEFB	BMT		165	0	**165**
	CD11	DOSA		50	0	**50**
	CEH4	Rookwood Package Plant		52	0	**52**
	CEFR	Roofs		250	0	**250**
	GEEE	Geonomics		70	0	**70**
	CEJ9	Dental Equipment		7	0	**7**
Annual Commitments:						
	CD93	UHB Capitalisation of Salaries	N Mason	440	0	**440**
	CEDB	UHB Director of Planning Staff	N Mason	165	0	**165**
	CDN8	UHB Revenue to Capital	R Hurton	715	0	**715**
	CDH9	UHB Accommodation Strategy	G Walsh	200	0	**200**
	CD09	UHB Misc / Feasibility Fees	J Nettleton	100	0	**100**
IMTP:						
	Estate Rationalisation					
		Land Purchase Wedal Road	G Walsh	420	0	**420**
		Lansdowne Offices	G Walsh	0	0	**0**
	CEJ4	Sustainable Transport Hub	G Walsh	108	0	**108**
	CEJ5	CRI Chapel	G Walsh	150	0	**150**
	CEHA	CRI Block 11	G Walsh	77	0	**77**
	CAC4	Rookwood Enabling	J Holifield		0	**0**
	CAJJ	CAVOC	G Walsh	208	0	**208**
	CD09	Healthcare Planner	G Walsh	162	0	**162**
	CEDP	Theatres 10	G Walsh	38	0	**38**

Cardiff and Vale University Health Board

Capital Programme 2018-19

No.	Cost Centre	Description	Scheme Lead	Cost		
				Original	ADJ	O'Turn
				£k	£k	£k
	Scheme Fees					
		Primary Care Fees	G Walsh	116	0	**116**
		Wellbeing Hub Cogan	G Walsh		0	**0**
		Wellbeing Hub Maelfa	G Walsh		0	**0**
		Wellbeing Hub Park View	G Walsh		0	**0**
		Major Trauma	G Walsh		0	**0**
		Cystic Fibrosis	G Walsh		0	**0**
		BMT Wards & Day Unit	G Walsh	500	0	**500**
	Works					
		Mortuary Upgrade	T Ward		0	**0**
IM&T:						
	CDR8	Backlog IM&T	G Bulpin	250	0	**250**
		National Clinical Systems	G Bulpin	250	0	**250**
Medical Equipment						
	CD07	Backlog Medical Equipment	C Morgan	500	0	**500**
Statutory Compliance:						
	CDA2	Fire Risk Works	T Ward	200	0	**200**
	CDP7	Asbestos	T Ward	400	0	**400**
	CEFV	Gas infrastructure Upgrade	T Ward	300	0	**300**
	CED5	Legionella	T Ward	450	0	**450**
	CEFW	Electrical Infrastructure Upgrade	T Ward	150	0	**150**
	CEH4	Ventilation Upgrade	T Ward	500	0	**500**
	CEH3	Electrical Backup Systems	T Ward	250	0	**250**
	CEH2	Upgrade Patient Facilities	T Ward	350	0	**350**
	CDP7	Dedicated Team	N Mason	200	0	**200**
Other:						
	CD11	Backlog Estates	T Ward	1,000	0	**1,000**
	CEA4	Ward Upgrade (2 wards)	J Aver	1,100	0	**1,100**
	CEG6	Lift Upgrade (3 lifts)	T Ward	300	0	**300**
		Contingency		2,537	0	**2,537**
DISCRETIONARY CAPITAL & PROPERTY SALES COMMITMENTS				**13,274**	**4**	**13,274**
OTHER WG SCHEMES						
		Relocation of the Central Processing Unit from UHW to UHL	T Ward	307	0	**307**
	CAJ7	Anti-Ligature works	J Holifield	100	0	**100**
OTHER WG SCHEMES COMMITMENTS				**407**	**0**	**407**
	Commitments					**35,521**

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ASSESSMENT AND ASSURANCE

The Capital Management Group reviews the Capital Programme on a monthly basis, and seeks approval to reprioritise the programme in the event of new urgent priorities arising. The Capital Programme will be scrutinised regularly by Strategy and Delivery and Committee.

The CMG will also approve business cases for schemes required to deliver the IMTP.

Backlog Maintenance

The funding for Backlog maintenance programme for Estates, IM&T and Medical Equipment is insufficient to cover the current backlog costs, a risk rating criteria has been established to address the most urgent risks facing the UHB.

Backlog Maintenance	Overall Costs	Allocation prior to reduction	% Funding
Estates (C & D)	£126,000,000	£1,000,000	0.79%
IM&T	£31,504,275	£500,000	1.59%
Medical Equipment	£85,000,000	£1,000,000	1.18%

Estates Backlog Maintenance Criteria –

Under the Health and Safety at Work Act, the UHB have a duty of care to ensure that appropriate governance arrangements are in place for the maintenance of the estate so that premises facilitating healthcare services are managed effectively to minimise risk to occupants.

NHS Estate is allocated a condition ranking which are based on 'Estatecode' (NHS Estates, 2002) Guidelines. Condition B is the minimum acceptable condition that must be achieved in order to avoid backlog costs.

Costs to replace, remove or upgrade assets that already meet condition A or B criteria (for example for modernisation or best practice purposes) are not be classified as backlog. The following list briefly outlines the different categories.

A - New buildings/plant that fully comply with national standards and have a full life expectancy (60 years) and comply fully with current mandatory fire safety requirements and statutory safety legislation. No immediate expenditure required except for routine operational maintenance.

B - Complies with all necessary mandatory fire safety requirements and statutory safety legislation with minor deviations of a non-serious nature

C - Operational but major repair or replacement is currently needed to bring up to condition B.

D - Operationally unsound and in imminent danger of breakdown.

Building Physical Condition

Hospital	Floor Area	Physical Condition						
		A	B	B/C	C	Cx	D	Dx
Aggregated Community	36,751	0.00%	56.52%	19.90%	20.38%	0.90%	2.29%	0.00%
Barry Comm	6,985	0.00%	54.40%	39.20%	6.00%	0.00%	0.00%	0.00%
CRI	23,158	0.00%	67.99%	11.72%	19.46%	0.63%	0.21%	0.00%
Fieldway	2,652	0.00%	96.15%	0.00%	3.85%	0.00%	0.00%	0.00%
Iorweth Jones	2,446	0.00%	95.45%	0.00%	4.55%	0.00%	0.00%	0.00%
Llandough	95,828	5.62%	77.49%	6.20%	10.25%	0.00%	0.34%	0.10%
Rookwood	12,157	0.00%	32.20%	4.22%	62.78%	0.18%	0.63%	0.00%
St Davids	11,175	0.00%	92.08%	3.33%	4.17%	0.00%	0.00%	0.00%
UHW	212,598	0.10%	70.09%	8.03%	10.39%	10.91%	0.46%	0.03%
		0.64%	**71.37%**	**10.29%**	**15.76%**	**1.40%**	**0.44%**	**0.01%**

Physical Condition A &B	72%
Physical Condition B/C to Dx	28%

The building physical condition survey would only take into account the appearance of the rooms within the building and would not include the infrastructure costs plant rooms, electrical wiring etc, estimated at £126m to bring the facilities to condition B.

Capital, Estates and Facilities are developing an Estates Strategy for the UHB with a draft for consideration due July 2018.

Medical Equipment Backlog –

The health board does not have a holistic medical equipment replacement programme that is sustainable and predictably funded on an ongoing basis. Therefore the UHB is vulnerable to clinical service disruption when there are equipment failures and robust business continuity cannot be guaranteed. This unmet need for medical equipment replacement significantly increases corporate risks in terms of health outcomes, performance, service quality, patient experience, reputation and financial sustainability.

The UHB currently manages £100,902,128 of capital medical equipment. It holds £35,675,616 of capital medical equipment which is over 10 years old, with a further £4,820,276 (original cost) of equipment going over 10 years old in 18/19. The costs included in this report reflect the original purchase value and not the current replacement value and includes all equipment whether purchased individually or as part of larger clinical service development scheme.

The UHB, through its medical equipment management policy, expects all equipment to be regularly maintained. Therefore whilst the stock of equipment

over 10 years old is not considered unsafe, it has exceeded the end of its expected product life span. As a general principle it is therefore more likely to fail. Catastrophic failures can have immediate consequences in terms of patient safety and the impact of these adverse events is well understood.

In recent years the UHB has allocated £1m of discretionary capital annually to cover the urgent replacement of medical equipment. This has been supplemented through the allocation of UHB internal and WG end of year capital project slippage monies. This funding has varied between £1.3m and £5.4m in additional investment against a crude prediction of replacement need of £12.6m annually. This figure is based on original purchase costs of existing equipment and does not reflect actual replacement costs or any new purchases.

Allocation of discretionary capital funding for medical equipment is supported by a prioritisation process undertaken by the Medical Equipment Group (MEG). It should be noted that there is no identified capital funding stream for new equipment. In 2017-18 MEG received £4.3m of critical bids of which £2.2m of replacement equipment was funded.

IM&T Backlog (Keeping the Lights On) –

The UHB developed a five year plan to sustain its IT Infrastructure, protecting against the highest risks, in 2014/15.

Whilst this plan has been largely successful in delivering an infrastructure to support the Health Board, the reliance on IT continues to grow and the risks posed including those presented by a massively increased infrastructure and cyber security risks present us with a significant challenge. Costs have also increased significantly recently owing to the lower value of the pound with the vast majority of IT equipment traded in dollars).

The cyber security threat is particularly challenging and growing. Delaying the upgrading of devices is now recognised as a high risk. The capital allocation for IT is significantly less than any other UHB in Wales, and we have the largest number of devices to maintain.

This 5 Year rolling plan identifies the costs of replacement of internal physical hardware associated with delivery of the Data Network, Voice Infrastructure, Desktops, Laptops, netbooks, Hardware and estimated costs of replacement of internal physical hardware associated with delivery of server infrastructure. There has been slippage in the programme due to capital funding constraints. In light of the reduced availability of Capital at both a National and local level, a further review has been undertaken of the “IT Infrastructure risk adjusted replacement programme” (Replacing the former Keeping the Lights on programme). This review has looked at the £4m highlighted in the Strategic Outline Programme (SOP) submitted last year to Welsh Government and reduced the target for next year to £2.4m as recently submitted to

Management Executive. A further analysis has been undertaken to identify the highest priority risks within the requirement for 2018/19 such that funding if available both locally and nationally can be allocated on a risk based priority as shown below

The IT Department, “keeping the lights on spend” requirement for 2018/19 is £4m, however this has been re-prioritised on a risk basis:

- Priority one £1.0m
- Priority two £0.8m
- Priority three £0.6m

A strategic outline case was produced during 2016/17 and shared with Welsh Government. It set out the investment needed over the medium term to deliver digitally enabled care and the necessary information systems. Currently the business case remains unaffordable.

The proposed allocation from capital funding is insufficient to meet all the high risk capital infrastructure requirements.

UNCONFIRMED MINUTES OF THE AUDIT COMMITTEE HELD ON 27 FEBRUARY 2018 IN THE CORPORATE MEETING ROOM, HEADQUARTERS, UHW

Present:

John Antoniazzi	Independent Member – Capital, Chair
Maria Battle	Chair - UHB
Dawn Ward	Independent Member – Trades Union

In Attendance:

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
John Herniman	Wales Audit Office
Peter Welsh	Director of Corporate Governance
Robert Chadwick	Director of Finance
Steve Curry	Chief Operating Officer
Glynis Mulford	**Secretariat**

Apologies:

John Union	Independent Member - Finance
James Johns	Head of Internal Audit

AC: 17/084 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone present to the meeting.

AC: 17/085 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

AC: 17/086 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings. A declaration was made in relation to agenda item 14 by Mr Peter Welsh, Director of Corporate Governance and informed the Committee his wife was an optician at RN Roberts Opticians and therefore would not be partaking in any discussion on this point.

AC: 17/087 UNCONFIRMED MINUTES OF THE MEETING HELD ON 5 DECEMBER 2017

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 5 December 2017.

AC: 17/088 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: 17/071 Wales Audit Office Review of Discharge Planning: Significant progress had been made since the audit and was being monitored by the Quality Safety and Experience Committee.

Items AC: 170/72 and 073 will be brought forward to April meeting.

AC: 17/089 INTERNAL AUDIT PROGRESS REPORT

Specialist Services Patientcare IT System – Limited Assurance: Mr Steve Curry, Chief Operating Officer explained the IT system implemented by a registrar was a very good system which tracked patients and their treatment. This was developed some years ago and is used in hospitals around the country. An audit was undertaken which highlighted areas of vulnerability. A Follow-up audit pointed to a number of issues and areas not fully actioned.

There was no formal contractual agreement for ongoing maintenance. This had been addressed and the department was working with procurement to put in place a comprehensive contract and ensure it was fit for purpose. The contract will be ready to be implemented from 1 April 2018.

The Committee was assured that in the future policies, procedures and guidance would be planned at a set date. There would be further discussion on how to bring guidance around this area with IT and procurement leads to ensure good governance was in place. It was stated that wider learning had been made through the system.

The Committee was assured that the primary information source was PMS which was the core system and safety net for the Health Board.

A range of limited controls had been taken forward and a user group had been set up and any further actions will be implemented by Group. The Business Continuity Plan was endorsed by the Emergency Preparedness Manager and there has been a system upgrade after going through this process. Advice had been taken from IT who had reviewed the system. Evidence had been received to inform that back ups were taking place in line with their systems.

As a result of these action points being progressed Members were informed the Risk Register would be upgraded as the position had advanced since the Internal Audit follow up.

The Committee:

- **CONSIDERED** and **NOTED** the Internal Audit Progress Report

AC: 17/090 INTERNAL AUDIT POSITION REPORT

Mr Ian Virgil, Deputy Head of Internal Audit outlined the key points of the report:

- There had been some audit delays in receiving information to complete reports which had been planned to be delivered in February. These reports would come through to next Committee in April.
- The delivery of Internal Audit Plan was on course to complete the annual plan to April Audit Committee. There were three reports which are potentially Limited Assurance in the system and clarified although looking at three Limited Reports was looking at a positive opinion at year end.
- In response to concerns on Cleaning with Limited Assurance the Committee was assured this was not in relation to cleaning of the wards. This was in relation to the Compliance of the Wales Cleaning Standards. Key reasons were weaknesses in some of the Health Boards own audit with paperwork and how these were being conducted and signed off. These issues were reported at Quality, Safety and Experience Committee. There were issues with estates staff and nursing staff working together to sign off reports but this was being addressed.

It was commented and noted:

- In response to Limited Assurance reports being revisited, it was stated Limited Assurance reports would be timetabled for follow-up. If it was borderline, further work could be undertaken and a further follow up take place to appreciate if this would change opinion.
- Concerns with consultant job planning was raised 12 months ago with Wales Audit Office and was still concerned as remained with a Limited Assurance rating. It was stated this has been escalated to the Medical Director as Executive Lead.
- There had been a request for two pieces of work to be postponed until next year as there were ongoing issues in department; being PCIC Incident reporting and Commercial Outlet Audit which was **APPROVED** by the Committee.

The Committee:

- **CONSIDERED** and **NOTED** the Progress Report Against Plan

AC: 17/091 WALES AUDIT OFFICE ANNUAL PLAN 2018

Mr John Herniman, Wales Audit Office highlighted the key issues of the report to ensure they met their statutory responsibilities and the plan set out the background and responsibility for WAO and the Health Board. The timing of work and broad timetable will be revised in the Committee Update report.

It was discussed and noted:

- In response to Wales Audit Office inter-relationship with Internal Audit in understanding each other's programmes, Members were informed things had progressed and although share work programmes to look for additional risks, do not rely on Internal Audit testing.
- The Committee was advised in response to there being any issues with the year-end audit that to date the timetable works although it is rigid. This was a joint effort between the WAO and finance team and did not anticipate any problems
- The Remuneration Report should be straight forward this year as there had been a number of changes during the year but would need a full Q & A review.
- It was described how the WAO reports are cascaded throughout the organisation that work is commencing, explaining the audit plan is circulated to the Lead Executive who will address recommendations with managers. The Director of Corporate Governance will take to Management Executive and provide a reminder of follow-up to be undertaken. The original audit will be done by manager and team who should be mindful of delivery commitments and actions and be aware of any follow-up. This will then go forward to the relevant committee. The Audit Committee maintains and tracks the WAO reports. For mandated work WAO produces a project brief which is issued to the Director of Finance, Director of Corporate Governance and Executive Leads.
- In regard to the Future Generations Act there will be a conference in May. The Auditor General is required to produce a report in 2020 around how all the bodies are responding to the Act. The work being undertaken in NHS Health Bodies and will form part of the 2019 plan.

The Committee:

- **NOTED** the report

AC: 17/092 WALES AUDIT OFFICE – COMMITTEE UPDATE

The Committee **NOTED** the above report from Wales Audit Office, who informed Members the report governed the audit plan in terms of the position on previous reports. Key points raised were:

- ***Thematic Review - Primary Care:*** Phase Two was up and running and a brief had been issued to the Executive Lead. Arrangements had been made to conduct a set-up meeting.

- ***The Integrated Care Fund:*** This is a cross cutting review looking at NHS Bodies, Local Authorities and Welsh Government. A brief will be available next week. This work will focus on the Regional Partnership Boards and how the ICF is being managed on a regional partnership basis.
- ***The Informatics Systems in NHS:*** A report will be brought to the next committee with the management response from Welsh Government.

It was commented and noted:

- In regard to the District Nursing Services in Wales it was queried how was this being processed internally for Health Board. The Assistant Director of Patient Safety and Quality will determine this request and feedback to next Committee.

ACTION: C Evans to feedback to Committee how District Nursing Services in Wales was being processed internally for Health Board

The Committee:

- **NOTED** the Wales Audit Office Committee Update

AC: 17/093 END OF YEAR UPDATE – STRUCTURED ASSESSMENT MANAGEMENT RESPONSE 2016

Mr Peter Welsh, Director of Corporate Governance presented the final update of the Management Response to the Committee. The year 2016 had been significant for the Health Board which was reflected in some of actions. This was in particular to changes in Board membership and this action is now complete as the Board is in full membership. Reference was also made to two new committees set up during 2017 had been stood down a few weeks ago and established a new Strategy and Delivery Committee. Major work was undertaken in reviewing the risk framework which has been completed. Regarding issues around financial management, it was stated the robustness of the Finance Committee was working extremely well, although there were some outstanding actions to be completed.

The Committee:

- **NOTED** the report

AC: 17/094 UPDATE ON WALES AUDIT OFFICE ACTION PLAN OF CONTRACTUAL RELATIONSHIP WITH RKC ASSOCIATES LIMITED AND ITS OWNER

Mr Peter Welsh, Director of Corporate Governance, informed Members that the above report was presented to the Public Accounts Committee (PAC) and progress was monitored through the Audit Committee and the Public Board Meeting. Work on the action plan had been completed with Internal Audit where an opinion rating of Substantial Assurance was obtained. Out of the 26 actions 17 were fully completed. The seven outstanding actions had been assigned with definite dates to be

completed this year. A report will be going to Board meeting at the end of March. Evidence and further information will be supplied for the Chair and CEO to return to PAC in May 2018. The outcome of this review highlighted the significant progress made, the lessons learnt and new systems, processes and controls that had been established as set out in action plan. There has been openness and transparency throughout process. The action plan had been shared with the All Wales Board Secretaries group and the CEO had informed the Local Partnership Forum.

The Committee:

- **NOTED** the report

AC: 17/095 TRACKING REPORT ON AUDIT RECOMMENDATIONS

The Committee **RECEIVED** and **NOTED** the Tracking Report and Mr Peter Welsh, Director of Corporate Governance stated he was working with Internal Audit to develop the report further as follow up reports were not as robust as they should be. The Tracking Report needed more work on making it "live" and to link with other systems as neither system worked. This was raised to be reviewed on an All Wales basis in order to gain a consistent approach across NHS Wales and an update will be brought to the next meeting.

AC: 17/096 POST PAYMENT VERIFICATION

Mr Scott Lavender outlined the key findings from the 6 monthly review of arrangements relating to Post Payment Verification in regard to the General Medical Services, General Ophthalmic Services and General Pharmaceutical Services.

Members were informed that at the last GMS visit a new initiative had been undertaken by processing visits from the office and logging into GP systems which was deemed safe, more helpful with resources and less intrusive. There had been a 50% uptake on this process from March 2017 taking up remote access and the next target for March 2018 will be 75% for practices to be engaged in this new method.

GOS was arranging training for practice staff which is now in motion across the seven Health Boards and was engaged with the Cardiff Primary Care team. Clarity was provided around protocols and training in a proactive manner. Optometry Wales were also engaged in reducing percentages and were looking to have one standard across Wales.

Meetings had been arranged with Pharmacy to ensure they have an understanding of what they are reviewing and to give assurance relevant in areas. Admin errors were still high and the team was heavily engaged in reducing the figures. All pharmacies had been visited once and hoped to see an improvement at the next visit. Counter Fraud worked closely with the department in bringing averages down in pharmacy. It was stated that anomalies are minimal compared to the number of claims and were looking at common themes to feed into the system.

It was discussed and noted:

- In response to training practice managers early, it was stated that a corporate induction is run with Shared Services and was happy to do 1:1s. FAQs documents were released regularly and there was an electronic point of contact. It was highlighted that practice managers are employed by the practice and not NHS.
- Training was a common problem with GP staff not being able to be released as any additional time closed incurred a cost which had an impact, posing a barrier to make it work.

AC: 17/097 SCHEME OF DELEGATION

Mr Robert Chadwick, Director of Finance, stated that processes had been put in place for off payroll working and would be incorporated in the Scheme of Delegation.

The Committee:

- **NOTED** the assessment made on the current Scheme of Delegation;
- **APPROVED** the proposed addition for off-payroll working;
- **REQUESTED** that the Scheme of Delegation is updated to include this addition;
- **ENDORSED** the completion and closure of this action within the UHB action plan on the Contractual Relationship with RKC Associates.

AC: 17/098 DIRECTOR OF CORPORATE GOVERNANCE REPORT

The Committee **RECEIVED** and **NOTED** the report where key elements were highlighted:

- The Accountability Report and timescale was set out and confirmed work was well in advance and on target. Included in the report will be the Annual Governance Statement and Annual Quality Statement. A special Audit Committee will be held on 31 May 2018 followed by a presentation to Board.
- The new Strategy and Delivery Committee will look at 10-year strategy plan and how this is delivered through the IMTP.
- The last Board Development session looked at the effectiveness and efficiencies of how we can work in a smarter way and Committees having a more robust role in looking at assurances and formal reporting. This will be formally reported to Board in May and highlighted in the Chairs report in the March Board Meeting.
- The car park tenders were on track and will be reported in the CEO Report at the March Board Meeting.

AC: 17/099 UPDATE ON THE CORPORATE RISK ASSURANCE FRAMEWORK

The Committee **RECEIVED** and **NOTED** the Audit Committee Corporate Risk and Assurance (CRAF) Update Report and it was stated the summary showed 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. The written control document for high risk and further work has been undertaken. The new approach presented was with more meaningful information and tracking of risks made clearer.

AC: 17/100 ITEMS FOR INFORMATION

Items for Information were **NOTED.**

AC: 17/101 REVIEW OF MEETING

There were no items to be reviewed.

AC: 16/102 URGENT BUSINESS

There was no urgent business.

AC: 16/103 DATE OF NEXT MEETING

The next Audit Committee meeting is scheduled to take place at **2.30pm** on **Tuesday, 24 April 2018** in the Corporate Meeting Room, Headquarters, UHW

UNCONFIRMED MINUTES OF THE MEETING OF THE QUALITY, SAFETY AND EXPERIENCE COMMITTEE HELD AT 9AM ON 17 APRIL 2018 CORPORATE MEETING ROOM, HEADQUARTERS, UHW

Present:

Susan Elsmore	Independent Member, QSE Chair
Akmal Hanuk	Independent Member – Community
Maria Battle	UHB Chair
Michael Imperato	Independent Member – Legal

In Attendance:

Abigail Harris (part)	Director of Planning
Angela Hughes	Asst. Director Patient Experience
Carol Evans	Asst. Director Patient Safety and Quality
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Dr Graham Shortland	Medical Director
Lee Davies	Deputy Chief Operating Officer
Dr Rebecca Broomfield	Clinical Leadership Fellow (Observer)
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Stephen Allen	Chief Officer, Cardiff and Vale of Glam CHC
Stuart Egan	Staff Representative

Apologies:

Dawn Ward	Independent Member – Trade Union
Peter Welsh	Director of Corporate Governance
Dr Sharon Hopkins	Director of Public Health
Steve Curry	Interim Chief Operating Officer
Secretariat:	Julia Harper

QSE 18/043 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, in particular, Members of the Clinical Board for Children and Women who were attending the meeting to deliver the patient story and their quality and safety report.

QSE 18/044 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

QSE 18/045 DECLARATIONS OF INTEREST

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

QSE 18/046 MINUTES OF THE SPECIAL COMMITTEE HELD ON 13th FEBRUARY 2018

The Minutes of the last meeting were **RECEIVED** and **APPROVED.**

QSE 18/047 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:

1. **QSE 17/138 and 17/179 & 18/004 Nutrition and Catering Policy and Never Event NG Tube –** Work to update the Policy continued. This would be brought back to the Committee for approval.
   Action Dr Fiona Jenkins

2. **QSE 17/204 & 18/004 IPC Tier 1 –** The UHB Chair reported that she would take on the role of Board Champion for Cleanliness and Hygiene herself. **Complete.**

3. **QSE 18/012 Committee Workplan –** There had been no changes to the Committee Workplan following the Board Development Day, but Members may, in future, find more detail in reports with overarching reports at Board. **Complete.**

4. **QSE 18/019 Outpatient Follow Ups –** No update on the reasons for DNAs was provided.
   Action – Mr Steve Curry

QSE 18/048 CHAIR'S ACTION TAKEN SINCE THE LAST MEETING

The Chair reported that together with two Independent Members, the Medicines Management Policy and Medicines Code had finally been approved and published on receipt of the Equality and Health Impact Assessment.

