

Bundle Board Meeting 29 November 2018

Agenda attachments

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 - 8.5 Committee Minutes:
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 - 8.5.4 Mental Health and Capacity Legislation Committee - June
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8.5.6	Shared Services Partnership - September <u>8.5.6 SSP Assurance Report 20 September 2018.doc</u>
8.5.7	Emergency Ambulance Service Committee - July and October <u>8.5.7 Confirmed EASC Minutes 10 July 2018.docx</u> <u>8.5.7b Confirmed EASC Minutes 17 Oct 2018.docx</u>
8.6	Avisory Group Minutes - No Advisory Group Minutes to receive
9	Items for Review and Assurance
9.1	Quality Safety and Experience Report <u>9.1 Quality Safety and Experience Report.docx</u>
9.2	Performance Report <u>9.2 Performance Report.docx</u> <u>9.2b Dashboard v2.xlsx</u>
9.3	Sustainable Travel and Clean Air (presentation) <u>9.3 Sustainable Travel & Clean Air.docx</u> <u>9.3b Sustainable Travel & Clean Air presentation.ppt</u>
9.4	Transformation and Improvement Programme and Plan to include details of Learning Alliance <u>9.4 Transformation and Improvement Programme.docx</u> <u>9.4b CVTransformation JGv6 0.pptx</u>
9.5	Falls Framework <u>9.5 Falls Framework.docx</u>
9.6	Staff Survey Results <u>9.6 Staff Survey Results.docx</u> <u>9.6b Staff Survey Results.pdf</u>
9.7	Brexit Update <u>9.7 Brexit Update.docx</u> <u>9.7b Brexit Briefing NHS Confed.pdf</u>
10	Items for Noting and Information
10.1	Clinical Services Plan Update <u>10.1 Clinical Services Plan Update.docx</u>
10.2	Key Issues from Committee Meetings since September to bring to the attention of the Board:
10.2.1	Health and Safety Committee <u>10.2.1 Health & Safety Committee Chair's Report.docx</u>
10.2.2	Quality Safety and Experience Committee
10.2.3	Strategy and Delivery Committee
10.2.4	Finance Committee
10.2.5	Mental Health and Capacity Legislation Committee
10.2.6	Local Partnership Forum
10.3	Agenda of the Private Board Meeting
10.4	To note the date of the next Board Meeting 31st January 2019 at 1pm, venue to be confirmed
11	Any Other Urgent Business

NOVEMBER BOARD MEETING
1pm on 29th November 2018
Boardroom, University Hospital Llandough

AGENDA

PATIENT STORY – Sexual Assault Referral Centre (SARC)		
1	Welcome and Introductions	Oral
2	Apologies for Absence	Oral
3	Declarations of Interest	Oral
4	Minutes of the Board meeting held on 27 th September	Chair
5	Action Log	Oral Chair
6	Chair's Report	Chair
7	Chief Executive's Report	Chief Executive
8.0	Items for Approval / Ratification	
8.1	Adult Thoracic Surgery: Outcome of the Public Consultation and Recommendations on the Future Service Model for South Wales (i) WHSSC Board Report (ii) Consultation Report (iii) CHC Response to Thoracic Surgery Consultation	Executive Director of Strategic Planning CHC
8.2	Board Assurance Framework	Director of Corporate Governance
8.3	Nurse Staffing Act Changes	Executive Nurse Director
8.4	Childs' Rights Approach	Interim Executive Director of Public Health
8.5	Committee Minutes:	Committee Chairs Len Richards
8.5.1	Quality Safety and Experience Committee – September	
8.5.2	Strategy and Delivery Committee – September	
8.5.3	Finance Committee – August and September	
8.5.4	Mental Health and Capacity Legislation Committee – June	
8.5.5	Health and Safety Committee – July	
8.5.6	Shared Services Partnership – September	
8.5.7	Emergency Ambulance Services Committee – July and October	
8.6	Advisory Group Minutes No Advisory Group Minutes to receive	Advisory Group Chairs

9.0	Items for Review and Assurance	
9.1	Quality Safety and Experience Report	Executive Nurse Director
9.2	Performance Report	Deputy Chief Executive / Director of Transformation
9.3	Sustainable Travel and Clean Air (presentation)	Interim Executive Director of Public Health
9.4	Transformation and Improvement Programme and Plan to include details of Learning Alliance (presentation)	Deputy Chief Executive / Director of Transformation
9.5	Falls Framework	Executive Director of Therapies and Healthcare Sciences
9.6	Staff Survey Results	Executive Director of Workforce and OD
9.7	Brexit Update	Executive Director of Strategic Planning
10.0	Items for Noting and Information	
10.1	Clinical Services Plan Update	Executive Director of Strategic Planning
10.2	Key issues from Committee and Advisory Group Meetings since September to bring to the attention of the Board:	
10.2.1	Health and Safety Committee	Chair H&S
10.2.2	Quality Safety and Experience Committee	Oral Chair QSE
10.2.3	Strategy and Delivery Committee	Oral Chair S&D
10.2.4	Finance Committee	Oral Chair Finance
10.2.5	Mental Health and Capacity Legislation Committee	Oral Chair MHCL
10.2.6	Local Partnership Forum	Oral Chair LPF
10.3	Agenda of the Private Board Meeting - Governance Review - Employment Tribunal Update	Chair
10.4	To note the date of the next Board Meeting 31 st January 2019 at 1pm venue to be confirmed.	
11.0	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 13.30 ON 27 SEPTEMBER 2018
BOARD ROOM, UNIVERSITY HOSPITAL LLANDOUGH**

Present:

Maria Battle	Chair
Abigail Harris	Director of Planning
Charles Janczewski	Vice Chair
Dawn Ward	Independent Member – Trade Unions
Eileen Brandreth	Independent Member – ICT
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Prof Gary Baxter	Independent Member – Cardiff University
Dr Graham Shortland	Medical Director
John Antoniazzi	Independent Member – Estates
John Union	Independent Member – Finance
Len Richards	Chief Executive
Martin Driscoll	Director of Workforce and OD
Michael Imperato	Independent Member – Legal
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Sara Moseley	Independent Member – Third Sector
Dr Sharon Hopkins	Director of Public Health
Steve Curry	Chief Operating Officer
Cllr Susan Elsmore (part)	Independent Member – Local Authority

In Attendance:

Indu Deglurkar	Chair, SMSC
Jill Shelton	Chair, CHC
Nicola Foreman	Director of Corporate Governance
Stephen Allen	Chief Officer, Cardiff and Vale of Glamorgan CHC

Secretariat

Julia Harper

Apologies:

Akmal Hanuk	Independent Member – Community
Paula Martyn	Associate Member – Chair, SRG
Lance Carver	Associate Member – Director of Social Services
Sue Bailey	Associate Member – Chair, HPF

UHB 18/142

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting of the Board and explained that the meeting was starting a little late as the Board had just been engaged in a two hour session on Dementia that Members would reflect on during consideration of the Dementia Strategy that was on the agenda for this meeting.

UHB 18/143 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

UHB 18/144 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. Mr Janczewski declared an interest in WHSSC as Chair of their Quality and Patient Safety Committee.

The Chair advised the Board that Mr Michael Imperato was the Solicitor for Haemophilia Wales and infected core participants in the recently started national Contaminated Blood Inquiry. As such, agreement had been reached that he would be excluded from any conversations / written material in relation to this area when it was discussed at either the Board or the Quality, Safety and Experience Committee. This was to ensure transparency and good governance and the integrity of the Board and Mr Imperato in relation to the Inquiry.

UHB 18/145 MINUTES OF THE BOARD MEETING HELD ON 26th JULY 2018

The Board **RECEIVED** and **APPROVED** the minutes of the meeting held on 26th July 2018.

UHB 18/146 ACTION LOG FOLLOWING THE LAST MEETING

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

1. **HIW Annual Report of UHB (UHB 18/119)** – The Director of Planning advised that she was unable to provide a date for relocating the Links building as it was dependent on the business case for SARC. Welsh Government officials had recently visited the area and it was hoped that earlier funding could be secured.
2. **Strategy and Engagement Committee (UHB 18/127.6)** – The Chief Executive updated on 3 items:
 - The UHB had advised Welsh Government that it would delay implementation of WCCIS system until issues of functionality at least met the same standard as the current PARIS system.
 - The implementation of the blood transfusion model (LIMS) was more complicated as the UHB was not satisfied with the reliability of the system. The same applied to histopathology. Other options were being discussed with Welsh Government though a formal business case would be required.
 - Discretionary capital was limited to £250k for 2018/19 and was insufficient to meet all needs. This had been discussed with

Welsh Government. However, it was hoped that there would be a better allocation to support the digital agenda in future.

UHB 18/147 CHAIR'S REPORT

The Board **RECEIVED** the written report from the Chair and Miss Maria Battle added two additional items:

LIPS Programme – The Chair encouraged Members to attend events as the leading improvement in patient safety work was uplifting and inspiring.

Blood Inquiry – The Chair had attended the Inquiry to show respect to all those affected and infected, to listen to their experiences and learn and to demonstrate support for people with ongoing problems. Those affected believed there had been a cover up and those still alive had difficulty accessing treatment. What families wanted was the truth, respect, accountability, justice and for institutions to learn lessons. In addition, families wanted the adoption of the Hillsborough Charter for Families Bereaved Through Public Tragedy. This Charter was tabled and the Chair asked the Board to formally adopt the Charter that mirrored the UHB's own values. The Chair thanked Mrs Carol Evans and Ms Alex Scott for their work collating evidence for the Inquiry and enabling a central point of access for those affected.

The CHC reported that West Quay had recently won an award for patient access and the Board offered their congratulations.

ASSURANCE was provided by:

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

The Board:

- **NOTED** the report
- **ENDORSED** the affixing of the Common Seal
- **ADOPTED** the Charter for Families Bereaved Through Public Tragedy.

UHB 18/148 CHIEF EXECUTIVE'S REPORT

The Board **RECEIVED** the written report of the Chief Executive, Mr Len Richards. Mr Richards highlighted:

- The positive mood in the UHB and recognition/awards in Parkinson's and Maternity.
- On 15th October the senior team from Canterbury, New Zealand would be attending Cardiff and a series of events/meetings was being arranged including a session for the Board. One of the key areas for consideration was a positive outcomes framework – how to measure,

monitor and manage the outcomes of changes made. The CHC asked to be included in the events.

The CHC thanked the UHB for the positive changes made to car parking arrangements at the Barry Hospital and reported that the number of complaints about this had reduced.

In terms of the results of the Staff Survey, it was noted that the results together with an action plan would be reported to the Board.

Action – Mr Martin Driscoll

ASSURANCE was provided by:

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

The Board **NOTED** the report.

UHB 18/149 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 closure of serious incidents (SIs), how car parking complaints affected the number of complaints managed through the informal resolution process and the full multi-disciplinary team reviews in response to the cluster of SIs in mental health.

The Chair invited comments and questions:

- It was noted that the QSE Committee would be looking at trends/themes at its Special meeting in October.
- There was no theme emerging from the number of incidents of pressure damage and falls at Rookwood Hospital.
- It was noted that community resource teams were visiting nursing and care homes and were working with the Ambulance Trust as part of the strategy on falls. This was also on the agenda for the next QSE Committee.
- The Coroner approached clinicians direct to provide evidence at Inquest. Not all clinicians relayed this information to the UHB so centrally held intelligence could not then be shared.
- Post inspection, best practice was shared. A website and twitter account was also going to be launched in the next 6 months to spread the word.
- The Board could take assurance from the 22 inspections undertaken in a 2 month period. Most highlighted good practice but the issue of medicines storage remained.
- The Nurse Staffing Act would be considered at the next Board Development Day and a proposal for a different skill mix in stroke rehabilitation would be brought to Board.

Action – Mrs Ruth Walker

- The balance of protected meal times with the benefit of carers helping with feeding was being considered.
- It was noted that time spent in AU and MAU was not counted within the 4 and 12 hour emergency admission targets. It was known that some patients spent considerable periods there due to poor flow in the system and this impacted on pressure damage and patient experience. The detail including reporting metrics to the Board would be considered at Management Executive. The CHC had undertaken unannounced visits to the areas and would discuss findings with the UHB separately.
- The number of ophthalmology patients seen as follow-up by community optometrists had risen from 20% to 40%. The aim was to reach 80% by year end. However, there were IT challenges and a number of tertiary patients still needed to be seen at UHW. The CHC reported tension with a number of referrals going back and forth between health boards.
- Patient Safety walk rounds had a theme of outstanding maintenance. Staff were getting frustrated chasing maintenance requests. It was agreed that given the UHB priorities, better communication was needed to advise when work was likely to be carried out.

Action – Mrs Abigail Harris

ASSURANCE was provided by:

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

The Board:

- **CONSIDERED** the content of this report.
- **NOTED** the areas of current concern.
- **AGREED** that the current actions being taken were sufficient.

UHB 18/150 PERFORMANCE REPORT

The Deputy Chief Executive and Director of Public Health, Dr Sharon Hopkins introduced the report of performance against targets in the Welsh Government Framework.

The Chief Operating Officer addressed questions raised by Independent Members prior to the Board meeting covering a reduction in the number of delayed transfer of care in mental health, reduction in length of stay in stroke, the protection of stroke beds and suspensions in the cancer pathway.

The Chair invited questions and comments:

- It was not possible to read the risk register in the report and its presentation should be reconsidered.
- Some data on out of hours was missing. The UHB was not performing well at the moment and performance was likely to deteriorate in the winter. The CHC requested further assurance on this area.
- The UHB was supporting the GMS service in an attempt to relieve pressure on the out of hours service in the areas of mental health and muscular skeletal that accounted for 40% of GP appointments through multi-disciplinary working. This would be scaled up as winter approached.
- Regarding finance, the UHB was £788k off target with pressures across budgets. The year-end forecast was still to deliver a £9.9m deficit. A reduction in the underlying deficit remained a risk and making plans was a key priority. The Finance Committee had recently considered this in greater detail.
- The aim was to have no patients waiting longer than the 8 week target by the year end for diagnostics, though endoscopy and radiology remained a challenge in SE Wales. Three years ago there were 7000 patients waiting longer than 8 weeks and this had reduced to 600 despite an 18% increase in the number of referrals. The UHB was planning to move from the volume approach to address challenges in individual specialties, particularly paediatric and cardiac MRI. There had been great progress and now the underlying issues were being exposed.
- The UHB's mortality figures were the best in Wales. Members were encouraged to ask the Medical Director to look into specific areas if more detail was required.

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 21 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.

UHB 18/151

CARDIFF AND VALE OF GLAMORGAN DEMENTIA STRATEGY 2018-19

There was a powerful performance before the Board with Re Live Theatre Company showing the lived experience of people with dementia and their loved ones together with a filmed patient story by Beti George and presentations from dementia friendly communities, the memory clinic to acute

care. This was live streamed and was available on Facebook .The aim was to bring alive the strategy and the experience of patients and families and showcase what initiatives were in place in the UHB and staff training.

The Deputy Chief Executive and Director of Public Health, Dr Sharon Hopkins introduced the refreshed Strategy that had been updated with stakeholder engagement. She identified a strong baseline and the achievements to date. There were 8 strategic objectives based on past experience set within the context of an ageing population.

The Chair invited comments and questions:

- This work included a number of teams and organisations.
- This was a strong initiative though the level of ambition was queried, particularly on a regional basis.
- Ms Sarah Moseley declared an interest at this point given that a member of her family was currently a patient in the service. During her interactions with the service she noted good integration with health and social care.
- The leadership shown by Dr Suzanne Wood was commended and the Chair agreed to send a letter of thanks on behalf of the Board.

Action – Miss Maria Battle

The Board:

- **NOTED** the progress to date
- **SUPPORTED** the further implementation of the Cardiff and Vale of Glamorgan Dementia Strategy.

UHB 18/152

EMOTIONAL AND MENTAL WELLBEING SERVICES FOR CHILDREN AND YOUNG PEOPLE

The Deputy Chief Executive and Director of Public Health, Dr Sharon Hopkins explained that the UHB was not yet in the right position with regard to primary, secondary and specialist CAMHS. The position had improved as parts of the service were brought back in-house and became sustainable so Dr Hopkins was confident for the future of the service.

Dr Hopkins confirmed that transition from paediatrics to adult services was on the work plan but this work would not commence until repatriation was resolved.

The Chair invited comments and questions:

- Ms Rose Whittle was thanked for leading this agenda.
- It was noted that preventative work was also ongoing.
- The service collaborated with other Clinical Boards including adult Mental Health, Children and Women and Primary, Community and Intermediate Care.

- Asked about treatment for the large student population, it was noted that where they registered with a GP affected where they would receive this type of care.
- The links with the Child Friendly City agenda were noted.
- The CHC had been concerned about the service for some time but were very pleased with progress and hoped to be involved in future engagement initiatives with children and young people.

ASSURANCE was provided by:

- The programme to repatriate specialist CAMHS from Cwm Taf UHB was underway and robust project structures and partnerships were in place to deliver change by 31st March 2019
- Transformation of the upstream services were 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:

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

UHB 18/153 INTEGRATED WINTER PREPAREDNESS AND RESILIENCE PLAN

The Chief Operating Officer, Mr Steve Curry reminded Board that a report on the lessons learned from last winter had been received in May. This was a plan for the coming winter and the areas of special focus working with health, social care and third sector.

The Chair invited comments and questions:

- It was suggested that information from the Respiratory Group be included in the Plan.
Action – Dr Fiona Jenkins
- The Plan was constant and evolving.
- The main issue was whether all elements would be in place before winter, in particular, the staffing needs.
- The Board was thanked for moving early on this at risk.

The Board:

- **NOTED** the collaborative work with partner organisations to develop the winter plan and
- **APPROVED** the Cardiff and Vale Integrated Winter Preparedness and Resilience Plan.

The Executive Nurse Director, Mrs Ruth Walker introduced the report that was being received in public for the first time – it had previously been considered at a private QSE Committee meeting. Mrs Walker described the reasons why the RCS was commissioned to undertake a review of 18 case notes and commented briefly on the cases of concern that were going through the Putting Things Right process. Mrs Walker informed the group that the paediatric surgery service continued to be monitored with monthly meetings chaired by herself and in attendance was representation from the commissioner of the service WHSSC. Mrs Walker informed the Board that concern was expressed that one member of the staff involved could be identified in the report and she apologised for this.

Dr Shortland Medical Director commented that there had been a number of challenges to the factual accuracy of the RCS report. This was unusual and all comments had been referred back to the RCS to respond to these concerns.

Mrs Walker explained that the issues identified within the report came to light following the triangulation of information from incidents, claims and by “noise” in the system from a variety of sources including clinicians. It was recognised that there may have been opportunity to identify these issues earlier and in line with good governance the Board may wish to consider this point.

The Chair invited comments and questions:

- Assurance was given that this was a safe service and children were not at risk
- Additional paediatric surgeons had been recruited.
- It was hoped that the Deanery would see significant improvement and that specialist trainees would be reinstated.
- An Assistant Clinical Director had been appointed and the Clinical Board Director was also supporting the service.
- The UHB’s candour around these events was commended and applauded and it was noted that systems for triangulation of information were improving.
- Given that significant warning signs may have been apparent in 2014, a review of how the situation was handled from that point to the present day should be undertaken to ensure all lessons were learned.
- The UHB was about to launch a new, more responsive process for staff to raise their concerns and the Office of Professional Leadership would help in this regard.

The Chair summarised the issues discussed and apologised to those affected for any harm caused. She was assured the service was safe, urged colleagues to take the opportunity to learn lessons and to understand why early warning signs were missed in 2014. She noted that it was right to approach the RCS for an external view and that an unusually high number of challenges to the findings had been received. In addition, it was noted that the QSE Committee had received an improvement plan and requested that the response from the RCS be received there. The Chair requested further assurance that the resources to support the paediatric gastroenterologist were sufficient. Whilst processes were right, it was queried whether they were sufficiently robust. Finally, the Chair welcomed the candour of the Board and how this was being managed in an open and transparent way.

ASSURANCE was provided by:

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

The Board:

- **CONSIDERED** the findings of the Royal College of Surgeons report.
- **NOTED** the work taken to date and the progress that had been achieved.
- **AGREED** that the current arrangement for executive oversight of the improvement plan provided assurance that the issues were being addressed and that there was consistent on-going monitoring.
- **AGREED** an independent review be undertaken into how the issues had been considered from 2014

UHB 18/155 FINANCE COMMITTEE REVISED TERMS OF REFERENCE

ASSURANCE was provided by:

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

The Board:

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

UHB 18/156 COMMITTEE MINUTES

The Board **RATIFIED** the following Minutes:

1. Finance Committee 25th July 2018
2. Charitable Funds Committee 19th June 2018
3. WHSSC Joint Committee July 2018

UHB 18/157 KEY ISSUES FROM COMMITTEE MEETINGS SINCE JULY TO BRING TO THE ATTENTION OF THE BOARD

1. **Quality, Safety and Experience Committee – September**
The Committee Vice Chair, Ms Dawn Ward drew attention to the Annual Safeguarding Report and recommended that Members read it. In addition, she thanked the Volunteers for all the work they did for the UHB and reminded Board that a formal thank you event was being arranged.
2. **Local Partnership Forum – August**
3. **Audit Committee – September**
4. **Strategy and Delivery Committee – September**
A briefing note on the main issues was tabled by the Chair of the Committee.
5. **Charitable Funds Committee – September**
6. **Finance Committee - August and September**
It was expected that the month 5 position would recover. The risk of the underlying deficit remained and a new emerging risk was added to the finance risk register.

The suggestion for Chairs of Committees to sit with the Director of Corporate Governance immediately post Committee meeting to record the main issues discussed was noted.

PART 2 – ITEMS FOR INFORMATION ONLY

UHB 18/158 DATES OF BOARD MEETINGS 2019/20

The dates of future meetings were **NOTED**.

UHB 18/159 DATE OF THE NEXT BOARD MEETING

A Special Meeting would be held at 9am on Thursday 25th October in the Powerhouse, Llanedeyrn. The next scheduled meeting would be held at 1pm on 28th November in a venue to be confirmed.

UHB 18/160 AGENDA OF THE PRIVATE BOARD MEETING

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

UHB 18/161 ANY OTHER URGENT BUSINESS

There was no other business to raise.

UPDATED BOARD ACTION LOG FROM SEPTEMBER 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				
UHB 18/119 UHB 18/146	26.7.18 27.9.18	HIW Annual Report of UHB	Provide a timescale for relocation of the Links Centre.	A Harris	Discussions are ongoing with Welsh Government to progress the business case and identify any temporary accommodation options.
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.
UHB 18/149	27.9.18	QSE Report	Better communication with staff as to when repairs were likely to be undertaken.	A Harris	Staff can log onto the estates system to check where the job is using the job number that has been given
UHB 18/154	27.9.18	RCS Review of Paediatric Surgery	Review how situation was handled from 2013 to learn lessons.	L Richards	A review has been commissioned.
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 Development Day – December

UHB 18/114	26.7.18		Item on Transformation to be taken at a Board Development Day.	Dr S Hopkins	Development Day – December
UHB 18/122	26.7.18	Transformation Report	Details of learning alliance to be brought to the next Board. HR and OD issues to be discussed at Board Development Day.	Dr S Hopkins Mr M Driscoll	Board November Development Day - December
UHB 18/053	29.3.18	R&D Implementation	Bring clinical innovation work to a Board Development Day	A Harris	Board Development Day – provisionally December 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	Falls Assurance Report received at Special QSE Committee in October. Later agreed to come to Board in 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 Update – this issue has been discussed at Management Executive and a proposal is currently being considered for the 2019-2020 IMTP. Proposal to be considered January 2019 UHB Board.
UHB 18/148	27.9.18	CE's Report – Staff Survey	Results and action plan in response to the survey would be presented at Board.	M Driscoll	November 2018
UHB 18/149	27.9.18	QSE Report	Proposal on multidisciplinary skill mix for SRC to be progressed.	F Jenkins	Board November 2018 deferred to January 2019

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
ACTIONS COMPLETED SINCE LAST MEETING					
UHB 18/127.6 UHB 18/146	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	The Chief Executive provided an update on 27.9.18. CLOSED
UHB 18/151	27.9.18	Dementia Strategy	Letter of thanks on behalf of Board to be sent to Dr Wood.	M Battle	Complete
UHB 18/153	27.9.18	Winter Plan	Provide information for inclusion in Plan from Respiratory Group	Dr F Jenkins	Completed 25 Oct 18
UHB 18/149	27.9.18	QSE Report	Nurse Staffing Act to be considered further.	R Walker	Board Development Day October 2018 (on October agenda)

REPORT TITLE:	CHAIR'S REPORT							
MEETING:	BOARD MEETING					MEETING DATE:	29.11.18	
STATUS:	For Discussion		For Assurance	✓	For Approval	✓	For Information	
LEAD EXECUTIVE:	N/A							
REPORT AUTHOR (TITLE):	DIRECTOR OF CORPORATE GOVERNANCE							
PURPOSE OF REPORT: The purpose of the report is to provide Members of the Board with an update from the Chair of the Board since the last Board Meeting held on 27 th September 2018.								

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.

REPORT:

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. Sexual Assault Referral Centre Conference

On 4 October I was invited to open and facilitate the SARC Conference to celebrate 10 years since the Cardiff and Vale SARC was opened. In that time we have seen and supported over 5000 clients. The Conference was a true reflection of excellent partnership working and the determination to set up the service and keep it running. There were some expert speakers and we heard the voices of clients who movingly spoke about the difference the service had made to them in seeking justice and rebuilding their lives.

2. PCIC Celebratory Event

On the afternoon of the 7 November I attended the PCIC Celebratory Event at the All Nations Centre with members of the Board. The purpose of the event was to showcase the great work and achievements of the workforce in primary and community and to showcase new developments and promote services. Awards were given to staff for their outstanding

contributions.

Staff gave “elevator” presentations highlighting their services in 2 minutes. These were informative, passionate and gave an excellent insight into the innovation, dedication and range of services provided by the Clinical Board. Teams displayed their work including supporting staff wellbeing and everyone had the opportunity to have a flu jab.

3. First Minister announces £30.8m funding for Llandough

On the 8 November 2018 First Minister, Carwyn Jones, was welcomed to University Hospital Hospital and announced £30.8million funding for a new unit for patients needing specialist neuro and spinal rehabilitation from across South Wales.

Currently these services are provided at Rookwood Hospital, with plans for work to be completed and moved to Llandough within the next two years. As a result, patients will receive improved access to modern treatment, diagnostic and support services, and the number of transfers between different sites for specialist services will be reduced and length of stay decreased.

The money for Llandough will contribute towards:

- 26 bed spinal cord injury rehabilitation ward
- 24 bed specialist neuro rehabilitation ward
- Critical care service, providing long-term ventilation support to neuroscience and high spinal injury patients
- High specification therapy support services to include purpose built hydrotherapy unit
- Improved accommodation to provide better privacy for patients
- Enhanced independent living facilities to promote earlier discharge to the community.

The funding will also enable Acute and Intermediate Care services for elderly patients to move to a single site with the centralisation and consolidation of Outpatient Physiotherapy, together with Occupational Therapy, and Speech and Language Therapy services into a single refurbished clinic.

We are delighted to receive this funding from Welsh Government which will enable us to provide a better environment and facilities for our patients and staff.

4. Youth Advisory Board

The Woman and Childrens Clinical Board has been working with the local authorities and children and young people in Cardiff and the Vale to develop a Children`s Rights Charter and set up a Youth Advisory Board. Young people presented their work to the Board on 25 October. The Charter was formally launched and the new Youth Board introduced on 20 November at City Hall on World Children`s Day hosted by Cardiff`s Child Friendly City Children and Young People`s Advisory Board. We will learn a lot from the input of the new Youth Board on how to develop our children`s services and their priorities.

5. Cabinet Secretary announces first part of £100m of Transformation and Social Care

On 18 October the Cabinet Secretary for Health Vaughan Gething was welcomed by Cllr Susan Elsmore, Chair of the Regional Partnership Board at Redlands Road Surgery Penarth.

The Cabinet Secretary announced that the Regional Partnership Board will receive nearly £7m over two years for our integration bid “Me, My Home, My Community” from the Transformation Fund to change, develop and join up health and social care services, with more emphasis on preventing illness, and shifting services out of hospital to homes and communities. This is the first bid in Wales to be successful.

The Transformation Fund has been created to support key actions from the Welsh Government’s long term plan for health and social care, A Healthier Wales.

Me, My Home, My Community is based on partnership working between all parts of the NHS, local authority services, and the voluntary sector to ensure individuals and families get the support they need closer to home, at the right time. It aims to maximise independence, which research has shown is the outcome that matters most to people.

The project is informed by a similar initiative developed in Canterbury, New Zealand and has a number of key elements which will improve how health and social services work together:

- Get Me Home and Get Me Home Plus will change the way partner organisations can work together in hospitals. For example local authorities and the NHS will work closely together to provide increased daily contact on the wards. Get Me Home Plus will see people being assessed in their own home after being discharged from hospital, rather than being assessed before being discharged. This will give a clear understanding of the support and adaptations needed in their home, and it will allow people to return home more quickly after a stay in hospital. Wrap-around care at home will be provided by social services carers, healthcare professionals, social services carers, and social workers.
- A well-being website will link services across the community and allow health and social care professionals to share information about patients.
- Community development officers will develop and recommend community based care – for example community gardening projects, walking groups ‘men’s sheds’, and ‘talking cafés’.
- Developing a well-being workforce. In addition to social prescribers and existing well-being officers, reception staff will be trained to provide information and connect people to volunteer care workers in the community.
- Identifying people who are at risk and actively supporting them to remain as independent as possible. This involves creating better connections between hospitals, GPs, and pharmacists to ensure everyone is informed of individual patients’ needs when they’re discharged from hospital, and patients have one point of contact.
- Multi disciplinary teams, led by a GP, to develop and review services.

6. RCN Wales Nurses Awards

On 14th October 2018 Executive Director of Nursing Ruth Walker and I had the privilege to attend the RCN Wales Nurses award 2018. We were very proud and delighted that many of our

outstanding nurses were finalists and award winners. They were; **Andy Jones** who won the Mental Health and Learning Disabilities Award, **Kath Azzopardi and Sandra Hall** were joint winners of the Suzanne Goodall Paediatric Nursing Award, **Malisa Pierri** was runner-up in the Advanced and Specialist Nursing category, while **Bethan Ingram** won the award.

Nerys Kirtley won the Mentorship Award, **Suzanne Thomas** won the Registered Nurse (adult) Award, **Ceri Phillips** was the runner-up in the Chief Nursing Officer for Wales category, while **Rebecca Aylward** won the award, **Charlotte Bloodworth** was the runner-up in the Innovation in Nursing Award and **Angela Jones** was the runner-up in the Supporting Improvement Through Research Award. As Ruth said “As individuals, they have all done something amazing but together they demonstrate the first-class care on offer by the UHB, how we’re taking strides to continually improve our services and, most of all, why the NHS, even in its 70th year and even under pressure, continues to be the envy of the World.

7. Opening of New MEAU Llandough Hospital

On 15th October I attended the formal opening of the new Medical Emergency Assessment Unit which allows an expanded service for our patients requiring acute medical care needs and acts as a gateway between a patient's GP, the Welsh Ambulance Service WAST and the wards of the hospital. Patients who attend will be seen by a doctor and undergo further tests, stabilisation and have treatment commenced. The new area has also allowed us to provide a short stay area for patients up to 48 hours. This will prevent unnecessary admissions to hospital and allow patients to receive appropriate treatment and be discharged home in a timely manner.

8. Review of Committees of the Board

During the past few months as new Independent Members have settled into their respective roles I felt it was appropriate to review the Membership of the Committees reporting into the Board. This review has taken into account individual interests, the reasons Independent Board Members were originally appointed to the Board, the experiences they bring as individuals, other outside commitments Independent Members have and the needs of the organisation.

I have also been observing the functioning and effectiveness of the Committees of the Board and spoken with individual Independent Members about how things have been operating and could operate in the period now going forward. Attached at the Appendix A is a proposal for new Committee Chairs and Membership.

9. Change to Provision for Voting – WHSCC, EASC and NWSSP Committee

Attached at the Appendix B is a letter from Vaughan Gething AC/AM which sets out revised criteria for taking decisions at the above Committees. These are required to be adopted with immediate effect as if the revised Standing Orders had been issued.

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

Register No.	Description of documents sealed
852	Vale of Glamorgan Council and Cardiff University Health Board. Agreement relating to the provision of a Therapeutic Fostering Service.
853	Call Off Contract. Supply Chain Partner for the Wellbeing Hub at Maelfa.
854	Call Off Contract. Project Manager for the Wellbeing Hub at Maelfa.
855	Parent Company Guarantee. Supply Chain Partner for the Wellbeing Hub at Maelfa.
856	Call Off Contract. Cost Advisor for the Wellbeing Hub at Maelfa.
857	Call Off Contract. Project Manager for the Wellbeing Hub at Penarth
858	Call Off Contract. Cost Advisor for the Well Being Hub at Penarth.

Chair's Action / Contracts

13/09/2018

Contract Cardiff and Vale UHB, University Hospital Wales and ET&S. Refurbishment of Heulwen North and South Wards, UHW

02/10/2018

Redevelopment of the Sexual Assault Referral Centre (SARC) at CRI and Enabling Works Strategic Outline Case.

Other signed legal documents

October 2018

Cardiff and Vale University Health Board and Indigo Park Services Lmt. Tenancy at will relating to ground floor multi-storey car park offices at University Hospital Wales, Heath Park, Cardiff, CF14 4XW

Cardiff and Vale University Local Health Board. Settlement Agreement with Gentian (Cardiff) Limited, Gentian Holdings Limited, Aramark Limited and Aramark Investments Limited.

ASSURANCE AND RECOMMENDATION:

ASSURANCE is provided by:

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

The Board is recommended to:

- **NOTE** the report
- **APPROVE** the changes to Board Committee Chairs and Membership as set out in paragraph 8 and the Appendix
- **ADOPT** the revised criteria in relation to voting on WHSCC, EASC and NWSSP Committees as set out in Appendix B
- **ENDORSE** the affixing of the Common Seal

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

Sustainable development principle: 5 ways of working

Prevention

Long term

Integration

Collaboration

Involvement

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:

Not Applicable

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Committee Membership as of 1st December 2018

Committee	Membership
Audit Committee	Chair: John Union Charles Janczewski Dawn Ward Eileen Brandreth
Remuneration and Terms of Service Committee	Chair: Maria Battle Charles Janczewski John Union John Antoniazzi
Strategy and Delivery Committee	Chair: Charles Janczewski Dawn Ward Gary Baxter Sara Moseley John Antoniazzi
Charitable Funds Committee	Chair: Akmal Hanuk Maria Battle John Union
Finance Committee	Chair: John Antoniazzi John Union Maria Battle Charles Janczewski
Mental Health Committee	Chair: Charles Janczewski Eileen Brandreth Sarah Moseley
Quality, Safety and Experience	Chair: Susan Elsmore Dawn Ward Gary Baxter Michael Imperato Akmal Hanuk
Health and Safety	Chair: Michael Imperato Charles Janczewski Akmal Hanuk
Information Technology and Governance	Chair: Eileen Brandreth Michael Imperato

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau
Cymdeithasol
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA - P/VG/3794/18

**Chairs of Local Health Boards
Chairs of NHS Trusts
Chair of the Welsh Health Specialised Services Committee
Acting Chair of the Emergency Services Ambulance Committee
Chair of NHS Wales Shared Services Partnership Committee**

12 November 2018

Dear Chairs

CHANGE TO PROVISION FOR VOTING – WHSSC, EASC AND NWSSP COMMITTEE

I am writing further to my letter of 18 June 2018 which, subject to your views, set out proposals for changing the arrangements for voting on funding contributions which currently require a unanimous committee decision.

I would like to thank those who responded for their views and constructive suggestions as to possible alternative options which would achieve the same aim of ensuring the streamlining and speeding up of decision making in relation to funding decisions. I have considered these carefully and having taken them into account, I am issuing the revised criteria for the taking of all decisions by each of the respective Committees:

- All decisions subject to a 2/3 majority of voting members present.
- Nominated deputies for LHB Chief Executives to formally contribute to the quorum and have delegated voting rights.
- Nominated deputies should be an executive director of the same organisation.

As you will be aware allowing nominated deputies to contribute to the quorum and have delegated voting rights is consistent with the approach already adopted for the NHS Wales Shared Services Committee and the NHS Collaborative. It will also mitigate difficulties which may occur if a Chief Executive is unable to attend a meeting and, as a consequence the quorum is not reached.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

My officers are in the process of revising the Model Standing Orders to take account of my decision and they will liaise with the respective Committee and Board Secretaries accordingly. In the interim, and in line with the powers of direction in sections 12(3) and 19(1) of the National Health Service (Wales) Act 2006, I require your Board to adopt this amendment to the respective Standing Orders with immediate effect as if the revised Standing Orders had been issued.

