

Bundle Board Meeting 27 September 2018

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- 9 Any Other Urgent Business
- 10 Adjournment to Discuss Matters of a Confidential Nature

SEPTEMBER BOARD MEETING
1.30pm on 27th September 2018
Board Room, University Hospital Llandough

AGENDA

1	Welcome and Introductions	Oral
2	Apologies for Absence	Oral
3	Declarations of Interest	Oral
4	Minutes of the Board meeting held on 26th July 2018	Chair
5	Action Log	Chair
6.	Items for Review and Assurance	
6.1	Chair's Report	Chair
6.2	Chief Executive's Report	Chief Executive
6.3	Patient Safety, Quality and Experience Report	Executive Nurse Director
6.4	Performance Report	Director of Public Health
6.5	Cardiff and Vale of Glamorgan Dementia Strategy 2018 - 2028	Director of Public Health
6.6	Emotional and Mental Wellbeing Services for Children and Young People	Director of Public Health
6.7	Integrated Winter Preparedness and Resilience Plan	Chief Operating Officer
6.8	Royal College of Surgeons (RCS) Report in relation to Paediatric Surgery and associated Improvement Plan	Executive Nurse Director
7.0	Items for Approval / Ratification	
7.1	Finance Committee Revised Terms of Reference	Director of Finance
7.2	Committee Minutes:	Committee Chairs
7.2.1	Finance Committee – 25 th July 2018	
7.2.2	Charitable Funds Committee – 19 th June 2018	
7.2.3	WHSSC Joint Committee July	
7.3	Key issues from Committee Meetings since July to bring to the attention of the Board:	Oral
7.3.1	Quality, Safety and Experience Committee – September	
7.3.2	Local Partnership Forum – August	Chair QSE
7.3.3	Audit Committee – September	Chair LPF
7.3.4	Strategy and Delivery Committee - September	Chair Audit
7.3.5	Charitable Funds Committee – September	Chair S&D
7.3.6	Finance Committee - August and September	Chair CF
8.0	Items for Noting and Information	
8.1	Dates of Board Meetings for 2019/20	Director of Corporate Governance
8.2	Date of Next Meeting	Chair
	<ul style="list-style-type: none"> • Special Board Meeting 25th October 2018 at 9am - Thoracic Surgery Consultation at The Powerhouse 	

	Llanedeyrn • Next business meeting – 28 th November at 1pm	
8.3	Agenda Private Board Meeting	Chair
9.0	Any Other Urgent Business	Oral
Adjournment to Discuss Matters of a Confidential Nature		

**UNCONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE
UNIVERSITY HEALTH BOARD HELD AT 13.00 ON 26 JULY 2018
CONFERENCE ROOM 2, CIVIC OFFICES, BARRY**

Present:

Maria Battle	Chair
Abigail Harris	Director of Planning
Akmal Hanuk	Independent Member – Community
Charles Janczewski	Vice Chair
Dawn Ward	Independent Member – Trade Unions
Eileen Brandreth	Independent Member – ICT
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Dr Graham Shortland (part)	Medical Director
John Union	Independent Member – Finance
Len Richards	Chief Executive
Martin Driscoll	Director of Workforce and OD
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Sara Moseley	Independent Member – Third Sector
Dr Sharon Hopkins	Director of Public Health and Deputy Chief Executive
Steve Curry	Chief Operating Officer

In Attendance:

Joanne Brandon	Director of Communications
Nicola Foreman	Director of Corporate Governance/Board Secretary
Peter Welsh	General Manager Llandough
Urvisha Perez	Observer, Wales Audit Office

Secretariat

Julia Harper

Apologies:

Prof Gary Baxter	Independent Member – Cardiff University
John Antoniazzi	Independent Member – Estates
Michael Imperato	Independent Member – Legal
Cllr Susan Elsmore	Independent Member – Local Authority
Paula Martyn	Associate Member – Chair, SRG
Lance Carver	Associate Member – Director of Social Services
Sue Bailey	Associate Member – Chair, HPF
Indu Deglurkar	Chair, SMSC
Stephen Allen	Chief Officer, Cardiff and Vale of Glamorgan CHC

UHB 18/108

PATIENT STORY – MR RICE

The UHB Chair, Miss Maria Battle, introduced Mr Paul Rice who shared his patient experience of treatment for shoulder tendonitis and his frustrations and observations at the waiting times and lack of communication between each part of the treatment. Throughout the whole process, Mr Rice felt his condition was worsening and required more medication.

Mr Rice told the Board that he felt that the service design of patient handover from one specialty team to another was not working well and contributed to further delays in treatment. He was particularly concerned that he found it difficult to identify who was responsible for his care at each stage of the process other than himself, and didn't know who to contact to make enquiries about waiting times – there appeared to be no one “owning” his care.

Whilst targets appeared reasonable on paper, the actual experience whilst being in pain and constantly calling and writing letters to chase appointments and expedite treatment was frustrating and for some people, may even be impossible.

Mr Rice suggested that service redesign would bring several benefits: a reduced workload for staff, reduced costs (or greater productivity within the same resource), lower overall waiting times and better patient outcomes. Mr Rice told the Board that he would be more than happy help the UHB improve the process.

The Chair invited comments and questions:

- The UHB was already working on patient pathways and Mr Rice's input would be welcomed.
- Sometimes targets were not meaningful.
- The UHB was trying to get physiotherapy into GP practices to improve access to that service.
- It was clear there was more work to be done to make services seamless.
- There was still too much variation in practice including care navigation and ownership of the journey. Lessons could be learned from the work being done on the cancer pathway.
- LEAN thinking was being used to streamline the process.
- There were probably many patients feeling the same way but were uneasy or unable to articulate their feelings.

The Chair thanked Mr Rice for sharing his story with the Board and said the UHB would welcome his input going forward on orthopaedics service redesign.

Action – Mr Steve Curry

UHB 18/109

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting of the Board, in particular, Ms Nicola Foreman the Board's new Director of Corporate Governance/Board Secretary and Ms Urvisha Perez from Wales Audit Office who was observing the meeting as part of the annual audit work.

UHB 18/110 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

UHB 18/111 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. Mr Janczewski declared an interest in WHSSC.

UHB 18/112 MINUTES OF THE BOARD MEETING HELD ON 31st MAY 2018

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 31st May 2018.

UHB 18/113 MINUTES OF THE SPECIAL BOARD MEETING HELD ON 28th JUNE 2018

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 28th June 2018.

UHB 18/114 ACTION LOG FOLLOWING THE LAST MEETING

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

UHB 18/081 Performance Report – The new cancer pathway would be shared at the October Board Development Day. There would also be consideration of Transformation in October.

Action – Mr Steve Curry and Dr Sharon Hopkins

UHB18/087Capital Programme – The risk was being shared through the Capital Management Group, the Clinical Boards and was reported and monitored through the Strategy and Engagement Committee (SEC). It was also discussed with Welsh Government. **CLOSED**

UHB18/105Thoracic Surgery Consultation – The actions (with the exception of CHC feedback) were complete.

UHB 18/115 CHAIR'S REPORT

The Board **RECEIVED** the written report of the Chair, Miss Maria Battle. Miss Battle highlighted a couple of items: the 70th Anniversary celebrations had been uplifting, the Regional Planning and Delivery Forum work was making progress and collaboration between the Health Boards had improved and the

Chief Executive was congratulated on completion of his Offa's Dyke challenge. Miss Battle also recommended attendance at one of National Theatre Wales' performances at the paediatric hydrotherapy pool. Finally Miss Battle thanked Mr Welsh for his work and support as Board Secretary as he was stepping down to concentrate on work as the General Manager of Llandough and Barry Hospitals.

ASSURANCE was provided by:

- Discussions with the Director of Corporate Governance

The Board:

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

UHB 18/116 CHIEF EXECUTIVE'S REPORT

The Board **RECEIVED** the written report of the Chief Executive, Mr Len Richards. Mr Richards highlighted thoracic surgery consultation and the need for WHSSC to keep the frequently asked questions up to date on the website. Two public consultation meetings had recently been held though attendance had been poor. However, as expected, comments had been made about increased travel times, proximity to the major trauma centre and the process in general with emphasis on the role of the independent panel. WHSSC would be undertaking a mid-point review and so far the greatest number of comments had been received from the UHB's area. At the recent meeting of the Stakeholder Reference Group, the lack of detail around the impact on research of the proposal was raised as well as the practicality of travelling with a relative with dementia. Consultation would close on 27th August, with two further public meetings arranged at the CHC's request.

In terms of targeted intervention and joint meetings with Welsh Government, Mr Richards reported that Welsh Government feedback was positive. The UHB needed to meet the planned deficit of £19.9m and have to plan to break even before targeted intervention would be lifted. Regarding the underlying deficit, Welsh Government now included details relating to all Health Boards in its finance report. The challenge was to produce a balanced budget.

Mr Richards also advised that he had been nominated as the Chief Executives' representative on the new National Transformation Board.

ASSURANCE was provided by:

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

The Board **NOTED** the report.

UHB 18/117 **PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT**

The Executive Nurse Director, Mrs Ruth Walker, answered the questions raised by Independent Members prior to the Board meeting covering pressure damage, “never” events in Dental, PRUDICS, prevention of falls and the model ward.

The Chair invited comments and questions:

- As the Falls Strategy was a key to transformation it should be received at Board rather than Committee.

Action – Director of Therapies and Health Sciences

- A common theme from inspections and visits was maintenance of the environment with wards reporting delays in repairs. The identification of a “handyman” in one Clinical Board was working well but required resource to be replicated in other areas. As this was an ongoing issue, the Estates Department was trying to batch work in each area. On a positive note, ward refurbishments had helped considerably.
- There was an urgent need to improve awareness and make information governance training mandatory as personal identifiable information was still being left unattended. This would be discussed further outside the meeting.

Action – Ms Eileen Brandreth

- Better use of bed-side technology was required in order to reduce the huge volume of paper records and the UHB needed a cultural shift to develop a digitally enabled workforce.
In order to gain assurance that risks were being addressed, Dr Hopkins agreed to undertake further work with colleagues.

Action – Dr Sharon Hopkins

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.

The Deputy Chief Executive and Director of Public Health, Dr Sharon Hopkins introduced the report and suggested colleagues had a stretch and stand for this particular item. The good news was that more targets had been met and most were now moving in the right direction.

The Chief Operating Officer addressed questions raised by Independent Members prior to the Board meeting covering cancer and diagnostics. It was noted that there had been a huge rise in demand for diagnostics, possibly influenced by high profile cases in the media. This, together with a temporary loss of radiology capacity had impacted on waiting times. Whilst mobile units were being used to increase capacity, it was more difficult to increase endoscopy capacity.

The Chair invited questions and comments:

- Consideration needed to be given to the whole pathway and not just the front end of diagnostics as there were knock-on effects.
- Currently 4% of GI patients tested positive for cancer so 96% were clear.
- NICE recommended earlier cancer diagnosis in order to improve patient outcomes.
- It was important to establish at what point tests were needed to reduce waste, harm and variation.
- The improvement in unscheduled care performance was welcomed.
- Planned care was now being delivered on a monthly rather than quarterly basis and other Health Boards were interested in this approach. This was commended and the Chair would write to staff.

Action – Miss Maria Battle

- Discussions were ongoing with Welsh Government about improving Mental Health Measure targets.
- Finance – the UHB was around £600k off target at month 3 due to nursing costs in three Clinical Boards. This needed to be addressed urgently in order to get a balanced plan next year. However, this year's cost improvements had been identified.

REASONABLE ASSURANCE was provided by:

- The fact that the UHB was making progress in delivering its Delivery Plan for 2018/19 by achieving compliance with 22 of the 66 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.

The Chair welcomed Mr Alun Jones, Deputy Chief Executive of HIW and Nia Roberts, Head of Policy and Engagement to the meeting to present the annual summary of findings of the UHB that had recently been published. To begin, Mr Jones provided the all Wales picture where HIW had undertaken 266 visits, received 349 concerns (including whistleblowing) about health services and received 3,230 patient feedback questionnaires. Overall comments were very positive. Consistently across Wales HIW had identified three areas to be addressed: medicines management, staffing levels and the care environment but also found that high standards of dignified care were being delivered.

As few concerns had been raised about the UHB, only one hospital visit was undertaken in the last year in addition to the GP, dental practices, Mental Health Act and Ionising Radiation work. There had also been two death in custody reviews. Two areas were also included as part national thematic reviews: community mental health team and detoxification unit inspection.

Whilst inspections were mainly positive, Mr Jones urged the UHB to tackle the issues identified around medicines management as it had been found that where staff were stretched, some fundamental processes were not happening. HIW noted that the mental health visits were very positive, though mandatory training remained a challenge. In terms of General Practice, patients demonstrated a high tolerance of stretched services and the governance of quality systems required improvement. In Dental practices, issues of record keeping, audit, quality systems, safeguarding and the complaints process were identified. HIW had received improvement plans for all areas identified.

Two areas specifically drawn to the attention of the Board were the environment in the Links CMHT and the high case load in psychiatry. It was noted that psychiatry case load was impacted by the inability to discharge and the UHB would discuss this with the CMHT and seek independent advice if necessary.

The Chair invited comments and questions:

- Offender healthcare in Cardiff was good.
- HIW had a constructive relationship with the UHB and this was appreciated by both parties.
- HIW had not issued any immediate assurance letters to the UHB in the last year.
- Mr Jones had attended the UHB's Quality, Safety and Experience Committee and had been impressed with its maturity.
- There were plans to move the Links Centre, though a temporary move would be required in the first instance. A date for this would be provided.

Action – Mrs Abigail Harris

- The UHB had embraced the all Wales Medicines Code and prescribing chart and acknowledged there was more work to be done.
- UHB staff had been trained to undertake HIW inspections in other Health Boards and therefore had the skills to perform the same within the UHB.

The Board **NOTED** the findings and the Chair thanked Mr Jones for attending the meeting and assured him that the Board would continue to focus efforts in areas requiring improvement.

UHB 18/120 ANNUAL QUALITY STATEMENT (AQS)

The Executive Nurse Director, Mrs Ruth Walker thanked Ms Alex Scott for her work on the AQS and reported that it had been well received at the Quality, Safety and Experience Committee in June. The Chair praised the report which had been written through the eyes of service users. In future years it was hoped that more information could be gathered from primary care. The CHC and Stakeholder Reference Group were also thanked for their critique during the production of the report.

ASSURANCE was provided by:

- The provision of the Annual Quality Statement 2017/18
- The draft AQS was considered at Management Executive in June 2018 and was approved at Quality Safety and Experience Committee in June 2018.

The Board:

- **ENDORSED** the Annual Quality Statement for 2017 / 2018.

UHB 18/121 REVISED BOARD AND COMMITTEE ARRANGEMENTS

The former Director of Corporate Governance, Mr Peter Welsh, reiterated the views expressed in Board Development sessions and the need to produce less paper by concentrating on exception reporting.

ASSURANCE was provided by:

- Discussion at the Board Development Days in February and April.

The Board:

- **NOTED** the report and progress made
- **ENDORSED** the proposed report template.

UHB 18/122 TRANSFORMATION UPDATE

The Deputy Chief Executive and Director of Public Health, Dr Sharon Hopkins introduced the report and the developing programme of work. Work on the dashboard was almost complete and should be available for the next meeting. It was important to identify how to scale up the critical enablers and not to be afraid to stop something if it was not working. In addition there was a need to formalise the learning alliance with partners and more details on this would be brought to the next meeting. It was noted that the Alliance approach was the “Cardiff and Vale Way”.

Action – Dr Sharon Hopkins

The Chair invited comments and questions:

- Work was underway to identify costs and benefits against of the work areas in the report.
- It was important to involve partners and the Third Sector at the earliest opportunity as they would be crucial in scaling up.
- It was also important to encourage and involve staff in the transformation process and leadership was crucial in this respect.
- Digitalisation was also one of the key enablers.
- Transformation required a big HR/OD change and HR issues would be considered at the October Board Development Day.

Action – Mr Martin Driscoll

ASSURANCE was provided by:

- HSMB signed off projects included in the Transformation Programme
- Progress was monitored through a programme board structure
- Highlight reports were in place for projects
- Expertise in improvement and project management approaches had been applied to the projects.

The Board **NOTED** the progress made on the Transformation Programme.

UHB 18/123 ANNUAL REPORT

The Board acknowledged that the Annual Report of the UHB had been presented at the AGM held earlier in the day.

UHB 18/124 ANNUAL SUMMARY PLAN

The Director of Planning, Mrs Abigail Harris, advised the Board that the UHB had been required to produce an Annual Plan as Welsh Government had been unable to approve the Integrated Medium Term Plan.

ASSURANCE was provided by:

- Scrutiny through Targeted Intervention and Joint Executive Team Meetings.

The Board **AGREED** the Annual Plan for 2018/19.

PART 2 – ITEMS FOR INFORMATION ONLY

UHB 18/125 HEALTH AND SAFETY ANNUAL REPORT

ASSURANCE was provided by:

- Health and Safety aspects being appropriately monitored and progressed as detailed within the report
- The report had been considered at the July Health and Safety Committee meeting.

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

UHB 18/126 REGIONAL PARTNERSHIP BOARD ANNUAL REPORT

ASSURANCE was provided that the Regional Partnership Board had met its obligations in delivering requirements of the Social Services and Well-being (Wales) Act 2014 for 2017-18.

The Board **NOTED** the Annual Report of the Regional Partnership Board for information.

UHB 18/127 MINUTES FROM OTHER BOARDS / COMMITTEES

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

1. **Quality Safety and Experience Committee** - June
2. **Stakeholder Reference Group** – May
3. **Finance Committee** – April and May
4. **Health and Safety Committee** - April
5. **Local Partnership Forum** – June
6. **Strategy and Delivery Committee** – June
3 items from the Information Technology and Governance sub Committee were brought to the Board's attention:
 - Development of the national solution for social care and mental health
 - Delays in the provision of the blood transfusion module in the national solution for laboratory results
 - Discretionary capital allowance for IT

The Chief Executive agreed to provide a response to the Committee.

Action – Mr Len Richards

7. **Mental Health and Capacity Legislation Committee** - February
8. **Audit Committee** – April, May and Special Meeting in May

- 9. Charitable Funds Committee – March
- 10. Health Professionals' Forum – *no meeting since January*
- 11. Collaborative Leadership Forum - February
- 12. Emergency Ambulance Services Committee – May

The minutes were **NOTED**.

UHB 18/128 AGENDA OF THE PRIVATE BOARD MEETING

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

UHB 18/129 DATE OF THE NEXT BOARD MEETING

The next scheduled meeting would be held at 1pm on 27th September in a venue to be confirmed.

UPDATED BOARD ACTION LOG FROM JULY 2018

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
UHB 18/105	28.6.18	Thoracic Surgery Consultation	CHC to provide initial feedback after the first 4 weeks of consultation.	S Allen	Meeting to be arranged
UHB 18/114	26.7.18	HIW Annual Report of UHB	Provide a timescale for relocation of the Links Centre.	A Harris	
UHB 18/127.6	26.7.18	Strategy and Engagement Committee Minutes	Provide a response to the Committee on the three items brought to the attention of the Board.	L Richards	
UHB 18/117	26.7.18	Patient Safety, Quality and Experience Report	Discuss information governance awareness and training outside the meeting. Undertake further work with colleagues to gain assurance on information governance.	E Brandreth Dr S Hopkins	These actions will be discussed at the next IG&T Sub Committee meeting with an update provided to the November Strategy & Delivery Committee and reflected in the Committee minutes for Board assurances purposes.
ACTIONS TO BE BROUGHT FORWARD ON ANOTHER AGENDA					
UHB 18/081	31.5.18	Performance Report	Shadow report on new cancer pathway to be considered at a Board Development Day.	S Curry	This will be shared at the October Board Development Day
UHB 18/114	26.7.18		Item on Transformation to be taken at a Board Development Day.	Dr S Hopkins	October Board Development Day
UHB 18/122	26.7.18	Transformation Report	Details of learning alliance to be brought to the next Board.	Dr S Hopkins	Board September

			HR and OD issues to be discussed at Board Development Day.	Mr M Driscoll	October Board Development Day
UHB 18/053	29.3.18	R&D Implementation	Bring clinical innovation work to a Board Development Day	A Harris	Board Development Day – provisionally October 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.
UHB 18/080	31.5.18	Patient Safety Quality and Experience Report	Falls Strategy including quality indicators and timescales would be taken to QSE Committee in Autumn. Later agreed it should come to Board.	F Jenkins	QSE December 2018 changed to Board in September or November.
UHB 18/117	26.7.18				
UHB 18/082	31.5.18	Medical and Dental Training	Report on Out of Hours / Hospital at Night to November Board.	Dr G Shortland	November 2018 Board
UHB 18/083	31.5.18	Community Mental Health Services	Report on progress to be received at Board in Spring 2019.	Ian Wile	Board Spring – May 2019
UHB 18/086	31.5.18	Winter Plan Review	Board to receive plans for coming winter.	S Curry	Board September 2018
ACTIONS COMPLETED SINCE LAST MEETING					
UHB 18/087	31.5.18	Capital Programme	Executives to consider how the level of risk could be shared more widely.	A Harris	This was being widely shared. Complete
UHB 18/114	26.7.18				
UHB 18/105	28.6.18	Thoracic Surgery Consultation	Feedback on document and information to WHSSC.	M Battle & Dr S Hopkins	Complete
UHB 18/114	26.7.18		Factual accuracy to be validated.	Dr S Hopkins & I Deglurkar	Complete
UHB 18/118	26.7.18	Performance Report	Chair to write to staff commending the work on planned care.	M Battle	Complete
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. Complete
UHB 17/066	30.3.17	Health and Safety Committee	Produce Estate rationalization plan for discussion at Board meeting.	A Harris	For Spring 2018. Deferred. On Private Board agenda for September. Complete
UHB 18/108	26.7.18	Patient Story -	Make contact with Mr Rice for his input into the orthopaedic pathway redesign.	S Curry	The Operations Team have made contact with Mr Rice and offered to include him in on going patient pathway redesign work. Complete

CHAIR'S REPORT TO THE BOARD

Name of Meeting: Board Meeting

Date of Meeting: 27th September 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: Any financial impact relating to items is referenced within the report.

Quality, Safety, Patient Experience impact: Any Quality, Safety, Patient Experience impact relating to items is referenced within the report.

Health and Care Standard Number: Governance and Accountability

CRAF Reference Number: N/A

Equality and Health Impact Assessment Completed: N/A

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
- **ENDORSE** the affixing of the Common Seal

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.

1. Annual General Meeting

The Health Board's Annual General Meeting took place prior to the Board Meeting on 26th July 2018 in the Vale of Glamorgan Council Offices.

Presentations were made by the Chief Executive, Executive Director of Nursing and the Executive Director of Finance. These covered our performance in the previous year, quality of patient care and on our financial position at year end.

Questions raised by the public included:

- Availability of services for staff's health and wellbeing.
 - Safe staffing
 - Equality Wales and services for transgender
 - Services for Children and Adolescent Mental Health
- A number of meetings took place with members of the public following the AGM to follow up on the issues they raised.

We have agreed as a Board to hold our meetings within community settings and connect with local groups to give more opportunity for engagement.

2. Dementia Strategy

Most of us have been touched by dementia in our lives and today we are considering our dementia strategy and implementation plan.

In preparation we have arranged for a two hour session before our Board meeting to understand more the current pathway for dementia patients within the community and the Health Board. This will include presentations on our Dementia Vision, reducing the risk of dementia and new initiatives which have been introduced to improve our care.

The session will commence with a theatre production by re-live funded by our Charitable Funds Committee. The cast will include people with dementia. We will also listen to a carer's story, kindly recorded by Beti George. The session will be live streamed via the CAV Facebook page: facebook.com/cardiffandvaleuhb. If there are problems with connectivity it will be loaded up our YouTube channel as soon as possible.

I believe this session will improve our understanding of dementia and raise awareness of some of the services available and the patient and carers experience. It's an excellent opportunity for staff training and will enable the Board to more effectively scrutinise the strategy and implementation plan.

3. Childrens Rights

As the UHB Children's champion I attended the Children's rights group which has been set up to listen to what children and young people want from the Health Board and to embed a children's rights approach into all that we do.

We have been working closely with diverse groups of children across Cardiff and the Vale and have drafted a Children's Rights Charter for all UHB services based on their views. We have been working closely with other health boards UINCEF and Cardiff local authority with the aim of achieving

child friendly city status for Cardiff and a health badge for children rights. We will be establishing a Youth Board and introducing training for staff on children`s rights.

4. South Central and East Regional Planning and Delivery Forum

The further meeting of the above Forum was held on 5th September 2018. 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

The Forum agreed and supported the need to make further progress with this work and this will continue to be closely monitored by the Forum.

5. Thoracic Surgery Consultation

I attended the public and clinician consultation events to listen to views first hand during the process together with other Board members. The Chief Executive in his report gives a progress update on the process.

6. Thank you Event – Volunteers

The above event will take place on the 9th October 2018 at 2pm in the Sports and Social Club, UHW.

This annual event is important and gives us the opportunity to say thank you to our many volunteers, who give up their free time to help in many of the locations in the Health Board making a real difference to patient experience.

All Board Members are welcome and encouraged to attend.

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

27 July	First Anniversary of the opening of Ronald McDonald House at UHW
2 August	Meeting with Cabinet Secretary regarding Single Cancer Pathway
7 August	Meeting with Jane Hutt AM at Barry Hospital
9 August	Attended Eisteddfod UHB stand
15 August	Extra Cardiff public Meeting at the CHC for Consultation

	on Provision of Adult Thoracic Surgery
5 September	South Central and East Regional Planning and Delivery Forum
5 September	Dystonia Patient Support Group
6 September	Collaboration Leadership Forum
6 September	Welsh NHS Confederation Management Board
10 September	Cardiff 50+ City Wide Forum (Engagement Session)
12 September	Julie Morgan AM regarding cancer services
12 September	Cabinet Secretary visit to Maternity regarding BUMPES study
14 September	National Primary Care Board
18 September	Cowbridge Town Council (Engagement Session)
20 September	Partnership Council for Wales
24 September	Chairs/CEOs Thoracic Surgery Consultation Feedback
26 September	Refugee and Asylum Seeker Taskforce

8. Fixing 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.

Affixing the UHB Common Seal

The UHB Common Seal has been applied to 5 documents in accordance with requirements. A record of the sealing of these documents was entered into the Register kept for this purpose and has been signed in accordance with Section 8 of the Standing Orders.

Register No.	Description of documents sealed
847	Transfer of Titles, Tesco House. Transferor- Oval Neo Properties. Transferee – Cardiff and Vale University Local Health Board.
848	Deed. Relating to Entrance and Concourse of the University Hospital of Wales, Cardiff, CF14 4XW
849	Lease. Relating to part of the Concourse of the University Hospital of Wales, Heath Park, Cardiff, CF14 4XW
850	Deed. Notice of election to use an alternative apportionment in accordance with section 198 of the Capital Allowances Act 2001.
851	Agreement. Cardiff and Vale University Health Board and GenMed.Me Limited and Horiba UK Limited.

Chair's Action / Contracts

None recorded

Other signed legal documents

None recorded

CHIEF EXECUTIVE'S REPORT

Name of Meeting: Board Meeting

Date of Meeting: 27th September 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: Any financial impact relating to items is referenced within the report.

Quality, Safety, Patient Experience impact: Any Quality, Safety, Patient Experience impact relating to items is referenced within the report.

Health and Care Standard Number: Governance and Accountability and the 7 Quality Themes.

CRAF Reference Number: N/A

Equality and Health Impact Assessment Completed: N/A

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 fourth 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.

1. Thoracic Surgery – Public Consultation

Members will recall that at a special meeting of the Board on 28 June 2018 we, along with all other affected NHS Wales Health Boards, considered the Welsh Health Specialised Services Committee (WHSSC) recommendations, seeking Health Boards' approval to undertake a formal public consultation on Thoracic Surgery.

All Health Boards approved the recommendation to proceed to consultation. However, we requested some matters relating only to the public consultation document to be considered further in advance of the consultation proceeding.

The related matters were considered and discussed by the Chairs and Chief Executives of Health Boards and WHSSC on Monday 2 July 2018, with advice provided by Directors of Governance / Board Secretaries. Following discussion and assessment of the matters raised, it was felt that the amendments proposed and agreed were minor and not material, concluding with all Health Boards being fully supportive of the need to proceed to consultation with the wellbeing of patients remaining the priority.

The following amendments were agreed, which allowed the planned consultation commenced on Tuesday 3 July 2018:

- To add a comment of fact relating to the reference to generally poor outcome data, that we have 'expert surgeons who produce very good outcomes' – this relates to our two existing centres (amendment to page 6 of the consultation document);
- To add a free text box question – allowing for any other comments to be added (amendment to page 40 of the consultation document);
- To strengthen the Frequently asked Questions section on information relating to co-located and non-co-located Major Trauma and Thoracic Surgery Centres (amendment making reference to a link added to page 27 of the consultation document).

Working closely with the Community Health Council (CHC) and WHSSC, we have run a programme of local consultation activity which includes public meetings, a staff consultation meeting together with presentations and discussions with a range of internal and external stakeholders. The eight week consultation closed on 27 August 2018.

Following the consultation, the WHSSC team will analyse the feedback received and produce a report including a recommendation on the proposal from WHSSC. The report will be shared with the Health Boards and CHCs and considered by the Health Boards at public Board meetings to be held no later than the end of October 2018. Our meeting is scheduled for 25th October 2018. The Joint Committee of WHSSC will then agree the model of the future commissioned services based on the Health Board decisions.

2. Car Parking Contract

The following up-date is provided to the Board.

UHW – The new parking enforcement system provided by ParkingEye continues to bed in and the “teething problems” experienced are being resolved. The UHB Parking Office, based in the UHW concourse continues to deal with the issues raised by patients/visitors and staff

Barry – The parking enforcement system at Barry changed on 3rd September and is now in line with the UHW system in that patients and visitors parking in the correct car park will now automatically get four hours free parking. An additional four hours can be obtained by entering their vehicle registration number in one of the terminals. Any patient/visitor requiring longer than eight hours can speak to a member of staff who can inform the UHB Parking Office.

3. Targeted Intervention

A further meeting took place on the 10th September 2018 with Welsh Government to monitor improvements in our performance and financial position was postponed. Welsh Government is content with the progress we continue to make and the monitoring through Targeted Intervention will continue.

4. NHS Staff Survey

Every few years a national survey of directly employed NHS Wales staff is undertaken. The purpose of the survey is to measure staff opinion on a range of issues considered critical to the success of NHS Wales.

The survey commenced on 11 June 2018 and finished on 23 July 2018.

All staff working in the Health Board were encouraged to participate in the survey, and we achieve a 23% response. This was disappointing and we have asked staff why they did not participate so we can learn lessons from this in the future.

5. Working with our Community

The Health Board continues to engage with our local community and some examples are given below:

a) Stonewall 100

With just under 15,000 staff, contractor and volunteers we encourage people to join us from all walks of life and we greatly value the equality and diversity of our organisation and how this reflects on patient care. I am personally delighted to be supporting our equalities agenda. CAVUHB is already proud Stonewall Diversity Champion and we are currently number 51 out of nearly 500 organisations to their UK Top 100 LGBT workplace Equality Index friendly organisations. We are working hard to improve this position and have encouraged staff to complete a survey to support our organisations submission and help us become a better and fairer employer.

b) Pride March

On Saturday 25th August, Pride Cymru brought a colourful carnival to the centre of Cardiff. As one of the largest employees in South Wales, it was important for the Health Board to be part of this event. I was delighted to march to support the event and was accompanied by many colleagues from the Health Board.

c) Cardiff Half Marathon

The Cardiff Half Marathon will take place on Sunday 7th October 2018. I am delighted to inform the Board that we have allocated over 550 runners who will be supporting a range of charities associated with the Health Board.

6. Management Executive Meetings

The Management Executive Team meet twice a week and have recently introduced an opportunity for the staff to meet the Executive Team by holding the Management Executive meetings in various locations across across the Health Board. The aim is for us to connect with staff at their place of work.

Staff will be invited to meet the Team prior to their formal meeting. This Will also provide the opportunity to hear about key issues, significant News, challenges and to share what we do well.

7. National Health Service Journal (HSJ)

I am delighted to inform the Board that our Parkinson's Team have been shortlisted for a national award. The Team has been nominated in the 'Compassionate Patient Care' category for establishing a bespoke Dementia clinic for people with Parkinsons which celebrates excellence in putting patients first, engaging with patients and families in their care, listening to views and ensuring people are treated with care and compassion.

We will hear if they have been successful later in the year.

8. Maternity Services

The maternity Team for the Health Board has been shortlisted in the Nursing Times 2018 Awards for their work in lowering Caesarian Sections Infection rates in Wales and the highest compliance with return of reporting information.

The winners will be announced on the evening of the 31st October 2018 In London.

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT

Name of Meeting : Board Meeting **Date of Meeting :** 27th September 2018

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.

SITUATION

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from July to end of August 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

The following areas will require a continued focus in order to maintain patient safety quality and experience.

The total number of Serious Incidents (SIs) open with WG is 99 at the time of this report. Of these, 48% are breaching WG timescales for closure. Given the rate of monthly reporting we would expect to have in the region of 90 SIs open at any given time, so we are slightly outside of that target. Many SIs are complex and it is very challenging to complete investigations within the 60 working day target set by Welsh Government. Monthly targets are in place for each Clinical Board and these are performance managed through the Executive Performance reviews.

The % of concerns managed via informal resolution has dropped to 48% against a UHB target of 60%. A review of a sample of concerns was undertaken and the choice of management seemed appropriate and proportionate to the issues raised. This will continue to be monitored.

The Board should be advised that there has been a noticeable increase in the number of Regulation 28 reports and enquiries that have been received from the Coroner during this period. A lack of communication from the Coroner's office to the central corporate team has meant that the UHB has not had the opportunity to adequately prepare for some of the inquests and this means that staff who could have provided adequate assurance to the Coroner at the inquest were not present.

The UHB continues to work as closely as possible with the Coroners officers and to educate staff in relation to the need to seek corporate support if they are approached to attend an inquest.

The Board will note that the UHB continues to report the deaths of patients known to Substance misuse services. The Patient Safety Team is taking forward work with members of the Area Planning Board to ensure that there is a multi-agency review of fatal drug poisonings in line with Welsh Government Guidance. At the present time there are opportunities to strengthen the systems that are currently in place.

Since the introduction of the new parking system, there has been a significant increase in the volume of calls and emails to the Concerns Team following parking tickets being issued. These have been made by both members of the public as well as staff. All complainants are being directed to the dedicated parking email address and complainants are being advised of the temporary office in concourse. We have been in discussion with the on-site parking office and we are working with them to identify themes to share with the parking provider.