QSE 18/049 PATIENT STORY – CHILDREN AND WOMEN'S CLINICAL BOARD

The Executive Nurse Director introduced Ms Sarah Spencer, Senior Midwifery and Gynaecology Manager as the Royal College of Midwives Midwife of the Year. Mrs Walker advised that this was the second year running that a midwife from the UHB had won this award. This award relied on patients to nominate midwives who had delivered exceptional service.

Ms Spencer shared the patient story that had led to her nomination for the award and related to the care given to all parties in a surrogate pregnancy.

Following a failed pregnancy and subsequent infertility, Surrogacy UK supported two couples from Birmingham and Barry to conceive twins through IVF.

As soon as the families made contact with the UHB Maternity Service, a meeting was arranged with all parties to discuss their needs and wishes throughout the pregnancy and birth. As an elective caesarean delivery was planned, it was possible for the parents to make arrangements to attend the hospital for the birth and all were present in theatre. Care was taken to support the new parents and their extended family with their babies whilst special arrangements were made for the surrogate mother. Staff even made it possible to get the father's name included on the birth certificate.

Such situations were still rare, but staff went through the legislation carefully and made every effort to ensure all parties had a good birth experience.

The Chair thanked Ms Spencer for delivering the inspirational patient story and congratulated her on the RMC award.

QSE 18/050 CHILDREN AND WOMEN'S CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE REPORT

Mrs Cath Health, Director of Nursing, and Rachel Burton, Director of Operations for the Children and Women's Clinical Board attended the meeting to present their comprehensive report.

Mrs Heath described the governance arrangements for the Clinical Board and reported good representation at quality and safety meetings. In addition, an Internal Audit had provided substantial assurance in the risk management arrangements, although the Clinical Board still carried some substantial risks.

Ms Health also described the developments and successes over the last 18 months including achievement of the Baby Friendly Initiative status and significant improvement in infection rates. She advised that the current focus was on developing a Children's Charter and embedding children's rights and sustaining good referral to treatment times.

The Chair invited comments and questions on the comprehensive report:

- It was requested that details of mortality and morbidity reviews and information governance issues were included in this report and on the agendas of quality and safety meetings.
- The importance of getting children's views on their services was stressed so they were able to contribute to their own care and services were shaped to their needs. In addition, Cardiff Council was committed to working towards becoming a child friendly city. The Clinical Board was also at the start of a 3 year programme to implement the new ALN Bill (Additional Learning Needs). Mrs Rose Whittle was leading a UHB Group to develop this.

- It was suggested that there may be opportunities to work with the Council and access training programmes on ALN and Cllr Elsmore would provide links to this if required.
- A request was made for the Clinical Board to review their risks around medical devices and to ensure this was discussed at quality and safety meetings.
- Each death in the Clinical Board was thoroughly reviewed including stillbirths. No themes or causes of concern had emerged in the last year.
- In terms of PICU, this was a WHSSC commissioned service. However, WHSSC had requested evidence to support the plan to introduce a 7th bed. It was anticipated that recruitment would not be a problem if this was progressed.
- 16 cots were open including 4 in HDU and 8 in special care and there was flexibility. The UHB was now operating at commissioned capacity.
- There were good links with the CAMHS.
- There was engagement with children in local schools to ensure a diverse range of views were captured.
- Children would be part of the interview process for the new Psychologist.
- There were no repeated patterns of complaint in the Clinical Board and all were graded by the Executive Nurse Director.
- A reduction in the number of women smoking during pregnancy had been seen but the figures for 2017/18 were not yet available.

ASSURANCE was provided by:

- Internal Audit Risk Management Report 2016
- Regular Performance Management
- Governance and QPSE priority within the Clinical Board and Directorates

The Committee:

- **NOTED** the progress and approach taken by the Clinical Board and its planned actions.
- **APPROVED** the approach taken by the Clinical Board.

The Chair thanked the Clinical Board for the report and their attendance.

QSE 18/051 COMMUNITY HEALTH COUNCIL (CHC) REPORT

The CHC Chief Officer, Mr Stephen Allen, presented the report that identified areas of good practice as well as areas of concern. He highlighted the areas of sensory loss, capacity in Gwenwyn ward, the recommendations made, and the UHB's positive response to visit reports with 90% of recommendations having been actioned. In future, advocacy would be integrated into visits. In general, comments from visits were positive on the level of care provided by staff and it was pleasing to hear from staff what they were doing to enhance the patient experience.

Mr Allen advised that the CHC had set up a system for patients to send live text updates to the CHC on the care they were receiving whilst in hospital. In addition, publication of an all-Wales report on the effects of delayed treatment on patients was imminent – "Our Lives On Hold". It was agreed that this report would be received at the Committee.
Action – Mr Stephen Allen

Mrs Walker advised the Committee that the quality of UHB responses to CHC reports had improved and that intelligence gathered by the CHC influenced both HIW's and Welsh Government's perception of the UHB.

The Committee **RECEIVED** and **NOTED** the report of the CHC.

QSE 18/052 HOT TOPICS – SERIOUS INCIDENTS INVOLVING WAST (WALES AMBULANCE SERVICES TRUST)

The Executive Nurse Director, Mrs Ruth Walker gave an oral update on 11 serious incidents connected with WAST and commented that for several of these, the UHB had been completely unaware they had been reported by WAST.

Work was now underway to determine whether the UHB had contributed in any way to the delays in ambulance arrival at scene because they were stacked outside the A&E department. Regular meetings were being held with WAST and it had been agreed that the UHB would be kept informed of any future incidents. It had been a difficult winter, but these incidents demonstrated how important it was for the UHB to release ambulances as quickly as possible and in this regard, the UHB was constantly trying to improve patient flow.

Miss Battle reported that she had spent a day with a front line ambulance crew to get a better of feeling of the service and the challenges they faced. Interestingly, the general view of the crews was that patients were safer in the back of an ambulance than in a corridor in A&E. However, it would be even better for all concerned if there was better care within the community to avoid admission to hospital in the first place. It was clear that not all patients needed to come into hospital but this would require a substantial change in human behaviour.

The grading of ambulance calls was another area that required further work. It was suggested that some Independent Members may wish to spend time with the Ambulance Service and this would be arranged if requested.

It was **AGREED** to receive a progress update in June.
Action – Mrs Ruth Walker

QSE 18/053 QUALITY SAFETY AND IMPROVEMENT FRAMEWORK UPDATE

The Director of Patient Safety and Quality, Mrs Carol Evans presented the report and advised that broad cross cutting themes from the Clinical Boards had been considered in order to develop areas on which to focus in 2018/19. Good progress had been made and better connectivity was seen across the Clinical Boards.

It was noted that Welsh Government had set its areas for focus for the next year and included orthopaedics and ophthalmology. It was suggested that the values based work be included in the framework along with the work on transformation.

Dr Shortland reported that outcome measures for ophthalmology were being developed for roll out.

An issue with end of life care was raised. Community nurses had expressed their concern that they were attending patients who needed IV drugs when death was imminent, yet they had not had any contact with the family previously who had been cared for by Macmillan nurses. This was not providing a good experience for the patient, the family or the staff. It was agreed that this would be investigated further, including whether the Hospital at Home Service was able to administer IV drugs. The CHC also raised the difficulty of getting prescription drugs through the Out of Hours system.
Action – Mrs Ruth Walker

ASSURANCE was provided by:

- The range of achievements during 2017-2018
- Identification of particular areas for focus during 2018-2019

The Quality, Safety and Experience Committee:

- **CONSIDERED** progress with implementation of the Quality, Safety and Improvement framework.
- **NOTED** the main high level achievements for 2017/2018.
- **AGREED** to monitor the implementation of the Framework and to receive a more detailed outcome based report in June 2019.

QSE 18/054 ETHICS COMMITTEE TERMS OF REFERENCE AND NEW CHAIR

The Medical Director, Dr Graham Shortland advised that the Ethics Committee was looking more at UHB wide ethical issues rather than individual cases. Any member of staff who wanted to serve on the Committee could approach the new Chair for further information. Dr Shortland thanked Dr Richard Hain for his Chairmanship of the Committee over many years.

ASSURANCE was provided by:

- Review and updating of the Terms of Reference for the Clinical Ethics Committee
- Plan for greater awareness of the work of the Committee

The Quality, Safety and Experience Committee:

- **NOTED** and **AGREED** the Updated Terms of Reference including exception reporting to Quality, Safety and Experience Committee, (Appendix One).
- **NOTED** the appointment of the new Chair, Professor Angus Clarke.

QSE 18/055 OUT OF DATE QSE POLICIES

The Executive Nurse Director, Mrs Ruth Walker presented the report that highlighted the number of out of date policies and procedures but also demonstrated the progress that had been made to reduce the number outstanding. Mrs Walker explained to the Committee that there would always be a number out of date due to the nature and timing of the process.

Concerns were expressed that perhaps staff did not completely understand the process for getting controlled documents approved and perhaps the whole process could be simplified. It was agreed to ask Board to reconsider the Policy for the Production of Written Control Documents
Action – Mr Peter Welsh

ASSURANCE was provided by:

- Progress that had been made since the last report to the Committee in September 2017 and the intention to continue to address outstanding policies, procedures and guidance.

The Quality, Safety and Experience Committee:

- **NOTED** the report and progress that had been made.
- **APPROVED** the proposal to achieve a position where all clinical policies were in date.

QSE 18/056 CARE OF THE DETERIORATING PATIENT – REVISED RISK ASSESSMENT

The Executive Nurse Director, Mrs Ruth Walker reminded Committee that a number of actions had been ongoing for some time concerning care of the deteriorating patient. This was a high risk to the UHB and the current process had been completely risk assessed through new methodology in order to take stock of where the UHB was, what mitigating actions were being taken and what else was needed.

There was a risk of death if staff failed to identify deteriorating patients, and there were currently inconsistencies in how measurements were taken and the nature of the response. The good news was that the previous trend was

not being seen and indicated that deteriorating patients were being spotted and treated.

The Chair invited comments and questions:

- It was important for the UHB to be honest and open in its organisational self-assessment and to develop an action plan in response.
- Ideally there should be a unified system for Hospital at Night and the Out of Hours service. In this regard, the Medical Director said he may need some resource following the changes to the junior doctor rota in April 2019. In response, the Finance Director said that as no new resource was available and the issue was not identified in the IMTP, money would have to be shifted from other areas.
- The future configuration of services at Llandough needed to be known before a plan for managing deteriorating patients could be developed.
- Hospital at Night was available at both hospitals and was safe but stressful. It had not been possible to sufficiently recruit to run the service. In terms of Out of Hours, this required a full range of clinical staff.
- There was sufficient capacity in the systems when the rotas were full but there were gaps. Junior doctors had started to report times when there were rota gaps. The UHB Chair reported that she would be shadowing a junior doctor through Hospital at Night as the Ambulance Service had reported some concerns when taking 999 patients to Llandough. There was a national cap on locum costs and all decisions were based on patient safety whilst being mindful of financial pressures. Though Hospital at Night was struggling, there was no evidence of an increase in incidents and Management Executive considered staffing issues on a weekly basis.
- It was suggested that families were often better placed to identify condition changes and deterioration and should be encouraged to report this to nursing staff. CHC Members would test this out during their visits.
- Ward based kiosks captured feedback on whether families felt involved in care decisions – this area scored highly.

ASSURANCE was provided by:

- Review of this risk by the Corporate Nursing Directorate as set out in the Risk Assessment at Appendix 1
- The control measures that were already being taken and actions identified to further reduce the score of this risk
- Oversight of this risk by the Executive Lead and this Committee.

The Quality, Safety and Experience Committee:

- **NOTED** the current risk rating of 20.
- **CONSIDERED** the range of measures being taken to mitigate and reduce the risk that staff would fail to recognize the deteriorating patient.

- **AGREED** to receive further assurance on Hospital at Night in the Autumn.
  Action – Dr Graham Shortland

QSE 18/057 INFECTION PREVENTION AND CONTROL – REVISED RISK ASSESSMENT

The Executive Nurse Director, Mrs Ruth Walker presented the revised risk assessment for infection prevention and control and reminded Committee that the lack of single rooms for isolation remained an issue within the UHB. The risk assessment described the controls in place and the further work required. In particular, the IPC team was small, but with the current financial challenges and the improvements that had already been seen, there were no plans to increase its size in the IMTP. However, discussions would be held with Public Health Wales to fill all 6 sessions allocated to leading the IPC team.

Dr Shortland advised the Committee that the UHB was performing well on antimicrobial prescribing, particularly in the PCIC Clinical Board.

ASSURANCE was provided by:

- Review of this risk by the Corporate Nursing Directorate as set out in the Risk Assessment at Appendix 1.
- The control measures that were already being taken and actions identified to further reduce the score of this risk.
- Oversight of this risk by the Executive Lead and this Committee.

The Quality, Safety and Experience Committee:

- **NOTED** the current risk rating of 20 and
- **CONSIDERED** the range of measures being taken to mitigate and reduce the risk associated with reduced capacity of the Infection, Prevention and Control team i.e. the potential that the UHB would not deliver the annual infection prevention and control programme and achieve the Welsh Government reduction expectations.

QSE 18/058 PATIENT FALLS EXCEPTION REPORT

The Director of Therapies and Health Sciences, Dr Fiona Jenkins told Committee that falls occurred because of a loss of balance or a patient's inability to maintain an upright posture. Many frail patients were compromised physically and medically and were therefore already at an increased risk of falling, particularly in unfamiliar surroundings and wide open spaces. The key to reducing falls was to keep patients in their own homes for as long as possible and much work was ongoing in the community and in nursing homes to support this. There was no undue concern at the number of falls reported. Within hospitals it was important to reduce the level of harm caused when a patient fell.

It was noted that Canterbury had managed to reduce the number of admissions because of a fall and the UHB had set up a Group to consider the falls pathway and monitor UHB figures. This topic would probably be considered later in the year by the Board as part of the UHB's Strategy.

ASSURANCE was provided by:

- The UHB was currently demonstrating a stable trend in incidents relating to slips trips and falls. Significant work was underway particularly in the community in relation to falls prevention.
- There continued to be limited assurance relating to inpatient falls causing serious injury. The trend had not shown any increase. Ongoing analysis was being done as no specific hotspots had been identified which required targeted intervention.

The Committee:

- **NOTED** that the UHB was continuing to hold the reduced trend seen in 2016.
- **SUPPORTED** the key actions for 2018 with an emphasis on development of the community falls prevention pathway and service.

QSE 18/059 REPORT ON OUTLIERS

Mr Lee Davies, Deputy Chief Operating Officer presented the report and advised that the aim was to align demand and supply. There was currently a mismatch and work was ongoing to balance the risk of delayed admission, admission to the wrong ward or maintaining patients in the back of an ambulance. The majority of outliers were medicine patients located on surgical wards.

Action had been taken to alleviate pressure but the UHB had seen much higher demand than the rest of Wales during a bad winter and consequently there had been an upturn in outliers. The Board would be receiving a review of the winter period at its meeting in May.

The Committee considered the hospital and community reasons for untimely discharges and noted that the impact of culture should not be underestimated. This would be amalgamated into the work on length of stay.

LIMITED ASSURANCE was provided by:

- The initiatives implemented for Winter 2017/18 to meet higher levels of demand, including a dedicated team for medical outliers.
- The daily management of patient flow to include the balance of risk approach described in the report.
- The formal approach in place within the UHB for reviewing winter planning.

The Committee:

- **NOTED** the level of outliers during the winter and the steps taken to reduce the risks associated with this including the establishment of a dedicated clinical team.
- **NOTED** the "balance of risk" approach to ensuring patients had timely access to a hospital bed to avoid greater potential risks related to extended EU trolley waits and the inability to release ambulances into the community.
- **ENDORSED** a review of Winter Planning in advance of planning for next winter to ensure adequate processes and "surge" bed capacity was available to mitigate the need for placing outlying patients.

QSE 18/060 CANCER PEER RE REVIEW – CANCER PATHWAYS

The Medical Director, Dr Graham Shortland told Committee that the UHB had been waiting for this work and it was slightly different from the usual specialty peer review that the Committee received regularly.

ASSURANCE was provided by:

- The level of scrutiny applied internally and externally to the Peer Review assessment and the Peer Review reporting process. Any concerns identified would be addressed via an action plan.

The Quality, Safety and Experience Committee:

- **NOTED** the report.
- **AGREED** that a formal action plan would be presented to the Committee in June 2018 following the agreement and discussion of cancer structures by the Management Executive.

QSE 18/061 HEALTHCARE INSPECTORATE WALES (HIW) ACTIVITY UPDATE

The Executive Nurse Director, Mrs Ruth Walker presented the update and advised Committee that it had come to light that HIW had undertaken a number of inspections in primary care that had not been shared with the UHB. HIW had promised to ensure this did not happen again and conveyed that no concerns had been identified. Oral feedback had been positive. Detailed reports from the visits would be shared with the Committee at a later date. Mr Allen reported that the CHC had undertaken joint primary care visits with HIW but had not been able to share the reports with the UHB as they were owned by HIW.

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 Health Board QSE Committee.

The Quality, Safety and Experience Committee:

- **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 and progress update on HIW activity in Primary Care services was received at the June 2018 Committee.

QSE 18/062 ENDOSCOPY – SERIOUS INCIDENTS AND LESSONS LEARNED

The Executive Nurse Director, Mrs Ruth Walker presented the report that described the action that had been taken and the lessons learned from 24 serious incidents received since May 2015. Root cause analyses had been undertaken and demonstrated that the administration system had failed. Serious Incidents (SIs) would continue to be reported to Board, but the number was not disproportionate to the population served.

It was hoped that the imminent start of a new consultant and nurse endoscopists would improve the position and sustainability. In addition, a single entry pathway was being developed. However, the department was not without issues and the team was being supported to work through these.

Questions on the timescale for polyp activity (page 123) were raised and would be referred to Mr Steve Curry outside the meeting.
Action Mr Steve Curry
It was also noted that the Tentacle system had been implemented in gastroenterology and would be rolled out to lung and breast. The pros and cons of the system would be considered at Management Executive.

ASSURANCE was provided by:

- The actions identified to address the outstanding themes and trends.

The Quality Safety and Experience Committee:

- **NOTED** the current position and work ongoing in relation to the management of quality and safety issues in endoscopy services.
- **CONSIDERED** the actions currently being taken.
- **NOTED** the current position.
- **AGREED** a process for ongoing monitoring of the situation.

PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION

The following items were **RECEIVED** and **NOTED** for information.

QSE 18/063 NUTRITION AND HYDRATION

REASONABLE ASSURANCE was provided by:

- The status report submitted.

The Quality, Safety and Experience Committee:

- **NOTED** progress on actions listed within the Patient Nutrition, Hydration and Catering experience management action plan particularly in relation to the model ward pathfinder project and the pilot of the nutrition and dietetic service within the Emergency Unit.
- **WAS ASSURED** that the Nutrition and Catering Steering Group kept a regular review of the action plan to ensure and update on progress.

QSE 18/064 MINUTES FROM CLINICAL BOARD QUALITY AND SAFETY SUB COMMITTEES

The following Minutes were received and noted.

1. **CLINICAL DIAGNOSTICS AND THERAPEUTICS – JANUARY**
2. **MENTAL HEALTH – MARCH**
3. **PRIMARY, COMMUNITY AND INTERMEDIATE CARE - JANUARY**
4. **SPECIALIST SERVICES – JANUARY**
5. **MEDICINE – JANUARY**
6. **SURGERY – JANUARY**
7. **CHILDREN AND WOMEN – NOVEMBER**
8. **DENTAL – NOVEMBER AND JANUARY**

It was noted that going forward there would be a focus on securing better medical engagement at quality and safety meetings, looking at the ways Directorates assured Clinical Boards and the content of the Dental agenda and minutes. Dr Jenkins asked Mrs Evans to remind Clinical Boards to assess their risk around medical devices and to report outcomes at the QSE Sub Committees.
Action – Mrs Carol Evans

In addition, the Children and Women's Clinical Board would be asked to submit their minutes in a more timely fashion.
Action - Mrs Carol Evans

QSE 18/065 AGENDA FOR THE PRIVATE QSE MEETING

The private agenda was published as part of the culture on openness.

QSE 18/066 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEE

There was nothing to bring to the attention of the Board.

QSE 18/067 REVIEW OF THE MEETING

There was nothing to add to the meeting.

QSE 18/068 DATE OF NEXT MEETING

The next meeting would be held at 9am on Tuesday 12th June 2018.

Independent Members were reminded that a tutorial session had been arranged for them on 30th May 9.30am to 12.30pm in Llandough.
Members were asked to notify Mrs Ruth Walker of any topics they would like to see covered.

UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON TUESDAY 27 MARCH 2018, HAFAN Y COED, UNIVERSITY HOSPITAL LLANDOUGH

Present:

Paula Martyn	Care Forum Wales (Chair SRG)
Posy Akande	Carer
Sarah Capstick	Cardiff Third Sector Council
Liz Fussell	UHB Volunteer
Iona Gordon	Cardiff Council
Alison Kibblewhite	South Wales Fire and Rescue
Linda Pritchard	Glamorgan Voluntary Services
Richard Thomas	Care and Repair Cardiff and the Vale
Geoffrey Simpson	One Voice Wales

In Attendance:

Abigail Harris	Director of Planning, UHB
Linda Hughes-Jones	Head of Safeguarding, UHB
Simone Joslyn	Engagement Lead, UHB (item SRG 18/07 only)
Natalie Southgate	Cardiff Council Performance Improvement (Gender Specific Services), (items SRG 18/01-18/07 only)
Anne Wei	Strategic Partnership and Planning Manager, UHB
Peter Welsh	Director of Corporate Governance, UHB

Apologies:

Suzanne Duval	Diverse Cymru

Secretariat: Gareth Lloyd

SRG 18/01 WELCOME AND INTRODUCTIONS

The Chair welcomed colleagues to the meeting.

SRG 18/02 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from the Community Health Council, Sheila Harrison, Angela Hughes and Keithley Wilkinson.

SRG 18/03 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 18/04 MINUTES OF JOINT MEETING OF HPF AND SRG HELD ON 31 JANUARY 2018

The SRG **RECEIVED** and **APPROVED** the minutes of the meeting held on 31 January 2018.

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SRG 18/05 FEEDBACK FROM BOARD

Peter Welsh reported on the Board Development session held on 22 February 2018. He explained that over 60% of Board members had been newly appointed within the past twelve months. The focus of the session had been on how the Board and its Committees function. The need for transparency had been re-emphasised. It had also been agreed that the Board should focus on strategic issues and that many of the papers it has typically received should be considered by its Sub-Committees. A piece of work would be undertaken to review the role of Board members and identify ways of streamlining Board papers.

SRG 18/06 VIOLENCE GANAINST WOMEN, DOEMSTIC ABUSE AND SEXUAL VIOLENCE STARTEGY

The SRG **RECEIVED** a presentation from Natalie Southgate, on the draft Cardiff and Vale Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Strategy 2018-23 'It's In Our Hands'. The SRG was the first group to receive the presentation as part of the formal public consultation exercise.

Natalie Southgate explained that the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act, 2015, sets out a number of duties; one of these is for health boards and local authorities to prepare joint local strategies. These strategies must specify objectives, timescale for achievement and actions and must be published by May 2018. There is however, no additional funding to support the implementation of the Act including the development of the strategies and neither is there a national VAWDASV strategy. The SRG was then informed of the approach taken to the development of the Cardiff and Vale Strategy. All the comments received during the consultation exercise would be collated and a revised Strategy would be presented to the Council's Scrutiny Committee. Formal approval would then be sought from all partners and the intention was for the Strategy to be submitted to the UHB Board on 31 May 2018.

The SRG then addressed a number of specific questions.

- Is the Strategy Accessible? Does it make the right balance between prior knowledge and new information?
- Does it address all the inherent equalities issues?

- Are there any gaps/does it go far enough?
- Does it demonstrate collaboration between services?
- Will it deliver services to improve prevention, protection and support?
- What do you think of the Title – 'It's in our Hands'?

The SRG made a number of observations.

- The Strategy is concise and well structured.
- The Strategy is very engaging with a good mix of facts, case examples and quotes etc.
- Text over images is difficult to read particularly for the visually impaired.
- Binary and transgender individuals and the Gypsy/Romany/Traveller communities are not mentioned.
- There is a mixture of strategy and justification for strategy and consideration should be given to separating these.
- There is no specific reference to elderly victims or victims of dementia related violence.
- Women seeking asylum and those who have been granted asylum are in a particularly vulnerable position and require support and advice regarding unplanned pregnancies, contraception, the morning after pill and terminations of pregnancy etc. Abigail Harris highlighted that all women granted asylum not registered with a GP practice should be registered with the Cardiff Health Access Practice (CHAPS) based in Cardiff Royal Infirmary.
- There is a lack of clarity regarding how outcomes will be measured. Natalie Southgate explained that a set of national Key Performance Indicators would be produced.
- The strategy could be strengthened by giving more recognition of the work undertaken by Third Sector organisations with vulnerable groups
- There is less information on initiatives in the Vale of Glamorgan than in Cardiff. Natalie Southgate explained that this was because her counterparts in the Vale of Glamorgan Council had been off work and more information would hopefully be included in the final draft.
- The holistic approach is welcomed but there is an acknowledgement that it will present a challenge.
- There has in the past been a marked difference in attitudes towards victims of domestic violence between social services and housing staff The SRG was informed that a national training framework was being developed with a 100% compliance target for front line staff in all partner organisations. Violence Against Women, Domestic Abuse and Violence awareness training is now one of the mandatory e-learning packages for all UHB staff.
- Staff in front line roles with students in higher education such as personal tutors, receive very little training in pastoral care for students. Natalie Southgate explained that this was recognised and would be addressed.