Yours sincerely,



Vaughan Gething AC/AM

Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

CC. Chief Executives of Local Health Boards

Chief Executives of NHS Trusts

Managing Director, Welsh Health Specialised Services Committee

Chief Ambulance Services Commissioner, Emergency Services Ambulance Committee

Managing Director, NHS Wales Shared Services Partnership

Board Secretaries, Local Health Boards and NHS Trusts

Committee Secretary, Welsh Health Specialised Services Committee

Head of Corporate Services, NHS Wales Shared Services Partnership

REPORT TITLE:	CHIEF EXECUTIVE’S REPORT							
MEETING:	BOARD MEETING					MEETING DATE:	29.11.18	
STATUS:	For Discussion		For Assurance	✓	For Approval		For Information	
LEAD EXECUTIVE:	CHIEF EXECUTIVE							
REPORT AUTHOR (TITLE):	DIRECTOR OF CORPORATE GOVERNANCE							
PURPOSE OF REPORT: To provide Board Members with an update of activities within Cardiff and Vale University Health Board since the last Board Meeting on 27 th September								

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.

REPORT:

BACKGROUND:

This is the fifth written report being presented and, where appropriate, has been informed by updates provided by members of the Executive Team.

This report will continue to be developed, focusing on our Strategy and related objectives and specifically on providing strong governance and assurance.

ASSESSMENT:

1. Raising Concerns Relunched

On 26th October we formally launched a refreshed and up to date version of our "Raising Concerns" video.

Whether a manager or a member of staff, we asked that they took the time to watch this video and ensure that as an individual they know exactly how and where they can raise an issue that is causing a concern at work. This could relate to a professional concern regarding clinical practice or behaviour, or concerns with how a colleague is treating staff, to concerns of a corporate nature or patient safety.

This is a large, complex and busy organisation and it's important that safety, quality and just doing the right thing is at the heart of not just our culture but our ethos, systems and processes. We want to create an open and honest reporting culture to provide and reassure anyone who wants to raise a concern that the support will be there to do so in a safe, confidential environment. We do not tolerate the harassment or victimisation of anyone raising a genuine concern. A member of staff who does raise a concern will not be at risk of losing their job, and in fact we want issues of concern to surface.

We are a listening and learning organisation with people at the heart of everything we do. It is important that we have safeguards in place for our staff but also patients.

2. Transformation and Improvement through our Learning Alliance

Our friends from Caterbury New Zealand and Lightfoot were with the origination from the 8th -19th October to share learnings on Transformation and Improvement. The week ended with the Chief Executives from both organisations signing a Memorandum of Understanding (MOU). This will formalise our arrangements and provide mutually beneficial innovation, transformation and learning environment for both organisations.

3. Chief Executive Connects Live!

On the 22nd October we held our first Meet the Executive Team Live at Barry Hospital. It was incredibly well attended and on behalf of the Executive Team I would like to thank everyone who gave up an hour of their time. There were some really good questions from the floor with a range of staff - clinical and non-clinical in attendance. I was really pleased with the suggestions of how we can make improvements for our patients and services that came from staff in the room. I believe that the vast majority of service improvement comes from frontline staff and those doing the job on a day to day basis.

4. Clinical Services Plan

On 26th October I attended a workshop to look at how we plan our Clinical Services in the short and medium term to make progress towards delivering our strategy, *Shaping our Future Wellbeing*. It will also give us the context for making investments, both capital and revenue, for identifying priorities and, in a sense, it gives us the route map for addressing the day-to-day operational issues.

This will also join up our capital programme and set some context for the improvement and replacement of our out-of-date and, in some cases, 'not fit for purpose' facilities, not least of which should feature the renewal of University Hospital of Wales.

We recognise that we will not achieve the ambition of care closer to home, supporting people to live longer and healthier lives, if we do not create a more sustainable Primary, Community and Social Care service. We know that our primary care services are under pressure and over the course of the year held a number of 'sustainability' events with General Practice. The outcome of that is an investment in the multi-disciplinary team with General Practice, focusing on musculo-skeletal and Mental Health. Both of these services have been piloted in parts of our organisation and we are now rolling that out at scale across all of our clusters. I'm under no illusion that this will resolve the pressures in Primary Care, but it is a start with more work to do.

We also recognise that we will not meet our goals within *Shaping our Future Wellbeing* if we do not work more closely with colleagues in the Local Authorities and the development of a more responsive and individualised social care service. You will have seen that the Cabinet Secretary announced a £7m allocation to Cardiff and the Vale of Glamorgan through a Regional Partnership Board. This funding will enable us to put in place a range of services across Health and Social Care to support people in their homes, whether that is through supported discharge from hospital or avoidance of admission through enhanced support and preventative services. This is being worked through and I will provide you with an update on progress in the next few weeks.

At last week's workshop, one topic for discussion was how we maximise how we use the University Hospital of Wales and University Hospital Llandough, what both will deliver in the longer term and, where possible, where we can reduce duplication by building stronger teams and creating an identity for our acute sites.

I have been told that there has been a lot of work done in the past but this work has not delivered a substantial change. I would suggest that is why the strategy has not been implemented as quickly as it could have been. My sense is that we have to be determined to address the issues and to make the changes necessary to give us a more robust and sustainable future. Change is not easy but it is necessary and we can only do it with your input.

5. Obligatory Responses to Violence in Healthcare

It is recognised that NHS staff are among those most likely to face violence and abuse during the course of their employment.

In recent months the current Memorandum of Understanding dealing with Violence and Aggression against NHS staff has been reviewed by all key partners – Welsh Government, NHS Wales, Police Forces, Legal and Risk and the Crown Prosecution Service.

On the 21st November 2018 a new 'Obligatory Responses to Violence in Healthcare' was launched by the multi agencies parties.

This document sets out the responsibilities of the partners when dealing with violence or aggressive incidents relating to NHS staff. This agreement aims to bring:

- Effective and efficient communication access partners, including exchange of information at all levels;
- Clear understanding of the respective roles, responsibilities processes and legal constraints; and a
- Clear statement of prosecution policy which will help NHS staff to understand our criminal justice system, and have confidence in it.

ASSURANCE is provided by:

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

RECOMMENDATION:

The Board is asked to:

- **NOTE** the report

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:									
1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance							
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn			✓				
3. All take responsibility for improving our health and wellbeing	✓	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology			✓				
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us			✓				
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			✓				
Sustainable development principle: 5 ways of working	Prevention		Long term		Integration		Collaboration		Involvement
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not Applicable								



REPORT TITLE:	Adult Thoracic Surgery: Outcome of the Public Consultation									
MEETING:	UHB Board						MEETING DATE:	29.11.18		
STATUS:	For Discussion		For Assurance		For Approval	x	For Information			
LEAD EXECUTIVE:	Executive Director of Strategic Planning									
REPORT AUTHOR (TITLE):	Strategic Planning and Partnership Manager									
PURPOSE OF REPORT:										

SITUATION:

The Welsh Health Specialised Services Committee (WHSSC) has produced a cover paper and full report to inform Health Boards of the conduct and key findings of the public consultation on the proposal to locate a single adult thoracic surgery centre for South Wales at Morriston Hospital, Swansea. The paper makes recommendations on the future service model and any mitigation which might be required as a result of the consultation findings. The full report regarding the consultation process and findings is provided in the document "Provision of Adult Thoracic Surgery in South Wales Report on Public Consultation".

The response of the Community Health Council (CHC) to the consultation and to the recommendations made in the WHSSC report are provided as a separate document.

REPORT:

BACKGROUND:

At a special meeting of the Board on 28 June 2018, there was agreement to support WHSSC recommendations to undertake a formal public consultation on Thoracic Surgery, subject to some amendments to the public consultation document. The eight week consultation closed on 27 August 2018.

ASSESSMENT:

Working closely with the CHC and WHSSC, the UHB ran a programme of local consultation activity including public meetings, staff consultation sessions, and presentations and discussion with a range of internal and external stakeholders. A summary of this local activity is provided in the table below:

Method	Who/Where
Emails providing introduction to consultation, link to WHSSC website, details of local public	UHB Independent Members Community Health Council (CHC) CHC Health Watch Groups

meetings and requesting cascade as appropriate	Third Sector organisations Public Services Boards (membership includes Local Authorities, South Wales Police, Fire and Rescue Service, Natural Resources Wales, County Voluntary Councils) Regional Partnership Board 50+ Forums Youth Council/Youth Forum Carers' Groups Primary Care Community Directors GP Practices, Dentists, Pharmacies LMC, LDC and Optometry Wales Local Councillors Town and Community Councils UHB Volunteers C&V Armed Forces Forum Nursing and Residential Homes
Public Meetings run jointly with the CHC, with the involvement of WHSSC, UHB Executives and local clinicians	Four meetings (two in Cardiff, two in Vale of Glamorgan) 54 attendees
Stakeholder Meetings - presentation and discussion	Public Services Boards (Cardiff and the Vale) UHB Stakeholder Reference Group UHB Local Partnership Forum UHB Healthcare Professionals' Forum
Internal Staff sessions	One open staff meeting held in UHW, one in UHL Strategic Clinical Reference Group Specialist Services Clinical Board Management Team Major Trauma Project Board Thoracic Multi-disciplinary Team meetings
Electronic promotion of consultation and how to engage including details of public and staff meetings	Staff Intranet - internal CAV You Heard – internal weekly newsletter Internet - external Facebook Twitter Digital Display Screen across main UHB sites (where screens are available)
Local media – information about consultation, link to WHSSC website and details of public meetings	Echo Penarth Times Barry and District The Gem
Public Event poster distribution	UHB hospital sites Primary care premises Libraries/Hubs Other community venues (supported by CHC members,

	third sector partners, 50+ Forum members, UHB Volunteers and Town and Community Councils)
Community Health Council	Emails with links to website and dates of public meetings sent to a diverse range of community and third sector organisations, Faith organisations and schools. CHC Website

The WHSSC report and supporting appendices were published on the UHB website in October 2018 and provide a detailed analysis of the responses to the public consultation and aim to provide assurance that the arguments and concerns raised have been considered in a fair, rational, proportionate and transparent way. A record of individual responses made by residents of Cardiff and the Vale of Glamorgan, with the WHSSC response to the issues raised, was provided as Appendix J. Records of the discussion at the Cardiff and Vale public meetings were provided as Appendices Kv- Kviii.

The Cardiff and Vale CHC has considered fully the WHSSC response to the consultation document and has expressed concern that there are still a number of issues which have not been adequately addressed.

RECOMMENDATION:

The Board is asked to:

- **CONSIDER** the Cardiff and Vale CHC response to the public consultation in making the Board's decisions relating to the WHSSC recommendations;
- **APPROVE** the recommendation that thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site;
- **APPROVE** the location of that site as being Morriston Hospital, Swansea conditional upon the detailed workforce model and medical rotas to provide 24/7 thoracic surgery cover to the Major Trauma Centre being completed and signed-off by WHSSC within 6 months;
- **APPROVE** the mitigating actions set out in the WHSSC Report on Public Consultation, to be delivered in line with the implementation of the service change.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:									
1. Reduce health inequalities		x				6. Have a planned care system where demand and capacity are in balance			x
2. Deliver outcomes that matter to people		x				7. Be a great place to work and learn			
3. All take responsibility for improving our health and wellbeing						8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology			x
4. Offer services that deliver the population health our citizens are entitled to expect		x				9. Reduce harm, waste and variation sustainably making best use of the resources available to us			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			
Sustainable development principle: 5 ways of working	Prevention	x	Long term	x	Integration	Collaboration	x	Involvement	
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Yes – Appendix D of the main WHSSC consultation report.								





		Agenda Item	
Meeting Title	Board	Meeting Date	25/10/2018
Report Title	Adult Thoracic Surgery Review: Outcome of the Public Consultation and Recommendations on the Future Service Model for South Wales.		
Author (Job title)	Managing Director, WHSSC		
Executive Lead (Job title)	Managing Director, WHSSC	Public / In Committee	Public
Purpose	The purpose of this paper is to: • Inform the Board of the conduct and key findings of the public consultation on the proposal to locate a single adult thoracic surgery centre for south Wales at Morriston Hospital, Swansea; • Make recommendations to the Board on the future service model and any mitigation which might be required as a result of the consultation findings.		
RATIFY ☐	APPROVE ☒	SUPPORT ☒	ASSURE ☐
			INFORM ☒
Sub Group /Committee		Meeting Date	Click here to enter a date.
Recommendation(s)	Members are asked to: • Note the successful implementation of the consultation plan, and the communication between WHSSC, health board engagement leads and Community Health Councils over the period of public consultation. • Note the comments received through the public consultation, including the key themes and issues raised, and the number, demography and geographic distribution of respondents. • Note the response to the consultation feedback and actions that would be taken through implementation to mitigate issues of concern. • Support the recommendations from the Joint Committee of WHSSC and: ○ Approve the recommendation that thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site; ○ Approve the location of that single site as being Morriston Hospital, Swansea conditional upon the detailed workforce model and medical rotas to provide the 24/7 thoracic surgery cover to the Major Trauma Centre being completed and signed-off by WHSSC within 6 months; ○ Approve the mitigating actions set out in the WHSSC Report on Public Consultation, to be delivered in line with		



the implementation of the service change.

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓				✓

1.0 Situation

1.1 In January 2018, the Joint Committee received a recommendation from the Independent Panel for a single adult thoracic surgery centre for south Wales based at Morriston Hospital, Swansea. This recommendation was supported subject to consideration of the proposal by Community Health Councils on the need for public consultation. In May, WHSSC received confirmation that a full public consultation should be undertaken. This was considered by the Joint Committee in June and subsequently by each of the six affected Health Boards. The public consultation took place between 3rd July and 27th August 2018.

1.2 The purpose of this paper is to:

- Inform the Board of the conduct and key findings of the public consultation on the proposal to locate a single adult thoracic surgery centre for south Wales at Morriston Hospital, Swansea;
- Make recommendations to the Board on the future service model and any mitigation which might be required as a result of the consultation findings.

2.0 Background

2.1 Adult thoracic surgery is one of the specialised services that WHSSC commissions for the people of Wales. For patients living in north Wales this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. Patients in north Powys access the thoracic surgery service at University Hospitals of North Midlands NHS Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. The service at Morriston has two consultant surgeons, whereas the service at the University Hospital of



Wales, has three consultant surgeons. There has been concern for a number of years that these two smaller services are not sustainable and may not be able to fully meet the needs of the population of south Wales.

- 2.2 A Project Board consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils and charitable organisations, was established to form recommendations on the future provision of adult thoracic surgery in south Wales. The work of the Project Board was informed by a review of the services which was undertaken by the Royal College of Surgeons, which reported in January 2017. Following this a public engagement exercise was undertaken across south Wales. This took in the views of service users and other stakeholders on the information required by the Project Board to make a recommendation on the future provision of adult thoracic surgery services in south Wales. The Project Board recommended that a single adult thoracic surgery centre should be developed for south Wales.
- 2.3 Subsequent to the recommendation from the Project Board, an Independent Panel was convened to make a recommendation on the preferred location for the single adult thoracic surgery centre. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single thoracic surgery centre. The criteria used by the Panel were informed by the engagement exercise. The criteria and membership of the Independent Panel were agreed by the Joint Committee in December 2017.
- 2.4 The recommendation from the Project Board and the recommendation from the Independent Panel were endorsed by the WHSSC Joint Committee, subject to further discussions with the Community Health Councils about the need for public consultation.
- 2.5 Following these discussions, a proposal was put to the Joint Committee that it should recommend that the six affected health boards undertake a formal public consultation on the recommendation of the Independent Panel to locate the single adult thoracic surgery centre at Morriston Hospital. This recommendation was
- 2.6 The consultation plan and documents were developed collaboratively with Health Board engagement leads in May/June 2018 and can be found in appendices to the attached consultation report "Provision of Adult Thoracic Surgery in South Wales Report on Public Consultation".
- 2.7 The consultation plan and documents were agreed by Joint Committee on 14th June 2018.
- 2.8 These documents were subsequently agreed by each of the six affected Health Boards during June.



2.9 The consultation was undertaken over eight weeks from Tuesday 3rd July to Monday 27th August 2018. The consultation started one day later than planned due to need for clarification with Chairs and Chief Executives of the affected health boards regarding minor wording changes to the consultation documents.

2.10 The consultation questions were:

- 1) The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital, Swansea. Do you agree or disagree with the proposal?
- 2) If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?
- 3) Are there any other comments you would like to make?

3.0 Assessment

- 3.1 The full report regarding the consultation process and findings is provided in the attached document "Provision of Adult Thoracic Surgery in South Wales Report on Public Consultation"
- 3.2 It is worth noting that the key aim of this service change is to deliver a safe, effective and sustainable thoracic surgery service model to meet the future needs of patients. This aligns with the direction of travel as set out in the Wellbeing of Future Generations (Wales) Act 2015, and it is proposed that the implementation of this report would be developed and delivered through the five ways of working.

3.3 Executive Summary:

Thoracic surgery is a specialised service providing complex surgical interventions for approximately 1,000 patients in south east Wales, west Wales and south Powys each year.

This service is currently provided from two centres – one based at Morriston Hospital in Swansea and the other at the University Hospital of Wales in Cardiff. Due to the skill and dedication of the clinical teams, both centres provide high quality services. However, changes to medical workforce and surgical training means that it is becoming increasingly difficult to sustain services on these two sites.

It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term



chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.

Following a public engagement exercise in 2017, it was agreed by the commissioning health boards that consideration should be given to bringing together the thoracic surgery service on one hospital site. This would mean that the unit would be one of the largest in the UK, therefore more sustainable and able to drive further improvements in outcomes for patients.

An Independent Panel was convened to make a recommendation on where the thoracic surgery unit should be located. They considered numerous factors including access times, facilities and workforce implications in making their recommendation that the service should be based at Morriston Hospital. Whilst there is very strong support for the benefits of moving to a single-site for thoracic surgery services, the outcome of the public consultation on the location of that service has been much more divided. Unsurprisingly, the responses broadly reflected the geographical location of the respondents.

The key concerns raised through the consultation were physical accessibility to the service for patients and their relatives and the relationship between thoracic surgery and the Major Trauma Centre. Some respondents also raised concerns that co-location on the Morriston Hospital site could have the unintended consequence of the loss of experienced staff who might not be able to relocate from Cardiff.

Strong representation was also made through the consultation responses that irrespective of the location, any new single-site service must be properly resourced, have sufficient capacity to meet demand, have access to the best facilities and equipment, be highly efficient, enable waiting times to be reduced and continue to drive better integrated care pathways so that the time spent at the surgical centre is as short as possible.

The consultation process allows the health boards to give full and conscientious consideration to all the responses to the consultation. While it is clear that the proposed location is a concern to many respondents, support remains for the opportunities for service improvement and sustainability that a larger single-site thoracic surgery service can offer.

Where concerns have been raised, mitigating actions contingent on acceptance of the proposal to locate the service in Morriston have been identified. These include:

- A commitment to the development of the skills of the trauma team to manage immediate thoracic trauma. This will be completed prior to the changes occurring;



- A commitment to the on-call thoracic surgery rota also providing cover to the Major Trauma Centre, and will be in the form of remote advice to the trauma team 24/7 plus attending the Major Trauma Centre in the rare event that their specialist surgical intervention skills are required to support the trauma team;
- A commitment to providing thoracic surgery presence on the University Hospital of Wales site 5 days a week for advice and support for major trauma and other clinical services as required;
- A commitment to obtaining and acting upon advice from the Wales Cancer Network to improve the way our multi-disciplinary teams work, ensuring that wherever possible care is delivered closer to home.

WHSSC has considered the outcome of the 2017 public engagement exercise, the advice of the Independent Panel, the outcome of the public consultation and the mitigating actions presented.

On balance, it is concluded that:

- The benefits to patient outcomes and long-term workforce and service sustainability are best delivered through a single-site solution;
- Any change to the service model must strengthen the pathway with local chest medicine services to deliver the vast majority of thoracic care locally and further reduce the frequency and duration of patients having to attend the thoracic surgery centre;
- Any new service must be properly commissioned to ensure that the appropriate resources are available to meet the needs of patients. This will include robust demand and capacity planning to ensure delivery of target waiting times;
- Critical to success is the requirement to ensure that there is robust thoracic surgery support to the Major Trauma Centre and other interdependent services which can and must be in place at the same time as the proposed service change is implemented.

4.0 Recommendations

In line with the conclusions identified above it is recommended that each of the affected health boards:

- **Approve** the recommendation that thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site;
- **Approve** the location of that single site as being Morriston Hospital, Swansea **conditional upon** the detailed workforce model and medical rotas to provide the 24/7 thoracic surgery cover to the Major Trauma Centre being completed and signed-off by WHSSC within 6 months;
- **Approve** the mitigating actions set out in the WHSSC Report on Public Consultation, to be delivered in line with the implementation of the service change.



5.0 Appendices / Annexes

The following are attached as appendices to the report "Provision of Adult Thoracic Surgery in South Wales Report on Public Consultation":

Appendix A	Report of the Independent Panel
Appendix B	Consultation Plan
Appendix C	Consultation Document
Appendix D	Equality Impact Assessment
Appendix E	Assessment against "Guidance on Engagement and Consultation on Changes to Health Services" and "National Principles for Public Engagement in Wales"
Appendix F	Consultation Equality Monitoring Report
Appendix G	List of supporting documents made available during the consultation
Appendix H	Frequently Asked Questions
Appendix I	Individual Response Log: All responses
Appendix J	Individual Response Log: Health board
Appendix K	Summary of Discussions at Public Events

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Development of the Plan Implementation of the Plan
Link to Integrated Commissioning Plan	Delivery of a safe, effective and sustainable adult thoracic surgery service for south Wales
Health and Care Standards	Safe Care Effective Care Staff and Resourcing
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Care for Those with the greatest health need first Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The proposed new arrangement is expected to improve outcomes and patient experience.
Resources Implications	The health board is expected to create a business case and submit it to Welsh Government in relation to capital spend. Revenue expenditure is expected to be in line with current planned expenditure for the existing south Wales



	service.	
Risk and Assurance	A risk register will be developed in relation to the implementation phase.	
Evidence Base	See references in Consultation Report.	
Equality and Diversity	An equality impact assessment was developed for the consultation phase.	
Population Health		
Legal Implications	The consultation has been carried out in accordance with the legal requirements and Welsh Government guidance for public consultation in the NHS.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Joint Committee	08.10.2018	Approved by Chair’s Action



GIG
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NHS
WALES

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

Provision of Adult Thoracic Surgery in South Wales: Report on Public Consultation



WHSSC

*"On behalf of Health Boards,
to ensure equitable access to
safe, effective, and sustainable
specialised services for the
people of Wales."*

Status	For Review
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1. Executive Summary

Thoracic surgery is a specialised service providing complex surgical interventions for approximately 1,000 patients in south east Wales, west Wales and south Powys each year.

This service is currently provided from two centres – one based at Morriston Hospital in Swansea and the other at the University Hospital of Wales in Cardiff. Due to the skill and dedication of the clinical teams, both centres provide high quality services. However, changes to medical workforce and surgical training means that it is becoming increasingly difficult to sustain services on these two sites.

It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.

Following a public engagement exercise in 2017, it was agreed by the commissioning health boards that consideration should be given to bringing together the thoracic surgery service on one hospital site. This would mean that the unit would be one of the largest in the UK, therefore more sustainable and able to drive further improvements in outcomes for patients.

An Independent Panel was convened to make a recommendation on where the thoracic surgery unit should be located. They considered numerous factors including access times, facilities and workforce implications in making their recommendation that the service should be based at Morriston Hospital.

Whilst there is very strong support for the benefits of moving to a single-site for thoracic surgery services, the outcome of the public consultation on the location of that service has been much more divided. Unsurprisingly, the responses broadly reflected the geographical location of the respondents.

The key concerns raised through the consultation were physical accessibility to the service for patients and their relatives and the relationship between thoracic surgery and the Major Trauma Centre. Some respondents also raised concerns that co-location on the Morriston Hospital site could have the unintended consequence of the loss of experienced staff who might not be able to relocate from Cardiff.

Strong representation was also made through the consultation responses that irrespective of the location, any new single-site service must be properly resourced, have sufficient capacity to meet demand, have access to the best facilities and equipment, be highly efficient, enable waiting times to be

reduced and continue to drive better integrated care pathways so that the time spent at the surgical centre is as short as possible.

The consultation process allows the health boards to give full and conscientious consideration to all the responses to the consultation. While it is clear that the proposed location is a concern to many respondents, support remains for the opportunities for service improvement and sustainability that a larger single-site thoracic surgery service can offer.

Where concerns have been raised, mitigating actions contingent on acceptance of the proposal to locate the service in Morriston Hospital have been identified. These include:

- A commitment to the development of the skills of the trauma team to manage immediate thoracic trauma. This will be completed prior to the changes occurring;
- A commitment to the on-call thoracic surgery rota also providing cover to the Major Trauma Centre, and will be in the form of remote advice to the trauma team 24/7 plus attending the Major Trauma Centre in the rare event that their specialist surgical intervention skills are required to support the trauma team;
- A commitment to providing thoracic surgery presence on the University Hospital of Wales site 5 days a week for advice and support for major trauma and other clinical services as required. This will be in place prior to the changes occurring;
- A commitment to obtaining and acting upon advice from the Wales Cancer Network to improve the way our multi-disciplinary teams work, ensuring that wherever possible care is delivered closer to home.

WHSSC has considered the outcome of the 2017 public engagement exercise, the advice of the Independent Panel, the outcome of the public consultation and the mitigating actions presented.

On balance, it is concluded that:

- The benefits to patient outcomes and long-term workforce and service sustainability are best delivered through a single-site solution;
- Any change to the service model must strengthen the pathway with local chest medicine services to deliver the vast majority of thoracic care locally and further reduce the frequency and duration of patients having to attend the thoracic surgery centre;
- Any new service must be properly commissioned to ensure that the appropriate resources are available to meet the needs of patients. This will include robust demand and capacity planning to ensure delivery of target waiting times;
- Critical to success is the requirement to ensure that there is robust thoracic surgery support to the Major Trauma Centre and other interdependent services which can and must be in place at the same time as the proposed service change is implemented.

2. Introduction

Between the 3rd July and the 27th August 2018 the Welsh Health Specialised Services Committee (“WHSSC”) supported the six affected health boards with a public consultation on a proposal to locate a single adult thoracic surgery centre serving patients from south east Wales, west Wales and south Powys (“south Wales”) at Morriston Hospital, Swansea. This was the culmination of two years of work reviewing the adult thoracic surgery service, which led to a recommendation from a Project Board that the service should be provided from a single thoracic surgery centre and a recommendation from an Independent Panel that the single centre for thoracic surgery should be located at Morriston Hospital, Swansea.

The aim of the public consultation was to build on the previous engagement exercise and ongoing dialogue with the affected Community Health Councils (“CHCs”) to ensure transparency, accountability and responsiveness regarding the proposal for service change. This allowed the views of the public to be taken into account by the Joint Committee of WHSSC and individual affected health boards and to influence the final decision on the adult thoracic surgery service.

This report, which has been prepared by WHSSC as the commissioner of specialised services on behalf of the local health boards in Wales, describes the consultation process and findings, and includes a commentary from WHSSC describing any actions or mitigation which might be required to respond to issues arising out of the consultation. In addition it makes a recommendation on the future service model for adult thoracic surgery in south Wales. It has, in the first instance, been considered by the Joint Committee of WHSSC which will make a recommendation to each of the affected health boards. The final decision will rest with each of the affected health boards. Consequently, where a reference is made in this report to “we” or “our” it is made by reference to WHSSC unless the context dictates otherwise.

The purpose of this report is therefore to:

- Inform the Joint Committee and affected health boards of the conduct and key findings of the public consultation on the proposal to locate a single adult thoracic surgery centre for south Wales at Morriston Hospital, Swansea; and
- Make recommendations to the Joint Committee and affected health boards on the future service model and any mitigation which might be required as a result of the consultation findings.

This consultation has identified a wide range of matters for consideration, and we have ensured that all the options have been carefully explored. We have kept an open mind and taken all these matters conscientiously into account in preparing this report, bearing in mind the need to respect the views of all those who responded to the consultation, in order to provide services of the highest possible quality in the interests of patients and their carers. We are confident

that the affected health boards will adopt a similar approach when making their decisions.

3. Context

WHSSC is a Joint Committee of the seven local health boards in Wales. The seven health boards are responsible for meeting the health needs of their resident population, and have delegated the responsibility for commissioning a range of specialised services to WHSSC.

Specialised services generally have a high unit cost as a result of the nature of the treatments involved. They are a complex and costly element of patient care and are usually provided by the NHS. The particular features of specialised services, such as the relatively small number of centres and the unpredictable nature of activity, require robust planning and assurance arrangements to be in place to make the best use of scarce resources and to reduce risk. Specialised services have to treat a certain number of patients per year in order to remain sustainable, viable and safe. This also ensures that care is both clinically and cost effective.

Thoracic surgery is one of the specialised services that WHSSC commissions for the people of Wales. For patients living in north Wales this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. This is one of the largest thoracic surgery centres in the United Kingdom, with six consultant surgeons serving a catchment area that spans across the north west of England and north Wales. Patients in north Powys access the thoracic surgery service at University Hospitals of North Midlands NHS Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea ("Morriston Hospital") and the University Hospital of Wales, Cardiff ("UHW"). The service at Morriston Hospital has two consultant surgeons, whereas the service at UHW, has three consultant surgeons. There has been concern for a number of years that these two smaller units are not sustainable, and may not be able to meet fully the needs of the population of south Wales.

A Project Board, consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the CHCs and charitable organisations, was established to form recommendations on the future provision of adult thoracic surgery in south Wales. The Project Board was informed by a review of the adult thoracic surgery services which was undertaken by the Royal College of Surgeons. Following an extensive engagement exercise across south Wales, in which the views of service users and other stakeholders were sought on the information required in order to make a recommendation on the future provision of adult thoracic surgery services in south Wales, the Project Board recommended that a single thoracic surgery centre should be developed. During the engagement exercise, stakeholders were also asked for their feedback on the criteria which would be used to inform the recommendation on the location of the single surgical centre. The criteria were amended as a result of the feedback and were agreed by the Project Board.

Following the recommendation from the Project Board, an Independent Panel, made up of a range of clinical experts from north Wales and England, patients or their relatives, an equalities representative, a lay person, representatives from the third sector (voluntary and charity organisations) and an independent Chairperson, was convened to review the options for locating the centre and to make a recommendation on the preferred location for the single thoracic surgery centre. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single adult thoracic surgery centre, its report can be found at Appendix A.

The recommendation from the Project Board and the recommendation from the Independent Panel were considered and endorsed by the Joint Committee of WHSSC for further consideration by the six affected health boards, subject to further discussions with the CHCs about the need for public consultation.

Following the discussions with the CHCs, it was agreed that the affected health boards, with support from WHSSC, should be asked to consider undertaking a public consultation in which they would ask the public, staff and interested organisations for their views on the recommendations of the Independent Panel to locate the single adult thoracic surgery centre at Morriston Hospital.

4. Consultation Plan and Consultation Document

A consultation plan was developed, in collaboration with health board engagement leads, to support the consultation process. This can be found at Appendix B.

The consultation document, response form and covering letter were prepared by WHSSC and formally approved by the six affected health boards at board meetings in June 2018. The English language version of this can be found at Appendix C. The consultation document was also available in the Welsh language, an Easy Read format and as a BSL signed video.

An Equality Impact Assessment ("EIA") was also completed and used to inform the consultation plan and the stakeholders that should be consulted. This can be found at Appendix D. In order to assess the demographic profiles of respondents, the hard copy and online versions of the consultation document included a series of survey questions in multiple choice format.

The consultation has been developed to meet the requirements of the framework for Welsh NHS bodies and Community Health Councils established in '*Guidance on Engagement and Consultation on Changes to Health Services*' issued by Welsh Government in March 2011 and the principles in '*National Principles for Public Engagement in Wales*' developed by Participation Cymru and endorsed by Welsh Government in 2011. Our assessment against these can be found at Appendix E.

In addition, the consultation has been designed to satisfy the 'Sedley criteria' (often referred to as the 'Gunning principles') originally set out in 1985 and endorsed by the Supreme Court in *R (Moseley) v Haringey London Borough Council in 2014* and subsequent judicial developments in which guidance on the requirements of fair consultation was set out and which has also been taken into account.

4.1. Stakeholders

A number of stakeholders have been considered in the consultation and a variety of methods employed. The table below outlines the stakeholder groups together with a high level summary of the consultation actions and responsibilities being undertaken.

General public	Health boards were responsible for undertaking consultation with the general public in their area. This included public sessions held across each health board. Details of planned activity was available on the WHSSC consultation web page and also available on individual health board websites. Particular consideration was given to providing opportunities for the engagement of people with protected characteristics who the EIA had identified may be impacted by the proposal.
Patients, their families and carers	Health boards were responsible for undertaking consultation with patients, their families and carers within their area. The EIA highlighted that the number of cases of thoracic surgery increases with age, peaking in the 65-69 age group. It also highlighted that someone from the most deprived section of society is nearly twice as likely to develop lung cancer, as someone from the least deprived section of society. Therefore, particular consideration was given to patients, families and carers with protected characteristics including older people and those with low socioeconomic status.
NHS Wales	This included staff working across the NHS in south Wales.
Community Health Councils	Health boards undertook consultation with their local CHCs.
Third Sector Organisations	WHSSC engaged with Third Sector organisations through the 'Wales Council for Voluntary Action' on behalf of health boards, and health boards with Third Sector organisations through local County Voluntary Councils.

National bodies/organisations including Professional Societies and Royal Colleges concerned with the delivery of thoracic surgery	A list of national bodies/organisations was drawn up and a copy of the consultation pack sent to these organisations by WHSSC on behalf of health boards. The national bodies were offered the opportunity to attend any of the consultation events across south Wales.
Local authorities and elected representatives	Health boards sent a copy of the consultation pack to the Local Authorities, and leaders within their areas. Elected representatives were offered the opportunity to attend any of the consultation events across south Wales.
Assembly Members and Members of Parliament	WHSSC sent a copy of the consultation pack to all Assembly Members and Members of Parliament across south Wales, on behalf of health boards. Elected representatives were offered the opportunity to attend any of the consultation events across south Wales.
Other stakeholders	Health boards consulted with groups in line with the Guidance on Engagement and Consultation on Changes to Health Services. These groups included: • Stakeholder Reference Groups • Healthcare Professional Forums • Partnership Forums • Public Services Boards • Other groups which are part of the Health Boards' processes for ongoing engagement.

4.2. Scope of Consultation

To ensure that the consultation process was meaningful, consideration was given to key messages to be shared with the public and the evidence available to support the proposed development of a single adult thoracic surgery centre at Morriston Hospital, serving patients from south Wales.

The key messages included:

- Over the last year, patients in Wales with lung cancer have waited longer than they should have for surgery;
- Patients in Wales with lung cancer have some of the lowest survival rates in Europe, although we know we have expert surgeons;
- Patients who need surgery, but do not have lung cancer, have very long waiting times, and our doctors and nurses tell us this is affecting the quality of care they can provide;

- Thoracic surgery is becoming increasingly specialised and better outcomes are achieved by larger centres¹ (elsewhere in the UK and Europe, services are being reorganised into larger centres);
- Changes in the way surgeons practise mean we cannot continue to staff our two units in the way we have done in the past;
- The Royal College of Surgeons undertook a review of the services in south Wales and recommended that in order to provide sustainable and high-quality thoracic surgery, there should only be one hospital delivering the adult service – *"It is the review team's recommendation that WHSSC adopts a single site thoracic surgery service model for south Wales. The review team considered that this reconfiguration was in the best interests of patient care and was the most sustainable option for thoracic surgery going forward. It was considered that changes to cardiac and adult thoracic surgery would mean there would not be a staffing resource that could adequately sustain a two site model in the future..."*
- An Independent Panel, made up of a range of clinical experts from north Wales and England, patients or their relatives, an equalities representative, a lay person, representatives from the third sector (voluntary and charity organisations) and an independent Chairperson, were asked to look at the options and make recommendations on the location for the single centre, using the criteria developed during the engagement process and agreed by the Project Board. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single adult thoracic surgery centre;
- The surgical element of care forms only one part of the overall service patients will receive, and patients will continue to see their local respiratory consultant and have their diagnostic tests at the same hospital where they would currently be seen;
- Patients resident in the areas served by Abertawe Bro Morgannwg University Health Board ("ABMUHB"), Hywel Dda University Health Board ("H DUHB") or those areas of Powys Teaching Health Board ("PTHB") where patients receive their secondary care at either ABMUHB or H DUHB, would continue to have their thoracic surgery at Morriston Hospital, Swansea;
- Patients who would have had their thoracic surgery in UHW, Cardiff, would in future receive their surgical care at Morriston Hospital, Swansea. This includes patients who live in the areas covered by Aneurin Bevan University Health Board ("ABUHB"), Cardiff & Vale University Health Board ("CVUHB"), Cwm Taf University Health Board ("CTUHB") and parts of PTHB where patients receive their secondary care at one of these health boards.
- Evidence shows that thoracic surgery patients are likely to have better outcomes (survive longer, with fewer complications from their disease or

¹ "High procedure volume is strongly associated with improved survival after lung cancer surgery". Lüchtenborg M, Riaz SP, Coupland VH, et al. J Clin Oncol [2013;31\(25\):3141-6](#)

treatment) and quicker recovery when treated in larger thoracic surgery centres; ²

- A larger single adult thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes such as episodes of staff sickness, vacancies and changes to national government policy.