July –August 2018

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

During July and August 2018, the following Serious Incidents and No Surprises have been reported to Welsh Government:

Serious Incidents		
Clinical Board	Number	Description
Children & Women	0	No new Serious Incidents were reported.
Clinical Diagnostics and Therapeutics	1	A pathology slide had been used for teaching purposes when consent for teaching had not been sought. The matter was reported to the Human Tissue Authority and is jointly under investigation with Cardiff University.
	1	A patient took an accidental overdose of prescribed medication. The medication should be taken weekly but it was taken daily.
Dental	0	No new Serious Incidents were reported.
Executive Nurse	2	Incidents reported where the Procedural Response to Unexpected Death in Childhood (PRUDIC) process has been instigated.
Medicine	5	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a reduction in the previous reporting timeframe.
	5	Falls where the patient sustained significant injury. There is no change in incidents reported from the previous reporting timeframe.
	1	A critically unwell patient was noted to have an air embolus on CT scan imaging. The circumstances around the presence of the air embolus are under investigation.
Mental Health	1	Grade 3, 4 or unstageable healthcare acquired pressure damage.
	1	A young person was admitted to an adult mental health ward overnight whilst awaiting transfer to the care of Child and

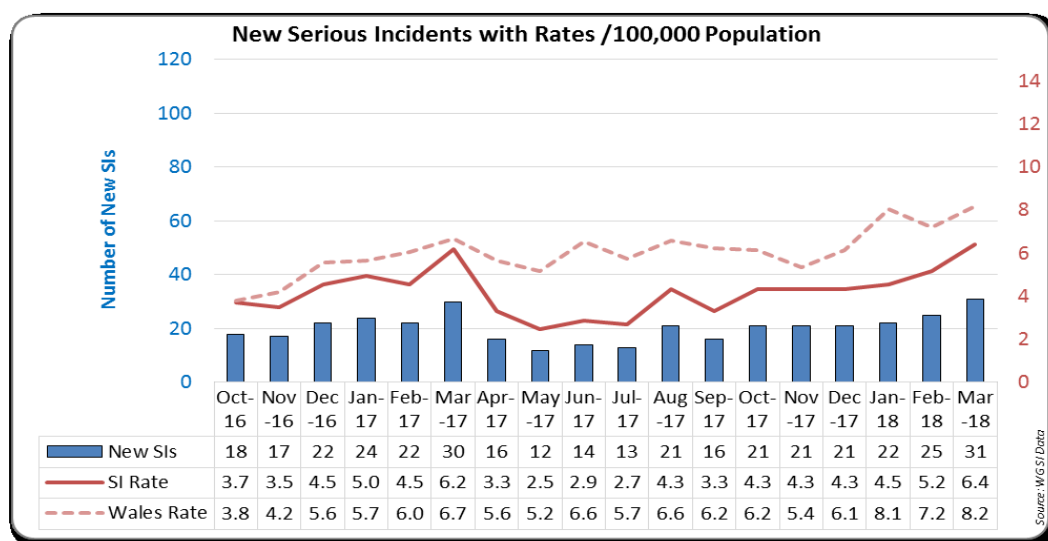
	7	Adolescent Mental Health Services (CAMHS). Unexpected deaths of patients known to Mental Health services, including substance misuse services.
Primary Care & Intermediate Care	15	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe, representing an improved reporting culture.
Specialist	5 1 1	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe. A patient required a repeat chest x-ray to explore a possible abnormality seen on an earlier image. Unfortunately, the repeat x-ray was not undertaken in a timely manner and the patient re-presented to the Health Board unwell with complications potentially arising from the incident. An inpatient required a clinical invasive procedure to investigate his illness. It transpired that the procedure had not been booked. The patient became more unwell and the major haemorrhage protocol had to be initiated.
Surgery	3 2 1	Falls where the patient sustained significant injury. This is an increase in incidents reported from the previous reporting timeframe. Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease in incidents reported in the previous reporting timeframe. Concern was raised that a patient may have experienced awareness under anaesthetic.
Total	52	

No Surprises		
Clinical Board	Number	Description
Children and Women	1	A No Surprises form was submitted to Welsh Government ahead of the publication of an Ombudsman's Section 16 report. The report raised issues regarding the length of wait a boy experienced for specialist nephrology surgery.
Mental Health	1	An altercation incident occurred in Llanarth Court where a service user know to Mental Health services resides. The incident led to the arrest of four people and treatment for injuries was required.
Total	2	

How do we compare to our Peers?

As reported to the previous Board meeting, the graph below demonstrates the reporting rate of Serious Incidents to Welsh Government per 100,000 population between October 2017 and March 2018. This information is provided to the UHB from WG on a 6-monthly basis with the most recent report received in June 2018.

WG commented that the Serious Incident reporting rate for the UHB was below the all Wales rate. It was anticipated that this was due to reduced reporting of pressure ulcers as SIs from Primary Care and Intermediate Care (PCIC) Clinical Board. It is evident in the table above that increased reporting with PCIC Clinical Board has been activated. It should be noted that changes to pressure ulcer reporting requirements to WG are anticipated over the coming months.

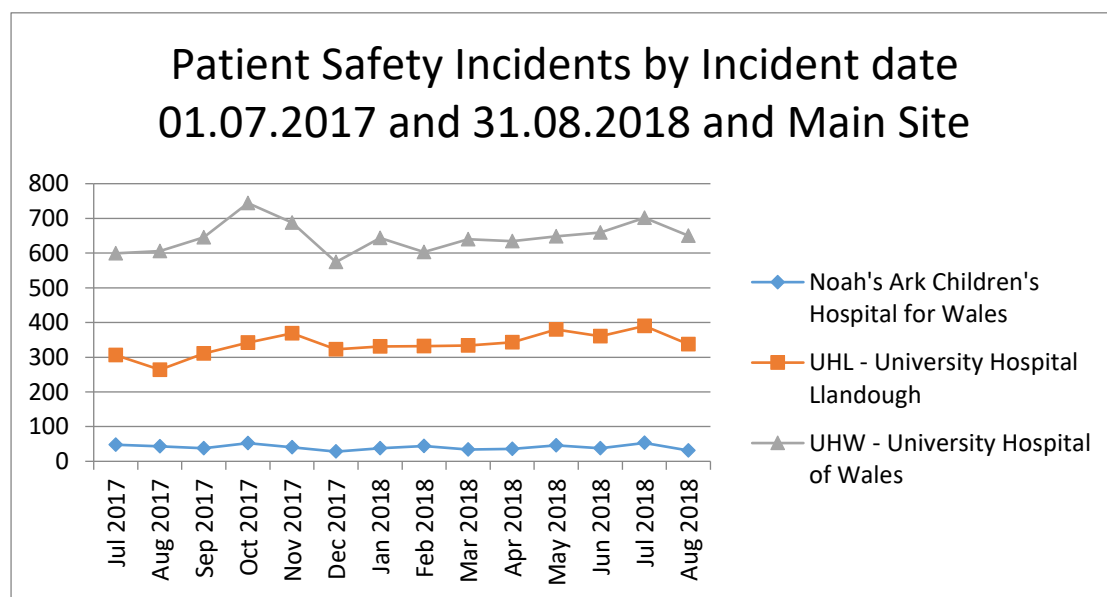


WG further advised that Serious Incidents are generally reported in a timely manner and an explanation is provided when they are delayed in being reported.

The UHB has a well embedded process in place for all reported incidents which identify potential major or catastrophic harm. This enables them to be reviewed promptly in case further investigation is required. Any delays to the onward reporting process occur when clarifying information is being sought internally.

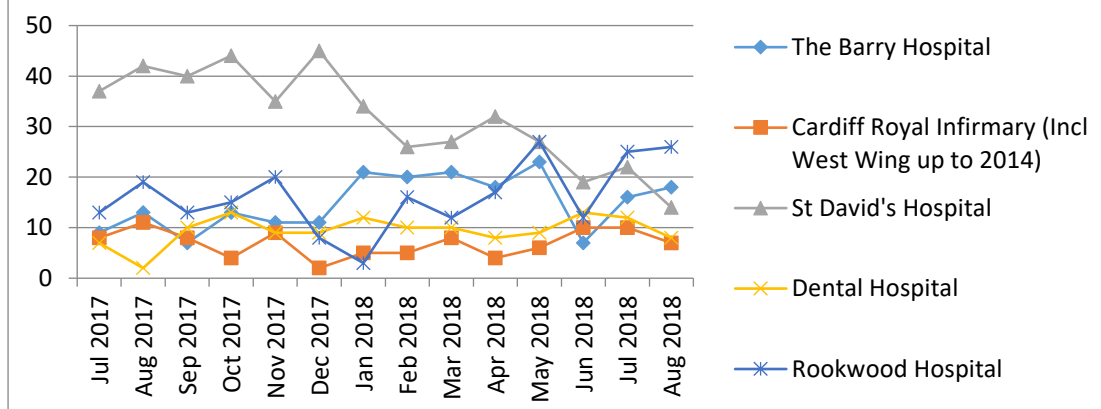
The UHB continues to strive to achieve timely closure of incidents with WG. Key performance indicators are in place and Clinical Boards are generally achieving the required levels of performance, supported by the Patient Safety Team.

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 between July 2017 and August 2018. 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.



The graph overleaf demonstrates the patient safety incidents reported onto the UHB's Datix risk management system by other sites between July 2017 and August 2018. The lower volume of incidents reported reflects the size and activity levels at the sites.

Patient Safety Incidents by Incident date 01.07.2017 and 31.08.2018 and Other Sites



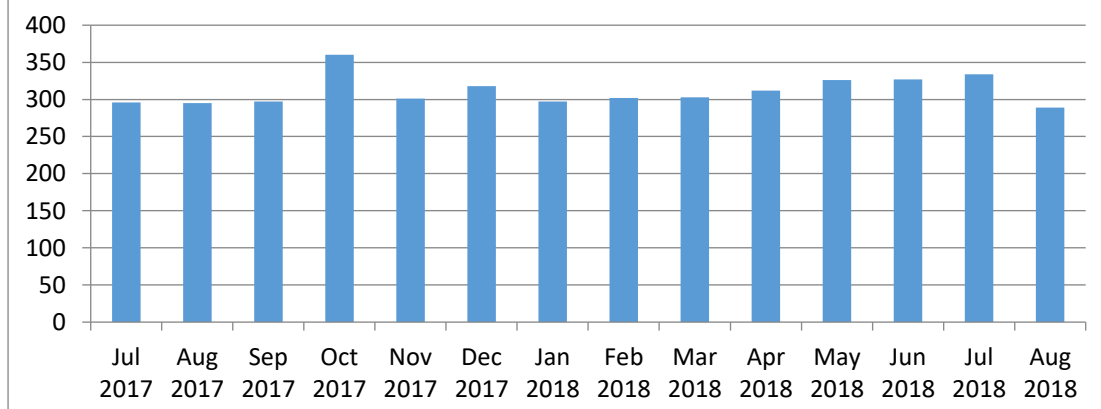
There are no trends of concern.

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 July 2017 and August 2018.

Patient Accidents/Falls Incidents (witnessed or suspected slip/trip/fall) by Incident date 01.07.2017 - 31.08.2018



The majority of falls continue to result in no significant injury to patients.

A small increase in the number of falls resulting in significant injury was reported to Welsh Government in this timeframe with eight such incidents reported, representing

an increase of 3 such incidents when compared to the previous report to Board. . They all occurred on different wards when patients were mobilising.

How do we compare with our Peers?

There is currently no reliable All Wales benchmarking data available.

What are we doing about it?

Previous updates on workstreams have been reported to the Board. This includes the development of a falls strategy; simulation training to support education of clinical staff in the management of patients following a fall and progression of an alliance workstream for falls prevention in the community based on that in Canterbury, New Zealand.

A collaborative project, led by the Falls Strategy Implementation Lead, between the UHB, Cardiff University and local primary schools to provide intergenerational falls awareness sessions for community-dwelling residents is progressing well with good engagement from local primary schools to participate in the project.

Cardiff and Vale UHB were shortlisted in the 'Patient Safety in the Community' category at the recent Health Service Journal Patient Safety Awards in Manchester. The shortlisted project was the individualised strength and balance programmes (ISBP) that are offered to people at risk of falling in the community by the Community Resource Teams.

These 6-month programmes have been in place since October 2015, with over 1,500 people taking part to date. Outcomes have been very positive, with improved scores in gait and balance tests, reduced fear of falling, and a decrease in the number of falls experienced by those participating. They have also shown a decrease in the number of falls-related ambulance call outs and falls-related Emergency Department attendances for those people who complete the programmes.

Positive feedback was received from the judging panel in London, which featured a 'skype chat' with a patient who was on one of the programmes from their own home. The judges complimented the patient-centred nature of the programmes and were impressed by the positive outcomes.

Regulation 28 reports

Three Regulation 28 reports were issued to the UHB by Her Majesty's Coroner in the current reporting timeframe.

- The Coroner wrote to a number of organisations, including the UHB, following the narrative conclusion where a delay of four hours in sending an emergency response occurred. The UHB is working with colleagues in Welsh Ambulance Services NHS Trust to respond to the issues raised. The Coroner raised a number of points which he has asked to be considered.

The particular issue raised for Health and for the UHB, relates to turnaround delays at major hospitals for ambulances. The evidence showed that both UHW and UHL, that night, were exceeding the target of 15 minute handover of patients.

- The Coroner also wrote to a number of organisations following the narrative conclusion of a person's inquest where concern was raised regarding care of a patient who required transfer for out of area treatment, namely neuro-interventional radiology services. Currently the UHB has in place one Consultant who undertakes both diagnostic and interventional work and a second consultant who is undertaking diagnostic work only. The UHB has arrangements in place with Bristol to cover for leave and the transfer of patients is managed through the neurosciences Directorate. Unfortunately this is a known national shortage profession but the UHB continues to look for opportunities to recruit.
- In addition, the Coroner wrote to the UHB following a patient's inquest where a narrative conclusion was reached in which the Coroner endorsed a view that appointment of a qualified trauma co-ordinator/practitioner was beneficial. This would be to coordinate the multidisciplinary care of patients requiring surgery under Trauma and Orthopaedics. The UHB has responded to the Coroner confirming that there are actually two Trauma Nurse co-ordinators in post whose role is to oversee the patient pathway when they are admitted with trauma.

The UHB also received a letter from the Coroner further to the inquest of a patient who sustained a fall as an inpatient in February 2018, which was reported as a Serious Incident. The Coroner returned an accidental death conclusion but wished to further query a matter related to the documentation of a Do Not Attempt Resuscitation decision. The UHB has responded fully to the Coroner and has also liaised with the Chair of the All Wales DNACPR Group to request that a change to the current form is considered in line with the Coroner's observations.

Outcomes of internal and external inspection processes

How are we doing?

Internal Observations of Care

Twenty-two unannounced inspections took place between July - August 2018. These took place across five Clinical Boards.

Areas of notable practise include:

1. **Nutrition & Hydration:** The sustained high temperature during July - August made in-patient environments especially uncomfortable and warm. All wards inspected were meeting patient hydration needs and inspectors consistently found that water jugs were full and within arms-reach. Good monitoring of nutrition and fluid intake was especially evident on Clinical Gerontology wards.

2. **Ward Information Boards:** Newly introduced patient information boards are being used effectively by all wards inspected, across adult ward areas. Key information is being updated and displayed regularly.
3. **Staff/patient information:** Excellent examples of displays and patient information relating to Sepsis and Pressure Damage have been noted, especially on Heulwen and Day Surgery.

What are we doing about it?

How are we doing	What are we doing about it
During two inspections, staff in Medicine Clinical Board reported an absence of falls training available.	Practice Development nurses are developing falls simulation training and have recently begun training the first cohorts of staff.
Five clinical areas require more frequent recording of resuscitation trolley checks.	Each ward has raised this in staff meetings and safety briefings. Ward sisters completing monthly audit checks.
Outstanding maintenance requests have been noted across most areas inspected.	Requests continue to be chased up locally by Ward Sister/Senior Nurses.
Overall standards of medication administration and management continue to improve. Medication was left unattended on two occasions and discontinued incorrectly.	Concerns relating to storage of medication addressed during inspection and shared with Ward Sister/Charge Nurse. Medical staffing Co-ordinator is raising issues of discontinuing medication, in accordance with procedure, with medical staff.
Two examples of patient identifiable information being left unattended were observed.	The matter is being addressed by wards looking to change specimen collection arrangements with portering staff and reminders in team meetings.

The UHB is hoping to transition from paper-based/free text inspections to the use of a dedicated inspection app for iPads/mobile devices. The UHB Charitable Funds Committee has agreed funding for four iPads. We expect that this will make it easier to compare standards between areas and to quantify progress between inspections. When this new process is established, there will be much more timely feedback of inspection outcomes to ward managers and other senior staff and all inspection reports and action plans will be published on the UHB's nursing intranet site

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 Health Board are illustrated in the table below:

	July	August
UHL	98%	97%
UHW	97%	96%

NB: The satisfaction score has been calculated to include 7 and above, prior it was 8 and above. This is in line with other organisations across Wales.

Once again, the number of real times surveys completed during both July and August exceeded **1,000** with the majority being really positive. Qualitative comments to support this are:

Following a crisis of severe allergic reaction I was once again taken under the caring arm of the North Crisis team and then the Crisis Recovery Unit, which guided me through recovery and stability. Amazing how all these lovely people have been totally at hand to look after me and always welcome attending the Crisis Recovery Unit, with its Art room, Gym, Games room. It feels as if I'm visiting my friends for the day and have structure to my day in the process of recovery.

I have written this on behalf of my daughter as she has a L.D. The staff on Heulwen have been so kind and helpful. I was enabled to stay with my daughter and this made her stay and treatment she received so much easier. My daughter needs to come back in and out and I really hope she can come back to this ward with its familiar surroundings and staff. Top class nursing care.

An ongoing evaluation of patients and families who have an identified Learning disability and who use our services, is currently being undertaken. This is currently hospital based but we will aim to incorporate care in the community in the near future.

Retrospective

At the beginning of August surveys were sent to people with Learning Disabilities who had either been inpatients or outpatients at the Health Board. An additional survey for their carer/relative or member of staff was also sent for completion. The people identified had received care during July. The numbers are relatively low and therefore feedback will be provided in a subsequent report.

Proactive and Reactive

During August a proactive survey was undertaken for relatives/carers on Critical Care, in the General and Neurological Units; the aim being to improve their experiences.

Overall results were positive.

At this very emotional and stressful time, the staff were brilliant, caring attentive and very reassuring

However there were key issues raised including:

1. 'Too noisy'
2. Lack of provision for refreshments
3. Medical staff not updating relatives

Actions

1. Work is being undertaken to reduce noise levels, particularly by night
2. Commercial Manager contacted to provide update regarding refreshments
3. Feedback shared with Consultants

Stroke Rehabilitation Centre (SRC) Feedback

During Carers Week 2018 a carer's information session was held during evening visiting times at SRC. Twenty carer's surveys were given to relatives and carers encouraging them to provide feedback on the care received. The returns rate was 25% with only five of the twenty surveys returned, therefore it is important to note that the results may not be representative of all carers. The majority of carers felt welcomed on to the ward, supported by staff, and were complimentary about the care provided. However, most of the respondents felt that the ward was understaffed and this was having a negative impact on patient care. The report has been shared with the Lead Nurse for the area.

Actions

Feedback from this, combined with other sources of feedback for example quality indicators, are being used to inform ongoing discussions with the Director of Nursing for the Medicine Clinical Board about safe staffing ratios on SRC. They are currently reviewing staffing in line with acuity data from June in readiness for establishment sign off under the Safer Nurse Staffing Act.

Carers Update: John's Campaign Pilot Evaluation

The pilot commenced late February 2018 across four of the Boards sites on seven wards, involving three clinical areas. A full evaluation of the pilot areas is being completed, although the campaign has been well received by staff and embedded on all the wards, areas for consideration were highlighted by staff. The main issues include:

- Carer Expectations of the Campaign – the patient's care continues to be the priority, therefore carer involvement should not be to the detriment of the patient's well-being e.g. when patients are tired/unwell.
- Staff Experiences – as carers had open visiting, some wards experienced an increase in carers asking for information at inappropriate and busy times, such as medication rounds.
- Patient Focused – some felt there needed to be a clear emphasis that the campaign was for the benefit of patients and should not be to their detriment, patients are very tired and need rest so not always appropriate to have carers visiting all day.

As a consequence of the campaign:



- Carers Wales has agreed to facilitate a Carers First Aid session in Barry Hospital.
 - Leaflet racks were purchased for B6 to allow them to display carers information on the corridor leading to the ward.
- The Patient Experience Support Advisor will be based at St Davids Hospital twice a month to help support carers on the wards.

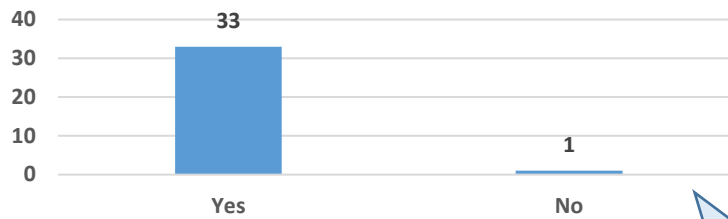
The John's Campaign Working Group will be meeting imminently to discuss the evaluation and planned roll out of the campaign.

Dental Hospital

Following a Community Health Council visit the Department of Oral and Maxillofacial Surgery undertook a satisfaction questionnaire. During May 34 completed questionnaires were received, with overall results extremely positive in relation to questions asked. Examples are illustrated below:

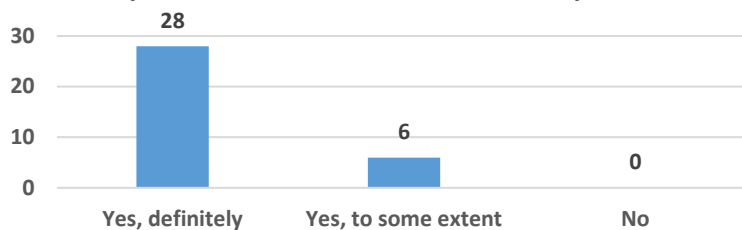


Did the clinician undertaking your treatment introduce themselves?



I am petrified of the dentist, but staff made me feel so comfortable and relaxed

Did you feel involved in the decisions about your care?



All went really smoothly other than parking. Had to wait 1/2 hour for a space!

Ward Feedback Kiosks

The Kiosks have been situated in MEAU (Medical Emergency Assessment Unit) at University Hospital Llandough and the AU (Assessment Unit) at University Hospital of Wales.

The data collected to date has been further analysed, with the main themes identified as waiting times, environment and communication. These have been shared with the Director of Nursing Medicine Clinical Board and Lead Nurse Emergency Unit. In addition, an assessment was undertaken to see if the emerging themes could be correlated with performance. The current performance measure used in the assessment units is length of stay. Whilst the themes had identified long waits as an issue, these were related to the Assessment Lounge area specifically and performance could, therefore, not be aligned. It has, therefore, been agreed during September to move the feedback kiosks from their current location in the Assessment Unit Lounge to the trolley bay in MEAU and Assessment Unit North at UHW to ensure feedback is gathered for patients who are admitted and stay in the Assessment Units.

The Lead Nurse Patient Experience is to review the efficacy of Health Board volunteers supporting within these areas, to enhance patient and carer experience.

Balancing

Complaints

In the year between 1st July 2017 and 31st August 2018, the Health Board has received 3,109 complaints, of which 60% were managed through our informal process, with less than 2% being converted to a formal complaint.

The highest number of concerns, 1,012 in total, relate to clinical diagnosis and treatment, followed by, 687 concerns raised in the same period regarding waiting times, cancellation of appointments/ admission.

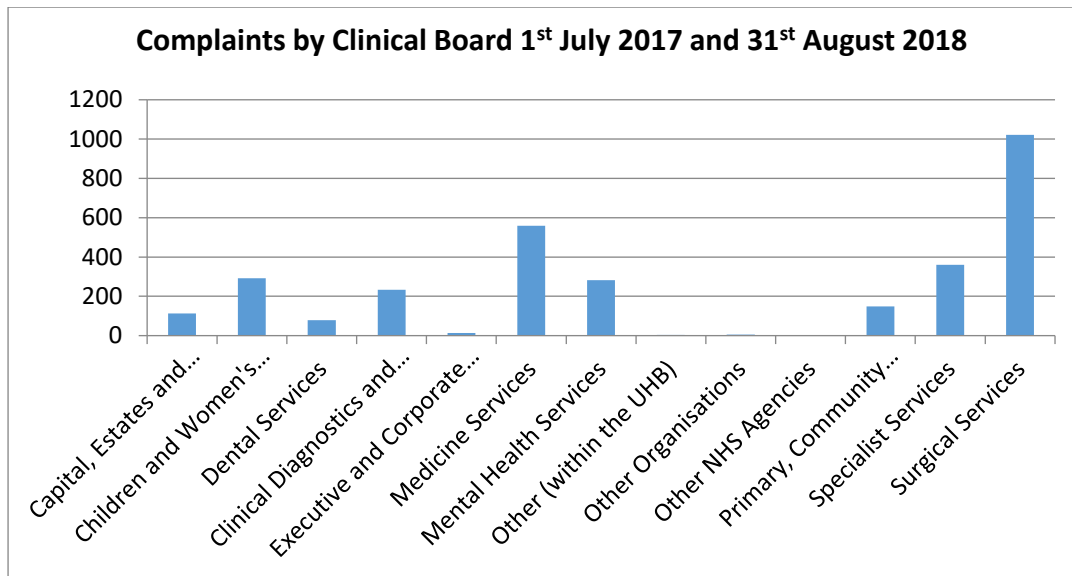
Surgery Clinical Board continues to receive the highest number of formal and informal concerns; in total, they received 946 concerns, however, 71% of their concerns were managed via the informal process. Unfortunately, during July and August, there was a noticeable increase in the informal Ophthalmology concerns as a result of a high volume of outpatient appointment cancellations. Following a member of staff going on maternity leave, the Clinical Board had difficulties appointing to the post which resulted in a number of cancellations with appointments being offered a year later. This issue was escalated to the Clinical Board Director and a number of actions were taken to reinstate appointments and all canceled patients from July were re-booked for August. Actions taken include:

- Weekly planning meeting with the team and consultant
- Work to is being undertaken to increase optometrists sessions to support the backlog of patients.

Initial enquiries are positive in availability and interest from community optometrists. Testing is also under way to link Optometric practices to UHW's network so that there is a potential for stable glaucoma patients to be reviewed in the community using the UHB's electronic patient record with an ability for virtual review of any patients requiring a Consultant input.

Medicine had the second highest number of concerns, 513 in total.

Since the introduction of the new parking system, there has been a significant increase in the volume of calls and emails to the Concerns Team following parking tickets being issued. These have been made by both members of the public as well as staff. All complainants are being directed to the dedicated parking email address and complainants are being advised of the temporary office in concourse. Unfortunately, we are aware that there is a huge backlog of enquiries and members of the public are getting increasingly frustrated and feel the only option is to contact the Concerns Team. There has also been an increased number of concerns in relation to this issue from AM/MP's. However changes such as the recent changes to the Parking System at Barry Hospital which has introduced free car parking for 4 hours should have a positive impact upon the Patient Experience and reduce the number of concerns.

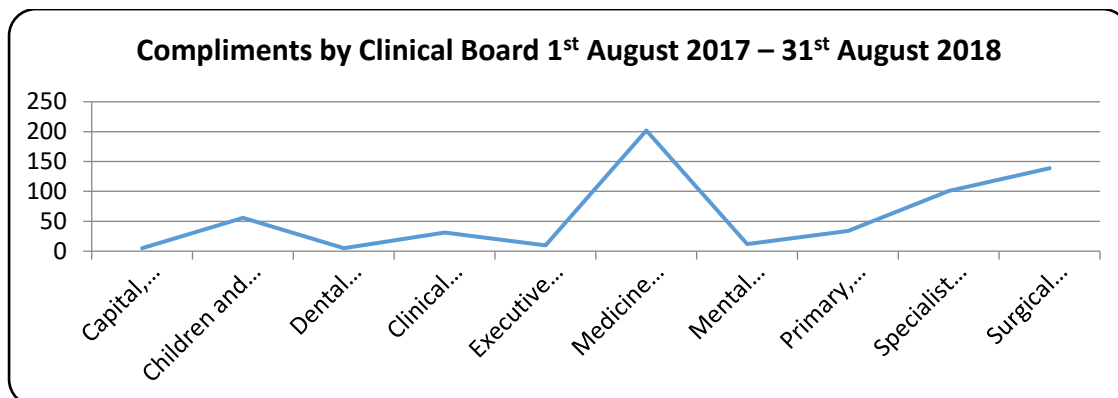


The Clinical Boards have shown a commitment to working with the Concerns Team to maintain the improvement in the 30-day response times, meeting weekly to discuss all active concerns. We are seeing a steady and sustained improvement in 30-day response times, the latest overall Health Board performance in response to 30-day concerns is 77%, which is an increase in comparison to 75% reported previously. The aim for 2018/ 19 is to achieve and sustain a response time of 80%.

During the months of July and August 2018, the Health Board received 442 complaints, 55% of those were managed through the informal process, and the overall informal response time is 99%. The percentage of concerns managed via the informal route has decreased however on review of a sample of concerns the choice of management seemed appropriate and proportionate to the issues raised. This will continue to be monitored.

Compliments

During the period 1st August 2017 – 31st August 2018, the Health Board received 595 compliments. Medicine Clinical Board continues to receive the highest number of compliments, in particular for the Emergency Unit. It should also be noted that the Concerns Team will often receive large bundles of compliments from various areas and therefore, compliments can be logged sometime later.



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
Family not made aware of accommodation facilities while daughter was an inpatient	It has become standard practice to notify patients relatives who require accommodation of this potential option.
Those women who have an elective Caesarean section are given a leaflet on what to expect and care during and after the operation whereas those women who have an emergency caesarean are not given this leaflet.	We will ensure in the future that all women who have had an emergency caesarean section are provided with this leaflet.
Health screening questionnaire completed prior to admission did not indicate any learning difficulties and staff were unable to plan in advance of patient's arrival to put specific plan of care in place around patient's health needs.	We now provide teaching sessions for staff from SSSU ensuring they are equipped with the correct skills to care for patients with learning difficulties and a cubicle will be sought to enable family/carers to attend to provide support.
You held out your arm which the Phlebotomist took for consent for procedure to continue. You became upset after procedure and	We are in the process of writing a patient guidance on the possible side effects of giving blood samples and how to avoid bruising so that this

<p>this could easily have contributed to the bruising if the arm was moved vigorously and the post-venepuncture was not completed properly.</p>	<p>severity of bruising is reduced in future.</p>
<p>You state that you asked for gas and air which you were told you could not have on the Induction Unit.</p>	<p>We have a portable gas and air cylinder on the ward now so that women can use this if required during transfer to the delivery suite.</p>
<p>You informed us that a nurse did not call that morning and you requested a nurse called in the afternoon. The message was acknowledged by the team administration and a nurse was allocated this call but you were not called to acknowledge receipt of this message or informed that a nurse would attend.</p>	<p>The team has agreed to review their current call handling process ensuring that messages are managed in a way that informs and reassures our patients and relatives.</p>
<p>Failure in paper report being received in the Consultant's office meant that an appointment was not issued to discuss the results of the scan.</p>	<p>The Neurosciences Directorate Management Team has launched an improvement project with the aim of implementing a new electronic system which will negate the need for the paper based system. It will allow the Directorate to review whether a patient has received their scan within the time period.</p>
<p>Consideration should have been taken in regard to location for induction due to history of quick labours and the requirement for IAP (intrapartum antibiotic prophylaxis) in labour and for this to have been documented on the Intrapartum Plan of Care sheet.</p>	<p>In an update to the Induction of Labour guideline currently being undertaken, consideration is being given to the group of women that may require induction of labour (IOL) on Delivery Suite as opposed to the antenatal ward. As part of this review, women with a previous rapid labour will be considered for IOL on Delivery Suite.</p>
<p>A build-up of wax in patient's ear contributed to deafness and if it were removed her hearing is likely to return to a level where telephone communication would be possible again. This service was not provided locally.</p>	<p>A member of the Audiology Team attended the patient at home after discussion with her relatives to remove the buildup of wax. The staff member fitted her with a communicator which she can use with headphones and she was happy</p>

	to accept that to use when her carers are present and they can help her with it which will make communication with her easier for everyone. She could also hear better once the wax was removed.
More information on mental health conditions given if diagnosed or in waiting area, and how to get support from people outside and other organisations.	Team advised to use information leaflets from MIND, also accessed by downloading from their website.
Didn't realise that I could only have throat spray or sedation –form says both available.	Some staff will only give one or other – the department is looking to revise the sedation guidelines.
Fix light in carers room.	Light fixed.

PERFORMANCE REPORT	
Name of Meeting : Board Meeting	Date of Meeting : 27 th September 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 2018/9 by achieving compliance with 21 of its 66 performance measures.

The Board is asked to:

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

SITUATION

The full Performance Report sets out the UHB's performance against Welsh Government (WG) Delivery Framework and other priority targets up to June 2018 and provides more detail on actions being taken to improve performance in areas of concern.

BACKGROUND

The UHB is presently compliant with 21 of its 67 performance measures (July =22/66, May =19/65, March 2018=18/60) and is making satisfactory progress towards delivering a further 29 (July =26, May 2018 = 23, March 2018 = 23).

Since the last report two measures have improved to green:

#4 – The proportion of adults within Cardiff and the Vale of Glamorgan population consuming more than 14 units of alcohol per week was reported to have fallen to 21% in 2016/17 from 23% in 2015/16.

#37a – The proportion of invoices paid within 30 days in July was 95.3% against the expected minimum standard of 95%.

Four measures have improved from red to amber:

#42 – The enhanced recovery after surgery programme has been successfully implemented in Orthopaedics and plans are in preparation to scale out a wider Prehab to Rehab plan across the surgical specialties.

#45 – The proportion of patients whose operation was cancelled by the Health Board, who received a new treatment date within 14 days has improved from 37% at the start of the year to 58%.

#54 – The number of patients who waited more than 12 hours for admission in the Emergency Unit reduced to 7 in August.

#62 – The number of non mental health patients whose transfer of care was delayed reduced in August to 37, from 47 in June. The number of patients whose transfer was delayed who are on a mental health pathway remains at 4.

A deterioration in the UHB's performance was noted for 4 measures:

#3 – The proportion of adults classed as obese or overweight increased to 56% in the 2016/17 National Survey from Wales. An increase from 53% in the previous survey.

#32 – The proportion of patients who had a nutrition score completed and appropriate action taken within 24 hours of admission reduced to 94% in July from 96% in March.

#34 – 94% of hand hygiene audits undertaken in July showed that practice was compliant with the Welsh Health Organisation's guidance.

#61 – The proportion of ambulance handovers within 15 minutes and 60 minutes reduced from 64% and 95% respectively in June to 56% and 93% in August.