- Training should be part of the medical and nurse training programmes.
- It was good to see there was an acknowledgement of the impact of Adverse Childhood Experiences
- There do not appear to be any actions relating to the section on forced marriages.
- In discussion about the title 'It's in our Hands', there were comments about how the word 'hand' could have a negative connotation. However, there were other comments that it was helpful for there to be alignment with other campaigns such as the 'These hands are not for hurting'. It was agreed that it would be hard to get consensus on the title.
- It could be confusing if strategies have different titles in each region.

The SRG made some specific comments the Strategy on a Page

- It reads well for staff but some of the language needs to be reviewed for a public facing document
- The colours used make it difficult for the visually impaired to read and advice should be sought on how this could be improved.
- Helpline Details would be helpful
- Consideration should be given to amending the phrase 'community perpetrator programmes'.

SRG 18/07 THE NHS AT 70

The SRG **RECEIVED** and **NOTED** a briefing on local plans to celebrate 70 years of the NHS.

Simone Joslyn informed the SRG that on 2 July, Aneurin Bevan's great nieces would be opening the NHS at 70 art exhibition at UHL. She explained that the UHB's Communications team were keen to hear stories of peoples' experiences of the NHS. The SRG agreed to cascade this request within their organisations once an updated list of events had been circulated.
Action: All

Abigail Harris explained that it was likely that on 5 July NHS Wales would be in the middle of a national consultation on a new model for health and social care for Wales.

A suggestion was made that views from children and young people about what the NHS should look like in the future could be another element of the stories being collected. Simone Joslyn commented that views collected from children and young people as part of the Vale Wellbeing Plan consultation would be helpful in this respect.

The SRG suggested that the UHB should consider running a stall at the Vale of Glamorgan Show on 8 August.

The Chair agreed to ask care homes to mark the 5 July anniversary.
Action: Chair

Simone Joslyn agreed to update the list of events for circulation to the SRG.
Action: Simone Joslyn/Gareth Lloyd

SRG 18/08 UPDATE ON WINTER PRESSURES

Abigail Harries explained that the UHB had endured a very challenging winter. Influenza had nearly reached pandemic levels despite the UHB meeting the 60% staff vaccination rate set by Welsh Government. The disruption caused by the recent adverse weather had also presented problems. All organisations had worked collaboratively during the period to ensure that services were maintained. Although the UHB's planning had been robust, the large number of staff required to maintain services had been highlighted. The UHB was undertaking a 'lessons learned' exercise which would be shared with partner organisations.

The UHB had also witnessed higher levels of emergency activity with an increase in major cases of circa 12% and more extremely unwell people attending on foot. This was due in part to delays in ambulances and partly due to difficulties with the GP Out Of Hours service. Overall however, planning has been robust and the service has held up.

Abigail Harris informed the SRG that the UHB's 4 and 12 hour wait performance for January and February 2018 was less favourable than the same period in 2017. The position regarding Delayed Transfers of Care had also deteriorated slightly during February but overall there had been a great improvement on previous years.

The UHB would be undertaking a formal review of its performance during the winter and the findings would be reflected in its planning for winter 2018/19.

Anne Wei informed the SRG that Lee Davies, Head of Operational Service Planning would attend the SRG meeting on 25 July to discuss planning for winter 2018/19.

SRG 18/09 UPDATES ON MAJOR TRAUMA CONSULTATION AND THORACIC SURGERY SERVICES ENGAGEMENT

Major Trauma Consultation
Abigail Harris reported that the consultation had concluded and the responses had been thoroughly reviewed. Understandably the responses had a distinct regional bias. There were legitimate concerns about how the Trauma Network would work and reassurances were sought that the anticipated improvements to clinical outcomes would be the same for everyone regardless of where they live. Other issues frequently raised were affordability and concerns about how a Major Trauma Centre could be accommodated on the congested UHW site and what services would have to transfer off the site to facilitate this.

The SRG was informed that all Health Boards would simultaneously be considering a paper on the establishment of a Major Trauma Network at their Board meetings on 29 March. They would be asked to approve the establishment of a Major Trauma Network for South and West Wales and South Powys and the recommendations of the Independent Panel.

Thoracic Surgery Services Engagement
Abigail Harris reported that the engagement process had concluded. The recommendation of the Independent Panel was that all Thoracic Surgery should be provided at Morriston Hospital. Abertawe Bro Morgannwg UHB had been asked to produce a business case for implementation of this new model by 8 May. Consideration was being given to whether the proposal would require formal public consultation. Cardiff and Vale UHB would welcome a public consultation as it would be helpful for the reasons for the Independent Panel's recommendation to be in the public domain. Anne Wei indicated that she believed that this was also the collective view of all the Community Health Councils.

SRG 18/10 ANY OTHER BUSINESS

Public Consultations
The SRG were notified of and encouraged to participate in two public consultations:

- Strengthening Local Government: Delivering for People
- Cardiff's Transport and Clean Air Green Paper

Gareth Lloyd agreed to email links to these consultations to members of the SRG.
Action: Gareth Lloyd

SRG 18/11 NEXT MEETING OF SRG

The next meeting of the SRG will take place 1.30pm-4pm, 24 May 2018, Seminar Room 1, Cochrane Building, UHW.

Minutes from the Local Partnership Forum Meeting held on Thursday 8 February 2018 at 10am in Seminar Room 5, Cochrane Building, University Hospital of Wales

Present:

Martin Driscoll	Executive Director of Workforce and OD (Co-Chair)
Mike Jones	UNISON/Chair of Staff Representatives (Co-Chair)
Sharon Hopkins	Executive Director of Public Health/Deputy Chief Executive
Janice Aspinall	RCN
Rebecca Christy	BDA
Karen Burke	UNISON
Stuart Egan	UNISON/Lead Health and Safety Representative
Holly Vyse	CSP/ Staff Side Secretary
Chris Lewis	Deputy Director of Finance
Peter Welsh	Director of Corporate Governance/Senior Manager UHL
Abigail Harris	Executive Director of Strategic Planning
Len Richards	Chief Executive
Joanne Brandon	Director of Communications
Jason Roberts	Deputy Director of Nursing (part of meeting)
Peter Hewin	BAOT/UNISON
Dawn Ward	Independent Member – Trade Union
Joe Monks	UNISON
Steve Gaucci	UNISON
Julie Cassley	Deputy Director of Workforce and OD
Rachel Gidman	Acting Assistant Director of OD

In attendance:

Nicola Bevan	Head of Employee Health and Wellbeing
Anna Kuczynska	Clinical Board Director, PCIC

Apologies:

Ceri Bowan	UNITE
Andrew Crook	Head of Workforce Governance
Dorothy Debrah	BDA
Bob Chadwick	Executive Director of Finance
Graham Shortland	Medical Director
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Ffion Mathews	SOCP
Steve Curry	Chief Operating Officer

Secretariat:

Rachel Pressley	Workforce Governance Manager

LPF18/017 WELCOME AND INTRODUCTIONS

Mr Driscoll welcomed everyone to the meeting and introductions were made.

LPF18/018 APOLOGIES FOR ABSENCE

Apologies for absence were **NOTED**.

LPF18/019 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items.

LPF18/020 MINUTES OF PREVIOUS MEETING

The Local Partnership Forum **RECEIVED** and **APPROVED** the minutes from 8 February 2018 as an accurate record of the meeting.

LPF18/021 ACTION LOG REVIEW

The Local Partnership Forum **RECEIVED** and **NOTED** the Action Log.

> *LPF18/011* (IMTP Update): a link to the full IMTP had been sent to LPF members electronically on 17 April 2018

LPF 18/022 CHIEF EXECUTIVES REPORT

The Local Partnership Forum **RECEIVED** a verbal report from the Chief Executive.

Mr Richards stated that it was worth reflecting on performance over the previous year, particularly as it had been a difficult winter. He advised that the UHB was in an overall positive position, and had performed well when benchmarked against the rest of Wales. We had delivered the agreed RTT outturn, especially in Surgery and Paediatrics, and although A&E performance had dipped it had maintained a greater than 80% achievement over the year. However, he acknowledged that there was still room for improvement, especially for patients waiting more than 12 hours.

With regards to the financial position, the planned deficit of £30.9m for 2017/18 had been reduced to £26.9m. While this remained a large overspend, it was an improvement on a downwards trajectory and demonstrated determination. A planned deficit of £19.9m had been agreed with Welsh Government for this year. The underlying deficit had been reduced from £54m to £49m but this remained too high.

Some elements of the Canterbury Model had moved forward, and the Healthcare Pathways was in the procurement stage.

Discussions with Welsh Government remained challenging and the UHB was likely to stay in targeted intervention for some time. Monthly meetings were taking place to discuss variance to the plan and in particular the financial situation.

Mr Hewin noted that Mr Richards had specifically mentioned performance in Paediatrics, but suggested that while the target had been met due to the department 'pulling out all the stops', there was still a lot to do to make this sustainable. Mr Richards stated that while there had been a flurry of activity to get below the 36 week target, there had been fairly sustained improvements within children's services and the big achievement had been getting from below 52 weeks to 36 weeks. However, he agreed that all concerned wanted to achieve sustainable solutions.

Mr Monks stated that the pressure to cut costs was relentless and was a cause of stress for staff. He suggested that there should be periodic breaks from this pressure to help make it sustainable. Mr Richards explained that the key to this was significantly reducing the underlying deficit. He said that while it remained as high as £49m it demanded a day to day response, but that as it reduced to a manageable level there would be more choices available. This meant that this year would be as difficult as the previous year had been.

LPF18/023 TIME TO CHANGE CAMPAIGN

The Local Partnership Forum **RECEIVED** and **NOTED** the report of the Head of Employee Health and Wellbeing Services and UNISON Mental Health Champion/Lead Staff Representative for CD&T Clinical Board.

Mrs Bevan explained that the Time to Change Pledge had been signed by the UHB 5 years ago, but that it was being revisited and refreshed following on from the Corporate Health Standard assessment last year.

A Time to Change Sub Group of the Health and Wellbeing Steering Group had been established, which included managers, Mr Gaucci as staff representative, and individuals with lived in experience of mental ill health. An action plan had been approved with the aim of raising awareness and de-stigmatising mental health problems.

Mr Gaucci expressed pride in what had been achieved to date, and talked about the importance of tackling the causes of work place stress including overly close supervision, dignity at work issues and staffing levels.

Mr Monks supported these comments, stating that the issue of workplace stress had been raised with the Forum many times, and that stress was the biggest cause of sickness. He emphasised the importance of working together to make the workplace a happier place. Mrs Bevan advised that there were plans to review the stress risk assessment to make it more user friendly.

Mr Egan stated that the Time to Change work was good but that there was a long way to go to break down the stigma, particularly as many people believed that by admitting to stress they could damage their career prospects. He suggested that managers and supervisors should be supported to recognize the signs of stress before Occupational Health became involved, so that they would be more proactive rather than reactive.

LPF18/024 IMTP UPDATE

The Local Partnership Forum **RECEIVED** a verbal update from the Executive Director of Strategic Planning.

Mrs Harris stated that the latest version of the full IMTP had been taken to Board in March, but it had been acknowledged there that it was not approvable. Discussions were taking place with Welsh Government, but if it could not be approved the UHB would have a one year operational plan instead. Welsh Government had specifically asked the UHB to look at sustainability of performance, service and finances, including RTT and the underlying deficit.

Welsh Government had received a presentation on programmes taking place around efficiency/productivity and transformation over the next 1, 3 and 10 years. The feedback had been positive but they wanted to see what the impact of these programmes would be in terms of the workforce and the financial position. Mrs Harris emphasised that the financial position reported for April would be very important as it needed to show that the discipline of the previous months had been maintained.

Mr Hewin stated that the Trade Unions were particularly interested in service shape and the reduction of headcount through natural wastage, and asked how they could ensure they were involved in the discussions. Mrs Harris advised that this should be through the Clinical Board and the lead staff representatives. Mr Driscoll agreed, and stated that he supported appropriate and early consultation with the Trade Unions. Mrs Cassley reminded the Forum that there were a number of organisational enablers including the productivity groups and vacancy scrutiny process, but reflected on the importance of local conversations. She also suggested that the Workforce Partnership Group could be more heavily involved in these discussions.

Mr Monks suggested that those areas with a high turnover were generating unnecessary spend, and efforts should be made to understand why staff were not being retained.

LPF18/025 LOCAL PARTNESHIP FORUM WORKPLAN

The Local Partnership Forum **RECEIVED** and **NOTED** the proposed work plan for 2018/19.

It was noted that once agreed it would be taken to Board for approval
ACTION: Mr Welsh

Mr Welsh advised that the role of the Board and its Committees was being reviewed, and that discussion would be shared with LPF to ensure that the work plan reflected UHB strategy.

Dr Hopkins asked for the transformation work to be include twice a year.

The Local Partnership Forum **SUPPORTED** the proposed work plan subject to this amendment.

It was suggested that in the future it would be helpful to have a copy of the plan for the previous year, as well as the proposals for the next 12 months.
ACTION: Dr Pressley

LPF18/026 FINANCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** a report detailing the financial position of the UHB for the period ended 28 February 2018.

Mr Lewis advised that the overspend had been reduced by £4m and that Welsh Government had agreed that this could be used against the 2018/19 bottom line. He reiterated that the biggest challenge was the underlying deficit and stated that in 2018/19 the UHB had to deliver more recurrent savings.

Mr Jones asked if any pay award is agreed would it be fully funded. Mr Lewis advised that he had been told to assume that anything above 1% would be funded.

Mr Jones also asked whether sick pay enhancements would be paid from 1 January 2018, when the 3 year changes to Terms and Conditions had come to an end, and whether they would come out of last year's budget or monies from 2018/19. Mr Lewis advised that provisions had been made for this at the end of the year, but he had been told that any costs going forward would be met by Welsh Government. Mr Driscoll advised the Forum that the UHB had

not been formally told to make any such payments or received any money for this purpose so no payments had been made to date.

(Dr Kuczynska enters the meeting)

Mr Egan reminded the Forum that payment of the Living Wage had been part of the 3 year deal, and asked whether the lowest paid staff would receive an uplift. He also advised that grievances had been submitted because non payment of enhancements was an unlawful deduction of wages. He suggested that if there was written confirmation that these payments would be made there would be no need for further grievances to be submitted. Mr Driscoll agreed that a speedy settlement was advantageous to everyone and assured the Forum that these comments were being passed on to Welsh Government. Mrs Cassley advised that the situation had been discussed by the All-Wales Workforce and OD Directors group the previous week and it had been agreed that the Health Boards were not in a position to take local action about the grievances at the current time.

Mr Richards stated that the Chief Executives and Welsh Government were keen to sit down with staff representatives and agree the next steps. He indicated that they had struggled to find a suitable date and asked staff representative members of the Forum to encourage their Trade Union colleagues to meet with them as soon as possible.

Mr Hewin understood that an initial meeting between Welsh Government and Trade Unions had been arranged for the following day. He had also seen a letter which had been issued by the Joint Chairs of the Welsh Partnership Forum on pay enhancements. Mr Richards and Mr Driscoll confirmed that neither of them had received such a letter, and it was agreed that Mr Driscoll and Mr Jones as Co-Chairs would follow this up.
ACTION: Mr Driscoll / Mr Jones

LPF18/027 EMERGING MODEL FOR PRIMARY CARE IN WALES & CARDIFF & VALE POSITION

The Local Partnership Forum **RECEIVED** a presentation from the Clinical Board Director, PCIC Clinical Board on the Emerging Vision for Primary Care & the NHS in Wales.

Key points from the presentation included:

- The aim was sustainability and stability, with the intention that if care could be delivered outside of hospital it should be.
- It had been identified that improvements in workforce planning, IT and infrastructure were needed to stabilize practices. Consideration was also being given to developing support units

- Examples of cluster working had been implemented e.g. collaboration with other organisations, specific cluster roles and awareness raising

(Mrs Walker joined the meeting)

- New roles, opportunities and recruitment and retention strategies were being used to motivate professionals to achieve the vision
- The model was business focused and recognised that it was necessary for the entire system
- Examples of new services, pathways and models were described as enabling clinical consistency, improving care and reducing resources
- To finish, Dr Kuczynska provided the Forum with examples of areas of good progress and areas which required further work

The Forum considered the presentation and the following points were noted:

- Mrs Gidman indicated that the Learning, Education and Development team could help with career pathways and possibly with obtaining commissioning money from WEDS.
- Mr Hewin stated that there were good examples of work within Occupational Therapy. Dr Kuczynska acknowledged that therapists were going to be hugely important to the success of the model and that there needed to be greater understanding of their role and involvement by them.
- Mr Richards stated that having a robust Primary Care service was essential for the delivery of *Shaping Our Future Wellbeing*
- Mrs Bevan indicated that there was a wellbeing service provided for GPs which was under utilised and which could help during this time of change

(Mr Roberts left the meeting)

LPF18/028 WORKFORCE AND OD KEY PERFORMANCE INDICATORS

The Local Partnership Forum **RECEIVED** and **NOTED** the report of the Executive Director of Workforce and OD.

Mr Driscoll reported that there was a paybill underspend of £3m. However, there was a continued reliance on Bank and Agency workers which was very expensive and work was needed to start closing the establishment gap.

He advised that turnover was at around about 10% and indicated that we needed a better understanding of 'regrettable leavers', as opposed to retirees for example, as this would help us change the way we engaged with our workforce. Mr Monks suggested that exit interviews should be offered for internal moves as well as leavers.

LPF18/029 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** the Patient Safety, Quality and Experience Report.

LPF18/030 PERFORMANCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** the Performance Report.

LPF18/031 STRATEGIC PLANNING FLASH REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** the Strategic Planning Flash Report.

LPF18/032 ANY OTHER BUSINESS

1. Mr Egan referred to the severe weather which had been experienced and suggested that the Adverse Weather Procedure had been inadequate as the organisation had not been fully prepared and there had been governance issues (e.g. DBS checks) around volunteers. He stated that there had been inconsistencies between and within the Clinical Boards and that there had been no proper de-brief to ensure that lessons had been learnt. He indicated that staff representatives should be included in any de-brief discussions.

   Mrs Harris advised that a de-brief was scheduled to take place and that Clincial Boards had been asked to come prepared with good and bad experiences to share. She expected the Clnical Boards to include staff representatives in this process. She acknowledged that the Internal Audit report on business continuity had shown that they were not ready and were reactive, and advised that the Business Continuity Plan would be updated if need be.

   Mr Richards indicated that he had a very different view of the experience – he thought the response from staff and the public had been fantastic but acknowledged that there were always lessons to learn. He encouraged the Forum to talk about that time and the way staff had responded to the situation in a positive way.

2. Mrs Walker thanked all the staff who had been involved in implementing the Nurse Staffing Act. The implementation plan was going to Board in May, and an update would be provided to the Forum in June.

LPF18/033 REVIEW OF THE MEETING

The Local Partnership Forum thanked Dr Kuczynska for an interesting and informative presentation.

LPF18/034 DATE OF NEXT MEETING

The next meeting would take place on Wednesday 13 June at 10am in a venue to be confirmed. The room would be available for a staff representative pre-meeting from 9am.

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

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	27th March 2018

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

The full agenda and accompanying reports can be accessed on our website http://www.nwssp.wales.nhs.uk/committee-papers-2018

1.Internal Audit Strategy

Members **received** and informative presentation on NWSSP's draft Internal Audit Strategy. Simon Cookson, Director of Audit and Assurance, gave an update on the findings of the external quality assessment (EQA) undertaken by the Chartered Institute of Internal Auditors (CIIA) to assess if the internal audit service provided to NHS Wales complies with the CIIA's International Standards and how it relates to the financial services code and the public sector standards (PSIAS). Members noted that the International Standards comprised of 64 guiding principles across 118 criteria, and that the EQA was undertaken every 5 years. A survey questionnaire was issued to Health Boards, Trusts and hosted bodies seeking feedback on the internal audit function and a number of interviews were undertaken to gather qualatative feedback to support the survey findings.

The Committee **NOTED** that the overall feedback on the internal audit services was very positive and Internal Audit met all 64 of the guiding principles. In addition it was noted that feedback from customers was also very positive.

The findings of the assessment provided an evidence led platform upon which to develop the internal audit strategy and the All Wales NHS Audit Committee Chairs group and the NHS Wales Board Secretaries Network have been consulted on the draft document. The strategy is focussed on the 4 key areas of: people, coverage, technology and quality. Members **noted** that the risk profile across different NHS bodies had changed and that it would be important to focus on high risk areas and balance resources appropriately.

The findings of the report from the CIIA will be presented to the Velindre NHS Trust Audit Committee for NWSSP on the 24th April 2018 and will be presented to Health Board/Trust Audit Committees and Welsh Government thereafter.

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2. Welsh Language Standards [No7.] Regulations 2018
The Committee **RECEIVED** a report and a presentation from Jacqui Maunder, Head of Corporate Services and Non Richards, Welsh Language Officer on the Welsh Language Standards (No. 7) Regulations ('the Regulations') which specify service delivery standards, policy making standards, operational standards and record keeping standards, which were formally adopted and approved in the Plenary Meeting, in the National Assembly for Wales on the 20th March 2018.

Members **noted** that the "Regulations" had been subject to formal consultation "Welsh Language Standards – improving services for Welsh speakers within the Health Sector" between July-October 2016 and that the draft "Regulations" were laid in the Senedd by the Minister for Welsh Language & Lifelong Learning on the 27th February 2018. In March 2018, the Assembly received oral evidence from Aneurin Bevan UHB, Powys THB, Cwm Taf UHB, Hywel Dda UHB and the British Medical Association (BMA) Cymru; and the Culture, Welsh Language and Communications Committee scrutinised the draft regulations and had received written feedback from the Welsh NHS confederation, BMA Cymru and the Royal College of GPs. Representatives of Local Health Boards were supportive of the Regulations and reiterated many of the key themes.

Members noted that there were 121 standards (65 less than was included in the original consultation document in 2016) which were split into 5 schedules focused on Service Delivery Standards, Policy Making Standards, Operational Standards, Record Keeping Standards and Standards that deal with supplementary matters. The Regulations will come into force on the 29th June 2018 and the Welsh Language Commissioner will commence placing draft compliance noticed on NHS bodies. Once received there will be a 6 week consultation period for the NHS body to respond on the feasibility of full compliance with the compliance notice. Once the final compliance notice is received NHS bodies will have 6 months until the standards must be fully implemented.

The Service Delivery Standards and the Operational Standards within the updated regulations will present significant challenges for NHS Wales and NWSSP were undertaking a baseline assessment of NWSSP's existing compliance level against the standards to identify gaps in compliance and to identify what additional support may be required to fully comply with the provisions of the regulations.

In anticipation of the Regulations being formally approved the NWSSP had considered developing a business case outlining how it could support NHS bodies in Wales to fully comply with the standards through offering a "Welsh Language Unit/Hub" service to interested parties.

The Committee **NOTED** the report.

The Committee **agreed** that NWSSP should work with NHS Welsh Language Officer's group over the next 6 months to assess what support they may require in future; and that an update report be brought back to the Committee in 6 months' time outlining a way forward to reduce duplication of costs with a view to

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delivering a "Once for Wales" approach to bilingual services.

3.**Chair's Report**
The Committee **received** a verbal update from the Chair who advised that she had attended several events focussed on the Parliamentary Review of Health and Social Care in Wales, which was published on the 16th January 2018.

Members **noted** that Mrs Hazel Robinson, Director of Workforce & Organisational Development (DWODS), NWSSP had been appointed as the new DWODS for Abertawe Bro Morgannwg UHB (ABMU), and the Chair extended her thanks to her for her valued contribution and commitment in making NWSSP a successful service provider, and wished her every success in her new role.

Members **noted** that following a competitive recruitment exercise Mr Gareth Hardacre, Deputy DWODS, Cwm Taf UHB had been appointed as the new DWODS for NWSSP and would commence his new role in June 2018.

4.Managing Director's Report
The Committee **received** a verbal report from the Managing Director, NWSSP which included an update on:

- **European Shared Services Leaders' Summit, London March 2018 –** the summit provided an opportunity to learn about global experiences in providing shared services to different sectors and demonstrated that the use of robotic process automation (RPA) to deliver efficient services and analyse data was on the increase.
- **Review of Welsh Government Sponsored Bodies** – the Permanent Secretary had written to the Public Accounts Committee (PAC) concerning a number of potential changes to the delivery of services through Welsh Government Sponsored Bodies (WGSB) and that a shared service model was being considered in terms of back office functions. A number of WGSBs had recently approached the NWSSP to learn more about the NHS shared service journey and to discuss any opportunities of working more closely together.
- **Potential Areas For Pharmacy Supply Chain Reconfiguration –** The Committee discussed the potential opportunities to review the supply chain configuration and agreed to use any potential NWSSP savings to support a piece of work which would help scope out the potential benefits based on some of the work being conducted in a number of areas within NHS England and the Lord Carter review.
- **Primary Care Agenda –** NWSSP continued to work with Directors of Commissioning, Primary Care, Therapies and Health Sciences across NHS Wales on GP cluster work and the sustainability agenda.
- **Health Technology Wales (HTW) -** Health Technology Wales (HTW) was established following an announcement by the Cabinet Secretary for Health & Social Care in 2017. The remit of HTW is to facilitate the timely adoption of clinically and cost effective health technologies. HTW is hosted by

Velindre NHS Trust and has a remit that covers all health technologies that are not medicines, which could include medical devices, surgical procedures, tele monitoring, psychological therapies, rehabilitation or any other non-medicine health intervention. The Life Sciences Hub in Cardiff had recently revised its remit to cover health technology in Wales and further work was required to ensure that there was no duplication of overlap.