In light of the key messages, the consultation asked people to respond to three questions:

- 1 The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital Swansea. Do you agree or disagree with the proposal?
- 2 If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?
- 3 Are there any other comments you would like to make?

4.3. Methods of Engagement

The consultation document was made available in a variety of hard copy formats and on a dedicated web page on the WHSSC website. A number of public, stakeholder and staff events were held. Links to the WHSSC web page were published on the websites of the health boards and CHCs.

Public meetings were scheduled across the region; formal notes were provided from each consultation meeting, once agreed with the local CHCs. A series of additional meetings took place with other professional groups. Details of the public meetings can be found in Appendix B.

Social media (Facebook and Twitter) was used by health boards to promote the consultation and public meetings. ABMUHB also engaged in wider discussions via social media.

4.4. Responding to the Consultation

Individual and collective responses were captured using the following methods:

- Hard copy via a Freepost address
- Email via a generic email address
- Online
- Face to face events
- Additional activities undertaken by individual health boards

² "High procedure volume is strongly associated with improved survival after lung cancer surgery". Lüchtenborg M, Riaz SP, Coupland VH, et al. J Clin Oncol 2013;31(25):3141-6

4.5. Mid-Way Review

A review was held at the half way point of the consultation with representation from the affected health boards and CHCs to consider the processes and responses to date in light of the consultation plan and national guidance.

Actions arising from the mid-way review were:

- A mechanism was agreed for reporting by health boards of any exceptions to the published consultation plan;
- An agreement was reached for the provision of the verbatim responses, together with high level quantitative analysis, to health boards and CHCs on a weekly basis;
- The addition of a new FAQ relating to the requirements of the Major Trauma Centre for emergency support from consultant thoracic surgeons;
- The addition of a new FAQ relating to the lay membership of the Independent Panel;
- Steps were taken to ensure that work was undertaken to provide outline arrangements for delivering thoracic surgery support to the Major Trauma Centre (for the small number of cases where this may be required). This information will be included in the evidence pack that will be submitted to health boards with the consultation outcome.

5. Responses to the Consultation

804 responses have been received, with the majority being submitted via the online form. Each individual response was recorded on a log which was regularly shared with affected health boards.

Where notes from staff or public events have been provided, these have also been captured and included within the analysis and consideration of implementation actions, but they have not been recorded as individual responses.

In response to the question

The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital, Swansea. Do you agree or disagree with the proposal?

339 or 42.16% agreed with the proposal.

428 or 53.23% disagreed with the proposal.

34 or 4.23% neither agreed nor disagree with the proposal.

3 or 0.37% did not answer the question.

The Geographical Profile of Respondents based on health board of residence together with their response to the recommendation of the Independent Panel is:

Health Board of Residence	Agree	Disagree	Neither agree nor disagree	Not Answered	Grand Total
Abertawe Bro Morgannwg UHB	185	10	3		198
Aneurin Bevan UHB	4	46	4		54
Cardiff & Vale UHB	22	299	14		335
Cwm Taf UHB	7	28	7		42
Hywel Dda UHB	96	7	2		105
Powys THB	6	3	2	1	12
Not indicated	19	35	2	2	58
Grand Total	339	428	34	3	804

The response method used was:

Health Board of Residence	Email	Hard Copy	Online form	Grand Total
Abertawe Bro Morgannwg UHB	8	13	177	198
Aneurin Bevan UHB	2	8	44	54
Cardiff & Vale UHB	12	32	291	335
Cwm Taf UHB	1	16	25	42
Hywel Dda UHB	1	38	66	105
Powys THB	2	4	6	12
Not indicated	12	9	37	58
Grand Total	38	120	646	804

Respondent Type

In order to assess the public reach of the consultation, respondents were asked if they were an employee of the NHS. Respondents were also asked if they were replying on behalf of an organisation. Where respondents indicated that they were replying on behalf of a health board this has been discounted from the organisation's total number in recognition that any staff responding were doing so as an individual/group and not corporately.

Although not specifically asked, three respondents have indicated they are elected representatives.

Not specified	NHS Employee	Organisation	Elected Representative	Grand Total
416	369	16	3	804
51.74%	45.90%	1.99%	0.37%	100%

The proportion and number of respondents reporting they were NHS staff* according to health board of residence and their response to the recommendation of the Independent Panel was:

Health Board of Residence	% of residents identifying as NHS staff.	Agree	Disagree	Neither agree nor disagree	Grand Total
Abertawe Bro Morgannwg UHB	34.85%	62	5	2	69
Aneurin Bevan UHB	40.74%	2	19	1	22
Cardiff & Vale UHB	62.69%	9	195	6	210
Cwm Taf UHB	35.71%	4	9	2	15
Hywel Dda UHB	32.38%	31	3		34
Powys THB	16.67%	1	1		2
Not Answered	29.31%	3	14		17
Grand Total		112	246	11	369

* NB the table is representative of health board of residence rather than employer.

The proportion and number of respondents not identifying as NHS staff according to health board of residence and their response to the recommendation of the Independent Panel was:

Health Board of Residence	% of residents <u>not</u> identifying as NHS staff.	Agree	Disagree	Not Answered	Neither agree nor disagree	Grand Total
Abertawe Bro Morgannwg UHB	65.15%	123	5		1	129
Aneurin Bevan UHB	59.26%	2	27		3	32
Cardiff & Vale UHB	37.31%	13	104		8	125
Cwm Taf UHB	64.29%	3	19		5	27
Hywel Dda UHB	67.62%	65	4		2	71
Powys THB	83.33%	5	2	1	2	10
Not Answered	70.69%	16	21	2	2	41
Grand Total		227	182	3	23	435

5.1. Public Meetings

Public events were arranged throughout the consultation period and a schedule was published on the WHSSC website. It was agreed that a weekly exception report would be provided by each health board engagement lead to WHSSC, detailing any deviation from the published schedule. WHSSC has been assured that there was no deviation from the published schedule or the broader consultation plan. Attendees were asked to submit their individual responses and a record of themes identified has been provided. No themes were identified which have not been represented in the analysis of responses from the standard response methods.

5.2. Staff and Stakeholder Events

A number of staff and stakeholder events were held through the consultation period. Attendees were asked to submit their individual responses and a record of themes identified has been provided. There were no themes identified which have not been represented in the analysis of responses from the usual response methods.

5.3. High Level Summary of Key Themes Identified from Consultation Responses

A number of themes have been identified when analysing the responses. These “key” themes have been used as the basis of analysis of the responses.

Many of the 804 respondents expressed multiple views across their responses and therefore the total number of issues identified within the themes is 1,441.

The key themes are as follows:

- Implementation and Improvement
- Accessibility
- Major Trauma Centre
- Workforce
- Other

The key themes have then been broken down into a series of “sub” themes which have been used for more detailed consideration later in this document.

For each of the key themes the number of individual respondents were:

Key themes across all responses	n.
Implementation & Improvement	448
Accessibility	413
Major Trauma Centre	291
Workforce	122
Other	167
Total*	1,441

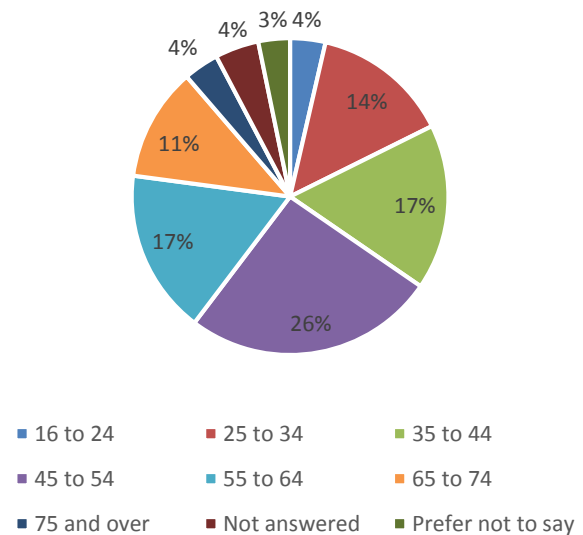
**Total exceeds the total number of responses due to many expressing views with more than one theme.*

5.4. Demographic Profile of Respondents

All versions of the consultation document contain a series of questions designed to review the reach of the consultation. The responses to each question are listed in the tables below:

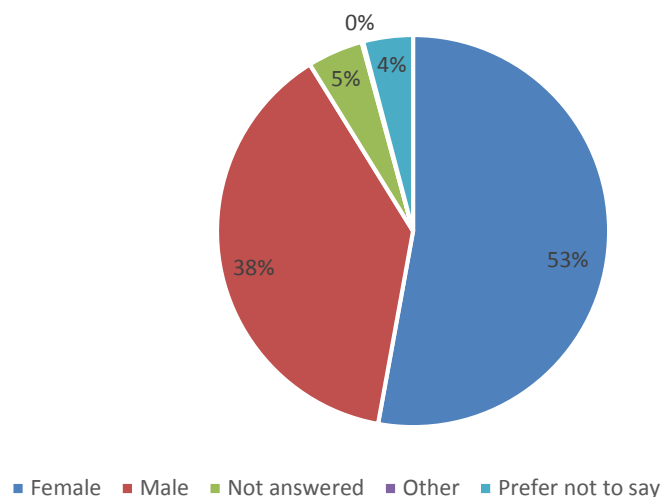
Age

What was your age on your last birthday?	n.
16 to 24	29
25 to 34	113
35 to 44	136
45 to 54	207
55 to 64	135
65 to 74	93
75 and over	29
Not answered	36
Prefer not to say	26
Grand Total	804



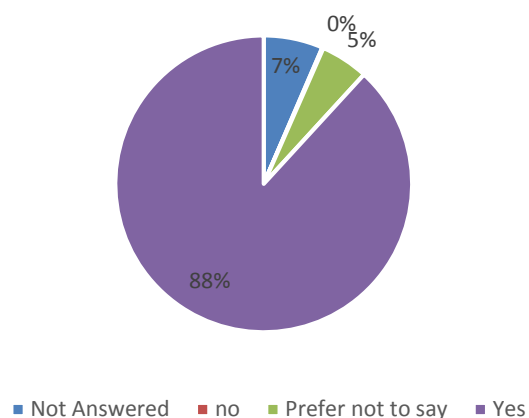
Sex

What sex are you?	n.
Female	425
Male	308
Not answered	37
Other	1
Prefer not to say	33
Grand Total	804



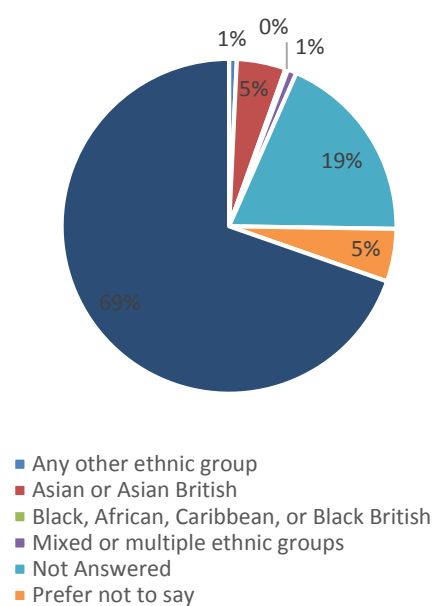
Gender identity

Do you identify with the sex you were assigned at birth?	n.
Not Answered	52
No	1
Prefer not to say	42
Yes	709
Grand Total	804



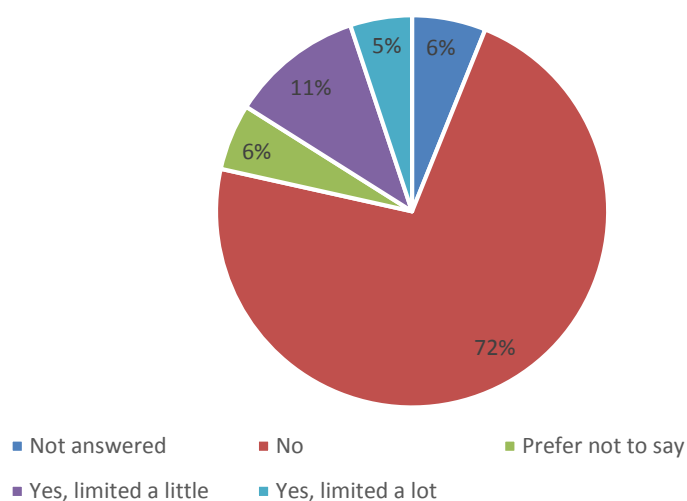
Ethnicity

What is your ethnic group?	n.
Any other ethnic group	6
Asian or Asian British	38
Black, African, Caribbean, or Black British	2
Mixed or multiple ethnic groups	7
Not Answered	150
Prefer not to say	41
White	560
Grand Total	804



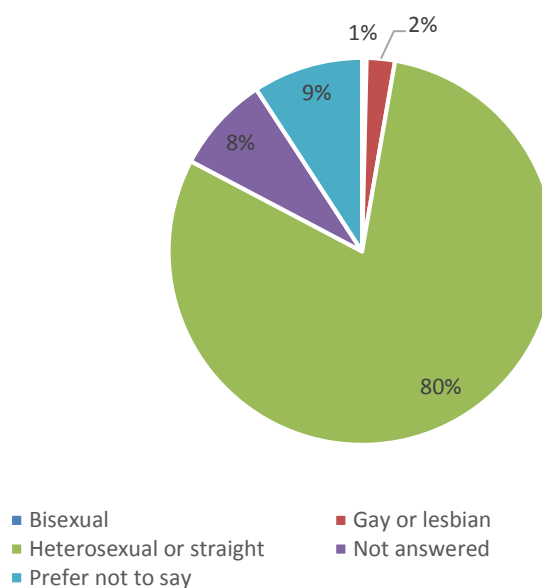
Disability

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?	n.
Not answered	49
No	582
Prefer not to say	44
Yes, limited a little	88
Yes, limited a lot	41
Grand Total	804



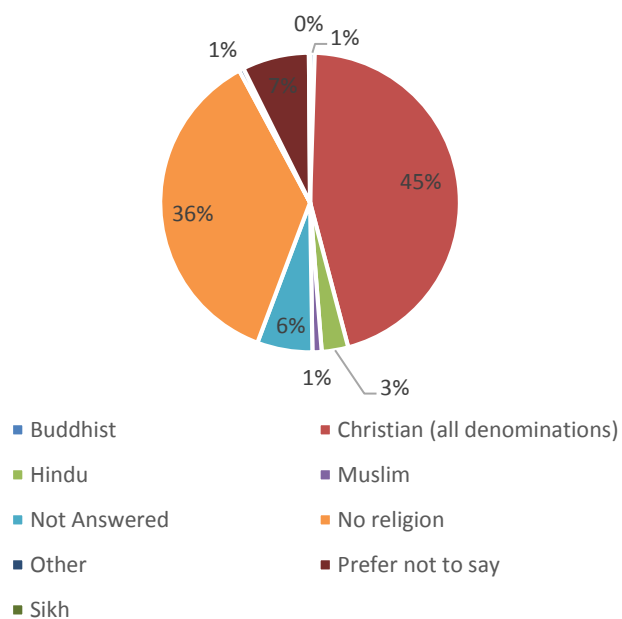
Sexual Orientation

What is your sexuality?	n.
Bisexual	3
Gay or lesbian	19
Heterosexual or straight	643
Not answered	65
Prefer not to say	74
Grand Total	804



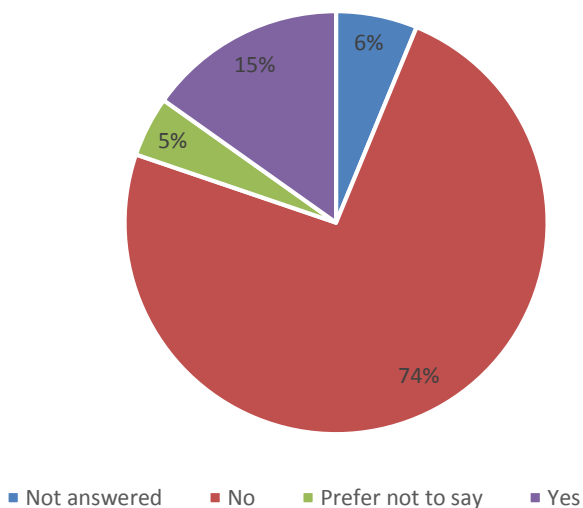
Religion

What is your religion?	n.
Buddhist	4
Christian (all denominations)	365
Hindu	23
Muslim	8
Not Answered	48
No religion	293
Other	4
Prefer not to say	58
Sikh	1
Grand Total	804



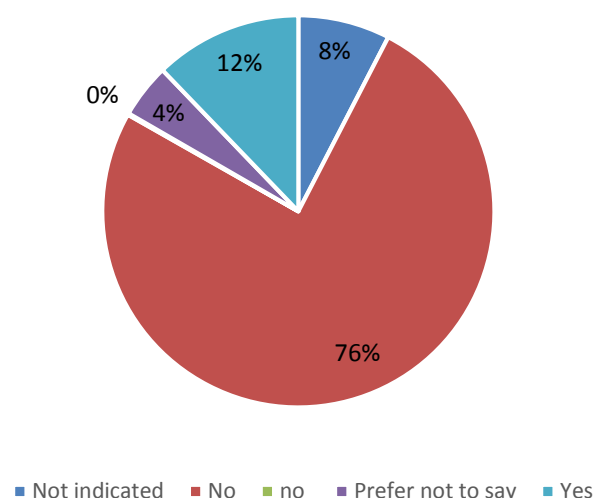
Welsh language

Are you a Welsh speaker?	n.
Not answered	50
No	595
Prefer not to say	37
Yes	122
Grand Total	804



Carers

Are you a carer?	n.
Not indicated	61
No	608
no	1
Prefer not to say	36
Yes	98
(blank)	
Grand Total	804



There is an analysis of the response profile at Appendix F. We concluded from this analysis that the consultation did have representative input from affected protected categories and from the relevant age distribution.

6. Consideration of consultation responses: WHSSC response, actions and mitigation.

We aim to provide assurance to stakeholders that the consultation meets the requirements of the 'Sedley criteria' (often referred to as the 'Gunning principles'), and those articulated in subsequent judicial guidance, as well as the guidance issued by Welsh Government, in particular that the product of the consultation must be conscientiously taken into account. We have therefore provided in this document an analysis of each of the sub themes identified in the five key themes, with a commentary regarding our response to the comments received and further action that will be taken. In addition we have provided a document (the "Individual Response Log") containing each issue identified by the 804 respondents categorised by sub theme, with WHSSC's response and action. This can be found at Appendix I. An Individual Response Log which only includes responses from residents for a specific health board area can be found at Appendix J (Each health board will be provided with its own version). These documents are intended to demonstrate that all the arguments and concerns have been considered in a fair, rational, proportionate and transparent way. In addition, they describe those areas where the consultation has identified issues that would require further action or mitigation to ensure the safe, effective and sustainable delivery of a new service.

6.1. Implementation and Improvement

Responses which highlighted areas for improvement, or issues which would relate to implementation of the Independent Panel's recommendation formed the single largest key theme. To understand further what was considered important within this key theme the table below quantifies the sub themes identified in the responses.

Implementation & Improvement cited by 448 respondents	Sub Theme Identified	n.
	Ensuring a high quality service	257
	Quality of the existing service at a particular site	68
	Impact on other services	51
	Physical capacity of a particular site	48
	Opportunities from a single centre	46
	Care closer to home	29

1 Ensuring a high quality service

This was the most common category of response. Respondents stressed the need that the new service should be better than that currently available. There were a huge range of different issues identified in this category, and examples include waiting times, sustainability of a unit, success at recruiting staff, reducing the length of stay, improving post-operative support and infection risk.

There was also a subgroup of responses which specifically identified the need for adequate resourcing or funding of the new service. Typical examples include:

That there are enough facilities - enough theatres and intensive care beds and the medical staff to service, so there are no patients having to wait an age for

The new service needs to be modern and fit for purpose to cover a large population.

Efficiency, principles of care to be high priority, short waiting times for appointments and surgery, proactive recovery multi-disciplinary team

Any service should be adequately resourced so the RCS recommendations can be implemented i.e. there is a safe on-call service that can support the Major Trauma Centre there is more capacity within the service with additional theatre time and ring fenced beds for Thoracic Surgery patients with equitable access for all MDTs for lung cancer Surgery but also ensuring non cancer Surgery is undertaken in a much more timely fashion than presently.

WHSSC response, actions and mitigation

It is important to remember the context in which this consultation has been undertaken. The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and have increased capacity to meet the growing needs of patients, but also a service which would become a centre of excellence in the UK. A single centre in south Wales will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

The variety of responses we received demonstrates that ensuring a high quality service will mean ensuring that many different elements work well. Effective implementation is therefore essential. If this change is agreed, then we will ensure we work with the health board to put in place a strong implementation team. We will also ask the All Wales Cancer Network (an organisation of clinicians and managers whose focus is on cancer services) to advise us on delivering the best service for patients.

A number of respondents emphasised the issue of adequately resourcing the new unit or the need to ensure funding for any building work or new equipment. Because we are bringing two existing units together we know that significant resources are already available for running costs. If the recommendation is approved, we will be asking the new service to increase activity by up to 20%. If existing resources are found to be inadequate to provide this, we will deal with this through the normal WHSSC process. Any investment for building work or new equipment will require a business case to be made to Welsh Government by the health board. Welsh Government is already aware of this possibility.

Many respondents offered insights on what they considered important during the implementation of the proposed service change. This feedback will be used to help inform the implementation plan for the new service.

2 Quality of the existing service at a particular site

There were strong representations for both Morriston Hospital and UHW citing the quality of the existing service and why this should influence the decision as to the best location of the new service. Typical examples include:

There is already an excellent unit at Morriston doing chest and lung surgery on which the centre could be based.

After having a pneumothorax, the level of care I received was outstanding and especially the aftercare following my surgery. All staff were friendly and gave me the best care possible to aid my recovery.

Cardiff has excellent surgeons and carry out the majority of thoracic surgery in Wales. They have one of the highest rates of minimally invasive thoracic surgery in the UK.

WHSSC response, actions and mitigation

We know we have expert teams on both sites, and by bringing them together we can build on the strengths of both. It is important to emphasise however, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both UHW and Morriston Hospital and from the All Wales Cancer Network. Also, currently our units do not participate in the Lung Cancer Clinical Outcomes audit (Royal College of Physicians and HQIP; NHS England data only) which allows comparison of patient outcomes with other UK centres, and participating in this will be important for the new unit to demonstrate improved patient outcomes.

3 Impact on other services

There were 51 responses citing the interdependency of thoracic surgery with other specialties and the impact of removal of the service from a hospital. The majority of responses cited the negative impact on services at UHW, a smaller number cited the positive impact on services at Morriston Hospital. Responses varied as to which service was cited as having an important interdependency, as did the detail provided. We have further categorised these responses into two distinct classifications:

- i. Interdependency of adult thoracic surgery specifically with paediatric thoracic surgery.
- ii. Interdependency of adult thoracic surgery with other speciality areas.

(i) Interdependency of adult thoracic surgery specifically with paediatric thoracic surgery

Examples of interdependency of adult thoracic surgery specifically with paediatric thoracic surgery are:

...with no thoracic consultants in Cardiff, no joint paediatric / thoracic work would be able to take place and foreign bodies needing to be removed in paediatric patients who are under ENT will be unable to have an open thoracic procedure if the object can't be removed endoscopically. Without this option available in Swansea due to no PICU beds, all such cases will need to be transferred out of Wales - madness!"

In addition, although this consultation only talks about adult surgery, the thoracic surgeons have occasionally been involved in the management of paediatric patients, either independently or alongside the general paediatric surgeons. If we had a paediatric thoracic trauma admitted then a thoracic surgeon may very well be needed to help manage the case alongside the paediatric general surgeon

WHSSC response, actions and mitigation:

Paediatric thoracic surgery is currently delivered by paediatric surgeons in UHW in close collaboration with expert paediatric thoracic surgeons from Birmingham. A recent Royal College of Surgeons review emphasised the need for this specialist input from the Birmingham unit. There are no plans for this to change.

If, however, very urgent thoracic surgical input is needed then this will form part of the 24/7 emergency cover that can be provided by a single thoracic surgery centre. Currently in south Wales we cannot provide a 24/7 rota of emergency thoracic surgery cover. There is more information on this point in the section regarding cover for the Major Trauma Centre.

(ii) Interdependency of adult thoracic surgery with other speciality areas

Examples of the type of responses are:

"Cardiff and Vale UHB and UHW host specialist services including major trauma and **other surgical specialities and interventional radiology**. The plan to move the cardiothoracic surgical services does not take in to account the integration of specialist services in one centre as it is imperative there will many patients who would need a collaborative approach of the Multi-disciplinary teams to provide effective clinical care"

"This will have a detrimental impact on the care of emergency and elective patients as C&V is the established unit and is also becoming the MTC. The skills of the **thoracic anaesthetists are required when supporting cases of one lung ventilation which occur in the centralised upper GI surgical cases** and in major thoracic trauma. This impact has not been fully considered"

"It's important that there is a thoracic unit on the Morriston site to help support the **ENT and Head and Neck** department in managing complex benign and malignant upper airway/tracheal cases especially those requiring laryngo-tracheal resection and reconstruction"

WHSSC response, actions and mitigation

The Independent Panel discussed in detail the issues of interdependencies and noted that this would be an issue whichever site no longer provided thoracic surgery. They also noted that the majority of hospitals in Wales do not have on-site access to a thoracic surgeon but patients still access specialist care through the existing patient pathways. It will therefore be important to build on this experience during the implementation process to not only maintain, but to improve, access for patients in all the hospitals in south Wales. In addition to clinical services, the Independent Panel also considered academic links and opportunities within the two sites.

Responses to the consultation have highlighted that the range of services at UHW means a higher level of interdependency than might be found at other hospital sites. We therefore propose, if the recommendation of a single site at Morriston Hospital is accepted, that a thoracic surgeon will be routinely available on-site at UHW during the day to meet the needs of these patients.

4 Physical capacity of a particular site

A number of respondents cited the lack of physical space at UHW as making it unsuitable for the location on the new service. A smaller number commented there was inadequate space at Morriston Hospital. Typical examples include:

There is capacity on the Morriston site to expand with on-going builds.

Neither site has ability to expand easily but Morriston is certainly not superior in this regard and current capacity is much higher in Cardiff.

We need to consider the capacity at Morriston to make sure that they are able to take this extra responsibility

WHSSC response, actions and mitigation

This was considered by the Independent Panel and the panel members took the view that there were more opportunities for expansion and delivering the new larger service at the Morriston Hospital. The management team at Morriston Hospital has already carried out an initial assessment and has identified a potential location for the new expanded unit.

5 Opportunities from a single centre

Some respondents emphasised the opportunity to develop a high class service if a single large centre was developed. Typical examples are:

If all patients were all together then all the staff would be together rather than split up which can only be good surely?

Centralisation improves quality and use of resources.

I agree that Thoracic surgery would be better placed centrally at Morriston hospital to cover the south Wales area, and by doing so the level of expertise will be better by the concentration in the one area,

WHSSC response, actions and mitigation

Bearing in mind the context in which this consultation has been undertaken, the need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to meet fully the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre will be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Bringing the two services together into a new unit gives us the opportunity to change the way the services work and build on best practice from both units. Most importantly it will help us improve outcomes for patients.

6 Care Closer to Home

A number of respondents emphasised the importance of care closer to their home location with particular reference to the establishment of local pathways for the non-surgical aspect of treatment. Typical examples are:

Good links with local health services so that as much treatment as possible is delivered locally.

Have close links with all other hospitals in the catchment area and aim to work with them to get as much care delivered as locally as possible with only surgery being done in Morriston

The most important consideration for us in MID Wales would be the provision of adequate clinics being held at Bronglais in the lead up to any kind of treatment/surgery. Use telemedicine and don't require poorly patients to travel 1.5 hours for minimal consultations which could be carried out locally

WHSSC response, actions and mitigation

It is important to acknowledge that thoracic surgery is often just one part of a more complex pathway for patients with lung cancer and serious long-term chest and lung disease. High quality outcomes for patients are dependent not just on the surgery itself but on the joined-up system of care with local chest physicians and the wider multi-disciplinary team. Any change made to the service must strengthen that whole-system and deliver the vast majority of patient care as close to home as possible.

We will obtain and act upon advice from the Wales Cancer Network about improving the patient pathway so that more care is delivered closer to home by changing the way our multi-disciplinary teams work.

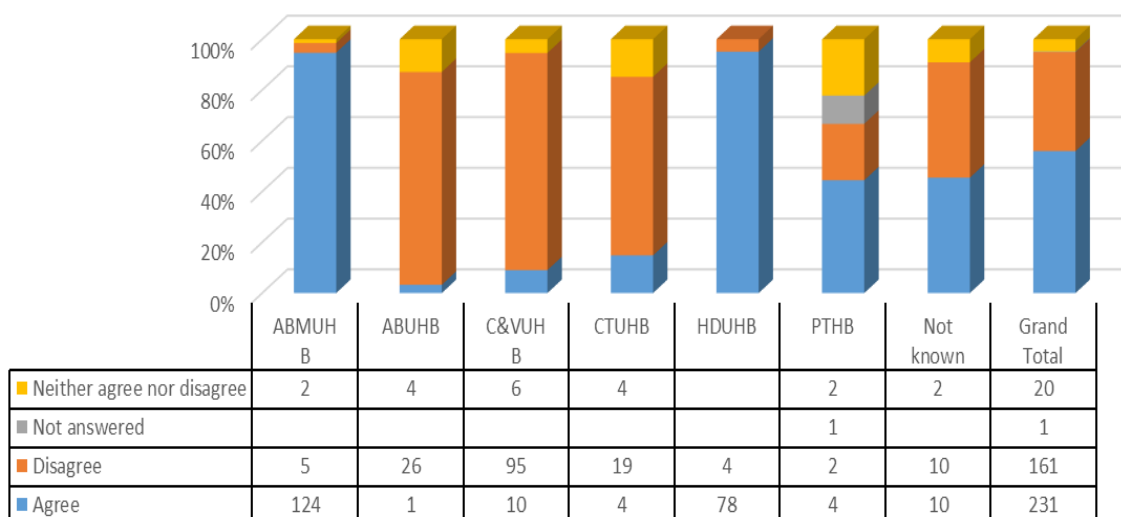
6.2. Accessibility

Accessibility was the second most commonly cited issue with 413 individual respondents. In order to further understand what was considered important within this category the table below quantifies the key sub-themes in the response. Accessibility was more commonly cited by those who agreed with the proposal (231) than those who did not (161)

Accessibility: cited by 413 respondents	Sub Theme Identified	n.
	General Accessibility	284
	Distance to travel	177
	Public transport (rail and road).	43
	Parking facilities	49
	Patient transport	10

In this group of respondents, in response to the question of whether they agreed or disagreed with the recommendation of the Independent Panel, there is a correlation with their geographical location. Respondents in south west Wales were more often supportive of the recommendation and respondents in south east Wales were more likely to disagree.

Accessibility - by LHB and response to recommendation



1 Distance to travel

In general there was dissatisfaction from respondents in east Wales that they would have to travel further to access thoracic surgery. 51 respondents indicated that they disagreed with the recommendation of the Independent Panel because it would result in proportionately more patients and visitors travelling further due to the density of population in south east Wales. A small number (3) highlighted the environmental impact of increased travel.

29 respondents stressed the importance of ensuring that equity of access to the service for all regions was considered during implementation.

Typical examples of responses are:

Swansea serves W Wales and parts of mid and north Wales are not serviced adequately at present. Cardiff etc. close to Bristol

Overall, travelling times should reduce, but many people living in or close to Cardiff may feel disadvantaged

major impact in transport for patients & their relatives & friends from the valleys to Morriston

It's geographically the most sensible place. It allows access to the service from all corners of South Wales.

Having looked at your travel analysis the extended travel times, if moved to Swansea, would come from the largest population centre that is Cardiff and Newport.

WHSSC response, actions and mitigation:

As commissioners we appreciate there is a need to balance the potential benefits of a single larger centre with any extra time and distance to travel.

Surgery is an important aspect of treatment but it is only a part of the overall care. Our intention when developing this service is that we can improve the ways our multi-disciplinary teams work. An MDT includes surgeons, respiratory physicians, nurses, physiotherapists and doctors who provide radiotherapy and chemotherapy. This means that we can reorganise the service so that even more of the care, such as out-patient appointments with the surgeon can take place locally.

Improving the way our teams work will also allow us to reduce the amount of time patients can expect to spend in hospital having their operations. New techniques, such as key-hole surgery, are currently being introduced which will mean patients will only expected to stay in hospital for a few days after thoracic surgery for lung cancer³.

The Independent Panel members were very conscious that by locating the service at Morriston Hospital more people would experience increased additional travel to undergo surgery, but they also considered that the number of those with the longest journeys would not increase. Taking into account that this proposed service change only affected one part of patients' care, and their tests, outpatient visits and other treatment would still happen in their local hospitals, they decided in favour of Morriston Hospital.

We understand that regional centres do create challenges for patients, relatives and visitors, and if the recommendation is approved we will ask Morriston Hospital to build on their experience of delivering specialised care for the south Wales region to deliver innovative solutions for visitor access, considering best practice from around the world. Morriston Hospital already offers flexible visiting hours.

We considered if a solution for some patients in south east Wales was to have surgery in England, but were told by our doctors that the best treatment is provided by a full MDT. An MDT includes surgeons, respiratory physicians, nurses, physiotherapists and doctors who provide radiotherapy and chemotherapy. They told us that there are already excellent and long standing relationships within these teams across the hospitals in Wales and they felt that the best overall service for patients would be delivered from a new larger centre at Morriston Hospital.

³ Cancer Research UK: www.cancerresearchuk.org/about-cancer/lung-cancer/treatment/surgery/after-surgery

2 Public Transport

Public transport was cited by both those who agreed with the recommendation and those who did not. Typically those who disagreed cited the difficulties in accessing Morriston Hospital using public transport and those agreed cited the difficulties in accessing UHW by public transport.

Typical examples are:

I live in Merthyr Tydfil. There is no public transport from my home to Morristown hospital. I would not be able to get there and back. If I was an inpatient I would not have any visitors.

Consideration of Travel times and issues accessing public transport for patients living in rural communities

Accessibility by public transport especially in older non-driving visitors. Ensure repatriation at earliest possible time so as not to impede patient flow through

WHSSC response, actions and mitigation:

Access by public transport was considered by the Independent Panel and it was recognised that travel by bus and train to both UHW and Morriston Hospital creates significant challenges. They considered overall travel time, earliest possible arrival at site, the number of changes necessary and the degree of difference in travel time according to geographic location. They recognised that both sites presented difficulties, and they felt that for those unable to travel by private car, access to NHS transport, known as Non-Emergency Patient Transport ("NEPT") was important.

We have already met with the Welsh Ambulance Service Trust ("WAST") who provide NEPT. If the decision is made to locate the new service in Morriston Hospital, we will then carry out more detailed planning with them to ensure that we can meet the increased needs that this service change will cause.

As with travel by car, the Panel took into account that this proposed service change only affects one part of patients' care. Tests, out-patient visits and other treatment would still happen in their local hospitals. To reduce further the need for travel, we intend to improve the way our multi-disciplinary teams work. This means that we can re-organise the service so that even more of the care, such as out-patient appointments with the surgeon before the operation, can take place locally.