There are now 17 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	12	3	13/22
Delivering our service priorities	2	3	1	3.5/6
Delivering sustainably	11	11	8	16.5/30
Improving culture	1	3	5	2.5/9
Total	21	29	17	35.5/67

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
- Finance

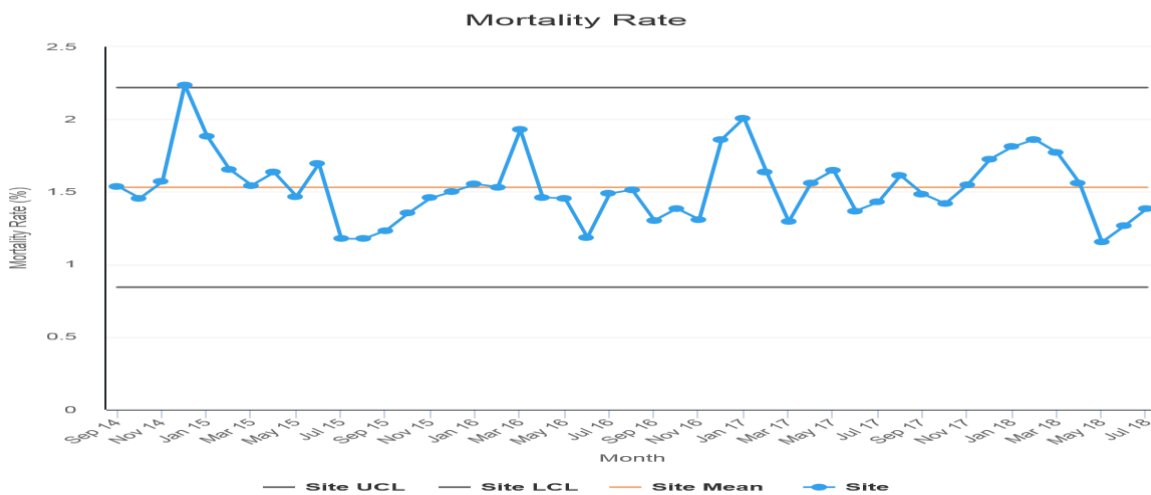
Commentary and assessment on the latest quality and safety indicators is provided in a separate report from the Director of Nursing.

ASSESSMENT

1) MORTALITY

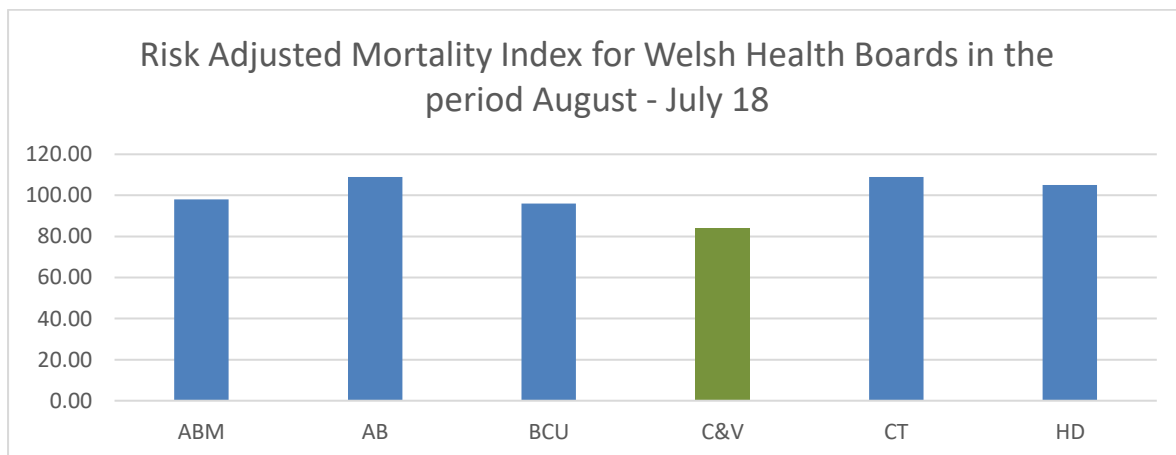
How are we doing?

Latest data from CHKS indicates that Cardiff and Vale UHB has the lowest risk adjusted mortality rates and crude mortality rates in Wales. The UHB's Risk Adjusted Mortality Index score for the 12 months up to July-18 is 84 (UK mean is c.100) and the UHB's crude mortality rate is 1.5%. As shown below the UHB's crude mortality rate has been stationary since January 2015.



How do we compare with our peers?

The UHB's performance is 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.

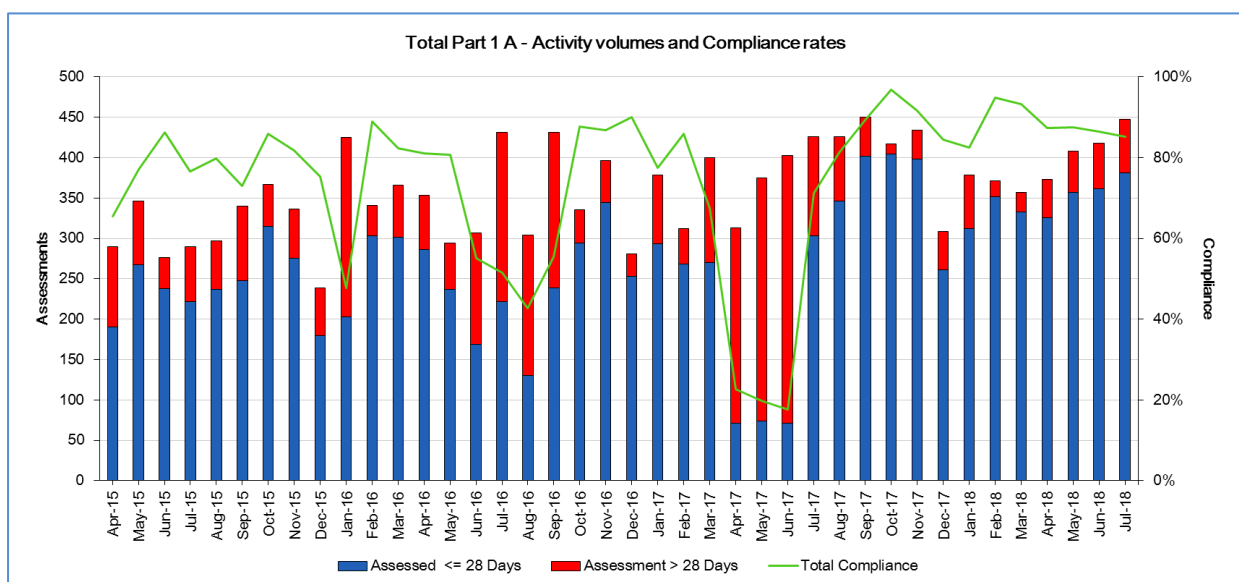
2) MENTAL HEALTH

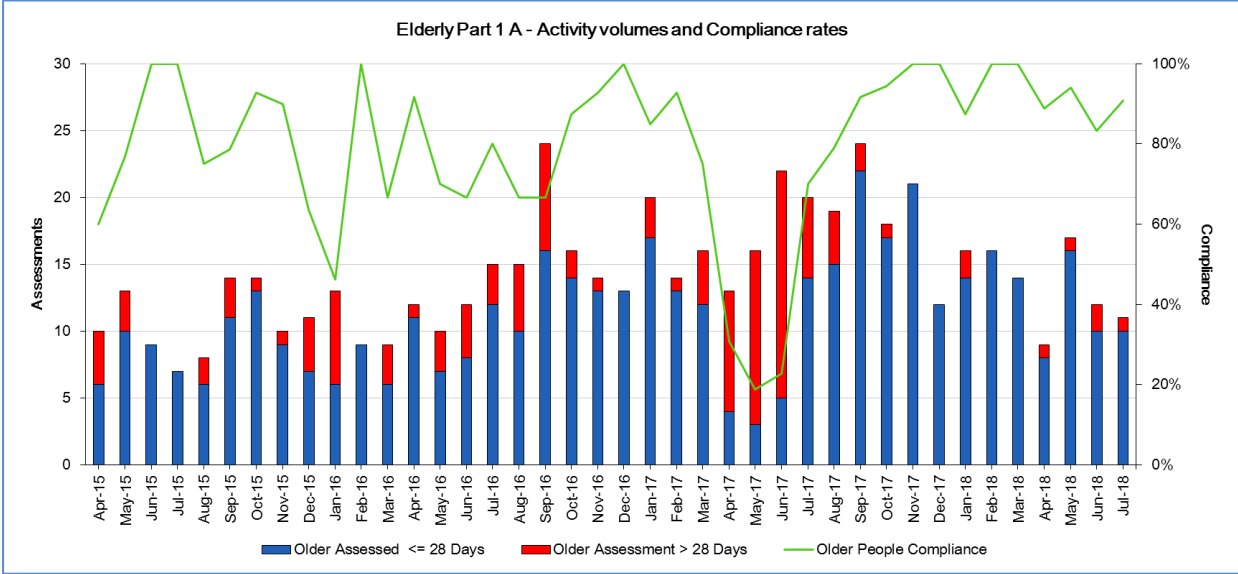
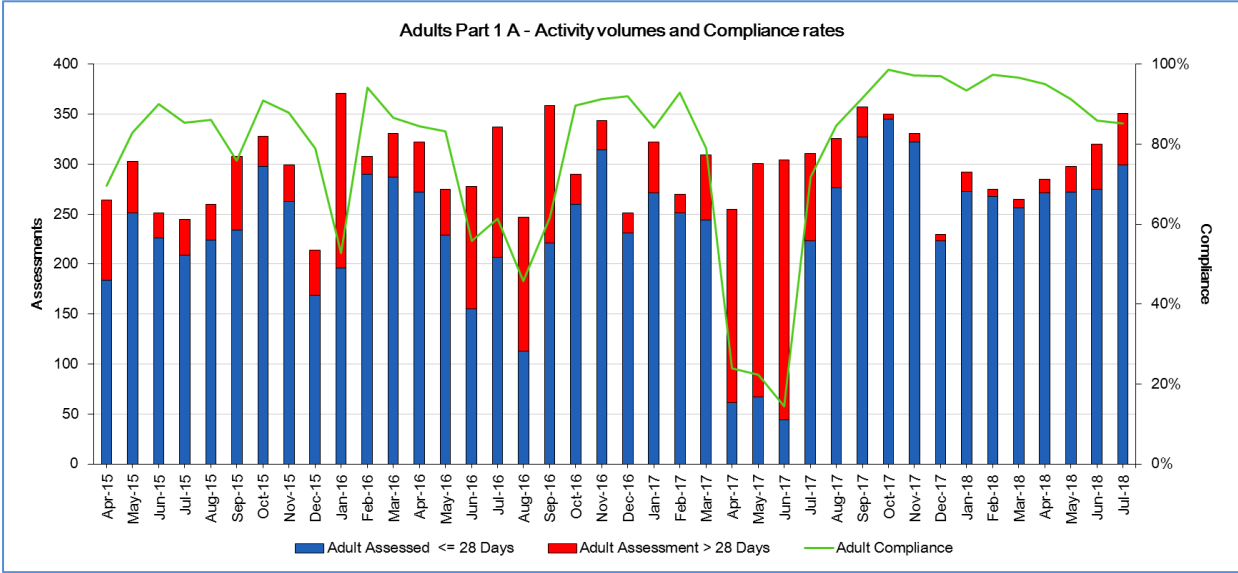
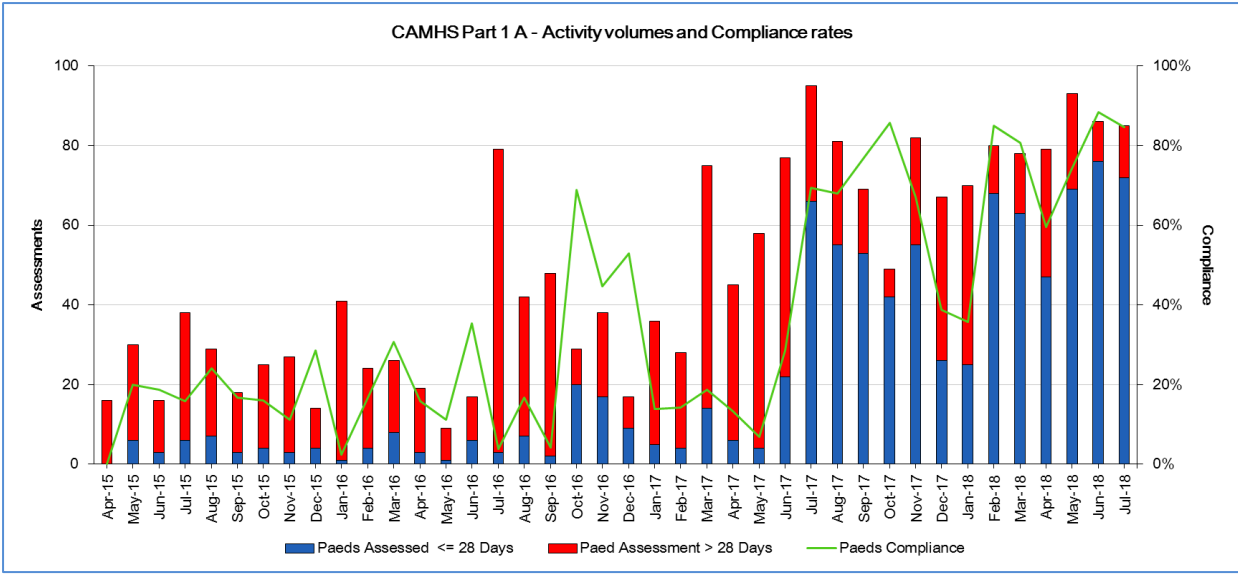
How are we doing?

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

Overall 88.2% of service users seen in July 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%.





Part 1b: Overall 82.1% 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 85.1% of LHB residents had a valid Community Treatment Plan completed at the end of July. Performance This remains below 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?

Whilst we are performing comparatively well for Part 1a of the measure, the deterioration in the UHB's level of performance in respect of delivering parts 1b and 2, has not been observed in other Health Boards.

June 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	84.0%	82.4%	88.7%	100.0%
ABM	82.5%	79.5%	88.2%	100.0%
AB	86.8%	85.0%	91.2%	100.0%
BCU	73.4%	71.5%	92.1%	100.0%
C&V	86.4%	71.4%	85.3%	100.0%
CTaf	90.5%	89.4%	79.6%	100.0%
HDda	86.6%	88.9%	91.8%	100.0%
Powys	83.1%	82.1%	94.0%	100.0%
Rank	4/7	7/7	6/7	-/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 practitioner's 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 – Establishment of a 3 point plan to develop CAMHs services to ensure ongoing compliance:

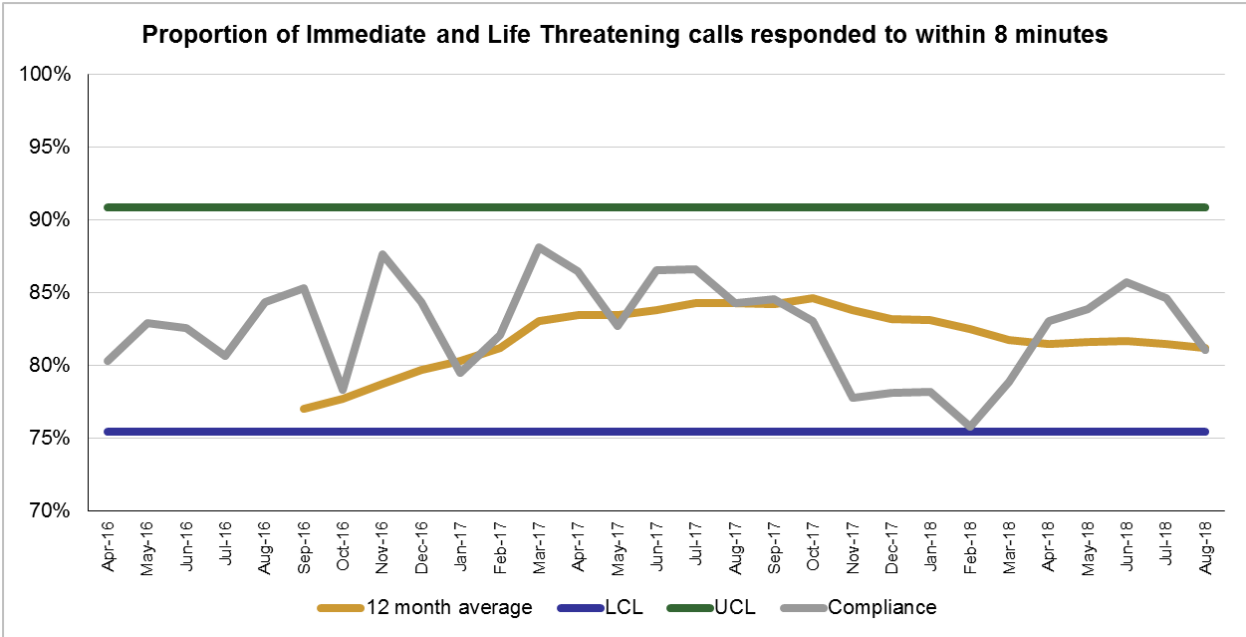
- A 'bridging' strategy has been put in place to 'front-load' the assessment pathway with senior staff NB – since the reported position, weekly performance data indicates that we are now exceeding the 28 days assessment position.
- The second element to the plan is the development of a whole system model to provide access at the first point of contact in primary care and to develop the prevention agenda.
- Thirdly, the latest 'Project dashboard' report for the repatriation of CAMHs specialist services for Cwm Taf remains on track.

Part 1b – The recent Matrix Cymru recommendations which have led to an extension of psychological therapy interventions has meant that a number of group therapies have been included. There are a number of conditions which are relatively rare and there is difficulty in securing a critical mass of patients to deliver the therapy within a 56 day cycle (28 day assessment, 28 day intervention). The UHB continues to strive to meet this target, along with opening discussions with WG officials on the practicalities of compliance.

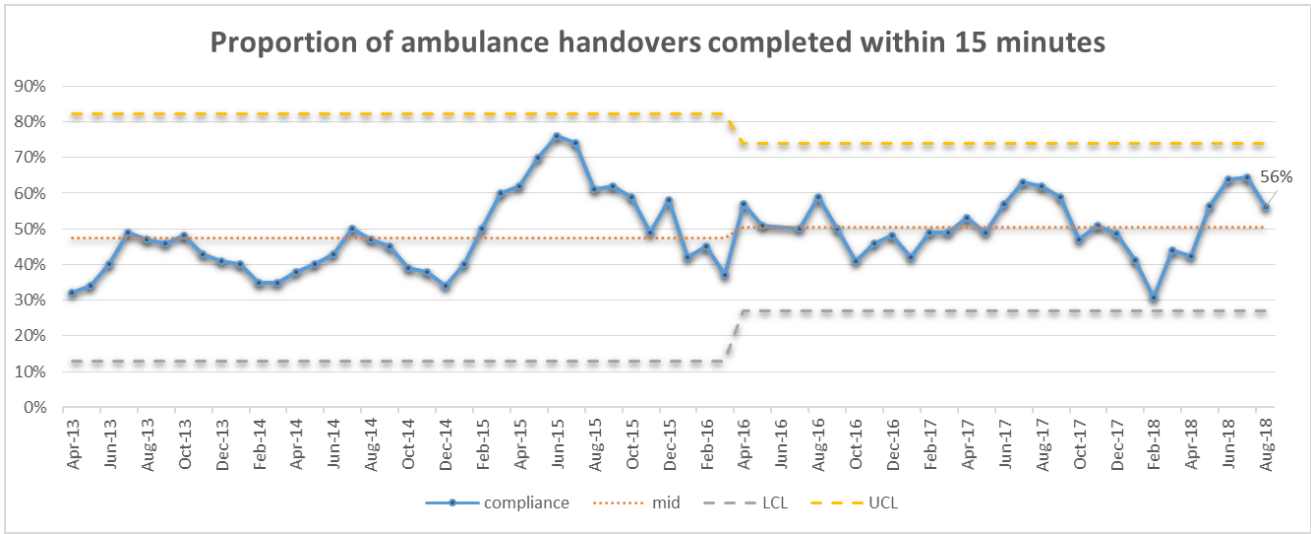
Part 2 – The drop in performance is related to doctor-led care planning. The Mental Health Clinical Board has introduced a process to ensure the psychiatrist's case-mix is commensurate with the level of need. This will improve access and stream patients to the appropriate level of support.

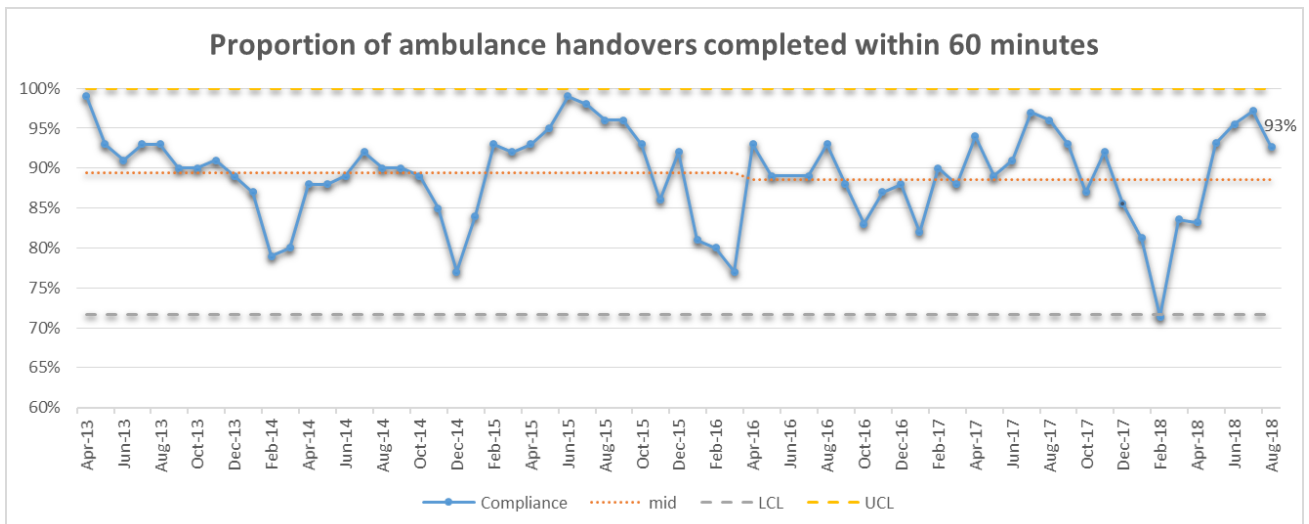
3) UNSCHEDULED CARE

The proportion of immediate and life threatening calls responded to within 8 minutes was 81% in August; fluctuating around the 12 month average of 82%. Performance remains above the Welsh Government target of 65%.

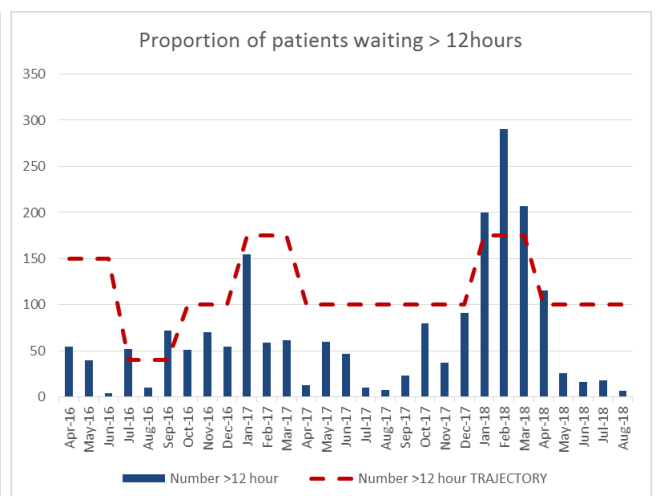
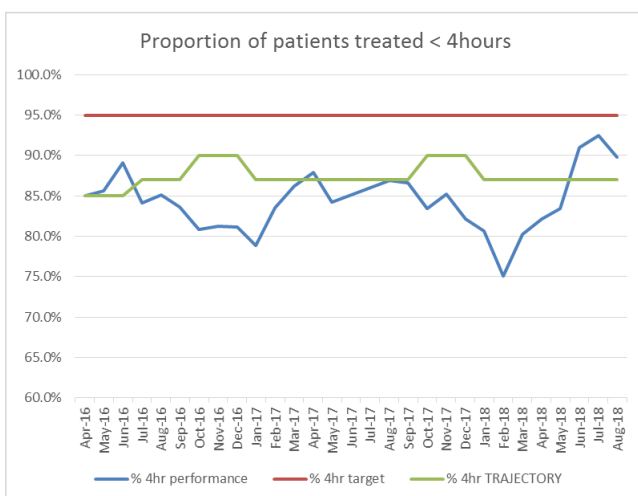


In respect of ambulance handovers, 56% of patients were handed over within 15 minutes and 93% of patients handed over within an hour marginally below the WG minimum standard of 60% within 15 minutes, and 100% within 60 minutes.

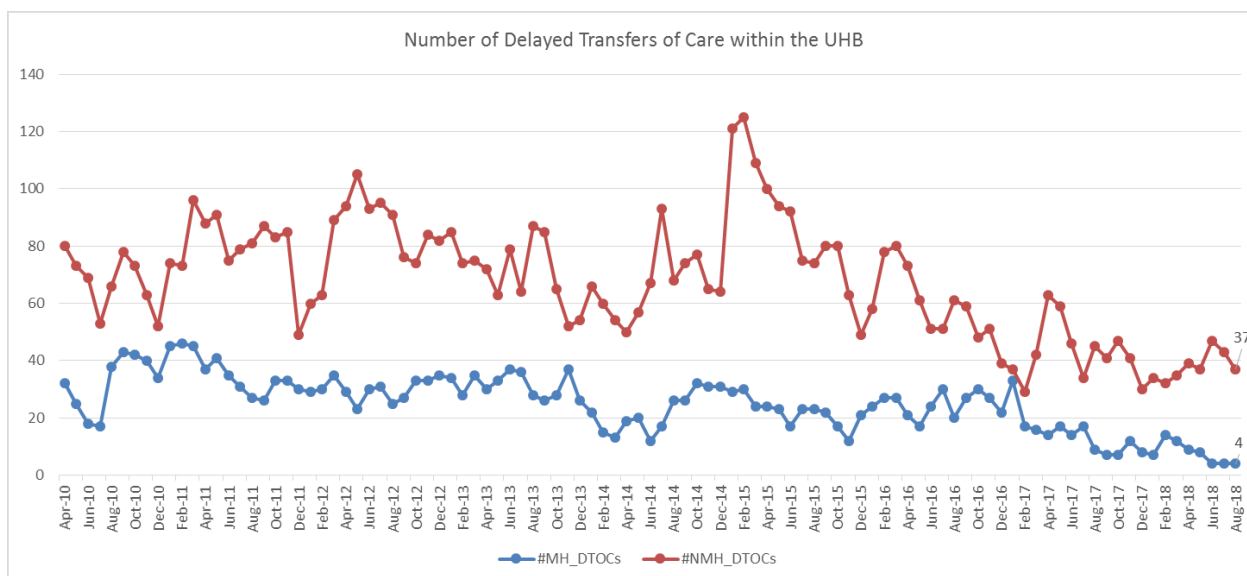




The proportion of patients admitted, discharged or transferred within 4 hours fell in August to 89.8%, below the WG target of 95% but continuing to exceed the UHB's IMTP trajectory of 87%. The number of patients waiting in excess of 12 hours further reduced to 7, remaining slightly above WG's standard 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 August 2018 census point, the UHB recorded that 41 patients had their care pathway delayed as per formal WG definitions. The number of bed days attributed to patients whose care was delayed was 1035 in the month, equating to 41 beds per day. DTOC's overall have been on a downward trend for some time allowing for seasonal variances.



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	May 18	May 18	Aug 18	May 18
HB	4 Hour	Patients >12Hrs	Red Call <8 Minutes	Ambulance Waits >1 Hr
ABM	78.9%	624	79.2%	452
AB	79.6%	331	70.6%	239
BCU	77.5%	1039	71.4%	498
C&V	83.4%	26	81.1%	171
CT	91.8%	100	73.2%	3
HD	83.3%	707	70.2%	165
C&V Rank	2/6	1/6	1/6	3/6

The UHB is ranked 4th for mental health delayed transfers of care of patients and is ranked 5th for its Mental Health rate.

	ABM	AB	BC	CV	CT	HD	Pow	C&V Rank
# HB MH DTOC	625	965	1133	461	280	446	259	4/6
# HB non MH DTOC	331	84	233	124	85	87	49	5/6

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 approach, outlined previously, that has contributed to recent performance improvement, remains in place. This entails an enhanced focus on 4 hour and 12 hour waits and ambulance delays through EU two-hourly 'huddles'. This has been augmented by enhanced Executive Director Support and in the out of hours period by increased focus from the Senior Manager on Call and Executive on-call.

The implementation of a 'Summer Plan' to improve the unscheduled care system – which leads into our Winter Plan – is progressing. There are a number of improvement initiatives, namely around improving primary care resilience, front door processes, reducing in-hospital length of stay and developing domiciliary based initiatives for expediting discharges.

Development of the 2018-19 integrated winter plan with our partners and on a whole system basis continues. A paper will be presented to Board at its September 2018 meeting.

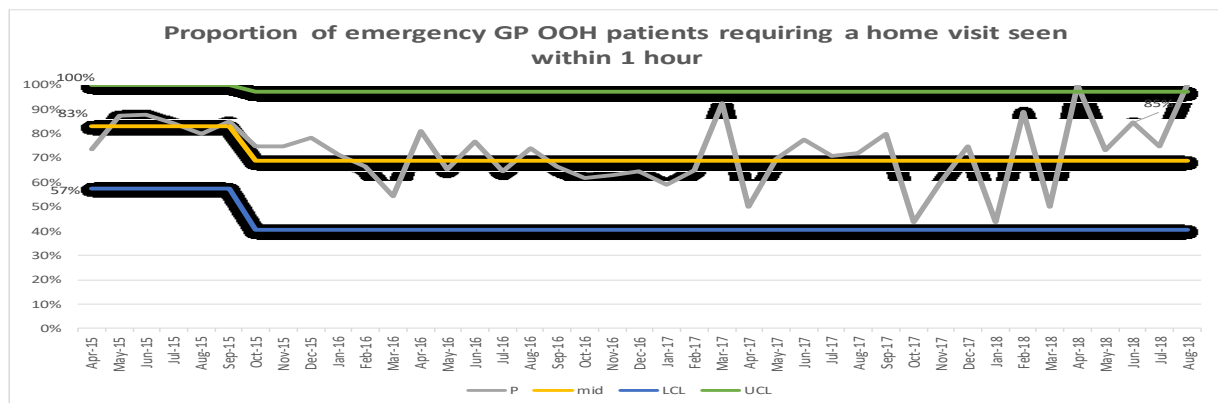
4) GP OUT OF HOURS SERVICES (OOH)

How are we doing?

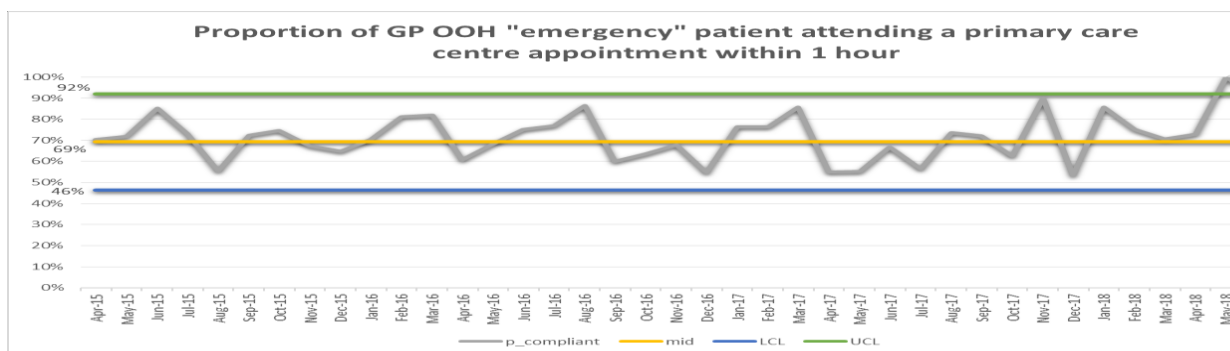
The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. Performance has steadily improved in all areas since February. Eight of the standards were achieved in August.

			Total Contacts= 8623			Total Contacts=8515			Total Contacts= 8297		
			Total Clinical Contacts Recorded on Adastr = 7447			Total Clinical Contacts Recorded on Adastr = 7295			Total Clinical Contacts Recorded on Adastr = 7052		
			Jun-18			Jul-18			Aug-18		
Standard	Description	Target	Total	Result	Score	Total	Result	Score	Total	Result	Score
Telephone Services											
Telephone Calls	Number of calls answered within set timeframes	95% ans. in 60 seconds	7744	7054	91%	7460	6764	91%	7194	6626	91%
		100% ans. in 120 seconds	7744	7369	95%	7460	7051	95%	7194	6798	94%
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	7744	111	1%	7460	113	2%	7194	464	6%
Handling	% of calls recording the correct patient demographic information	100% Correct	7744	7744	100%	7460	7460	100%	7194	7194	100%
Telephone Triage Services											
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	2036	1686	83%	2008	1687	84%	1862	1529	82%
	Longest time to triage an urgent call	Longest time		513			667			575	
	Average of the 10 longest times to triage an urgent call	Average time		357			445			332	
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	3814	3341	88%	3566	3150	88%	3492	3021	87%
	Longest time to triage a routine call	Longest time		715			912			1327	
	Average of the 10 longest times to triage a routine call	Average time		479			824			741	
Immediate Life Threatening (ILT) Conditions											
Referral	Number of life threatening conditions identified	100% within 3 minutes	168	158	100%	143	143	100%	104	104	100%
Home Visiting											
Home Visits	The number and percentage of home visits	No target	7447	510	7%	7295	496	7%	7052	440	6%
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	13	11	85%	12	9	75%	5	5	100%
	The number of face to face contacts within two hours	100% seen within two hours	13	13	100%	12	11	92%	5	5	100%
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	197	171	87%	172	137	80%	147	111	76%
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	300	247	82%	312	274	88%	288	230	80%
Primary Care Centre Appointments											
PCC	The number and percentage of PCC attendances	No target	7447	2358	32%	7295	2295	31%	7052	2165	31%
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	4	4	100%	20	18	90%	14	11	79%
	The number of face to face contacts within two hours	100% seen within two hours	4	4	100%	20	20	100%	14	14	100%
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	258	224	87%	212	185	87%	204	186	91%
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	2096	2060	98%	2063	2042	99%	1947	1922	99%
Transmissions											
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	8398	8398	100%	8169	8169	100%	7594	7594	100%
Other Data											
Outcomes	The number of calls ending in telephone advice	No target	7447	2072	28%	7295	1989	27%	7052	1767	25%
	The number of calls advised to contact their GP within 24hrs.	No target	7447	842	11%	7295	894	12%	7052	844	12%
Referrals OUT	The number of referrals to the Emergency Department	No target	7447	485	7%	7295	518	7%	7052	465	7%
	The number of referrals to WAST	No target	7447	171	2%	7295	236	3%	7052	168	2%
	The number of referrals for direct admission	No target	7447	226	3%	7295	253	3%	7052	289	4%
Referrals IN	The number of referrals from the Emergency Department	No target	7447	28	0.4%	7295	35	0.5%	7052	47	0.7%
	The number of referrals from WAST	No target	7447	154	2%	7295	168	2%	7052	128	2%
Rota	Shift fill rate (reported in hours)	100% of shifts filled	4178	3602	86%	4173	3696	89%	4214	3620	84%
Complaints/Incidents											
Complaints	Total number of complaints received & number upheld	No target		2			2			5	
Compliments	Total number of compliments received	Volume only		7			2			2	
Significant Events	Total number of significant events recorded	Volume only		0			0			0	
Serious Incidents	Total number of serious incidents recognised	Volume only		0			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 July and August was 75% and 100% respectively, meeting 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 90% in July and 79% (11/14) in August against a minimum standard of 75%.