The Committee **NOTED** the update.

5. Prudent Procurement

The Committee **received** a report from Neil Frow, Managing Director, on progress made in respect of the Evidence Based Procurement Board (EBPB) (previously known as the All Wales Medical Consumables and Devices Strategy Group (AWMCDSG)) on Prudent Procurement.

The Committee **noted** that two new members of staff with expertise in data analysis had been appointed to support the project and that the Director General/Chief Executive NHS Wales has very clear expectations about the EBPB's recommendations and actions with the desire to bring more pace to the review process.

The Committee **NOTED** the report.

6. 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. Members **noted** that NWSSP were playing a pivotal role in helping set up the new Organisation in particular in respect of finance, Procurement, Workforce and Estates.

The Committee **NOTED** the update.

5. Integrated Medium Term Plan (IMTP) 2018-2021

The Committee **received** the **Integrated Medium Term Plan (IMTP) 2018-2021,** which had been updated to reflect the feedback received from the January 2018 meeting. Andy Butler, Director of Finance & Corporate Services provided an update on the positive feedback received from Welsh Government on progress in delivering the performance measures outlined within the IMTP 2017-2018 and on the format of the 2018-2021 plan.

Marie Claire-Griffiths, IMTP lead gave an update on activities outlined within the IMTP communications plan to raise awareness of the importance of the plan, which included "lunch and learn" sessions with staff and an in-house video to enable them to learn more about the IMTP process and the publication of a summarised "easy read" version of the full IMTP document.

Members discussed the financial elements of the plan and **noted** the efficiencies

being made and the proposed investment in robotic process automation (RPA) and strengthening its Programme Management Office (PMO) capabilities in future.

Following further discussion the Committee **APPROVED** the final plan for submission to Welsh Government at by the end of March 2018. In approving the plan members emphasised the importance of further work being undertaken over the next few months to review additional opportunities to support Health Boards & Trusts and deliver efficiencies through increased collaborative working across Wales.

The Committee **NOTED** the update.

6. Board Decision Required for Commitment Exceeding £100k for the Period 19th January 2018 - 20th March 2018

The Committee **received** a report requesting approval for a financial commitment in excess of £100k for refurbishment and lease renewal for the Alder House site in St Asaph, in accordance with the NHS Wales Procurement rules and relevant Standing Financial Instructions (SFIs).

The Committee **APPROVED** the expenditure for refurbishment and lease renewal for the Alder House site in St Asaph, subject to the addition of a break clause being incorporated within the lease contract and appropriate funding being received.

7.Benefits Portal

The Committee **received** a verbal report on the potential of introducing a Benefits Portal for NHS employees.

The Director of Finance & Corporate Services advised that following the January meeting further discussions had been undertaken regarding the introducing a benefits staff benefits portal. It was noted that there were already portals operating within the NHS and there could be considerable benefits from introducing a portal in NHs Wales. It was agreed that work should be undertaken by NWSSP in collaboration with NHS Wales Directors of Workforce Development Services (DWODS) and staff side representatives to develop a proposition for consideration at a future meeting.

The Committee **NOTED** the report.

8. Purchase to Pay Update – No P.O. No Pay Policy

The Committee **received** a report from the Director of Finance & Corporate Services on the new NHS Wales No PO No Pay (No Purchase Order/No Payment) Policy which is a key enabler to improving the efficiency of the purchase to pay (P2P) process in NHS Wales by ensuring suppliers seek a purchase order (PO) number in advance of supplying goods and services

The Committee **NOTED** that the P2P formed part of the work of the NHS Wales Finance Academy and that Andrew Naylor, Director of Finance, Aneurin Bevan UHB, was the lead. Members **noted** that the No PO no pay work was progressing

and that the priority supplier programme had progressed, however no tangible financial benefits had been delivered as yet.

The Committee **NOTED** the update.

9. Feedback on Laundry Review

The Committee **received** a verbal update on the progress made by Health Board's/Trusts to consider the outline business case for the Laundry review project.

The Committee **NOTED** the update and that a number of responses were still outstanding and it was agreed that NWSSP would write to individual Chief Executives requesting a formal response to the proposal.

10. Update on Catering Review

The Committee **received** a verbal update from Neil Frow, Managing Director on progress in reviewing the catering system arrangements in place across NHS Wales.

Members **NOTED** that NWSSP had been asked to take forward the catering review and that briefings had been provided to the Director General / Chief Executive NHS Wales in terms of the progress being made together with the expected timescales. Anthony Hayward, Assistant Director National Clinical Commissioning Unit (NCCU) had been appointed as project director and NWSSP were working with the NHS Wales Informatics Services (NWIS) to procure a pan Wales catering system framework for NHS organisations to draw services from as required. Working groups and targeted workshops had been set up in conjunction with NWIS and a timetable put in place to track progress and adhere to the strict time parameters.

The Committee **NOTED** the update.

11. Transfer of Redress from Welsh Government to NWSSP

The Committee **received** a report from the Director of Finance & Corporate Services on the proposal to transfer the management of Redress from Welsh Government to the Welsh Risk Pool from April 2018. The report highlighted the considerable benefits to be gained from transferring the management of redress particular in terms of learning lessons.

A detailed discussion took place concerning the budget whereby the amount to be transferred was likely to be in the region of £750k lower than the anticipated expenditure.

In view of this, it had been proposed that the risks against the traditional WRPS budget of £75m and the Redress budget are managed separately in the short term. They will be managed as two schemes within NWSSP for the next three financial years, but with the expectation that the risks are managed in total by the NHS from 2021-22 onwards.

Under this arrangement, the level of funding transferred from Welsh Government to NWSSP under this option would be £1.3m. Any overspend against the Redress budget, including running costs of the new arrangements, would be met by any underspend against the £75m WRPS allocation. If the £75 million WRPS allocation is fully utilised, the Welsh Government would fund the shortfall on the redress budget including running costs.

The Committee:

- **AGREED** that the administration of Redress should transfer to NWSSP **NOTED** the risk within Welsh Government around the baseline budget and current costs of redress
- **ENDORSED** the funding arrangements as set out in the report

12. Finance and Performance

The Committee **received** a report from the Director of Finance & Corporate Services summarising the latest **financial position** and key performance indicators (KPIs).

It was reported that an additional NWSSP distribution of £1.250m had been declared for 2017-18. This increases the distribution from the planned £0.750m per our IMTP to £2.000m Some NHS bodies had agreed to reinvest their share of the planned distribution. 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.

13. Welsh Risk Pool (WRP) Financial Position

The Committee **received** a report from the Director of Finance & Corporate Services updating the Committee on the current financial **position regarding the Welsh Risk Pool**. It was noted that the outturn expenditure was in line with the budget provided and there would be no requirement to invoke the risk sharing agreement. The change in the discount rate had had a major impact on the level provisions which now exceeded £1 billion

14. Reports for Information

The Committee **received** and **noted** a number of reports for information, these included:

- National Improvement Plan (NIP) Update
- National Procurement Service (NPS) update
- Draft Annual Governance Statement 2017-2018
- Audit Committee Highlight Report

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Corporate Risk
The Committee **NOTED** that there had been a change in the format for the corporate risk register and that there was a clearer focus on the risk score as a clear translation of risk appetite. There was on red risk 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;
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	17th May 2018

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AGENDA ITEM 1.4

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON 29 JANUARY 2018 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 **(In part)**
Dr Sharon Hopkins	Deputy Chief Executive / Director of Public Health, Cardiff & Vale UHB
Mr Steve Ham	Chief Executive, Velindre NHST
Mr Steve Moore	Chief Executive, Hywel Dda UHB
Mrs Judith Paget	Chief Executive, Anuerin Bevan UHB
Mrs Patsy Roseblade	Deputy Chief Executive, WAST
Mrs Carol Shillabeer	Chief Executive, Powys tLHB
Ms Ruth Treharne	Deputy Chief Executive, Cwm Taf UHB

In Attendance:

Ms Joanne Abbott-Davies	Assistant Director Strategic Planning, Abertawe Bro Morganwwg UHB
Mr Julian Baker	Director, National Collaborative Commissioning
Mr Stuart Davies	Director of Finance, EASC & WHSSC
Mr Anthony Hayward	National Collaborative Commissioning Unit.
Mr Shane Mills	National Collaborative Commissioning Unit.
Mr Robert Williams	Committee Secretary / Board Secretary Host Body
Mr Ross Whitehead	Assistant Chief Ambulance Services Commissioner

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AGENDA ITEM 1.4

		Action
Part 1. PRELIMINARY MATTERS		
EASC 18/01	**WELCOME AND INTRODUCTIONS** Professor McClelland (Chair) welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves. 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. In light of a number of Chief Executive apologies, the Chair expressed her serious and continued concerns about the level of attendance of some Committee Members, despite having written to some Health Boards and raised her concerns with the All Wales Chairs. Professor McClelland reiterated the expectation of the Cabinet Secretary for Health, Well-Being and Sport and made reference to previous criticisms raised by Wales Audit Office and Internal Audit. Professor McClelland confirmed her intention to formally escalate her concerns further.	
EASC 18/02	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Ms Alexandra Howells, Abertawe Bro Morgannwg UHB; Mr Len Richards, Cardiff & Vale UHB and Mrs Allison Williams, Cwm Taf UHB.	
EASC 18/03	**DECLARATIONS OF INTERESTS** There were no additional interests, to those already declared.	
EASC 18/04	**MINUTES OF THE MEETING HELD ON 28 NOVEMBER 2017** Members **CONFIRMED** the minutes of the meeting held on 28 November 2017, subject to one correction, replace Mr Glyn Evans with Mr Glyn Jones.	*Committee Secretary*

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AGENDA ITEM 1.4

EASC 18/05	**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. **Sub-Group Representatives** Members **NOTED** that whilst progress on nominations from some Health Boards and WAST representatives has been made, there remains some related issues, including attendance. The Chair expressed her concern that arrangements for recent sub group meetings had either resulted in them being postponed or poorly attended. Members agreed to work with the CASC to ensure nominated representatives commit and attend sub group meetings. **HCP Activity** The Chief Ambulance Services Commissioner made reference to discussions with the Chief Operating Officers (COOs) meeting with regards some operational actions. Mr S Harrhy explained that he was still to attend the Medical Directors meeting. The CASC will need to report progress on EASC related issues to the USC Board. Members agreed to receive a more detailed update at the March meeting. **Wales Audit Office – Action Plan** Members **NOTED** that whilst in general good progress had been made, the Chief Ambulance Services Commissioner confirmed that a small number of actions scheduled for completion in January had drifted, and would be progressed by the March meeting. The Committee **RESOLVED** to: • **NOTE** the Action Log and the updates provided.	CASC / Health Boards CASC CASC
EASC 18/06	**MATTERS ARISING** There were No Matters Arising not contained within the Action Log.	

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AGENDA ITEM 1.4

Part 2. ITEMS FOR APPROVAL / ENDORSEMENT		
EASC 18/07	**INTEGRATED PERFORMANCE DASHBOARD** The Assistant Chief Ambulance Services Commissioner, presented the Integrated Performance Dashboard report. Mr Whitehead confirmed that this was the first occasion that the recently developed Dashboard had been presented to the Committee and that its intention was to explore opportunities to develop performance reporting metrics further and also to consider the variation across Health Boards and alignment with EASC commissioning intentions. Members **NOTED** that some Health Boards utilise 111 to deal with Dental related calls whereas some HBs don't. It was **NOTED** that there was also variability in terms of call handling and the WAST Cardiff Clinical Desk handles more calls than any other, the reasoning for that continues to be explored. Mrs Paget asked what the end point outcome of calls is and AB UHB was keen to understand the implications for deployment of patients to the Emergency Department, a more specific interest, following the provision of resources to fund Hear & Treat. Members asked that clarity is provided on patient outcomes and whether those outcomes were consistent with the advice provided. The CASC confirmed that broadly around a third of those accessing Hear & Treat do not present to Emergency Departments, but was unable to confirm at the meeting, what the specific UHB impact was. CASC working with WAST to develop bespoke Health Board reports that will provide more HB specific data. Mrs Shillabeer queried the risks associated with data provided via one data source, as some other patients maybe adopting different support for their ailments. Mrs Shillabeer emphasised the importance of considering all lines of inquiry and not draw early conclusions, as the developing data set has limitations and its more about is the data provided useful and how can it be strengthened further and be more useful. E.g. how does it link with GP OOHs? Mrs P Roseblade explained that the ABM UHB data is likely connected with 111 pathfinder. Members **NOTED** that WAST is also very keen to understand and capture whether advice is taken.	*CAST / WAST*

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	The limitations to confirming this currently were explained, including connections with HB Patient records and the lack of electronic linkages to the patient record. The Chair whilst accepting the limitations, reinforced the importance of developing an improved of the value of the services EASC are investing in. Members **NOTED** the deployment to hospital rates with significant variances across NHS Wales Health Board areas and some with legitimate reasons, but further explanations are also required to better understand what the information. Members **NOTED** that the new CAD is providing more data than the previous system, recognising the importance of needing to understand the analysis of the data and what actions we can take, locally and regionally. *(Mr G Doherty left the meeting in part 15:00hours, to take a phone call, and returned to the meeting, prior to leaving it at 16:30 hours)* Members **NOTED** the importance of ensuring emergency requests for Ambulance are responded to by the right crews, with the right skills and that deployment options, where appropriate also should take into consideration Minor Injuries Units or other access points and this also needed to be better captured and understood. Mr Whitehead confirmed further work was being progressed with Dr B Lloyd and Mr R Lee, WAST to consider the points raised and develop the Dashboard further. Mrs Roseblade assured Members that the limitations of the data set had not deterred WAST in working with HBs and partners to consider patient deployment opportunities. In relation to pathway evaluation and related analysis, Mrs Paget asked if views can be fed back to Health Boards soon as it would be important to include and capture in the final draft IMTPs. Mr Whitehead reinforced to Members that data is readily available and accessible to HBs either via direct access or remote access, which Mr Whitehead can facilitate.	

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	Following detailed consideration of the report and the dashboard, Professor McClelland reinforced the importance of ensuring the various assumptions, some of which sit with HBs, WAST and / or a combination of both are considered and addressed to ensure patients who need ambulance response are responded to in a timely manner and deployed as required. There were clear linkages with the Ambulance Quality Indicators (AQIs) and alignment with the work being progressed on the Amber call categorisation, all of which needed to be progressed to inform the pace of change, which remains an ongoing frustration. Members **NOTED** the importance of ensuring the AQIs become more user friendly, which will result in them being used more by HBs and the CASC emphasised the importance of prioritising and addressing the key issues which are also priorities of the Unscheduled Care Board and triangulate this information with other data streams to help inform and support improvement actions. Members were supportive of targeting the Pre Hospital step of the pathway, which may or may not impact on deployments to HB Emergency Departments. The Committee **RESOLVED** to: • **ENDORSE** the contents of the report and the opportunities presented within it to further develop performance reporting arrangements and improve performance.	
EASC 18/08	**JOINT COMMITTEE RISK REGISTER** Mr Robert Williams, Committee Secretary (Board Secretary Host Body) presented the report and updated Members on the development of the Risk Register and related changes. Members **NOTED** that there had been very little change to the register in terms of risks and ratings, to what was reported in the November Committee meeting. However, Members emphasised the importance of ensuring the work of the Committee, which does link with risks and mitigations is understood, reflected and reported.	

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	Members also discussed the importance of ensuring the risk appetite and related thresholds are understood, including what level of risk is the Committee prepared to tolerate. Members discussed the importance of ensuring risks are considered from a commissioning lens and that it was for providers to capture their related risks on respective organisational risk registers. Mr J Baker made reference to the risks raised within the Non Emergency Patient Transport Services (NEPTS) baseline review, which were mainly from a provider perspective, but also raised the potential for issues and risks to be missed. The Chair considered that the discussion reinforced previous conversations at the Committee that endorsed the need for a development session on this, which would be explored for the March meeting. Members **RESOLVED** to; • **NOTE** the report and **ENDORSE** the updated Risk Register.	*CASC/ Committee Secretary*
Part 3. KEY ITEMS FOR DISCUSSION		
EASC 18/09	**CHAIR'S REPORT** Members **received** a verbal report from the Chair. The Chair informed Members that her planned appraisal with the Cabinet Secretary, which had been postponed and rearranged, was generally positive with the Cabinet Secretary recognising the work and progress made by EASC over the last four years and its focus going forward.The Chair informed members of her intention not to seek an extension of her current term, which was an option, when it ends in March 2018. The Chair referenced the recent publication of the Parliamentary Review and the potential implications for revised hosting arrangements for EASC and the broader specialised commissioning function going forward. The Chair updated Members on the recent all Wales Chairs discussions and conversation relating to Amber category calls and agreed that the related briefing provided at that meeting, is made available to Members.	*CASC*

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EASC 18/10	**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: • **Winter Pressures** The CASC provided an update on matters relating to winter plans and the performance of WAST, which whilst achieving over 70% compliance with the Red category in month, there was significant daily variation during the period. The CASC considered and discussed the concerns raised in relation to the general response to Amber category calls, which also required further review. The pick up time for HCP calls, in the categories of 1,2,3 or 4 cumulative months to date January 2018 is variable and it was **NOTED** that there was also an issue on the accuracy of the data being reported. Mrs J Paget in noting the update provided, did not consider from operational experience and feedback, that the performance was as robust. The CASC **NOTED** the comments raised and confirmed that Cwm Taf UHB have raised an issue with regards batching and flow of HCP calls into emergency departments, which was being discussed further with WAST. • **Amber Calls** Members **NOTED** the agreed approach to taking forward the work associated with Amber category calls, a matter raised for action within the PACEC (Public and Corporate Economic Consultants) report. The CASC explained some of the specific work being progressed in relation to the handling and response to Amber calls. Therefore as numbers are large considering a cohort of Amber calls to help direct related work and will link in with outcomes of the PACEC report. The CASC confirmed a closure report, in relation to the PACEC review, will be presented to the March meeting. Mrs Paget emphasised the importance of ensuring we understand the data and know the cohort / categories of patients, in order to explore how we stream them appropriately and to areas other than the Emergency Department, where that is appropriate.	CASC

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	The Chair emphasised the importance of understanding and better reporting on patient outcomes and their experiences and that there was a need for agreed mechanisms to capture and report on these matters. Mr Mills confirmed that this is an area of work that is being progressed, with a focus on the big five agreed Unscheduled Care priorities. In response, the CASC suggested we give the 95th percentile a higher level of attention, noting it's already routinely reported into EASC. Mr Harrhy confirmed that a closure report on actions progressed in response to the report, Commissioned by the Cabinet Secretary, will be presented to the March Committee meeting. • **Non Emergency Patient Transport Services (NEPTS)** Members **NOTED** the update on progress relating to NEPTS. The report provides a very high level summary of progress made to date. The CASC thanked HBs and WAST for coming together, providing data and supporting the work progressed. Hopeful to further develop the work with Cardiff & Vale UHB, which will help inform the broader national work. Mrs Roseblade also recognised the work progressed with Betsi Cadwaladr UHB. Members **RESOLVED** to • **NOTE** the report.	CASC
EASC 18/11	**WALES AUDIT OFFICE PROGRESS WITH MANAGEMENT ACTIONS** The CASC provided an update on outstanding matters relating to the management response in relation to the WAO report. These being; – Adoption by HBs, of the revised standing orders, now that the revisions to the sub groups including membership have been agreed. Members considered this would be helpful if the Memorandum of Understanding, between WG, EASC, CASC and WAST was finalised and progressed. – Completion of the updated CASC Job Description. – Strengthening patient experience and outcomes reporting, which links to the Clinical Assurance Model and Call Categorisation.	

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	The Chair reinforced the importance of progressing all outstanding actions, but specifically the CASC Job Description and Memorandum of Understanding, the latter being able to inform the adoption by HBs of the revised Committee Standing Orders. Members **RESOLVED** to; • **NOTE** the reported progress with completing management actions in response to the WAO Report on Commissioning Emergency Ambulance Service and the actions to be progressed by March**.**	*CASC*
EASC 18/12	**MONTH 9 FINANCE REPORT** Mr S Davies presented an update on the Month 9 EASC Finance position. Members **NOTED** that there was no significant under or over spends to report and that the reported position was balanced, with a projected year end break even position being reported. Ms R Treharne sought clarity on the approach and treatment of EASC slippage and the CASC confirmed that this linked to the work WAST were progressing with regards staff recruitment and the Band 5 to 6 Paramedic role, but that any slippage was a matter for EASC to prioritise or agree its use and should not be assumed by WAST. Members **RESOLVED** to: • **NOTE** the Month 9 finance update.	
Part 4. GOVERNANCE & ASSURANCE		
EASC 18/13	**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: – Non Emergency Patient Transport Services (NEPTS) Action Notes 23 October 2017. – Non Emergency Patient Transport Services (NEPTS) Chair's Summary 27 November 2017	

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	– Emergency Medical Retrieval and Transfer Services (EMRTS) Delivery Assurance Group Minutes 19 September 2017 – Emergency Medical Retrieval and Transfer Services (EMRTS) Delivery Assurance Group and Chair's Summary 10 January 2018 – Joint Management Assurance Group (JMAG) Action Notes 14 November 2017 – Joint Management Assurance Group (JMAG) Chair's Summary 10 January 2018 Members **RESOLVED** to: • **NOTE** the Sub Group summary updates and Minutes received.	
EASC 18/14	**EASC IMTP 2018-21** Members received for information a copy of the 'final draft' 2018-2021 EASC Integrated Medium Term Plan, which requires submission to Welsh Government by the end of January 2018, with a final draft by the end of March 2018. The plan has been updated to reflect commissioning intentions, discussed and agreed at the last meeting and also resourcing, which has been strengthened. Members **NOTED** that WAST will receive the national financial allocation uplifts, minus the cost reduction settlements, consistent with the approach being adopted across NHS Wales and discussed and confirmed with All Wales Directors of Finance. The CASC confirmed that the EASC financial allocation is based on what was agreed by the Chief Executives for the EASC budget. Reference to strengthened governance and other matters raised within the WAO report on Emergency Ambulance Services Commissioning had also been considered. Mr S Harrhy explained that there was a need to cross check with WAST and HB Plans and intentions, which will be finalised between now and the March submission date. The CASC did not have any specific risks to bring to attention of the Committee. Ms R Treharne sought clarity on the approach to cost reduction for EASC, as a Commissioning function and WAST and in Mr S Harrhy in response, explained the	

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	approach recognising it was not explicit within the EASC IMTP assumptions. Mr S Moore sought clarification in relation to the commissioning intentions relating to EMRTS and whether it would become a 24 hour 7 day per week service as it may be an associated factor in considering the outcome relating to the Major Trauma consultation and also the Boards Clinical Strategy. Mr S Harrhy thanked colleagues for the points raised and agreed to make both issues clearer within the final draft and confirmed that EMRTS has been asked to present a business case outlining its intentions next year, for commissioner consideration. **WAST IMTP 2018-2021** Members **NOTED** that Members had only received the summary cover report and not the 'draft' IMTP and the Chair sought clarity as to why the WAST IMTP had not been provided for consideration by Members, despite it being on the WAST Internet site as it was being considered by the WAST Board at its meeting in public tomorrow. Mrs P Roseblade, Deputy CEO WAST, apologised for the plan not being made available to Members and summarised some of the key messages from the WAST IMTP, with a focus on the opportunities represented by Phase I of the new CAD, which offers a whole new set of functionality that will be exploited and used by WAST and the service in the future. Mrs Roseblade discussed in summary, key matters associated with each chapter and whilst significant progress had been made, progress on delivering against the recurring savings gap has not yet secured the 3% recurring requirement. Members **NOTED** that the assumptions in the plan are consistent with what has been reported. The CASC confirmed he had been involved in discussions and exchanged views on various iterations of the developing WAST Plan. In relation to the related Governance, in **NOTING** the summaries presented, the Chair was concerned that Members had not seen the plan (even though it was on the WAST website and in the public domain) and therefore would find it difficult to provide commissioner support, without doing so.	