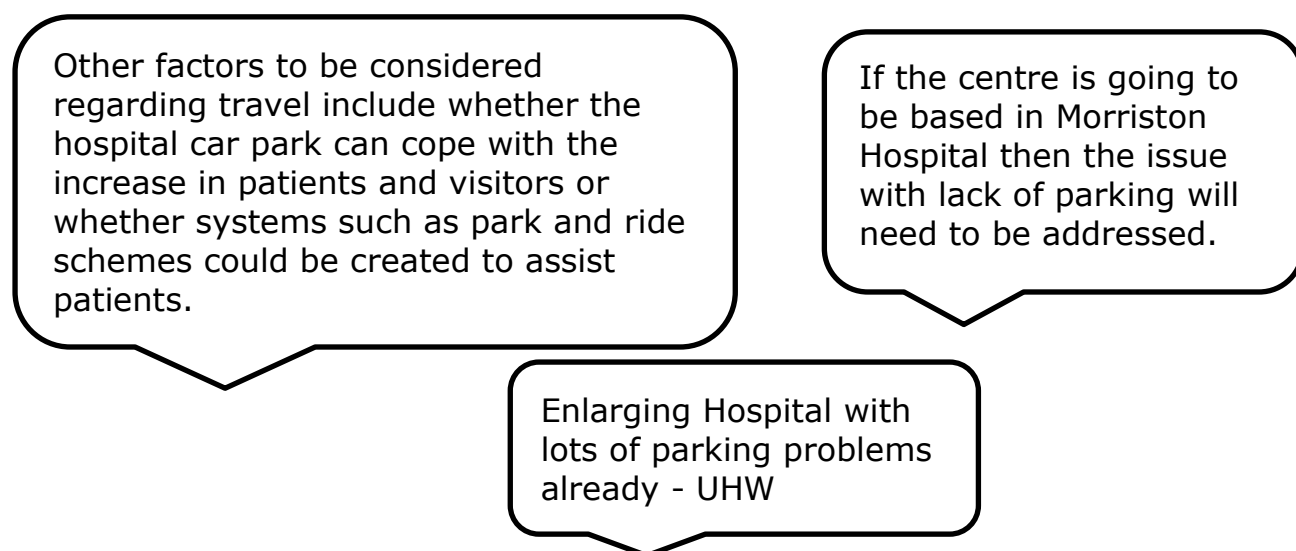
Improving the way our teams work will also allow us to reduce the amount of time patients can expect to spend in hospital having their operations. New techniques such as key-hole surgery are currently being introduced which will mean patients will only expected to stay in hospital for a few days after thoracic surgery for lung cancer⁴.

To help visitors Morriston Hospital already offers flexible visiting hours.

3 Parking facilities

Issues with parking facilities at Morriston Hospital were highlighted predominantly by those who agreed with the Independent Panel's recommendation as a consideration during implementation. A smaller number (4) highlighted concerns for parking at UHW as a reason for agreeing with the recommendation.

Typical examples are:



WHSSC response, actions and mitigation:

We acknowledge that many of our respondents were critical of current parking capacity at both Morriston Hospital and UHW and would like to see improvement in overall car parking capacity. The management teams at both the hospitals are aware of the problems and are actively seeking ways to improve them within the land currently available. It is also worth noting that there are no parking charges at hospitals in Wales.

⁴ Cancer Research UK: www.cancerresearchuk.org/about-cancer/lung-cancer/treatment/surgery/after-surgery

4 Patient transport

Typical examples are:

Paid travel for Patients. Long distance travel costs a lot which people cannot afford. Not to mention the distance will put people off from attending. Resulting in wasting of time and wasted appointments.

Travel assistance for those unable to make their own way.

For patients who are unable to travel themselves, there will also need to be an effective transport service provided that allows patients to be collected and returned to Gwent

WHSSC response, actions and mitigation:

The NHS provides a Non-Emergency Patient Transport ("NEPT") service delivered by the Welsh Ambulance Service Trust ("WAST"). Thoracic surgery patients who are eligible for non-emergency patient transport would be able to access this service in the same way they do at present.

NEPT is the type of hospital transport that patients would require for out-patient appointments or travelling to and from surgery. WAST is aware that patients from the south east of Wales will require longer journeys, although initial analysis suggests that the overall number requiring transport will not increase significantly. This is because patients already need to travel to UHW because the service is not delivered at any other local hospitals.

We have already met with WAST to discuss future demand and if the decision is to locate a single centre at Morriston, we will jointly undertake detailed planning to ensure that we can meet the increased needs this service change will cause.

6.3. Lack of co-location with the Major Trauma Centre:

This was the most common issue raised by respondents (275) who disagreed with the recommendation. There were two main themes related to this lack of co-location, first the issue of quality and patient safety and second the issue of workforce.

Of the 275 responses 37 simply stated that co-location was the reason for disagreeing, with little or no further elaboration or qualification. Others specified issues of quality and patient safety, and we have categorised these into 3 sub-themes reflecting the emphasis within the response:

1. Quality and safety concerns which did not specify the issue. This group of concerns included a sub-group where there was particular reference to why comparison with NHS England was not relevant.
2. Quality and safety concerns relating to the time required for thoracic surgeons to travel to the Major Trauma Centre at UHW from Morryston Hospital for the immediate care of a trauma patient.
3. Quality and safety concerns related to general availability of thoracic surgeons; and some respondents raised the potential need to transfer patients out of UHW to Morryston Hospital.

The table below provides the breakdown of individual respondents who have cited the location of thoracic surgery and the proposed Major Trauma Centre ("MTC") at UHW.

Key Theme	Sub Theme Identified	n.
Location of Major Trauma Centre: cited by 291 Respondents	General statement regarding MTC co-location	275
	General quality and patient safety concerns	65
	Quality and safety concerns related to the time for thoracic surgeons to travel to MTC at UHW from Morryston Hospital for the immediate care of a trauma patient	52
	Quality and safety concerns related to non-elective availability of thoracic surgeons and some respondents raised the potential need to transfer patients out of UHW to Morryston Hospital	121

There were 31 responses which cited workforce issues specifically related to the MTC, and these have been considered under the general workforce section. Finally there were 11 responses which questioned the recommendation process and whether there had been due consideration of the location of the MTC. These responses are considered in detail in section 5.5.

The table below represents the geographical location of respondents who have cited the location of the MTC within their responses:

	Agree	Disagree	Not answered	Neither agree nor disagree	Grand Total
Abertawe Bro Morgannwg UHB	1	4			5
Aneurin Bevan UHB		24			24
Cardiff & Vale UHB	2	215		5	222
Cwm Taf UHB		13		2	15
Hywel Dda UHB	3	1		1	5
Powys THB		2			2
Not Indicated	1	16	1		18
Grand Total	7	275	1	8	291

1 General quality and patient safety concerns.

Within the 275 responses which stated that the MTC and thoracic surgery services should be co-located 65 specified patient safety and quality concerns. Examples of typical responses were:

The new regional trauma centre of excellence at the University Hospital of Wales will be unable to provide the expected high quality standard of care without an experienced thoracic team who are experts in their field and are based in the trauma centre to provide acute thoracic care.

The Major Trauma Centre and thoracic surgery should be on the same site.

If we do not have thoracic services in Cardiff and Vale I feel this could significantly affect the survival rates of the major trauma patients we will be receiving.

There was also a sub-group of responses (4) which raised general quality and patient safety concerns but which specifically questioned the comparison in our FAQ document with standards in NHS England i.e. where we noted that quality standards were not met in England. This is an example response:

The fact that NHS England does not require co-location of MTC and emergency thoracic surgery is not relevant. English service provision is hindered by historical layout of services and the recommendations reflect what is achievable within these constraints rather than best practice. There is an opportunity to offer much better to the people of Wales with the new MTC.

WHSSC response, actions and mitigation:

The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account the evidence that there would probably be around 3 patients⁵ per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota (it is covered by mixed-practice cardiothoracic surgical colleagues), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.

At the mid-point consultation review, it became apparent this was a key issue amongst respondents from the Cardiff and Vale University Health Board area. The Welsh Health Specialised Services Team therefore undertook two measures to investigate this further. First, we examined the experience in England, and secondly we set up a meeting with surgical colleagues from trauma and thoracic teams from both Morriston Hospital and UHW to investigate the needs of patients in the MTC and to consider whether there were different options for meeting those needs.

We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 thoracic surgery rota at all. This was criticised by the GIRFT Programme (*"Getting it right first time"*) who carried out this survey. They stated that 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW. A single centre would allow us to change this and deliver a real improvement in the service.

⁵ Estimate from The Cheshire and Mersey major trauma centre, based in Aintree Hospital, Liverpool- catchment population approximately 2.3 million.

When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input⁶. They also identified another group who would require treatment within 48 hours but the size of this group was unknown. The teams then went on to identify a number of complimentary options which would mitigate the lack of an on-site thoracic surgery service for these groups of patients. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes⁷. The exact detail of these arrangements will, however, require careful planning and discussion with clinical colleagues, and can be taken forward through the trauma network development. A commitment to delivering these options will be important for the successful delivery of a safe service at the MTC.

To reiterate one of the very important benefits of a single centre: it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.

General quality and patient safety concerns and why comparison with NHS England may not be appropriate:

We used England as a comparator when considering the requirements for thoracic services in south Wales because the health care systems across the UK are very similar, and because the training and regulatory systems for clinical professionals are common across the UK. We also know the planning process for the MTC, led by the NHS Wales Health Collaborative, has been based on the NHS England service development.

Most importantly, however, the outcome for patients with major trauma attending centres in England has recently been published⁸ in the Lancet medical journal. This has indicated much better outcomes for patients with an increase of almost one fifth (19%) in the chances of survival from serious injury since 2012 and with patients spending much less time in hospital.

Finally we already commission thoracic surgery and major trauma services for the patients of north Wales and north Powys from England.

⁶ Reported by the Welsh Trauma Network Clinical Lead from a survey of a range of NHS England MTCs

⁷ Reported by internal audit from Morriston Hospital (Professor Ian Pallister)

⁸ [https://www.thelancet.com/pdfs/journals/eclinm/PIIS2589-5370\(18\)30007-5.pdf](https://www.thelancet.com/pdfs/journals/eclinm/PIIS2589-5370(18)30007-5.pdf)

2 Quality and safety concerns related to the time for thoracic surgeons to travel to MTC at UHW from Morriston Hospital for the immediate care of a trauma patient.

This was the most common single issue response within the sub themes identified by those who disagreed with the proposal. Many of them quoted the 2013 NHS England service specification which states that:

*"Consultants available on site within 30 minutes when required; Neurosurgery; Spinal and spinal cord surgery; Vascular surgery; General surgery (adult or child); Trauma and Orthopaedic surgery; Cardiothoracic surgery; Plastic surgery; Maxillofacial surgery; Ear nose and throat surgery; Anaesthetics; Interventional radiology; Intensive care."*⁹

Others noted that the distance between the MTC and thoracic surgery centre were greater than distances in England. Typical examples are:

Insanity - too far for major trauma patients to survive by moving it to Swansea. No way to be able to implement standards - 30 minutes standard is a safety issue. How are you going to provide 24/7 onsite thoracic cover within 30 minutes to the MTC - impossible - patients will die because of this.

Major trauma centre - It will be difficult to provide a high quality trauma centre without thoracic surgery near or on-site. While major thoracic injuries are not common they are usually life threatening without emergent intervention from an experienced thoracic surgeon. It makes no sense to move thoracic surgery over 40 miles away from the Major Trauma Centre, I believe that trauma patients will suffer as a result. If a patient had a polytrauma with a thoracic injury they should have the timely care they deserve in a major trauma centre with thoracic surgery.

WHSSC response, actions and mitigation:

At the mid-point consultation review it became apparent this was a key issue amongst respondents from the Cardiff and Vale University Health Board area. The Welsh Health Specialised Services Team undertook two measures to investigate this further. First we looked at the experience from England and second we set up a meeting with surgical colleagues from trauma and thoracic

teams from both Morriston Hospital and UHW to look at the needs of patients in the MTC and whether there were different options for meeting those needs.

⁹ D15/S/a NHS STANDARD CONTRACT FOR MAJOR TRAUMA SERVICE (ALL AGES)
Adult Thoracic Surgery Consultation Report 8 October 2018
V 2.0

We found that a number of major trauma centres in England, including those in major teaching hospitals, do not currently have an emergency 24/7 dedicated thoracic surgeon rota, instead it is covered by mixed-practice cardiothoracic surgical colleagues. This was criticised by the GIRFT Programme (Getting it right first time) who carried out this survey. They stated: 24/7 emergency cover should be provided by general thoracic surgical consultants and that the practice of using cardiac surgeons or mixed-practice cardiothoracic surgeons should stop. This is the current practice in both Morriston Hospital and UHW, and is something having a single centre would allow us to change.

When we met with the teams from UHW and Morriston Hospital it was confirmed that there were between 3-5 patients per year who were likely to require urgent thoracic surgery input ¹⁰. They also identified another group of patients who would require treatment within 48 hours but the size of this group was unknown. The team identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service for these groups of patients. These included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained 'resuscitative' trauma surgeons is available. These surgeons are trained to manage severe and life threatening bleeding from anywhere in the body. For patients with later complications from their thoracic injury, they identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons which is current practice in Morriston Hospital and has demonstrated good patient outcomes¹¹. The exact detail of these arrangements will, however, require carefully planning and discussion with clinical colleagues and can be taken forward through the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.

One of the very important benefits, to be emphasised again, of a single centre, is that it will provide a 24/7 emergency rota which will cover the MTC as recommended by the GIRFT review. This commitment has already been made in the all Wales service specification for the thoracic surgery service which specifies that we will provide a 24/7 thoracic surgery emergency rota.

¹⁰ Reported by the Welsh Trauma Network Clinical Lead from a survey of a range of NHS England MTCs

¹¹ Reported by internal audit from Morriston Hospital (Professor Ian Pallister)

3 Quality and safety concerns related to general availability of thoracic surgeons and some respondents raised the potential need to transfer patients out of UHW to Morriston.

Typical examples are:

Thoracic surgery provides care for chest injury associated with multiple trauma patients. Fixation of rib fractures and decompression of chest is known to be lifesaving! When the MTC is proposed to be in Cardiff, what is the logic of moving part of the trauma team to Swansea?

As an intensivist we are needing to involve thoracic surgeons increasingly on trauma patients' care. Early rib fixation, particularly in the elderly, is proven to improve mortality. If the surgeons are moved to Morriston this will result in worse outcomes for trauma patients and increased risk of these patients involved in transferring these patients

It would be very difficult to fully meet the needs of these critically ill patients if we are unable to fulfil this aspect of their care. I believe it would even compromise care as it would require Patients potentially in an unstable condition to be moved between centres

WHSSC response, actions and mitigation:

Advice from the Clinical Lead for the Wales Trauma Network is that the very best care for patients, which improves survival and outcomes more generally, is delivered at major trauma centres. They advised us that transfer out would not be in patients' best interests. This was discussed when we met with the teams from UHW and Morriston Hospital to examine the needs of patients at the MTC. They identified a number of complimentary options which would mitigate the lack of on-site thoracic surgery service. This included basing a thoracic surgeon at the UHW site during the day and ensuring that a rota of fully trained "resuscitative trauma surgeons" is available. These are surgeons trained to manage severe and life threatening bleeding, from anywhere in the body. For patients with later complications from their thoracic injury, we identified the option of developing the skills of staff in other specialty areas. An example would be rib fixation by trauma and orthopaedic surgeons, which is current practice in Morriston Hospital and has demonstrated good patient outcomes ¹². The exact detail of these arrangements will require careful planning and

¹² Reported by internal audit from Morriston Hospital (Professor Ian Pallister)
Adult Thoracic Surgery Consultation Report 8 October 2018
V 2.0

discussion with clinical colleagues and can be taken forward as part of the trauma network development. A commitment to delivering these options will be important in the successful delivery of a safe service at the MTC.

4 Comments regarding the MTC from those who agreed with the recommendation

Six respondents cited the location of the MTC at UHW as their reason for agreeing with the recommendation. An example response is:

Much comment has been made about the need to have thoracic surgery collocated with a major trauma centre. It is important to remember that trauma is only a very small part of a thoracic surgical service and that cardiac surgery (rather than thoracic surgery) is already providing 24/7 cover for thoracic trauma in both UHW and Morriston Hospital.

WHSSC response, actions and mitigation:

The Independent Panel carefully considered whether the MTC and the thoracic surgery centre should be in the same hospital. They took into account that there were approximately 3 patients per year arriving at the MTC who might require urgent input from a thoracic surgeon. They also took into account that currently there is no 24 hour emergency rota, (currently this is provided by mixed practice cardiac-thoracic surgeons), and considered that being able to deliver 24 hour access to a highly skilled specialist in thoracic surgery was really important for patients. This was important for patients at the MTC as well as those in the thoracic centre and was more important than the location of the centre.

6.4. Workforce

Workforce issues formed the fifth most commonly cited theme. In order to further understand what was considered important within this category, the table below quantifies the key sub themes in the response.

Workforce cited by 122 respondents	Sub Theme Identified	n.
	Loss of experience at UHW	53
	Recruitment	38
	Personal impact	31
	Academic links & Research Opportunities	16
	Training	16

1 Loss of experience – 53 respondents expressing concern regarding the loss of expertise from UHW. Typical examples include:

Thoracic Surgery at UHW is the best in Wales with a top class team of doctors and nurses most of whom we would lose if this move takes place.

UHW already has an excellent team. My concerns are recruiting such a team in Swansea with so many years' experience

The current surgeons will be deskilled and not able to deal with thoracic trauma cases.

WHSSC response, actions and mitigation:

We know we currently have expert teams on both sites; by bringing them together we will build on their strengths. It is important to emphasise that, if the recommendation is approved, this will be a new unit; it will be more than double the size of the existing unit at Morriston Hospital and will have new accommodation. The unit will be developed by an implementation team drawing upon expertise from both Morriston Hospital and UHW, and from the All Wales Cancer Network.

We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. We accept that this may be different for certain other staff groups, and that these may be less inclined to transfer from their current posts. A strong training and development programme starting very early in the process will therefore be an essential requirement for the new unit.

If a decision is taken to locate the new unit at Morriston Hospital, a skilled and dedicated workforce would be essential to the success of the new unit and this would be a core element in implementing the new service. We will ensure that both the WHSS and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.

2 Academic Links

16 respondents emphasised the importance of academic links and research opportunities. Typical examples are:

should have the opportunity to develop research interests.

There are better research opportunities at UHW

There are excellent research opportunities in Swansea and links with Swansea University, new and existing, can be formed to participate in research. Swansea University is a forward moving, progressive university and I'm sure there will be opportunities there.

WHSSC response, actions and mitigation:

The Independent Panel looked at research opportunities and felt that both locations had good opportunities and well established links. The scoring process put UHW slightly ahead of Morriston Hospital in this regard but this was not sufficient in the overall assessment to make UHW the preferred location for the new service.

3 Personal impact

31 respondents expressed concerns about the impact on staff or asked for assurance that it will be an important consideration during implementation planning. Typical examples include:

The serious disruption to the lives of staff, their families and patients.

Sustainability of the service will be a challenge as the staff of the bigger unit may not want to move for family and personal reasons.

It needs to be established that the current UHW team will be prepared to move - there is no indication that they have been asked, and no evidence is provided that suitably qualified surgeons are available and willing to work in Swansea

WHSSC response, actions and mitigation:

We recognise that for some existing staff, moving location might create a serious challenge both for them and their families. This would be an issue whichever location is chosen for the single centre. Great care and time will therefore be taken by employers to engage with affected employees with a view to helping them to transfer, where possible, or identify other suitable opportunities in line with their organisational change policy, always recognising that employees have statutory employment protection.

4 Recruitment

38 respondents thought that recruitment was an important consideration. Typical examples are:

There has been a gradual creep of services towards Cardiff and a growing difficulty in the ability to recruit to Swansea - leading to services struggling on, in what should be a highly performing centre. By retaining some specialist services, further professionals will be attracted to the area and bring with them skills and knowledge to enhance the medical services provided to the area.

Recruitment would be easier in a capital city as opposed to a secondary city.

it is already difficult to recruit to specialist positions in Wales, and to attempt to set up a relatively isolated service in a distant hospital, with a paucity of other relevant services, is surely setting the service up to fail.

WHSSC response, actions and mitigation:

We have been told that such a large unit, properly implemented, will be highly attractive to medical staff. A strong training and development programme starting very early in the process will be an essential requirement for the new unit. This will ensure that clinicians at all levels are being prepared for the new unit. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.

5 Training

16 respondents highlighted consideration of training. Typical examples include:

What thoughts, if any, have been given to the teaching of medical students

Education: where will the appropriately trained workers be trained and how will they be trained.

For our ability to train anaesthetists in thoracic anaesthesia in Wales.

WHSSC response, actions and mitigation:

We believe that creating one of the largest thoracic surgery centres in the UK will allow us to develop even more training opportunities. Both Morriston Hospital and UHW currently offer training to postgraduate doctors and medical students as well as nursing and other professional groups.

A skilled and dedicated workforce with appropriate training will be essential to the success of the new unit and this will be a core element of implementing a new service wherever it is located. We will ensure that both the WHSSC and the Morriston Hospital teams work closely with the recently established Health Improvement and Education Wales to facilitate this.

6.5. Other

For the purposes of analysis, we identified a range of issues which have been classified in the themes in the following table:

Other: 167 respondents	Theme identified	n.
	Decision Making Process	53
	Consultation Process	43
	Against merging of two centres	95
	Importance of tertiary services outside of Cardiff	52
	General comments regarding healthcare	7

1 Decision Making Process

Some respondents commented on the decision making process. Political influence was cited by 22, the composition or efficacy of the Independent Panel was questioned by six respondents, six respondents deferred to the expertise of the Independent Panel and there were six criticisms of the actual decision making process. Typical example responses are:

This looks like a political decision rather than one based on any proper medical considerations.

I do not think the panel had the expertise to understand the implications of this.

That is the finding of the independent panel. They are experts in this field and their decision should be upheld

WHSSC response, actions and mitigation:

Making a decision on the location of services is a difficult, complex and often contentious issue. To make this process as fair and transparent as possible we carried out a public engagement exercise on the criteria to be considered by the Independent Panel and adapted them following feedback. We also took advice from our Project Board regarding the type of evidence we would present. An Independent Panel was used because we recognised there are issues which make it difficult for those close to the service to take an objective position. Finally we arranged for the Independent Panel to use a methodology which is internationally recognised¹³ and is designed to enable complex group decision making which we have used previously in a variety of settings. This method is based on the EVIDEM (Evidence and Value: Impact on Decision-Making)¹⁴ Collaboration principles. EVIDEM is an independent non-profit organisation which develops decision making tools. The process was supported by the Swansea Centre for Health Economics which has considerable experience in the use of these tools and has helped the WHSSC team use them over a number of years.

¹³ "Evidence and Value: Impact on Decision Making – the EVIDEM framework and potential applications", Mireille M Goetghebeur, Monika Wagner, Hanane Khoury, Randy J Levitt, Lonny J Erickson, and Donna Rindress BMC Health Serv Res v.8; 2008 PMC2673218

Health Policy 2017 Sep; 121(9):978-985. doi: 10.1016/j.healthpol.2017.06.007. Epub 2017 Jun 24 "Prioritisation of specialist health care services not NICE, not easy but it can be done". Anderson P, Webb P, Groves S

¹⁴ www.evidem.org

We consider that steps were therefore taken to make the process as thorough and objective as possible.

2 Consultation Process and Material

Some respondents (22) felt that the consultation document and evidence cited was flawed. There were 16 concerns expressed regarding the scope and implementation of the consultation process and five respondents indicated approval for the consultation process and or documentation. Typical examples are:

The consultation documents of the review of thoracic surgery clearly demonstrate a thorough and inclusive consultation has been undertaken. This is reassuring, as a difficult decision needs to be made which not everyone will agree on. This wide and inclusive consultation will contribute to the most effective and acceptable decision being made. Thank you for the transparency.

I think there is a lot more consultation to be made especially with the public before a decision is made.

Not enough information to make reasoned decision

WHSSC response, actions and mitigation:

To make our consultation meaningful, we developed our plan and documents in collaboration with the CHCs and health board engagement leads who are experts in this field. The consultation plan and consultation documents were agreed by the Joint Committee of WHSSC and then by each of the affected health boards. Finally, we have provided an Assessment against Guidance on Engagement and Consultation on Changes to Health Services and National Principles for Public Engagement in Wales which is available at Appendix E.

3 Against Merging of the two centres

Some respondents felt there were disadvantages to centralising into a single centre and that a better quality service could be delivered on two sites. Typical examples are:

All mergers in the UK of units ended up in one bigger unit with less effect

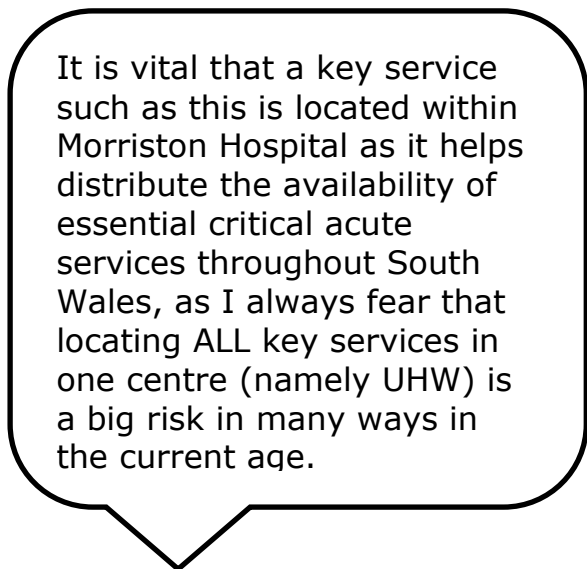
I believe strongly that WHSSC should improve and modernize both units instead of shutting down one in favour of the other

WHSSC response, actions and mitigation:

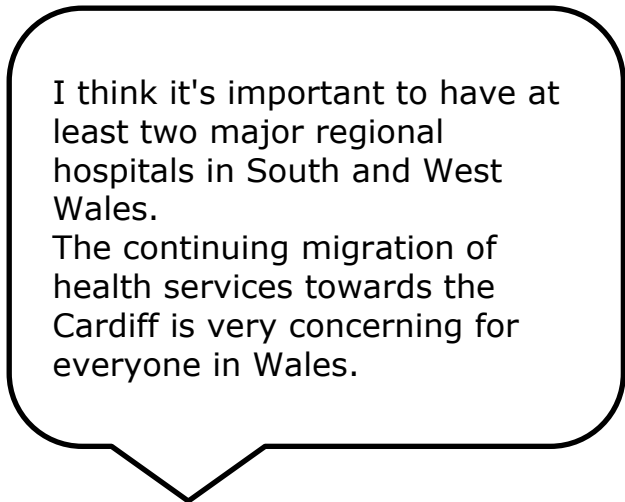
The need for change arose out of concern that the two existing adult thoracic surgery centres in south Wales are not sustainable, and may not be able to fully meet the needs of the population of south Wales. In December 2017, the thoracic surgery Project Board consisting of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils and charitable organisations, unanimously recommended that the two thoracic surgery services in south Wales should be consolidated into a single centre. This means that south Wales will not only be able to deliver a service with a 24 hour emergency rota and increased capacity to meet the growing needs of patients but also a service which would become a centre of excellence in the UK. A single centre would be one of the largest in the UK, offering enhanced opportunities for its surgeons to sub-specialise and promote innovation and research. Most importantly, it would allow us to improve outcomes for patients who require thoracic surgery.

4 Importance of tertiary services outside of Cardiff

A number of respondents expressed the importance of continued specialised health care outside Cardiff. Typical examples are:



It is vital that a key service such as this is located within Morriston Hospital as it helps distribute the availability of essential critical acute services throughout South Wales, as I always fear that locating ALL key services in one centre (namely UHW) is a big risk in many ways in the current age.



I think it's important to have at least two major regional hospitals in South and West Wales.
The continuing migration of health services towards the Cardiff is very concerning for everyone in Wales.

WHSSC response, actions and mitigation:

This was not specifically included in the criteria on which the Independent Panel were asked to base their recommendation but it was considered under the criterion of 'impact on a site of loss of the service'.

5 General comments regarding healthcare

A small number of respondents took the opportunity to express concerns regarding healthcare in general. Examples are:

The NHS has had 70 years to sort out their training and staffing levels based on forward projections of hospital/service usage by the general public and funding difficulties not yet sorted.

I recently suffered a heart attack and had to wait 9 days before a bed and HAD to wait 9 days before a Bed and Lab were available in Swansea for me to have treatment (stent)..... this is totally unacceptable for us in Mid Wales

WHSSC response, actions and mitigation:

It was felt that these comments related to issues which fall outside of the scope of the consultation.

7. Post Consultation Phase

On behalf of the six affected health boards, WHSSC has received, logged and analysed the responses to the consultation, the outcomes of which were reported to the Joint Committee of WHSSC at its meeting on 18th September 2018. The Joint Committee will now submit this paper to each of the affected health boards for consideration at public board meetings to be held during October 2018. The paper includes a report on the consultation and recommendations from the Joint Committee.

Both the report to the Joint Committee and the paper to be considered by the affected health boards will be shared with the affected CHCs for consideration as part of their role in reviewing and formulating an official response to the consultation.

The outcome report and any relevant decisions will be made available on the WHSSC website and widely distributed to enable stakeholders to see how their feedback has been taken into account, and the result of any relevant decisions.

8. Conclusion

Full and careful consideration has been given to all the evidence presented through this process, together with the responses to the public consultation. Where concerns have been identified, mitigating actions have been developed and discussed with key stakeholders as appropriate.

It is therefore concluded that:

- The benefits to patient outcomes and long-term workforce and service sustainability are best delivered through a single-site solution;
- Any change to the service model must strengthen the pathway with local chest medicine services to deliver the vast majority of thoracic care locally, and further reduce the frequency of patients having to attend, and the duration of stay at the thoracic surgery centre;
- Any new service must be properly commissioned to ensure that the appropriate resources are available to meet the needs of patients. This will include robust demand and capacity planning to ensure delivery of target waiting times;
- Critical to success is the requirement to ensure that there is robust thoracic surgery support to the MTC and other interdependent services which can and must be in place at the same time as the proposed implementation of service change

9. Recommendations

In line with the conclusions identified above it is recommended that each of the affected health boards:

- **APPROVE** the recommendation that thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site;
- **APPROVE** the location of that single site as being Morriston Hospital **conditional upon** the detailed workforce model and medical rotas to provide the 24/7 thoracic surgery cover to the MTC being completed and signed-off by WHSSC within 6 months;
- **APPROVE** the mitigating actions set out in this document to be delivered in line with the implementation of the service change.

10. Appendices

The following are attached as appendices to the report:

Appendix A	Report of the Independent Panel
Appendix B	Consultation Plan
Appendix C	Consultation Document
Appendix D	Equality Impact Assessment
Appendix E	Assessment against “Guidance on Engagement and Consultation on Changes to Health Services” and “National Principles for Public Engagement in Wales”
Appendix F	Consultation Equality Monitoring Report
Appendix G	List of supporting documents made available during the consultation
Appendix H	Frequently Asked Questions
Appendix I	Individual Response Log: All responses
Appendix J	Individual Response Log: Health board
Appendix K	Summary of Discussions at Public Events



CAERDYDD A BRO MORGANNWG
CARDIFF AND VALE OF GLAMORGAN

Cyngor Iechyd Cymuned Caerdydd a Bro Morgannwg
Canolfan Fusnes Pro Copy (Cefn)
Parc Tŷ Glas
Llanishen, Caerdydd
CF14 5DU

Cardiff and Vale of Glamorgan Community Health Council
Pro Copy Business Centre (Rear)
Parc Tŷ Glas
Llanishen, Cardiff
CF14 5DU

19th November 2018

Mr Len Richards
Chief Executive
Cardiff & Vale University Health Board
Heath Park
Cardiff

Dear Mr Richards

**Re: Cardiff & Vale of Glamorgan Community Health Council's
Formal Response to the Welsh Health Specialist Services
Public Consultation on the provision of Adult Thoracic Surgery**

I write following the November meeting of Cardiff & Vale of Glamorgan CHC's Executive Committee to advise you of our discussions as to the proposals to locate the adult thoracic surgery services at a single site in Morriston.

The Executive Committee considered the WHSSC Consultation Report with specific reference to the individual responses from the population in the Cardiff & Vale of Glamorgan area.

Cadeirydd / Chair: Mrs Jill Shelton, MA, BA (Hons), CSS, Cert.Ed
Prif Swyddog / Chief Officer: Mr Stephen Allen, MSc: MIHM

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The Executive Committee were concerned that the post consultation process had been less transparent than expected and felt that there were lessons to be learnt for future regional service change including the need to;

- plan carefully to enable sufficient time for CHCs to consider the responses to issues raised by their population; and,
- share responses to the issues raised before papers are published allowing CHC commentary to inform the final report.

The Executive Committee welcomed the Health Board's decision to postpone considering Thoracic Services until the November 2018 Board meetings to allow CHCs to fulfil their statutory responsibilities. It was satisfied that this had provided adequate time to fully consider the report and provide a recommendation for the Health Board to consider.

The Executive Committee also received notes of the Cardiff and Vale of Glamorgan CHC members meeting.

The Cardiff & Vale University Health Board were represented at the CHC Executive Committee meeting by the Health Board's Medical Director and the Director of Strategic Planning who provided clarity when required to questions posed by the Executive Committee.

The Executive Members discussed and debated in detail the information provided by WHSSC and the responses from the public and staff on the consultation.

It was noted that overall across South and East Wales and South Powys that those who responded did not support the proposals:

339 or 42.16% agreed with the proposal;
428 or 53.23% disagreed with the proposal;

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34 or 4.23% neither agreed nor disagree with the proposal; and
3 or 0.37% did not answer the question.

Importantly, the Executive Committee noted that the 335 respondents from the Cardiff & Vale of Glamorgan area overwhelmingly did not support the proposals:

06.6% agreed with the proposal;
89.2% disagreed with the proposal; and
04.2% neither agreed nor disagreed.

The Executive Committee supported the general principle of a single thoracic service. However, in relation to the consultation question: - "The Independent Panel recommended that the adult thoracic surgery centre serving patients from South and West Wales and South Powys should be located in Morriston Hospital, Swansea". The Executive Committee did not support this recommendation.

In not supporting this recommendation the Executive Committee noted that there is not an overwhelming case for it to be at Morriston or at Cardiff. In addition, they commented that the consultation report failed to provide robust answers to the legitimate questions asked by the wider population and those of Cardiff and Vale of Glamorgan.

The Executive Committee noted that the key areas which respondents were concerned about included:

- ⌚ General accessibility with concerns about public transport, travel times and support for Carers and family;
- ⌚ the interaction between the proposed Thoracic Surgery service and distance from the Major Trauma Centre.
- ⌚ merging the two centres and how this would affect the workforce and other specialist services;
- ⌚ loss of experience from UHW;

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- repatriation issues when moving patients closer to home; and
- the lack of financial information provided in the consultation.

In addition to its responsibility to represent the interests of its population, Cardiff & Vale of Glamorgan CHC in deciding it cannot support the recommendation considered the interests of wider NHS services. In meeting this responsibility and based upon the total responses across South and West and South Powys, where 53.23% of respondents disagreed with the proposals therefore Cardiff & Vale of Glamorgan Community Health Council recommends that the Health Board in reaching its decision give due regard to the issues we have raised on behalf of residents of Cardiff and the Vale of Glamorgan and the wider population.

Yours sincerely



Stephen Allen
Chief Officer



Jill Shelton
Chair

Cadeirydd / Chair: Mrs Jill Shelton, MA, BA (Hons), CSS, Cert.Ed
Prif Swyddog / Chief Officer: Mr Stephen Allen, MSc: MIHM

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REPORT TITLE:	Board Assurance Framework										
MEETING:	UHB Board						MEETING DATE:	29.11.18			
STATUS:	For Discussion		For Assurance	✓	For Approval	✓	For Information				
LEAD EXECUTIVE:	Director of Corporate Governance										
REPORT AUTHOR (TITLE):	Director of Corporate Governance										
PURPOSE OF REPORT: The purpose of the report is to advise Members of the Board, through the Board Assurance Framework, of the principle risks to the achievement of strategic objectives.											

SITUATION:

The Board does not currently have a means by which it can easily understand the principle risks to the delivery of its strategic objectives. The last time the Board received a report on risk was November 2017 when the Corporate Risk and Assurance Framework (CRAF) was presented with some 90+ risks within it.

The Board's main focus is strategic. Board Members must be able to understand the business objectives and be able to identify the principle risks that may threaten achievement of these objectives.

The Board's role is to focus on those risks and events which may compromise the achievement of strategic objectives, and to support the creation of a culture which allows Cardiff and Vale UHB to anticipate and respond to adverse events, unwelcome trends and significant business and clinical opportunities.

The Board Assurance Framework provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important objectives, to map out the key controls to managing or mitigating those risks and to confirm the assurance about the effectiveness of those controls.

The benefits of a working Board Assurance Framework are :

- A simple and comprehensive method for managing risks to achievement of objectives
- It provides evidence to support the Annual Governance Statement
- It helps to simplify Board reporting and prioritisation which allows more effective performance management
- It provides assurances about where risks are being managed effectively and objectives delivered
- It allows the Board to determine where to make efficient use of resources
- It allows the identification of priorities for Board to provide confidence that the organisation is able to understand capacity to deliver.

REPORT:

BACKGROUND:

The Wales Audit Office Structured Assessment 2017 stated the following recommendations in relation to Cardiff and Vale UHB's Management of Risk:

The Health Board needs to strengthen its corporate risk assurance framework (CRAF) by:

- Mapping risks to the Health Board's strategic objectives;
- Reviewing the required assurances;
- Improving clarity of risk descriptors; and
- Clarifying to the reader the date when risks are updated and/or added.

The required outcome was to ensure the UHB has a robust risk management system and Board Assurance Framework.