How do we compare with our peers?

Welsh Government has 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. The UHB's relative performance is shown below for May 2018.

May-18	ABM	AB	BC	C&V	CT	HD	Pow	C&V Rank
%Urgent calls logged & patient started definitive clinical assessment <=20 mins of call being answered	85%	86%	75%	76%	67%	62%	85%	4/7
% very urgent patients seen <= 60 mins following clinical assessment	60%	78%	43%	73%	83%	100%	85%	5/7

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 subsequent reliance on bank staff, who provide less certainty as to their availability.

What actions 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. Notable progress to report:

- Minor Illness clinicians are being trialled within the service during the weekend periods.
- A 3 year work plan has been developed following the capacity and demand work, this is currently being shared with the clinical board.
- The all-Wales OOHs peer review will be taking place at the end of September.

- The service is working with the 111 project to pilot Health Care Support Workers within the multi-disciplinary team. Presently we are awaiting written confirmation of the finance having been received before moving forward
- Confirmation of the Expected Death Policy documentation has been completed for the UHB, which includes a policy change enabling qualified practitioners, not just medics, to certify death. Agreement from the Nursing & Midwifery Council's Director of Nursing Board is now awaited.

5) STROKE

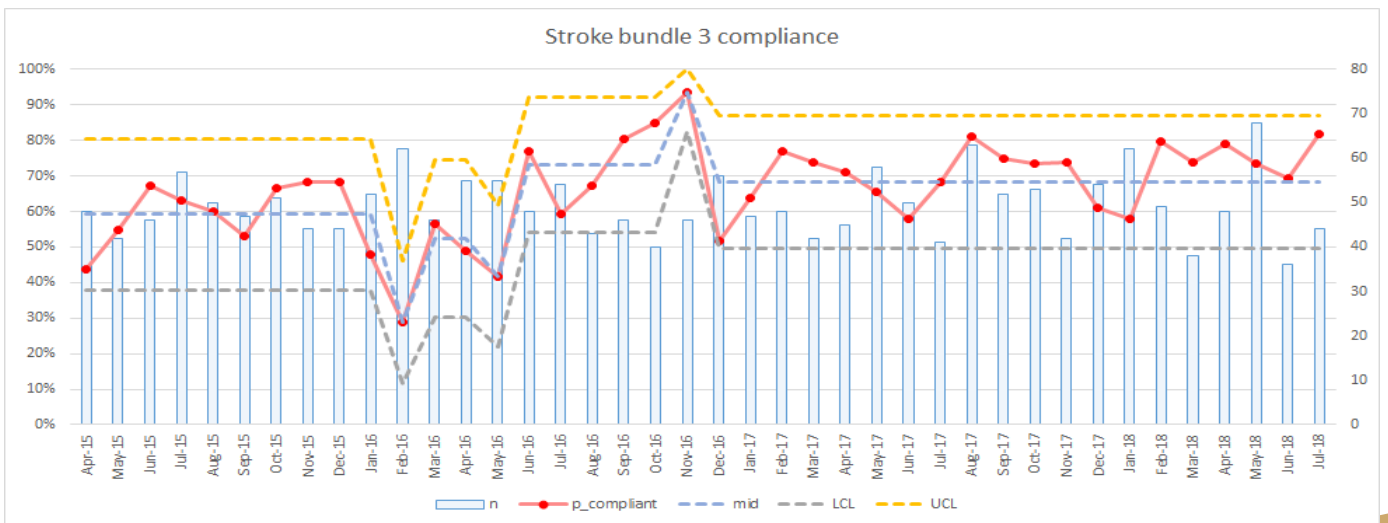
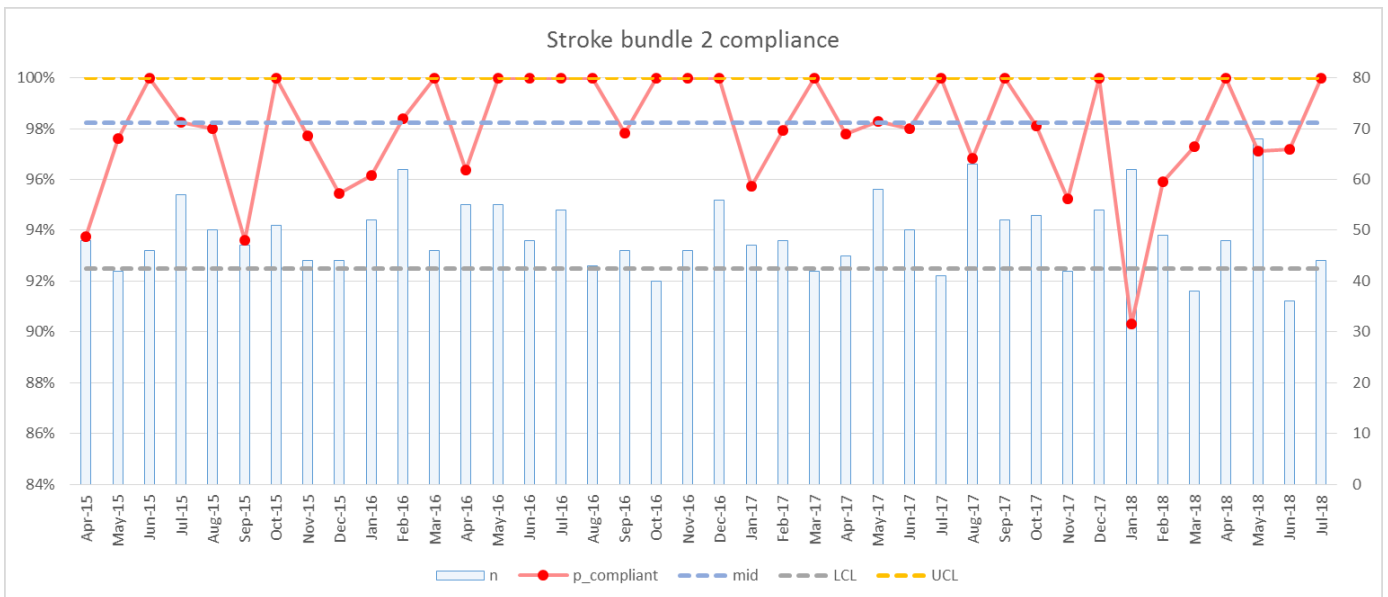
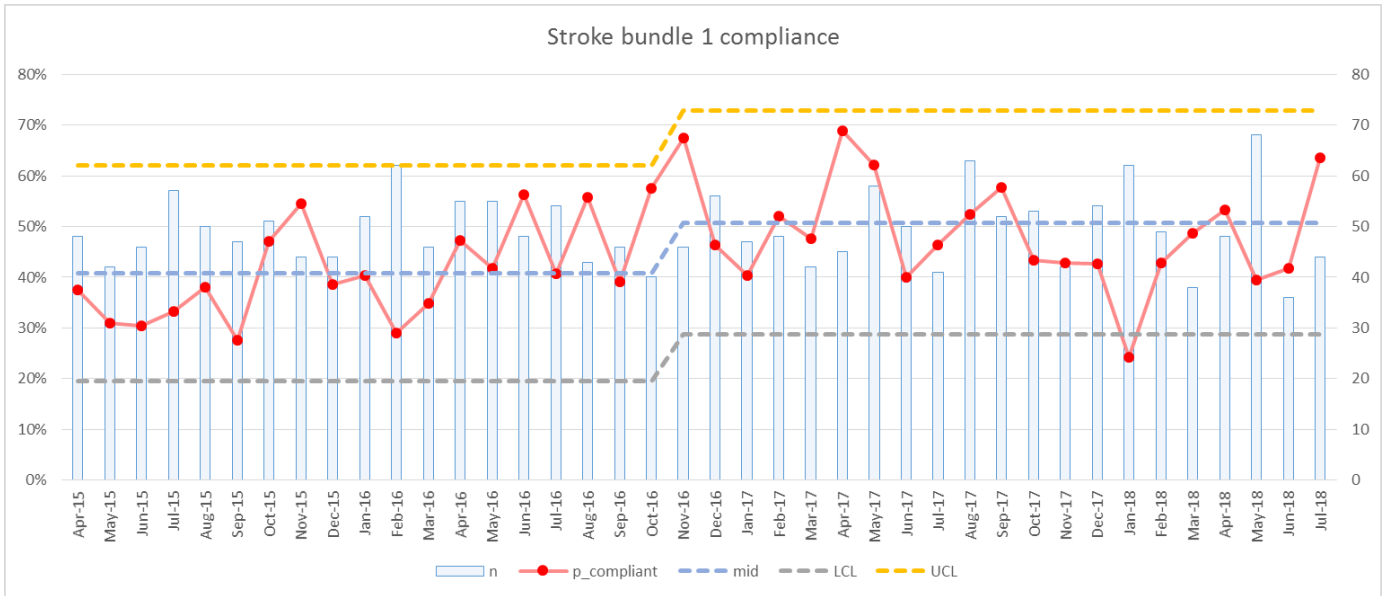
How are we doing?

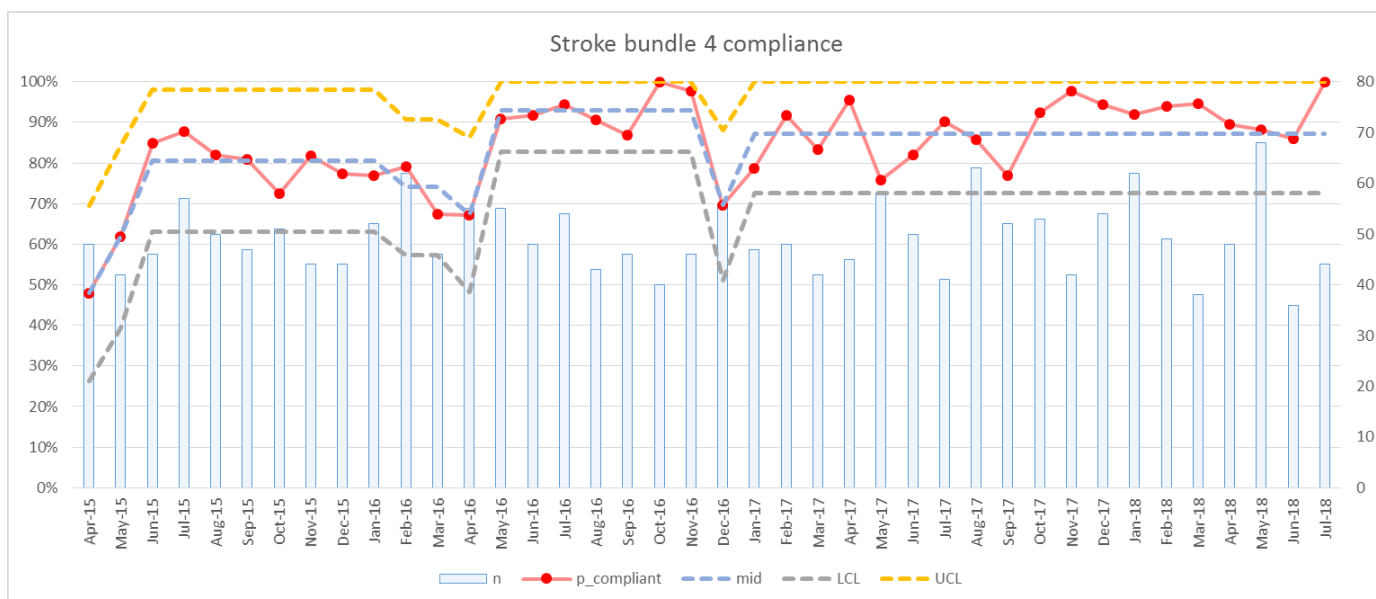
The expectation on the UHB is to demonstrate continuous improvement over the course of the year with the objective of achieving the SSNAP UK average by the end of the financial year. (SSNAP is the audit tool used throughout the UK to record detailed data on stroke patients treated in hospitals).

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. The UHB is presently meeting all four of the standards.

WG benchmarking standard		IMTP trajectory	UHB in Jul-18
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	60%	63.6%
12 Hour QIM	CT Scan within 12 hours	97%	100%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	80%	81.8%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	25%	10.0%

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:





How do we compare with our peers?

The latest available benchmarking data across Wales indicates that all Health Boards are facing challenges in providing direct admission to the acute stroke ward and thrombolysis within 45 minutes on a sustainable basis.

In May 2018	ABM	AB	BCU	C&V	CT	HD	C&V Rank
Direct admission to Acute stroke unit <4h	37.5%	64.8%	47.6%	39.4%	47.4%	65.5%	5/6
CT scan <1h	43.0%	63.4%	39.8%	72.1%	66.7%	72.0%	1/6
Assessed by a stroke consultant <24h	93.3%	94.4%	83.5%	83.8%	51.3%	94.7%	4/6
Thrombolysis door to needle (<=45min)	11.1%	37.5%	35.7%	10.0%	0%	50%	5/6

What are the main areas of risk?

The greater operational challenges to delivery are achieving the door to needle time of 45 minutes. Specifically the variance in the time of presentation of the small volumes of patients for consideration of thrombolysis and their clinical complexity were the root cause of these challenges.

What actions are we taking?

The overall ability to transfer to an acute stroke unit has now improved.

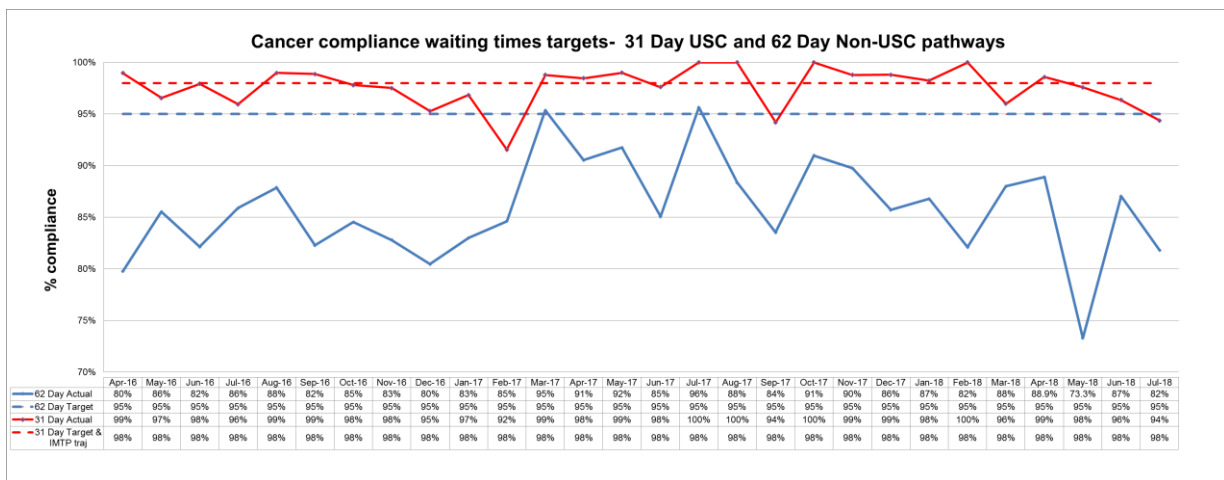
The inpatient thrombolysis pathway is being revisited to explore options to streamline the process further and further training for junior doctors and EU middle grade medical staff is to be provided.

6) CANCER

How are we doing?

94.4% of cancer patients on the 31 day pathway were treated within the standard in July 2018, with 2 Lower Gastrointestinal, and 2 Breast patients waiting in excess of 31 days. There has been a steady decline in performance from 97.6% in May.

Reported performance against the USC 62 day target in July 2018 was 81.8%, below the UHB's IMTP trajectory for quarter 2 of 92%. There were 20 breaches in month, of which 2 were Head and Neck, 7 were GI; 1 haematology; 2 breast; 4 Urology and 4 Lung.



The UHB continues to prepare for the implementation of the 'Single Cancer Pathway' (SCP). In line with Welsh Government requirements, the UHB has been submitting a shadow report on SCP performance – with the latest report submitted in May for April data. The Health Board reported 94% compliance including application of suspensions and a 63% compliance without suspensions. It should be noted, however, that this is not a true reflection of ongoing SCP performance – as the requirement for the initial months was to only include patients joining the pathway after January 2018 – and reporting requirements are not fully finalised.

How do we compare with our peers?

In June 2018, the UHB was 96.4% compliant with the 98% delivery standard for the 31 day non-USC pathway. No Health Board delivered the 95% 62 day USC standard.

June 2018	ABM	AB	BCU	C&V	CT	HD	Wales	C&V Rank
Non USC	96.2%	98.1%	97.8%	96.4%	98.2%	97.5%	97.4%	5/6
USC	84.1%	87.9%	83.3%	87.0%	83.3%	91.0%	85.9%	3/6

What are the main areas of risk?

- The main reasons for the deterioration in performance relate to an exceptional rise in Urgent Suspected Cancer referrals combined with a delayed impact of loss of radiology capacity as a result of the severe weather in March. It is worth noting that the UHB has treated 30 more confirmed cancer patients year-to-date compared to last year, a 9% increase on the previous two years.
- Balancing demand and capacity, including the need to balance waiting time target demands and clinical urgency across all categories of referrals. This is particularly challenging for diagnostics.
- Challenges in recruiting healthcare professionals to key (and often specialist) posts.
- 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.

What actions are we taking?

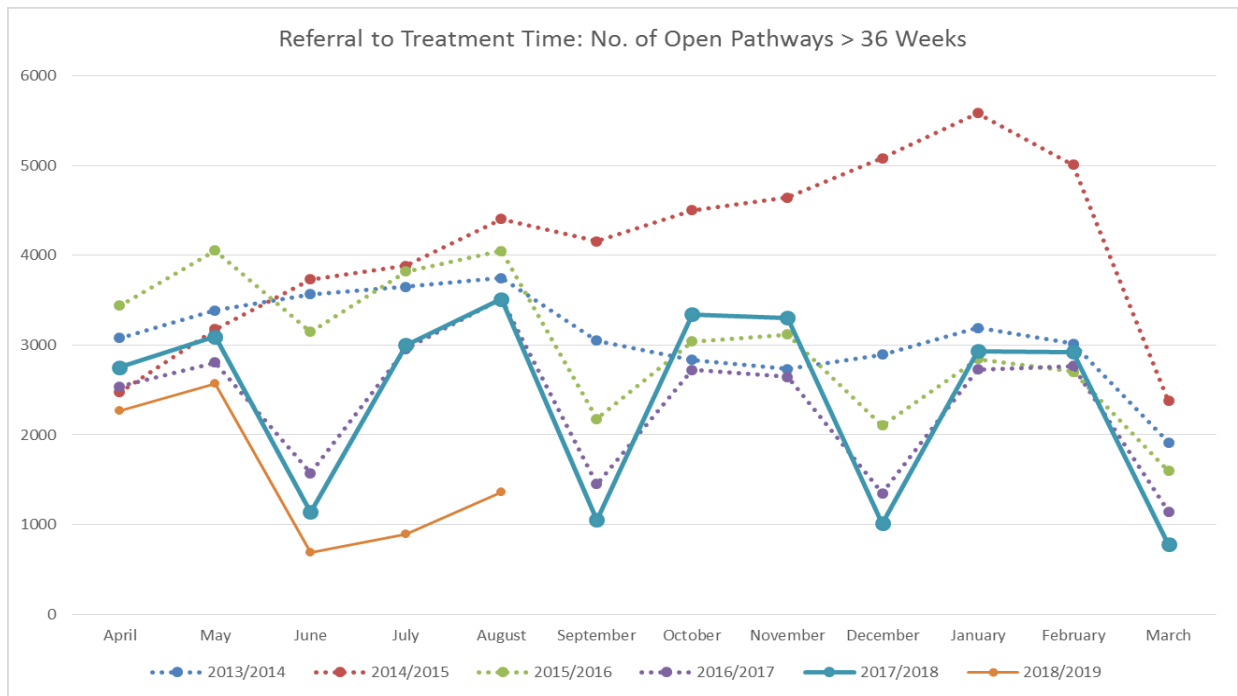
- Extraordinary meetings, chaired by the Chief Operating Officer, with Clinical Board Directors of Operations to agree and monitor actions to improve performance by individual tumour sites continue on a weekly basis.
- Pursuing (a) additional activity for breast (Outpatients & mammograms) and (b) locum to cover unplanned absences – both to reduce time to the first outpatient in breast.
- Pursuing additional capacity for CT reporting to reduce backlog and time to report.
- Recruitment of an additional 4 WTE radiographers to increase scanning capacity for CT underway.
- Core endoscopy capacity is being used for cancer referrals and surveillance (with insourcing activity focused on > 8 weeks diagnostics).
- Medicine Clinical Board has met with Velindre NHS Trust and agreed a range of actions to address delays for patients on a lung cancer pathway.
- The pathway redesign project in GI continues, as previously reported.

7) ELECTIVE ACCESS

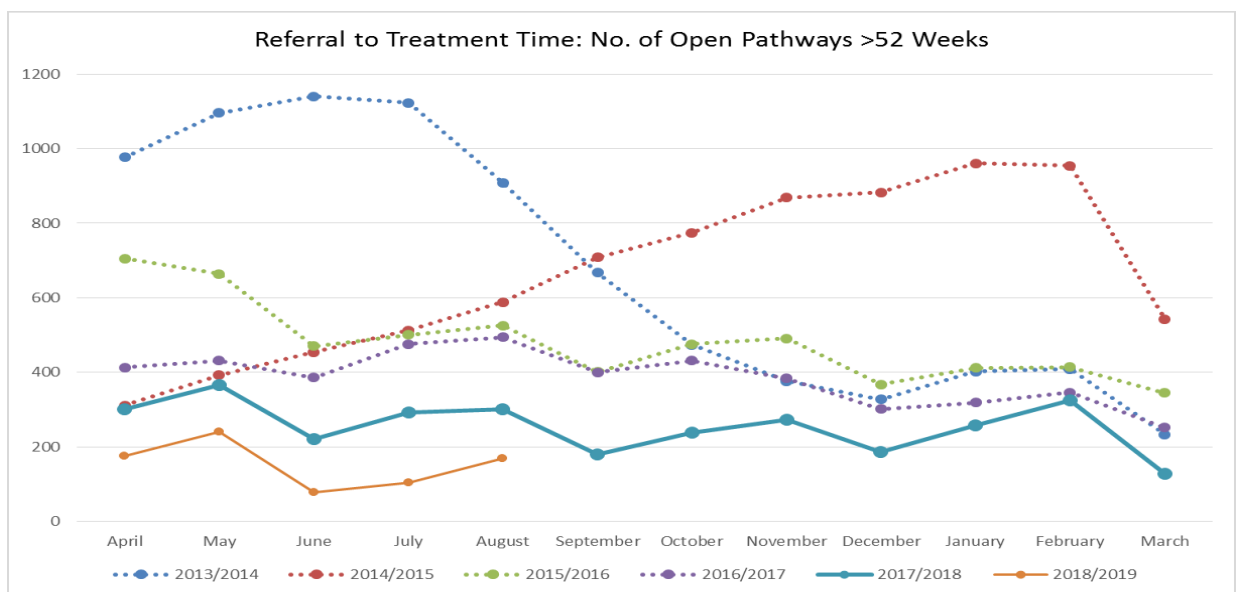
How are we doing?

There were 10768 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of August, equating to 86% of patients waiting under 26 weeks, in line with the IMTP trajectory of 86%.

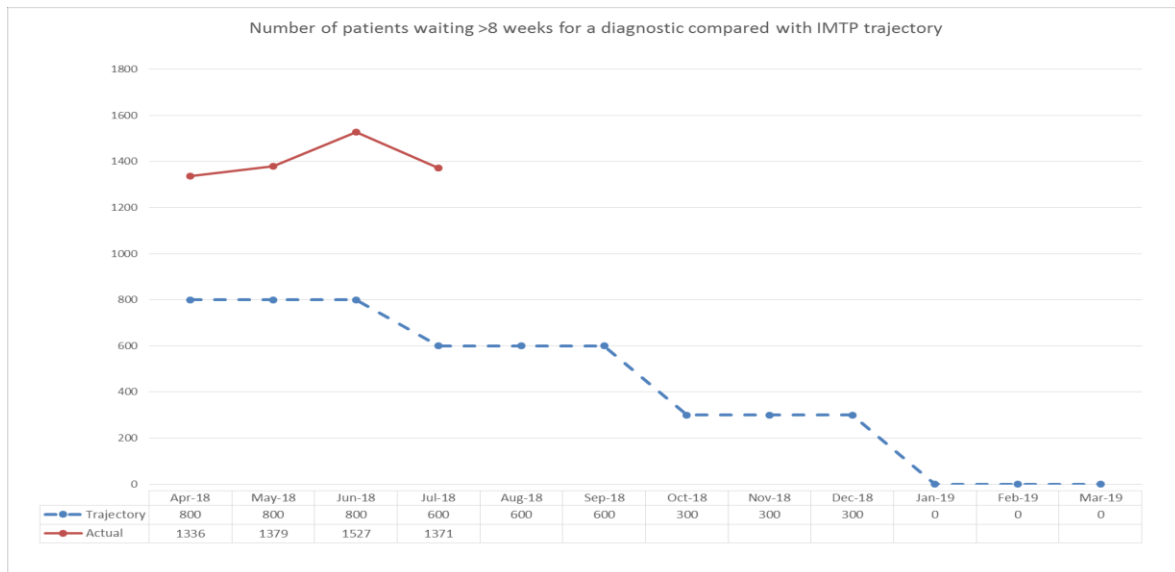
The number of patients waiting over 36 weeks reduced to 1366 at the end of August. This is a 40% reduction in the number of long waiting patients that was recorded at the start of the financial year.



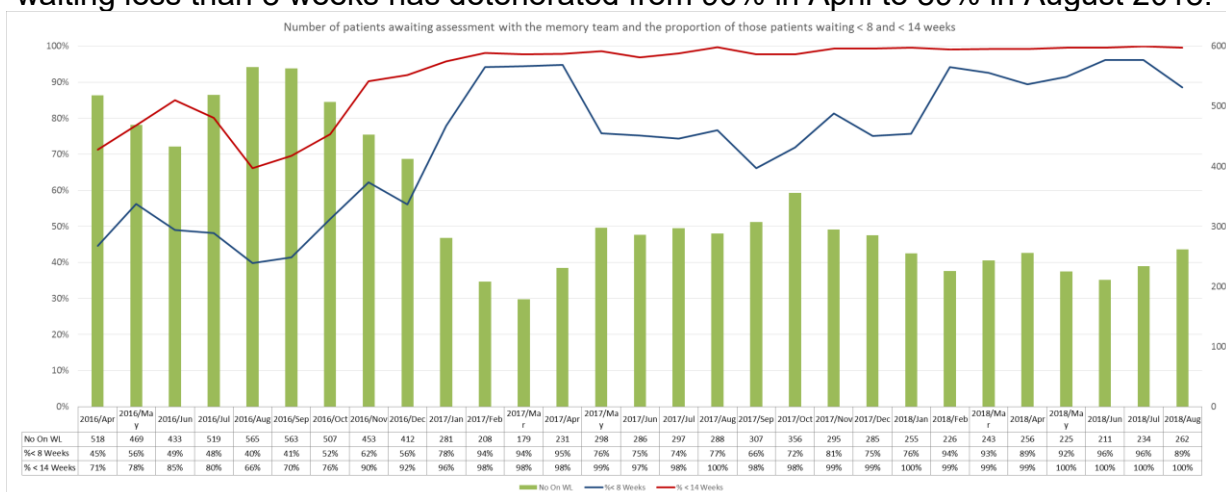
The number patients greater than 52 weeks at the end of August was 169, broadly in line with the numbers reported over the past 6 months.



The Welsh Government has now included additional cardiac diagnostic services within the national performance framework, which was not factored in to the UHB's IMTP trajectory. As a consequence the Health Board is now reporting the number of patients waiting greater than 8 weeks for a diagnostic test at the end of July 2018 as 1371, against the original trajectory which does not account for the cardiology tests.



At the end of August 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 has deteriorated from 96% in April to 89% in August 2018.



How do we compare with our peers?

The All-Wales waiting time position at the end of June 2018, shown below, indicates that Cardiff & Vale ranked 3rd for the proportion of patients waiting less than 26 weeks, 2nd for the lowest number of patients waiting in excess of 36 weeks and 5th for the number of patients waiting in excess of 8 weeks for a diagnostic.

Jun 2018	Wales	ABM	AB	BC	C&V	CT	HD	C&V Rank
% < 26 weeks -RTT	88.7%	88.7%	90.8%	85.8%	88.7%	93.1%	86.4%	3/6
No. > 36 weeks - RTT	12594	3319	848	5767	686	195	1779	2/6
No. > 8 weeks diagnostic	5018	915	502	1742	1527	207	122	5/6

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 on 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 established Planned Care planning cycle. This now includes a move to monthly cohort monitoring.
- Early decision making to smooth activity across the year and maximise opportunities for improvement.

8) FINANCE

How are we doing?

The UHB's 2018/19 operational plan includes a £9.9m planned deficit. This is dependent upon managing the following key challenges:

- identifying and delivering a £33.780m savings target;
- identifying and delivering a further £9.266m of financial improvement;
- the management of operational cost pressures and financial risks within delegated budgets.

The UHB has a full savings programme and financial improvement plan in place and the delivery of these is now key to the success of the plan. The adverse variance reported against the operational plan deteriorated by £0.227m in month 5 to £0.788m and the UHB expects to recover this overspend as the year progresses.

Background

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 approvable 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 the UHB was encouraged to seek further improvement.

The Health Board reconsidered its position at its March 2018 Board Meeting and 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.

This decision was shared with Welsh Government and on 10th July the UHB submitted its one year operational plan to Welsh Government. This position has been accepted and the UHB has received £10m additional annual operating plan funding and consequently the UHB has reduced its forecast deficit to £9.9m.

Reported month 5 position

At month 5 the UHB is reporting a deficit of £4.913m comprised of the following:

- £4.125m planned deficit (5/12th of £9.900m);
- £0.788m adverse variance against plan.

The overspend against the plan increased by £0.227m to £0.788m and is primarily driven by nursing, clinical supplies and services and slippage against savings schemes. These areas are subject to additional scrutiny and the overall adverse variance to the plan is expected to be recovered over the final 7 months of the year.

Income and Expenditure Analysis

Summary Financial Position for the period ended 31st August 2018

Income/Pay/Non Pay	In Month			Year to Date			Full Year		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Forecast £m	Variance (Fav)/Adv £m
Income	(113.500)	(113.250)	0.250	(551.208)	(550.284)	0.924	(1,338.463)	(1,338.463)	0.000
Pay	49.419	49.478	0.059	246.911	246.840	(0.071)	587.127	587.127	0.000
Non Pay	64.906	64.824	(0.081)	308.423	308.358	(0.065)	761.237	761.237	0.000
Variance to Draft Plan £m	0.825	1.052	0.227	4.125	4.913	0.788	9.900	9.900	0.000
Planned Deficit	(0.825)	0.000	0.825	(4.125)	0.000	4.125	(9.900)	0.000	9.900
Total £m	0.000	1.052	1.052	(0.000)	4.913	4.913	0.000	9.900	9.900

Progress against savings targets

The UHB has agreed a 3% recurrent savings target of £25.3m and a further 1% non-recurrent savings targets of £8.4m for delegated budget holders.

At month 5 the UHB has fully identified schemes to deliver against the £33.780m savings target

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	33.780	33.780	0.000

In addition the UHB has a fully established £9.266m financial improvement plan.

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 £39.1m.

Creditor payment compliance

Month 5 non-NHS Creditor payment compliance was 95.3% for April, achieving the 95% 30 day target.

Remain within Capital expenditure resource limit

THE UHB had an approved annual capital resource limit of £33.008m at the end of August. Capital expenditure at the end of August was £12.848m against a plan of £11.928m.

Cash

The UHB has a forecast cash deficit of £24.793m. Cash management plans will be developed if Welsh Government cash support is not provided.
The UHB cash balance at the end of August was £6.148m.

What are our key areas of risk?

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

- Delivery of the identified savings plans
- Managing operational service pressures within current budgets.
- Managing down the underlying deficit

What actions are we taking to improve?

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.

REPORT TITLE:	CARDIFF AND VALE OF GLAMORGAN DEMENTIA STRATEGY 2018-2028					
MEETING:	BOARD			MEETING DATE:	27 September 2018	
STATUS:	For Discussion		For Assurance	X	For Approval	For Information
LEAD EXECUTIVE:	Executive Director of Public Health					
REPORT AUTHOR (TITLE):	Consultant in Public Health Medicine					

PURPOSE OF REPORT:

SITUATION:

The Cardiff and Vale of Glamorgan Dementia Strategy is being brought to Board in order to provide assurance that the Strategy’s delivery plan is delivering on its objectives and milestones. The briefing also outlines where we are to date.

REPORT:

BACKGROUND:

The Cardiff and Vale of Glamorgan Dementia Strategy and action plan was launched on 21 May 2018. During the build up to the launch, a workshop was held initially in March 2017 to create a vision and objectives for the Strategy. Following a period of consultation on the local Strategy, the national Dementia Action Plan for Wales was launched in February 2018. The actions within the local Cardiff and Vale Dementia Strategy were aligned to the 61 national actions in order to deliver against the national and local plans simultaneously.