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	Mr S Harrhy confirmed that a planned joint meeting has been scheduled on the WAST Plan, between WAST, WG and the CASC. The Chair asked that the WAST January draft IMTP is circulated to Members in order for them to raise any specific comments direct to the CASC. Members **RESOLVED** to; – **NOTE** the summary report update provided by the Deputy Chief Executive WAST, but could not ENDORSE commissioner support at this point, until the Draft Plan was circulated to members and any specific comments conveyed to the CASC.	*All Members / CASC*
EASC 18/15	**FORWARD PLAN** Members received and **NOTED** the forward plan. In considering the item, it was **AGREED** that matters raised during the meeting would be reflected within the Plan for the next meeting. A workshop session at the March meeting would consider Mental Health and possibly Risk Appetite / Tolerance, if time allowed.	*Chair / CASC / Committee Secretary*
OTHER MATTERS		
EASC 18/16	**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 27 March 2018, at Castlebridge 4, Health &Care Research Wales, Cardiff.	*Committee Secretary*

Signed …… (Chair)

Date ……

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Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON 27 MARCH 2018 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 **(In part)**
Mr Len Richards	Chief Executive, Cardiff & Vale UHB
Ms Sian Harrop-Griffiths	Executive Director of Strategic Planning, Abertawe Bro Morgannwg UHB
Mr Steve Ham	Chief Executive, Velindre NHST
Mr Steve Moore	Chief Executive, Hywel Dda UHB
Mr Nick Wood	Chief Operating Officer, Anuerin Bevan UHB
Ms Patsy Roseblade	'Interim' Chief Executive, WAST
Ms Hayley Thomas	Director of Planning, Powys tLHB
Mrs Allison Williams	Chief Executive, Cwm Taf UHB

In Attendance:

Mr Julian Baker	Director, National Collaborative Commissioning
Mr Stuart Davies	Director of Finance, EASC & WHSSC
Mr Shane Mills	National Collaborative Commissioning Unit.
Mr Robert Williams	Committee Secretary / Board Secretary, Host Body
Mr Ross Whitehead	Assistant Chief Ambulance Services Commissioner

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		Action
Part 1. PRELIMINARY MATTERS		
EASC 18/17	**WELCOME AND INTRODUCTIONS** Professor McClelland (Chair) welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.	
EASC 18/18	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Mrs Tracy Myhill, Abertawe Bro Morgannwg UHB; Mrs Judith Paget, Aneurin Bevan UHB and Mrs Carol Shillabeer, Powys tLHB.	
EASC 18/19	**DECLARATIONS OF INTERESTS** There were no additional interests, to those already declared.	
EASC 18/20	**MINUTES OF THE MEETING HELD ON 29 January 2018** Members **CONFIRMED** the minutes of the meeting held on 29 January 2018, subject to one correction, 'Page 5, Mr G Doherty whilst leaving the meeting in part at 15:00 hours to take a phone call, did return to the meeting, prior to leaving it at 16:30 hours.	*Committee Secretary*
EASC 18/21	**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. **EMRTS** Mrs A Williams made reference to some of the feedback and more recent related conversations with regards EMRTS coverage and the helicopter service relating to hours of working in the context of progressing recommendations with regards Major Trauma services. In response, the Chief Ambulance Services Commissioner (CASC) clarified the current commissioner and provider arrangements, including the role the Charity plays in its support of EMRTS.	

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	Members also **NOTED** that EMRTS operate an on road response service. Members **AGREED** to formally request that EASC, as the commissioning body, work with EMRTS, to explore on an outcomes basis, evidence based options for extending services. Mr S Harrhy reminded members that scoping the work and coverage of EMRTS, was already a commitment referenced within the EASC IMTP, and that it was scheduled to take place in the new financial year. Mr L Richards, in support of the proposal, emphasised the need for any scoping work to be informed by evidence on the clinical benefits and outcomes, should any expansion be recommended and Mr S Harrhy referred to the EASC Commissioning Framework, which will help guide the review being requested. Mr S Harrhy made reference to the need to ensure that the Charity are also aware and sighted on the intended review. In supporting the proposal, Members asked that the Commissioner provide a brief summary of the intended scope and approach to the next Committee meeting. (**added to the action log**) **Paramedic Band 5 to 6 Change Programme** Members **NOTED** that related work was being progressed within WAST. However, Mrs A Williams asked, in considering the large investment made in this service development, that the Committee is kept briefed on related progress, including clarity on the outcomes and related benefits. In response, Mr J Baker confirmed that resource to support evaluation had been asked for, but that this would not be available until year 2. Members reaffirmed the importance of recognising that any financial slippage is a resource for EASC to deploy and not that of the provider. Mr S Harrhy suggested that we take some of the related issues raised via the PDEG, with an update on progress to be included in the Chair's summary report to Committee. Mrs Roseblade explained that the modelling of this change, mitigates early slippage, however, Members felt that the anticipated slippage was still considered to be significant and any alternative use needed to be informed by EASC.	CASC

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	Members **AGREED** that it would be considered and reported through the PDEG sub group and an update received via the Chair, as part of the routine reporting to Joint Committee. (**added to the action log**) **HCP Activity** Mr S Harrhy explained that the recent inclement weather had resulted in the cancellation of the All Wales Medical Directors meeting, which the CASC was scheduled to attend. Mr S Harrhy confirmed that he had met with Chief Operating Officers and noted that progress was being made and that there was focus on the higher priority actions. Mrs A Williams made reference to discussions with Mr R Lee, WAST in relation to options for flagging up categories of patients who are resident in care homes or care settings, in order to consider whether deployment to Accident & Emergency units is the most clinically appropriate option for them. *(Mr G Doherty arrived 10:20hrs)* Mr N Wood made reference to the potential benefits of aligning community resource, including District Nursing support to provide a better response than early deployment to A&E. Members **NOTED** and discussed some of the related flow issues and the impact late arrival of these patients can have. Mr S Harrhy clarified the actions taken to date and those proposed and in the context of activity data, Members **NOTED** that there were over 100,000 categorised HCP calls to analyse from last 2 year activity and that work was progressing with WAST to ensure as much of the data analysis as is possible, was completed by the next Joint Committee meeting. Mr N Wood made reference to the large volume of HCP categorised calls made daily, that did not feature or flag anywhere within Health Board reporting arrangement and a recent analysis at AB UHB had identified 500 more calls a demand increase not reported.	CASC

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	Members also made reference to the Hear & Treat service and the importance of validating related activity data to ensure they do not subsequently end up in requiring an A&E appointment. Members recognised the importance to review how we report and use data. Mr S Harrhy agreed to consider the useful comments made by Members, in progressing related work. **Integrated Performance Dashboard** Mr S Harrhy in making reference to the report to Joint Committee in January, recognised that whilst progress had been made, there was more work to complete and report back to Members. Mr S Harrhy suggested that this work is best developed and reported through the JMAG sub group, which is where Chief Operating Officers are present as Health Board nominated representatives. The Committee **RESOLVED** to: • **NOTE** the Action Log and the updates provided.	*CASC*
EASC 18/22	**MATTERS ARISING** There were no Matters Arising that were not already contained within the Action Log.	
Part 2. ITEMS FOR APPROVAL / ENDORSEMENT		
EASC 18/23	**EASC IMTP 2018-21** Mr S Harrhy, Chief Ambulance Services Commissioner, presented the 'final' draft IMTP 2018-21. Mr Harrhy outlined the approach taken in relation to the overall financial envelope and approach, which had been discussed and agreed with Welsh Government and Health Board Directors of Finance, who were all content with the approach. In the context of commissioning intentions, Members considered them to be reasonable and fair and deliverable by WAST. Members **NOTED** and recognised the requirement that some of the commissioning intentions would need to be delivered through work between WAST and Health Boards.	

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	Members **NOTED** and welcomed the stronger alignments between EASC, WAST and Health Board IMTPs identifying good linkages and references to over 100 areas for joint working initiatives. Mr S Harrhy made reference to the good progress and work on pre hospital care and the meeting with Welsh Government who provided feedback on the EASC IMTP, which included strengthening links with the commissioning framework and a sharper focus in the Executive summary. Mr S Harrhy confirmed that feedback has been incorporated within the updated submission and that Welsh Government had no significant or material areas of concern. Mrs A Williams confirmed that she was content to offer her support for approval but still had some concerns about evaluation of the benefits realised in associated with the Hear & Treat service and that continuing with the current model shouldn't be assumed, until evaluated. Members also recognised the requirement for a review of the Amber call category and related response, where there was a legitimate general concern and confidence challenge that the Chair also recognised required further consideration. Members in offering support, considered that there was a requirement for increased visibility of the Non-Emergency Patient Transport Services (NEPTS) including completion of the development of the related Commissioning Framework Agreement. Members emphasised the importance of capturing the outcomes from various schemes / pilots in order to adopt or justify or indeed cease schemes invested in that were not making a difference or improving outcomes for patients. The Chair added the need to have the EMRT Service more prominent in the coming year and the need to strengthen service user engagement. Mr J Baker confirmed that it was important to ensure the nature of the conversation is captured and considered further within some of the Delivery & Assurance sub group work.	

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	The Committee **RESOLVED** to: • **APPROVE** the EASC Integrated Medium Term Plan for onward submission to Welsh Government.	
EASC 18/24	**WAST IMTP 2018-21** Mr S Harrhy informed members of related progress with the development of the WAST IMTP and the requirement for it to receive commissioner support. Members **NOTED** that the WAST Plan was circulated following discussion at the last meeting and comments received via members and the commissioning team were conveyed back to WAST, along with Welsh Government feedback. Members **NOTED** and welcomed the strengthened EASC IMTP and WAST IMTP alignment. Mrs Roseblade confirmed that WAST had taken on board comments received. Mr S Harrhy recommended that the Joint Committee provide support as commissioners to the WAST IMTP. Mrs A Williams in support of the plan wished to acknowledge the extent of progress, including strengthened alignment and read across and thanked the teams who had worked on it. Mrs Roseblade reaffirmed the comments and thanked EASC for their support which had also helped WAST strengthen its financial stability. The Committee **RESOLVED** to: • **ENDORSE** Commissioner support of EASC to the Welsh Ambulance Services IMTP 2018-2021.	
EASC 18/25	**FRAMEWORK AGREEMENT REFRESH PRESENTATION** Mr J Baker, Director National Collaborative Commissioning, delivered a presentation to Members, which outlined the progress made since 2013 and specifically 2014, following establishment of EASC and the related Quality & Delivery Framework Agreements.	

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	Mr Baker made reference to over 140 initiatives / developments, of variable quality and strength that had been deployed to support improvements in unscheduled care delivery and in response to queries on developing a repository of good practice. The aim being to consider what's working, what's not working and what connections are required, specifically with regards WAST and Health Board Plans and commissioning intent. Members **NOTED** the extent of the number of initiatives being taken forward and sought clarity about the requirement for evaluation, so as to ensure the right initiatives are being taken forward and deployed across NHS Wales. Members re-emphasised the importance of evaluation and benefits realisation. In response, Mr J Baker made reference to the Next Steps slides (1) + (2). Mrs A Williams raised the requirement for balancing the need to do enough in a timely way to inform decision making, without creating an industry of evaluation, which on occasion can also contribute to delays. Members considered it was important we stop initiatives that are not delivering and adopt those that are, even if some will require some local adaptions. Mrs Harrop-Griffiths referenced the importance of aligning planning arrangements across EASC and Health Boards and WG next year, especially in the context of supported initiatives. It would also be important to consider early reflections on this winter and the actions needed to strengthen plans for next winter. Mr S Moore also made reference to the opportunities presented by the Transformation fund, if we know what bids may be supported even with partners, recognising the need for a system wide response in some areas. Members made reference to some of the Community Paramedic schemes and the added opportunities presented by the Paramedic Band 6 roles and the benefits realisation that needs to be delivered against the change and related investment. Members requested that the large numbers of schemes are curtailed and reduced and those that are delivering become more of the focus for expansion and roll out. Mr Doherty asked that any refined list provides some data points, linked to the 5 steps, to inform decision making and bidding into Welsh Government.	

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	The Chair emphasised the need for pace and suggested some of the key priority areas are the focus, including community paramedics; hear and treat and mental health. Mr S Harrhy suggested the EASC team consider and reflect on comments raised, develop a simplified criteria set including impact and linkages with the 5 steps and also consider and reaffirm what has progressed well and is working. Mr S Harrhy agreed to bring further options back to the next Committee meeting (**added to the action log**). The Committee **RESOLVED** to: • **NOTE** the presentation and receive a further update at the May 2018 meeting.	*CASC*
EASC 18/26	**'DRAFT' EASC GOVERNANCE STATEMENT 2017/18** Mr R Williams, Committee Secretary (Board Secretary Host Body) presented the report and updated Members on the development of the 'EASC' Governance statement with the Commissioner. Mr R Williams outlined the related process and its connections with the end of year reporting and financial statements requirements and that the final draft will be considered by the host body Audit Committee, which Mr S Harrhy will attend, prior to the Annual Accounts being approved. Members commented on a couple of areas requiring accuracy checks and Mr Doherty raised a point of accuracy regarding Committee attendance. Members also asked that reference to the discussion regarding EMRTS coverage linked to the Major Trauma service change is added. The Chair made reference to the Wales Audit Office review and its linkages with sub group membership and attendance and considered this should be reflected. Mr R Williams agreed to receive any further comments within the next 2 weeks, including any comments from the auditors and develop a final draft, which can be shared with Members.	

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	In response to alignment with member Health Boards, Mr R Williams confirmed that once final draft is considered by the Cwm Taf Audit Committee, the Statement will be circulated to Board Secretaries. Members **RESOLVED** to; • **NOTE** the report and **ENDORSE** the 'draft' Annual Governance Statement subject to the proposed changes being reflected in the developing draft.	*CASC/ Committee Secretary*
EASC 18/26	**JOINT COMMITTEE RISK REGISTER** Mr Robert Williams, Committee Secretary (Board Secretary Host Body) presented the report and updated Members on the development of the Risk Register and related changes. Members **NOTED** that there had been very little change to the register in terms of risks and ratings, to what was reported in the January 2018 Committee meeting. Members discussed the importance of ensuring risks are considered from a commissioning lens and that it was for providers to capture their related risks on respective organisational risk registers. Mrs A Williams suggested that the delay in the advertisement and appointment of a replacement Independent Chair is added to the risk register, which Members agreed. Members **RESOLVED** to; • **NOTE** the report and **ENDORSE** the updated Risk Register.	*CASC/ Committee Secretary*
Part 3. KEY ITEMS FOR DISCUSSION		
EASC 18/27	**CHAIR'S REPORT** Members **received** a verbal report from the Chair. Professor McClelland thanked members in what was her last Joint Committee meeting before her term ended in April 2018. The Chair made reference to the concerns being raised about the delivery of Emergency Ambulance Services over what has been a very difficult winter for all.	

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	The Ambulance Service is a symbolic part of the NHS and therefore receives a lot of focus, scrutiny and media attention and the Committee need to recognise and respond to the concerns being raised. The Chair recognised the good progress made over the last four years and the improvements in WAST have not been delivered in isolation of the system. Professor McClelland emphasised the importance of doing more in the pre hospital phase and ensuring only those that appropriately require Accident & Emergency services should be conveyed to hospital. There is a need to consider and complete the review of Amber and agree and proposed changes if recommended. The decision to change a 40 year time based and measured emergency response was the right thing to do whilst recognising Amber remains a wide category, that requires more engagement to inform the review and an added pace to make any planned change. The Chair considered there was also much more to do on patient experience and public perceptions. Professor McClelland thanked Mr Harrhy and the small commissioning team who had provided extensive support to her and the achievements made over recent years. The Chair made reference to her meeting with the Cabinet Secretary and Dr Andrew Goodall, who recognised the food work EASC had progressed and who remained keen and supportive for more progress to be made. Professor McClelland was informed that an advert for a new Chair had been prepared and was due to go via the public appointment process and whilst Mrs A Williams will for a short period need to step in ad Vice Chair there was recognition that this can't continue for any extended period of time. Members **RESOLVED** to: • **NOTE** the Chair's update.	

16.6

AGENDA ITEM 1.4

	In response and on behalf of Members, Mrs A Williams as Vice Chair paid tribute to the leadership and support provided by Professor McClelland over many year, from the time of the McClelland review of Ambulance Services to the establishment of EASC and her appointment as Independent Chair. Mrs Williams outlined Professor McClelland's influence to the significant changes and improvements made not only within EASC as Commissioners of Ambulance Services but also to the Welsh Ambulance Services Trust who she had provided support to over a number of years, which had also allowed them to make improvements. Members unanimously endorsed Mrs A Williams' comments and wished Professor McClelland well for the future.	
EASC 18/28	**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: • **Amber Category** Mr Harrhy provided an update on the work progressed to date and some of the issues associated with the Amber Category review, which included consideration as to whether there are any call types within Amber that need to move to Red, recognising probably not as time is the critical factor. Mr Harrhy made reference to the categories within Amber, which included; • Amber 1, treatment is required. • Amber 2, an assessment of what treatment is required is needed. There was recognition that the messaging and communicating to the public and other stakeholders is key, along with a stronger approach to capturing patient experience and outcomes. Members recognised one of the real issues, is not necessarily categorising, it's more about managing the system pressures, which have impacted on a significant drift in the Amber category demand and response. There was also a need for more certainty on what is happening in the system, particularly when pressures are high, which would help inform Commissioner reporting not only to EASC but also to Government.	

16.6

AGENDA ITEM 1.4

	An area of concern is the level of variability and inconsistent approach across NHS Wales and this applies to Health Boards and WAST. Members also **NOTED** that there was a clear correlation between access to hospital (including handover) and WAST performance. The Commissioner emphasised the importance of ensuring the correct help and support is in place to ensure the review scope is right, recognising the need for pace and urgency and the need for committee input and oversight outside routine meeting schedule. Mrs A Williams added the importance of understanding risk and reduce any over reliance on anecdotes as its important we are clear on what we are aiming to achieve to inform the review. It was also important to capture evidence and inform this work and any recommendations. Members shared a common interest in that neither Health Boards or WAST want the current level of delay and its impact on performance to continue. Mr S Harrhy confirmed that the evidence supported a clear correlation between delays and the amber category tale. There is a correlation between hand over delays and performance, whereas in previous years it did not have the same level of impact, it was therefore important to understand what has changed. Mr S Moore in support of the discussion emphasised the importance of not taking the eye off the Red response issues in some areas of NHS Wales, but also important not to put amber calls, without evidence base, back into red category. The Chair emphasised the importance of giving this review time and head room and confirmed that Health Board Chairs were aware of the proposed review. Mr S Mills outlined the accelerated programme of Amber review work taking place, with input from senior officers at WAST. There was also work being progressed with the WAST patient experience team and Picker to explore better ways of capturing and communicating patient views. Recognition that this work is progressed in advance of next winter.	

16.6

AGENDA ITEM 1.4

	In response to a question from Mr L Richards, Mr Harrhy explained that the Clinical Risk Assurance Review is the mechanism used to consider incident reports including serious untoward incidents (SUIs) and that Mr S Mills and Mr R Whitehead meet with WAST to consider, discuss and review. Members **NOTED** the increased number of SUIs, when compared with previous years, not all have concluded their investigations yet and most are linked to a delay in response and Health Boards are involved in the reviews. Mr S Harrhy confirmed that he had recently attended the WAST Audit Committee where a report on Hospital Handover delays across NHS Wales had been received by the Committee, with a Limited Assurance rating. Members discussed and **NOTED** some concern about the process regarding all Wales reviews on commissioned services that had not been taken via EASC, but recognised that this was a WAST Internal Audit report, which WAST had asked respective Audit Committees to receive, not least due to a lack of input and response to the management actions by Health Boards. Members felt that in future it would be helpful to have sight of audits of this nature, in advance of them being undertaken. Members **RESOLVED** to • **NOTE** the report and the ongoing work to inform the Amber Category review.	
EASC 18/29	**WALES AUDIT OFFICE PROGRESS WITH MANAGEMENT ACTIONS** The CASC provided a verbal update on outstanding matters relating to the management response in relation to the WAO report. These being; – Memorandum of Understanding (MoU) with Welsh Government – The delay was linked to feedback being provided by Welsh Government and it was hoped that this would be progressed by the next meeting. This would allow the revised Standing Orders to be adopted by Member Health Boards, along with the revised MoU	

16.6

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	– Completion of the updated CASC Job Description to reflect the various roles contained within it. Members **RESOLVED** to; • **NOTE** the update and emphasised the need to complete the outstanding actions in response to the WAO Report on Commissioning Emergency Ambulance Services.	*CASC*
EASC 18/30	**MONTH 11 FINANCE REPORT** Mr S Davies presented an update on the Month 11 EASC Finance position. Members **NOTED** that there was no significant under or over spends to report and that the reported position was balanced, with a projected year end break even position being reported. Members **RESOLVED** to: • **NOTE** the Month 11 finance update.	
EASC 18/31	**AMBULANCE QUALITY INDICATORS (AQIs)** Mr R Whitehead presented the report which focused on work being progressed to better inform the use of AQIs to improve performance. Mr R Whitehead provided an update to Members on the proposed graphical design changes and presentation of this work to better inform Health Boards and the public of NHS Wales in terms of delivery. Members **NOTED** and welcomed the update and that the focus of the work was more towards reporting on clinical outcomes than just time. Members **RESOLVED** to: • **NOTE** the Report.	
EASC 18/32	**CLINICAL RISK REVIEW ASSURANCE UPDATE** Mr S Mills presented the report updating Members on actions progressed and completed to inform a further and more detailed report in July 2018.	

16.6

AGENDA ITEM 1.4

	Mr S Mills reminded Members that an improvement plan and report was issued in May 2017 and found 24 areas for improvement or clarification. The review concluded that, within the constraints outlined in the review, no area of major clinical risk had been identified and actioned, to some degree, by WAST and the focus should move to addressing risk prioritisation, mitigation and the provision of external assurance. Mr S Mills was continuing to work with senior colleagues in WAST and around half of the required actions had been completed and a related risk register was being developed on the back of the work undertaken. There had been some delays associated with clinical leadership input and support which took longer than anticipated, but this was now in place following training and there were opportunities to better influence improvement actions. Members also recognised the significant changes which had taken place over the last year and the requirement to review a large volume of data including HCP call data. Members **RESOLVED** to: • **NOTE** the Report and the progress made to date.	
EASC 18/33	**PACEC CLOSURE REPORT** Mr R Whitehead presented the PACEC Closure report to Committee. The purpose of the report being to provide the Committee with an update on the actions that have been taken to deliver the recommendations contained within the PACEC review of the ambulance clinical model and to describe the steps being taken on an ongoing basis to provide assurance and improvement. The report aims to close down the work of the review and signpost the ongoing related actions. Members were reminded that the Committee received the final PACEC report at the March 2017 meeting. At this meeting members were also informed of the Cabinet Secretary's decision to implement the model on a permanent basis.	

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	The EASC commissioning team have been working closely with WAST over the last 12 months to address the PACEC recommendations and develop ongoing assurance mechanisms. Committee members received updates on progress relating to outstanding actions associated with the 4 broad PACEC review recommendations: • A need to review the call categories particularly Amber. • Investment in information systems. • Providing alternative response options. • Reduce variation and improve health board's conveyance rates. Given the progress made to date, the EASC commissioning team were requesting that the Committee support that the PACEC review recommendations are formally closed, recognising that any residual work will be incorporated into existing commissioning and assurance arrangements. Members **NOTED** and discussed the associated benefits of the new CAD and its potential to inform clinical model robustness and alternative models including alternative responses, this included in some Health Boards, use of local technical options to review the call stack and inform different responses. Mr Whitehead made reference to ongoing meetings with WAST to consider conveyancing options / rates and variability in conveyance ratios… Members also agreed that some of the ongoing work post PACEC, becomes part of the core working with WAST and Health Boards. Following discussion, Members supported the recommendation which included commitment to provide support from their respective organisations for the work on reducing variation and increasing alternative responses. Members **RESOLVED** to: • **NOTE** the Report and Support the formal closure of the PACEC review.	

16.6

AGENDA ITEM 1.4

Part 4. GOVERNANCE & ASSURANCE		
EASC 18/34	**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: – Non Emergency Patient Transport Services (NEPTS) Commissioning and Delivery Assurance Group (CDAG) Chairs Summary 26 February 2018. – Non Emergency Patient Transport Services (NEPTS) Commissioning and Delivery Assurance Group (CDAG) Action Notes 27 November 2017 and 22 January 2018. – Emergency Medical Retrieval and Transport Service Delivery Assurance Group Action Notes 10 January 2018 Members **RESOLVED** to: • **NOTE** the Sub Group summary updates and Minutes received.	
EASC 18/35	**JOINT COMMITTEE FORWARD PLAN** Members **RECEIVED** and **NOTED** the Forward Plan of Committee business. Mr R Williams confirmed he would amend the Plan, where appropriate, with matters raised at the meeting. Members **RESOLVED** to: • **NOTE** the Forward Plan.	
EASC 18/36	**ANY OTHER BUSINESS** Mrs P Roseblade, was asked to raise on behalf of the WAST Board, following their meeting last week, their ongoing concern about the performance and operational pressures across the whole unscheduled care system, recognising there is learning and improvement for WAST and others to inform winter responses. The number of SUIs is unprecedented and it's important that any learning from review of these incidents is used to inform a different system response for next winter.	

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AGENDA ITEM 1.4

	Mrs A Williams in recognising and endorsing the concern raised also emphasised the importance of whole system learning and also avoiding the unintended consequences of system pressures including WAST REAP 4 status and its adverse impact that effects the whole system and all organisations. Professor McClelland, in summarising the related discussions, recognised the importance of the points raised and wished to learn collectively across the system for next year. In relation to the SUIs it's important also that the Committee receives a report on themes, trends, learning and its impact on EASC as the Commissioner. It was recognised that incrementally, winter is becoming more difficult each year and there is a need for some radical shift in the system approach and response if the system is to make a positive difference, but recognising some of the issues being managed are greater than the system itself. Professor McClelland reinforced the absolute commitment of EASC to the WAST and all Health Boards, who are collectively trying to manage the system pressures and also the consequences. In considering the item, it was **AGREED** that matters raised during the meeting would be reflected within the Plan for the next meeting. A workshop session at the May meeting would also be useful.	
OTHER MATTERS		
EASC 18/37	**DATE AND TIME OF NEXT MEETING** The time and date of the next Joint Committee meeting was scheduled to commence at 13:30pm (in closed workshop session) on Tuesday 15 May 2018, at Castlebridge 4, Health & Care Research Wales, Cardiff.	*Committee Secretary*

Signed …… (Chair)

Date ……

16.6

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

Minutes of the Meeting of the Welsh Health Specialised Services Committee

held on 27 March 2018
at Health and Care Research, Castlebridge 4,
Cowbridge Road East, Cardiff

Members Present

Vivienne Harpwood	(VH)	Chair
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Lyn Meadows	(LM)	Vice Chair
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB (part meeting)
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Chris Turner	(CT)	Independent Member/ Audit Lead
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB

Apologies

Carole Bell	(CB)	Director of Nursing and Quality, WHSSC
Tracey Cooper	(TC)	Chief Executive, Public Health Wales
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Tracy Myhill	(TM)	Chief Executive, Abertawe Bro Morgannwg UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

In Attendance

Shakeel Ahmad	(SA)	Associate Medical Director (Neurosciences & Complex Conditions), WHSSC
Sian Harrop-Griffiths	(SHG)	Director of Strategy, ABMUHB (part meeting)
Glyn Jones	(GJ)	Director of Finance, ABUHB
Hayley Thomas	(HT)	Director of Planning and Performance, PTHB
John Williams	(JW)	Chair of Welsh Renal Clinical Network

Minutes:

Juliana Field	(JF)	Corporate Governance Officer, WHSSC

The Meeting opened at 1:30pm.