ASSESSMENT:

The attached Board Assurance Framework has been developed by the Director of Corporate Governance and Executive Directors after discussion at Management Executive Team where the following risks were agreed as the main risks to the achievement of Cardiff and Vale's Objectives:

1. Workforce
2. Financial Sustainability
3. Sustainable Primary and Community Care
4. Safety and Regulatory Compliance
5. Sustainable Culture Change
6. Capital Assets (including Estates, IT and Medical Equipment)

The Board Assurance Framework should include the following:

- Strategic Objectives
- Principle risks that threaten the achievement of objectives
- Controls in place to manage/mitigate the principle risks
- Assurances on the controls in place
- Gaps in control
- Gaps in assurance
- Actions to address the gaps in control and assurance to enable objectives to be delivered.

In addition to the above the Head of Corporate Governance has been working over the last 12 months with Clinical Boards to develop and progress their risk registers to ensure consistency in the way risks are described, controls which are in place and assurance on those controls evidenced. This work should be completed within the next 6 months at which point the highest risks (Corporately and from the Clinical Boards) will also be reported to the Board. This will enable the Board to not only see the principle risks to the achievement of strategic objectives but to also have oversight of key operational risks.

The next steps in ensuring that the organisation has robust risk management arrangements in place are to:

1. Ensure that the work on the Corporate and Clinical Board Risk Registers is completed within a timely manner and then reported to the Board alongside the Board Assurance Framework.
2. Assess the organisation's 'Risk Appetite' - this will be undertaken with the Management Executive and then presented to the Board by the end of the financial year.
3. Report the new process to the Audit Committee so the Committee can provide assurance to the Board.
4. Report individual risks upon the Board Assurance Framework to the relevant Committees of the Board to allow the Committees to undertake a more detailed review and then provide assurance to the Board.
5. Continue to develop and then update the Board Assurance Framework with Executive Directors to ensure it remains a dynamic and live document.

ASSURANCE is provided by:

- Discussion with individual Executive Directors and Management Executive Team

RECOMMENDATION: The Board is asked to:

- **NOTE** the report
- **APPROVE**
 - (i) The format of the Board Assurance Framework
 - (ii) The principle risks detailed within the Board Assurance Framework as those risks which could impact upon the delivery of Strategic Objectives.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

Sustainable development principle: 5 ways of working	Prevention	x	Long term	Integration	Collaboration	Involvement
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not Applicable					



BOARD ASSURANCE FRAMEWORK 2018/19

It is essential that Cardiff and Vale University Health Board is aware of the major risks which could impact upon the delivery of Strategic Objectives as set out in Shaping Our Future Wellbeing.

Strategic Objectives

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

Principle Risks

Risk	Gross Risk	Net Risk	Target Risk	Context	Executive Lead	Committee
1. Workforce	25	15	10	Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of Workforce and OD	Strategy and Delivery Committee
2. Financial Sustainability	25	15	10	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future.	Executive Director of Finance	Finance Committee

3. Sustainable Primary and Community Care	20	15	10	The strategy of “Care closer to home” is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.	Chief Operating Officer	Strategy and Delivery Committee
4. Safety and Regulatory Compliance	16	12	8	Patient safety and compliance with regulatory standards should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	Executive Nurse Director	Quality, Safety and Experience
5. Sustainable Culture Change	16	12	8	In line with UHB’s Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which is building upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of Workforce and OD	Strategy and Delivery Committee
6. Capital Assets (Estates, IT Infrastructure, Medical Devices)	25	20	10	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.	Executive Director of Strategic Planning, Deputy Chief Executive, Executive Director of Therapies and Health Science	Strategy and Delivery Committee, IG & T Committee, Quality, Safety and Experience Committee

1. Workforce

Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff.

Risk Date added: 12.11.2018	There is a risk that the organisation will not be able to recruit and retain a clinical workforce to deliver high quality care for the population of Cardiff and the Vale		
Cause	Increased vacancies in substantive clinical workforce Requirements of the Nurse Staffing Act and BAPM Standards Ageing workforce Insufficient supply of Nurses at UK national level High nurse turnover in some specialties Insufficient supply of Doctors in certain specialties at UK national level (e.g., A&E, Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery, Paediatric Surgery) Changes to Junior Doctor Training Rotations (Deanery)		
Impact	Increase in agency and locum usage Increase in costs of using agency and locum Impact on quality of care provided to the population Rates above Welsh Government Cap (Medical staff) Low Staff moral Poor attendance at statutory and mandatory Training Potentially inadequate levels of staffing		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Project 95% Nurse Recruitment and Retention Programme Medical international recruitment strategies (including MTI) Recruitment campaign through social media with strong branding Job of the week Staff engagement with recruitment drive Programme of talent management and succession planning Values based recruitment		
Current Assurances	Workforce metrics reported to Strategy and Delivery Committee High conversion rates from media campaign and Open Day Highest percentage of students in Wales applied to Cardiff and Vale UHB (23.2%) Nurse monitoring at Nurse Productivity Group (NPG) Medical monitoring at Medical Workforce Advisory Group (MWAG)		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	Continuation of Open days uncertain Plan for recruitment of overseas staff		
Gap in Assurances	Trajectory showing net vacancies in nursing		

Actions			Lead	By when
1. Trajectory to be developed showing recruitment and when numbers arrive plus leavers providing a net effect			RW/MD	31/12/2018
2. Plan for overseas recruitment of nursing staff to be developed			MD	31/03/2019
3. Plan to be developed for continuation of social media campaign and open day			MD/JB	31/03/2019
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)	

2. Financial Sustainability

Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing Prudent Healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future.

Risk Date added: 12.11.2018	There is a risk that the organisation will not be able to deliver its ambition within the financial resources available		
Cause	Budgets overspent (five Clinical Boards currently in escalation) Cost Improvement Programme not yet met in all areas Increasing spend on agency nursing Reduction in income received		
Impact	Unable to deliver balanced plan No £10m recurrent funding from Welsh Government Reputational Loss Remain in Targeted Intervention or Special Measures Turnaround		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Full savings programme and financial improvement plan in place Finance Committee meets monthly and formally reports into the Board Performance Meetings held monthly with Clinical Boards Financial performance is a standing agenda item on Management Executives Meeting Standing Financial Instructions in place with clear delegations of authority		
Current Assurances	Performance Meeting outcomes reported monthly to Management Executives Clinical Boards placed in escalation where not meeting budget and CIP target and no assurance to demonstrate recovery (currently 5 Clinical Boards) Finance report presented to every Board Meeting demonstrating progress and reporting variances		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)
Gap in Controls	No gaps currently identified.		
Gap in Assurances	Recovery plans from overspending Clinical Boards		
Actions		Lead	By when
	1. Set a balanced deliverable plan for 2019/20	RC	31/01/2019
	2. Overspending Clinical Boards to provide robust recovery plans	SC	31/12/2018
	3. Identification of further opportunities to eliminate underlying deficit – transformation, efficiency framework, clinical variation and waste, value based healthcare.	Exec Directors	31/01/2019
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

3. Sustainable Primary and Community Care

The strategy of "Care closer to home" is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.

Risk Date added: 12.11.2018	The risk of losing resilience in the existing service and not building the capacity or the capability of service provision in the Primary or Community care setting to provide the necessary preventative and responsive services.		
Cause	Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75Years age bracket. GP's being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team. Co-ordination of Health and Social Care across the communities so that a joined up response is provided and that the patient gets the right care. Poor consistency in referral pathways, and in care in the community leading to significant variation in practice. Practice closures and satellite practice closures reducing access for patients. Lack of development of a multidisciplinary response to Primary Care need.		
Impact	Long waiting times for patients to access a GP Referrals to hospital because there are no other options Patients turning up in ED because they cannot get the care they need in Primary or Community care. Poor morale of Primary and Community staff leading to poor uptake of innovative solutions Stand offs between Clinical Board and Primary care about what can be safely done in the community Impact reinforces cause by effecting ability to recruit		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (red)
Current Controls	Me, My Home , My Community Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care. Development of Primary Care Support Team Contractual negotiations allowing GP Practices to close to new patients		
Current Assurances	Improved access and response to GP out of hours service Sustainability and assurance summary developed to RAG rate practices and inform action Three workshops held to develop way forward with engagement of wider GP body in developing future models		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (red)
Gap in Controls	Actively scale up multidisciplinary teams to ensure capacity Achieving scale in developing joint Primary/Secondary Care patient pathways Recruitment strategies to sustain and improve GP availability and develop multidisciplinary solutions		
Gap in Assurances	No gaps currently identified.		

Actions		Lead	By when
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.		SH	31/03/2019
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's		SC	Commencing by 31/01/2019
3. Roll out digital solutions for smart working (join up system – Vision 360 degree)		SH	31/03/2020
4. Development of recruitment strategies for GP and non GP service solutions		MD	Ongoing
5. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs		SH	30/09/2019
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

4. Safety and Regulatory Compliance

Patient safety and compliance with regulatory standards should be above all else for the Cardiff and Vale University Health Board.

Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and feedback. Undertaking a high quality level of investigation to identify the root causes. Implementing solutions to minimise/mitigate the risk of them recurring.

Risk Date added: 12.11.2018	There is a risk that systems of safety and regulatory compliance are potentially not as robust as they could be and this has been demonstrated by the HTA Review, poor decontamination systems and the commissioning of services outside the Health Board which were not of a high quality.		
Cause	Non-compliance with regulatory or statutory requirements Non-compliance with effective decontamination processes to support the delivery of high quality patient care Appointment of contractor without required quality checks being in place to ensure service delivered was of a high standard		
Impact	Harm and distress caused to patients and their families Reputational damage to the Health Board Increase in clinical claims Financial consequences		
Impact Score: 4	Likelihood Score:4	Gross Risk Score:	16 (Extreme)
Current Controls	Human Tissue Act HTA Licencing Standards Statutory Designated Individual in post Clinical Board QSE arrangements; CD&T – regulatory compliance group Quality, Safety and Experience Committee in place supported by robust governance and reporting structure Office of Professional Leadership shares responsibility for Quality Agenda (Medical Director, Executive Nurse Director, Executive Director of Therapies and Health Science) Quality and Safety Team Patient Experience Team Health and Care Standards Decontamination and reusable devices procedure in place Decontamination Group Weekly Executive led concerns/claims and serious incidents meeting Monitoring of ongoing investigations Quality control system that triangulates areas of concern		
Current Assurances	Annual Report to Quality, Safety and Effectiveness Committee on key quality and safety areas External accreditation processes Monitoring of incident trends, noise in the system or any concerns arising from inspections Heath and Care Standard Self-Assessment undertaken on key areas and reported into the Quality , Safety and Experience Committee Internal Audit reviews on quality and safety		
Impact Score: 4	Likelihood Score:3	Net Risk Score:	12 (High)

Gap in Controls	Lack of central decontamination Unit Lack of robust QSE criteria/monitoring in procurement and commissioning processes Capacity of the Patient Safety and Patient Experience team to enable more proactive approach to quality improvement and data analysis		
Gap in Assurances	Robust ongoing monitoring and assurance reporting on historical areas of concern Internal audit programme needs to be more closely aligned to areas of greatest risk		
Actions		Lead	By when
	1. Discuss and agree a way forward in relation to central decontamination unit	RW / FJ	31/12/2018
	2. Review of procurement and commissioning processes to be undertaken to ensure that robust quality, safety and experience criteria and included	RW/ RC	31/03/2019
	3. Review of capacity of Patient Safety and Patient Experience Team to be undertaken	RW	31/03/2018
Impact Score: 4	Likelihood Score:2	Target Risk Score:	8 (High)

5. Leading Sustainable Culture Change

In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which is building upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	Current climate within the organisation is high in bureaucracy and low in trust. Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition. Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB.		
Impact	Staff morale may decrease Increase in absenteeism Difficulty in retaining staff Transformation of services may not happen due to staff reluctance to drive the change through improvement work. Patient experience ultimately affected.		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)
Current Controls	Values and behaviours Framework in place Task and Finish Group weekly meeting Cardiff and Vale Transformation story and narrative Leadership and Management Development Programme Programme of talent management and succession planning Values based recruitment Staff survey results and actions taken – led by an Executive (WOD) Patient experience score cards CEO sponsorship for the Values and behaviours (culture) enabler. Executive Director of WOD highly engaged with this enabler		
Current Assurances	Transformation activity reported to monthly to Management Executives, HSMB and Strategy and Delivery and Board. Engagement of staff side through the Local partnership Forum (LPF)		
Impact Score: 4	Likelihood Score: 3	Net Risk Score:	12 (High)
Gap in Controls	Lack of resources allocated to the culture change agenda.		
Gap in Assurances	Outcomes to measure culture are not explicit due to other factors influencing this enabler.		

Actions			Lead	By when
1. An experiential leadership suite of programmes to be launched in 2019			MD / RG	31/05/2019
2. Tier 1, 2 and 3 leaders within the UHB to undertake a leadership programme looking at styles and the climate we work in.			MD/RG	To commence by 31/03/2019
3. A staff survey task and finish group established (led by Executive Director of WOD) with representation of staff and staff side to action a delivery plan in response to the survey.			MD	30/11/2018
Impact Score: 4	Likelihood Score: 2	Target Risk Score:	8 (High)	

6. Capital Assets (Estates, IT Infrastructure, Medical Devices)

The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.

Risk Date added: 12.11.2018	The condition and suitability of the estate, IT and Medical Equipment impacts on the delivery of safe, effective and prudent health care.		
Cause	Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B. Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised. Lack of investment in IT also means that opportunities to provide services in new ways are not always possible and core infrastructure upgrading is behind schedule. Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement		
Impact	The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs. Service provision is regularly interrupted by estates issues and failures. Patient experience is sometimes adversely impacted. IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating. The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. IT SOP sets out priorities for next 5 years, to be reviewed in early 2019 Medical equipment WAO audit action plan to ensure clinical boards manage medical equipment risks The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP, with regular oversight of the programme of discretionary and major capital programmes.		
Current Assurances	The estates and capital team has a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues. Work is starting on the business case to secure funding to enable a UHW replacement to be build. The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised. The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks.		

IT risk register regularly updated and shared with NWIS.
Health Care Standard completed annually

Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group, health care standard completed annually.

Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the 3 services. In year requirements further impact and require the annual capital programme to be funded by capital to be re-prioritised regularly.		
Gap in Assurances	The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used. Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year		
Actions		Lead	By when
1. Progress implementation on the estates strategic plan		AH	Ongoing
2. Separate discussion with WG Director of Strategy to ensure shared understanding of risks and plans		AH	31/12/2018
3. Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee		AH	Ongoing
4. Review of IT SOP to be undertaken		SH	31/03/2019
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

REPORT TITLE:	The Nurse Staffing Levels for Adult Medical and Surgical Wards following the bi-annual calculation					
MEETING:	UHB Board				MEETING DATE:	29/11/2018
STATUS:	For Discussion		For Assurance	✓	For Approval	✓ For Information
LEAD EXECUTIVE:	Executive Nurse Director					
REPORT AUTHOR:	Deputy Executive Nurse Director					
PURPOSE OF REPORT:	To update the Board following the second cycle of Nurse Staffing Calculation.					

SITUATION:

The Nurse Staffing Levels (Wales) Act [2016] became law in March 2016. The Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they are providing sufficient nurses to allow the nurses time to care for patients sensitively. Section 25A of the Act relates to the Health Boards overarching responsibility which came into effect in April 2017, requiring Health Boards to ensure they had robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations.

The Nurse Staffing Levels (Wales) Act [2016] requires the Board to designate a person to be responsible for calculating the nurse staffing level in settings where section 25B of the Act applies. 25B requires health boards/trusts to calculate and take reasonable steps to maintain the nurse staffing level in all adult acute medical and surgical wards. The first iteration of this method to determine nurse staffing levels, in line with 25(b) took place in April 2018 and a paper was taken to Board to agree the staffing levels for each acute adult medical and surgical ward. However to reflect the principles of the Act which states that the UHB is responsible for providing sufficient nurses to care for patients sensitively, the UHB decided to review all other in-patient and community areas at the time. Following the latest six monthly acuity audit (June 2018) on acute medical and surgical wards the nurse staffing levels have been re calculated in September 2018.

REPORT:

BACKGROUND:

The Nurse Staffing Level (Wales) Act [2016] became law in Wales in March 2016. The Act requires health service bodies to make provision for an appropriate nurse staffing level wherever nursing services are provided, and to ensure that they are providing sufficient nurses to allow them time to care for patients sensitively. This requirement extends to anywhere NHS Wales provides or commissions a third party to provide nurses.

Section 25D of the Act sets out the requirement of Ministers to provide statutory guidance to NHS Trusts. This Statutory Guidance was released on 2 November 2017 and the Health Board

has contributed the development of supporting Operational Guidance which was made available late March 2018. These documents have informed the programme of work going forward.

The responsibility for meeting the requirements of the Act applies to staff at all levels from the Ward/team to the Board, with the Board and Chief Executive Officer being ultimately responsible for ensuring the health board's/trust's compliance with the Act. Responsibility is delegated to officers to undertake specific functions detailed within the Act on the Board's behalf and to provide advice and assurance. The Statutory Guidance issued by Welsh Government (2017) and the Operational Guidance (2018) provide a detailed guide to support Health Boards in the implementation of the Act.

ASSESSMENT AND ASSURANCE:

Evidence of Compliance under section 25A

The Statutory Guidance for the Act requires the Board to determine the nurse staffing levels for acute medical and surgical wards bi-annually. However, the Health Board also has an overarching duty to provide sufficient nurses to care for patient sensitively. This duty applies to all areas that provide a nursing service included commissioned services. The Executive Nurse Director has determined that a review of nurse staffing levels across all clinical areas in line with the requirement in Section 25A will provide assurance that the principles behind the Act are considered. Appendix 1 describes the standards and evidence that have been considered in determining the number of nurses required across the Health Board. This is the second time the nurse staffing levels have been reviewed under section 25(a) within the UHB.

The process of signing off these establishments have been agreed by the nursing management structure from the Ward Sister/ Charge Nurse to the Director of Nursing for the Clinical Board and includes the Directors of Operations, Head of Finance and Head of Workforce from each Clinical Board.

The Clinical Boards and Executive Nurse Director have agreed establishments that they consider will meet all reasonable requirements. However the Board should take note of exceptions:

The Mental Health Clinical Board management team and therefore, the Executive Nurse Director have been able to sign off all the nursing establishments for this area as they remain non-compliant with section 25(a) of the Act as the professional and service requirements do not meet the financial envelope. This Clinical Board currently has a nursing overspend. This has occurred, to ensure they maintain safety in clinical environments. The Clinical Board reviews staffing levels on a day to day basis by:

- Formal review of rosters every morning
- Out-of-hours requests managed by silver manager on call
- Shift coordinators move staff around on a daily basis
- Use of temporary staffing when required

The Mental Health Clinical Board provided assurances to the Strategy and Delivery Committee earlier this month that they are looking to address these issues in line with the IMTP processes over the next few years.

The UHB is currently looking at the infrastructure to identify how we can move forward with the lead Director for commissioned services to ensure compliance with Section 25A.

Identify wards under section 25b

Sections 25B and 25C require Health Boards to calculate the nurses staffing levels using a prescribed method of calculation. Wards included in this section of the Act are currently acute adult medicine and surgery ward. This is defined as an area where patients aged 18 or over receive active treatment for an acute injury or illness requiring either planned or urgent surgery or medical intervention, provided by or under the supervision of a consultant surgeon/ physician. Patients are deemed to be receiving active treatment if they are undergoing intervention(s) prescribed by the consultant, and/or their team, and/or advance practitioners for their acute injury or illness. The Statutory Guidance includes a detailed list of exclusions.

Taking those exclusions into consideration the wards therefore included in Section 25B&C of the Act are:

Table 1: Wards included in Section 25B and 25C by Clinical Board

Clinical Board	Wards Included Within Section 25B and 25C
Specialist Services	B5, T5, B4H, TCT, C4, B4N, C3/CCU, C5, B1, T4
Medicine	A1, A4, A6S, B7,A7, C6, C7S, East 1, East 2, East 6, East 7, East 4 Gwenwyn, CFU, West 6, West 1
Surgery	B6, Anwen, Heulwen, Duthie, A2, B2, A1 link, CAVOC, A5H&N, West 4, A6N, A5 Urology, A3 Link
Children and Women	C1

Background to actions taken by the Health Board since last report taken to Board (e.g. where there has been a change to the staffing level and rationale)

In June 2018 the UHB undertook the second acuity audit of acute adult medical and surgical wards. Following this the Clinical Boards have carried out a review of the establishments required to support the clinical wards. A triangulated approach is used for calculating the nurse staffing levels on acute medical and surgical wards, utilising three sources of information. The information triangulated is both qualitative and quantitative in nature and must include:

- **Professional judgement** – the Clinical Board Nurse Director in conjunction with the Ward Sister/Charge Nurse and Lead and Senior Nurses should use their knowledge of the clinical area to inform the levels of nurse staffing. The Operational Guidance provides detailed descriptions defining professional judgment. Included in this description is a suggestion that data on compliance with mandatory training, vacancy and sickness rates, temporary staffing usage, bed occupancy and student feedback may be of use in supporting this aspect.
- **Patient acuity** - use the prescribed evidence-based workforce planning tool to understand the level of acuity and activity that can influence nurse staffing numbers. The tool used to determine the acuity of each patient is the Welsh Levels of Care.

- **Quality indicators** – there should be consideration of quality indicators that are particularly sensitive to care provided by a nurse as part of the calculation. To reduce the burden of measurement, quality indicators that have an established data source have been detailed as a minimum data set within the Act and Statutory guidance. The indicators are:
 - **Patient falls** - any fall that a patient has experienced whilst on the ward;
 - **Pressure ulcers** - total number of hospital acquired pressure ulcers judged to have developed while a patient on the ward; and
 - **Medication errors** - any error in the preparation, administration or omission of medication by nursing staff (this includes medication related never events).

A record of this process is documented for each clinical area using an All Wales Recording Template (Appendix 2). These records detail the overall findings of the workforce planning tool, any evidence from the quality indicators for that recording period and a summary of the professional judgement of the team. The areas of responsibility in the sign off of the nurse staffing levels in wards where Section 25B&C apply are represented below and ensure that the professional opinions across the service are considered.

For this iteration, a small number of wards have changed their skill mix based on the recording of acuity and professional judgement of the nursing team. This provides assurance that a dialogue between the key stakeholders is effective in determining the right people with the right skills are in place. These wards include:

- A4 - this is a FOPAL ward similar to C6, at last staffing review C6 skill mix was reviewed to enable a RN coordinator to support indirect care co-ordination and discharge support. This required an increase to RN skill mix on an early 5 days a week. The weekend activity is felt to be less, therefore, RN reduced by day and night, back fill HCSW.

Following review and triangulation of data, Ward Sister A4 feels there is greater benefit to assist with the efficient running of the ward to also adopt this skill mix and ward routine.

- B7 –The Ward Sister and Lead Nurse on review of the previous establishment felt that the establishment should change. Following review and triangulation of data, it was noted that there was a high level of acuity and high level of transfer in and out of the ward. The Ward Sister requests additional RN per shift. This was supported by the Clinical Board.
- East 6 - this is a FOPAL ward similar to C6, at this review of establishment a skill mix was identified to enable a RN co-ordinator to support indirect care co-ordination and discharge support. This required an increase to RN skill mix on an early 5 days a week. The weekend activity is felt to be less, therefore, RN reduced by day and night, back fill HCSW.
- B1 – 5 beds that were previously closed on weekends have now been open 7 days per week to include increased cardiology capacity. This has been funded from WHSSC.
- C5 – This establishment has increased due to thoracic business case, to include day of surgery admission and enhanced recovery. This has been funded from WHSSC.
- Duthie – since the last Board report, 6 extra beds have been opened in line with the refurbishment plan.

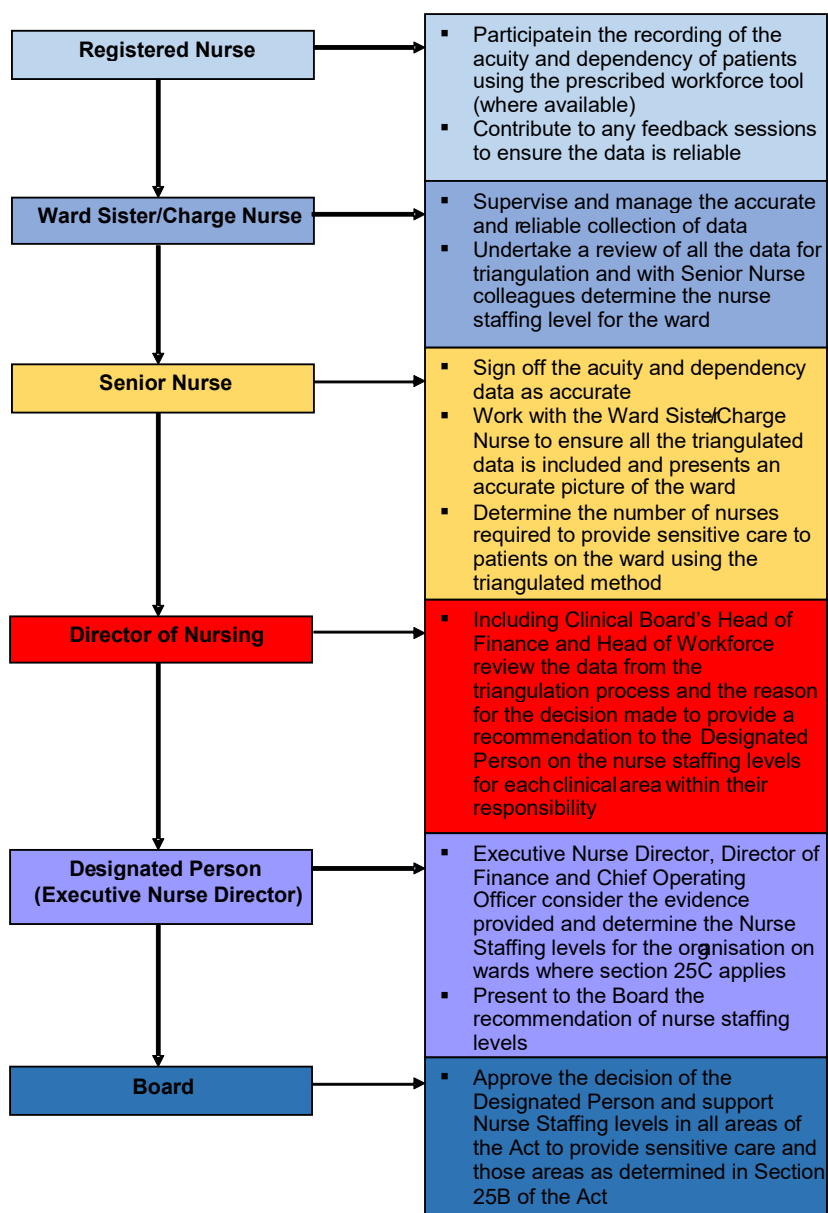
- A2 - Since the last Board report, there has been a change in the establishment due to reduction in beds from 38 to 19. In the next 6 months we will not have an establishment for Heulwen ward, because A2 will return to 38 beds and Duthie will return to 18 beds.

Evidence of professional opinions from those involved in the process.

Cardiff & Vale UHB has a clear sight of vision of professionals that have been involved in the process of nurse staffing calculation. The below diagram describes how we have engaged staff in setting the establishments.

Table 2 represents the professional structure and responsibilities:

Sign-off Process - Areas of Responsibility for individuals



Nurse staffing level following the bi annual calculation

Appendix 2 outlines the Nurse Staffing Levels for all areas within the UHB applicable to Section 25(b)(c) of the Act. These nurse establishment calculations have been determined by the professional judgement of the Ward Sister/Charge Nurse and Senior Nurse team and agreed by the Executive Nurse Director. An uplift of 26.9% has been applied to the required establishment. Following the determination of the establishment the agreed roster does include the one Whole Time Equivalent (WTE) Ward Sister who is in a supervisory role.

Evidence of actions taken to maintain staffing levels (this section may also include information re vacancies, recruitment and retention)

The Health Board has a daily operational briefing where the Senior and Lead Nurses and operational staff meet to discuss the staffing arrangements across ward areas. This meeting looks at all reasonable steps to fulfil its statutory duty to maintain nursing staffing levels. This includes moving staff from one area to another; ensuring the statutory requirements laid out in 25A of the Act are duly considered. The usage of temporary staffing including those from agencies is organised and operational factors such as patient flow and acuity are considered. The decisions made in this meeting are emailed to the Executive Nurse Director and Deputy Executive Nurse Director where any immediate concerns can be escalated. A status update for the 24 hour period is provided by the Clinical Boards in the afternoon. In addition Senior Nurses are a visible presence on the wards/clinical teams managing the risk according to the professional judgement of the nurse in charge and the changing patient acuity of the ward areas.

Out of hours the Health Board has a robust process of site practitioners, senior managers and executives on call to ensure all reasonable steps are undertaken to maintain nurse staffing numbers and patient flow. Senior Nurses covering the sites over the weekend receive staffing numbers and 'walk the wards' resolving any issues. Any concerns are again escalated to the senior manager on call and where necessary the senior executive on call.

Led by the Director of Workforce, the Project 95% Group aims to:

- Ensure adequate supply of the appropriately skilled nursing workforce to meet current and future service needs
- Establish a sustainable nursing workforce

Some of the actions include:

- A Retention Workshop
- Survey Monkeys that are being carried out to ascertain reasons by people are leaving and reasons people may not wish to return to work at this Health Board
- Involvement in an "Itchy Feet" program which gives data on why people are leaving
- Having 'Stay' discussions including asking the question, why are you thinking of leaving
- Processes for internal transfers are being reviewed to make it easier for staff to move around the organisation
- 'Retire and Return' is being encouraged
- Development of Adaptation Programme - Cohort commenced October 2018

Vacancy rates remain off the 95% target (table 2) but recruitment events have been held to

manage this issue. In addition the Temporary Staffing Department is working with the Learning, Education and Development Department to ensure Return to Practice nurses work on the Bank.

Table 3 Vacancy Rates by Clinical Board

Clinical Board	Band 5 vacancies
Specialist Services	25.75
Surgery	77.45
Medicine	106.58
Children and Women	27.53

In terms of the recruitment of newly qualified nurses 'student streamlining' is now in place, the aim of this initiative is to ensure that nurse educated in Wales stay in Wales. Cardiff and Vale has now had two showcase events with Health Board and individual Clinical Boards branding central to the events:

- **UHB** a film about working for Cardiff and Vale is on social media and on our home page.
- **Critical Care** has the 'We are Critical Care' video that has been watched and shared over 10,000 times and has resulted in many band 5/6 positions being filled.
- **Surgery** has a 'Love Surgery' campaign, and a recent recruitment day resulted in approx. thirteen new staff to surgery and theatres.
- **Medicine** recruitment campaign is 'missing piece of the puzzle' they are using #MCB and Making Care Better.

The Nursing Productivity Group led by the Executive Nurse Director aims to:

- **Reduce nurse Specialling** – allow increased volume of nurses to be utilised across the UHB.
- **Hold the switch-off of HCSW agencies** – to ensure a higher volume of reliable bank workers to be available to work across the organisation and encourage nurses to migrate to the bank.
- **Hold the position of no use of off-contract agencies** - to ensure an increased availability of lower cost agency workers to improve continuity of care and encourage nurses to work on the bank.
- **Improve efficiency of Bank office utilisation** – allow bank office staff to be available to improve shift fill rate. Improved technology to allow more bank staff to fill shifts.
- **Ensure Efficient roster planning**
- **Development work for Nurse Foundation Programme** - pathway (this is an important programme to support new Band 5 nurses in their transition from student to qualified member of the team)
- **Career Clinics for Nurses** – to ensure effective career discussions with nurses to prevent migration out of organization.

Means of informing patients

The Health Board informs patients of the nurse staffing levels and date of agreement on

information boards at the entrance to wards. The All Wales Template is used and this complies with Welsh Language requirements. The staffing levels for that day are displayed inside the ward area.

Resource implications including financial costings

There is no change to the financial plan from the last staffing calculations. The Mental Health Clinical Board will address the shortfall in financial allocation to inpatient areas as part of the IMTP process should be reminded that if all staff were in post, nursing would not be overspent.

RECOMMENDATION:

The Board is asked to **APPROVE** the latest iteration of the nursing establishments for June 2018 in compliance with requirements of the Nurse Staffing Levels (Wales) Act [2016] and **NOTE** progress towards compliance in areas noted to require ongoing actions.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

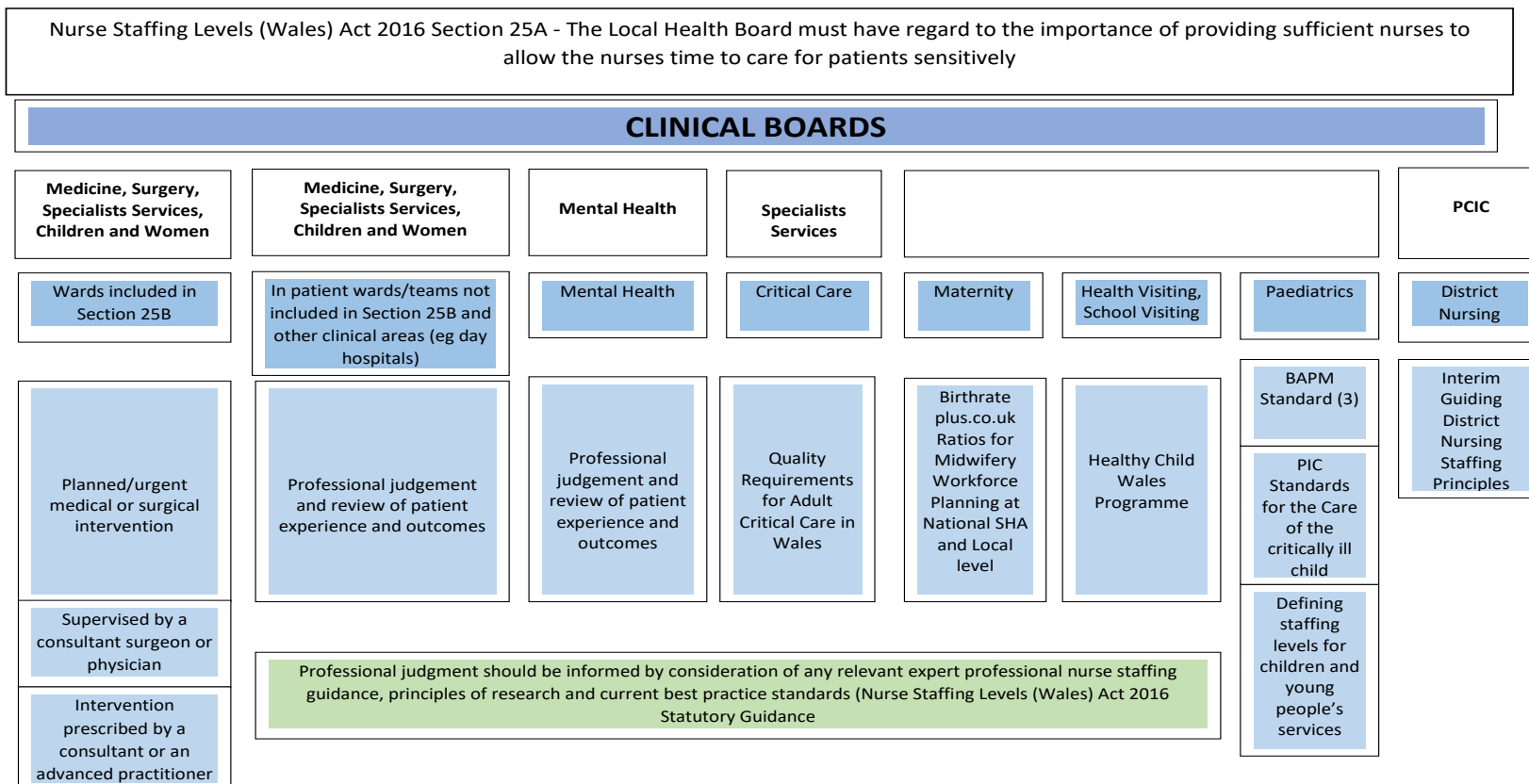
1.Reduce health inequalities		6.Have a planned care system where demand and capacity are in balance	
2.Deliver outcomes that matter to people		7.Be a great place to work and learn	
3.All take responsibility for improving our health and wellbeing		8.Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4.Offer services that deliver the population health our citizens are entitled to expect	✓	9.Reduce harm, waste and variation sustainably making best use of the resources available to us	
5.Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10.Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
Sustainable development principle: 5 ways of working	Prevention	✓ Long term	✓ Integration
		Collaboration	Involvement
			✓
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	N/A		



APPENDIX 1

Compliance with Section 25A

The **Nurse Staffing Levels Wales (Act) 2016** places a duty on Health Boards to provide sufficient nurses to allow nurses to care for patient sensitively. In specific circumstances the Act requires the Health Board to undertake a method of calculation defined within the Act. The determination of nurse staffing numbers outside of those areas is undertaken with reference to guidelines and professional judgement and is described below:



APPENDIX 2

Summary of Nurse Staffing Levels



Staff Nyrso
Nurse Staffing

Health board/trust:	Cardiff and Vale University Health Board			
Period reviewed:	April 2018 to September 2018			
Number of adult acute medical and surgical inpatient wards where section 25B applies:	Site: University Hospital of Wales (UHW)			
	Medical	Surgical	Specialist	Children and Women
	7	10	10	1

Nurse staffing level per ward where section 25B applies (*)	RN (wte)	HCSW (wte)	TOTAL (wte)
A1	29.70	17.06	47.76
A4	28.43	17.06	46.49
A6 South	15.24	11.37	27.61
A7	25.58	19.90	46.48
B7	25.58	17.06	43.64
C6	25.79	20.71	47.50
C7 South	13.70	8.52	22.72
A1 Link	21.92	8.62	30.54
A2	30.51	16.95	47.46
A3 Link	21.10	8.62	29.72
A5 Head and Neck	15.74	8.62	24.36
A5 Urology	15.74	8.62	24.36
B2	28.99	15.38	44.37
B6	27.94	17.23	45.17

Nurse staffing level per ward where section 25B applies (*)	RN (wte)	HCSW (wte)	TOTAL (wte)
A6N	19.51	14.36	33.87
Duthie	16.64	8.62	25.26
Heulwen	18.23	5.74	23.97
B1	29.89	10.56	40.45
B4H	40.65	16.99	57.64
B4N	30.66	19.90	50.50
B5	29.89	18.32	48.20
C3/CCU	34.96	9.54	44.50
C4	18.50	20.41	38.91
C5	31.93	8.53	40.45
T4	38.37	8.53	46.90
T5	30.70	13.64	44.30
TCT	21.31	5.69	27.00
C1	22.08	12.64	34.72

Board/Executive level Authorisation	Designated person	Name & signature	Director of Operations	Name & signature	Director of Finance	Name & signature		

**Date presented to
the Board by
designated person**

Date, name, title and signature of
designated person

(*) Points to consider:
Uplift of 26% has be included applied to RN and HCSW wte, to cover staff absences
1wte ward sisters/charge nurse and managers are supernumerary and has been added

Summary of Nurse Staffing Levels



Staff Nysio
Nurse Staffing

Health board/trust:	Cardiff and Vale University Health Board	
Period reviewed:	April 2018 to September 2018	
Number of adult acute medical and surgical inpatient wards where section 25B applies:	Site: University Hospital Llandough (UHL)	
	Medical	Surgical
	Number 9	Number 4

Nurse staffing level per ward where section 25B applies (*)	RN (wte)	HCSW (wte)	TOTAL (wte)
East 1	16.67	5.56	23.23
East 2	22.74	14.21	37.95
East 4	19.89	17.06	37.95
East 6	19.89	17.06	37.95
East 7	19.89	17.06	37.95
West 1	19.90	14.21	35.11
West 6	19.90	14.21	35.11
Cystic Fibrosis Unit	11.11	2.78	14.89
Gwenwyn	10.51	2.78	14.29

Nurse staffing level per ward where section 25B applies (*)	RN (wte)	HCSW (wte)	TOTAL (wte)
Anwen	7.75	4.84	12.59
CAVOC	38.67	14.36	53.03
West 4	15.83	11.49	27.32
West 5	21.11	9.63	30.74

Board/Executive level Authorisation	Designated person	Name & signature	Director of Operations	Name & signature	Director of Finance	Name & signature		

Date presented to the Board by designated person	Date, name, title and signature of designated person

(*) Points to consider:
Uplift of 26% has been included applied to RN and HCSW wte, to cover staff absences
1wte ward sisters/charge nurse and managers are supernumerary and has been added

REPORT TITLE:	Childs’ Rights Approach in Cardiff and Vale University Health Board and Cardiff and Vale of Glamorgan Public Service Boards										
MEETING:	UHB Board						MEETING DATE:	29/11/18			
STATUS:	For Discussion		For Assurance		For Approval	X	For Information				
LEAD EXECUTIVE:	Executive Director of Public Health / Executive Director of Planning										
REPORT AUTHOR (TITLE):	Executive Director of Public Health										
PURPOSE OF REPORT:											

SITUATION:

The University Health Board (UHB) is in a good position to take forward a child's rights approach both internally and within Cardiff and Vale Public Service Boards (PSB), through the leadership and action led by the Children and Women Clinical Board. The UHB children and young people's health charter is presented here, together with the Child Friendly Cardiff Strategy 2018 – 2020.