A Dementia Delivery Group will oversee the delivery of the Cardiff and Vale of Glamorgan Dementia Strategy, with the inaugural meeting on 28 September 2018. This will be multi-agency involving service users and carers, chaired by the Director of Mental Health Clinical Board. It will report into the Regional Partnership Board.

The Cardiff and Vale of Glamorgan Dementia Strategy was preceded by the Cardiff and Vale Dementia 3 Year Plan (April 2014-17), which was governed by the Dementia Taskforce, operating between April 2014 to March 2017. Much was achieved during this time, and the new Cardiff and Vale of Glamorgan Dementia Strategy builds on this work.

ASSESSMENT:

Achievements of the Cardiff and Vale Dementia 3 Year Plan (April 2014-17), include

- Pilot dementia friendly community areas implemented and received recognition status
- Roll out of Making Every Contact Count
- Telecare/telehealth strategies being implemented

- Dementia Champions Network developed
- '10 minutes of your time' survey widely implemented (within a Mental Health inpatients setting)
- Existing training provision scoped across health and social care, and a future model created
- Mini audit of general hospital inpatients
- Single point of access for urgent and emergency referrals within Mental Health created
- Anti-psychotic checklist and dementia drugs pathway ratified and launched
- The refocusing model, within current resource limitations, was fully applied
- Length of stay for people with dementia audited
- DGH Liaison Psychiatry for Older People Service developed
- Carers education pathway developed
- Training on non-pharmacological methods in behaviour management being rolled out

As at March 2018, during the transition phase, and prior to the launch of the Cardiff and Vale Dementia Strategy in May 2018, over 19,200 people have become dementia friends within Cardiff and the Vale of Glamorgan. 'Read about Me', a person-centred toolkit for people with dementia in both the acute and community environments was rolled out; John's campaign for carers within the in-patient environment was launched; and mandatory dementia awareness training across the UHB was rolled out (as at March 2018, compliance was 69.3 per cent).

The actions achieved during the term of the Dementia 3 Year Plan (April 2014-17) and transition period have built a foundation for the new Cardiff and Vale of Glamorgan Dementia Strategy.

The vision of the Strategy is:

'By 2028 the population of Cardiff and the Vale of Glamorgan will be dementia aware and will reduce their risk of dementia. People with dementia will have equitable and timely access to a diagnosis; they will have person-centred care delivered locally with kindness. Carers will feel supported and empowered.'

The eight strategic objectives are:

1. Dementia is everyone's business
2. The risk of dementia will be reduced and there will be a timely diagnosis
3. Access to services will be equitable
4. Services will be fully coordinated
5. Services will be delivered with kindness and compassion
6. Support will be centred on Primary Care
7. Carers will be for cared for
8. Crises will be avoided

The outcomes we aspire to achieve include:

- Increasing the number of dementia friends and dementia friendly environments

- Ensuring a timely diagnosis of dementia
- Increasing the proportion of NHS frontline staff trained in line with 'Good Work'
- Increasing support for people with dementia and their carers

The accompanying action plan is aligned to the national Dementia Action Plan for Wales. At the time of submission to Welsh Government (3 September 2018), there were 61 actions requiring compliance to the national Dementia Action Plan for Wales, of which zero were red; 24 were amber; and 19 were green. The remainder were not applicable. Please see Appendix. Many of the amber actions were pending Welsh Government funding.

RECOMMENDATION:

The Board is asked to:

- **NOTE the progress to date**
- **SUPPORT the further implementation of the Cardiff and Vale of Glamorgan Dementia Strategy**

Appendix:

1. Cardiff and Vale of Glamorgan Dementia Strategy 2018-2028
2. Submission to Welsh Government on progress to date (as at 3 September 2018)

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

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

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click [here](#) for more information

Sustainable development principle: 5 ways of working	Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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**EQUALITY AND
HEALTH
IMPACT
ASSESSMENT
COMPLETED:**

Yes

Kind and caring
Caredig a gofalgwr

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol



Cardiff & Vale of Glamorgan
**INTEGRATED HEALTH
& SOCIAL CARE PARTNERSHIP**

**PARTNERIAETH IECHYD
& GOFAL CYMDEITHASOL INTEGREDIG**
Caerdydd & Bro Morgannwg

Cardiff and Vale of Glamorgan Dementia Strategy 2018-2028

ACKNOWLEDGEMENTS

Thanks go to all who participated in the focus groups, interviews, dementia strategy development event and steering group: including people with dementia and their carers, service providers and many third sector organisations. Thanks to the Director of Cardiff Camera Club and Diverse Cymru for some of the photos included within this Strategy.

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FOREWORD

Welcome to the Cardiff and Vale of Glamorgan Dementia Strategy 2018-2028. In Cardiff and Vale there are approximately 5,000 people with dementia. We know that as well as changing the life of the person with dementia, dementia has a significant impact on the lives of relatives, friends and neighbours who often take on caring roles.

We want people with dementia and their carers to live well and be supported to do so throughout the progression of the illness. They will know about and be able to access the right support and services at the right time. We want dementia to become everyone's business. That means that we need to ensure everyone knows about dementia and that people can live well with dementia.

This strategy has been co-produced by a range of stakeholders including people with dementia, carers, a range of third sector organisations, Cardiff Council, The Vale of Glamorgan Council and Cardiff and Vale University Health Board. By collaborating to produce this Strategy we hope that all stakeholders will be fully engaged in the delivery of the ambitious vision over the next ten years.

This strategy sets out how organisations and people across Cardiff and the Vale of Glamorgan will work together to improve the lives of people with dementia and their carers and we hope that you will support and join us in this challenge.



Susan Elsmore

Cllr Susan Elsmore

**Chair, Regional Partnership Board, Cardiff and the Vale of Glamorgan
Cabinet Member for Health, Housing and Wellbeing Cardiff Council**

EXECUTIVE SUMMARY

The vision and strategic objectives for this strategy were produced through the Dementia Needs Assessment, by consensus at the Dementia Strategy Development Event in March 2017, and through consultation.



The vision is:

By 2028 the population of Cardiff and the Vale of Glamorgan will be dementia aware and will reduce their risk of dementia.

People with dementia will have equitable and timely access to a diagnosis; they will have person-centred care delivered locally with kindness. Carers will feel supported and empowered.

The eight strategic objectives are:

1. Dementia is everyone's business
2. The risk of dementia will be reduced and there will be a timely diagnosis
3. Access to services will be equitable
4. Services will be fully coordinated
5. Services will be delivered with kindness and compassion
6. Support will be centred on Primary Care
7. Carers will be for cared for
8. Crises will be avoided

All actions in the action plan for dementia will fall under the eight key strategic objectives. Action areas incorporate high level aspirations, and will take time to achieve fully. Through working in partnership, we will aspire to meet the actions by their target dates.

INTRODUCTION

Older people are an important and growing population in Cardiff and the Vale of Glamorgan. To stay well we need to work together as a community to provide opportunities to maintain good health and then care and support for people when their health deteriorates.



In Cardiff and the Vale of Glamorgan we want to do two things: to help people live healthier lives so that the number of new people with dementia decreases over time and to make positive changes for people with dementia, their carers, families and friends.

Dementia describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. It is caused when the brain is damaged by diseases such as Alzheimer's disease or a series of strokes. Dementia is progressive, which means the symptoms will gradually get worse. Dementia is rare for people under 65 years, but becomes progressively more common as people age.

In recent years there has been an increased focus on dementia both nationally and locally because the population is ageing, and this has led to increasing numbers of people with dementia. There are approximately 5,000 people living with dementia in Cardiff and the Vale of Glamorgan. It is estimated that approximately two-thirds of

people living with dementia live in the community, with one-third living in residential or nursing care homes. A large number of people are living without a formal diagnosis, hindering their access to relevant support and services.

This strategy has been developed as a partnership by the University Health Board with Cardiff Council and the Vale of Glamorgan Council together with local partners from the third sector, as well as through talking to people with dementia, their carers, staff and service providers about their experiences.

This Strategy has a 10 year time frame to allow long term planning, this is especially important when planning housing and hospital provision which will take a substantial time to develop and implement.

The Cardiff and Vale of Glamorgan Dementia Strategy will:

- Set out the vision for what we want to achieve by 2028
- Enhance partnership working
- Identify key priorities for what needs to improve
- Engage local people in discussion on what works best for them
- Ensure that we provide person-centred care

POLICY CONTEXT

There are a number of national policies which are relevant to the prevention of dementia and services for people with dementia and their carers. We will ensure due consideration for these in the Dementia Strategy.

THE SOCIAL SERVICES AND WELL-BEING (WALES) ACT 2014

The Social Services and Well-being (Wales) Act 2014 came into effect in April 2016 to improve the well-being of people who need care and support, and carers who need support.

The new Act promotes a range of help available within the community to reduce the need for formal, planned support and is based on the premise that:

- Services will be available to provide the right support at the right time
- More information and advice will be available
- Assessment will be simpler and proportionate
- Carers will have an equal right to be assessed for support
- There will be stronger powers to keep people safe from abuse and neglect

Part 9 of the Social Services and Well-being Act requires local authorities to make arrangements to promote cooperation with their relevant partners and others, in relation to adults with needs for care and support and carers. The Act also encourages partnership arrangements between local authorities and local health boards.

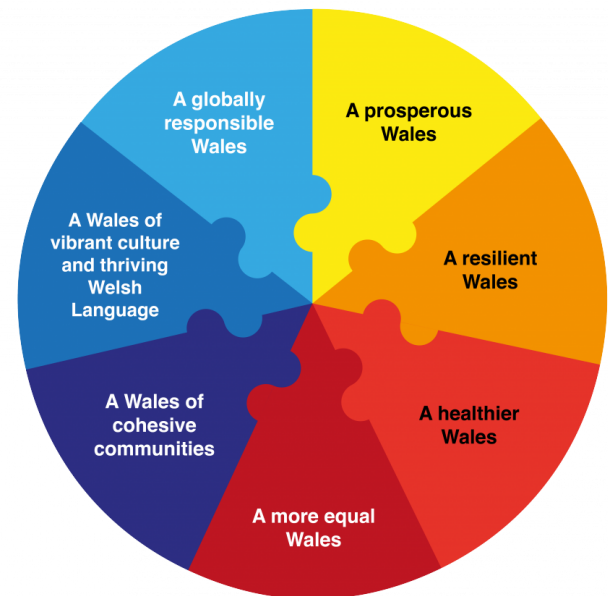
The Social Services and Wellbeing (Wales) Act 2014 introduced a duty on local authorities and local health boards to prepare and publish an assessment of the care and support needs of the population, including carers who need support. The population needs assessment was undertaken between February 2016 and January 2017. The Cardiff and Vale Dementia Health Needs Assessment (February 2017) which

describes unmet health needs of people with dementia and carers was used to inform the population needs assessment.

WELL-BEING OF FUTURE GENERATIONS ACT (WALES) 2015

The Well-being of Future Generations Act (Wales) 2015 came into effect in April 2016. This Act is about improving the social, economic, environmental and cultural well-being of Wales. It gives a legally binding common purpose – the seven well-being goals – for national government, local government, health boards and other specified public bodies. It details the ways in which these public bodies must work, and work together, to improve the well-being of Wales.

The Act will make public bodies think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. This law requires public bodies to act in a sustainable way.



PARLIAMENTARY REVIEW OF HEALTH AND SOCIAL CARE IN WALES

The establishment of a Parliamentary Review into the long-term future of health and social care in Wales is a key commitment in the Welsh Government's Programme for Government launched in September 2016. The independent panel of experts, established in November 2016, was tasked with producing a report focusing on the sustainability of health and social care in Wales. The [final report](#) was launched in January 2018, with 10 key recommendations:

1. One seamless system for Wales
2. The Quadruple Aim for all

3. Bold new models of seamless care – national principles, local delivery
4. Put the people in control
5. A great place to work
6. A Health and Care System that's always learning
7. Harness innovation, and accelerate technology and infrastructure developments
8. Align system design to achieve results
9. Capacity to transform, dynamic leadership, unprecedented cooperation
10. Accountability, progress and pace

WELSH GOVERNMENT'S DEMENTIA ACTION PLAN FOR WALES 2018-2022

Welsh Government's National [Dementia Action Plan 2018-2022](#) was published in February 2018. The key themes from the action plan are:

- Risk reduction and delaying onset
- Raising awareness and understanding
- Recognition and identification
- Assessment and diagnosis
- Living as well as possible, for as long as possible with dementia
- The need for increased support
- Supporting the implementation

Alongside the launch of the plan, Welsh Government committed a recurrent £10 million nationally from 2018/19, for the following initiatives:

- Developing 'teams around the individual' to provide additional support for people with dementia and their families/carers.
- Reviewing and standardising the role of dementia support workers – increasing their numbers as required.
- Development of an All Wales Dementia Allied Health Practitioner Consultant post which will give advice and support to health boards and local authorities to drive forward service improvements.
- Increasing the rate and timeliness of dementia diagnosis.
- Strengthening collaborative working between social care and housing to enable people to stay in their homes longer.
- The roll out of the 'Good work – Dementia Learning and Development Framework' to enable people who work with those living with dementia to have the skills to recognise symptoms earlier and help them feel confident and competent in caring for and supporting those living with dementia.
- Introducing the principles of 'John's Campaign' across all health boards and trusts.

Where there are links to the National Action Plan for Wales, this will be illustrated in [purple text](#).

OLDER PEOPLE'S COMMISSIONER'S REPORT DEMENTIA: MORE THAN JUST MEMORY LOSS

The Older People's Commissioner's Report details the extensive interviews that were held with people across Wales. This research gave people living with dementia and their carers a voice, to drive the change to improve support and services for people living with dementia and their carers. Key conclusions included:

- There is a widespread lack of knowledge and understanding of dementia amongst professionals and the wider public
- Dementia services lack the flexibility to effectively meet the needs of people living with dementia and their carers

- A lack of cooperation between services creates unnecessary difficulties and barriers for people living with dementia and their carers
- The combination of the factors set out above results in significant variation and inconsistency in the experiences of people living with dementia and those who care for them

CARDIFF AND VALE UNIVERSITY HEALTH BOARD SHAPING OUR FUTURE WELLBEING STRATEGY

The [‘Shaping our Future Wellbeing Strategy’](#) 10-year strategy was developed by Cardiff and Vale UHB in partnership with other sectors.

The key principles of the strategy are:

- Empower the person
- Home first
- Outcomes that matter to people
- Avoid harm, waste and variation

There are seven topic-based service standards, of which dementia is one of them. Within this, there are six key dementia outcomes:

1. People are aware of and are supported in minimising their risk of dementia through healthy lifestyle choices.
2. Dementia is detected quickly where it does occur, with people receiving timely, effective treatment and care so they have the best possible chance of maintaining cognitive ability.
3. People who care for family members or friends, as well as clinical staff, are supported to maintain their health and wellbeing, with local services which are easy to understand and navigate.
4. Dementia care and support is available across the organisation, with all staff trained to be confident and capable in identifying and responding appropriately to dementia related needs.
5. People are placed at the heart of dementia care with their individual needs identified and met so they feel well supported

- and informed, and able to manage the effects of their own, or a loved one's dementia.
6. The end of a person's life is dignified and care is directed at achieving their own goals and aspirations.

CARDIFF AND VALE DEMENTIA HEALTH NEEDS ASSESSMENT

In preparation for the new 10 year strategy, the Partnership completed and published a [Dementia Needs Assessment](#) in February 2017. The Dementia Health Needs Assessment triangulated data from the following sources: reviewing existing data; holding a focus group with people with dementia; interviewing 27 carers, staff and stakeholders. From this work nine key themes were identified:

1. Dementia is everyone's business
2. Prevention is essential
3. Isolation and loneliness
4. Co-ordination of services
5. Kindness and compassion
6. Moving support to Primary Care
7. Caring for carers
8. What to do in a crisis
9. Inequality in access to service

These themes have been used as the key themes for the Dementia Strategy 2018 - 2028 as they are the main issues that were identified by the local stakeholders, staff and service users and carers.

STRATEGY DEVELOPMENT

In order to produce this strategy, we held an event on 14 March 2017 to gather views on what the vision should be and to gather ideas for improvements. As part of this we undertook an exercise to help prioritise actions that had been suggested for both acceptability and compatibility.

This strategy describes the vision and strategic objectives for dementia for the next ten years. The time frame of ten years was chosen to

allow planners to consider longer term initiatives such as new housing developments in relation to dementia.



VISION STATEMENT

This vision statement is a culmination of the views put forward as part of the Dementia Health Needs Assessment and the new world described in the visioning session held at the Dementia Strategy Development Event in March 2017 by a group which included people with dementia, carers, stakeholders and service providers.

It identifies three areas we need to work on over the next ten years: the whole population; people with dementia; and their carers.

This vision statement was created from the work of the five groups' ideas on the day.

Our Vision is:

By 2028 the population of Cardiff and the Vale of Glamorgan will be dementia aware and will reduce their risk of dementia.

People with dementia will have equitable and timely access to a diagnosis; they will have person-centred care delivered locally with kindness. Carers will feel supported and empowered.



STRATEGIC OBJECTIVE 1 - DEMENTIA IS EVERYONE'S BUSINESS

There is wide acknowledgement by stakeholders, staff, carers and people with dementia that dementia is everyone's business. There is also a shared understanding that as with any illness, the society that we live in can

"I could see a situation where shops, premises, buildings, roads, parking, community facilities and other things were absolutely geared upfor people with dementia. It would not only help people with dementia but all of us."
(Professional from DHNA)

adapt to make life easier for people with dementia and their carers.

The dementia friendly communities and dementia friends schemes were seen as a large part of this solution, with recognition that dementia friendly environments also play a part.

The five areas identified at the Dementia Strategy Development Event to prioritise in the first three years are:

- 1.1 All new buildings should be dementia friendly. This would be established by working with planners and designers to understand the issues for people with dementia and their carers. The [Dementia Friendly Housing Charter](#) is a useful aide for this. [\[Linked to Dementia Action Plan for Wales action 33\]](#).
- 1.2 Signage should be clear, and standardised, like road signs are. This consistence ideally with symbols as well as words will help if people with dementia change environment, for example within a ward of a hospital. [\[Linked to Dementia Action Plan for Wales action 33\]](#).
- 1.3 To explore a range of suitable accommodation options for people living with dementia. For example: shared living schemes were popular as a potential solution, and Cardiff particularly has a large population of students who may benefit from this. [\[Linked to Dementia Action Plan for Wales action 31\]](#).
- 1.4 The work to make more areas of Cardiff and the Vale of Glamorgan Dementia Friendly Communities should continue. [\[Linked to Dementia Action Plan for Wales action 4\]](#).
- 1.5 Dementia Friends training should be mandatory for all public facing staff in Cardiff and the Vale of Glamorgan. [\[Linked to Dementia Action Plan for Wales action 7\]](#).

For the future years the following issues should be tackled:

- Opportunities for intergenerational interactions need to be rolled out. [\[Linked to Dementia Action Plan for Wales action 6\]](#).
- Green space should be designed to be dementia friendly. [\[Linked to Dementia Action Plan for Wales action 33\]](#).

- Advise and support businesses to be dementia friendly

Additional actions from the National Dementia Action Plan for Wales include:

- Work with local communities and third sector organisations to encourage them to open their services so that people with dementia, their families and carers can participate [Action 5].

STRATEGIC OBJECTIVE 2 - THE RISK OF DEMENTIA WILL BE REDUCED AND THERE WILL BE A TIMELY DIAGNOSIS



Key messages around prevention of dementia need strengthening and further promotion. There is limited public knowledge of the six steps that people can take to reduce the risk of dementia: be physically active; maintain a healthy weight; be socially and mentally active; avoid drinking too much alcohol; stop smoking; and commit to review your health.

Age is considered the highest risk factor for dementia, and the percentage of older people in the population is increasing. There is evidence for midlife healthy lifestyle approaches to delay or prevent onset of dementia.

National Institute for Care and Health Excellence (NICE, 2015) recommends:

- Encouraging healthy behaviours
- Raising awareness of risk of dementia, disability and frailty
- Producing information on reducing the risks of dementia, disability and frailty
- Preventing tobacco use
- Improving the environment to promote physical activity
- Reducing alcohol related risk

Furthermore, ensuring a timely diagnosis means that people with dementia and their carers will obtain the care and support that they need at the right time.

The four areas identified at the Dementia Strategy Development Event to prioritise in the first three years are:

- 2.1 Ensure a timely diagnosis of dementia. [[Linked to Dementia Action Plan for Wales action 19](#)].
- 2.2 Raising awareness of prevention messages should start with children. Mid-life interventions should promote the messages around risk reduction. [[Linked to Dementia Action Plan for Wales action 2](#)].
- 2.3 Children should be linked to older adults in a safe structured environment to benefit both groups with intergenerational interactions. [[Linked to Dementia Action Plan for Wales action 6](#)].
- 2.4 The message “What’s good for your heart is good for your brain” should be a promotional campaign across Cardiff and the Vale of Glamorgan. [[Linked to Dementia Action Plan for Wales actions 1 and 2](#)]

For the future years the following issues should be tackled:

- Green space should be designed to be dementia friendly

- The existing GP referral scheme to encourage physical activity should be inclusive for people with dementia

Additional actions from the Dementia Action Plan for Wales include:

- Ensure that people living with dementia receive advice about the changes that they could be supported to make to increase their general health and wellbeing [Action 3].
- Ensure every diagnosed person with dementia receives a tailored information pack in an accessible format, including as needed, digital options, and is offered access to a dementia support worker or equivalent [Action 26].

STRATEGIC OBJECTIVE 3 - ACCESS TO SERVICES WILL BE EQUITABLE

Carers described having to “fight for services.” There is widespread concern that without the family requesting services that people with dementia would not have access to all the services that they needed. This strategic objective is about ensuring that everyone will get an equitable service. An Equalities and Health Impact Assessment showed that the following groups required particular consideration:

- Older people
- People with young onset dementia
- People with caring responsibilities
- People with Downs Syndrome
- People with sensory loss
- People of Afro-Caribbean or Asian origin
- People with a religion or belief
- Women
- People who identify as transgender or currently transitioning
- People whose first language is not English
- People trying to achieve/maintain a healthy lifestyle
- People on low incomes such as paid carers
- People who are socially isolated
- People living in rural areas
- People who identify as lesbian, gay or bisexual

The four areas identified at the Dementia Strategy Development Event to prioritise in the first three years are:

- 3.1 Develop a pathway of care that is equitable. [\[Linked to Dementia Action Plan for Wales actions 17, 18 and 38\]](#).
- 3.2 Different transport needs should be acknowledged and addressed. [\[Linked to Dementia Action Plan for Wales action 9\]](#).
- 3.3 Data on protected characteristics and geographical location (as a proxy for socio economic group) should be collected to assess any inequities that need to be addressed. Specific interventions to address any inequities will then require implementation. [\[Linked to Dementia Action Plan for Wales action 23\]](#).
- 3.4 Access to information in the language of choice.

For the future years the following issues should be tackled:

- Specific evidence-based interventions to address inequalities in dementia care should be further explored

Additional actions from the Dementia Action Plan for Wales include:

- Ensure compliance with the Welsh Government's All Wales Standards for Accessible Communication and Information for People with Sensory Loss [\[Action 22\]](#).

STRATEGIC OBJECTIVE 4 - SERVICES WILL BE FULLY COORDINATED

Whilst much work has been undertaken to improve the coordination of services there is still room for improvement. This is an important area for people with dementia who value continuity and carers who feel that there is duplication in the system.



The three areas identified at the Dementia Strategy Development Event to prioritise in the first three years are:

- 4.1 Social care and health services should be fully co-ordinated, with positive reablement as a focus. [[Linked to Dementia Action Plan for Wales action 17](#)].
- 4.2 All information should be given to services only once; this information (with permission) should be shared across all relevant agencies. [[Linked to Dementia Action Plan for Wales action 17](#)].
- 4.3 There should be a single point of access for dementia services in Cardiff and the Vale of Glamorgan. [[Linked to Dementia Action Plan for Wales action 17](#)].

For the future years the following issues should be tackled:

- Not only should health and social care services be fully coordinated; further third sector, housing and transport services should be seamless
- Research proposals should be supported. [[Linked to Dementia Action Plan for Wales action 61](#)]
- Access to support solutions when needed, including end of life. [[Linked to Dementia Action Plan for Wales action 48](#)]

Additional actions from the National Dementia Action Plan for Wales include:

- Review the capacity and role of the dementia support workers to ensure that all individuals with dementia living in the community have a dedicated support worker working to agreed occupational standards [[Action 25](#)].
- Develop multidisciplinary 'teams around the individual' which provide person-centred and coordinated care, support and treatment as needed [[Action 28](#)].
- Work with Social Care, health services and housing providers and involve people with dementia, their families and carers to strengthen collaboration on a strategic approach to housing to enable people to stay in their homes [[Action 31](#)].

- Ensure health boards provide access to evidence-based pharmacological and psychological interventions in line with Matrics Cymru and other relevant guidance [Action 36].
- Ensure that the new 'teams around the individual' enable families and carers to access respite care that is able to meet the needs of the person living with dementia [Action 39].
- Ensure that psychiatric liaison services are available to all general hospitals in Wales [Action 43].
- Ensure that the recommendations from the Royal College of Psychiatrists National Audit of Dementia in general hospitals are implemented including instructing health boards and trusts to adoption of the principles of 'John's campaign' [Action 44].
- Expand the use of Dementia Care Mapping as an established approach to achieving and embedding person-centred care for people with dementia and ensure that health boards implement 'Driver Diagram – Mental Health Inpatient Environments for people with dementia' [Action 45].
- Ensure older person mental health units have agreed care pathways for accessing regular physical healthcare [Action 46].
- Ensure that access to advocacy services and support is available to enable individuals to engage and participate when local authorities are exercising their statutory duties under the Social Services and Wellbeing (Wales) Act 2014 [Action 47].

STRATEGIC OBJECTIVE 5 - SERVICES WILL BE DELIVERED WITH KINDNESS AND COMPASSION

All people with dementia should be treated with kindness and compassion by all. In the context of paid care staff, they need to be trained to a level appropriate to their role.



The three areas identified at the Dementia Strategy Development Event to prioritise in the first three years are:

- 5.1 There should be a person-centred approach to care and support, which should be needs led, not service led. [\[Linked to Dementia Action Plan for Wales action 28\]](#).
- 5.2 All staff who come into contact with people with dementia should have a level of training appropriate to their role, in line with the Good Work training framework for dementia. [\[Linked to Dementia Action Plan for Wales actions 7, 15, 16, 32, 51, 52, 53, 54, 55 and 56\]](#).
- 5.3 The needs of people with dementia at the end of life need addressing through the creation of end of life guidance. [\[Linked to Dementia Action Plan for Wales action 48\]](#).

For the future years the following issues should be tackled:

- The changing needs of people with dementia should be recognised and carefully managed over time
- The changing needs of carers should be recognised and carefully managed over time
- Volunteers and the workforce will help to break down cultural barriers to accessing services
- Staff will show kindness and compassion in every interaction
- Evaluation of services will include the levels of kindness and compassion of staff

STRATEGIC OBJECTIVE 6 - SUPPORT WILL BE CENTRED ON PRIMARY CARE

Support needs to be centred on primary care. This will require further training, support and development to ensure that primary care feel supported to deliver the services that are required.



The three areas identified at the Dementia Strategy Development Event to prioritise in the first three years are:

- 6.1 More primary care staff will be trained to have a thorough understanding of dementia. [[Linked to Dementia Action Plan for Wales action 13](#)].
- 6.2 More use should be made of the whole primary care team at every primary care practice. [[Linked to Dementia Action Plan for Wales action 13](#)].
- 6.3 The social prescription model should be used in primary care for people with dementia. Professionals working in the community (for example: Dementia Link Workers, occupational therapists and the third sector), should work together to support people with dementia and their carers.

For the future years the following issues should be tackled:

- Primary care should work with families to help improve family awareness
- Primary care should be involved and included in the support plan for individuals
- The number of GPs with a special interest in dementia should increase to meet the increasing need in the population

Additional actions from the Dementia Action Plan for Wales include:

- Encourage GPs to take up the dementia component of the mental health Directed Enhanced Service (DES), introduced in 2017 [[Action 11](#)].

- Ensure that primary care practices are able to evidence that they are dementia supportive [Action 13].
- Further develop use of the new directed enhanced service for residential and nursing care homes [Action 41].

STRATEGIC OBJECTIVE 7 - CARERS WILL BE CARED FOR

The value of caring for the carers of people with dementia is recognised. The wellbeing of carers has a direct impact on the quality of life for people with dementia.



The four areas identified at the Dementia Strategy Development Event to prioritise in the first three years are:

- 7.1 Accessible and flexible respite is necessary. [[Linked to Dementia Action Plan for Wales action 39](#)].
- 7.2 Training for carers is required. This would also provide peer support. [[Linked to Dementia Action Plan for Wales action 52](#)].
- 7.3 A dedicated carers resource is needed. [[Linked to Dementia Action Plan for Wales action 26](#)].
- 7.4 Carers should be able to retain their own sense of identity through activities and hobbies. [[Linked to Dementia Action Plan for Wales action 27](#)].

For the future years the following issues should be tackled:

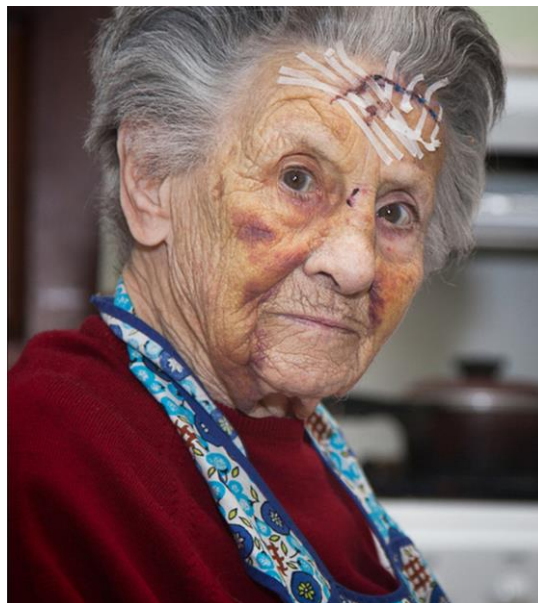
- Carers need emotional support when moving through the different stages of dementia
- Employers should offer flexible working policies to support carers
- The post-caring transition and how carers can help other carers needs to be explored

Additional actions from the Dementia Action Plan for Wales include:

- Ensure that carers will be offered an assessment of their own needs and, if eligible, a support plan will be developed with them to identify appropriate support (in line with the Social Services and Well-being (Wales) Act 2014) [Action 27].

STRATEGIC OBJECTIVE 8 - CRISES WILL BE AVOIDED

We need to have information about what to do in a crisis. In addition, timeliness of services is important. Carers often only ask for help when a crisis occurs, and they therefore need support quickly.



The five areas identified at the Dementia Strategy Development Event to prioritise in the first three years are:

- 8.1 Timely support for carers will be provided. [[Linked to Dementia Action Plan for Wales action 27](#)].
- 8.2 What to do in a crisis should be clearly identified in every care plan. [[Linked to Dementia Action Plan for Wales action 38](#)].
- 8.3 Appropriate crisis response services should be further developed. [[Linked to Dementia Action Plan for Wales action 38](#)].
- 8.4 Carers should be actively supported to look after their own health. [[Linked to Dementia Action Plan for Wales action 27](#)].
- 8.5 There should be one single number to call in a crisis. [[Linked to Dementia Action Plan for Wales action 38](#)].

For the future years the following issues should be tackled:

- A repository of all available services should be maintained to help prevent crises; for example, through Dewis
- More training, advice, guidance and peer support may help carers

Additional actions from the Dementia Action Plan for Wales include:

- Ensure that relevant recommendations received from the National Independent Safeguarding Board are considered and embedded into policy development across Government and integrated into operational practice.

DELIVERY

To ensure we are making progress towards the strategic objectives laid out in this strategy we will enhance our monitoring and evaluation processes. We will work to improve the quantity and quality of data that is collected. This will include focused activities on monitoring the accessibility of dementia services and redressing any imbalance in diagnosis levels in areas of deprivation.

The partnerships responsible for planning dementia care across Cardiff and the Vale of Glamorgan are ultimately responsible to the Regional Partnership Board and this group will take responsibility for ensuring a strong evaluation plan is in place and is regularly reviewed.

Several participants in the Dementia Health Needs Assessment referenced the need to integrate actions into existing plans to aid delivery, rather than having a separate framework, strategy and plan that sits outside the standard delivery mechanisms. Whereas, others felt it was important to have a separate document that spelled out the direction and all the related actions. This document sets the direction through the overarching vision and describes actions for the first three years in the action plan (Annex A). It will however be important to encourage partners to include their actions in their own plans, rather than the actions listed here being 'in addition' to the normal workload.

DEMENTIA PLAN 2014-2017

The Cardiff and Vale Dementia 3 Year Plan has been in place since April 2014 and ended in March 2017. It has been a driver for much improvement over the last three years. A summary of the actions completed through the existing Dementia 3 Year Plan can be found [online](#).

MONITORING OF PROGRESS ON THE 2018-2028 DEMENTIA STRATEGY AND ACTION PLAN

The current Dementia Taskforce acts as a multi-agency steering group and has overseen the delivery of the Cardiff and Vale of Glamorgan Dementia 3 Year Plan 2014-2017, and the development of this new 2018-2028 Strategy. From May 2018 this structure will change, and there will be a Dementia Delivery Group delivering on the actions set out in the new Dementia Strategy and associated Dementia Action Plan (see Annex A). Representation from service users and carers will be ensured as per action 8 of the Dementia Action Plan for Wales. In line with action 30, the Cardiff and Vale Regional Partnership Board will prioritise ways to integrate services, care and support for people with dementia by having an overview of commissioning arrangements for the National Dementia Action Plan for Wales.