16.7

JC18/001 **Welcome, Introductions and Apologies**
The Chair opened the meeting and welcomed members. Apologies were noted as above.

JC18/002 **Declarations of Interest**
None declared.

JC18/003 **Accuracy of Minutes of the meetings held 29 January 2018**
Members reviewed and approved the minutes of the meeting held 29 January 2018 as a true and accurate record.

JC18/004 **Action Log**
Members reviewed the action log and noted the updates.

Matters Arising
There were no matters arising.

JC18/005 **Chair's Report**
Members received an oral update from the Chair noting the following key points:

Meeting with Cabinet Secretary for Health and Social Services
The Chair attended an appraisal meeting during which the discussion focussed around: Interventional Neuroradiology noting the potential realignment of specialised services to attract specialist clinicians and the need for a national solution; Thoracic Surgery and the impact of potential further delays to delivery; and acknowledgement of the improvements within Paediatric and Bariatric services.

Members resolved to:
- **Note** the update.

SHG joined the meeting at approx. 1.38pm.

JC18/006 **Report from the Managing Director**
Members received a report from the Managing Director providing an update on key issues arising since the last meeting.

Specialised Services Strategy
Members noted that a paper was being presented for discussion later in the meeting. The report provided an overview of the internal work being carried forward around organisational values and recognising the need for alignment between the values and strategy. Members were asked to support a 30 minute workshop at the end of the next Joint Committee meeting to hold a structured feedback session around strategy development.

Proton Beam Procurement
It was noted that there had been some publicity around the development of proton beam therapy centres in Manchester and London. It was anticipated that there would be significant costs savings against current providers based in Continental Europe and the USA. However, it was anticipated that this would be offset by an increase in demand where patients who met the criteria for treatment but were unable to travel overseas would be able to receive treatment in the UK in the future.

Members discussed the suitability of a provider based in Newport and it was noted that, at present, this service did not meet the required standards due to the majority of patients funded via WHSSC being children. It was noted that a phased approach would be taken to assess the centre's compliance with current standards and then consider whether they would be able to support the needs of the child with wider oncology support.

Thoracic Surgery Update
SL had attended a meeting with the Chief Officers and Chairs of the Community Health Care Councils who informally confirmed that they had agreed that a formal public consultation would be required as they felt that the proposed changes represented major service change. However, it was confirmed that, at this stage, there had been no formal request for consultation, rather an ongoing engagement process.

Autologous chondrocyte implantation using Chrondrosphere®
NICE published technology appraisal guidance TA508 on 7 March 2018 which recommended Chrondrosphere® as an option for treating symptomatic articular cartilage defects of the femoral condyle and patella of the knee (International Cartilage Repair Society grade III or IV) in adults. The WHSS Team was aware that individual Health Boards had commenced early stage negations in providing the treatment and it was suggested that an all Wales procurement approach be considered with delegation of commissioning to WHSSC of cell and gene therapies as a technique with a view to shared benefits.

Members discussed the need to explore this further within their respective Health Boards but welcomed the proposition and suggested that this be taken to Management Group for consideration.

Action: Refer consideration of all Wales procurement approach with delegation of commissioning to WHSSC to Management Group for cell and gene therapies.

16.7

WHSSC Escalation Process
Members were reminded of previous discussions around the governance arrangements and scrutiny of the WHSSC Escalation Process. It was noted that the Chief Operating Officer Peer Group had been approached and was keen to undertake this role. Members were informed that

WHSSC would be attending the meeting in April 2018 and it was anticipated that Escalation Process and cross border issues would be raised at the meeting. It was noted that quality processes would remain the same.

A question was asked about how the information on underperformance and quality issues was fed back to Health Boards. Members noted that the WHSS Team had plans for quality information to be integrated into the WHSSC Integrated Performance Report which was received on a regular basis by the Joint Committee and a more detailed version scrutinised by Management Group. Also, performance meetings were held with providers which addressed both performance and quality issues.

It was acknowledged that there was a need to ensure clinical input into the scrutiny process and that this would be considered following the first meeting with the Chief Operating Officers.

Members resolved to:

- **Note** the content of the report.

JC18/007 **Five-year Specialised Neurosciences Strategy**

Members received a report which provided members with a commissioning strategy for Specialised Neurosciences over the next five years.

Members were informed that, due to timing, the paper had not been considered by Management Group. It was acknowledged that further work may be required in order to finalise the document.

Members received an overview of the report noting that it built on the analysis of the service presented in May 2017. It was noted that the strategy focussed on four key questions, set out in section 3.0 of the report.

- In relation to the first question, members identified Neurosurgery as a core service with in the neuroscience portfolio for WHSSC, which should continue to be developed, recognising that there were issues within the current service but these were being reviewed and worked through by the WHSS Team with the provider.

- In response to question two it was noted that there were three key elements of the specialised neurosciences service that needed to be strengthened; Paediatric Neuroradiology, Adult Neurorehabilitation and Neuroradiology.

- In relation to question three which related to potential service redesign, recommissioning, incentivisation and investment, to focus more on the patient need and delivering the quadruple aims, it was noted that recommissioning in general was a key element of the

Integrated Commissioning Plan 2018-21. Themes identified within neurosciences included: stabilisation of neurorehabilitation; investment in spinal rehabilitation; paediatric neurology; and interventional neuroradiology. It was noted that longer term planning was required for these services, including an element of capital planning.

- The final question related to commissioning responsibilities and consideration of local, regional and national commissioning requirements. Members received an overview of the services which could potentially be commissioned at the different levels.

It was noted that the timescales for the strategy was set within three sections, 2018 focussed on stabilisation, 2018-20 service redesign and recommissioning, and 2020-23 deliver high standards and achieving high quality services. It was noted that areas of redesign would go through the ICP process with urgent coming to Joint Committee outside of the ICP process.

Members acknowledged the work undertaken to deliver the paper. Members felt that the paper did not present a clear strategy for neurosciences in Wales although did provide helpful information in relation to the wider service requirements. It was noted that Joint Committee members were committed to the development and delivery of services in Wales, but further work was required to identify that demand/capacity plans had been considered and whether the outline strategy was deliverable.

A discussion was held around the further development of the strategy and the expectation that it might contain a greater level of detail, population requirements, alignment with other services within pathways, looking at a longer term view, and understanding return on investment for those areas that appear to still have issues.

It was noted that there was already a level of detail available which could be used to broaden the strategy. It was recognised that it was important to connect the configuration of services within the pathway and as a whole, rather than looking at services individually.

Members suggested that the paper be supplemented with further information as discussed. This was then to be reviewed by Management Group prior to being brought back to the Joint Committee. It was noted that should WHSSC require assistance Health Boards could provide some supporting resource. It was further suggested that WHSSC liaise with the Neurosciences Implementation Group to align work streams.

16.7

Action: Paper to be supplemented and taken to Management Group for consideration prior to resubmission to the Joint Committee.

Members resolved to:

- **Note** the report.

JC18/008 **Neonatal Workforce Model: Progress Update**

Members received a report that provided an updated position on the issues relating to the Neonatal Intensive Care medical workforce planning across south Wales as requested in March 2017.

Members noted that there had been a successful overseas recruitment programme and the vacancy level had reduced. The challenges around recruitment were acknowledged, as was the need to ensure that the improved position was maintained and oversight of the workforce position continued. Members discussed the most appropriate 'group' to take responsibility for management of the workforce model. It was agreed that SL would write, on behalf of the Joint Committee, to the Neonatal Network requesting that they liaise with the directors of workforce to manage the workforce model for neonatal services.

Action: SL to write, on behalf of the Joint Committee, to the Neonatal Network requesting that they liaise with the directors of workforce to manage the workforce model for neonatal services.

Members resolved to:

- **Note** the updated workforce position on neonatal medical workforce planning issues across South Wales
- **Support** WHSS team in approaching the Neonatal Network to take over the management of the Workforce Model, in conjunction with the directors of workforce.

JC18/009 **High Cost Drugs**

It was reported that a paper summarising the policy tensions around high cost drugs and the introduction of new medicines within Wales had been developed and submitted to the NHS Wales Executive Team.

Members noted that a paper had been developed with support from Professor Dyfrig Hughes, Health Economist, Bangor University requesting support from Welsh Government to ensure that the All Wales Medicines Strategy Group (AWMSG) strategy addresses the policy divergence and that the Parliamentary Review was used to address the organisational arrangements which underpin the introduction and management of high cost new medicines.

Members noted that the WHSS Team had received feedback from AWMSG which confirmed that the suggested changes to the AWMSG strategy had not been included within the published version.

Specifically AWTTC had indicated that it would not take forward a review of historical decisions related to high cost drugs as it would then be required to complete this for all decision made prior to 2011. It was noted that revising past decisions was not within its remit.

Members discussed the historical conversations in relation to the agreed process for AWMSG to review indicators and review past decisions against new evidence bases where outcomes were different, impacting on outcomes for patients and justification of continuing spend. AW noted that she would review previous documentation around this subject area.

Action: AW to review historical documentation in relation AWMSG reviewing decisions when new evidence is made available.

It was noted that SL would be meeting with the Chief Medical Officer, Welsh Government in relation to the issues identified by WHSSC and an update would be provided to the Joint Committee.

Action: Update on high cost drugs to be provided to Joint Committee following meeting with CMO.

Members noted that there was no national procurement process in place for Wales, recognising that there was a strong basis for introducing this, as currently each Health Board develops its own manged access agreement.

Members resolved to:

- **Note** that a paper summarising the policy tensions within Wales regarding the introduction and management of high cost drugs has been submitted to the NHS Wales Executive Team.

JC18/010 **Thoracic Surgery: Implementation Plan Update**

Members received an update on actions taken in relation to the thoracic surgery review following the decisions made at the January meeting.

It was noted that the report detailed how the WHSS Team was moving forward with the work and specific requirements, as detailed in section 2.4. Members noted that the WHSS Team had written to both ABMUHB and CVUHB to clarify timescales and expectations.

The letter (provided at Annex (i)), in which timescales were provided for submission of the Implementation Plan to the Joint Committee at its May 2018 meeting, was discussed. It was noted that, due to these timescales, the Implementation Plan would not be reviewed by Management Group prior to presentation to Joint Committee. However, it was noted that the finance working group undertaking the value for money assessment shared membership with Management Group.

Members resolved to:

- **Note** the information presented within the report.

JC18/011 **Development of a Specialised Services Commissioning Strategy**
Members received the paper which provided a proposal for developing a specialised services commissioning strategy for Wales.

It was recognised that consideration would be required around the Parliamentary Review published in January 2018 which identified the value of a consolidated NHS Executive for Wales. It was noted that the WHSS Team had initiated internal work around values and coordinating with Health Boards.

The paper proposed an approach based around strategic questions focused on the elements of Prudent Healthcare as a framework, reviewing services currently commissioned by WHSSC, to establish whether this was the correct portfolio of services, and working with stakeholders to consider the questions raised.

It was recognised that there were challenges around public engagement and it was suggested that a wider more contextual approach be taken rather than specific technical engagement. This could be supported through the use of patient groups when considering which services should be commissioned by WHSSC. It was also suggested that clinicians be included in the process to create an overall sense of ownership of a strategy.

It was suggested that consideration should be made within the strategy to address the purpose of the main providers within Wales and how the centres could be best utilised with a more strategic approach to the whole system. Members noted that work had commenced within Health Boards around how providers could operate in a more collaborative, efficient way to deliver services rather than taking a competitive approach and therefore whether a two phased approach to the development of a specialised services strategy, aligned with national planning, to limit duplication of effort would be complimentary.

Overall members supported the approach set out recognising that further clarity was required around how this fits with the wider strategic direction of the Welsh NHS; ensuring that there is sufficient resource and skill to deliver a quality strategy; recognising regional differences; recognising the requirement for bespoke planning in areas such as north Wales and cross over with south Wales; and, being realistic around timescales for completion.

A further update would be presented to the Joint Committee in July 2018. **16.7**

Members resolved to:

- **Support** the proposed approach to developing a specialised services commissioning strategy for Wales

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

JC18/012 **Integrated Performance Report**

Members received the report which provided a summary of the performance of services commissioned by WHSSC for January 2018.

Members received a summary of the key areas to note including Child and Adolescent Mental Health Service (CAMHS), Paediatric Surgery, Bariatric Surgery and Plastic Surgery. Members noted that both Paediatric Intensive Care and CAMHS were in escalation at levels 2 and 4 respectively.

A question was raised around forecast outturn for referral to treatment and it was noted that the WHSS Team were reviewing this with the provider but performance against this had improved towards the end of January, not noted in the current report due to lack of available data.

Members resolved to:

- **Note** January 2018 performance and the action being undertaken to address areas of non-compliance.

JC18/013 **Financial Performance Report**

Members received the report which set out the estimated financial position for WHSSC for the eleventh month of 2017-18.

Members noted a year-to-date overspend pf £1.9m against budget, representing an overall adverse movement of £2.127m over the previous month. SD highlighted that within this position performance on Welsh providers had moved adversely by £2.581m which included increased contract activity in CVUHB and ABMUHB. SD expressed his concern regarding the increase of £0.540m in the high cost drug spend reported by Velindre related to melanoma drugs. This should be resource neutral to Health Boards overall as it corrected the allocation of drugs between Health Boards and WHSSC. WHSSC would follow up with Velindre to ensure its reporting mechanisms were fit for purpose.

It was noted that there remained material uncertainty regarding the risk of HRG4+ price increases proposed and reported by NHS England providers and their applicability to Wales. The costs relating to this were reported within the year to date position, however they had been excluded from the year end forecast for those providers who were overspending.

Members received an update in relation to sharing risk in 2017-18. It was noted that the distribution of financial risk was a matter for Health Boards and that as such they were able to vary how they share financial risk in respect of specialised services by agreement via the WHSSC financial process. The report included such agreements in the reserves

section. The WHSS Team would continue to work closely with Health Boards in month 12 regarding any further requirements.

Members resolved to:

- **Note** the current financial position and forecast year-end position.
- **Note** the residual risks for the year including the HRG4+ risk.

JC18/014 **Reports from the Joint Sub-Committees**

All Wales Individual Patient Funding Request Panel
Members received and noted the report of the meeting held 28 February 2018.

Welsh Renal Clinical Network
Members received and noted the report of the meeting held 5 February 2018.

JC18/015 **Date and Time of Next Meeting**
It was confirmed that the next Meeting of the Joint Committee would be held on 15 May 2018 at Health and Care Research Wales, Castlebridge 4, 15-19 Cowbridge Rd East, Cardiff, CF11 9AB at 9.30am

The public meeting concluded at 3.15pm

Chair's Signature: .....

Date: .....

CONFIRMED MINUTES OF THE FINANCE COMMITTEE

HELD ON 28th FEBRUARY 2018

LARGE MEETING ROOM, HQ, UHW

Present:

John Union	Chair (Finance Committee)
Bob Chadwick	Executive Director of Finance
Abigail Harris	Director of Planning
Martin Driscoll	Director of Workforce
Charles Janczewski	Vice Chair
Andrew Gough	Assistant Director of Finance (Transformation & Planning)
Christopher Lewis	Deputy Director of Finance

In Attendance:

Secretariat:

Paul Emmerson	Finance Manager

FC – 18/160 WELCOME AND PURPOSE OF THE COMMITTEE

The Chair welcomed everyone to the meeting.

FC – 18/161 APOLOGIES FOR ABSENCE

Apologies were received from John Antoniazzi, Maria Battle, Ruth Walker, Len Richards, Sharon Hopkins and Steve Curry.

FC – 18/162 DECLARATIONS OF INTEREST

The Chair invited members to declare any interests in proceedings on the Agenda.

Charles Janczewski indicated that he had been appointed to Chair a WHSCC sub-committee and declared an interest in discussions in respect of WHSCC.

FC – 18/163 MINUTES OF THE FINANCE COMMITTEE HELD ON 3RD JANUARY 2018

The Committee **RECEIVED** and **APPROVED** minutes of the meeting held on 24th JANUARY 2018.

16.8

FC - 18/164 ACTION LOG FOLLOWING THE LAST MEETING

No Actions were outstanding.

FC - 18/165 FINANCIAL PLANS 2018/19 to 2020/21

The Director of Finance provided the Committee with an update on recent discussions with Welsh Government and progress on the plan since the last meeting. It was confirmed that the UHB Financial Plan was submitted to Welsh Government at the end of January 2017 and was consistent with the financial plan presentation and draft IMTP section that was deliberated at the Finance Committee meeting on the 24th January. As discussed at the meeting of the 24th January the submitted UHB plan sought additional Welsh Government funding of £4.5m to support annual population growth and £11m additional support in 2018/19, a further £4.5m to support annual population growth and £11m additional support in 2019/20 and a further £4.5m to support annual population growth was sought in 2020/21. The Director of Finance reminded the Committee that the additional funding would enable the UHB to improve its capacity planning, return to a sustainable financial balance in year 3 of the plan and be a fully compliant organisation.

The Committee was informed by the Director of Finance that following the submission of the plan, Welsh Government had asked the UHB to remove the assumed additional Welsh Government funding of £4.5m to support annual population growth and £11m additional support where included within the plan. As a consequence the UHB had amended its planning figures and resubmitted a plan that identified a deficit of £30.7m in year 2018/19.

The removal of the support from Welsh Government results in the UHB not getting back to a financial balance over a 3 year period and not being a compliant organization.

The Director of Planning added that the request for funding in support of population growth was based upon UHB estimates of the additional year on year costs and that the UHB had previously provided Welsh Government with evidence of the impact that population growth had had on the demand for UHB services. The letter on population growth is being circulated to members of the Board.

ACTION: DIRECTOR OF FINANCE

The UHB had a Targeted Intervention meeting scheduled with Welsh Government on the coming Friday March 2nd and the Director of Finance indicated that the UHB expected Welsh Government to once again focus on the £49m underlying recurrent deficit that the UHB had identified as the baseline within the Financial Plan. The Director of Finance reminded the Committee that the previous meeting was advised that the UHB and Welsh Government were discussing the level of underlying recurrent deficit that the UHB had identified as being carried forward into 2018/19 and that agreement of the level of underlying recurrent deficit moving into 2018/19

was a key assumption within the UHB's plan. The Director of Finance informed the Committee that the discussions with Welsh Government around the UHB's underlying recurrent deficit had been taking place over the last 2 years and added that Board members had previously been provided with correspondence from the UHB to Welsh Government outlining the causes of the UHB's £54.5m underlying recurrent deficit coming into 2017/18. The Committee was informed that Welsh Government had recently notified the UHB that it wished to meet with UHB senior finance officers to scrutinize the UHB's underlying recurrent deficit and that Welsh Government had also asked the UHB to identify within the next iteration of the plan how the constituent parts of the Underlying Recurrent Deficit related to the service offering. The Director of Finance advised that the investments within the Underlying Recurrent Deficit had been identified and were not without merit and related to performance, safety, statutory and population growth issues.

The Director of Finance told the Committee that Welsh Government had questioned the UHB movement from a forecast deficit of £26.9m in 201718 to an underlying recurrent deficit of £49m going into 2018/19 on the basis that the non-recurrent issues that occurred in 2017/18 would tend to happen every year in a £1.3billion organisation. The Committee agreed that non recurrent opportunities would present themselves on an annual basis and that this was to some extent reflected in the non recurrent CRP targets. The Finance Committee Chair indicated that the proceeds of the sale of CRI provided significant support to the UHB's 2017/18 position and suggested that such significant opportunities were unlikely to occur on an annual basis. In this context the Finance Committee Chair (JU) asked for a bridge diagram outlining the movement from the 2017/18 forecast deficit of £26.9m to the £49m to be provided to the Finance Committee.

ACTION: DEPUTY DIRECTOR OF FINANCE

The Director of Finance continued and indicated that the UHB had provided Welsh Government with its normalised run rates which supported the £49m underlying deficit folding into 2016/17. Normalised run rates exclude one off income and expenditure and the concept was explored in an article by the Nuffield Trust which considered underlying deficits held by Trusts in England. It was agreed that the article would be distributed to Finance Committee Members

ACTION: DIRECTOR OF FINANCE

The UHB Vice chair (CJ) queried whether Welsh Government expected the UHB to present a plan which identified a lower forecast deficit in 2018/19 on the basis that additional risk would need to be managed by the UHB in the delivery of the plan.

The Director of Finance indicated that the endpoint of discussions was uncertain at this stage and that the UHB remained engaged with Welsh Government in the development of the plan through the established IMTP process. In the context of the plan to be presented to the March Board meeting, the Board would continue to be

fully sighted and apprised of any additional risks that the UHB would be expected to manage in respect of both the underlying recurrent deficit moving into 2018/19 and the effect of population growth on the demand for UHB services. The Director of Finance added that it was important in the meantime for the UHB to retain the discipline that had been established and embedded in the organisation in respect budget management and the identification and delivery of recurrent and non recurrent CIPs.

The Vice Chair (CJ) asked what levers the UHB would have to redirect resources to Primary Care if the UHB plan identified significant levels of risk to be managed in year. The Director of Planning indicated that Welsh Government had announced a Transformation Fund that could possibly be accessed to target the development of primary care although it was uncertain whether funding would be available on a recurrent basis.

In response to a query raised by the Committee Chair (JU) the Committee was informed that the position across Wales varied by Health Board. The Committee was informed that the UHB had communicated a consistent message to both the Board and Welsh Government in respect of the UHBs significant underlying recurrent deficit and the pressure presented by the relatively high level of population growth in Cardiff and Vale. The Committee also noted that the structural opportunities to cut costs through the rationalization of services that were present in other parts of Wales were in comparison limited within the UHB.

The Director of Finance advised the Committee that the outcome of further discussion with Welsh Government would be brought back to the next Finance Committee Meeting, but assured the Finance Committee that an agreed plan which is deliverable is essential and the risks associated with any such plans would be shared with the Finance Committee and the Board.

ACTION: DIRECTOR OF FINANCE

The Finance Committee:

- **NOTED** the work completed on the plan to date and the draft IMTP Finance section.

FC - 18/166 FINANCE REPORT AS AT MONTH 10

The Deputy Director of Finance presented the UHB's financial performance to month 10 and directed the Committee to the key messages identified the opening section of the report under the heading "Situation". The month 10 position was nearly £1.5m better than planned and the UHB had re-assessed its year-end forecast which had consequently improved by £4m to a deficit of £26.9m. The improvement was within the range indicated to the previous Committee meeting and was also within the

range of potential improvements identified within the UHB's month 9 report to Welsh Government.

The Committee was informed by the Deputy Director of Finance that the £4m improvement was due to £1.8m non recurrent underspend against delegated budgets, clarification by the Welsh Risk Pool (WRP) of a £1m recurrent reduction to the UHB's annual contribution and a £1.2m recurrent surplus on the UHB's Hepatitis C drugs budget. In addition the risk associated with the estimated £2.7m backdated NHS Funded nursing costs (FNC) costs had been accommodated within the forecast outturn due to a revised NICE drugs forecast from Velindre Trust, an upturn in expected income in relation to RTA and patient related income and the management of opportunities in central budgets. Following a query from the Director of Workforce it was confirmed that the costs of FNC were likely to be reflected in the 2017/18 accounts through either an accrual or provision at year end.

The in month income surplus was primarily due to the over-performance against Neo natal ICU activity and RTAs in month. Cumulative performance against income targets remained favourable. Pay budgets showed a year to date a favourable in month performance in part due to the receipt and application of Welsh Government Invest to save funding against nursing budgets in Surgery.

The in month overspend against non pay was primarily due to the contribution to the stretch target. It was noted that the risk in respect of NCSO drugs had again reduced in month. Following a query (CJ) in respect of progress in recovering additional in year costs of neuro-interventional radiology the Director of Finance indicated that he had met with WHSCC to discuss additional income for the costs and that an agreement had been reached where WHSCC would cover 50% of the additional costs. In response to a query (JU) it was confirmed that the principle would extend into next year although it was not expected that significant additional cost for neuro-interventional radiology would roll into 2018/19.

All Clinical Boards bar CD&T remained on track to deliver balanced year end budget and the clinical boards that were currently in deficit had reported an in month surplus.

The Deputy Director of Finance referred the Committee to table 13 of the report which indicated that the UHBs underlying financial position had fallen in month and now stood at £52.3m and added that the level of underlying recurrent deficit remained the key financial concern for the UHB.

The Committee was informed that due to the £4m reduction to the UHB forecast deficit in January the level of strategic cash assistance required by the UHB has also fallen by £4m from that previously requested.