REPORT:

BACKGROUND:

Unicef UK launched its programme *Child Friendly City and Communities* on 20th November with four local authorities – Cardiff, Aberdeen, Barnet and Newcastle. This programme is implemented across 24 countries and focuses on an approach where the voices, needs and rights of children are seen as an integral part of policies, services and decisions. The definition of a Child in this context is up to age 18.

As part of Cardiff PSB wellbeing plan, a Child Friendly City Steering group and Operational Group, led by the Director of Education in Cardiff Council, have prepared a Child Friendly Cardiff strategy for the period 2018 – 2020. The strategy has 5 goals with action areas sitting under each. Our Chair Maria Battle is the PSB champion for this child's rights approach. The strategy was launched on 20th November and subsequent work will take place around developing a delivery plan, working together with partners, the wider community, third sector and children and families.

In the Vale of Glamorgan (VoG), the PSB has agreed to work with the Children's Commissioner for Wales and to act as a demonstrator authority for child's rights, and to self-assess using a child's rights framework co-produced with the Well Being of Future Generations Commissioner. In requesting to work with VoG PSB the Children's Commissioner acknowledged the strong approach that individual organisations including the UHB, VoG Council and schools across the patch, and South Wales Police had already taken around children's rights.

The Children and Women Clinical Board has been developing a children's rights' approach for some time, and following a pledge at Wales' Annual Child Health Seminar in Summer 2018, has been developing a children and young people's health charter.

ASSESSMENT:

In developing our UHB children and young people's health charter, the Children and Women Clinical Board used many types of engagement with children and young people to gauge their views and assess needs. The Charter is in final draft form and is awaiting the finalisation of a children's logo. The Clinical Board is also in the process of setting up a Youth Advisory Board.

There are plans to develop UHB staff training, and progress is already being made on particular identified needs such as better pathways for teenagers in the Emergency Unit. Support will be required to extend the children's rights approach further across the UHB. This work sits under goals 1 and 2 of Cardiff's Child Friendly City Strategy, which focuses on organisational development and a child friendly workforce.

We have also led the framing of goal 5 within the strategy, which is a health specific goal. Based on issues that children and young people have identified and good development opportunities, we will focus on:

- Emotional and mental health and wellbeing support and services, and
- Improving opportunities for children and young people to be more active in their daily lives through active travel, and safe, open and green spaces for informal and formal play.

Cardiff's Child Friendly City Strategy is provided for information.

RECOMMENDATION:

The Board is asked to:

- **SUPPORT** the development and implementation of a children's rights approach in the UHB
- **APPROVE** the UHB's children and young people's health charter
- **SUPPORT** the implementation of Cardiff PSBs' Child Friendly City Strategy and Vale of Glamorgan PSB's self-assessment of a children's rights approach.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO 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											
5.Have an unplanned (emergency) care system that provides the right care, in the right place, first time					10.Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives											
Sustainable development principle: 5 ways of working		Prevention		X	Long term		X	Integration		X	Collaboration		X	Involvement		X
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:		No This work however will be for all children. Tackling inequalities will also be considered in the two focused areas of health-related work within Cardiff's child friendly city strategy.														





GIG
CYMRU
NHS
WALES

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

Children and young people's health charter

Our promise to you, we will:

Treat you with
respect and
kindness.

UNCRC Articles 2, 14

1

Give you
information in a
way you can
understand.

UNCRC Articles 13, 17

2

Give you choices
wherever
possible.

UNCRC Article 12

3

Keep ourselves up to date and
knowledgeable so we can give you
the best advice.

UNCRC Articles 6, 23, 24

4

Consider your
safety in
everything
we do.

UNCRC Article 19

5

Listen to you.

UNCRC Article 12

6

Ask you about
how you feel.

UNCRC Article 3

7

Tell you what
might happen
while we are
looking after you.

UNCRC Articles 13, 17

8

Involve you in
things which
concern you.

UNCRC Article 3

9

We will respect
your privacy.

UNCRC Article 16

10

Do our best to
get to know you
and what you
need.

UNCRC Articles 3, 12, 14

11

Tell you our
name and ask
what you would
like to be called.

UNCRC Article 3

12

Give you the
chance to have
your say.

UNCRC Article 12

13

Tell you how you
can complain or
compliment us.

UNCRC Article 12

14

space for children's
logo design



Child Friendly Cardiff Strategy 2018



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> Foreword

As a capital city Cardiff aspires to be a ‘child friendly city’ where all children and young people have an equal chance to thrive and reach their potential.

Many children and young people in Cardiff lead safe, happy, healthy lives and feel listened to and respected by the adults around them. However, despite significant effort by organisations working with children and young people, there remain further challenges to make rights a reality for all.

We recognise the importance of embedding a children’s rights approach across public services to deliver lasting solutions to complex problems. Removing the barriers that prevent some of our young people from making a successful transition into the world of work, delivering the best outcomes for children in our care and helping young people to live independently must be a priority for all.

This will require partners to work together to make a city where the voices, needs, priorities and rights of children and young people are at the heart of public policies, programmes and decisions.



Cllr Huw Thomas
Leader, Cardiff Council



Rose Melhuish – Child Friendly City, Children and Young People’s Advisory Board (Chair).



> Introduction

Cardiff is the first city in Wales to participate in Unicef UK's national Child Friendly Cities initiative. Our ambition is for Cardiff to be recognised as a Child Friendly City (CFC): a city with children and young people at its heart, where the rights of children and young people are respected by all, a great place to grow up.

We will work together to create a city where all children and young people can:

- Understand their rights and influence decisions that affect their lives.
- Experience equality of opportunity in all that they do.
- Be safe, respected and free from any form of discrimination or harm.
- Experience and share kindness in their everyday lives.
- Move around independently and safely and are able to enjoy the freedoms of the city.
- Have a great start in life and grow up healthy and cared for.
- Experience a high quality and inclusive education that prepares them for life.
- Easily access any information, advice or support that they may need, when they need it.
- Share in the success of the city in all its forms, whatever their background.



› Background

The Unicef Child Friendly Cities Initiative (CFCI) was launched in 1996 to respond to the challenge of realising the rights of children and young people in an increasingly urbanised world. It works by bringing together local people, public services and Unicef to create safe, inclusive and child-responsive cities and communities.

Local governments play an important role in enabling the most vulnerable groups living in their communities, including children and young people, to have their voice heard and participate in local decision making.

Cardiff Council and its partners have partnered with Unicef UK to embed a children's rights approach in the planning and delivery of public services for children and young people. The aim is to make children's rights integral to policy and practice which transform services, leading to improved outcomes in all aspects of children and young people's lives.

Public and Third sector services play a vital role in the lives of children and young people working to safeguard and nurture their wellbeing. Despite this, services are seldom designed around the experiences and voices of children and young people, in particular those in vulnerable situations. This can leave them in danger of becoming further marginalised.

By approaching children and young people as passive recipients defined by a set of needs rather than capable and resourceful individuals entitled to legally enshrined rights, services risk systematically excluding the group they aim to support. Wales has placed children's rights at the heart of policy and legislation including the Rights of Children and Young Persons (Wales) Measure 2011, the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015. All place responsibility on public services to contribute toward making children's rights a reality.



> Cardiff Today

Cardiff is the 10th largest city in the UK with a young, diverse and growing population. It has a long history of inward migration, with the Industrial Revolution providing a catalyst for significant population growth. Today the city continues to grow rapidly, attracting people to work and study. 74,155 children and young people live in Cardiff (2017) and account for a fifth of the total population (20.4%). Net migration into Cardiff is the highest in Wales and is proportionally comparable with other British core cities. A third of the school population now comes from a non-White British background.

Cardiff's total population is projected to grow by over 20% in the next 20 years – an increase of 73,000 people. Within this, the number of children and young people in Cardiff is projected to increase by 25%, an increase of 20,159.

Some wards of Cardiff have a particularly young population, with almost 30% of residents aged 17 or under. These tend to be some of the more deprived wards of the city.

Cardiff is already a good place for many of its children and young people to grow up. In particular, young people identify the city's good health services, its low crime, strong inclusive communities and the access to green spaces, sports, leisure and culture as some of the great things about living in the capital city of Wales.

Cardiff has a vibrant arts and culture scene including museums, live music venues and theatres as you would expect of a capital city. Cardiff's city centre has a spectrum of retail and leisure facilities alongside outstanding green open spaces and waterways. There are leisure centres, community centres and libraries across the city and sports teams for all ages and interests, from football and rugby to athletics and water sports.



Cardiff is home to three universities, attracting students from across the world. Performance in the city's school system has advanced significantly over recent years as GCSE outcomes continue to improve with 60.2% of pupils in Cardiff in 2017/18 achieving at least five A* to C grades, including Mathematics and English or Welsh.

However, not all children in Cardiff are able to participate in the life of the city. Although Cardiff is the commercial heart of the Welsh economy and contains many of the nation's most prosperous communities, the gap between rich and poor is too wide, and it is growing. Over a quarter of dependent children and young people under the age of 20 in the city are living in poverty, ranging from just 5.2% in Rhiwbina to almost half of those in Ely. In a Welsh context, Cardiff has one of the highest proportions of dependent children living in low income families.

If the 'Southern Arc' of Cardiff, from Ely in the West to Trowbridge in the East, was considered a single local authority area it would be the most deprived in Wales by a considerable margin. Poverty casts a long shadow over too many lives, particularly those of our young people. As is the case across Wales and in cities across Britain, there is a significant gap in educational outcomes between pupils from low-income families and those from more affluent backgrounds in Cardiff.

Children and young people living in the most deprived communities are also more likely to suffer poorer health outcomes today and demonstrate symptoms which point towards poor health in the future, such as obesity, low immunisation rates or poor dental health. They are also more likely to have feelings of isolation, be drawn into anti-social behaviour, offending or suffer the effects of crime. In some wards, nearly four times as many children have poor health compared to the least deprived areas of the city.

Children and young people from low-income families are also more likely to be at risk. The rates of children considered to be at risk, being placed on the child protection register, or taken into care, are significantly higher in the city's most deprived communities.

Across Cardiff, approximately 1,745 children and young people receive care and support from Children's Services (2.4 % of Cardiff's under 18 population). In June 2018 there were 866 Looked After Children and 249 children on the child protection register, who were not looked after. Data indicates that economic disadvantage can have an impact on the educational attainment of children and young people. In 2018, the end of primary phase (key stage 2), the gap in attainment between those entitled to free school meals and those who are not was 9.6 %. This gap widens through the education system, with the attainment gap increasing to 30.5 % at Key Stage 4 in 2018.



> What do children and young people say?

We know that children's rights play an important role in protecting some of the most vulnerable in society but for rights to have a positive impact, people have to gain an understanding of the concept of human rights.

Less than half of children and young people in Cardiff stated that they know about their rights. Family members and professionals in their lives are reported to lack knowledge and confidence around the subject of children's rights.

Reducing the gap in health and education outcomes can at times require additional support. Cardiff has a wide range of services well placed to work with children, young people and their families but a key message has been that gaining access to the right service, at the right time can be a challenge. This is further frustrated by the lack of opportunities to be meaningfully involved in shaping and designing those services as well as limited involvement in wider decision making across the city.

Children and young people have told us that the effects of modern day life mean they experience a wide range of issues around their emotional health and wellbeing. They have asked for improvements in prevention, early intervention and education on healthy lifestyles to address these issues. We know that there are increasing numbers of Looked After Children and those educated outside of main stream school which puts further pressure on services.

Environment and relationships have a profound impact on families. Children and young people report that there are too many cars and that they can often feel unsafe when cycling, scooting or playing in communities. They would like to see improvements in public transport and be able to freely move around the city.

Developing caring, positive relationships is important with many children stating they would like to spend more time with family and friends and that people should be kinder to each other as this makes them feel safe and happy.



> Cardiff Tomorrow: A Child Friendly Capital

Actions taken today will be felt for generations to come. It is therefore vital that children and young people are informed, given a voice and can help influence decisions about where they live, the services that they receive and the future development of the city.

This strategy outlines the approach that we will take to build a Child Friendly Cardiff.

It sets out a shared vision for the city and identifies a clear set of goals and actions that the Council and its partners will deliver together. By focusing on these five key goals, we aim to make a lasting difference in the areas that are a priority for children and young people. There will be a particular focus upon our most vulnerable children and young people, to ensure that we make rights a reality for all.



> A vision for a Child Friendly Cardiff

Cardiff is 'a great place to grow up'.

- A city with children and young people at its heart, where the voices, needs and rights of all children and young people are respected.
- A city where all children and young people, regardless of belief, ethnicity, background or wealth are safe, healthy, happy and able to share in the city's success.

> Principles

A Children's Rights Approach ensures that children and young people have meaningful opportunities to influence decisions about their lives.

We are committed to a Children's Rights Approach in Cardiff grounded in 7 principles:

1. Dignity

All children and young people are valued and respected citizens, treated with care and respect in all circumstances.

2. Interdependence and Indivisibility

All children and young people enjoy all of their rights all of the time because all rights are equally important.

3. Best interests

The best interests of children and young people are a top priority in all decisions and actions that affect them.

4. Participation

All children and young people are supported to freely express their opinion; they are both heard and listened to.

5. Non-discrimination

Every child and young person has an equal opportunity to make the most of their lives and talents, and none have to endure poor life chances because of discrimination.

6. Transparency and accountability

Strong relationships and meaningful and open dialogue between children and young people, professionals and local politicians make rights a reality.

7. Life, survival and development

Children and young people are supported by adults to enjoy opportunities, to be safe, healthy, grow and flourish.

> Goals

> GOAL 1

Every child and young person is valued, respected and treated fairly.

> GOAL 2

Every child and young person has their voice, needs and priorities heard and taken into account.

> GOAL 3

All children and young people grow up in a safe and supportive home.

> GOAL 4

All children and young people access high quality education that promotes their rights and helps them develop their skills and talents to the full.

> GOAL 5

Children have good physical, mental and emotional health and know how to stay healthy.

› GOAL 1

Every child and young person is valued, respected and treated fairly.

Leaders of public services in Cardiff champion the rights and priorities of children and young people and cooperate in endeavouring to ensure equality and fairness for all. We ensure that all children and young people are made aware of their rights. A systematic approach to child rights training and awareness raising is adopted using the UNCRC framework, with a particular focus placed on those working in our education, health and social care services.

Childhood is seen as important and is celebrated across the city. Children and young people are provided with accessible information and are able to take part in decisions that affect them.

Why this matters

Too many children and young people in Cardiff are still living in poverty and are not receiving the services or resources they need to be healthy, well-educated and to develop to the best of their abilities. These individuals are not receiving the human rights that they are entitled to under the UNCRC.

Many children and young people do not have the opportunities to develop their talents and potential, and face discrimination because of their background, or sometimes simply because they are deemed to be 'too young'. Too often, there is an intolerance of children and young people with negative stereotypes in local media and a risk of negative attitudes towards individuals that may be experiencing challenges in life through no fault of their own.

Adopting a children's rights approach will mean that organisations will prioritise rights in their work with children, young people and families to improve young lives.

A fundamental cultural shift is needed to develop a workforce knowledgeable and confident in applying a child rights approach when both designing and delivering services.





Plan of action

To achieve success Cardiff will:

- Develop our workforce through the delivery of an appropriate level of child rights training to all staff, managers and senior leaders in our respective organisations.
- Design and implement appropriate arrangements across our public services to enable children's rights, as defined in the UNCRC, to be embedded into policies, functions and ways of working. For example, Rights Charters or Schemes.
- Schedule opportunities to celebrate the importance of childhood and promote the importance children's rights through a wide range of communication platforms, local media and events.
- Provide children and young people with easily accessible information, across various channels, to enable them to make informed decisions and be active in city life.
- Carry out initial and on-going evaluation of levels of knowledge and understanding of children's rights amongst staff at all levels.
- Design and apply a unified approach to assessing the impact of policy and strategy decisions on children's rights.

Success measures

- Permanent mechanisms are established to enable children and young people to measurably influence decision-making.
- Regular events to bring together decision-makers, elected members and children and young people are established.
- The impact of decisions on children and young people is systematically assessed and evaluated.
- The vision of childhood is promoted and progress and impact of CFC programme is regularly reported through a Child Rights Report.
- Children, young people and wider community have access to platforms and media channels that share information about CFC programme and children's rights in a child friendly way.
- Effective children's rights training is delivered to the right people.

› GOAL 2

Every child and young person has their voice, needs and priorities heard and taken into account.

Children and young people have ready access to meaningful information and resources to enable them to take full advantage of their rights. Participation of children and young people in key policy and decision making processes is embedded within the working practices of the local authority and partner organisations.

Children and young people are instrumental in the design of the city and adult decision makers respect children and young people's knowledge, understanding and skills to meet their own needs now and in the future. Authorities and individuals become more accountable to children and young people for decisions, and for outcomes that affect their daily lives.

Why this matters

Too often, children and young people do not know they have rights which means they cannot take advantage of the rights they possess.

Despite being experts on their own lives, children and young people are often excluded from decisions that affect them. They are often powerless to hold to account decision-makers, or those responsible for services. Children's rights should be at the core of planning and service delivery and integrated into every aspect of decision-making. At its most basic this requires acknowledgement of the UNCRC as a framework for services impacting on children and young people.

Children's rights should guide decisions and actions which have a substantial impact on children and young people's daily lives in areas such as education, health or social care, but also in other areas such as planning, transport and the environment.





Plan of action

To achieve success Cardiff will:

- Develop the skills and capacity of children and young people to ensure they are able to meaningfully participate in strategic developments which affect their lives.
- Routinely provide opportunities for children and young people to actively participate in the design of services and the evaluation of their impact.
- Ensure that children and young people are empowered to hold organisations to account for the implementation of a child rights approach to service design and delivery.

Success measures

- Formal participation structures are adequately resourced including staff that are trained and experienced.
- Children and young people receive training and support to enable them to design and shape services.
- Children and young people are encouraged and supported to take part in meaningful opportunities to evaluate services and influence decision making.
- Ongoing training and support is in place for staff on how to sustain meaningful participation of children and young people.

› GOAL 3

All children and young people grow up in a safe and supportive home.

Children and young people grow, develop and achieve in safe environments, with supportive and stable homes. Vulnerable children and families are identified early and services collaborate to provide appropriate and timely support when required.

Where a child or young person is at risk, the council where necessary, will act as the corporate parents. Working with partners it will strive to ensure the same positive outcomes and childhood experiences for children in care that every good parent or carer would want for their own children.

Why this matters

The terms 'family' and 'belonging' are experienced in many different ways but what they have in common is people you love and who love you, the people you feel safe around, and the people you can count on to be there when you need them. Families have the most significant influence on children and young people and on their future lives. Outcomes for children and young people are best when they are supported to grow and achieve within their own families.

However there are occasions when many families will need support of some kind. Sometimes personal, family or economic changes can place the wellbeing of families and children under pressure. Most families are vulnerable at some stage, and some vulnerabilities can have long-term effects. It is particularly important for families and individuals to feel a sense of belonging to the place that they live including those who have recently arrived to the city from another country.

Local experience and national research highlights that effective parenting support improves parenting capacity. Whilst disadvantage is not a block to good parenting, other difficulties such as low levels of literacy and numeracy, and low confidence are obstacles. Identifying problems at an early stage, and delivering services to prevent these escalating is key. Early Intervention for families is not just about support for those with very young children, it also requires effective

and timely intervention for families with children of all ages to prevent issues escalating. When a child comes into care, the council becomes the Corporate Parent – the 'family'. The term 'Corporate Parent' means the collective responsibility of the Council, elected members, employees, and partner agencies, for providing the best possible care and safeguarding for the children who are looked after.

Children and young people experiencing or leaving care, often have many complex needs and risk facing disjointed service provision which can exacerbate the many challenges they face. The support these children and young people need cannot be delivered by any single profession or agency. It will have the most impact if designed and offered in the best interests of children, responding to their personal views and opinions.





Plan of action

To achieve success Cardiff will:

- Partners commit to work to a strengths based model of practice in preventative, wellbeing and child protection work with children and families
- Improve the wellbeing of children and young people who are, or have been in care by providing:
 - Robust channels and opportunities for their voices to be heard and listened to on issues that are important to them.
 - High quality foster carers that offer a safe and loving home.
 - High quality housing options that meet individual needs.
 - Opportunities to develop skills for life, in readiness for independence and future employment.
 - A wide range of affordable citywide activities that enable them to have fun, meet friends and try new experiences.

Success measures

- Services are aligned and able to identify families in need of support at an earlier stage.
- Families are able to access services quickly and effectively, that enable them to achieve positive and sustainable outcomes.
- Children and young people in our care have the best possible life experiences, are safe, happy and healthy, and achieve their full potential at school and in their future lives.
- Our corporate parenting strategy is regularly reviewed in relation to the Unicef principles of a child rights approach (See page 22).

› GOAL 4

All children and young people access high quality education that promotes their rights and helps them develop their skills and talents to the full.

Every child and young person is able to claim their right to an education, and has equal opportunity to make the most of their talents and develop to their fullest potential. All schools respect children's rights and ensure that these rights are at the core of a child's experience of education.

All children and young people are treated with dignity and respect and no child or young person has to endure poor life chances because of bullying or discrimination.

Why this matters

Education is a key social and cultural right and plays an essential role in overcoming poverty and disadvantage.

Education is consistently ranked as the top priority for the city's children and young people. The experience of education is one of the most important factors that impacts on their life chances and future wellbeing.

Whilst education standards in Cardiff are continuing to improve in all age groups, not all children and young people are experiencing improved outcomes. In particular those pupils completing statutory education outside mainstream provision and children looked after, are often unable to access their full rights to an education.

Embedding a rights-based approach to education will ensure equitable access to education for all, and quality educational experiences that better prepare vulnerable children and young people for their futures.





Plan of action

To achieve success Cardiff will:

- Prioritise the education of Looked After Children by providing high quality, well-supported school places to meet their needs and ensuring that they are assisted to progress after school into ongoing education, training or employment.
- Work with Unicef to roll out the Rights Respecting School Award across all Cardiff schools over the next three years.
- Provide all pupils with an appropriate, full-time curriculum that meets their needs, wherever possible within a mainstream school setting.
- Work with pupils, schools, communities and wider city partners to offer a 'Curriculum for Life' which is enriched with experiences that will help prepare children and young people for independent living, active citizenship and the world of work.

Success measures

- All Cardiff schools are actively involved in the Rights Respecting Schools programme.
- Improved levels of achievement of vulnerable learners in line with their individual requirements, needs and aspirations.
- The gap in the educational attainment of Looked After Children and their peers is reduced.
- The number of pupils Educated Other Than At School (EOTAS) is reduced.
- Pupils report that they feel better prepared to be independent active citizens.
- Increased number of young people make a successful transition into education, training or employment after school.

› GOAL 5

Children have good physical, mental and emotional health and know how to stay healthy.

All children and young people are able to make informed healthy choices at school and within their communities. Public sector services support them to maintain their wellbeing through the provision of safe and accessible infrastructure, supportive services, activities and relevant information.

Children, young people and partner organisations work together to ensure access to safe outdoor environments for formal and informal play, to streets which prioritise walking, cycling and scooting, and opportunities for active travel to school across the city. Emotional and mental wellbeing is of paramount importance and all children and young people, when required, have access to appropriate support, care and treatment at the right time, in the right place, from the right service. Emotional and mental wellbeing support in school-based and other key settings is easily accessible and reliable.

Why this matters

Being healthy is essential for children and young people to achieve educational and future employment success and to maintain social and family relationships. Children and young people have expressed a wish to access timely and appropriate services to support their emotional health and wellbeing and to be able to actively move around the city easily and safely.

Emotional and mental wellbeing is important in every aspect of children and young people's lives. It enables young people to be resilient, more ready to accept learning experiences, to be curious and discover creative ways of thinking about the world around them. Delivering supportive services within the school setting, identifying problems at an early stage and intervening to prevent these escalating is of paramount importance. Prevention and early intervention are key to ensuring overall well-being for children and young people.

An active lifestyle leads to short and long term health benefits including maintaining a healthy

weight, improved self-confidence, improved social skills and reduced symptoms of anxiety and depression. Around a fifth of 4-5 year olds in Cardiff are overweight or obese, and across Wales fewer than 1 in 10 teenage girls are sufficiently physically active. Children are more vulnerable to exposure to air pollution, with levels of NO₂ in some parts of Cardiff currently exceeding EU limits. The commonest cause of death for children aged 5-14 is being hit by a vehicle. Making our streets more child-friendly will reduce casualty rates and increase parents' confidence in allowing their children to be physically active outdoors. Making regular physical activity a routine part of life, including getting to and from school, is an essential habit for life, to improve children's health now and as they grow up.





Plan of action

To achieve success Cardiff will:

- Improve the opportunities for children and young people to be active during their daily lives by:
 - Extending active travel to school initiatives and 20mph areas across the city.
 - Providing safe, open and green spaces for informal and formal play, that include organised activities and street closures.
 - Providing affordable and accessible integrated sustainable transport options to enable safe walking and cycling, with greater priority given to non-motorised road users, focusing first in more deprived areas.
 - Creating resources for schools that deliver elements of the curriculum through focusing on active travel, road safety and supportive environments.
 - Improve air quality in the city through implementation of the Council's Clean Air Strategy, and related partnership plans.
- Improve the emotional health and wellbeing of children and young people by:
 - Delivering a single point of access for emotional wellbeing and mental health services that provides timely access to appropriate support and services.
 - Adopting a systemic, partnership approach to service delivery.
 - Raising awareness of emotional wellbeing and mental health services to reduce stigma and barriers to access.

Success measures

- Children and young people report that they are active, moving and travelling easily and safely within their communities and across the city.
- Air quality in the city is improved.
- Exemplar schools for active travel are identified and supported in every ward in Cardiff, with learning and actions disseminated to all schools.
- The built environment and transport strategies support social interaction between children and young people, contributing to their overall health and wellbeing.
- Services are aligned and identify children and young people in need of emotional and mental wellbeing support at an early stage.
- Fewer children and young people develop serious mental health problems and those that do are given the best support possible in the community.

> Definition of Unicef's Seven Principles



Dignity: every child and young person, like each adult, has inner dignity and worth that should be valued, respected and nurtured. Respecting children's dignity means that all children should be treated with care and respect in all circumstances – in schools, hospitals, police stations, public spaces or children's homes.

Best interests: the best interests of the child must be a top priority in all decisions and actions that affect children and young people. Decisions can relate to individual children – for example about adoption or groups of children and young people – for instance when designing play spaces. In all cases, children and young people should be involved in deciding what is best for them.

Non-discrimination: every child and young person should be treated fairly and protected from discrimination, whatever their age, gender, ethnicity, religion, language, family background or any other status. Having access to equal opportunities and best possible outcomes doesn't mean being treated identically; some children and young people need more support than others to overcome barriers and difficulties.

Life, survival and development: every child has a right to life and each child and young person should enjoy the same opportunities to flourish in order to be safe, healthy, grow and develop. From birth

to adulthood, children and young people develop in many different ways – physically, emotionally, socially, spiritually and educationally – and different professionals should work together to help make this happen.

Participation: all children and young people have the right to have a say in matters that affect them and to have their views taken seriously. In order to participate meaningfully in the lives of their family, community and the wider society, children and young people need support and opportunities for involvement. They need information, a space to express their views and feelings and an opportunity to ask questions.

Interdependence and indivisibility: all children and young people should enjoy all of their rights all of the time because all rights are equally important. Rights cannot be 'cherry-picked' depending on circumstances. Children and young people's right to a good standard of living or to be protected from abuse, neglect and violence is as important as the right to get together with their peers or to freedom of expression.

Transparency and accountability: open dialogue and strong relationships between children and young people, professionals and local politicians are key to making rights a reality. For this to happen, everyone needs to be supported to learn about and understand rights. Knowledge of rights also allows children and young people to hold to account the people responsible for ensuring their rights are protected and realised.

**CONFIRMED MINUTES OF THE MEETING OF THE
QUALITY, SAFETY AND EXPERIENCE COMMITTEE HELD AT
9AM ON 18 SEPTEMBER 2018
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Dawn Ward	Vice Chair QSE / Independent Member – Trade Union
Akmal Hanuk	Independent Member – Community
Maria Battle	UHB Chair

In Attendance:

Angela Hughes	Asst. Director Patient Experience
Carol Evans	Asst. Director Patient Safety and Quality
Chris Lewis	Deputy Finance Director
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Nicola Foreman	Director of Corporate Governance
Ruth Walker	Executive Nurse Director
Stephen Allen	Chief Officer, Cardiff and Vale of Glam CHC
Steve Curry (part)	Interim Chief Operating Officer
Stuart Egan	Staff Representative
Dr Tony Turley	Assistant Medical Director, Patient Safety and Clinical Effectiveness
Dr Holly Williams Observer	Quality & Safety Facilitator, Specialist Clinical Board
Vince Saunders Observer	Infection Prevention & Control Clinical Nurse Specialist

Apologies:

Susan Elsmore	Independent Member, QSE Chair
Prof Gary Baxter	Independent Member – University
Michael Imperato	Independent Member – Legal
Abigail Harris	Director of Planning
Fiona Salter	Staff Representative
Dr Graham Shortland	Medical Director
Robert Chadwick	Director of Finance
Dr Sharon Hopkins	Deputy Chief Executive / Director of Public Health

Secretariat: Julia Harper

QSE 18/122 WELCOME AND INTRODUCTIONS

The new QSE Vice Chair, Ms Dawn Ward welcomed everyone to the meeting, and explained that she would Chair the meeting in the absence of the Committee Chair. Members of the Medicine Clinical Board were attending the meeting to deliver the patient story and their quality and safety report and two observers were also in attendance.

QSE 18/123 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

QSE 18/124 DECLARATIONS OF INTEREST

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

QSE 18/125 MINUTES OF THE COMMITTEE HELD ON 12th JUNE 2018

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

QSE 18/126 ACTION LOG FOLLOWING THE LAST MEETING

The Committee **RECEIVED** the Action Log and **NOTED** the number of actions that had been completed. These would be removed. The action log was updated as follows:

Digitalization of Medical Records QSE 18/087 – The UHB Chair reported that a meeting had been set up for 31st October.

CHC Scrutiny Overview QSE 18/088 – Mr Allen confirmed that a meeting would be set up.

QSE 18/127 CHAIR’S ACTION TAKEN SINCE THE LAST MEETING

The Chair reported that it had not been necessary to take any action in between meetings.

QSE 18/128 PATIENT STORY – MEDICINE CLINICAL BOARD

Mr Wayne Parsons, Quality and Governance Interim Lead Nurse delivered the patient story that demonstrated the importance of looking beyond the symptoms of intoxication.

A 20 year old male had been brought to the Emergency Unit following a night out with friends and suddenly lost the ability to speak. He was under the influence of alcohol but not to excess. He had no other obvious symptoms, but friends and his mother kept raising concerns and telling staff that this “wasn’t him”. The doctor reassessed for stroke and he was scanned. He tested positive for stroke but his symptoms had been masked by intoxication. The story was being used to raise awareness amongst staff before freshers week.

The Chair invited comments and questions:

- In the past patients with a head injury had been misdiagnosed due to intoxication.
- The story had been shared with WAST as ambulance colleagues had not considered stroke.
- Some practical improvements had been made such as faster assessments and raising awareness of staff to question underlying causes.
- If stroke was not diagnosed correctly, patients did not get onto the correct pathway. The effects of stroke on young people had the potential to be profound.
- Over 16,500 potential stroke referrals were received in a year and under 700 were found positive.
- Stroke was largely preventable and lots of preventative work on life style and alcohol was being undertaken.
- The patient's mother made a complaint to the UHB and was pleased with the remedial work undertaken.

The Chair thanked the Clinical Board for sharing this story and noted that Mrs Hughes would help staff create a powerful digital patient/relative story for staff to learn lessons.

Action – Mrs Angela Hughes

QSE 18/129 MEDICINE CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE REPORT

Colleagues from the Clinical Board attended the meeting to present their comprehensive report covering both challenges and successes in the Clinical Board: Rebecca Aylward, Nurse Director, Jane Murphy, Deputy Nurse Director, Geraldine Johnstone, Director of Operations, Dr Aled Roberts, Deputy Clinical Board Director and Kath Prosser, Quality and Governance Lead.

Ms Aylward commented on the themes in the report for improvement in patient experience and clinical standards. The Medicine Clinical Board had significant risks around surveillance of cancer patients (referrals had increased to around 50-70 per day) and this was a priority. It was a challenge to meet the 8 week target for endoscopy but this was expected to be achieved by the end of September. The focus would then be put on surveillance (around 950-1000 patients). One of the biggest risks in the Clinical Board was the 25% nurse vacancy. A plan was in place and staff were looking at how they could work differently.