APPENDIX A: MONITORING AND EVALUATION

LOCAL INDICATORS

Strategic Objective	Indicator	Baseline (March 2018)	Target (March 2021)
1. Dementia is everyone's business	<ul style="list-style-type: none"> • Increase the number of dementia friends • Increase the number of communities and organisations working towards being dementia friendly 	<p>19,280</p> <p>TBC</p>	<p>>25,000 Dementia Friends created</p> <p>TBC</p>
2. The risk of dementia will be reduced and there will be a timely diagnosis	<ul style="list-style-type: none"> • Increase the percentage of people, reporting 'good healthy lifestyle behaviours' • Decrease waiting time between new referral and new appointment for memory team • Decrease wait for a preliminary diagnosis 	<p>TBC</p> <p>12 weeks</p> <p>TBC</p>	<p>Continuous improvement</p> <p>< 28 days</p> <p>< 12 weeks</p>
3. Access to services will be equitable	TBC	TBC	TBC

4. Services will be fully coordinated	TBC	TBC	TBC
5. Services will be delivered with kindness and compassion	Increase the percentage of people who rate the care and support they receive as excellent or good Percentage of NHS frontline staff trained in appropriate level of dementia care as outlined in 'Good Work'	TBC TBC	TBC >75%
6. Support will be centred on Primary Care	Increase the number of GPs who undertake training in early identification, effective management, advice and support for people with dementia and their carers Increase the percentage of people aged 65 and over with dementia with a dementia diagnosis	TBC 63.4%	Continuous improvement >72%
7. Carers will be cared for	TBC	TBC	TBC
8. Crises will be avoided	Delaying care home and/or hospital admission	TBC	TBC

APPENDIX B: VISUAL MINUTES FROM DEMENTIA STRATEGY EVENT



ORGANISATION: Cardiff and Vale of Glamorgan Regional Partnership Board

No	Key actions – What will we do and by when	Who will be involved in delivery as referenced in DAP	To be updated by	Baseline Where did we start? (@Feb 2018)	Update August 2018 Where are we now? (@14 August 2018)	RAG see annex	Future Key milestones in next 6 months	Comments Including risks to delivery and corrective action where appropriate
1	Theme 1 - Risk reduction and delaying onset							
1.1	Ensure that risk reduction messages are included in relevant public health policies and programmes (by September 2018 and annual review) .	Welsh Government, Public Health Wales, health boards (and third sector).	√ √ √	Embedded within Making Every Contact Count (MECC) training across Cardiff and Vale	Embedded within Making Every Contact Count training across Cardiff and Vale	Green	N/A	N/A
1.2	Promote action across the six steps to support people to change behaviours and reduce their risk of dementia (by September 2018 and annual review) .	Welsh Government, Public Health Wales, health boards (and third sector).	√ √ √	Embedded within existing public health programmes of work, but not currently simultaneously	About to launch a programme of activity for Alzheimer's Awareness Month 2018	Green	Launch campaign during Alzheimer's Awareness Month 2018	
1.3	Ensure that people living with dementia receive advice about the changes that they could be supported to make to increase their general health and wellbeing. (by September 2018 and annual review) .	Health boards (and third sector).	√ √	Between July 2015 and February 2018, Alzheimer's Society, Age Connects, Activity Coordinators in residential care and Cardiff Council residential, domiciliary care staff had had MECC training. However, neither Memory Team nor Mental Health Services for Older People (MHSOP) had had MECC training.	Memory Team staff had MECC training in May 2018.	Green	MHSOP Staff to have the MECC Training. Other training to be prioritised for staff over next 6 months.	
2	Theme 2 - Raising awareness and understanding							
2.1	Work with the third sector and people with lived experience to increase the number of people in Wales who are able to recognise dementia through expanding initiatives such as dementia friends and dementia supportive	Welsh Government, public sector and third sector organisations.	√ √	Working with Alzheimer's Society and volunteers, Cardiff and Vale RPB had created a dementia friendly Cardiff framework. Local areas within the Vale are	By 31 March 2018, 19,280 dementia friends had been created across Cardiff and the Vale of Glamorgan.	Green	Continue Dementia Friendly region work to develop further the Cardiff ambition and grassroots areas in the Vale of Glamorgan.	

	communities / organisations (baseline number: September 2017 and six monthly review thereafter).			also working towards being dementia friendly.	Dementia friendly Cardiff was launched on 21 May 2018.		Continue to create more dementia friends.	
2.2	Work with local communities and third sector organisations to encourage them to open their services so that people with dementia, their families and carers can participate (April 2019 and annual review).	Local authorities and health boards.	√ √	Working with Alzheimer's Society, many third sector and other organisations are working towards being dementia friendly.	Working with Alzheimer's Society, many third sector and other organisations are working towards being dementia friendly.	Amber 2	Use third sector grant funding to administer community projects that are dementia friendly.	Awaiting funding decision of third sector funding from WG.
2.3	Publicise and actively encourage educational settings to use the "Creating a Dementia Friendly Generation" resources developed by the Alzheimer's Society to build intergenerational understanding and awareness (baseline number: September 2017 and annual review thereafter).	Welsh Government, educational settings and Alzheimer's Society.	√ √	"Creating a Dementia Friendly Generation" resources shared with Cardiff Healthy Schools coordinator to cascade to contacts Presentation delivered to Vale of Glamorgan Healthy Schools Network on the "Creating a Dementia Friendly Generation" resources and opportunities to utilise them in educational settings.	To be updated after Summer Holidays.	Amber 2	Re-engage with Healthy Schools Teams in Cardiff and Vale of Glamorgan to establish best ways of supporting schools to utilise the resources.	Although Dementia Friends information sessions have been delivered to children and young people in education settings, as well as out of school settings such as Scouts and Girl Guides, no information has been collated on how the "Creating a Dementia Friendly Generation" resources are used. A mechanism needs to be developed on how best to collate this information.
2.4	Ensure all NHS employed staff who come into contact with the public (including porters, receptionists and medical / support staff) receive an appropriate level of dementia care training (as specified in - 'Good work – Dementia Learning and Development Framework') (April 2018 and annual review thereafter).	Health boards	√	At September 2017, 48.8% of frontline staff had had dementia awareness training. Dementia awareness training is now mandatory for all frontline staff.	At March 2018, 69.3% of frontline staff had had dementia awareness training. Proposal for dementia care training sent to WG. Decision awaited.	Amber 2	Mapping of staff training needs via WG funded dementia care training team.	Awaiting funding decision from WG.
2.5	Work with local authorities, health boards and Public Health Wales so the needs of people living with dementia	Welsh Government, local authorities, Public Health Wales,	√ √ √	Dementia Needs Assessment conducted and draft Cardiff and Vale of	Cardiff and Vale of Glamorgan Dementia Strategy launched on 21	Green	Year 1 actions to be delivered.	

	are considered as part of the planning process (ongoing)	health boards, Public Service Boards.	√	Glamorgan Dementia Strategy in place.	May 2018 in line with national Dementia Action Plan for Wales.			
2.6	Ensure that transport planners / operators consider the needs of people living with dementia in the development of their services, including major contracts such as the 'metro' and the rail franchise, to improve access to passenger transport information, enabling people to plan and undertake journeys on the public transport network (ongoing) .	Welsh Government, transport planners / operators.	√	<p>Cardiff Council planners engaged in creating a Dementia Friendly Cardiff, through Cardiff Council's commitment to creating a Dementia Friendly City.</p> <p>Work will be commenced with Vale of Glamorgan Council planners going forward.</p> <p>Discussions held with Cardiff Bus and Arriva Trains about their involvement in Dementia Friendly Communities</p>	<p>Dementia Friends information session delivered to Cardiff Council Senior Management Team with a view to identify further training for staff.</p> <p>Dementia Friends information session arranged for Cardiff Council Policy Team in September '18 with a view to explore opportunities to influence policy to become more dementia-friendly.</p> <p>Subgroups initiated in Cardiff to explore various elements of the Dementia Friendly Communities Action Plan (including Transport), but further engagement with Cardiff Bus and Arriva Trains to be undertaken.</p>	Amber 2	<p>Engage with Vale of Glamorgan Council planners.</p> <p>Reconnect and progress discussions with Cardiff Bus and Arriva Trains about their involvement in the Dementia Friendly Communities programme, and advocate for them to become members of transport-specific subgroups where possible.</p>	Need to prioritise fully engaging with transport planners to ensure their commitment to the dementia-friendly work in progress.

2.7	Develop and undertake training designed to raise awareness amongst transport workers of the barriers that are encountered by those with dementia when using public transport (ongoing) .	Welsh Government, transport planners / operators.	√	Discussions held with Cardiff Bus and Arriva Trains about the opportunities for transport staff to receive Dementia Friends information sessions Dementia Friendly Communities	A subgroup to explore issues and plan for priority areas around transport in Cardiff was established in April 18. No current representation from key transport companies such as Cardiff Bus or Arriva Trains.	Amber 2	Engage with Vale of Glamorgan Council planners. Reconnect and progress discussions with Cardiff Bus and Arriva Trains about their involvement in the Dementia Friendly Communities programme, and advocate for them to become members of transport-specific subgroups where possible. Identify with Alzheimer's Society whether or not training exists specifically for providers of transport, or whether Dementia Friends is the right level	Need to prioritise fully engaging with transport planners to ensure their commitment to the dementia-friendly work in progress.
3	Theme 3 - Recognition and identification							
3.1	Encourage GPs to take up the dementia component of the mental health Directed Enhanced Service (DES) introduced in 2017 (September 2018 and annual review) .	Welsh Government and health boards.	√ √	It continues to be promoted. Between 2013-2017 30 out of 33 practices who opted for the mental health DES reported dementia as one of their training topics	There are currently (2018/19) 21 GP practices signed up to the mental health DES	Green	Continue to promote and report take up.	
3.2	Review and update, as needed, the dementia awareness DVD for GPs (September 2018) .	Welsh Government.	√	N/A				
3.3	Ensure that primary care practices are able to evidence that they are dementia supportive (baseline April 2018 and six monthly review thereafter)	Welsh Government, primary care practices (health boards).	√ √	Clusters are actively working to become dementia supportive	Cardiff North Cluster to become part of the Dementia Friendly Neighbourhood – all practices completed training Cardiff South West All practices to undertake Dementia Awareness Training Cardiff West	Amber 2	Continue to engage communities by working with other agencies and the third sector to embed this.	

					Working to maintain Dementia Friendly status Western Vale Virtual Dementia Friendly Organisation Working with PHW to create a Dementia Friendly Community in Western Vale Eastern Vale Completion of Dementia Management in Primary Care Toolkit			
3.4	Work with stakeholders to deliver the most effective ways to increase awareness of dementia to ensure timely diagnosis. (ongoing)	Welsh Government.	√	N/A				
3.5	Ensure workforce plans are in line with the principles of 'Good Work ' to enable key front line staff to recognise the early signs of dementia (ongoing) .	Welsh Government, health boards, Social Care Wales, third sector, public sector.	√ √ √	At September 2017, 48.8% of frontline staff had had dementia awareness training. Dementia awareness training is now mandatory for all frontline staff.	At March 2018, 69.3% of frontline staff had had dementia awareness training. Proposal for dementia care training sent to WG. Decision awaited.	Amber 2	Mapping of staff training needs via WG funded dementia care training team.	Awaiting funding decision from WG.
3.6	Ensure access to training for staff who work with people who may have a higher risk of developing dementia (such those working in learning disabilities, substance misuse, ambulance (April 2019) and prison services (April 2020) .	Welsh Government, health boards, Social Care Wales, third sector, public sector.	√ √ √	No baseline undertaken in February 2018	For Cardiff Council Adult Services-all staff are expected to attend dementia training. This is a corporate objective for all Adult Services staff to support the authority in being a dementia friendly city. Currently, all CADT and City Centre Team staff have attended dementia friends training and the majority have attended or are booked on to complete one-day dementia awareness during this financial year. The Social Services Training Department offer a range of courses in relation to dementia which staff can book on to. Staff	Amber 2	We will be monitoring uptake of dementia training by our third sector providers. Longer term-we will plan to build in a requirement for dementia awareness training into our substance misuse contracts when we re-commission (2019-20)	

				<p>can also access specialist training around the individual for involved staff if required in complex cases (from health team colleagues).</p> <p>In the Vale of Glamorgan Council, Dementia Awareness is run 4 times per year and is open to all staff and provider agencies (3rd sector and independent). It is not currently mandatory. There is also an e-learning course. The Vale LA has one part-time substance misuse worker who has access to this training too.</p> <p>NHS specialist learning disabilities services-provided for CAV UHB by ABMU HB. Dementia training is mandatory for all staff-one taught session, followed by e learning</p> <p>ABMU HB has 3 levels of Dementia training: Level 1 – Mandatory for all staff irrespective of role. Delivered on Corporate Induction. Level 2 – Mandatory for all clinical staff irrespective of role. Level 3 – For Dementia Champions</p> <p>Substance Misuse services-NHS provided services-dementia awareness training is mandatory for all Health</p>		
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					Board staff Substance misuse services commissioned by the Area Planning Board via the third sector have been informed that they are able to access dementia awareness training through our public health team at no cost. No data are currently available from Cardiff prison service, likely to be available in October.			
3.7	Develop a consistent, clearly understood, diagnosis, care and support pathway, which incorporates standards or care and outcome measures (April 2019) .	Welsh Government, health boards, local authorities, Public Health Wales 1000i lives.	√ √ √ √	Referral in to GP for Memory Team or Mental Health Services for Older People	Developed proposal for dementia 'team around the individual'. Awaiting funding decision from WG.	Amber 2	Implement dementia 'team around the individual'	Awaiting funding decision from WG.
3.8	Agree a common approach to Cognitive Impairment (other than dementia) assessment and intervention, with support offered to primary care by specialist memory assessment services where required (April 2019) .	Welsh Government, Public Health Wales 1000i lives.	√ √	N/A				
4	Theme 4 - Assessment and diagnosis							
4.1	Continue to implement the recommendations from the memory assessment service national audit and set targets for health boards to increase diagnosis rates by at least 3% a year. (September 2018 and annual review) .	Welsh Government, Public Health Wales 1000i lives and Memory Assessment Services (health boards).	√ √ √	Diagnosis rate for over 65s consistently the highest in Wales at: 49.5% (2014/15); 57.8% (2015/16); 63.4% (2016/17).	Most recently reported diagnosis rate for over 65s is 63.4% (2016/17).	Green	Continue to increase diagnosis rate by 3% per annum. Contribute to repeat MAS audit conducted by PHW 1000i lives.	Potential ceiling effect (as current diagnostic rates are already relatively high).
4.2	To work with stakeholders to identify and utilise the most robust clinically validated dementia assessment tool(s) for use in the Welsh language and commission research as necessary. (September 2018) .	Welsh Government and health boards.	√ √	Welsh language version of Cognitive Assessment Toolkit published	Welsh language versions of all commonly used assessment tools (ACE-III, MoCA, GDS, GPCOG) available at www.micym.org	Green	Continue to promote and utilise Welsh language tools as appropriate	Use is dependent on available clinical staff able to communicate effectively in the Welsh language

					Further validation ongoing			
4.3	Scope the access to and provision of memory assessment services to those with learning disabilities (June 2018) .	Public Health Wales 1000i lives.	√ √	N/A				
4.4	Ensure compliance with the Welsh Government's All Wales Standards for Accessible Communication and Information for People with Sensory Loss.	Health boards, local authorities, third sector.	√ √	Developed a new action plan which focused on awareness, training and education	Plan is beginning to be implemented	Amber 2	Continue to implement plan, particularly around promoting the "It Makes Sense" campaign to raise awareness	This is an area of work that will be ongoing
4.5	Scope a programme of work that will capture, record, share and flag the communication needs of service users with sensory loss (March 2018) .	Welsh Government working in collaboration with the NHS Centre for Equality and Human Rights (NHS CEHR), health boards and health professionals and third sector.	√	PMS has the ability to record a message in the front / registration screen which can briefly indicate the patients' communication needs. Work is ongoing to modify this screen and potentially have a flagging mechanism on other PMS screens and reports to better highlight communication needs.	The identification of patients with sensory loss in clinics on all sites is on an ad hoc basis. However, every SLT will assess for sensory loss (above & beyond communication difficulty) as part of their initial assessment & this will be noted in the patient's notes in the body of the text. New outpatient referrals may contain relevant information from GPs which the receptionist will cascade to nursing staff in clinics. If any sensory loss (other than communication) is identified during assessment then this will usually be flagged up but no formal system in place.	Amber 2	Planning is currently ongoing for a generic appointments e-mail aimed in the first instance for patients with hearing loss but if successful and overcoming information governance considerations, this would be expanded for all patients.	The UHB is working with the Welsh Government to look at resources for an Accessible Information Standards
4.6	Review and promote the All-Wales dementia helpline as a key source of information (Review to be undertaken by September 2018) .	Welsh Government.	√	N/A				

4.7	Review the capacity and role of dementia support workers to ensure all individuals with dementia living in the community have a dedicated support worker working to agreed occupational standards. (June 2018).	Welsh Government, Public Health Wales 1000i lives, statutory / third sector providers	√ √	The role of dementia support workers was not reviewed at this stage.	Dementia support worker role reviewed as a part of the dementia 'team around the individual'. JD being reviewed.	Amber 2	Await funding decision on dementia 'team around the individual' and employ further 6.8 wte workers (on top of existing 3 wte workers)	Awaiting WG funding decision.
4.8	Ensure every diagnosed person with dementia receives a tailored information pack in an accessible format, including, as needed, digital options, and is offered access to a dementia support worker or equivalent (ongoing).	Health boards.	√	Everyone going through Memory Team receives a tailored information pack for their needs.	Everyone going through Memory Team receives a tailored information pack for their needs.	Green		
4.9	Ensure that carers will be offered an assessment of their own needs and, if eligible, a support plan will be developed with them to identify appropriate support (in line with the Social Services and Well-being (Wales) Act 2014). (Ongoing).	Health boards, local authorities, third sector.	√ √	Ongoing action	Ongoing action	Green		
5	<u>Theme 5 - Living as well as possible for as long as possible with dementia</u>							
5.1	Develop multidisciplinary 'teams around the individual' which provide person-centred and co-ordinated care, support and treatment as needed. (April 2019 and six monthly review of implementation thereafter).	Health boards and local authorities.	√ √	Existing services to include 3 dementia support workers served as dementia 'team around the individual'.	Dementia 'team around the individual' proposal developed with multi-agency stakeholders. Awaiting WG funding decision.	Amber 2	Implement dementia 'team around the individual' approach.	Awaiting WG funding decision.
5.2	Develop an All Wales Dementia Allied Health Practitioner Consultant post who will give advice and support to health boards and local authorities to enable the delivery of person-centred care and drive forward service improvements. (April 2018).	Welsh Government, Allied Health Professionals, health boards.	√ √ √	N/A				
5.3	Ensure that Regional Partnership Boards (as required through the Social Services and Well-being (Wales) Act), prioritise ways to integrate services, care, and support, for people with dementia. (Ongoing).	Welsh Government, Regional Partnership Boards.	√ √	Cardiff and Vale of Glamorgan RPB signed off the Cardiff and Vale dementia needs assessment and draft Cardiff and Vale Dementia Strategy.	Cardiff and Vale of Glamorgan RPB Chair launched Cardiff and Vale of Glamorgan Dementia Strategy on 21 May 2018.	Green	Action remains ongoing.	

					Dementia remains a priority workstream within the RPB governance structures.			
5.4	Work with Social Care, health services and housing providers and involve people with dementia, their families and carers to strengthen collaboration on a strategic approach to housing to enable people to stay in their homes. (March 2019).	Welsh Government and Regional Partnership Boards	√ √	The RPB approved the Cardiff and Vale of Glamorgan Market Position Statement and Joint Commissioning Strategy for Older People Services in January 2018. Housing LIN were then commissioned to undertake a detailed 'Assessment of Older Person's Accommodation, including with care and care ready'.	The Housing LIN Report recommendations will be considered by the RPB in October 2018. A new Regional Health, Housing & Care Programme Board is being established to drive forward the actions and will involve the UHB, local authorities, all Registered Social Landlords and provider representatives.	Green	Ongoing implementation of recommendations and actions arising from Programme Board.	
5.5	Enable housing staff to have access to training to assist them to support people with dementia. (Ongoing)	Welsh Government	√	N/A				
5.6	Consider the relevant recommendations of the "Expert Group on Housing and Ageing Population" to inform future housing development. (September 2018)	Welsh Government, local authorities and registered social landlords.	√ √	See Update 5.4 above Cardiff Health Supplementary Planning Guidance includes the provision of dementia friendly environments through RTPi Practice Advice – Dementia and Town Planning Creating Better Environment for People Living with Dementia being embedded within it.	See Update 5.4 above Cardiff Health Supplementary Planning Guidance includes the provision of dementia friendly environments through RTPi Practice Advice – Dementia and Town Planning Creating Better Environment for People Living with Dementia being embedded within it.	Green	Ongoing action.	
5.7	Review the Housing Aids and Adaptations Programmes to ensure that people are able to access appropriate and timely support (April 2019)	Welsh Government	√	N/A				
5.8	Ensure that relevant recommendations received from the National Independent Safeguarding Board are considered and embedded into policy	Welsh Government, health boards and local authorities.	√ √ √	The chairs of Safeguarding Boards meet regularly with Welsh Government and the NISB to ensure that the	The chairs of Safeguarding Boards meet regularly with Welsh Government and the	Green	Action remains ongoing.	

	development across Government and integrated into operational practice. (Ongoing).			boards are embedding the strategic direction set. To date, this has resulted in a refocus of the Boards' annual reports and plans	NISB to ensure that the boards are embedding the strategic direction set. To date, this has resulted in a refocus of the Boards' annual reports and plans			
5.9	Ensure health boards provide access to evidence-based pharmacological and psychosocial interventions in line with Matrics Cymru and other relevant guidance (September 2018 and six monthly review thereafter).	Health boards.	√	<p>Audit of antipsychotic prescribing – ongoing monitoring / review.</p> <p>Difficulty in consistently providing non-pharmacological interventions as first response to distress, as per clinical guidance.</p> <p>A range of psychosocial interventions provided across different services but limited availability; ad hoc delivery; limited access; limited number of staff trained in delivery.</p>	<p>Review of current provision of psychosocial interventions via MHSOP PTMC.</p> <p>10 staff trained in delivering Living Well with Dementia groups.</p> <p>Return to work of psychological therapist and advertising for new therapist with remit to work with dementia enabling us to plan to increase interventions on offer.</p> <p>Ongoing planning re staff training.</p>	Amber 2	<p>Deliver and evaluate new LivDem groups.</p> <p>Delivery of training in Narrative Therapy.</p> <p>Recruitment of new staff for psychological therapies hub and team around the individual.</p>	<p>Recruitment process.</p> <p>Ability to release staff for training and to deliver interventions.</p> <p>Impact of staffing pressures on mechanisms such as QUADS and PTMC.</p>
5.10	Respond to the recommendations of the Health, Social Care and Sport Committee's inquiry into the use of anti-psychotic medication (Ongoing).	Welsh Government.	√	N/A				
6	<u>Theme 6 - The need for increased support</u>							
6.1	Ensure health (including Wales Ambulance Service Trust - WAST) and social services have pathways in place to ensure the responsiveness of community assessment and ongoing management services. (Ongoing)	Health boards and Trusts.	√		Transformation funding bid for a specialist Mental Health Community Nurse to work with 'Team around the individual' proposed team strengthening the pathway between primary and secondary services as well as physical and mental health	Amber 2	Await outcome and Recruit Specialist CMHN	

6.2	Ensure that the new “teams around the individual” enable families and carers to access respite care that is able to meet the needs of the person living with dementia. (April 2018)	Welsh Government, health boards, local authorities and third sector.	√ √ √	Existing services to include 3 dementia support workers served as dementia ‘team around the individual’.	Dementia ‘team around the individual’ proposal developed with multi-agency stakeholders. Awaiting WG funding decision.	Amber 2	Implement dementia ‘team around the individual’ approach.	Awaiting WG funding decision.
6.3	Monitor the use of funding provided to local authorities for respite provision to identify best practice in supporting the needs of the carer and the person who is cared for and ensure this practice is shared. (September 2018 and six monthly review thereafter).	Welsh Government and local authorities	√ √	There is ongoing monitoring across both local authorities in relation to the use of carers respite and grant funding across all our service area groups.	A Regional Carers workstream has been set up to monitor funding and service developments in this area and Carers for people who have dementia will be discussed within that workstream as a regular agenda item. This focused workstream ensures that funding is maximised and reduces duplication. We have recently undertaken a review as to how the funds are accessed by practitioners to further add scrutiny and oversight to how respite for carers to recorded and reported.	Green	Consider new initiatives to ensure diversity of respite options	
6.4	Further develop use of the new directed enhanced service for residential and nursing care homes. (Baseline April 2018 and annual review thereafter).	Health boards and GP practices.	√ √	38/63 practices were commissioned to provide the Care Homes DES in 2017/18	2,586 residents out of an estimated 3,500 were reviewed as part of the DES	Amber 2	Support GP Practices/Clusters to develop multi professional teams to meet the needs of care home residents including access to a wide range of primary care services including where appropriate, specialist nursing care and community mental health nursing care.	
6.5	Monitor the implementation of the recommendations from the Trusted to Care report. (Ongoing).	Welsh Government	√	N/A				

6.6	Ensure that psychiatric liaison services are available to all general hospitals in Wales. (Ongoing).	Health Boards and Trusts.	√	Psychiatric liaison services are all covered in over 65s in: <ul style="list-style-type: none"> All wards, & AU at UHW (A&E in UHW not covered) All wards and MEAU in UHL Wards in St David's hospital, Barry Hospital& Rookwood hospital 	Psychiatric liaison services are all covered in over 65s in: <ul style="list-style-type: none"> All wards, & AU at UHW (A&E in UHW not covered) All wards and MEAU in UHL Wards in St David's hospital, Barry Hospital& Rookwood hospital 	Green	Remains ongoing	
6.7	Ensure that the recommendations from the Royal College of Psychiatrists National Audit of Dementia in general hospitals are implemented including instructing health boards and trusts adoption the principles of the 'John's Campaign' (September 2018).	Health boards and Trusts.	√	After extensive consultation with staff and carers during the autumn of 2017 it was highlighted that many of the principles of John's Campaign were already happening within the Health Board. John's Campaign was then adapted to suit the acute nature of the Health Board and a pilot was launched in February 2018 across 7 wards within the UHB	The Pilot has ended and is currently undergoing evaluation. Early indications show that in general the campaign has been well received by staff and carers, however it has highlighted some areas for discussion. A full evaluation report will be available at the end of August 2018	Amber 1	Once the Evaluation results have been discussed with the John's Campaign Working Group next steps will be to roll out across the UHB in a phased approach. Areas of MHSOP and the Medicine Clinical Board have already been identified to adopt the principals of John's Campaign	
6.8	Expand the use of Dementia Care Mapping™ as an established approach to achieving and embedding person-centred care for people with dementia and ensure health boards implement 'Driver Diagram – Mental Health Inpatient Environments for people with dementia' (September 2018) (baseline April 2018 and annual review thereafter).	Welsh Government, Public Health Wales 1000i lives and health boards.	√ √ √	3 members of staff trained in DCM in 2017. Currently developing their skills and understanding. Limited DCM undertaken.	4 members of staff attended DCM further training day July 2018 arranged by 1000lives. Included in training bid submitted were posts to develop a strategy for DMC and initiate DCM activity.	Amber 2	Develop strategy for implementation of DCM	Await funding decision
6.9	Ensure older person mental health units have agreed care pathways for accessing regular physical healthcare (September 2018).	Health boards.	√	Implemented NEWS Scoring, providing an interface between physical and mental health care Three Salaried GPs support the physical health needs for	Implemented NEWS Scoring, providing an interface between physical and mental health care Three Salaried GPs	Green	The Mental Health Salaried GP service is undergoing a review to ensure the service runs most efficiently. This will include more effective	

				both Adult and Older People's inpatient Mental Health service	support the physical health needs for both Adult and Older People's inpatient Mental Health service		management of chronic diseases.	
6.10	Ensure that access to advocacy services and support is available to enable individuals to engage and participate when local authorities are exercising their statutory duties under the Social Services and Wellbeing (Wales) Act 2014. (Ongoing) .	Health boards.	√	There is a contract under part 4 of the Measure, with South Wales Advocacy Service. This covers all inpatient areas under Cardiff and Vale UHB and nursing homes. We are 100% compliant with requests.	There is a contract under part 4 of the Measure, with South Wales Advocacy Service. This covers all inpatient areas under Cardiff and Vale UHB and nursing homes. We are 100% compliant with requests.	Green	Remains ongoing	
6.11	Ensure the 'teams around the individual' discuss the importance of making advance decisions and ensure an agreed palliative care pathway is in place. (Ongoing) .	Health boards and local authorities.	√ √	Existing services to include 3 dementia support workers served as dementia 'team around the individual'.	Dementia 'team around the individual' proposal developed with multi-agency stakeholders. Awaiting WG funding decision.	Amber 2	Implement dementia 'team around the individual' approach.	Awaiting WG funding decision.
6.12	Identify professionals who would benefit from training in initiating serious illness conversations, and provide such training. (March 2019) .	National End of Life Care Board.	√	N/A				
6.13	Review the capacity of existing bereavement services and settings in which they are delivered to ensure that the differing needs of families and carers of those with dementia are being met. (September 2018) .	National End of Life Care Board.	√	N/A				
7	Theme 7 - Supporting the implementation of the Plan.							
7.1	Ensure people with dementia, their carers and families are involved in the development of dementia education and training (September 2019)	Health boards and local authorities.	√ √	Solace Carers have been involved in developing training manual and programme for other carers. This manual is the basis of training delivered to staff. People with Dementia and Carers have engaged with	Awaiting funding outcome for Dementia training team.	Amber 2	Dementia Care training team to consider how to incorporate people with dementia, their carers and families in future	Awaiting funding decision

				Cardiff university to be involved in education and training for Nurses and other professional groups.				
7.2	Improve access to training for carers and families through Good Work rollout. (September 2019)	Health boards and local authorities	√ √	Carers training has been provided by Solace	Regular dates set for ongoing training delivered by Dementia Care Advisors delivering the carers training manual as above. Bid submitted for Dementia Training team awaiting outcome. This team will consider the needs of carers as well as Staff. Staff trained to deliver Living Well with Dementia(LivDem) post diagnostic group and dates set to deliver across primary and secondary services.	Amber 2	Dementia care training team to include carer education in scoping exercise to identify gaps in training provision. Regular dates for LivDem to be provided	Awaiting funding decision
7.3	Ensure that the principles of 'Good Work- Dementia Learning and Development Framework' are embedded in the new vocational qualifications for social care and health. (September 2018)	Social Care Wales.	√	N/A				
7.4	Develop learning resources for the health and social care workforce, including the third sector, based on 'Good Work'. (September 2018 and annual review).	Social Care Wales.	√	N/A				
7.5	Ensure NHS employed staff who come into contact with the public receive an appropriate level of dementia care training (as specified in - 'Good work'). (December 2019).	Health boards and Trusts.	√	At September 2017, 48.8% of frontline staff had had dementia awareness training. Dementia awareness training is now mandatory for all frontline	At March 2018, 69.3% of frontline staff had had dementia awareness training. Proposal for dementia care training sent to WG. Decision	Amber 2	Mapping of staff training needs via WG funded dementia care training team.	Awaiting funding decision from WG.

				staff.	awaited.			
7.6	Ensure training for health and social care staff includes awareness raising about the role of carers and how to involve them appropriately in the care process. (Ongoing)	Social Care Wales, Local Authorities and Health Boards.	√ √ √	Role of Carers explicit in health training. Eg. Achieving Psychological Wellbeing training in MHSOP and Care Homes Training	Proposal for dementia care training sent to WG. Decision awaited. Training developed and delivered around understanding Behaviour that Challenges in Dementia and training for DGH staff includes awareness of the role of carers	Amber 2	Dementia care training team to consider how this is incorporated in future training developed.	Awaiting funding decision from WG
7.7	Fund an independent evaluation of 'teams around the individual' to inform the continued development of the approach (timing to be confirmed) .	Welsh Government	√	N/A				
7.8	Work with NHS and social care and research teams to support and promote more dementia related research studies to Wales. Supporting the role of research in delivering good quality care in a flexible and responsive fashion. (Ongoing) .	Health and Care Research Wales.	√	N/A				
7.9	Create more opportunities for people with and affected by dementia across Wales to participate, be involved and engaged in research activity. (Ongoing) .	Health and Care Research Wales.	√	N/A				
7.10	Encourage research that uses public health approaches to consider ways of addressing inequalities experienced by people with dementia. (Ongoing) .	Health and Care Research Wales	√	N/A				
7.11	Ensure there are regular opportunities to identify innovative service models and areas of evidence-based practice, to ensure research findings are implemented in services across Wales	NHS Wales and 'research teams'	√	Innovation Test-Bed GP Cluster Population Agreed Audit of GP Cluster Diagnosis & Coding Public Health Analysis and	Madeline's Project Launched + workshop – June 2018 – 60 participants – Academia (all local universities), GPs, Police, Business,	Green	1. Develop Model from Launch Workshop 2. Follow-up Meeting 3. Complete Funding Application – to engage	Nil

	<p>and to inform research partners of areas where further research could usefully inform practice. (Ongoing).</p>			<p>Epidemiology Gap</p> <p>First Innovation Workshop Completed Jan 2018 – GPs, Alzheimer’s Society, Local Social Prescribing Services, LA, UHB, PHW, SEWAHSP, Cardiff University. Carer and Patient Led</p> <p>Mission and Objectives Set.</p>	<p>Health – Primary & Secondary & Public Health, LA, Charities, local community, all care homes etc. Innovation Award winning Primary Care Service (England) - Guest Speaker – Prof Benbow</p>		<p>technology partners</p> <p>4. Masters Student commencing – Maths Modelling, Cardiff University</p>	
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UPDATE ON EMOTIONAL AND MENTAL WELLBEING SERVICES FOR CHILDREN AND YOUNG PEOPLE

Name of Meeting : Board

Date of Meeting 27th September 2018

Executive Lead : Director of Public Health
Chief Operating Officer

Author : Head of Outcomes-Based Commissioning
Head of Operations and Delivery – Community Child Health
Programme Manager – CAMHS repatriation

Caring for People, Keeping People Well : Delivering outcomes that matter to people

Financial impact : No new impacts as a result of this paper

Quality, Safety, Patient Experience impact : Improving quality and responsiveness of services

Health and Care Standard Number 3.1, 3.3, 3.5, 5.1, 7

CRAF Reference Number 2.1, 2.5, 3.1, 3.1.2, 4.3, 5.1, 5.1.5, 5.1.6, 5.3

Equality and Health Impact Assessment Completed: Not Applicable No policy changes as a result of this paper

ASSURANCE AND RECOMMENDATION

ASSURANCE

- The programme to repatriate specialist CAMHS from Cwm Taf UHB is underway and robust project structures and partnerships are in place to deliver change by 31st March 2019
- Transformation of the upstream services is underway, including Primary Mental Health services with development of locality-based workers to be deployed to support primary care and the educational clusters and deliver training and support for early intervention initiatives in schools.

The Board is asked to:

- **AGREE** the strategic direction for Emotional and Mental Wellbeing services for children and young people in Cardiff and the Vale of Glamorgan

SITUATION

Our aim is to secure services to meet the emotional mental health and wellbeing needs of children and young people from early support in the community through to highly specialist tertiary provision and always with a focus on recovery.

There has been a steady increase in demand for emotional and mental wellbeing services over recent years, but this is mostly for children and young people requiring early intervention and short term support whilst except for eating disorders the incidence of functional mental illness has remained static.