On a related point the Committee was informed that the UHB expected the £4m resource made available through the reduction in the 2017/18 forecast to be re-

provided to the UHB by Welsh Government in 2018/19.

The Deputy Director of Finance outlined the key concerns and remedial actions around budget overspends, financial risks and the underlying recurrent deficit to the Committee and noted that there had been a continuing in month improvement in the areas of concern.

The UHB's vice chair (CJ) referred the Committee to the in month Public Sector Payment compliance score and asked if the performance which was below the 95% target represented an increasing risk. The Deputy Director of Finance indicated that cumulative performance had improved in each of the previous 4 months prior to January and that the dip in January was due to a slowdown in payments over Christmas that was expected to recover in the New Year.

Following a query (CJ) the Committee was assured by the Director of Finance that there would be no ease up in the governance and control of budgets in the remainder of the year given that the UHB had reduced its forecast deficit.

LIMITED ASSURANCE was provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 10 position which is £1.492m less than 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;
- **NOTED** that the UHB had reduced its forecast year end deficit by £4m on month to £26.900m;
- **NOTED** the £24.258m deficit at month 10 which includes a planning deficit of £25.750m and budget underspends of (£1.452m);
- **NOTED** that the UHB has written to Welsh Government to confirm a reduction to the cash assistance required by the UHB in line with the reduction the forecast year end deficit;

FC - 18/167 FINANCIAL GOVERNANCE REVIEW PROGRESS REPORT

16.8

The Deputy Director of Finance outlined the UHB's response to the review of Financial Governance undertaken by Deloittes LLP. The report identified 22 key findings and recommendations against which the Finance Committee had been asked to monitor progress. Three further actions had been completed since the last report to the Finance Committee in November and in total 12 of the recommendations had been completed, a further 10 were in progress and all recommendations were expected to be completed by the end of April. The Chair (JU) enquired how compliance against actions was tested. The Deputy Director of Finance indicated that Internal Audit had reviewed action against recommendations and provided assurance to the Audit Committee. The UHB Vice Chair (CJ) asked when a final report could be brought back to the Committee and it was agreed that a final report should be brought back to the May meeting

ACTION: Deputy Director of Finance

ASSURANCE was provided by:

- The independent review of the UHBs financial governance.
- The action plan prepared to address the reports key finding and recommendations agreed by the Board at its September 2017 Board meeting.
- The monitoring of progress being made against the action plan by the Finance Committee.

The Finance Committee:

- **NOTED** the progress against the action plan;
- **AGREED** that assurance could be provided to the Board on the action being taken and progress being made.

FC - 18/168 COST REDUCTION PROGRAMME

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

- As at 31st January 2018 the UHB remained on track to deliver the 2017/18 savings programme and the focus had now turned to 2018/19.

- As of the 28th of February 2018, £12.7m (c 1.5%) opportunities have been identified as Green or Amber. This was an update on the figures provided with the papers.

- The opportunities identified varied across Clinical Boards with 3 Clinical Boards having identified approximately 2.5% CRP opportunities.

Following a query from the Committee Chair (JU) it was confirmed that the Dental, Corporate Executives and Medicine Clinical Boards had not at this stage identified a significant level of 2018/19 opportunities.

In response to a further query from the Committee Chair (JU) the Director of Finance confirmed that those Clinical Boards that continuing to lag behind in the identification of opportunities would be put into escalation. It was noted that the potential to reward Clinical Boards that were delivering through capital investment etc. was currently limited. In addition the Director of Finance expressed his concern at the relatively low level of red opportunities currently identified.

The UHB's Vice Chair (CJ) noted that the UHB had not reached its 2017/18 transformation target and asked what progress was being made on the wider transformation agenda. The Director of Finance confirmed that the Chief Executive was discussing this issue with Executives and that there was progress on the structures being put in place to enable the acceleration of the transformation agenda.

The Finance Committee:

- **NOTED** the progress against the 2017/18 CRP target and the Cross Cutting contribution**.**
- **NOTED** the progress against the 2018/19 CRP target.

FC - 18/169 RISK REGISTER

The Assistant Director of Finance (Transformation & Planning) presented the risk register to the Finance Committee and highlighted the number of risks in each category.

The Committee was asked to endorse the removal of FNC Supreme court ruling risks from the risk register.

The Finance Committee:

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

FC - 18/170 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES

No other items to bring to the main Board.

FC - 18/171 DATE AND TIME OF NEXT MEETING

Wednesday 28th March; 2.00pm; Large Meeting Room, HQ, UHW

CONFIRMED MINUTES OF THE FINANCE COMMITTEE

HELD ON 28th MARCH 2018

LARGE MEETING ROOM, HQ, UHW

Present:

John Union	Chair (Finance Committee)
Bob Chadwick	Executive Director of Finance
Steve Curry	Director of Operations
Len Richards	Chief Executive
Charles Janczewski	Vice Chair
Andrew Gough	Assistant Director of Finance (Transformation & Planning)
Christopher Lewis	Deputy Director of Finance

In Attendance:

Secretariat:

Paul Emmerson	Finance Manager

FC – 18/172 WELCOME AND PURPOSE OF THE COMMITTEE

The Chair welcomed everyone to the meeting.

FC – 18/173 APOLOGIES FOR ABSENCE

Apologies were received from John Antoniazzi, Maria Battle, Ruth Walker, Martin Driscoll, Sharon Hopkins and Abigail Harris.

FC – 18/174 DECLARATIONS OF INTEREST

The Chair invited members to declare any interests in proceedings on the Agenda.

The UHB Vice Chair (CJ) indicated that he had been appointed to Chair a WHSCC sub-committee and declared an interest in discussions in respect of WHSCC.

FC – 18/175 MINUTES OF THE FINANCE COMMITTEE HELD ON 28th FEBRUARY 2018

The Committee **RECEIVED** and **APPROVED** minutes of the meeting held on 28th FEBRUARY 2018.

16.8

FC - 18/176 ACTION LOG FOLLOWING THE LAST MEETING

The Committee **RECEIVED** the Action Log from the meeting of 28th February 2018 and NOTED the following:

FC 18/165 – The letter to Welsh Government on population growth with evidence of the impact that population growth has had on the demand for UHB services was circulated to members of the Board on March 1st 2018.

FC 18/165 – A bridge diagram outlining the movement from the 2017/18 forecast deficit of £26.9m to the £49m underlying recurrent deficit c/f to 2017/18 was included on the agenda of the current meeting.

FC 18/165 – An article by the Nuffield Trust on normalised run rates had been distributed with the Finance Committee papers for the current meeting.

FC 18/165 – Outcome of further discussions with Welsh Government on the Financial Plan was included on the agenda of the current Finance Committee Meeting.

FC 18/167 – Final Financial Governance Review Progress Report to be brought back to the May meeting – incomplete – scheduled for May 2018 meeting

FC - 18/177 FINANCIAL PLANS 2018/19 to 2020/21

The Deputy Director of Finance provided the Committee with a presentation on discussions with Welsh Government (WG) and progress on the plan since the last meeting.

The Committee was reminded that the objectives of the UHB's Financial Strategy and Framework were to achieve WG approval of the Financial Plan, to improve the UHB's underlying financial position in 2018/19 and to return to financial balance as soon as practically possible. All Primary Budget holders are required to produce a balanced financial plan which is integrated with service and workforce plans. The key facilitators underpinning the plan were outlined as the management of budgets to break even; the capping of investments; delivery of the savings programme; maximising the UHB's allocation; securing the c/f 2017/18 underspend in 2018/19 and the management of population growth pressures.

In response to a query from the committee Chair (JU) The Deputy Director of Finance confirmed that 2018/19 Clinical Board budgets included CRP targets.

The presentation covered the key underlying budget assumptions and the following were noted:

- No funding for operational pressures (but pressures to be set out with proposals to manage them through cost avoidance or application of an additional CIP target).
- Unachieved CIP to be carried forward.
- Wage award & NICE drugs to be funded.
- No funding for incremental drift & no funding for non pay inflation unless for specific contractual obligations.
- Growth for CHC and prescribing to be curtailed.
- Investments curtailed to the absolute minimum.
- Budget provision set aside for population growth
- Any growth for RTT will be subject to a bid to Welsh Government.
- 3% recurrent and 1% non recurrent CIP to be applied.

In response to a query from the UHB Vice Chair (CJ) in respect of the recent announcement on the NHS wage increase, the Committee was informed by the Director of Finance that Welsh Government had set up a working group to look at the implications and that the UHB plan assumed that any additional costs would be covered by additional Welsh Government funding.

The Deputy Director of Finance continued and outlined the £7.3m net movements in the Draft 2018/19 Financial Plan resulting in an increase in the 2018/19 deficit from £21.9m to £29.2m as follows:

- Cost pressures had fallen by £2.2m for a reduction in NHS Funded nursing care costs;
- Cost pressures due to population growth and investment had each fallen by £1m for a reduction in RTT;
- £15.5m of additional funding had been removed;
- The £4m non recurrent underspend against the 2017/18 planned deficit was assumed to be available in 2018/19.

The UHB vice chair asked if the UHBs revisions had been accepted by Welsh Government. It was confirmed that the reduction in NHS funded nursing care costs was supported by the recognition of a backdated liability and a provision in the UHB's 2017/18 accounts which was backed by additional Welsh Government funding. The reduction in RTT costs was made on the assumption that the UHB would progress further discussions with Welsh Government on performance improvement and that further Welsh Government funding would be subject to a future UHB bid. The assumptions around the removal of additional funding and the carry forward of the 2017/18 reduction in the forecast deficit would be underlined in the scheduled targeted intervention meeting with Welsh Government following the Finance Committee.

The Deputy Director of Finance moved onto present to bridge diagrams showing the movement from the 2017/18 financial position to the £49m underlying deficit moving into 2018/19. The movement from £26.9m 2017/18 forecast deficit to the

underlying deficit of £49m was due to £16.2m of non recurrent savings and the £5.9m non recurrent profit made on the sale of CRI in 2017/18. The movement from £30.9m 2017/18 planned deficit to the underlying deficit of £49m was due to the £7.867m shortfall on the recurrent delivery of the 2017/18 transformational and stretch target, the £4.333m non recurrent savings target in the 2017/18 plan and the £5.900m non recurrent profit made on the sale of CRI in 2017/18. It was noted that the UHB needed to identify a further £2.4m recurrent savings in month 11 to move the underlying deficit from the £51.4m to the £49m assumed in the 2018/19.

The Chief Executive indicated that Welsh Government recognition of the UHBs £49m underlying deficit was key to the progression of the UHB's forward financial plan. The Director of Finance added that the establishment a normalized position by adding back fortuitous gains and non recurrent income and expenditure was a recognized approach across a number of business sectors and that the provision of a monthly update on the underlying deficit would be a formal Welsh Government reporting requirement for all Health Boards in Wales in 2018/19.

The UHB's Vice Chair asked what was considered to be a realistic timescale for the removal of the UHB's underlying deficit. The Chief Executive indicated that once an agreement was reached in respect of the 2018/19 plan, the UHB would seek Welsh Government recognition of the impact of higher levels of population growth within the Cardiff and Vale area and the subsequent effect on funding per head of population in comparison with the rest of Wales. The outcome of the discussions would shape both the timing and scale of plans to move the UHB back into recurrent financial balance.

The Committee was informed that £31.105m of costs pressures were funded as part of the plan which left a further £12.794m of risks to be managed by budget holders. The unfunded cost pressures would be monitored through the 2018-19 Risk Register.

ACTION: ASSISTANT DIRECTOR OF FINANCE (TRANSFORMATION & PLANNING)

The list of investment under consideration totalled £3.560m which was £0.260m higher than the planning figure. A number of the investments were still be progressed through the UHB's established Business Case process and it was expected that 2018/19 investments would be held within the £3.3m set aside in the Financial Plan.

The presentation moved on to the £33.780m 2018/19 CIP target and the Committee was advised that £16.1m of green and amber schemes had been identified at the time of the meeting. The UHB Vice Chair (CJ) asked what level of schemes would the UHB need to identify by the start of the year so that it could gain a reasonable level of assurance that the CIP target would be delivered in year. The Director of Finance indicated that ideally at least 80% of the target would be identified by the

end of March and at least 90% of the target would be identified by the end of April to provide a reasonable level of confidence around deliverability in 2018/19 and the Director of Operations added that escalation meetings were scheduled to help Clinical Boards reach targets where there was a shortfall in saving schemes. The Chief Executive told the Committee that non recurrent savings would be expected to offset any slippage against recurrent targets.

The Deputy Director of Finance advised the Committee that the key financial risks to the plan were securing operational plan approval, achievement of the £33.8m efficiency plan target and management of the £12.8m unfunded cost pressures. The Director of Finance added that the cost of managing RTT was also a financial risk to the UHB and the Chief Executive notified the Committee that the UHB had written to and asked Welsh Government to clarify if it expected the UHB to continue to spend monies to maintain and improve current performance levels in lieu of Welsh Government approval of the UHB's bid for Performance monies. The committee agreed that confirmation of RTT funding should be added to the risk register.

ACTION: ASSISTANT DIRECTOR OF FINANCE (TRANSFORMATION & PLANNING)

The Director of Finance confirmed that the UHB had a targeted intervention meeting with Welsh Government following the Finance Committee and suggested that the Welsh Government would challenge the UHB to reduce its 2018/19 planned deficit to a figure lower than £29.2m. In this context and in the light of recommendations from the Deloitte Governance Report this was an issue that the UHB and its Board would need to consider further. The Director of Finance added that given that the UHB still had some way to go to reach the current savings target of £33.780m that it was unclear what reasonable options were available to the UHB to reduce the planned 2018/19 deficit of £29.2m.

The Finance Committee Chair asked whether any new issues were due for discussion at the Targeted Intervention meeting. The Chief Executive told the Committee that the UHB's Finance Team had already met with Welsh Government Officer to detail the drivers behind the UHB's underlying deficit and that an update on progress on developing 2018/19 CIP schemes would be provided at the meeting. The UHB also hoped that the meeting would provide the UHB with some clarification on access to the £60m All Wales Transformation fund and how the UHB should manage RTT in lieu of confirmation of additional funding. Feedback from Welsh Government in respect of the 2018/19 plan would be provided to the Board meeting the following day on 29th March 2018.

The Committee agreed that the current 2018/19 4% savings target demonstrated the plans ambition and was at the limit of what was achievable. In addition the Committee agreed that the UHB plan needed to strike a balance between financial risk and the risk to healthcare services provided to the population of Cardiff and the Vale as well as service users from other Health Boards. In this context it was

imperative that the additional risk of delivering a planned deficit below £29.2m was discussed at Board and shared with Welsh Government.

The Finance Committee:

- **NOTED** the work completed on the plan to date and that a further update would be provided to the Board following the Targeted Intervention Meeting with Welsh Government.

FC - 18/178 FINANCIAL BRIDGE – FINANCIAL POSITION TO NORMALIZED FINANCIAL POSITION

The Deputy Director of Finance briefed the Committee on the how the UHB had moved from a reported underspend of £0.1m in 2015/16 to brought forward underlying deficit of £49.0m moving into 2018/19. It was confirmed that the 2015/16 had been achieved after the receipt of £26.5m non recurrent funding from Welsh Government.

The Committee was informed that the accumulated deficit represented both plans to operate outside of the resources available and the non-delivery of financial plans. Some of the financial drivers for this had been:

- Non delivery of recurrent CIPs as set out in plans (which underpinned recurrent spending decisions) and reliance on non-recurring opportunities;
- Operational pressures outside of plan which have not been managed;
- Funding for growth and delivery of planned care, unplanned care and other targets above the resources available;
- Other Investments and cost pressures where funding was applied have added to the underlying deficit.

The Deputy Director of Finance told the Committee that the UHB has recognised these weaknesses in its 2017/18 financial plan aims to:

- Focus on the achievement of the recurrent CIP target;
- Ensure cost pressures are managed;
- Limit investment to those areas that are unavoidable and essential;
- Deliver an in year improved financial position;
- Reduce the c/f underlying deficit.

The UHB's Vice Chair noted that the fall in 2018/19 planned investments from £19.6m in 2016/17 to £3.3m in 2018/19 was a significant decrease that provided assurance that the UHB financial plans now had a greater focus on addressing the UHB's underlying deficit.

It was noted that the two key reasons why the normalised underlying financial position is greater than the planned and forecast outturn position for 2017/18 are:

- The UHB financial plan contained non recurrent mitigating actions of £10.2m (sale of west wing and non-recurrent CIP);
- When the UHB agreed the £15m stretch target, the UHB did not have any plan to deliver this and whist this has not only been achieved but exceeded, only £7.1m of the schemes to deliver this have been recurrent (therefore £11.9m is non recurrent).

ASSURANCE was provided by:

- Clarity of the trail between the outturn position in 2015/16 and the c/f underlying deficit in 2017/18.

The Finance Committee:

- **NOTED** the financial trail to the forecast outturn position and the normalized underlying deficit from 2015/16;
- **NOTED** the movement between reported and normalized underlying position in 2017/18.

FC - 18/179 FINANCE REPORT AS AT MONTH 11

The Deputy Director of Finance presented the UHB's financial performance to month 11 and advised the Committee that the UHB remained on course to deliver the forecast year end deficit of £26.9m. The month 11 position was a deficit of £25.5m which was £1.3m better than planned and the UHB required a budget underspend of c £1.2m against plan in month 12 to bring the year end position within the forecast deficit.

The Committee Chair queried whether the UHB had plans to address the £5.5m overspend that was reported against non-qualified nursing bank staff. The Chief Executive confirmed that the UHB's Director of Workforce was working with the Director of Nursing to develop ways of improving both the recruitment and retention of staff to fill nursing vacancies and reduce reliance on both bank and agency staff. However the level of nursing vacancies remained a concern particularly in Medicine and it was noted the Nurse Staffing Act which been recognised as an area for UHB investment would add to the challenge in 2018/19. The Director of Operations indicated that ICU were increasingly focussing on the retention of staff in order to reduce the reliance on bank and agency.

The UHB Vice Chair noted the in month and cumulative overspend against clinical services and supplies and asked for some assurance that the UHB has adequate control over this area of spend. The Director of Operations indicated that the spend was in part subject to variation in activity delivered to meet performance targets. The Committee agreed that the drivers of this overspend should be reported back to the Committee in more detail.

ACTION: DEPUTY DIRECTOR OF FINANCE

The UHB Vice Chair also noted the in month pressure arising from the increased demand for CAMHS Tier 4 services and the Committee agreed that further information should be provided on the pressure to the next meeting

ACTION: DEPUTY DIRECTOR OF FINANCE

LIMITED ASSURANCE was provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 11 position which is £2.823m less than 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;
- **NOTED** that the UHB has reduced its forecast year end deficit by £4m in month to £26.900m;
- **NOTED** the £25.502m deficit at month 11 which includes a planning deficit of £28.325m and budget underspends of (£2.823m);
- **NOTED** that the UHB has written to Welsh Government to confirm a reduction to the cash assistance required by the UHB in line with the reduction the forecast year end deficit.

FC - 18/180 COST REDUCTION PROGRAMME

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

- The focus of the savings programme and had now turned to 2018/19 and 16.18m savings which included £13.9m of recurrent opportunities had been identified to date.

- To support the delivery of Cardiff and Vale University Health Board's (UHB) cost reduction programme for FY 18-19, cross cutting projects in medical productivity, medicines management, nursing productivity, procurement, workforce productivity and efficiency opportunities had been identified and targeted with delivering £10.5m of indicative savings.

- As at 28th February 2018, £39.001m of opportunities had been identified as Green or Amber against the total 2018/19 savings target of £35.001m.

The Director of Finance advised the committee that £15.6m of 2017/18 corporate savings schemes that had been identified against the stretch target included non recurrent opportunities in respect of disposals, VAT refunds and underspends against in year funding. It was anticipated that any stretch target savings made in 2018/19 would be reported separately from the planned CIP savings. This differed from the approach adopted in 2017/18.

The Finance Committee:

- **NOTED** the progress against the 2017/18 CRP target and the Cross Cutting contribution**.**
- **NOTED** the progress against the 2018/19 CRP target and the Cross Cutting contribution.

FC - 18/181 RISK REGISTER

The Assistant Director of Finance (Transformation & Planning) presented the risk register to the Finance Committee and highlighted the number of risks in each category.

The Committee was asked to endorse the removal of the following risks from the risk register:

- Deliver RTT with planned resources
- Deliver Winter within planned resources
- Drugs dispensed in primary care NCSO

It was agreed that a draft of the 2018/19 Risk Register would be brought to the next meeting

ACTION: ASSISTANT DIRECTOR OF FINANCE (TRANSFORMATION & PLANNING)

The Finance Committee:

- **NOTED** the risks highlighted within the risk register.
- **ENDORSED** the removal of risks from the register where optimum controls are in place.

FC - 18/182 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES

No other items to bring to the main Board.

FC - 18/183 DATE AND TIME OF NEXT MEETING

Wednesday 25th April; 2.00pm; Large Meeting Room, HQ, UHW

PRIVATE MEETING OF THE BOARD

31 MAY 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 29th March 2018	*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 8.1 8.2	Contracts for Approval • New Dental Practice Within North Cardiff • Hospice at Home	*Director of Corporate Governance*
PART 3: MINUTES FROM PRIVATE COMMITTEES FOR INFORMATION ONLY		
9 .1 .2 .3 .4	Audit Committee - February Quality Safety and Experience – April South Central & East Regional Planning & Delivery Forum – April WHSSC Joint Committee - March	*J Antoniazzi* *S Elsmore* *M Battle* *L Richards*
PART 4: FINAL - CLOSURE AND FUTURE MEETINGS		
11	Review of the Meeting	Oral
12	Date of the next meeting : Thursday 26th July 2018	

WINTER REVIEW 2017/18

Executive Lead: Chief Operating Officer
Author: Graduate Management Trainee, Operations. Ext. 41269
Caring for People, Keeping People Well: Planning for winter pressures is a key operational aspect of the objectives and values set out in the Health Board's strategy. In particular, it aims to ensure services are sustainable, safe and effective.
Financial impact: The financial allocation for the 2017/18 winter plan was £1.5m. Additional funding was received from Welsh Government in January.
Quality, Safety, Patient Experience impact: Winter planning is important in preparation for Unscheduled Care pressures. Its primary purpose is to build resilience to ensure safe and timely access to services throughout the winter, thereby maintaining the quality of services and patient experience.
Health and Care Standard Number: 2.1 CRAF Reference Number: 5.1.2
Equality Impact Assessment Completed: Yes

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- A review of 2017-18 Winter has been undertaken – using a national winter planning review format used by the Welsh Government Delivery Unit
- The review has been undertaken in conjunction with our partners and on a whole system basis
- The learning from the 2017-18 review will be used to inform the development of the 2018-19 Integrated Winter Plan

The Board is asked to:

- **CONSIDER** the report in regard to the winter of 2017/18.
- **NOTE** the learning points identified for future winter plans.

SITUATION

Over the recent winter period the NHS across the UK has experienced exceptionally high levels of demand on its services. In common with other Health Boards, Cardiff and Vale UHB has experienced significant unscheduled care winter pressures in 2017/18. This briefing summarises some of the key activity and performance measures for the winter period comparing them to previous years. The intention is to review and learn from this winter to inform the development of a plan for 2018/19.

BACKGROUND

There are a number of challenges in meeting high levels of demand, especially during winter months where many of the patients who require care, treatment and support have increasingly complex needs and acuity. The most significant issue is not always the numbers of people presenting at emergency departments but the complexity and severity of conditions of those admitted, the ability to transfer patients safely from hospital to their place of residence and to prevent readmission.

Seasonal unscheduled care pressures are well documented and the Welsh Government routinely requires Health Boards to develop plans for dealing with them. There is also a requirement that such plans are integrated, through collaboration with key partners including Social Services, WAST and the third sector.

Cardiff and Vale UHB co-ordinated the development of several schemes to reduce winter pressures in 2017/18; to improve quality and safety and minimise the risk to patients. Some of the schemes introduced include increasing GP OOH capacity, opening additional bed capacity in secondary care and in the community, commissioning additional EU sessions at peak times and molecular rapid point of care flu testing.

Improving flow through the hospital was supported by increasing ‘front door’ decision maker capacity, commissioning additional SAU beds overnight, employing additional support for the transfer team, extending the opening hours of the discharge lounge, securing additional site management during peak periods and commissioning a specific medical outlier team. The integrated plan was shared with and reviewed by Welsh Government.

The scale and complexity of the unscheduled care system can make it difficult to attribute cause and effect with certainty. System drivers can range from social services capacity and housing constraints to patient acuity factors and hospital bed availability.

To review key activity over the winter period, activity and performance measures have been collated. For ease of comparison to winter 2016/17 and winter 2015/16, these have been summarised in table format. This summary is not intended as an exhaustive review of every aspect of the unscheduled care system, but it follows a national winter planning review format used by Welsh Government Delivery Unit.

Table 1, below, provides an overview of year-on-year changes in key winter activity and performance measures. It compares last winter to the two previous winters.