The Chair invited comments and questions on the comprehensive report:

- The recruitment video and learning disability bundle were commended.
- Risks were managed on a daily basis through leadership and team work.

- It was noted that staffing a winter ward would be a challenge as some areas were already working with 40% agency staff and there was a high sickness rate.
- Staff would be formally asked if weekly bank pay would be attractive / an incentive. A briefing would be provided for the Chair to share with the Minister.

Action – Mrs Ruth Walker

- Members discussed the contentious UBH policy of assessing and leaving patients on ambulances which was being used as the UHB deemed this safer than bringing patients into a corridor. Discussions were being held with WAST but the priority was to keep patients as safe as they could be. A consultant would support assessments at the “front door” during winter. In addition, two hour “performance huddles” had been instituted and these included staff from WAST. At this huddle the risk to patients was considered. The CHC advised that good communication was needed with patients and their families when patients were kept waiting on ambulances.
- The Clinical Board was asked to consider what support was needed especially with regard to skill mix to improve care for stroke patients at Llandough.
- The UHB Chair commended the improved performance against Tier 1 targets and the improvements in response times to complaints.
- It was suggested that charitable funds may be able to support the reinstatement of a dietetic support worker.
- A request was made for the Clinical Board Director to write an impact statement to support prosecutions when staff were off work following incidents of violence and aggression.
- The sepsis 6 bundle had been introduced and patients were flagged on the work station.
- It was suggested that links into the local communities could assist with recruitment. Suggestions should be shared with the Director of Workforce and OD.

ASSURANCE was provided by:

- The sustained progress the Clinical Board had made on the range of key quality, safety and patient experience. The focus on governance arrangements, in relation to the promotion of health, the delivery of safe, effective and dignified care. The Clinical Board recognised the key areas of improvement and actions required to further improve the patient experience received.

The Committee:

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

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

QSE 18/130 COMMUNITY HEALTH COUNCIL (CHC) REPORT

The CHC had no report to present in September.

QSE 18/131 HOT TOPICS – SERIOUS INCIDENTS INVOLVING WAST (WALES AMBULANCE SERVICES TRUST)

The Executive Nurse Director, Mrs Ruth Walker gave a brief oral update. WAST had not yet completed their investigations and staff were supporting WAST by providing root cause analysis training.

QSE 18/132 POLICIES FOR APPROVAL

The Committee received two Policies that required formal approval and adoption within the UHB.

1 INTERVENTIONS NOT NORMALLY UNDERTAKEN (INNU)

Ms Fiona Kinghorn attended for this item and advised that a complete update had been undertaken during which time outliers had been considered along with the mechanism for the cost/activity run rate. In addition, the list was more frequently updated. The CHC commented on the importance of communicating this information with patients and members of the public therefore, links to the website would be provided to the CHC.

Action – Ms Fiona Kinghorn

ASSURANCE was provided by:

- The policy had been fully reviewed and the intervention list had been comprehensively updated with Clinical Boards. A full Equality Health Impact Assessment (EHIA) had been completed.
- All Clinical Boards had previously reviewed Interventions Not Normally Undertaken activity relating to their areas of service provision.
- The monthly activity list of a subset of procedures provided to Clinical Boards had been reviewed and focused on high volume and high cost interventions.

The Committee:

- **APPROVED** Interventions Not Normally Undertaken Policy and Intervention List and
- **APPROVED** the full publication of the revised INNU policy and List in accordance with the UHB Publication Scheme.

2 INCIDENT HAZARD AND NEAR MISS REPORTING POLICY AND PROCEDURE POLICY AND PROCEDURE

The Executive Nurse Director, Mrs Ruth Walker advised that this well used policy had been refreshed and fully consulted on.

ASSURANCE was provided by:

- The former Policy had been in existence for a number of years within the UHB.
- It was updated in 2017 by the Head of Health and Safety.
- It had been necessary to provide a further update to the elements of the Policy that related to patient safety due to updated procedures in the patient safety community being adopted into practice.
- Furthermore, a decision was made to separate the Policy from the Procedure with additional links to the intranet in order to direct staff to the most up to date sources of information and support.
- Existing procedures were in place to monitor incidents reported via the electronic incident reporting system.

The Quality, Safety and Experience Committee:

- **APPROVED** the Incident, Hazard and Near Miss Reporting Policy and Incident, Hazard and Near Miss Reporting Procedure.
- **APPROVED** the full publication of Policy and Procedure in accordance with the UHB Publication Scheme.

QSE 18/133 CORPORATE RISK AND ASSURANCE FRAMEWORK (CRAF)

Mrs Nikki Foreman, Director of Corporate Governance gave an oral update on progress. The former CRAF would be replaced by a comprehensive Board Assurance Framework (BAF) that would combine priorities in the UHB Strategy and identify risks with mitigating action. This would be presented to the Board in November.

Action – Mrs Nikki Foreman

The Committee **NOTED** the update.

QSE 18/134 HEALTH CARE STANDARDS ASSESSMENT

The Executive Nurse Director, Mrs Ruth Walker reminded Committee that this item was considered annually although the system was now one of continuous self-assessment. The Independent Members and Executives were thanked for checking the evidence used in the submission.

ASSURANCE was provided by:

- The comprehensive assessments of each standard.
- Corporate validation of self-assessments
- Internal Audit scrutiny with a reasonable assurance rating

The Quality, Safety and Experience Committee:

- **NOTED** the outcomes of the Health and Care Standards Assessment for 2017/18.

QSE 18/135 PUTTING THINGS RIGHT ANNUAL REPORT

The Executive Nurse Director, Mrs Ruth Walker thanked Mr Angela Hughes and her Team for all their work and for dealing with some of the most difficult situations and for going the extra mile to support patients who were not happy with their treatment.

It was pleasing to see that the number of issues being handled through the informal process had increased and the number of follow up enquiries had gone down due to the improved quality of responses. Complaints meetings were audio recorded to ensure nothing was missed.

Referrals to the Ombudsman had increased but on the positive side a number of letters were not taken forward as the Ombudsman felt the complaint had been investigated in full by the UHB.

Internal Audit had provided substantial assurance on the process and the CHC was also thanked for their support.

It was queried whether the Ombudsman would provide some insight into why/when issues were taken further. It was noted that guidance was being refreshed and if further clarity was required it would be taken up with the Ombudsman.

ASSURANCE was provided by the annual report

The Quality, Safety and Experience Committee **NOTED** the report for information.

QSE 18/136 HTA INSPECTION AND RESPONSE TO INDEPENDENT REVIEW OF MORTUARY AND CELLULAR PATHOLOGY SERVICES AND RCA INTO TISSUE TRACEABILITY

Mrs Sue Bailey, Lead for Quality and Safety in the Diagnostics and Therapeutics Clinical Board attended the meeting to update on this report. It was recalled that a range of concerns on governance, quality, tissue traceability, premises and equipment had been raised by the inspection. In response, the UHB asked for an independent review of the service and a combined action plan was produced. Mrs Bailey reported that all actions identified by the HTA had been completed and a re-visit should be expected at some point. The remaining actions were in progress, with two outstanding: the need to identify a new DI (or the licence could be lost) and organisational work on leadership and culture.

It was noted that a recent internal inspection of systems and processes had gone well. The pathology premises were included on the capital plan as not

fit for purpose but capital had not been identified. However, small remedial works had been undertaken that had made a significant difference. It was suggested there may be an opportunity to utilise charitable funds to make further improvements. It was also reported that the HTA had been impressed with the UHB methodology and had shared it with others.

It was suggested that the UHB responded well in a crisis but was not able to sustain performance and this was where the work on organisational development could assist. As part of learning, a monthly Regulatory Compliance Group had been set up. It was a challenge, but the Clinical Board was aware of where the issues were.

ASSURANCE was provided by:

- The actions developed and progressed

The Quality, Safety and Experience Committee **NOTED**:

- Progress against the HTA inspection findings
- The action plan
- The intended monitoring mechanism through CD+T governance structures

QSE 18/137 PATIENT SAFETY SOLUTIONS ALERTS AND NOTICES

The Assistant Director Patient Safety and Quality, Mrs Carol Evans advised that the UHB was now 94% compliant with safety notices, an improvement from 79% in 2016. Some issues had been non-compliant for a long time. Mrs Evans was pleased to report that after many years the new patient wristband was being rolled out across the UHB, starting at the Barry Hospital. In addition, work on naso gastric tubes was advanced and almost compliant. However, safe storage of medicines was still problematic across Wales. 98% compliance was anticipated by the next report.

ASSURANCE was provided by:

- The UHB had continued to increase compliance with Patient Safety Solutions and was currently compliant with 94% of alerts and notices.
- The actions that were being undertaken to address the outstanding areas of non-compliance.

The Committee **CONSIDERED** the update provided within the report.

QSE 18/138 CLEANING STANDARDS

Mr Lee Wyatt, Head of Estates and Facilities attended the meeting for this item. He reported that Internal Audit had identified that credit for cleaning scores had been enhanced with higher levels of detail. A draft Strategy had

been produced and although cleaning targets were being achieved, there was a need to set up a Committee/Group to lead and monitor.

It was noted that it was the responsibility of wards to publish their cleaning scores and that the introduction of hand dryers positively impacted on the time required for cleaning.

The Chair invited comments and questions on the report:

- Improvements in cleanliness had been noticed in communal areas.
- Greater engagement and feedback with ward nursing and cleaning staff was required.
- Ward cleaning scores should be displayed/aligned with infection information.
- First impressions were very important and the level of cleanliness greatly affected these. Unfortunately the lack of ownership of equipment dumped across the UHB was negatively impacting the good work done on cleaning.
- Unison had accepted the recent pay offer. It was important to talk to all Band 1 staff and that they be given the opportunity to take up a Band 2 post with any additional support / training required.
- It was suggested that information was not always clear. The food hygiene rating system was widely understood and could, perhaps, be adapted to demonstrate cleaning scores - it was a patient's right to see these scores.
- It was vital that everyone recognised the importance and value of cleaning staff. This could be recognised through the sharing of staff and team stories and supported through the values and behaviours work - Mr Wyatt agreed to link with Rachel Gidman.

Action – Mr Lee Wyatt

ASSURANCE was provided by:

- KPI scores on Very High and High Risk areas were meeting targets.

The Committee:

- **AGREED:** Paper update content was appropriate and proportional.

QSE 18/139 BLOOD PRODUCTS (STANDARD 2.8)

Dr Tony Turley representing the Medical Director, advised that the assessment was technical and the key was good regulatory compliance and medical involvement. Compliance was heavily monitored both by the UHB and authorities.

The Chair invited comments and questions:

- The Committee was updated on the national Infected Blood Inquiry that required the UHB to provide a great deal of information. The Executive Nurse Director thanked Mr Carol Evans for leading this work. NHS Wales had asked the UHB to share its template. The UHB had shared its Initial findings with Haemophilia Wales.
- Blood and transfusion was currently tracked through the telepath system. The UHB would be required to move to the WLIMS system but there were concerns over the national structure and blood stock. The system was only 50% compliant with the NWIS standard and therefore a resilience plan was required. Blood was one of the last modules to be included. The Chair agreed to take this up with the Chief Executive.

Action – Miss Maria Battle

ASSURANCE was provided by:

- The current annual self-assessment for Health and Care Standard 2.8 had been assessed as “Getting There” (appendix one of the report).
- Evidence of continuing improvement was provided for 2018/2019.

The Quality, Safety and Experience Committee **AGREED** the report.

QSE 18/140

NUTRITION AND HYDRATION (STANDARD 2.5)

The Director of Therapies and Health Sciences, Dr Fiona Jenkins provided the update on the single plan and advised that the full report was available if required. If this plan was linked with the model ward work, many of the actions would be addressed and the Charitable Funds Committee was thanked for funding the pilot ward. Recent visits identified that elderly patients preferred traditional food and their wards would welcome inclusion in the pilot. Unfortunately this was not possible until the pilot concluded and had been fully evaluated.

REASONABLE ASSURANCE was provided by the status report attached.

The Quality, Safety and Experience Committee:

- **NOTED** progress on actions listed within the Patient Nutrition, Hydration and Catering experience management action plan particularly in relation to the model wards and the development work around the nutrition and dietetic service and speech and language service within the integrated team Emergency Unit.
- **WAS ASSURED** that the Nutrition and Catering steering group kept a regular review of the action plan to ensure and update on progress.

QSE 18/141

MEDICAL DEVICES, EQUIPMENT AND DIAGNOSTIC SYSTEMS (STANDARD 2.9)

The Director of Therapies and Health Sciences, Dr Fiona Jenkins stressed that this was a function of all Clinical Boards with limited capital funding available to replace broken equipment. This remained a risk as it was not possible to fund all items required. It was noted that Clinical Boards had been asked to discuss this issue as a standing item at their Quality, Safety and Experience Sub Committees but minutes demonstrated this was not being undertaken in sufficient detail and therefore it was important to secure better engagement and attendance at Medical Equipment Group meetings.

It was acknowledged that there should be a corporate responsibility for the issue and a system, process and resource was required to manage it, rather than duplicating work in 8 clinical boards. It was agreed that the Executive Directors would discuss this further outside the meeting.

Action – Dr Fiona Jenkins and Mr Steve Curry

LIMITED ASSURANCE was provided by:

- Action plan to the Wales Audit Office report.
- Capital Management Group work programme
- Medical Equipment Group work programme
- The medical equipment library

The Quality Safety and Experience Committee:

- **NOTED** the findings of the Wales Audit Office progress report, the assessment of corporate level compliance to Health and Care Standard: 2.9 Medical Devices, Equipment and Diagnostic Systems and the outstanding medical equipment risks which required capital funding.
- **SUPPORTED** the recommended system level improvement activities.

QSE 18/142 PROTECTING PATIENTS FROM PRESSURE DAMAGE

The Executive Nurse Director, Mrs Ruth Walker presented the report and reminded Committee that the numbers would increase with the new reporting requirements. The figures were likely to climb again as reporting extended into the community. However, the prevalence survey, taken on a single day, reported a rate of 3.1% which was a significant improvement on 9.1% that was the rate for the last 5 years. Mrs Walker confirmed that the UHB was reviewing the situation carefully and taking the necessary action. In addition, work was ongoing with Welsh Government to improve the definitions.

It was noted that the foot assessment tool had not yet been implemented and this would support preventative work on pressure damage. The lead Executive Directors agreed to discuss this further outside the meeting.

Action – Dr Fiona Jenkins and Mrs Ruth Walker

ASSURANCE was provided by:

- The range of actions that were being taken to reduce the occurrence of pressure damage.

- The measures that were being taken to improve the quality and rate of reporting to establish a reliable baseline.

The Quality, Safety and Experience Committee:

- **NOTED** progress and the actions undertaken to help prevent the occurrence of pressure ulcers.

QSE 18/143 CHILD PRACTICE REVIEW

The Executive Nurse Director, Mrs Ruth Walker reminded Committee that they had been previously briefed on this case. This report provided an overview and identified the missed opportunities to identify harm and reiterated the importance of achieving the right route into the service for treatment. In this particular case, the child was seen by the right clinician but the pathway was wrong. The UHB continued to train T&O staff in safeguarding. Unfortunately, perceptions were influenced from the start in this case – the assumption that an adopted child was wanted and loved.

ASSURANCE was provided by:

- Safeguarding training and raising awareness across the Health Board encompassing all safeguarding themes
- The number of appropriate safeguarding referrals made
- Consistent approach across the Health Board
- Good working partnerships with statutory agencies

The Quality, Safety and Experience Committee **NOTED** this report.

QSE 18/144 OMBUDSMAN PUBLIC REPORT

The Executive Nurse Director, Mrs Ruth Walker presented the report. She was disappointed that it had been received as it demonstrated that the UHB had not recognized Ethan's issues. The UHB had to learn lessons noting that its initial investigation into the complaint did not reflect the issues taken to the Ombudsman by the family. The Ombudsman agreed that the UHB should investigate further but also issued a Section 16 report.

The UHB was reviewing arrangements for consultant decision making on waiting list issues. There was some conflict in this area between clinicians and managers but it was clear that ownership rested with clinicians in partnership with managers. The process was very important with 80,000 people on a waiting list.

ASSURANCE was provided by:

- The completion and evidence of the implementation of the recommendations
- The improved and sustained position of the Clinical Board in relation to referral to treatment times

The Quality, Safety and Experience Committee:

- **NOTED** the report for information.
 - **AGREED** to receive a further report on completion of the investigation.
- Action – Mrs Ruth Walker**

QSE 18/145 SAFEGUARDING ANNUAL REPORT

The Executive Nurse Director, Mrs Ruth Walker presented the report of detailed activity and action taken and asked Committee to note the size and complexity of the agenda. Practice was changing and staff were proactively looking for patients who may have come to harm. The MASH in Cardiff supported multi agency working and had highlighted issues with some of the UHB's own staff - information that would not have been known without MASH.

ASSURANCE was provided by:

- Safeguarding training and raising awareness across the Health Board encompassing all safeguarding themes
- The number of appropriate safeguarding referrals made
- Consistent approach across the Health Board
- Good working partnerships with statutory agencies

The Quality, Safety and Experience Committee:

- **CONSIDERED** this report.
- **AGREED** to signpost all Board Members to this report.

Action – Mrs Julia Harper and Ms Dawn Ward

QSE 18/146 CANCER PEER RE REVIEW – CANCER PATHWAY

Dr Tony Turley, representing the Medical Director, advised Committee that this report covered the cancer pathway process and action plan rather than an individual specialty. The issues identified included IT infrastructure and governance oversight in tertiary services. Details of the latter would be provided to the UHB Chair.

Action – Dr Tony Turley

ASSURANCE was provided by:

- The level of scrutiny applied internally and externally to the Peer Review assessment and Peer Review reporting process. Any concerns identified were addressed via an action plan and were regularly reported within the required process; at the Clinical Board performance reviews and by WG and the South Wales Cancer Network

The Quality, Safety and Experience Committee:

- **NOTED** the report
- **AGREED** that appropriate assurance had been provided in relation to the trends, themes and resulting actions, including the plans to address areas of concern.
- **NOTED** that the NHS Wales Peer Review Framework WHC 17 037 had been received and considered by the Committee.

QSE 18/147

MBRRACE – PERINATAL MORTALITY SURVEILLANCE REPORT

Dr Tony Turley, representing the Medical Director, also presented the report on the ongoing work and progress in this area. Measuring criteria had changed and therefore careful monitoring was required especially the action being taken in other Health Boards.

ASSURANCE was provided by:

- A reduction in baby loss since 2016
- The recommendations of the MBRRACE-UK report had been adhered to and measures taken
- Evidence of ongoing work within the Directorate to ensure that the reduction of stillbirth and early neonatal death remained a priority area for improvement

The Quality, Safety and Experience Committee:

- **NOTED** the contents of the report
 - **APPROVED** assurance given for reduction of stillbirth and neonatal death within Cardiff and Vale UHB.
 - **AGREED** to receive a report on mortality and morbidity in February or April 2019 as well as any maternity reports for learning.
- Action – Dr Graham Shortland**

QSE 18/148

CARE OF THE DETERIORATING PATIENT – HOSPITAL AT NIGHT SERVICE

Dr Tony Turley, representing the Medical Director advised Committee that the current night cover system was not fit for purpose and gaps in the rota were a concern. Work was ongoing to identify the risks and what improvement measures could be taken with a number of avenues being explored. Further changes in the next year would also impact on the service. It was important that the proposed new model of care provided assurance on risk and safety.

LIMITED ASSURANCE was provided by:

- Control measures that were already being taken and actions identified previously (April 2018).
- Oversight of this risk by the Executive Lead and this Committee.
- Improved monitoring with an improved culture of reporting of incidents

- Plan being developed for Autumn 2018 to address/mitigate shortages

The Quality, Safety and Experience Committee:

- **NOTED** the update
- **AGREED** to receive a further assurance report with timescales in February 2019.

Action – Dr Graham Shortland

QSE 18/149

QUALITY IMPROVEMENT AND RESEARCH AND INNOVATION (STANDARD 3.3)

Dr Tony Turley presented the current self-assessment and highlighted the need to drive research and innovation as this would help attract and motivate high quality staff.

ASSURANCE was provided by:

- The current self –assessment for Health and Care Standard 3.3 as ‘Meeting the Standard’ (Appendix 1 of the report).

The Quality, Safety and Experience Committee **AGREED** the report.

QSE 18/150

NICE GUIDANCECANCER PEER RE REVIEW – CANCER PATHWAY (STANDARD 3.1)

Dr Tony Turley was pleased to report that this was an area of success and assurance was provided that the guidance was discussed locally and implemented.

ASSURANCE was provided by:

- The process of disseminating NICE guidance and recording levels of implementation
- The response rate around implementation rates
- The implementation rate

The Quality, Safety and Experience Committee:

- **NOTED** the compliance with the current process and the intention to disseminate NICE Quality Standards.
- **NOTED** the intention to circulate this report to the Clinical Boards for review at their Quality and Safety Meetings.

QSE 18/151

CARERS ANNUAL REPORT

Mrs Angela Hughes, Assistant Director Patient Experience introduced the report and commented on the transitional monies that were available with local authorities to support the Minister’s objectives for carers. Work was

ongoing with young carers and schools that were embracing peer support. In addition, lots of work was being undertaken in hospital to support carers including staff who were also carers.

ASSURANCE was provided by the Annual Report.

The Quality, Safety and Experience Committee **NOTED** the report for information.

QSE 18/152 MONITORING OF PATIENTS ON THE WAITING LIST

Ms Caroline Bird, Deputy Chief Operating Officer attended the meeting to present the report in response to the CHC report “Our Lives on Hold” and concerns that had previously been received at Committee.

The report considered four areas:

1. Long waits – the long waiting times in paediatric surgery had been eradicated and were now good. Progress had been made in neuro and ophthalmology where long waiting times posed a risk of harm. By the end of the year no one would wait over 52 weeks. Only orthopaedics and spines would have a waiting time in excess of 36 weeks.
2. Monitoring patients on waiting lists – a stop gap process had been put in place and a paper review was conducted on a weekly basis.
3. Cardiac surgery – there was concern that other health boards continued to refer patients very late into the pathway. There was more work to do with these health boards.
4. Communications – information was provided when patients were first put onto the list but no further information was sent whilst patients were waiting which caused anxiety. The CHC was concerned that stress was compounded when people were unable to get a timely appointment with a GP. A national report was being produced in this respect after talking with over 1500 patients.

The UHB Chair was pleased with the successes achieved in referral to treatment time (RTT) and was satisfied with the backstop position.

ASSURANCE was provided by:

- The reducing volume of patients waiting greater than 36 and 52 weeks on a RTT pathway
- The ‘backstop’ process recently instigated for long waiting patients aimed to ensure that reporting arrangements and performance management acted as a catalyst to both improving waiting times and ensuring that appropriate clinical governance was in place.

The Quality, Safety and Experience Committee:

- **NOTED** the current position and work ongoing in relation to reducing waits, monitoring of and communication with patients waiting greater than 36 and 52 weeks on a RTT pathway.

QSE 18/153 ANNUAL VOLUNTEERS REPORT

Mrs Angela Hughes, Assistant Director Patient Experience was pleased to report that the UHB was now working with over 600 volunteers. Roles were diverse and linked to supporting the UHB's Strategy, but one area hard to fill was getting patient feedback. Mrs Michelle Fowler, Volunteers Manager was thanked for all her work and it was noted that she would soon be joined by a Young Volunteers Manager funded by the Pears Foundation.

ASSURANCE was provided by the Annual Report.

The Quality, Safety and Experience Committee:

- **NOTED** the report for information.
 - **AGREED** to thank Volunteers at the next Board meeting.
- Action – Ms Dawn Ward**

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

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

QSE 18/154 COMMITTEE DATES FOR 2019/20

Diary dates were noted.

QSE 18/155 MINUTES FROM CLINICAL BOARD QUALITY AND SAFETY SUB COMMITTEES

The following Minutes were received and noted.

1. CLINICAL DIAGNOSTICS AND THERAPEUTICS – MAY, JUNE AND JULY

It was agreed to ask the Planning Director for an environmental update in the area of bone marrow transplant.

Action – Mrs Abigail Harris

2. MENTAL HEALTH – JULY

In hindsight, the medical input required in the Llanfair Unit had been underestimated and mental health nurses did not have the same basic training that general nurses received. Physical difficulties had been encountered when trying to move patients who had arrested. Nurses had been trained in resuscitation and an agreement had been reached

with the Ambulance Trust that 999 calls should be directed to the clinical desk for priority. In addition, the model of care provided by GPs needed review. However, no instances of harm had been recorded.

As the CHC had not been assured despite a more comprehensive service than previously provided at the Iorwerth Jones Unit, it was agreed that Mr Allen and Mrs Walker would discuss further outside the meeting.

Action – Mrs Ruth Walker and Mr Stephen Allen

- 3. PRIMARY, COMMUNITY AND INTERMEDIATE CARE - MAY**
- 4. SPECIALIST SERVICES – APRIL, MAY, JUNE x 2 AND JULY**
- 5. MEDICINE – MAY AND JUNE**
- 6. SURGERY – MAY**
- 7. CHILDREN AND WOMEN – MAY**
- 8. DENTAL – JUNE**

QSE 18/156 AGENDA FOR THE PRIVATE QSE MEETING

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

QSE 18/157 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEE

There following would be brought to the attention of the Board:

- Signpost all Board Members to the Annual Safeguarding Report contained in the meeting papers.
- Volunteers to be acknowledged and thanked at the Board meeting.

QSE 18/158 REVIEW OF THE MEETING

It was noted that much of the meeting had been operational so consideration would be given to more strategic assurance reports.

QSE 18/159 DATE OF NEXT MEETING

The next meeting would be held at 9am on Tuesday 16th October 2018 (Annual Special Meeting).

**CONFIRMED MINUTES OF THE
STRATEGY AND DELIVERY COMMITTEE
HELD ON 11 SEPTEMBER 2018 AT 2.00PM
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Charles Janczewski	Chair – UHB Vice Chair
Dawn Ward	Independent Member – Trades Unions

In Attendance:

Abigail Harris	Director of Strategic Planning
Fiona Jenkins	Director of Therapies and Health Sciences
Martin Driscoll	Director of Workforce and Organisational Development
Nicola Foreman	Director of Corporate Governance
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Sharon Hopkins	Director of Public Health
Steve Curry	Chief Operating Officer

Apologies:

Eileen Brandreth	Independent Member – ICT
Gary Baxter	Independent Member – University
Sara Moseley	Independent Member – Third Sector
Geoff Walsh	Assistant Director of Planning
Keithley Wilkinson	Equality Manager
Len Richards	Chief Executive
Marie Davies	Deputy Director of Planning

Observer:

Urvisha Perez	Wales Audit Office

Secretariat:

Glynis Mulford

SD: 18/040 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, in particular Urvisha Perez from the Wales Audit Office who was in attendance to observe the meeting.

SD: 18/041 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

SD: 18/042 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings. The Chair stated that he presided over the WHSSC Quality and Patient Safety Committee.

SD: 18/043 UNCONFIRMED MINUTES OF THE MEETING HELD ON 5 JUNE 2018

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 5 June 2018.

SD: 18/044 ACTION LOG FROM MEETING HELD ON 5 JUNE 2018

The Committee **RECEIVED** the Action Log from the meeting of 5 June 2018 and **NOTED** the following:

18/025 Study Leave Procedure for Medical Staff - For document to be shared with Director of Corporate Governance to discuss timings with Head of Internal Audit.

18/009: Shaping Our Future Wellbeing Strategy: - Work on some measures was being undertaken; awaiting feedback from Executives.

SD: 18/045 SHAPING OUR FUTURE WELLBEING:
1. CURRENT POSITION REPORT
2. PLANNED PERFORMANCE DELIVERY AND MEASURE FRAMEWORK – UPDATE REPORT

Mrs. Abigail Harris, Director of Strategic Planning presented the above reports. The Chair had asked for a current position report in order to inform where we are in certain areas, to scrutinize and support the Shaping our Future Wellbeing (SOFW) and Integrated Medium Term Plan (IMTP) so this could be challenged with open discussion.

It was stated the document presented the reporting arrangements and what is in the plan for current year. It was noted that the Plan on a Page was a high level and detailed document setting the priorities, actions and outcomes set out in the current annual plan/IMTP. The Plan on a Page was welcomed and it was agreed that it would be produced again for the 2019 – 2021 IMTP as a useful reference document for the key priorities. It was noted that Welsh Government had indicated that it was looking for a shorter IMTP document, but one that provided more granular detail on the priorities and outcomes. It was noted that this was an area where further work was needed.

The Plan on a Page will be used to summarise the actions set out in the full IMTP. It will be a useful reference document and the Committee in keeping an oversight of the progress being made against the key actions. The Chair asked for an update on what executives have agreed.

The second document, Planned Performance Delivery and Measure Framework, has been developed to provide the Committee with an overview against the strategic objectives set out in Shaping Our Future Wellbeing, and indicates where we assess that we are not on track, and where further action is required.

It was noted that the Joint Executive Team meetings with Welsh Government take place twice a year, and that the focus of the meetings was changing so that more time was spent on looking forward, with less time on looking back on progress over the reporting period just gone. The Executive Team welcomed this shift in emphasis as the monthly Quality and Delivery Meetings with WG discussed in depth progress with delivering the plan.

The following points were discussed:

- Regarding the rag rates there was a need to have an understanding of profile of delivery intended. It was explained that 'green' indicated that everything was on track to deliver against the actions set out in the plan to deliver against the strategic objective. Amber indicated where the deliver was off profile. It was noted that in relation to securing sustainable planned care services, we still need to outsource services in a small number of specialties where demand is currently outstripping supply and this may have to continue as we do not have all of the capacity we need over the next year in a small number of specialties. In-year, our performance is delivering what was described in the IMTP. Areas flagged as amber were not hitting every target all of the time and were not completely sustainable. It was further explained that the assurance was in the performance reports and we were on track to deliver this and were able to demonstrate making year on year improvements.
- Concerning the work programme, this looked at relevant points in year.
- The point was raised that the opportunity to congratulate performance well delivered should not be missed. The challenge of reporting on the in-year plan delivery and connecting this to progress against the strategic objectives and milestones set out in our Strategy needed more work.
- This was an assessment against the objectives and more work was needed on the outcome measure. The milestones against outcomes should show us if we are making progress.
- The executives who were responsible for certain areas of the plan would report on these areas to the Committee.

Wider discussion ensued on targets performance improvements outcomes and KPIs and how national targets are delivered.

ACTION: For an update to be presented on what Management Executives have agreed to come forward to the Committee

The Committee:

- **NOTED:** The update on Shaping Our Future Wellbeing

SD: 18/046 INTEGRATED MEDIUM TERM PLAN:

- 1. CURRENT POSITION REPORT**
- 2. PLANNED PERFORMANCE DELIVERY AND MEASUREMENT FRAMEWORK – UPDATE REPORT**

Mrs Abigail Harris, Director of Planning, presented an update on the above report. There was a clear process in place to deliver the IMTP in the timeframe set by WG and key milestones had been completed. In a recent meeting the key deliverables had been signed off by Management Executive. It would roll forward the commitments for this year on key performance targets. Intentions had been confirmed of continuing to improve against key performance in order to move to a balanced financial plan. The Clinical Boards (CBs) would be attending a focused workshop discussing key principles and priorities and CBs would be setting out the key elements they will be taking forward in the IMTP. A series of workshops had been arranged to put more detail with final submissions from CBs in early November. The direction given was that very few new investments would be included in the plan for next year.

In terms of interface with the Board, a progress report would be to the November Board meeting in order for the Independent Members (IMs) to see the emerging narrative around the IMTP. Priorities will be revisited as previously may not have had the resource or capacity to bring them through. The document will end up as product containing granular detail which shall be a shorter, sharper document. There will be changes in the report as the whole narrative will not be put in the IMTP. There will be key headlines and will develop links to strategies to provide the detail such as the Research and Development Strategy. There will be a complete draft of the plan by the end of January with a final submission to WG in March.

It was discussed and commented:

- In response to CBs requiring additional support in producing their plans, it was stated the requirements had been toned down but what was needed from them was more clarity of the 'how' and 'when' and looking for CBs to help fill in the detail to populate the IMTP. CBs were getting a much clearer sense of what was needed which entailed a more streamlined process.
- The team was commended for a well-constructed process stating it gave the organisation a chance to ensure that the IMTP fits the need.
- Although it was implied, there was no indication of patients within the document and asked for CBs not to lose sight of this within their plans. In response it was advised that through the Transformation work CBs were being encouraged to use characters as way and socialising 'new friends'. This was new with the intent of focusing conversation around citizens.

The Committee:

- **NOTED:** the process for the development of the IMTP in 2019/22

SD: 18/047 CAPITAL PLAN

The Capital Programme Assurance Report was presented to the Committee by the Director of Planning. The new format was explained which gave a clearer overview and highlighted where we were against projects looking at key risks.

The following was discussed:

- The report did not include IT or medical equipment and it was requested for this to be factored into the Assurance Report.
- Regarding certain projects it was observed that some did not have dates or timelines. It was stated that specifics of those schemes were not available.
- The neonatal development and the low level of contingency remaining to complete the project, was explained. The programme was on course and delivering.
- The arrangements and principles for accommodation in the Tesco building would be brought to Management Executives and would set out more detail about the open plan working arrangements. The Capital, Estates and Facilities team were working through the detailed plan. In regard to the car parking at Woodland House, the same rules would apply as across the rest of the organisation.
- Concerning the UHL substation it was raised whether there were any risks to anyone on the site. It was confirmed that the risk related to a single point of failure, which if not addressed could pose a risk to service delivery. The issue was detected as part of statutory inspections. Regarding the Rookwood full business case, a scrutiny response was submitted to WG and a reply had recently been received. The Health Board had accepted an invitation to an Infrastructure Investment Board to present the case on 26 September 2018.

The Committee:

- **NOTED:** the content of the report recognizing the difficulty in managing a large and complex programme of works within a limited resource
- **SUPPORTED:** the approach taken to manage the competing requirements of the Clinical Boards by engaging with them through a series of workshops to agree the priorities.

SD: 18/048 ESTATES STRATEGIC PLAN

- Mrs Abigail Harris, Director of Planning, presented the Estates Strategic Plan stating it had been in development for some time. There was a need to have the right infrastructure and to acknowledge the Health Board was facing significant risks in the current period. The document is a technical estates strategy and explained how we are managing risks in short to medium term. The estates strategic plan presentation was also explained in detail, which looked at the current condition and configuration of the estates and functional suitability for current operational delivery and achievement.

It was discussed and commented:

- The intention was to pull out a summary of what the estates strategy is endeavouring to do.
- There are three key stages to move this forward and to understand what a support hospital will look like. A key component was to involve the community and patients in the design when designing new facilities.
- There are clear milestones with the intention to focus on statutory compliance in the short term.
- There is a bright future for Llandough as a location for a number of centres of excellence, including mental health services.
- There had been discussions with the Community Health Council, (CHC) regarding moving ward C7 north in St David's Hospital as rehab could be provided very well at this location; the response from CHC appeared favourable but a formal response from the CHC was awaited.
- It was noted that a number of facilities, particularly those in the community were poorly utilised and we are working with public sector partners to consider how we can best share assets.
- Regarding integration we should not to lose sight of what the local authority can offer and to realise the added benefits this could bring.
- The plan was the estates response to how we deliver services and priorities for the next three years, therefore need to process robust business cases.
- A conversation on the life of the new build was necessary and should be a national discussion demonstrating flexible design and future proofing.
- In response to how we help people understand how this is going to work and how people fit in, it was stated a locality model would be worked up and what we think are the units of delivery. It was advised for there to be flexibility as the model evolves and to help other agencies understand the complexities of the plan. This was based on the Perfect Locality work previously completed. The strategy was based on an emerging model for primary care where there will be few, but larger GP practices over time
- The Director of Planning asked for feedback on the tabled presentation and how this sits on top of the technical document.

ACTION: For members of Committee to feedback information on presentation

The Committee:

- **RECEIVED** the presentation of the draft Estates Strategy and **NOTED** the draft technical strategy document

SD: 18/049 WORKFORCE DELIVERY PLAN

Mr Martin Driscoll, Director of Workforce and OD gave a presentation on the above. There would be an update on metrics and looked at the workforce enablers to move the organisation forward which was described.