Cardiff and Vale UHB currently commissions secondary Child and Adolescent Mental Health Services from Cwm Taf UHB to provide for our resident population. This secondary care service interfaces with primary care, community child health, adult mental health, acute Child health and a range of non-NHS partner services. The whole service has been reviewed which has recognised the need to enable a continuum of support and care from prevention, early support in non-hospital settings through to secondary and tertiary provision.

Additional Welsh Government money received in 15/16 has been used to reshape and improve the delivery of Emotional and Mental Health Services to children and young people in Cardiff and the Vale of Glamorgan. Services were reconfigured to ensure that support and interventions are delivered at the right place, by the right person at the right time. The increased recognition of emotional mental health and wellbeing issues in children and young people has required a particular focus on early support and intervention.

Highly specialised services, including the inpatient unit at Ty Llidiard are commissioned by WHSSC on an all Wales basis.

Background

Following the additional investment, service redesign and transformation included:

- Embedding primary mental health services alongside the Community Child Health team who have a focus on child centered multiagency care. Primary Mental Health workers were transferred back into Cardiff and Vale from Cwm Taf effective from 1st April 2016. Cardiff and Vale have invested additional mental health monies in strengthening this service and it is the subject of a transformation bid, to support a locality-based model embedded within primary care and education clusters, providing support and training for schools to facilitate early intervention and prevention initiatives.
- Neurodevelopmental services have been aligned with Community Child Health and a new neurodevelopment multidisciplinary team was established within Cardiff and Vale to be the single point of access to the shared neurodevelopment pathway between Community Child Health and specialist CAMHS. This team started accepting referrals from 1st April 2016.
- Securing access to early support and care in primary and community settings for children and young people (CYP). A new emotional wellbeing service (EWS) was commissioned from the third sector to

deliver support to CYP with lower levels of need. This service provides timely, open access, non-stigmatising and community delivered care, better meeting the needs of this group of CYP, reducing referrals to Primary Mental Health and sCAMHS. Referral management processes across services facilitate swift access to more expert help if indicated. This service commenced on 2nd July 2016.

The primary mental health target of seeing 80% of referrals within 28 days is challenging due to the small team and the steady increase in referrals over the last two years. The referral rate can be volatile and if demand exceeds the capacity of the team to deliver the assessments within a single month, this position can take several months to recover. Despite this, the team has made significant progress in establishing a service that can sustainably achieve the target.

Neurodevelopmental services are sustainably achieving the 80% in 26 weeks target and this service is currently being reviewed to ensure that people are receiving the right services at the right time and are not entering into a lengthy assessment pathway if it is not the right option for the child.

Cardiff Youth Council led on an evaluation of the emotional wellbeing service during 2017-18. The young people designed the programme of evaluation themselves and submitted a report to commissioners which detailed their findings. The review was mostly positive, but there were areas of improvement and an action plan was agreed with the provider and evaluators. This action plan is monitored in commissioning and performance meetings

Despite the additional investment into specialist CAMHS services, including the crisis team, there have not been the anticipated improvements in performance. Short term improvements in waiting times have been achieved through waiting list initiatives which have been funded through slippage and additional Welsh Government funding. Once these initiatives finish, the performance quickly deteriorates, demonstrating that the service changes within specialist CAMHS have not been sufficient to deliver a sustainable service. Cwm Taf have implemented the Choice and Partnership Approach (CAPA) model which has changed the model of delivery. However, an anticipated improvement in transparency and understanding of demand and capacity information has not yet been able to be demonstrated.

As a result of the significant improvement in the performance of the services that have been repatriated and the strategic aim of the UHB to deliver services more closely integrated with the Local Authorities, it has been decided to repatriate specialist CAMHS from Cwm Taf effective from 1st April 2019. Community Child Health will receive the service and is reviewing the way its services are configured to facilitate pathway redesign and service delivery.

Highly specialised services will remain commissioned on an All Wales basis by WHSSC and Ty Llidiard will be provided by Cwm Taf, mainly to serve the South Wales population.

ASSESSMENT AND ASSURANCE

A change programme has been initiated to manage the repatriation. A programme manager has been appointed and the project is making good progress with project structures bringing together key stakeholders and contributors from Children's Services and adult mental health. Service user and parent representation on the groups has been an important step forward and feedback on their experience of the service and their involvement will be integral to any transformation requirements and beyond.

There are a number of key work streams being actioned through task and finish groups which include the development of the Single Point of Access, the review of the service delivery model, the requirements for accommodation and infrastructure, quality and governance, the ongoing specialist CAMHS network requirements and patient engagement.

It is recognised that there is a significant amount of improvement work required to be undertaken with the service, both as part of the repatriation project and post repatriation. There is a need to ensure that clinical pathways are comprehensive and the service is working in a multi-agency integrated approach to ensure a seamless patient journey. Improvements to delivery against the Mental Measure will be a key objective, ensuring quality of care and enhancing patient experience.

Key to the transformation will be the delivery of a single point of access into Children and Young People's Emotional and Mental Wellbeing services, simplifying the pathway for referrers, although the Emotional Wellbeing Service will remain open access with young people and their carers able to self-refer into the service. This will be embedded in Community Child health, linking closely with Local Authority Early help services. *Draft model Appendix 1*

The preventative elements of the draft model relate to two proposed developments:

- A Mental Health transformation bid to deliver locality Primary Mental Health workers which will mean that a Primary Mental Health resource is embedded with the school and locality, with the aim of influencing the referral model, early intervention, identifying high risk children and young people. Most importantly working to build confidence and capability across the locality. It will provide support in local community where young people live and avoid attendance at a hospital or clinic premises. It will support easy navigation for schools and GP's to access help for children and young people and link to local 3rd sector services
- A multiagency transformation proposal as part of the 'Me, My Home and Community bid to work with partners to deliver an ACE aware approach to resilient children and young people. This proposal has been developed in line with the findings and recommendations of the National Assembly for Wales' 'Mind over Matter' Report (2018) on the step

change needed in emotional and mental health support for children and young people in Wales.

The repatriation project is on schedule to deliver by the beginning of April, although there will be further phases of transformation work required to support service redesign and integration with Cardiff and Vale and partner organisations.

The latest dashboard report and risk register are included with this report as *appendices 2 and 3*

The final project report will be brought to the Board in six months.

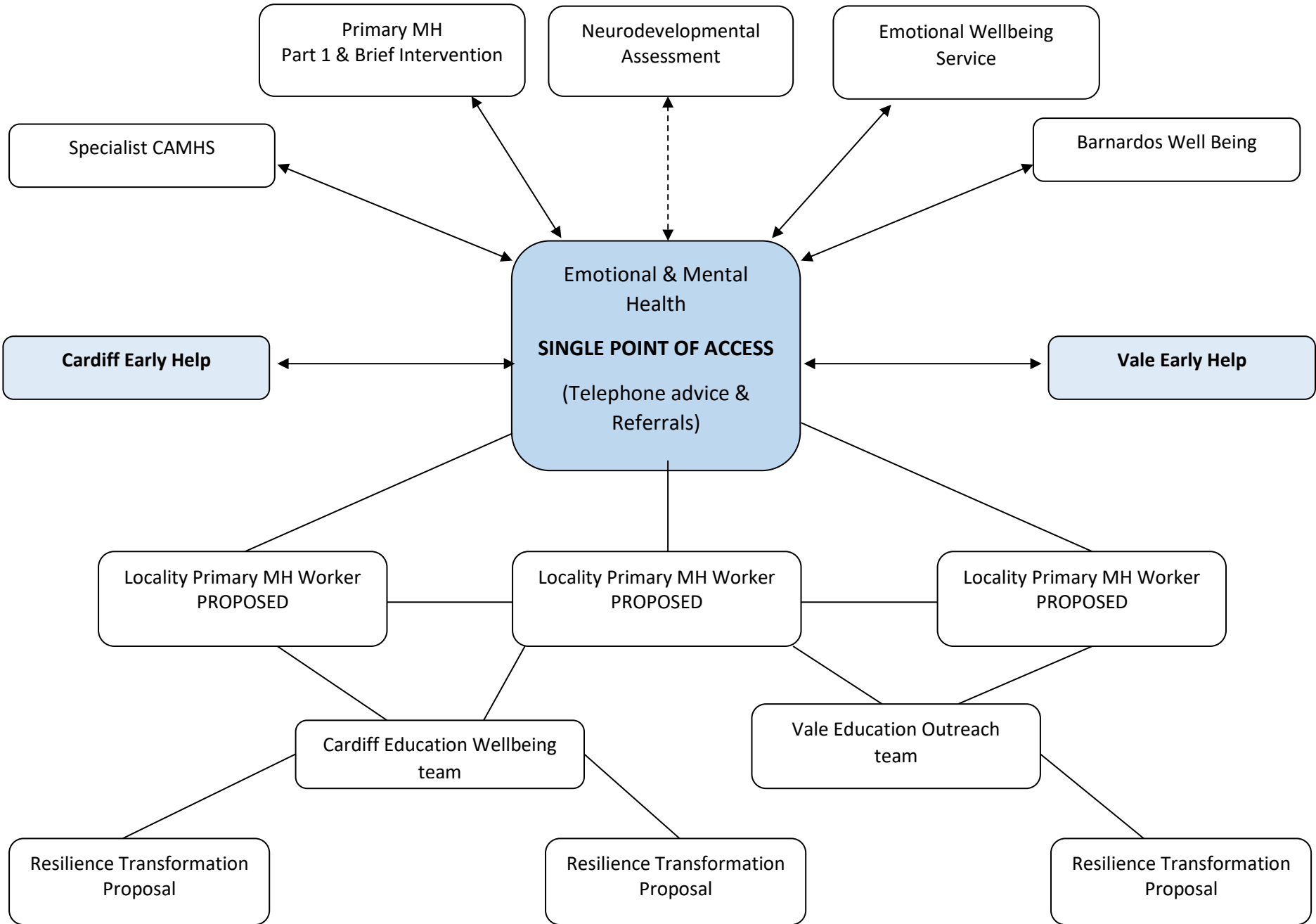
Assurance

- The programme to repatriate specialist CAMHS from Cwm Taf UHB is underway and robust project structures and partnerships are in place to deliver change by 31st March 2019
- Transformation is underway of the upstream services, including Primary Mental Health and locality-based workers will be deployed to support the educational clusters and deliver training and support for early intervention initiatives in schools.

Emotional Wellbeing Services

Single Point of Access

Preventative Locality Model



PROJECT DASHBOARD REPORT

Project Name: CAMHS REPATRIATION PROJECT

Report Date: August 2018

Senior Responsible Officer: Rachel Burton

STATUS GREEN

Project Manager Katie Simpson

Project Objectives

The purpose of this project is to:

- 1). Repatriate the Specialist (secondary care) CAMHS Service back to Cardiff & Vale UHB from Cwm Taf HB
- 2). Develop a fully integrated service delivery model with other CYP services both within UHB and primary care as well as social services & education
- 3). Develop clear and transparent care pathways that deliver timely joined up care and comply with the Mental Health Measure
- 4). Development and implementation of a Single Point of Access for CYP Emotional and Mental Health and Wellbeing Services for CYP&F and professionals

Key Achievements: This Period	Planned Activities: Next Period	Project Status (R/A/G)
<ol style="list-style-type: none"> 1). Project Boards commenced 2). Task & Finish groups established & majority commenced delivery of project products & required actions 3). Project plan agreed and updated 3). SBAR approved at MHCS Board 4). Existing accommodation and infrastructure scoped 5). HR lead identified 6). Patient Engagement planning group established & meetings commenced to determine engagement activities 7). Presentation at Mental Health Partnership Board re the CAMHS, the project & future developments e.g. SPoA 8). EHIA completed 	<ol style="list-style-type: none"> 1). PARIS Task Group 1 to be held to confirm system requirements, actions to be undertaken and timescales 2). Task and finish groups continued delivery of project products and project actions as identified 3). Continued development of the ISP 4). Patient engagement work to be confirmed and events/focus groups to be planned in 5). SCAMHS Network T&F to commence to understand existing network arrangements & payments and determine ongoing requirements 	<p>GREEN</p> <p>All actions are currently on track for delivery against the timescales identified on the project plan.</p> <p>Timescales for some activities have been extended in agreement with the Project Steering Board based on the scope of work required to be undertaken.</p>

Milestone / Significant Task	Expected Milestone Date	Actual Milestone Date Achieved	Progress & Status
1). Scoping of Current Service Reality: Staffing Structure, Clinical Pathways, Performance, Policies	31.12.2018	-	In progress
2). Development of revised service delivery model & SPoA	31.12.2018	-	In progress
3). Development and implementation of Workforce & OD Plan; including specific workforce integration strategy	30.09.2018	-	In progress
4). Confirm staff that will TUPE to CaVUHB	30.09.2018	-	In progress
5). Development of the PARIS System	31.03.2019	-	In progress
6). Scope out the current accommodation and infrastructure to support future planning for effective service delivery	31.08.2018	31.08.2018	Completed

Project Issues (Have Happened)

#	Description	Impact	Actions required to resolve	Owner	Date escalated	Status
1.	N/A	N/A	1) 2)	N/A	N/A	N/A

CAMHS REPATRIATION RISK & ISSUES LOG

Version	Version 5
Last Updated	31.08.2018

ID	Type	Level	Date added	Status	Detailed risk	Mitigating actions	Owner	Target Resolution	Closed Date	Impact	Likelihood	Risk Score	Notes
WORKFORCE and OD													
CRR001	Risk		02/03/18	Open	Some staff currently employed by Cwm Taf may not agree to TUPE to CAV UHB resulting in capacity issues within the services during the recruitment period	Develop detailed WOD plan Consult with staff Consult with trade union representatives	Workforce Lead	01.04.2019		4	3	12	31.08.2018 - SE in process of establishing a meeting with Cwm Taf HR to initiate TUPE conversation
CLINICAL NETWORK													
CRR002	Risk		02/03/18	Open	There may be a de-stabilisation of the CAMHS network across the region as a result of repatriation-impacting on other Health Boards	Work with neighbouring health boards to establish new on-call arrangements Ensure small services have regional support arrangements Develop regional training plan	Project Manager Network Manager	31.03.2019		3	3	9	31.08.2018 - Network T&F group established to determine ongoing arrangements, initial meeting 03.09.2018
FINANCE													
CRR003	Risk		02/03/18	Open	Current budget might not be sufficient to deliver the service model required to meet the outcomes	Ensure model is designed to be delivered within financial envelope Consider service delivery in Must, Should, Could, Won't (MoSCoW) do categories	Project Manager	31.03.2019		4	3	12	
CRR004	Risk		02/03/18	Open	Current financial flows may not be able to be unpicked from wider allocations or historic structures	Identify all current financial flows Identify any virtual payments that are reciprocally offset between health boards Identify any financial flows of unknown origin	Finance lead	31.03.2019		4	3	12	
OPERATIONAL DELIVERY													
CRR005	Risk		02/03/18	Open	Repatriating SCAMHS service and not identified shared services such as eating disorders, substance misuse and forensic services could potentially create a disconnect in the patient pathway	Consult with stakeholders to ensure pathway and handovers are clear Ensure information sharing protocols and consent forms are in place and agreed prior to repatriation	Project Manager	31.03.2019		4	3	12	31.08.2018 - Service Model T&F group established to review clinical pathways and patient journey. Will link with development of SPoA T&F Group
CRR006	Risk		02/03/18	Open	Resource might not be identified to fund the necessary managerial costs within CAV Directorate structures to realise the identified benefits of repatriation	Ensure that managerial requirements are included within the costing of the proposed clinical model Identify lessons from PMH and ND repatriation	Operational Lead	31.03.2019		4	3	12	31.08.2018 - Anticipated some costs will be released through the network, to be reviewed as part of the network T&F group
CRR007	Risk		02/03/18	Open	Growth in demand, due to unmet need; public awareness; improved service delivery	Ensure population need is incorporated into service delivery model Develop clear referral criteria for each element of service Develop single point of access to direct patients to correct service	Project Manager	Ongoing		4	4	16	31.08.2018 - Public Health Needs Assessment confirmed to be completed, will link this in with the service delivery model and SPOA developments
CRR008	Risk		02/03/18	Open	Disconnect with links into WHSSC commissioned highly specialised Tier 4 services including inpatient	Consult with stakeholders to ensure pathway and handovers are clear Ensure information sharing protocols and consent forms are in place and agreed prior to repatriation	Project Manager	31.03.2019		3	3	9	
CRR009	Risk		02/03/18	Open	Inability to agree an on call rota on a wider footprint leading to unacceptable frequency of on call shifts	Work with neighbouring health boards to establish new on-call arrangements Ensure small services have regional support arrangements Develop regional training plan	Clinical Lead	31.03.2019		4	2	8	31.08.2018 - Network T&F group established to determine ongoing arrangements, initial meeting 03.09.2018
CRR010	Risk		02/03/18	Open	Resultant service is too small to be sustainable, with specialisms divested in individuals thus providing no system resilience	Ensure population need is incorporated into service delivery model Ensure small services have regional support arrangements Develop regional support networks	Clinical Lead	31.03.2019		4	4	16	
CRR011	Risk		02/03/18	Open	High profile of the CAMHS service leads to a disproportionate focus at the expense of other CCH services	Ensure equal focus on other CCH services Balance needs of CAMHS with wider needs	Operational Lead	31.03.2019		3	3	9	
CRR012	Risk		02/03/18	Open	Lack of improvement in interconnectivity between services	Ensure population need is incorporated into service delivery model Develop clear referral criteria for each element of service Develop single point of access to direct patients to correct service	Project Manager	31.03.2019		3	3	9	
INFORMATION													
CRR013	Risk		02/03/18	Open	Transfer of patient records from Myrddyn to the chosen joint patient record system may result in some loss of patient information and/or functionality	Ensure data requirements and transfer arrangements are clearly articulate	Information Lead	31.03.2019		5	3	15	31.08.2018 - Meeting arranged for discussion with Cwm Taf re current reporting and Myrddyn system utilisation

CRR014	Risk		02/03/18	Open	Impact and timing of the implementation of WCCIS and the ability to develop Paris to meet needs of new service in the interim	Feed requirements into WCCIS project Clear action plan & timescales for the development of PARIS	Information Lead	31.03.2019		4	3	12	
CRR015	Risk		17/07/18	Open	The timescale available may not be sufficient to develop the PARIS system to meet the needs of the SCAMHS Service and deliver appropriate training for staff	Early discussions and planning with PARIS team Identify existing templates that could be adapted for use Identify work around options	Information Lead	31.03.2019		5	4	20	31.08.2018 - Agreed by MHCS Board, in progress of establishing Task Group 1 for full scoping & timelining. Additional meeting arranged for discussion with Cwm Taf re current reporting and Myrddyn
CORPORATE													
CRR016	Risk		02/03/18	Open	Reputational risk	Ensure new service model can be delivered Maintain existing performance levels as a minimum	Senior Responsible Officer	31.03.2019		4	3	12	
CRR017	Issue		17/07/18	Open	Managing the expectations of the project	Ensure stakeholders have a clear understanding of the scope of the project Clear project plan with clear actions and timescales for both pre transfer and post transfer development	Project Manager	31.03.2019		3	4	12	31.08.2018 - Highlighting of ongoing actions post project outlined in project plan. Links through IMTP to highlight ongoing work to be completed.
PERFORMANCE													
CRR018	Risk		02/03/18	Open	There may be a dip in performance caused by the uncertainty of the future model and vacancy management to facilitate changes to new structures	Maintain performance management arrangements with existing provider Ensure key posts are replaced or covered in- year	Commissioning manager	31.03.2019		4	5	20	
CRR019	Risk		17/07/18	Open	Implementation of the SPoA may impact on the achievement of the Part 1 Measure	Clear protocol developed for the referral and allocation process from the SPoA Clear communication with stakeholders re SPoA referral process Training and development requirements for staff	Operational Lead	31.03.2019		4	5	20	

No/Negligible effect on objectives / strategy

Slight effect on business objectives / strategy

Moderate - Business objective / strategy is effected

High - Business objectives / strategy is undermined

Critical - Business objectives / strategy can not be accomplished

REPORT TITLE:	Cardiff and Vale Integrated Winter Preparedness and Resilience Plan.				
MEETING:	Board Meeting			MEETING DATE:	27.09.2018
STATUS:	For Discussion	For Assurance	For Approval	X	For Information
LEAD EXECUTIVE:	Chief Operating Officer				
REPORT AUTHOR (TITLE):	Operational Planning Director / Graduate Trainee Manager (Ext 41269)				

PURPOSE OF REPORT:

SITUATION:

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

As with other parts of Wales, Cardiff and Vale UHB and its partners are required to develop and approve an integrated winter plan for 2018/19. The experience from last year has been used to inform the development of this plan. The key elements of the plans are described within an overarching document produced by the Health Board and its partner organisations – the Cardiff and Vale integrated winter preparedness and resilience plan.

REPORT:

BACKGROUND:

Each winter brings additional demand for unscheduled care services in and out of hours, in particular in medical specialties and specifically within the older age groups. Whilst overall EU attendances are often lower in the winter period, the proportion aged over 85 increases. In addition the number of emergency admissions of older patients can be higher and length of stay extends. A collaborative multiagency approach is paramount and plays a vital role in providing timely care to patients particularly in ensuring patient flow throughout entirety of the healthcare system. Flu vaccinations is an important feature of winter planning alongside supporting and educating patients of self-care options in the wider healthcare, community and social care services.

Each year the scale and duration of the demand increase is highly variable and hence difficult to accurately predict. However inadequate provision can have significant consequences for the organisation and our patients.

The production of an annual integrated winter plan has become standard procedure for Welsh Health Boards. This approach was initiated following the winter pressures experienced in 2012/13 and the production of a plan is a Welsh Government requirement. While Health Boards lead on the development of the plan, key stakeholders including Social Services, WAST, Public Health and the Third Sector contribute. This reflects the ‘whole system’ nature of unscheduled care services.

ASSESSMENT:

A detailed review of the 2017/18 winter has been produced and presented previously at the May Board.

There was clear year-on-year improvement on a number of key unscheduled care performance measures last 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. This combined with the increased flu presentations and two periods of extreme weather, characterised one of the most challenging months of the winter.

A multi-agency winter debrief session was held in May 2018. This further reinforced the importance of integrated working, additional senior decision maker capacity, the benefit of accurate bed capacity modelling, and the introduction of a dedicated team to manage medical outliers in future winter plans.

The Management Executive has received and agreed the specific schemes the Health Board will implement, based upon a risk management approach.

These proposals and other improvement initiatives have been incorporated with those from partner organisations to form the *Cardiff and Vale of Glamorgan Integrated Winter Preparedness and Resilience*:
<http://www.cardiffandvaleuhb.wales.nhs.uk/opendoc/330448>

The key elements of the plan are:

- enhanced resilience of the GP out of hours service (OOH)
- rebalancing of the provision of winter capacity from acute hospitals to the community settings
- commissioning of additional hospital bed capacity (or equivalent) in line with forecast demand
- further enhance services for older people, in particular securing the benefits from the ICF and Primary Care investments
- strengthen senior clinical decision-making capacity at key points of the unscheduled care pathway e.g. GP OOH, emergency units and assessment units (including frail elderly assessment)
- continue the integrated approach to developing the winter plan, working closely with WAST, local authority and third sector partners to promote the 'Home First' principle through admission avoidance and improved discharge processes

RECOMMENDATION:

The Board is asked to NOTE the collaborative work with partner organisations to develop the winter plan and to APPROVE the Cardiff and Vale Integrated Winter Preparedness and Resilience plan.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

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

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click [here](#) for more information

Sustainable development principle: 5 ways of working	Prevention	X	Long term	Integration	X	Collaboration	X	Involvement
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EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:

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



ROYAL COLLEGE OF SURGEONS (RCS) REPORT IN RELATION TO PAEDIATRIC SURGERY AND ASSOCIATED IMPROVEMENT PLAN

Name of Meeting : Board meeting
Date of Meeting : 27th September 2018

Executive Lead : Executive Nurse Director and Medical Director

Author : Executive Nurse Director and Medical Director Tel : 029 2074 3681

Caring for People, Keeping People Well: Avoiding waste variation and harm; delivering outcomes that matter to people.

Financial impact : Not applicable

Quality, Safety, Patient Experience impact: Following a number of emerging themes and trends relating to Paediatric surgery, an RCS external records review was commissioned to provide an independent view on the quality and safety of Paediatric surgical services.

Health and Care Standard Number: Standard 2.1 Managing Risk and Promoting Health and Safety; Standard 3.1 Safe and Clinically Effective Care.

CRAF Reference Number: 5.1 A full risk assessment will be required on this specific emerging risk.

Equality and Health Impact Assessment Completed : No

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- The range of actions that has been put in place to address issues requiring improvement in Paediatric Surgical Services at University Hospital of Wales (UHW).

The Board is asked to:

- **CONSIDER** the findings of the Royal College of Surgeons report.
- **NOTE** the work taken to date and the progress that has been achieved.
- **AGREE** that the current arrangement for executive oversight of the improvement plan provide assurance that the issues are being addressed and that there is consistent on-going monitoring

SITUATION

The purpose of this paper is to present the Board with the findings of the invited clinical record review relating to Paediatric Surgery at Cardiff and Vale UHB. This was carried out by the Royal College of Surgeons in July 2017 and published in October 2017. In addition, the paper provides assurance in relation to the actions being taken to address the recommendations, the significant progress achieved to date as well as an overview of the current position.

The request for the Royal College of Surgeons review emerged through good governance arrangements which had identified a cluster of concerns with similar themes through our incident, complaints and claims process. In order to further understand the issues, the Executive Nurse Director and the Medical Director, in July 2017, requested that the Royal College of Surgeons (RCS) independently reviewed 18 paediatric surgical cases that had taken place between 2013 and 2017, and featured in this identified cluster. The Board should be advised that during this period of time, some 5,200 children have undergone surgical procedures and therefore these cases represent 0.3% of the total number of children who were operated on in this time period. The Board can be reassured that no mortality occurred in these 18 cases.

The RCS report highlighted concerns in six of the eighteen cases.

- The first case was already in the Putting Things Right process and had already undergone external independent review.
- The second case was also already in a Putting Things Right process and was undergoing external, independent review.
- In the third case the review concluded that despite closer post - operative management being required the outcome would not have changed.
- In the three further cases the UHB was asked to undertake further reviews. The UHB commissioned further external, independent expert reviews on these three cases. This exercise has now been completed and in only one of the cases, was it considered that the care had not been reasonable. In the other two cases the conclusion of the experts was that the care was reasonable.

The Board can be assured, that we have been in communication with families and /or their representatives in **all** cases where harm had been identified.

The UHB has continued to deliver a full range of emergency and elective services. No service has been stopped and we have no current concerns with the service.

The UHB has taken the decision to publish the detailed narrative of the content of the RCS report in line with its duty of candour.

BACKGROUND

In June 2017, the Quality Safety and Experience (QSE) Committee was briefed and a paper was presented to a private session of the Board. This reported the details of concerns that had been raised in relation to Paediatric Surgery at University Hospital of Wales. In summary, these related to a number of complaints and claims that had been received, reports of cultural and behavioral issues in the department, a poor Wales

Deanery report following a visit in January 2017, as well as concerns from other supporting departments such as Radiology and the Paediatric Intensive Care Unit. The report to Board also outlined the range of measures that had already been put in place to mitigate the risks and to ensure that a safe service was being maintained while work was being undertaken to mitigate the risk.

The Board and the QSE Committee has been kept updated on progress through verbal briefings from the Executive Nurse and Medical Directors at all subsequent meetings; a written progress report was also submitted to the private part of the December 2017 and April 2018 QSE Committees.

The RCS review was carried out on 25th and 26th July 2017 and the report was received in October 2017.

The report has been shared with both Welsh Health Specialised Services Committee (WHSSC) and with Welsh Government. They have been fully informed throughout this process.

As soon as the emerging concerns were recognised a fortnightly Executive led meeting was held with the Senior Management Team of the Children and Women's Clinical Board. WHSSC, as the commissioners of the service were represented on the group. The purpose of the group was to monitor the improvement plan and to review the on-going position in terms of the quality and safety of the service. Several actions were undertaken to improve the team working and to address the working rota of medical staff to facilitate and support their ability to provide an improved ongoing clinical review to patients.

The service was risk assessed throughout this process and the Board can be assured that no services were suspended during this period. We continued to note an improved and sustained performance with regards to the referral to treatment times and can confirm that since May 2018 there is no child currently waiting longer than 36 weeks for any Paediatric surgical procedure.

The UHB was placed in an escalation process with WHSSC and has participated in two escalation meetings during this period to provide assurance of on-going actions and developments. At the point of writing this paper, the service remains in Level 3 escalation. WHSSC confirmed after the second meeting in May 2018, that significant positive progress has been made by the UHB since the initial visit in January 2018. This was because of ongoing concerns with regards to sustainability issues related to medical staffing. A further re-visit will take place in October 2018. Since the May visit a number of measures have been put in place to stabilise the service including the appointment of an Assistant Clinical Director as clinical lead for surgery and the appointment of three new paediatric consultant surgeons.

ASSESSMENT AND ASSURANCE

All cases reviewed involved the provision of general Paediatric surgery and in particular Paediatric emergency surgery. All of the cases occurred between

2013 and 2017 and featured a number of different Paediatric surgeons including locum and substantively appointed Consultant Surgeons

In addition to the 18 specific cases, the review also identified further concerns about the Paediatric Surgery Department which were evident in the review of some of the cases. These included a notable lack of Consultant review which contributed to failures to manage post-operative complications and also led to unnecessary delays. There were also concerns about handover, joint working between the Paediatric surgeons and Paediatric gastroenterology departments and the approach to mortality and morbidity (M&M) meetings.

The following recommendations were made:

1. **Handovers:** The review team advised that there should be a daily handover with the Consultant Surgeons and the trainees both in attendance to ensure continuity of care.

Current position: A revised Consultant rota has been put in place since January 2018 with designated time for handover. Audits undertaken have demonstrated a significant improvement in the frequency and content of the handover. Prior to the RCS review, work had commenced to facilitate the handover.

The UHB has now substantially increased the number of Paediatric Surgeons and there are now 6 substantive WTE consultants in post with a plan to appoint a 7th in November 2018.

2. **Consultant attendance:** The review team also recommended that patients should be seen by a Consultant Paediatric Surgeon at least once a day. The most acutely ill patients should be seen twice a day.

Current position: The implementation of the revised rota has facilitated this and audits have demonstrated and staff have reported a sustained improvement.

3. **Emergency Work:** The review team concluded that the Consultant Paediatric Surgeons should not undertake elective work when they are running the emergency on call service.

Current position: This was put in place in 2017 and the Consultants do not undertake elective work when on call.

4. **Duty of candour:** It was recommended that the Health Board should review whether the duty of candour has been discharged with respect to three cases. If the Health Board finds that the duty has not been discharged then it should take steps to address this.

Case 1 the Health Board met with the family to share the report findings and they are fully aware. Cases 2 and 3 were already in the Putting Things Right process prior to the RCS review, and in the case of 2 there

have been meetings with the family. In the case of 3 an apology letter has been issued.

- 5. Lung Surgery:** The reviewers recommended that major paediatric thoracic surgery must only be carried out under the supervision and advice of a Surgeon with specialist experience. This arrangement must stay in place until there is appropriate experience and training in the department to consider operating in this area of sub-specialist practice.

Current position: There has been an external review of case 1 and the surgeon involved is not performing paediatric thoracic surgery or any longer working in the Department. Appropriate action has been taken by the Medical Director, advised by the relevant regulatory bodies.

The arrangements for Paediatric Thoracic Surgery undertaken within C&V UHB are fully compliant with the recommendations detailed within the Royal College of Surgeons (RCS) case note review.

Thoracic cases at UHW have been delivered by a visiting Thoracic Paediatric Surgeon from Birmingham Woman's and Childrens' Hospital NHS Foundation Trust. This Consultant has undertaken thoracic cases on an 'as needed' basis and provided senior clinician and MDT support.

A new Consultant has been appointed to provide oncology and paediatric thoracic surgery and is proactively developing and establishing the thoracic surgery service that will benefit the Paediatric Surgery Directorate and the children of South Wales.

The visiting Consultant continues to support the new Consultant in developing his specialist interest in paediatric thoracic surgery for the Health Board and this will include visits to Birmingham Woman's and Children's Hospital NHS Foundation Trust to undertake complex joint thoracic cases as well as continuing to provide clinical and MDT support to UHW.

- 6. Individual recommendation:** The review team recommended that an individual surgeon reflect on an individual case and discuss the issues with the Medical Director.

Current position: In this case the reviewers came to the conclusion that the operation itself was performed competently. There was no indication that any post-operative complications occurred. The case has been reviewed with the Consultant.

- 7. Mortality and morbidity reviews (M&M):** The review team recommended that the M&M process should be reviewed to ensure that there is a record of who attends the meetings, and also that learning points are identified and recorded. The review team recommended that the M&M process should be brought into line with the RCS guidance on M&M meetings.

Current position: The department has put in place an improved infrastructure for M&M reviews. Improved working practices by the Consultant body (since the commencement of new substantive Consultants and Locums) is a positive indication that this has become more firmly embedded.

- 8. Case discussion:** The Paediatric Surgeons should discuss an individual case and reflect upon the options in this surgical situation in light of the conclusions of this report.

Current position: The reviewers observed that, whilst in their opinion this did not constitute best practice, other UK colorectal specialists would disagree, and support the approach taken with this patient by the local Paediatric Surgeons. The reviewers therefore recommended that the Cardiff surgeons discuss the case and reflect upon the options in this surgical situation.

The Consultant has been asked to reflect on the case in light of the comments from the reviewers.

- 9. Gastroenterology:** The reviewers recommended that the Health Board review an individual case in light of the conclusions of this report to ascertain whether local joint medical and surgical working practice is in line with national standards.

Current position: In this case the RCS reviewer concluded that there was no delay in the patient going to theatre. The real concern in this case was that the child went into theatre and a more conservative approach could have been taken. An additional external, independent expert report was commissioned and supports the local approach taken. The external independent report was complimentary in relation to the decision to manage the patient surgically and the joint decision making between the local Gastroenterologist and Paediatric Surgeon.

- 10. Joint working:** The reviewers recommended that the Health Board review the team working relationship between gastroenterology and paediatric surgery and develop jointly agreed guidelines for dealing with patients and facilitate opportunities for joint working.

Current position: The new Consultants and the Paediatric Gastroenterologist have improving working relationships. Early indications appear to demonstrate that they have a joint vision and goals for the service. The single-handed Gastroenterologist has raised with the Directorate and the Clinical Board that the failure to appoint a substantive colleague means that the further development of regular meetings and joint reviews will be difficult. The Directorate has put in place support from neighbouring Health Boards with Consultants who have gastroenterology experience. The medium/long term plan is to secure a second substantive Paediatric Gastroenterologist.