ASSESSMENT

Key activity and performance measures are outlined below in tables 1 and 2:

Table 1 – Comparison of CAV Winter **Activity** 2015/16 to 2017/18 (October to March)

Measure	Direction of year-on-year movement (2016/17)	Quantification	Direction of year-on-year movement (2015/16)	Quantification	Appendix Number
GPOOH Call Volumes	↑	4% higher	↓	9% lower	1
Ambulance Conveyance	↓	12% lower	↓	10% lower	5
EU Attendances	↑	3% higher	↑	3% higher	6
Medicine Admissions	↑	1% higher	↓	4% lower	7
Medicine AM Discharges	↓	3% lower	↓	2% lower	9
Medicine Average LOS	↔	No change	↑	6% higher	11
Surgery Admissions	↓	7% lower	↓	14% lower	8
Surgery AM Discharges	↑	12% higher	↑	33% higher	10
Surgery Average LOS	↓	2% lower	↑	10% higher	12
CRT Weekly Average Slots	↓	0.5% lower	↑	3.1% higher	19

Table 2 – Comparison of Winter **Performance** 2015/16 to 2017/18 (October to March)

Performance Indicator	Year-on-year improvement? (2016/17)	Quantification	Year-on-year improvement? (2015/16)	Quantification	Appendix Number
GPOOH % of Urgent Calls within 20 Minutes	Yes	7% higher	Yes	13% higher	3
GPOOH % of Routine Calls within 60 Minutes	No	1% lower	Yes	16% higher	4
GPOOH Secondary Care Referrals	No	5% higher	No	41% higher	2
WAST Red Calls within 8 Minutes	No	6% lower	Yes	9% higher	14
WAST Lost Hours	No	5% higher	Yes	3% lower	15
Compliance with 4hour Target	No	1% lower	Yes	5% higher	16
12hour Breaches	No	100% higher	No	2% higher	17
Average Daily Medical Outliers, UHW	No	19% higher	No	193% higher	22
Cancelled Elective Admissions due to Ward Beds	Yes	11% lower	Yes	6% lower	23
DTOCs	Yes	29% lower	No data	No data	13
Flu Vaccine Uptake Under 65	Yes	0.7% higher	Yes	0.7% higher	25
Flu Vaccine Uptake Over 65	Yes	2% higher	Yes	2.1% higher	25
Flu Vaccine Uptake Frontline Staff	Yes	11.7% higher	Yes	17.9% higher	25

It is important to note that although there are significant changes in the overall winter on winter comparison, it was the fluctuations in the demand profile within the winter period that provided the greatest challenge. Table 3 shows the February-on-February demand profile where the year-on-year changes were more extreme. This combined with the increased flu presentations and two periods of extreme weather, characterised one of the most challenging months of the winter.

In addition to significant in-month activity changes (e.g. February) the health board experienced other transient periods of increased demand. This included marked increases in day, in week and over weekend periods.

Table 3 – Key Activity Comparisons February 2017 vs February 2018

Emergency Department Attendances	**Feb-17**	**Feb-18**	**+/-%**
Total ED Attendances	10664	11412	7.0%
Resuscitation Cases	487	552	13.3%
Majors	5518	6107	10.7%
Minors	2850	2878	1.0%
Paediatric	2296	2427	5.7%
Resus/Majors cases Age 65+	1693	1923	13.6%
Resus/Majors cases Age 85+	478	549	14.9%
Emergency Admissions Activity			
Emergency Medical Admissions	1464	1634	11.6%
Emergency Surgical Admissions	608	593	-2.5%
Trauma Cases	n/a	n/a	
ITU Bed days utilised	1479	1665	12.6%
ITU Bed Days utilised by Flu cases	n/a	n/a	
Total Elective Activity			
Total Elective Procedures	5958	5907	-0.9%
GP OOH Activity			
Calls to OOH	8641	8978	3.9%

Data Analysis Summary

The summary analysis which follows refers to October 2017 to March 2018 as the reference period, unless otherwise stated.

Demand

The overall volume of calls to GP Out-of-Hours (OOH) saw a 4% increase compared to winter 2016/17 but a 9% reduction from 2015/16. OOH referrals to Secondary Care were 5% higher than last year.

Total EU attendances increased by 3% over last winter. Attendances were fewest in February and highest in March. The number of ambulance conveyances showed a year-on-year decrease of 12%. This year conveyances followed a similar pattern to 2016/17 with a rise in March which differs from winter 2015/16 when ambulance conveyances decreased from January onwards.

Total Medicine admissions were slightly higher (1%) than last year but 4% lower than 2015/16. Surgical admissions were lower than both previous years overall, with a 7% reduction compared to 2016/17 and a 14% reduction from 2015/16. Medicine and Surgical discharges mirrored the admissions pattern. Some caution should be applied in interpreting the admission data as overnight stays in the adult assessment units at UHW are not recorded as admissions, changes in the use of these units can therefore alter the reported levels.

As well as admission and discharge volumes, in-day bed demand and capacity mismatch can be influenced by the time of day beds become available. Hospitals have therefore emphasised the need for early discharge to accommodate morning admissions. Medicine saw a 2% reduction in pre-midday discharges compared to 2016/17 and a 3% reduction compared to 2014/15. However, surgery showed a substantial year-on-year improvement with 12% more morning discharges compared to 2016/17 and 33% more than 2015/16.

During winter 2017/18 fewer patients over the age of 65 were admitted per head of population compared to 2016/17 and 2015/16. Despite this the ageing of the population meant 40% of emergency medical beds were occupied by patients over 85 years, an increase of 3% compared to the same period last winter. Bed occupancy for these patients was higher in absolute terms in January, February and March compared to the preceding three months (appendix 2).

There was no change in the medicine inpatient length of stay (LOS) this year following an increase in 2016/17. Surgery LOS was 2% lower than 2016/17.

Flu

This year Cardiff & Vale community flu vaccine uptake exceeded the Wales average for both under and over 65s (appendix 4) and levels were slightly higher than last year (this year <65 at risk was 49.0% and >65 was 71.0%). Uptake in the 4-8 year old category was 7.7% below the Wales average this year. However, it should be noted that this year the category included an additional year in the figures.

The uptake for frontline staff saw an 11.7% improvement on 2016/17. Feedback suggests the rise may be due to the increased use of Flu Champion Peer Vaccinators model. Staff uptake may also have benefitted from weekly reporting of statistics at Clinical Board level.

In terms of flu virus circulation, this season was high intensity (Appendix 4). Peak flu intensity (first consultation) was seen in the second half of January after which intensity declined to medium intensity. Flu was therefore a significant contributing factor to February being a particularly challenging month.

Infection, Prevention & Control

Despite high levels of flu and diarrhoea and vomiting during winter 2017/18, the number of bed days lost was minimised through cohorting patients to avoid bed closures. This was helped by the 'flu based molecular point of care testing' which allowed patients tested positively for flu to be cohorted as appropriate. The scheme also allowed a quicker risk assessment enabling wards to be reopened earlier and beds to be used which would previously have been closed as a precaution. As demonstrated in the table in appendix 3, the volume of bed days lost increased in February which again contributes to the decline in performance seen in February 2018.

Whist the organisation was successful in minimising the number of beds days lost, the closure of beds inevitably places restrictions on where patients can be placed adding an additional complexity to managing flow through the hospital. This contributed to a significantly higher volume of 12-hour breaches seen this year.

Hospital bed capacity

As part of the winter plan 24 additional medical beds were scheduled to open in a phased manner to meet the predicted demand from December to April. These predictions were based on historical bed occupancy data. The actual use of the beds was determined daily in response to operational demand, flexing down bed capacity where possible throughout the winter period.

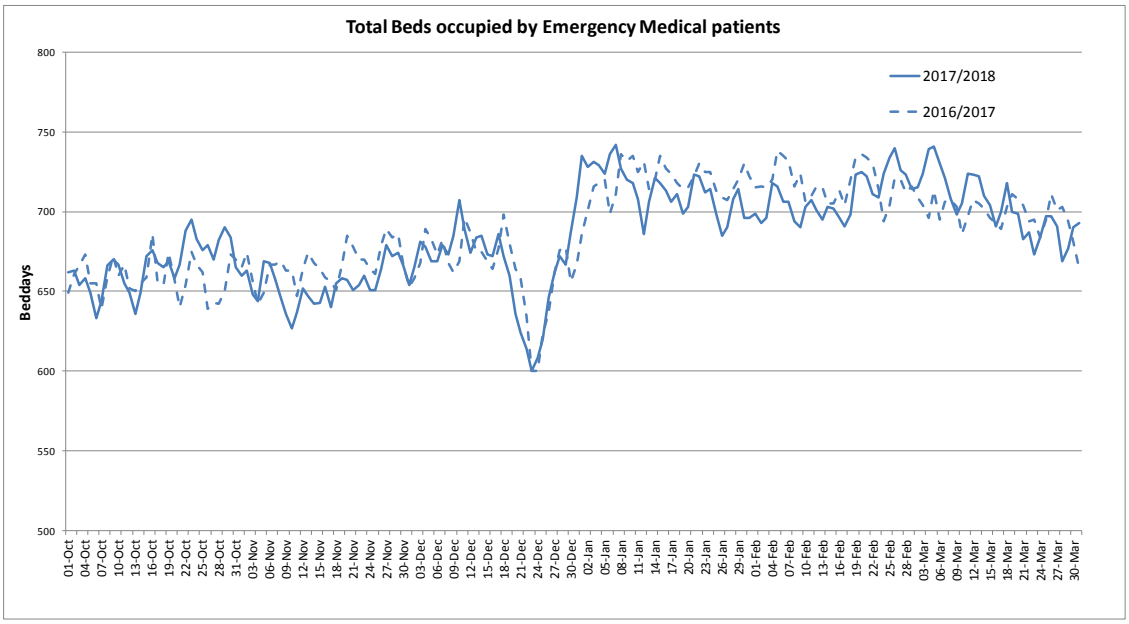


Figure 1 – Total number of beds occupied by Emergency Medical Patients year-on-year comparison. Data Source: Information department.

On average, 685 beds were occupied by emergency medical patients during the winter period 2017/2018, compared to an average of 687 in the year previous. Peak bed occupancy occurred on the 7th January (742). As is typical during winter

the average number of daily beds occupied was significantly higher in January, February and March than in the preceding three months (54 additional beds occupied).

Performance

As the summary table shows (table 2), there was clear year-on-year improvement on a number of key unscheduled care performance measures this winter in comparison to 2015/16 but a deterioration from winter 2016/17. Performance deteriorated most in February which was the pattern seen across Wales, see table 3.

Following separate investment into GPOOH services there was overall improvement in the percentage of urgent OOH calls logged and returned within 20 minutes, with a 7% increase from 2016/17 and a 13% increase from 2015/16. The percentage of routine OOH calls logged and returned within 60 minutes was broadly consistent with last winter but a significant increase of 16% from 2015/16.

The total number of lost ambulance hours was 5% higher than 2016/17 but 3% lower than 2015/16. Most hours were lost in February but there was significant recovery in March which follows a different pattern to the two previous years in which the number of lost hours increased from February to March. These performance measures demonstrate the difficulty faced in February and the degree of recovery the Health Board made in March.

4 hour EU transit time compliance improved by 5% from 2015/16 but declined by 1% from 2016/17. February had the lowest compliance for the 4 hour target but overall performance remained higher than that of 2015/16 throughout the winter period.

This winter there was a substantial increase in the occurrence of 12 hour breaches compared to winter 2016/17 and a small increase on 2015/16. Again performance deteriorated in February with a marked recovery in March.

Despite this Cardiff and Vale performed comparatively well in terms of 12 hour breaches on a national level. Figure 2 below illustrates that from October 2017 to March 2018 98.7% waited less than 12 hours in A&E. This was the highest compliance in Wales throughout the winter period. Cardiff and Vale also performed comparatively well in terms of the 4 hour position with 81.2% of patients waiting less than 4 hours in A&E compared with 79.3% for All Wales.

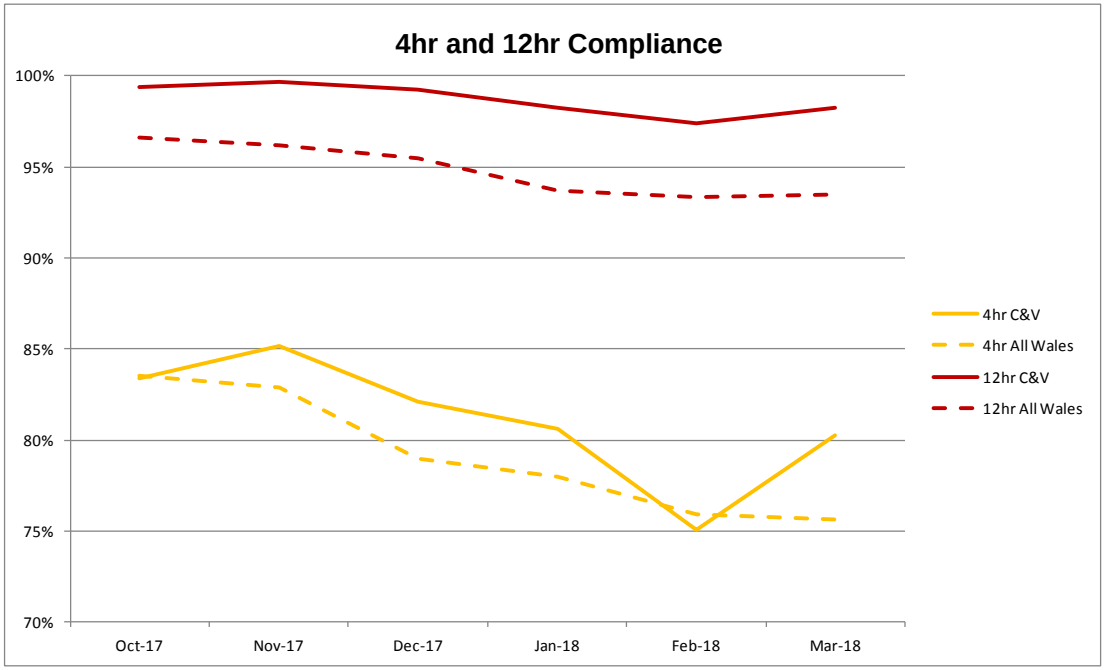


Figure 2 – ED Transit Time Compliance (4 hour and 12 hour waits) C&V vs. All Wales Average - Winter 2017/18

Community Resource Teams and Delayed Transfers of Care

2015/16 saw significant issues in the domiciliary care market in Cardiff. As with last winter, and following ICF investment into the Bridging Team, Domiciliary care was less problematic this year. Consequently the CRT services consistently achieved 35-40 patients per week, albeit overall slightly below the weekly target of 40 slots.

Delayed Transfers of Care (DTOCs) decreased in December and reached 39, the lowest figure for the two previous years. The numbers increased slightly in February but remained relatively low throughout January, February and March (appendix 1). The figure reached 47 in March, 11 fewer than the position in March 2017.

Review Summary

Following a number of years of steady improvement it is clear that the 2017/18 winter has been exceptionally challenging. The mitigating actions taken have meant the UHB has, in general, demonstrated improvement to unscheduled performance on 2015/16 but reduced performance against the 2016/17 winter.

Demand was higher on most metrics with the exceptions of ambulance conveyances and surgical emergency admissions (following the introduction of a new Emergency General Surgery service in October 2017). A proportionally larger increase in ‘majors’ attendances, in critical care bed days usage and in over 85 years old admissions indicate there was also a greater complexity within the demand. The system responded well to these challenges with a reduction in over-65 admissions per head of population and no significant changes in length of stay, delayed transfers of care or elective cancellations; however the combined impact

of flu, severe weather and higher medical bed occupancy rates led to an increase in hospital bed 'outliers'. This was reflected in the 4 and 12 hour breach position and ambulance delays. Performance data suggests these pressures were most pronounced in February.

Learning from 2017/18 Winter Plan

In addition to the above data review, feedback on winter 2017/18 was gathered at a multi-agency debrief session held on 2nd May 2018. Whole system stakeholders involved in the integrated winter plan were asked to evaluate what went well, what were the challenges, and what were the key learning points. The feedback is summarised in table 4 below.

Table 4 – Summary of Debrief Session Feedback

What went well?	What were the challenges?	How could it have been improved?
Additional Acute Care Physicians in UHW and UHL	Level of acuity of patients	Improve additional ACP capacity in UHL
Phased introduction of additional Medicine bed capacity	Lack of critical care capacity (including staffing issues)	Discharge planning – additional support from Physio/OT
Patient access transfer team – improved flow	Implementing additional plans following extra funding	Increase CRT resource and domiciliary care
Dedicated medical patient outlier team to enhance care and improve discharge	Securing nursing residential placements for some groups of patients	Earlier receipt of additional winter funding to improve planning
Hospital avoidance team project with WAST	Adverse weather (including staff shortages)	Further development of hospital avoidance team and further work with WAST to prevent or divert
Third sector/ volunteer support during snow period and for assisted discharge	IP&C issues	Improved adverse weather plans and better utilisation of volunteers
Rapid flu testing		Rapid decision making required re IP&C issues - more support 7 days a week across UHW + UHL
Emergency general surgery plan to enhance surgical response times		7 day working across all areas (theatres/ clinical/pharmacy)
Early winter planning to staff additional winter capacity (May)		Further discharge to assess capacity
Second overnight GP in GP OOH		

Increased CRT slot availability		
Communication • 'Deep dive' and 'a plan for every patient' approach within medicine and surgery • Twice daily conference calls between hospital sites • '7 days no delays' approach		Further improve communication
Increased paediatric consultant capacity		

Looking forward to next year, these points will be used to inform the development of the 2018/19 integrated winter plan. Specific recommendations for implementation into next year's plan are as follows:

- The Health Board should continue to improve flu vaccination uptake in both the community and its own staff in order to manage demand.
- The need for additional winter beds was evident. Until further whole system reform is achieved, the need for additional winter beds remains a necessity.
- Decisions to commission additional beds (and bed equivalents) should be made early to maximise preparation time, an early decision should be made on the staffing model and the support from other clinical boards to open additional beds.
- Health and Social Services partners should continue to develop capacity to care for older persons in the winter period. This relates to both in-hospital capability as well as pre- and post-hospital services. Focus on avoiding and reducing DTOCs should continue.
- Alternative pathways to ambulance conveyance must remain a feature of winter planning.
- Increasing senior clinical decision-making capacity in 'front-door' services is essential during predicted times of high demand.
- Improving in-hospital discharge processes for complex and non-complex patients should be a priority. This includes developing practice and facilities to increase the number of pre-midday discharges and should continue in future winter plans.
- Further development of seven-day working should be a focus across key clinical areas, including Consultant seven-day working.
- Additional hospital site management should continue to be built into out of hours plans for the winter – with particular emphasis on improving Hospital management at UHL.

These recommendations summarise the learning taken from winter 2017/18 and will inform the development of the 2018/19 integrated winter plan.

In addition to this specific learning, work is underway to implement system improvements throughout the summer of 2018 in advance of the 2018/19 winter. These schemes will be reported on separately but they include whole-system measures to improve pathways at hospital, to reduce hospital length of stay – with a particular focus at UHL and to work with local authority and third sector colleagues to improve home-based support for patients ready to leave hospital.

As part of this work the health board will be commissioning new IT and information systems to help inform operational improvements.

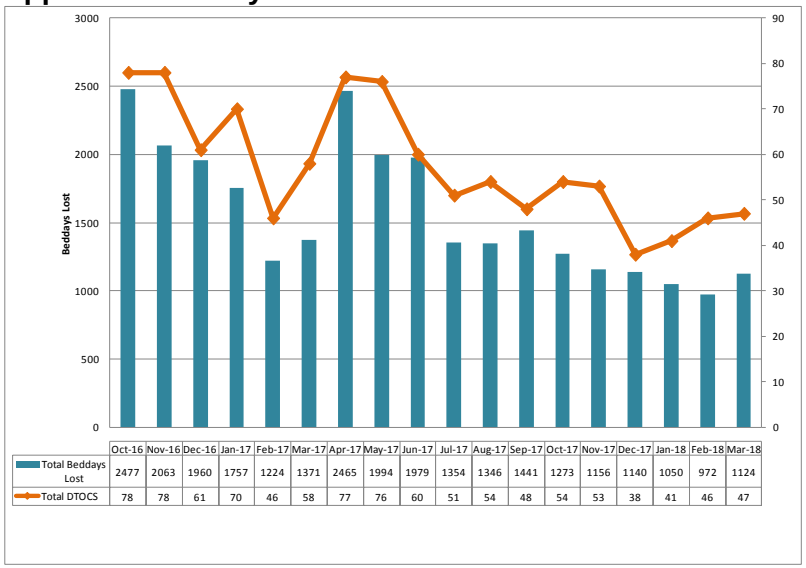
Next Steps

The Chief Operating Officer has already initiated the winter planning process for 2018/19. Within the Health Board, Clinical Boards will submit an initial draft of their winter plan proposals by early June 2018.

It is anticipated that the first draft of the joint integrated plan will be completed with the support of partner organisations by the end of August 2018. However, on-going planning and adjustments will continue through to the beginning of Winter 2018/19.

APPENDICES

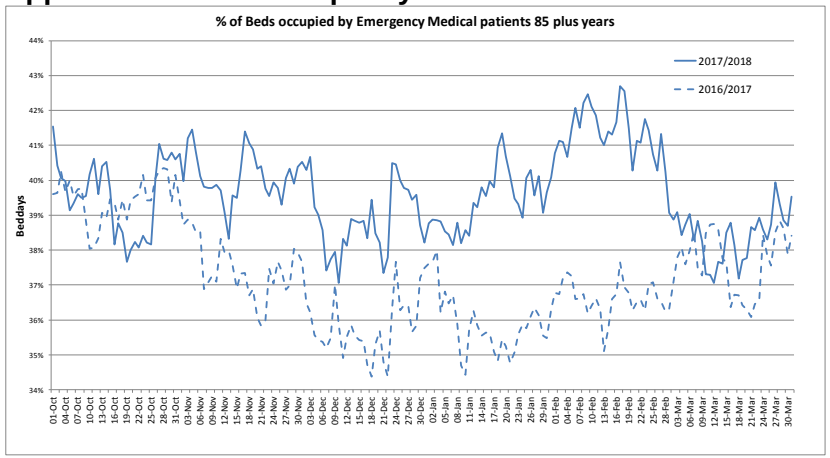
Appendix 1 - Delayed Transfers of Care



	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	Dec-17	Jan-18	Feb-18	Mar-18
Total Beddays Lost	2477	2063	1960	1757	1224	1371	2465	1994	1979	1354	1346	1441	1273	1156	1140	1050	972	1124
Total DTOCS	78	78	61	70	46	58	77	76	60	51	54	48	54	53	38	41	46	47

DTOC volumes overall are 29% lower for October to March 2017/18 in comparison to the previous year. Whilst the reported volume reduced to its lowest level in December 2017, there has been a small increase in recent months.

Appendix 2 – Bed Occupancy of 85+ Medical Patients

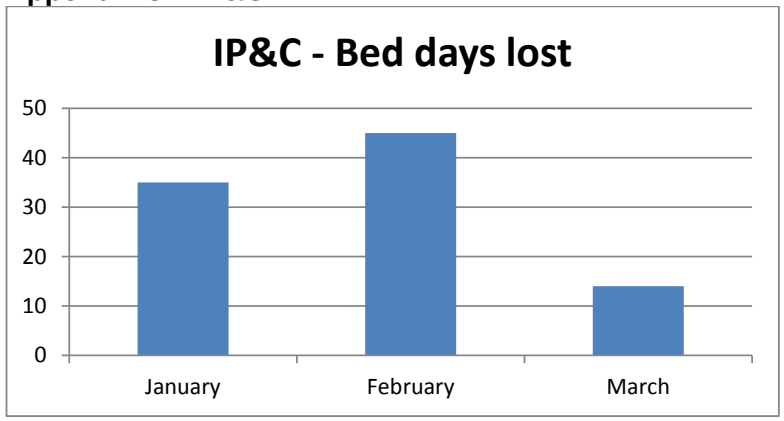


40% of beds were occupied by emergency medical patients > 85 years old during winter 17/18 up from 37% in 16/17. The average daily beds occupied by > 85 years old was higher in January (281), February (293) and March (271) than in the preceding three months (263, 262, 258).

Data Source: Information Department

20

Appendix 3 – IP&C



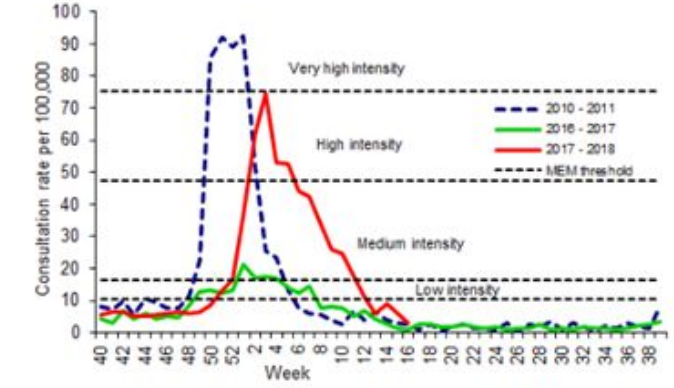
Data Source: Public Health Wales

Flu vaccine uptake figures Winter 2017/18

Group	C&V uptake	Wales average
Over 65s	71.0%	68.8%
Under 65s at risk	49.0%	48.5%
4-8 year olds (note change 4-8 year olds rather than 4-7 year olds in previous season	60.6%	68.3%
Pregnant women	No figures available yet	No figures available yet

Data Source: Public Health Wales

Appendix 4 – Flu Circulation and Vaccine Uptake



Clinical consultation rate per 100,000 practice population in Welsh sentinel practices (as of 25/04/2018)

Cardiff & Vale flu vaccine uptake figures Winter 2017/18 comparison to Winter 2016/17

Group	2015/16	2016/17	2017/18
Over 65s	68.9%	69.0%	71.0%
Under 65s at risk	48.3%	48.3%	49.0%
Pregnant women	C&V 87.9% (point of delivery audit). Wales average = 75.6%	C&V 87.2% (point of delivery audit) Wales average = 76.8%	Not yet published
Frontline staff	46.8%	53.0%	64.7%

Data Source: Public Health Wales