11. **MDT:** During MDT discussions, conducted jointly between Paediatric Surgery and Paediatric Gastroenterology, all aspects should be discussed including histology results as a matter of routine.

Current position: There is further work required particularly with the recruitment and support for the Paediatric Gastroenterology Service. As noted above, there are improved levels of engagement between the two departments, with further substantive Paediatric Surgical appointments.

The Clinical Board has a comprehensive improvement plan in place which also addresses the themes of the Deanery report from January 2017.

Feedback from Royal College of Surgeons and the Deanery

The Royal College of Surgeons (RCS) was provided with an update in relation to the actions put into place to address the 11 recommendations. They have since confirmed in writing (28th March 2018) that they are satisfied and assured, that given the work that has already taken place that they would conclude their active follow-up on the basis that the UHB will now see it through to its conclusion as planned. In addition, the relevant sections of the over-arching action plan for Paediatric Surgery were forwarded to the Royal College of Surgeons for their consideration.

Two further Deanery visits have taken place in 2018. There are several actions underway to address the issues raised and a formal training plan for all levels of trainees has been developed. This is a detailed plan overseen by the Clinical Board Director for Paediatric Surgery and supported by the Assistant Medical Director for Medical Education. There will be a formal General Medical Council and Deanery visit in January 2019 when the decision regarding the return of the surgical specialty trainees will be made. Currently Specialist Trainees that were rotating on the specialist paediatric surgical rota from Birmingham, Bristol and Cardiff are not being placed in Cardiff. This was for a number of reasons but included the lack of a suitable, supportive and educational culture in the Department. There is more active engagement by the Consultant body with the expansion in substantive Consultant posts in providing educational opportunities which will contribute to the opportunity for the Deanery visit in January 2019 to support the return on the trainees to Cardiff. The UHB continues to work to facilitate the return of the trainees to the UHB.

Further feedback

The Board should be advised that subsequent to the letter received from the RCS, concerns have been raised by Clinicians with regard to some of the conclusions and findings of the external review.

One individual case was challenged by Consultants who were involved in the delivery of care to this particular case (see point nine above). There was an opinion that the RCS commentary did not reflect appropriately on the actions taken. As outlined in point 9 the external independent report was complimentary in relation to the decision to manage the patient surgically and the joint decision making between the local Gastroenterologist and Paediatric Surgeon.

In addition to the External view the further internal report was also supportive of the clinical management decisions made locally. The Medical Director will bring the findings of the external and Internal reports to the attention of the RCS Review Team.

Concerns have been raised with regard to reports not being appropriately edited to ensure identities have been protected in relation to comments made in the report. This issue is being raised separately with the RCS and the response will be fed back to the individual Consultant. The Medical Director has received reassurance from the RCS that appropriate changes can be made to the report and the RCS informed appropriately.

The commentary on two individual cases have been challenged by an individual surgeon in terms of details of the report. The Medical Director is in discussion with the Consultant and the Royal College of Surgeons.

The Board is asked to:

- **CONSIDER** the findings of the Royal College of Surgeons report.
- **NOTE** the work taken to date and the progress that has been achieved.
- **AGREE** that the current arrangement for executive oversight of the improvement plan provide assurance that the issues are being addressed and that there is consistent on-going monitoring

REVISED TERMS OF REFERENCE FOR THE FINANCE COMMITTEE	
Name of Meeting : Board Meeting	Date of Meeting: 27 th September 2018
Executive Lead: Executive Director of Finance	
Author : Deputy Director of Finance 029 2074 3555	
Caring for People, Keeping People Well: This report strengthens financial governance which supports the values of the UHB.	
Financial impact : None	
Quality, Safety, Patient Experience impact : N/A	
Health and Care Standard Number: Governance, leadership and accountability and Standard 7.1 Workforce	
CRAF Reference Number: 8	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Implementing actions previously approved by the Board;
- Compliance with the agreed action from the Deloitte's financial governance review.
- Agreement of the revised Terms of Reference at Finance Committee on 27th June 2018

RECOMMENDATIONS

The Board is asked to:

- **APPROVE** the revised terms of reference of the Finance Committee in line with Standing Order 3.4.3.

SITUATION

Deloitte's LLP undertook an independent financial governance review of Cardiff and Vale University Health Board. The outcome was presented to Welsh Government and the Health Board in early July 2017. The UHB action plan was agreed by the Board at its September 2017 meeting. One of the agreed actions was to revise the Terms of Reference of the Finance Committee.

BACKGROUND

The Deloitte's financial governance review contained 22 recommendations. One of the recommendations related to the Terms of Reference of the Finance Committee and this is set out below.

'Update the terms of reference of the Finance Committee to ensure that the Board Chair is not a member or the Chair of this committee, and all committee Terms of Reference to state that the Board Chair should attend each committee on a rolling basis'.

ASSESSMENT AND ASSURANCE

This change was agreed at the November 2017 meeting of the Board and attached is an updated terms of reference of the Finance Committee which has been amended with input from Finance Committee members. The Finance Committee was set up as an interim committee and this has now been made permanent and is also reflected in the revised terms of reference.



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University Health Board

Finance Committee

Terms of Reference and Operating Arrangements

June 2018

For Board approval on 27.9.18

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1. INTRODUCTION

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

2. CONSTITUTION AND PURPOSE

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

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

- Financial plans and monitoring including delivery of savings programmes;
- Scrutiny and monitoring of Financial monthly performance

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

3. DELEGATED POWERS

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

- Review monthly Financial Report.
- Review Finance Dashboard data included in the Performance Report prior to submission to Board.
- Monitor review and scrutinise Cost Reduction Programme and Financial Tracker System for Corporate and Clinical Boards.
- Approve and monitor the financial plan and ensure that it is fully integrated into the Integrated Medium Term Plan submission to the Board.
- Scrutinise the delegated budgets within budget plan
- Receive assurances with regard to the progress and impact /pace of

implementation of Health Board's Cost Reduction Programmes/ Savings Plan

- Seek assurance on the Financial Planning process and consider Financial Plan proposals
- Scrutinise financial performance and cash management against revenue budgets and statutory duties
- Seek assurance that any underlying deficit is corrected as soon as possible and to monitor the progress being made to remove any such deficit.
- Scrutinise submissions to be made in respect of revenue or capital funding and the service implications of such changes.
- Monitor and review agreed dis-investments.
- Review the Board's Scheme of Financial Delegation as and when necessary
- Receive reports arising from financial reviews, including performance and accountability reviews of Corporate and Clinical Boards.

4. AUTHORITY

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

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

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

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

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

5. SUB-COMMITTEES

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

6. MEMBERSHIP

Members

Chair – Independent Member - Finance
Two Independent Members of the Board

In attendance

Chief Executive
Deputy Chief Executive
Executive Director of Finance
Chief Operating Officer
Executive Director of Workforce and Organisational
Development
Executive Director of Strategic Planning
Executive Nurse Director
Director of Corporate Governance
Deputy Director of Finance

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

The UHB Board Chair should attend the committee as part of a rolling plan to attend all Board sub committees.

Member Appointments

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

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

Committee members' terms and conditions of appointment are determined by the Board, based upon the recommendation of the UHB Chair.

Secretariat

Secretary: as determined by the Director of Corporate Governance.

Support to Committee Members

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

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

7. COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

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

Withdrawal of individuals in attendance

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

8. RELATIONSHIP & 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 through the effective governance of the organisation.

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

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

assurance to the Board through the:

- 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 arrangements.

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

9. REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

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

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

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum

11. REVIEW

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

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CONFIRMED MINUTES OF THE FINANCE COMMITTEE

HELD ON 25th JULY 2018

LARGE MEETING ROOM, HQ, UHW

Present:

John Union	Chair (Finance Committee)
Charles Janczewski (part)	Vice Chair (Board)
Maria Battle	Chair (Board)
Abigail Harris (part)	Director of Strategic Planning
Andrew Gough	Assistant Director of Finance
Dr Sharon Hopkins	Deputy Chief Executive
Martin Driscoll	Director of Workforce
Robert Chadwick	Director of Finance
Steve Curry	Chief Operating Officer

In Attendance:

Urvisha Perez	Welsh Audit Office
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Secretariat:

Paul Emmerson	Finance Manager
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FC – 18/219 WELCOME AND PURPOSE OF THE COMMITTEE

The Chair welcomed everyone to the meeting.

FC – 18/220 APOLOGIES FOR ABSENCE

Apologies were received from John Antoniazzi, Christopher Lewis and Ruth Walker.

FC – 18/221 DECLARATIONS OF INTEREST

The Chair invited members to declare any interests in proceedings on the Agenda.

The UHB Vice Chair (CJ) stated that he was Chair of a WHSCC sub-committee and declared an interest in discussions in respect of WHSCC.

FC – 18/222 MINUTES OF THE FINANCE COMMITTEE HELD ON 27th JUNE 2018

The Committee **RECEIVED** and **APPROVED** minutes of the meeting held on 27th June 2018 subject to an amendment to minute FC - 18/214 where the reference to the Resource and Delivery Committee is to be amended to the Strategy and Delivery Committee.

FC - 18/223 ACTION LOG FOLLOWING THE LAST MEETING

The Committee **RECEIVED** the Action Log from the meeting of 27th June 2018 and **NOTED** the following:

FC - 18/189 – PUBLIC SECTOR PAYMENT POLICY COMPLIANCE - Report on impact of No Purchase Order No Payment Policy to be shared with Finance Committee following All Wales implementation in June 2018. **Incomplete** - Recommended that a report is brought back to the October 2018 Finance Committee post June 2018 All Wales implementation.

FC - 18/200 REVISED TERMS OF REFERENCE FINANCE COMMITTEE - Revised TOR to be taken to the Board for approval. **Incomplete** –This is being progressed through the Board secretary with the intention that the revised TOR are taken to the Board meeting scheduled for 27th September 2018 for ratification.

ACTION: Committee Secretariat

FC - 18/201 PROGRESS AGAINST THE £9.3M 2018/19 IMPROVEMENT TARGET
-Progress against this is detailed within the Finance Report – **Complete**

FC - 18/213 Performance Funding. Complete – Risk of a clawback on the £6.1m Performance Funding received from Welsh Government following review in December is recorded and monitored through the Risk Register

FC - 18/213 Clinical Boards in Escalation. Complete – Clinical Boards in escalation is now a Standing Item on the Finance Committee Agenda.

FC - 18/213 Aneurin Bevan LTA. Complete – the Aneurin Bevan Health Board Income risk is now included on the risk register.

FC - 18/224 FINANCIAL PLANS 2018/19. The Director of Finance confirmed that the UHB's 2018/19 operational plan had been shared with Welsh Government and that progress against the plan was reported to Welsh Government on a monthly basis through the Monthly Monitoring Returns (MMR). The Chief Executive told the committee that progress against the plan was also picked up through the Targeted Intervention meetings with Welsh Government.

The Director of Finance indicated that going forwards that the 2018/19 Financial Plan would not be reported through a separate agenda item and that progress against the plan would be reported to the Finance Committee through the monthly Finance Report that was a standing item on the agenda.

The Finance Committee:

- **NOTED** that progress against the unapproved draft one year operational plan with a planning deficit of £19.900m would be reported to future meetings within the monthly Finance report;

FC - 18/225 FINANCE REPORT AS AT MONTH 3

The Director of Finance presented the UHB's financial performance to month 3 and drew the Committee's attention towards the key Financial Indicators reported through the Finance Dashboard within the written report:

- £5.573m deficit at month 3 and a £0.598m adverse variance was recorded against plan.
- The UHB expected to remain within the current annual capital resource limit of £36.099m.
- The UHB had reduced its assessed underlying deficit position to £39.1m at month 3.
- The UHB had declared a fully developed savings programme at month 3. There was currently a gap of £4.6m against the delegated £33.780m savings target however this was covered by corporate schemes at month 3 and the development of schemes to date provided the UHB with enough confidence to assume that Clinical Boards would meet their delegated savings targets in 2018/19.
- Schemes totalling £7.775m had been identified against the £9.266m financial improvement target leaving a further £1.491m to be identified.
- Creditor payments compliance against the 30 day Non NHS target had improved to 94.2% at the end of June.
- The UHB had maintained a positive cash balance in month and forecasted a year end cash deficit of £26.935m which is strongly correlated to the forecast deficit.

A query was raised by the UHB Chair who asked if the UHB was confident of recovering the £0.598m overspend that had been incurred to date. The Director of Finance informed the committee that the most significant driver behind the overspend was the level of vacancies, sickness and specialising within the nursing position. The main pressures were within the Medicine Clinical Board where the levels of vacancies and sickness required remedial action and in the Mental Health Clinical Board where plans to manage the cost implications of a number of highly complex cases were to be considered. In this context the UHB was sighted on the underlying pressures and looking at all options to curtail nursing expenditure and the year to date overspend against plan was not considered material as the UHB had both time and opportunities to effect remedial action. The Director of Finance stressed the importance of early action as the situation may not be recoverable if income and expenditure run rates did not level off until later in the year.

In order to add additional assurance the Director of Finance told the Committee that the UHB will formally review the forecast year end position at Clinical Board level following confirmation of month 4 expenditure. The review would be incorporated within the month 5 report to Finance Committee.

ACTION: Deputy Director of Finance

In respect of the nursing position, the Director of Workforce indicated to the committee that absence levels within the Medicine Clinical Board were generally at expected levels however there were some areas where sickness levels were exceptionally high. In response the Clinical Board was being encouraged to engineer greater flexibility within its workforce so that pressure points could be covered more efficiently to best manage risks.

The Committee Chair asked whether the implications of the Nursing Safe Standards Act had been fully costed and the Director of Finance confirmed that plans had been fully funded. In the context of nursing the UHB Chair (MB) asked whether the delay in payment associated with monthly pay and the absence of a weekly payroll to pay bank staff was limiting the number of nursing staff registered and available on the UHB nursing bank. The Assistant Director of Finance indicated that the timing of tax deductions might reduce the appeal of weekly payments to staff and agreed to ask the Nursing Productivity Group to explore the respective benefits for the UHB and bank staff of weekly vs monthly salary payments.

ACTION: Assistant Director of Finance

LIMITED ASSURANCE was provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 3 position which is broadly on line with the profiled deficit within the draft operational plan.

The Finance Committee:

- **NOTED** that the UHB has an unapproved draft one year operational plan that has a planned deficit of £19.900m for the year;
- **NOTED** the £5.573m deficit at month 3 which includes a planning deficit of £4.975m and is an adverse variance against plan of £0.598m;
- **NOTED** the key concerns and actions being taken to manage risks.

FC - 18/226 CLINICAL BOARDS IN ESCALATION

The Director of Finance indicated that the Medicine, Surgery, Women & Children and Clinical Diagnostics and Therapies (CD&T) Clinical Boards were in escalation at the time of the meeting.

The main concerns around the Medicines and Surgery Clinical Boards related to operational pressures particularly in nursing. The Women & Children Clinical Board had a significant shortfall against its savings target and the CD&T Clinical Board had been put into escalation due to the risks around a significant savings scheme which had not yet moved beyond the red pipeline rating.

The Boards would remain subject to increased levels of scrutiny until the Director of Finance, Chief Executive and Chief Operating Officer were provided with sufficient assurance that both savings targets and balanced plans would be achieved in 2018/19.

FC - 18/227 COST REDUCTION PROGRAMME

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

- At the end of the month, £29.165m of opportunities had been identified as Green or Amber against the devolved 4% savings target of £33.780m leaving a gap of £4.615m
- £20.167m has been identified against the £25.335m recurrent 3% element of the devolved target.
- £8.998m has been identified against the £8.445m non-recurrent 1% element of the devolved target.
- As at month 3 £11.681m of cross cutting opportunities had been identified as Green or Amber contributing towards the delivery of the £33.780m devolved CRP target.

The Assistant Director of Finance confirmed that the £4.615m gap against the overall delegated 2018/19 CRP target was covered by the identification of additional corporate opportunities, however he stressed that Clinical Boards were still required to reach their delegated targets in 2018/19.

The Committee was reminded that in addition to the delegated savings programme that the UHB also had a £9.266m improvement target. This was profiled into the last quarter of the financial year and as at 30th June, £7.775m of recurrent opportunities had been identified leaving a gap of £1.491m.

The Committee members had been provided with a list of the UHB's top 20 savings schemes by value and the Assistant Director of Finance noted that the majority of schemes either related to medicines management, continuing healthcare or non-recurrent opportunities.

The Chief Operating Officer noted that the full year effect of recurrent savings schemes within the Medicine Clinical Board had met the 2018/19 savings target leaving the Board to manage the in-year operational pressures.

The Finance Committee:

- **NOTED** the progress against the £33.780m devolved 2018/19 CRP target and the Cross Cutting contribution
- **NOTED** the progress against the £9.266m improvement target.

FC - 18/228 RISK REGISTER

The Assistant Director of Finance presented the 2018/19 Risk Register to the Finance Committee and highlighted that the risk of a clawback of funding on the £6.1m Welsh Government Performance allocation and the Aneurin Bevan Health Board Income risk are now included on the risk register.

The Finance Committee:

- **NOTED** the risks highlighted within the risk register.

FC - 18/229 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES

No other items to bring to the main Board.

FC - 18/230 DATE AND TIME OF NEXT MEETING

Wednesday 29th August; 2.00pm; Large Meeting Room, HQ, UHW

**CONFIRMED MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING
HELD AT 09.00AM TUESDAY 19 June 2018
CORPORATE MEETING ROOM – HQ
9.00AM – 12NOON**

Members:

Akmal Hanuk	Chair
Maria Battle	Independent Member
John Union	Independent Member
Christopher Lewis	Deputy Director of Finance

Attendees:

Alun Williams	Head of Financial Services
Peter Welsh	Director of Corporate Governance
Simone Joslyn	Engagement Lead
Angela Hughes	Assistant Director of Patient Experience
Joanne Brandon	Assistant Director of Communications & Engagement

Secretariat:

Leanne Miles

CFC 18/021 WELCOME AND INTRODUCTIONS

- The Chair welcomed all present to the meeting

CFC 18/022 APOLOGIES FOR ABSENCE

- Apologies for absence were received from Mike Jones, Fiona Jenkins

CFC 18/023 DECLARATIONS OF INTEREST

- The Chair invited Members to declare any interests in the proceedings.
Akmal Hanuk – Chair declared an interest in item 10 of the agenda Change Account.

CFC 18/024 UNCONFIRMED MINUTES OF THE MEETING HELD 20 March 2018

- The Committee RECEIVED and APPROVED the minutes of the meeting held on 20 March 2018.

CFC 18/025 ACTION LOG - MEETING OF 20 March 2018

- The Committee RECEIVED the Action Log from the meeting of 20 March 2018

CFC 18/026 BIDS PANEL REPORT

Peter Welsh presented the Bids Panel Report and outlined how successful it has been especially The fast track bids. It outlined approved bids as of the 8th May 2018. There were a total of 16 applications to the value of £93,536 received for consideration and the panel approved 16 to the value of £89,186 as bid number 555 was partly approved. There have been a total of 26 small bids process applications to date. Since March 2018 there have been

11 bids approved to the amount of £2,081. Peter Welsh stated that the Bids Panel Time Out will take place in December 2018 prior to the Charitable Funds Committee Time Out so that information will be available for discussion.

THE COMMITTEE:

APPROVED: The bids supported by the May 2018 meeting of the Charitable Funds Bids Panel.

CFC 18/027 TERMS OF REFERENCE – CHARITABLE FUNDS COMMITTEE

Peter Welsh presented the Revised Terms of Reference for the Charitable Funds Committee. The Terms of Reference and operating arrangements need to be reviewed on a biennial basis by the Committee. There have been a number of operational arrangements discussed since March 2016 which have been implemented. To be compliant such changes have to be included in the Terms of Reference of the Committee and endorsed. The report outlined the changes to be endorsed by the Committee.

Chris Lewis requested an alteration to point 2.6 in the Terms of Reference to reword “to receive at least twice a year reports from the UHB Investment Advisors”.

ACTION – Peter Welsh

THE COMMITTEE:

APPROVED and endorsed, subject to any further amendments, the revised Terms of Reference of the Charitable Funds Committee.

CFC 18/028 ORCHARD PROGRESS

Simone Joslyn presented a paper on the progress of the Orchard. The goal of the Health Board is to establish an ecological community health park which also aims to benefit wildlife, plants and people through positive environmental interaction as well as benefiting staff and patients, and the wider community. The Orchard is funded entirely through donations made to the Charity. Work is continuing to progress at a steady rate and additional funds have been raised through several fundraising and voluntary activities listed in the paper presented. Chris Lewis stated that the figures outlined in the report presented didn't seem to add up but whether it was an IT error. Alun Williams to revisit for accuracy. Maria Battle stated that it was great seeing this report in such detail as this information will be presented to Board and it will have continual sight about fundraising and stated it was a credit to the fundraising team.

ACTION: To revisit figures to ensure accuracy – **Alun Williams**

THE COMMITTEE:

NOTED: The great work being undertaken to complete the project.

CFC 18/029 PROP APPEAL

Simone Joslyn presented a paper on the PROP Appeal and stated the significant work that Lucie Barrett in the Fundraising team had undertaken and to date, has raised a magnificent £83,000. The PROP appeal is for patients in the Regional Neurosciences Specialist Rehabilitation Unit currently based at Rookwood Hospital. Simone Joslyn referenced the fundraising activities that have taken place. Simone Joslyn stated that a paper would be brought to the next meeting in December 2018 outlining other appeals so that everyone is sighted and a discussion on how many appeals should we have running, could take place. Peter Welsh suggested that at the

September 2018 meeting to bring the annual report of the Breast Centre activities which have been very successful.

THE COMMITTEE:

NOTED: the outstanding work being carried out by the PROP Appeal and the value given to patients and staff at Rookwood

CFC 18/030 CHANGE ACCOUNT – UPDATE

Peter Welsh presented a paper on the Change Account. The UHB was contacted by Change Account digital banking platform to discuss the potential of using their services on part of the programme of Staff Benefits. The Charitable Funds Committee has been asked to enter into a contract with Change Bank for an initial period of three years with the option to extend for a further two. Assurance has been given in the form of discussion at the Staff Benefits Group, Local Partnership Forum, Charitable Funds Committee where support in principle was given and at the full Trustees meeting in December 2017. An in depth conversation was undertaken by the Committee members raising several issues such as are staff being advised on debt, other debt management services available, links with Public Health Wales, staff benefits, impacts on credit union. Maria Battle stated that the Change Account along with Credit Union should be mentioned on the staff benefits intranet page and how it is worded to protect the reputation of the Charity. Also legal advice to be sought regarding the agreement between the Charity and Change Card.

The COMMITTEE:

APPROVED: entering into a contract with Change Account for an initial period of three years with the option to extend for a further two years.

CFC 18/031 PARK AND RIDE UPDATE

Peter Welsh gave a verbal update with regards to the Park and Ride. Currently there is park and ride which currently services UHW. There is a proposal to provide a park and ride service for a short period for UHL and Barry with funds from the Charitable Funds. Evaluation for this period would then be forwarded to Cardiff Bus who if they deem it to be a profitable will take on the service. Information would be gathered and a progress paper brought to the next meeting in September 2018. Maria Battle has also asked for information to be added to the report with regards to a bus from the Health High Level Train Station and another park and ride location within Cardiff as part of the scoping exercise.

ACTION: Scoping document to be brought to the next meeting - **Peter Welsh**

THE COMMITTEE:

AGREED: To receive a scoping document at the next meeting in September 2018

CFC 18/032 STAFF BENEFITS GROUP – UPDATE

Peter Welsh gave a verbal update on the Staff Benefits Group. Peter Welsh reiterated the amount of products coming through. Griffin Mill is going from strength to strength and is very successful. A further meeting with Enterprise Car Rentals is forthcoming to look at a business benefit as well as staff. Vectis card is attending the next staff benefits group to give an evaluation. Also looking towards the wellbeing agenda and dealing with a number of local gyms with regards to discounts for staff. A further update to be brought to the March 2019 meeting.

THE COMMITTEE:

NOTED: The verbal presentation and the work being undertaken by the staff benefits group.

CFC 18/033 NHS 70TH ANNIVERSARY CELEBRATIONS – UPDATE

Joanne Brandon gave a verbal update on the anniversary celebrations. The website contains a huge number of events taking place across all sites of the UHB. Information has been shared with the Board. The celebrations have linked in with Welsh Government and All Wales Partners. Staff will be in attendance at Llandaff Cathedral for a celebration. There has been a lot of media coverage involving staff and various departments. Our example has been replicated through other health boards. The three big celebrations - bed push, Lens walk and the Cardiff Half Marathon are well under way. Simone Joslyn reiterated the link with the Rookwood 100 year celebrations and the miner's lamp, carried by Aneurin Bevan's grandniece making a stop at UHL on its way to Westminster, with the Cabinet Secretary in attendance and tying in with the opening of the 70th exhibition. Simone Joslyn also mentioned a gift for everyone and the possibility of a water bottle donated by Welsh Water. Akmal Hanuk stated that he is a Non-Executive Director of Welsh Water and will take this up directly outside the meeting as there is a Welsh Water Board meeting in July 2018.

THE COMMITTEE:

NOTED: The verbal presentation and the excellent work undertaken to promote the 70th anniversary of the NHS.

CFC 18/034 WiFi UPDATE

Peter Welsh stated that Fiona Jenkins was unable to attend the meeting and that this item is to be deferred to a future meeting Charitable Funds Committee. The intention was to bring a paper to this meeting for extended funding as the charity agreed to fund for a certain period of time only. Chris Lewis stated that the funding of the WiFi is a great benefit to the Charity as it holds the front page for funding and good promotion for the Charity.

THE COMMITTEE:

NOTED: the verbal update

CFC 18/035 FINANCE POSITION – YEAR END

Chris Lewis presented the Financial Position Report for the period March 2018. The Charity generated £1.459m of income and also spent £1.812m and therefore had a net expenditure of £0.353m. In summary the value of the charitable funds has decreased by £0.459m in the current year to £10.178m. The decrease represents net expenditure of £0.353m and market value losses of £0.106m.

THE COMMITTEE:

NOTED: The financial position of the charity and **ASSURANCE** through the strength of the Charity and the good financial performance during the period.

CFC 18/036 FUNDRAISING REPORT

Simone Joslyn presented the fundraising report which outlined the events that have taken place and the amounts raised and events that are in the pipeline. It also included a proposed new Health Charity structure due to it being understaffed which in turn could cause destabilization of the Charity support team function, external reputation being damaged through the cancellation of events, potential leavers, and potential sickness which in turn would result in an overburdening of remaining staff. Human Resources advice was taken with regards to the banding of posts. An in depth conversation was undertaken by the Committee members over the proposed structure and finance. Chris Lewis stated that with current fragility of services within the Health Board the proposed structure be reviewed after six months as outlined in the report. Maria Battle proposed that the structure be reviewed after a year and not six months to prove that the new structure is the correct one going forward. Peter Welsh stated that with the figures involved that the Scheme of Delegation would need to be referenced to ensure that governance has been followed.

THE COMMITTEE:

APPROVED:

- The proposal outlined in the report and the financial implications for one year then to be reviewed plus the funding mechanisms and for this then to the Trustees for their approval
- The changes to the management structure of the support function of the Charity
- To support the interim proposals to provide resilience for the communications and fundraising role during sickness absence
- A further review of the support function financial sign off processes

CFC 18/037 ANY OTHER BUSINESS

Peter Welsh referenced adverse publicity regarding the use of Charitable Funds within organizations but stressed not Cardiff and Vale but one was a Health Board. Maria Battle as Chair of the Trustees was spoken to regarding the issue and though it was appropriate to undertake a health check and obtain specialist legal opinion on what we have been doing with our funds. Peter Welsh stated that he and Joanne Brandon met with a specialist lawyer of Geldards who is an expert in Charitable Funds. Information and guidance is available to those who request a copy and confirms that the Charitable Funds Committee is compliant.

THE COMMITTEE:

NOTED: The verbal presentation.

CFC 18/038 NO ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES

CFC 18/039 DATE AND TIME OF NEXT MEETING

- 11 SEPTEMBER 2018 – 9.00am - Corporate meeting Room, HQ



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – JULY 2018

The Welsh Health Specialised Services Committee held its latest public meeting on 10 July 2018. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

<http://www.whssc.wales.nhs.uk/2018-19-whssc-joint-committee>

Action log & matters arising

Members noted the action log.

Chair's report

The Chair verbally reported that the Cabinet Secretary for Health and Social Services had completed her appraisal. She reported that major trauma and gender identity services were given as an area for particular focus in the forthcoming year.

The Joint Committee received a written report providing an update on Chair's action taken concerning the adult thoracic surgery review consultation. Members ratified the Chair's action.

Managing Director's report

The Joint Committee noted the content of the Managing Director's report and in particular updates on:

- Neonatal Interim Work Stream. Members noted that Aneurin Bevan UHB, as the provider-lead for the work stream, would submit a report to WHSSC imminently and that Management Group would consider the report as one of the key risks identified within the ICP that is expected to emerge in year.
- Thrombectomy / Stroke Commissioning
- Home Parenteral Nutrition
- Proton Beam Therapy
- Inherited Bleeding Disorders
- Sickle Cell and Thalassaemia. Members noted that this service was not currently commissioned by WHSSC and that this was a scoping exercise through the collective commissioning framework.

- BAHA and Cochlear. Members noted a significant increase in demand in South Wales, as well as the identification of a significant number of patients with BAHA implants that were due to become obsolete in 2018 and 2019.
- Critical Care. Members noted an increase in demand for critical care within specialised services.
- WHSSC Corporate Values. Sian Lewis, Managing Director reported that she had launched the new WHSSC Corporate Values on 5 July 2018. The Joint Committee were provided with a small card showing the values.

Use of crizotinib in the treatment of ROS1-positive advanced non small-cell lung cancer

The Joint Committee received the report. Members noted that NICE had issued a Final Appraisal Document (FAD) guidance on 31 May 2018 recommending the use of crizotinib, within the Cancer Drugs Fund, as an option for treating ROS1-positive advanced non-small-cell lung cancer (NSCLC) in adults, only if the conditions in the managed access agreement were followed. The Joint Committee approved the funding request for 2018/19, 2019/20 and beyond.

2018-21 ICP Key Risks expected to emerge in year – Cystic Fibrosis

The Joint Committee received the report that set out the investment requirements for the All Wales Adult Cystic Fibrosis Centre to address the immediate clinical risk and service sustainability.

The Joint Committee noted that that Management Group had considered the proposals at the June meeting and that the Management Group Members had recognised the fragility of the current service and the need to stabilise the infrastructure in order that the service was able to manage the existing patient cohort and the expected patient growth in 2018/19. The Joint Committee also noted that the Management Group had supported the proposal to invest in the MDT on a recurrent basis, and the part year effect of the Premixed IV Antibiotics Service, but had requested that further work be undertaken by the provider to clarify the model and full year costs of the Premixed IV Antibiotics Service.

The Joint Committee approved the investment in the MDT on a recurrent basis, and the part year effect of the Premixed IV Antibiotic Service for the remainder of 2018/19. The Joint Committee agreed that the provider would need to submit a further proposal for recurrent funding for the Premixed IV Antibiotic Service for consideration as part of the 2019-21 Integrated Commissioning Plan.

Delivery Plan for the Five year Specialised Neurosciences Strategy – south, mid and west Wales

The Joint Committee received a report and a presentation. The Joint Committee approved the delivery plan for first two years of the Specialised Neurosciences Strategy in south, mid and west Wales and noted the work underway to develop a delivery plan for north Powys and north Wales.

It was agreed that a further paper around the Incentivisation element of the Neurosciences Strategy would be brought to a future meeting.

Other reports received

The Joint Committee received the integrated performance report and financial performance report. The Joint Committee also noted the update reports from the following joint sub committees and advisory groups:

- Quality & Patient Safety Committee. The Joint Committee agreed to receive the revised terms of reference outside the meeting and provide comment to the Committee Secretariat. The Joint Committee agreed to approve the terms of reference subject to no major comment received. The Joint Committee also noted the quoracy issues due to the low number of Non-Executive Directors. Additional Members were being actively sought.
- All Wales Individual Patient Funding Request Panel
- Welsh Renal Clinical Network.

DATES OF FUTURE BOARD MEETINGS

Name of Meeting : Board Meeting **Date of Meeting :** 27th September 2018

Executive Lead : Director of Corporate Governance

Author : Corporate Governance Manager 029 2074 3111

Caring for People, Keeping People Well : n/a

Financial impact : n/a

Quality, Safety, Patient Experience impact : n/a

Health and Care Standard Number : Governance and Accountability

CRAF Reference Number : n/a

Equality and Health Impact Assessment Completed: n/a

ASSURANCE AND RECOMMENDATION

ASSURANCE

- The dates have been prepared as part of the complete schedule of dates for the Committees of the Board

The Board is asked to:

- **NOTE** the meeting dates for the rest of 2018 and the new dates for 2019/20.

SITUATION AND BACKGROUND

Every summer the UHB sets out its calendar of meetings for the Board and Committees. The Board meeting dates for the remainder of 2018/19 and 2019/20 are shown below. Public Board meetings are held on a Thursday commencing 1pm and venues will be allocated nearer the date of the meeting.

ASSESSMENT

29th November 2018

31st January 2019

28th March 2019

30th May 2019

25th July 2019 and AGM

26th September 2019

28th November 2019

30th January 2020

26th March 2020

PRIVATE MEETING OF THE BOARD

**27 SEPTEMBER 2018
AGENDA**

PART 1: PRELIMINARIES		
1	Welcome and Introductions	Oral
2	Apologies for Absence	Oral
3	Declarations of Interest	<i>Chair</i>
4	To approve the Minutes of the Private Board Meeting held on 26 th July 2018	<i>Chair</i>
5	Action Log	<i>Chair</i>
PART 2: CONFIDENTIAL ITEMS FOR REVIEW AND ASSURANCE		
6	Report of the Chair	<i>Chair</i>
7	Report of the Chief Executive	<i>Chief Executive</i>
8	Estates Strategy 2018-28	<i>Director of Planning</i>
9	Update on Legal Claim	Oral <i>Chief Executive</i>
PART 3: CONFIDENTIAL ITEMS FOR APPROVAL / RATIFICATION		
10	Confirmed Minutes from Private Committees	
10.1	WHSSC Joint Committee – July briefing	
10.2	South Central & East Regional Planning & Delivery Forum – June	<i>M Battle</i>
11	Key Issues From Most Recent Private Committee Meetings	Oral <i>Committee Chairs</i>
11.1	Quality Safety and Experience – September	
11.2	Remuneration and Terms of Service – August	
11.3	Audit Committee – September	
11.4	Strategy and Delivery Committee - September	
PART 4: FINAL – CONFIDENTIAL ITEMS FOR NOTING AND INFORMATION		
12	Any Other Urgent Confidential Business	Oral
13	Date of the next meeting : Thursday 29 th November 2018	