The following was highlighted:

- **Sickness Absence rate:** There was a need to look at sickness and identify issues area by area as there is great variation and presents operational difficulties.
- **Job Plan Compliance:** The target for completed job plans was 85% but this had been challenging remaining resolute at 50%. The challenge was how to see this move forward as this received a poor audit. There was a need to have some consequence of not having a job plan in place. It was stated that job plan compliance is part of licence to operate and the two needed to be run together. The Committee was informed that an action plan had been put in place from the outcome of the internal audit.
- **Voluntary Resignation Turnover:** Currently large numbers of clinical staff were leaving the organisation and the question as to why would be pursued.
- **Variable Pay Rate:** The paybill and overspend is in position within 0.05%. This is made up of the variable pay rate and our actual permanent workforce. There was a need to utilize bank staff and not use agency. Although it was acknowledged there were not enough nurses in the UK to sustain what is required. There was a gap with the financial measures which needed to be balanced. It was realised the way it is presented needed to be changed to understand the reasoning for this. It was suggested that another metric be put in the equation to obtain greater understanding.
- **Statutory and Mandatory Training:** Fire and Safety is mandatory training but the trend in ESR training will change to reflect the training staff need to do. Improvement had been made on the overall number on compliance for statutory and mandatory training.
- **Nurse Recruitment and Retention:** There was a big piece of work being jointly led by nursing and Workforce and OD to retain nurses and bring back into practice those who had left. There was a need to focus on retention as well as recruitment. The team were looking in Wales and beyond but recognised it was highly competitive as was fishing from the same pond. There is a detailed action plan and approach in place but needed to be proactive.
- **Talent Management Succession Planning:** The team was looking at incorporating performance with potential and building capability in totality for the future of the organisation. If key positions are lost there is a need to look at how these would be filled. For high achievers this would be reviewed and how this was being managed. The same question would be set for those underperforming. The process should be captured and incorporated in the PADR by setting objectives where they could be measured and monitored. The team are working on how to changing the process and capture the data that comes out of this. The initiative has been endorsed by the executives and the detail is being worked on. This was a big piece of work but can give valuable returns. Due to the reduction in mandatory training, it gave opportunity for managers to use this time in a different way and undertake staff PADRs.
- An action plan will be produced and presented at Committee.

ACTION: To review the variable pay metric and determine if it is providing an instructive overview

The Committee:

- **NOTED** the presentation

SD: 18/051 KEY PERFORMANCE INDICATORS

Mr Steve Curry, Chief Operating Officer informed the Committee of key performance indicators and highlighted the following:

- **Unscheduled Care:** The Health Board had achieved a good few months with the four hour position being the best in Wales for the July period work has been done to compare UHW's performance on a UK wide basis. Steve Curry reported that, in terms of comparable units ie, over 10,000 attendances per month, the Health Board is now ranked in the top ten.
- **Ambulance handovers:** There had been significant improvement with response rates above the targets. This had been a particularly difficult winter which had an effect on results but despite this performance remains ahead of last year.
- **12 hour waits:** These rates remain the lowest in Wales but it is our aim to eliminate 12 hour waits completely. Recent measures have included executive level escalation and scrutiny on a daily basis – through the Executive on call mechanism. There was a need to exceed the current targets and met with the Executive Team from WAST for further discussions in how to improve. The handover process will be looked at along with WAST going forward.
- Responding to comparisons to last year, it was stated that planning for winter is a comprehensive and integrated approach with social services and third sector. The Integrated Winter Preparedness and Resilience Plan was ready to sign off. The plan will come to the next Board Meeting. The winter plan is also peer reviewed and will be scrutinised by Welsh Government on whether it is fit for purpose.
- **Four hour wait:** It was explained that in comparison to last year the August position was 2.8% better than 2017 and the September position was averaging at 91% for the four hour position and is 1% better than last year. Year to date for the four hour position is a 1.77% increase on last year. There was one fewer than last year and still 44 more than last year but the gap was slowly closing as the year goes on.
- **Stroke:** There had been difficulties on this area and quarter 1, reflecting the difficulties throughout winter. It was explained that as unscheduled care pressure builds it has an impact on stroke. The 90 day plan to correct the position worked very well, the challenge was in sustaining this. On four hour stroke unit access, there were continuous improvement in this as well as 24 hour consultant review.

- In response to whether there would be a hyperstroke unit, it was explained that the service model was being looked at in the context of the current resources available. It was likely that there would be a need for less acute capacity and greater rehab capacity.
- **Planned care:** 36 week position was met at the end of first quarter and the challenge has changed to delivery on a monthly basis. Four years ago there were almost 7,000 patients waiting >36 weeks. The aim is to get closer to 600 at the end of September. The 26 week position continues to improve with the increased emphasis on outpatient appointments. The HB is on track to deliver its commitments to WG on the 26 week position.
- **Cancer:** The profile had been variable in quarter 1. There has been an extraordinary rise in demand relating to urology and GI cancers. This had been seen across England where a number of high profile individuals have been raising awareness of these cancers. There was an 18% increase in diagnostic demand associated with this. There were issues to address internally regarding whole body scanning for CT. The endoscopy waits were going down to levels not previously seen in the Health Board, which had been the lowest seen in this Health Board. There is still a need to improve tracking discipline. The expectation was for the position to be variable for the next two months but, depending on the demand profile, we expect to see improvements beyond that. This picture has been reflected throughout Wales.
- **Diagnostics:** The expectation was for radiology to be reduced to 300 over eight weeks. There were a couple of hundred patients in cardiac and paediatric MRI categories requiring specialist teams. A plan has been developed and more work was needed to be fully assured.
- **Mental Health:** part 1 is staying ahead of the 80% requirement in July and it was requested for CAMHS to be reported separately. Part 1b is the interventions group therapies which require a 56 day cycle split into 28 day assessment and 28 day intervention. There was improvement on this from 71% increasing to 82% in July. Through discussions with WG, amendments had been made to how this will be presented to see further improvements. Care and treatment plans in Part 2 were also down and a piece of work was being undertaken to release care and treatment planning from psychiatrists to other professions.
- Regarding CAMHS only the primary care element would be looked at. Given the steady improvement in primary care plans, there was confidence when Specialist CAMHS is repatriated back into the Health Board there would be further improvements. The Committee was informed CAMHS repatriation was reported regularly through a formal project management process and indications showed this was going to plan.

The Committee:

- **NOTED:** Year to date performance for 2018-19 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)

SD: 18/052 PERFORMANCE MAPPING

Dr Sharon Hopkins, Director of Public Health informed the Committee that the process of performance mapping would look at the Welsh Government Delivery Plan targets and how they align to the different Committees to avoid duplication and overlap. The Director of Corporate Governance had completed an initial draft which has been distributed to the various leads. This was to ensure we were doing things effectively as a Board as well as at Committee level. There was linkage of the mapping process to the strategic objectives and outcomes.

ACTION: A report would be brought to the November meeting

The Committee:

- **NOTED** the update on Performance Mapping

SD: 18/053 TRANSFORMATION PROGRAMME

Dr Sharon Hopkins, Director of Public Health informed the Committee that this was an oversight programme which comprised of 7 enabling streams and 10 projects; these were crosscutting and contextual issues which needed to be solid in the organisation. This was an update on significant progress on a couple of areas of clinical improvement programmes to give some strength in approaches to go across the organisation. A few projects that had not worked were moved from transformation into an improvement basket. There was a need to get to a systematic approach for infrastructure, transformation and improvement as there is no clear systematic approach to project management and continuous service improvement. These two things need to be brought together. It would enable a clear and generic base in the transformation work which in turn would get the infrastructure solid.

The Committee:

- **NOTED** the content and scale of the programme and progress on the:
 - application against the Welsh Government Transformation Fund ; implementation of the Health pathways programme
 - development of dashboards
 - systemisation of project management and continuous service improvement approaches

SD: 18/054 EMPLOYMENT POLICIES REPORT

Mr Martin Driscoll, Director of Workforce and OD presented the Employment Policies. Two points were highlighted in the policy and was concerned that the appeals process did not ask for a professional adviser or did not have professional input before being signed off. The Committee was content to **ENDORSE** the policy but for the concerns to be raised at an all Wales Forum.

ACTION: Martin Driscoll to raise two points at the Forum

The Committee:

- Formally **ADOPTED** the revised NHS Wales Capability Policy
- **APPROVED** the recommendation that the following Employment 'Policies' be re-designated as Procedures
 - Fixed Term Contract Policy
 - Professional Registration Policy
- **AGREED** that the Professional Registration Policy should be rolled forward for a further 3 years but as a Procedure
- **APPROVED** the full publication of these documents in accordance with the UHB Publication Scheme

SD: 18/055 COMMITTEE WORKPLAN AND STANDARD AGENDA ITEMS

The workplan and standard agenda items had not been completed and this will be reviewed at the Management Executive meeting.

ITEMS FOR INFORMATION AND NOTING

SD: 18/056 MINUTES FROM OTHER COMMITTEES

The Committee **NOTED** and **RECEIVED** the minutes of the following:

- South Central and East Wales Regional Planning and Implementation Group – 12 July 2018
- Information Technology & Governance sub-Committee – 13 June 2018

In regard to WCCIS, there had been meetings with NWIS, Cardiff Local Authority and Cardiff and Vale UHB. Discussions had been ongoing raising elements of concern.

SD: 18/057 DATE OF NEXT MEETING

The next meeting would be held at 9.00am on Tuesday 6 November 2018 in the Corporate Meeting Room, HQ, UHW.

CONFIRMED MINUTES OF THE FINANCE COMMITTEE

HELD ON 29th AUGUST 2018

LARGE MEETING ROOM, HQ, UHW

Present:

John Union	Chair (Finance Committee)
Charles Janczewski	Vice Chair (Board)
Abigail Harris	Director of Strategic Planning
Chris Lewis	Deputy Director of Finance
Len Richards	Chief Executive
Steve Curry	Chief Operating Officer

In Attendance:

Secretariat:

Paul Emmerson	Finance Manager

FC – 18/231 WELCOME AND PURPOSE OF THE COMMITTEE

The Chair welcomed everyone to the meeting.

FC – 18/232 APOLOGIES FOR ABSENCE

Apologies were received from John Antoniazzi, Maria Battle, Andrew Gough, Dr Sharon Hopkins, Martin Driscoll, Robert Chadwick and Ruth Walker.

FC – 18/233 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 – 18/234 MINUTES OF THE FINANCE COMMITTEE HELD ON 25th JULY 2018

The Committee **RECEIVED** and **APPROVED** minutes of the meeting held on 25th July 2018.

FC - 18/235 ACTION LOG FOLLOWING THE LAST MEETING

The Committee **RECEIVED** the Action Log from the meeting of 25th July 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.

FC - 18/225 DETAILED REVIEW OF THE FORECAST YEAR END POSITION AT CLINICAL BOARD LEVEL TO BE UNDERTAKEN AFTER THE CONFIRMATION OF THE MONTH 4 POSITION. **Incomplete** – Update to be provided in the month 5 Finance report

FC - 18/225 THE NURSING PRODUCTIVITY GROUP TO BE ASKED TO EXPLORE THE LIKELY IMPACT OF INTRODUCING A WEEKLY PAYROLL FOR PAYMENT OF BANK STAFF. **Incomplete** – Raised with the Nursing Productivity Group. Future progress will be reported back to the Finance Committee. The UHB Vice Chair (CJ) asked for a confirmation of the date when this would be reported back to the Committee.

FC - 18/236 FINANCE REPORT AS AT MONTH 4

The Deputy Director of Finance presented the UHB's financial performance to month 4 and brought the Committee's attention towards the following key messages:

- The forecast year end deficit had improved by £10m in month from £19.9m to £9.9m following confirmation in August of an additional £10m Annual Operating Plan funding from Welsh Government. Welsh Government had not confirmed that the funding would be allocated to the UHB on a recurrent basis and it was expected that any additional allocations in 2019/20 would be dependent on the UHB continuing to maintain and improve financial and operational performance.
- The UHB's assessed underlying deficit position remained at £39.1m and reducing this further was the principal financial challenge facing the UHB.
- The UHB had a fully developed savings programme at month 4. The gap against the delegated £33.780m savings target which was covered by corporate schemes at month 4 had fallen from £4.6m to £3.5m in month. All Clinical Boards continued to be pressed to meet their 2018/19 delegated savings targets.

- A further £1.5m of opportunities had been identified in month to deliver the £9.266m Financial Improvement Target in full. It was noted that a large proportion of the Improvement Target is being delivered non-recurrently
- Creditor payments compliance against the 30 day Non NHS target had improved again in month and cumulative performance was 94.9% at the end of July. It was noted that the improvement was due to joint work carried forward by both the UHB and NHS Wales Shared Services Partnership.
- Budget performance against the operational plan improved by £0.037m in month to a cumulative overspend of £0.561m. Some pockets of overspend remained a concern.
- Expenditure against the Capital Resource Limit (CRL) at the end of July was £5.848m against a year to date plan of £5.843m and the UHB expected to remain within the approved planned annual CRL of £33.008m.
- The forecast year end cash deficit was now £24.793m and remained RAG rated **red**. The UHB expected to formally request cash assistance from Welsh Government later in the year.
- The UHB's 2018/19 planned deficit of £9.9m meant that the UHB did not expect to remain within the revenue resource limit in 2018/19 and this remained RAG rated **red**.
- The UHB's assessed underlying deficit position was £39.1m at month 4 and this is RAG rated **red**.

An in month surplus of £0.251m and a cumulative deficit of £0.674m was reported against income budgets. A query was raised by the UHB Vice Chair (CJ) who asked if the UHB was over delivering against the WHSSC SLA. The Deputy Director of Finance informed the committee that the Central WHSSC LTA position outlined in Table 6 of the report did not report a material variance, as the over and underperformance was predominantly reflected within Clinical Boards. The UHB was currently delivering significantly more activity than the established WHSCC baseline which led to increased income recovery through Clinical Boards although this was partly offset by the UHB's share of the increase in WHSCC commissioning costs.

In total pay budgets improved in month to an underspend for the year to date of £0.130m. The in month increase in the overspend against medical posts was highlighted and it was noted that the level of overspend against nursing had fallen in month.

The medical pay overspend was due to coverage of staffing gaps in Women and Children services and the provision of additional sessions in Diagnostics. In response to a query from the UHB Vice Chair (CJ) on whether the UHB was receiving a return on its investment the Director of Operations confirmed that the Diagnostics spend was linked to additional demand and the UHBs commitment to meet Welsh Government waiting list targets for diagnostics.

The UHB Vice Chair (CJ) asked whether the UHB had been provided with assurance that the cost of the 2018/19 NHS pay award would be covered by additional Welsh

Government funding. The Deputy Director of Finance confirmed that the cost of a 1% pay award had already been funded by Welsh Government and that the UHB had been instructed by Welsh Government to assume that the additional costs arising from a revised pay award agreement would also be met centrally by Welsh Government. The Chief Executive confirmed that the UHB's assumption of additional Welsh Government funding to meet the cost of a revised pay award was consistent with assumptions across other Welsh Health Boards.

Moving onto the nursing position the Finance Committee Chair (JU) asked whether the Committee could be provided with further assurance that the UHB was on track in managing the current nursing pressures and resultant overspend. The Chief Executive confirmed that the UHB had already invested additional resources in 2018/19 to fully fund the implementation of the Nurse Staffing Levels legislation and in this context the Finance Committee agreed that the Executive Nurse Director should be invited to provide a future meeting with a report that provided a wider overview in respect of the issues and metrics driving the nursing overspend.

ACTION: Executive Nurse Director

The Deputy Director of Finance advised the Committee that the UHB would need to monitor the medical and dental pay position particularly in the Women & Children & CD & T Boards in light of the rising overspend and in response to a query from the UHB Vice Chair (CJ) indicated that the UHB would need to evaluate Clinical Board plans to remedy the overspend following the completion of detailed forecasts for the remainder of the year. In the context of Women and Children the Chief Operating Officer confirmed that remedial plans to address the CRP gap and the medical & dental overspend had been discussed at the Women and Children Clinical Board Performance Review. Deliverable plans has been developed and the Board now faced a challenge to accelerate the delivery of the plans.

The Deputy Director of Finance indicated that the overspend in theatres and orthopaedics clinical services and supplies in the Surgery Clinical Board was subject to further detailed review to determine the drivers of the reported overspend and the levels of stock being carried.

It was noted that the commissioning budgets performed well in month. The favourable in month performance on NHS Long Term Agreements was partially offset by the costs of a small number of high costs individual placements which had now ended. The Chief Operating Officer indicated that the Mental Health Clinical Board had made good progress in repatriating a number of high cost cases and that the continual review of patient placements was an ongoing process.

The UHB Vice Chair (CJ) enquired about the Woodland House capital scheme. The Director of Strategic Planning confirmed that the planned purchase of Woodland House was aimed at consolidating the UHBs corporate functions on one site and releasing costs though a reduction in the number of premises leased by the UHB.

The Chief Executive confirmed that the move was progressing on an invest to save basis and would enable the transfer of non clinical functions from clinical sites whilst maintaining the functionality and visibility of UHB corporate and support services.

To conclude the Deputy Director of Finance reiterated the key concerns and actions required to deliver the financial plan being the delivery of the savings target, delivery of the financial improvement target, managing within current budgets and managing down the underlying deficit.

LIMITED ASSURANCE was provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 4 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 £9.900m for the year;
- **NOTED** the £3.861m deficit at month 4 which includes a planning deficit of £3.300m and is an adverse variance against plan of £0.561m;
- **NOTED** the key concerns and actions being taken to manage risks.

FC - 18/237 CLINICAL BOARDS IN ESCALATION

The Chief Operating Officer confirmed that the Clinical Board Performance review process was focussed on managing exceptions and considered finance, activity and quality and safety performance on a monthly basis. Each Clinical Board is assessed and a level of assurance is determined in respect of performance. The level of assurance is described as either limited, adequate or substantive. The achieved level of assurance is relayed back to the Clinical Board and the Management Executive following the review.

There were currently 3 Boards in escalation where the required level of assurance was not attained in respect to finance, activity and quality and safety. Women and Children had a budgetary overspend and shortfall against savings targets. Surgery had a shortfall against 2018/19 savings targets and a budgetary overspend. The Dental Clinical Board had difficulty in delivering its 2018/19 commitments within its funding envelope and in this context the framework for the management and delivery of services provided through the Dental Clinical Board was under review.

The Finance Committee Chair (JU) asked what the implications for Clinical Boards were if target levels of performance were not met and the Chief Executive indicated that both the Surgery and Women and Children Clinical Boards were actively

pursuing a balanced position. The issues within the Dental Clinical Board would be addressed by the wider review into the Clinical Board.

The Finance Committee:

- **NOTED** the Clinical Boards in escalation and actions being taken to manage performance;

FC - 18/238 NO PURCHASE ORDER NO PAYMENT POLICY

The Deputy Director of Finance confirmed that the No Purchase Order No Payment Policy had been rolled out across the UHB from 1st June 2018.

Under the policy invoices arriving in the system without an order number are returned to the supplier unpaid until an official purchase order is provided. The Chief Executive added that the process was generally recognized as a way of enhancing governance and had already been successfully piloted within the UHB. The Finance Committee Chair (JU) asked if a review of the policy would be undertaken and the Deputy Director of Finance confirmed that a review was scheduled to be brought back to the Committee and asked the Finance Committee to formally adopt the all Wales No Purchase Order No Payment policy.

ASSURANCE was provided by:

- The development of a standard policy for NHS Wales for which the UHB had an input;
- The pilot project within corporate departments which tested the practicalities of application of the No PO No Pay Policy;
- Monthly reporting of the UHBs public sector payment compliance to the Finance Committee.

The Finance Committee:

- **APPROVED** the adoption of the All Wales No PO No Pay Policy.

FC - 18/239 COST REDUCTION PROGRAMME

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

- At the end of the month, £30.263m of opportunities had been identified as Green or Amber against the devolved 4% savings target of £33.780m leaving a gap of £3.517m
- £20.764m has been identified against the £25.335m recurrent 3% element of the devolved target.

- £9.499m has been identified against the £8.445m non-recurrent 1% element of the devolved target.
- As at month 4 £12.022m of cross cutting opportunities had been identified as Green or Amber contributing towards the delivery of the £33.780m devolved CRP target.

The Deputy Director of Finance highlighted the £3.517m gap against the overall delegated 2018/19 CRP target and stressed that whilst this was covered by the identification of additional corporate opportunities that Clinical Boards were still required to reach their delegated targets in 2018/19.

The Committee was informed that the UHB now had a full financial improvement plan in place following the identification of a further £1.5m of non recurrent opportunities and was asked by the Deputy Director of Finance to note the actions that had been taken to meet the target in full. The plan had been met through a combination of slippage on planned investments, budget underspends, cost avoidance and technical opportunities and the Committee was assured that none of these measures would have a detrimental impact upon service delivery.

The UHB Vice Chair (CJ) referred to the WTE tracker and asked for assurance that the workforce and financial plan were aligned and would deliver the UHB's financial objectives. The Chief Executive confirmed that the implications of savings plans on the UHB's workforce were worked through and added that the UHB expected the relationship between finance and workforce planning to be further strengthened in the next iteration of the IMTP. It was also noted that the impact of the UHB's savings plans on overall WTE figures would be reduced by Welsh Government investment in all Wales priorities which required an investment in WTEs stretching across years.

In response to a query from the Finance Committee Chair (JU) the Chief Executive confirmed that as a principle non recurrent Welsh Government funding is only used to support time limited posts. It was added that sometimes it was in the interest of the UHB to take a view on whether a post could be filled with substantive staff if for example in the context of RTT this represented better value for money than outsourcing and the risks could be managed through underlying staff turnover.

The Finance Committee:

- **NOTED** the progress against the £33.780m devolved 2018/19 CRP target and the Cross Cutting contribution
- **NOTED** that the £9.266m improvement target had been achieved without any adverse impact on service delivery.

FC - 18/240 RISK REGISTER

The Deputy Director of Finance presented the 2018/19 Risk Register and informed the Finance Committee that the risk of critical care investment in advance of

approved funding from the critical care network and the risk of additional winter plan investment in advance of Welsh Government funding are now included on the risk register with both risks being scored as moderate risks.

In respect of the critical care monies the Chief Executive confirmed that the UHB had already lodged a bid with Welsh Government and that positive discussions had also taken place with Welsh Government officers in respect of additional winter pressures funding.

The Finance Committee:

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

FC - 18/241 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES

No other items to bring to the main Board.

FC - 18/242 ANY OTHER BUSINESS

In relation to the bid for transformation funding to advance Health and Social Care in line with the Welsh Government plan for “A Healthier Wales” the Chief Executive advised the Committee that the UHB had received positive feedback for the coordinated bid made through the Regional Partnership Board.

FC - 18/243 DATE AND TIME OF NEXT MEETING

Wednesday 26th September; 2.00pm; Large Meeting Room, HQ, UHW

CONFIRMED MINUTES OF THE FINANCE COMMITTEE

HELD ON 26th SEPTEMBER 2018

LARGE MEETING ROOM, HQ, UHW

Present:

John Union	Chair (Finance Committee)
Charles Janczewski	Vice Chair (Board)
Andrew Gough	Assistant Director of Finance
Chris Lewis	Deputy Director of Finance
Len Richards	Chief Executive
Martin Driscoll	Executive Director of Workforce and Organisational Development
Nicola Foreman	Director of Corporate Governance
Robert Chadwick	Executive Director of Finance
Steve Curry	Chief Operating Officer

In Attendance:

Mark Jones	Welsh Audit Office

Secretariat:

Paul Emmerson	Finance Manager

FC – 18/244 WELCOME AND PURPOSE OF THE COMMITTEE

The Chair welcomed everyone to the meeting.

FC – 18/245 APOLOGIES FOR ABSENCE

Apologies were received from John Antoniazzi, Maria Battle, Abigail Harris, Dr Sharon Hopkins, and Ruth Walker.

FC – 18/246 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 – 18/247 MINUTES OF THE FINANCE COMMITTEE HELD ON 29th AUGUST 2018

The Committee **RECEIVED** and **APPROVED** minutes of the meeting held on 29th August 2018 subject to an amendment to minute FC - 18/236 where the reference to the UHB Chair is to be amended to the UHB Vice Chair.

FC - 18/248 ACTION LOG FOLLOWING THE LAST MEETING

The Committee **RECEIVED** the Action Log from the meeting of 29th August 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 and the revised TOR and covering paper had been relayed for inclusion on the agenda of the Board meeting scheduled for 27th September 2018.

FC - 18/225 DETAILED REVIEW OF THE FORECAST YEAR END POSITION AT CLINICAL BOARD LEVEL TO BE UNDERTAKEN AFTER THE CONFIRMATION OF THE MONTH 4 POSITION. **Incomplete** – Deadlines for forecasts had been extended to ensure Clinical Board ownership particularly in respect of the improvement plans. An update is to be provided in the month 6 Finance report

FC - 18/225 THE NURSING PRODUCTIVITY GROUP TO BE ASKED TO EXPLORE THE LIKELY IMPACT OF INTRODUCING A WEEKLY PAYROLL FOR PAYMENT OF BANK STAFF. **Incomplete** – Raised with the Nursing Productivity Group. Future progress will be reported back to the Finance Committee. The Executive Nurse Director is generally unable to attend the Finance Committee when it is held on the last Wednesday of the month due to national and external commitments. The Executive Nurse Director has offered to arrange a meeting with the independent members on the Finance committee to provide assurance of Corporate Nursing actions if required. In addition the possibility of using the last Thursday in each calendar month where there was not a scheduled Board meeting would be investigated.

ACTION

Finance Committee Secretariat

FC - 18/249 FINANCE REPORT AS AT MONTH 5

The Deputy Director of Finance presented the UHB's financial performance to month 5 and brought the Committee's attention towards the Month 5 Finance Dashboard where three of the measures were rated as red as follows:

- The UHB's 2018/19 planned deficit of £9.9m meant that the UHB did not expect to remain within the revenue resource limit in 2018/19 and this remained RAG rated red.
- The UHB's assessed underlying deficit position was £39.1m at month 4 and this is RAG rated red.
- The forecast year end cash deficit was now £24.793m and remained RAG rated red. The UHB expected to formally request cash assistance from Welsh Government later in the year.

The UHB had reported a deficit of £4.913m for the year to date which was made up of a planning deficit of £4.125m (5/12 of the £9.9m planned deficit) and a £0.788m adverse variance against plan.

The variance against the plan had deteriorated by £0.227m in month and in this context the UHB Vice Chair (CJ) asked whether the UHB was confident of remaining within its 2018/19 planned deficit. The Deputy Director of Finance indicated that the current overspend against plan was a relatively small percentage of the UHBs total expenditure and advised that the Clinical Board year-end financial forecasts would be reported to the next committee meeting to provide assurance that the UHB was on track to deliver the 2018/19 financial plan. The forecasts would also provide the UHB with an additional tool for the monthly management of financial performance moving towards year end. All forecasts would be subject to technical scrutiny by the Finance Team and those forecasts that were not deemed to be reasonable would be scrutinised further through a round of meetings with representation from the Executive Team.

In respect of current pressure points the Director of Finance indicated to the Committee that work had already progressed with the Executive Nurse Director and Chief Operating Officer to analyse and secure the nursing position and that the non delivery of savings programmes would also now attract additional focus. The Chief Operating Officer added that there had been a favourable shift in the rates of overspend in areas where the UHB had concentrated its attention.

Turning back to performance for the year to date, the Deputy Director of Finance highlighted a £0.250m in month deficit and a cumulative deficit of £0.924m against income budgets.

The UHB Vice Chair (CJ) asked for assurance that the UHB's management of income was as strong as its cost management. The Deputy Director of Finance confirmed that the two main areas of under-recovery related to NHS patient related

income and other operating income which in turn were both determined by the level of patient activity delivered. Some under-recoveries were balanced by a reduction in commissioning costs through WHSCC e.g. critical care. However this was not the case in all areas particularly where there was evidence of a declining trend in referrals from other Health Boards e.g. orthopaedics. In this context the Committee was advised that it was unlikely that all of the underperformance against income would be recovered in year and that the UHB would need to recognise any recurrent shifts in activity into its future operational plans.

Moving on to pay expenditure the Committee was directed towards the analysis of fixed and variable pay costs in Table 7 and informed that the UHB was spending more on nursing agency and temporary medical staff for the year to date compared to the first five months of 2017/18. The Finance Committee Chair (JU) asked for clarification of the UHB's strategy in respect of the use of agency nursing. The Director of Finance informed the Committee that the UHB's policy was in the first instance to employ more substantive nurses to reduce the number of vacant posts and secondly to expand the availability of bank nurses. To date the expansion of the nursing bank had not gained enough traction to enable the UHB to maintain safe levels of capacity without the continuing use of agency staff. The Chief Executive confirmed that the significant progress already made by the Corporate Nursing team to eradicate the use of off contract agency nursing and non-qualified agency staff provided assurance that the UHB's nursing agenda was moving forwards and that nursing pressures were being tackled in line with UHB policy.

The continuing nursing overspend was noted alongside the increasing overspend against Medical and Dental pay budgets where there were pressures in Women and Children services and Diagnostics posts. In response to a query from the UHB Vice Chair (CJ) it was clarified that the overspend against Diagnostics posts was linked to investment in increased capacity to improve performance against targets as opposed to the maintenance of current performance.

The Finance Committee Chair (JU) asked whether the UHB expected any additional pressures to arise from recent NHS pay announcements. The Director of Workforce and Organisational Development confirmed that the detail of the agreement was relatively complex and that staff would be fully briefed so that the implications could be understood. The Deputy Director of Finance indicated that in line with communication from Welsh Government that the UHB was assuming that the additional costs would be fully funded and that an all Wales Working Group was responsible for advising Welsh Government on the additional costs of the 2018/19 pay award. Additional funding was expected to be provided on a provider basis in 2018/19 and on a commissioner basis from 2019/20 onwards. In this context it was important that 2019/20 LTA uplifts recognised the impact of the pay awards to ensure that the UHB which provided a relatively high proportion of its services to other commissioners was not disadvantaged.

In respect of non pay the Deputy Director of Finance highlighted a significant in month overspend against clinical services and supplies primarily due to pressures in theatres and diagnostics. In this context the UHB Vice Chair (CJ) asked what controls were in place to ensure that the UHB was using cost effective clinical supplies. The Director of Finance indicated that the cross cutting procurement scheme was focussing on areas of high spend in respect of clinical supplies initially working with clinicians in orthopaedics and that the work programme was now moving onto other areas. In addition the UHB was looking at theatre activity to ensure that stock levels were optimised and that the spend on clinical supplies and consumables was consistent with levels of activity delivered.

The Committee was informed that there was a £0.436m favourable variance against LTAs at month 6 and in respect of a query from the Vice chair (CJ) the Chief Operating Officer confirmed that the UHB had made good progress in repatriating out of area mental health placements.

Significant pressures within the Women & Children, Medicine, Surgery and Mental Health Clinical Boards were reported. It was noted that the overspend in Mental Health was starting to slow down, however a significant in month pressure had emerged in Clinical Diagnostics and Therapies (CD & T). The Deputy Director of Finance confirmed that any longer term pressures would be drawn out in the forecasting exercise to be completed for the October Finance Committee. The Chief Operating Officer indicated that following confirmation of the month 5 position lead officers in the CD & T Clinical Board had met to take immediate action to limit the impact of emerging pressures.

The Vice Chair (CJ) noted that 7 out of 8 Clinical Boards were reporting a year to date overspend and asked whether the escalation process required further consideration. The Chief Operating Officer indicated that further evolution of the current process would continue and added that the correct issues needed to be factored in if the process was to remain meaningful. Currently the drivers of overspends were considered alongside current performance and recovery plans and actions of Clinical Boards before moving into the escalation process.

It was confirmed that the UHB had a full Savings and Financial Improvement Programme in place and that there had been no movement in the underlying deficit in month.

The Committee was informed that the UHB expected to request approximately £26m of cash support from Welsh Government to cover the forecast shortfall in cash at year end. In response to a query from the Committee Chair the Deputy Director of Finance indicated that the UHB had already signalled this requirement to Welsh Government through the UHB's monthly monitoring return. It was noted that the timing of confirmation of cash support to be provided may have an impact on the UHB's Public Sector Payment Compliance score.

The Committee noted the continuing improvement in the UHB's Public Sector Payment Compliance score and the Deputy Director of Finance reminded the Committee that the improving position was a reflection of progress made by both NWSSP and the UHB.

The rate of spend against the capital resource limit had improved in month and the Deputy Director of Finance confirmed that the current overspend against plan would be recovered before the year end. The Finance Committee Chair (JU) asked if the purchase of Woodland House was supported by brokerage and the Deputy Director of Finance confirmed that this was the case and that the brokerage was expected to be repaid from 2019/20 capital receipts.

To conclude the Director of Finance highlighted that the operational overspend and underlying deficit remained the two main financial concerns for the UHB.

LIMITED ASSURANCE was provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 5 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 £9.900m for the year;
- **NOTED** the £4.913m deficit at month 5 which includes a planning deficit of £4.125m and an adverse variance against plan of £0.788m;
- **NOTED** the key concerns and actions being taken to manage risks.

FC - 18/250 CLINICAL BOARDS IN ESCALATION

The Chief Operating Officer confirmed that there were currently 4 Boards in escalation where the required level of assurance was not attained in respect to finance, activity and quality and safety. As previously outlined Women and Children had a budgetary overspend and shortfall against savings targets, Surgery had a shortfall against 2018/19 savings targets and a budgetary overspend and the Dental Clinical Board had difficulty in delivering its 2018/19 commitments within its funding envelope. In addition the Specialist Clinical Board was now being supported to improve Referral to Treatment (RTT) times.

It was noted that progress had been made in Women and Children to reduce medical staff pressures. Advances had also been made in Surgery to secure the 2018/19 savings target, to reduce pressure on nurse specialising and clinical supplies. Specialising had been reduced with learning from the Medicine Clinical Board and an

increasing focus on stock management was being applied to reduce pressure in respect of clinical supplies. The framework for the management and delivery of services provided through the Dental Clinical Board was under review through consultation.

The Finance Committee:

- **NOTED** the Clinical Boards in escalation and actions being taken to manage performance;

FC - 18/251 COST REDUCTION PROGRAMME

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

- At the end of the month, £31.201m of schemes had been identified as Green or Amber against the devolved 4% savings target of £33.780m, leaving a gap of £2.579m
- £21.041m has been identified against the £25.335m recurrent 3% element of the devolved target.
- £10.160m has been identified against the £8.445m non-recurrent 1% element of the devolved target.
- As at month 4 £12.264m 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 highlighted the £2.579m gap against the overall delegated 2018/19 CRP target and stressed that whilst this was covered by the identification of additional corporate opportunities that Clinical Boards were still required to reach their delegated targets in 2018/19.

The Committee was informed that the full year effect of recurrent savings schemes was £0.472m more than the 2018/19 recurrent target and the Director of Finance added that further progress on recurrent schemes was expected in 2018/19 which should in turn help to minimize the UHBs underlying deficit moving into 2019/20.

It was noted that the impact on Whole Time Equivalents (WTE) was also now identified on the UHBs Tracker Summary and that this information would be useful in workforce planning.

The Finance Committee:

- **NOTED** the progress against the £33.780m devolved 2018/19 CRP target and the Cross Cutting contribution
- **NOTED** that the £9.266m improvement target had been achieved without any adverse impact on service delivery.

FC - 18/252 RISK REGISTER

The Assistant Director of Finance presented the 2018/19 Risk Register and informed the Finance Committee that one new risk had been added to the register in respect of the payment of working time directive holiday pay for staff working overtime. This was a national issue and current estimates suggested that the risk to Cardiff and Vale UHB could be circa £0.400m p.a.

It was highlighted that 2 red risks remained on the register in respect of the underlying deficit and the delivery of the 3% recurrent CIP. It was noted that these risks would be reviewed before the next Finance Committee meeting.

The Finance Committee:

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

FC - 18/253 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES

No other items to bring to the main Board.

FC - 18/254 DATE AND TIME OF NEXT MEETING

Wednesday 31st October; 2.00pm; Large Meeting Room, HQ, UHW

**CONFIRMED MINUTES OF THE
MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE
(MHCLC)
HELD AT 10.00AM ON TUESDAY 26TH JUNE 2018
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Charles Janczewski

Eileen Brandreth

MHCLC Chair and Vice Chair of Cardiff and Vale UHB

Independent Member and MHCLC Vice Chair

In attendance:

Steve Curry

Ian Wile

Sunni Webb

Chief Operating Officer (Lead Executive for Mental Health)

Director of Operations, Mental Health

Mental Health Act Manager

Julia Barrell

Dr. Graham Shortland

Jeff Champney Smith

Dr. Jane Hancock

Dr. Robert Kidd

Mental Capacity Act Manager

Medical Director (Lead Executive for Mental Capacity)

Chair, Hospital Managers Power of Discharge Sub-Committee

Service User Representative

Consultant Clinical & Forensic Psychologist

Apologies:

Jayne Tottle

Peter Welsh

Sara Moseley

Dr. Jenny Hunt

Kay Jeynes

Amanda Morgan

Lucy Phelps

Mental Health Clinical Board Nurse

Director of Corporate Governance

Independent Member

Clinical Psychologist

Director of Nursing, PCIC

Service User Representative

Service User Representative

Secretariat:

Helen Bricknell

MHCLC 18/01 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

MHCLC 18/02 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

MHCLC 18/03 DECLARATIONS OF INTEREST

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

- It was noted that the Chair attends WHSSC meetings.
- It was noted that Dr. Robert Kidd is a member of the All Wales AC Approval group.

MHCLC 18/04 MINUTES OF THE PREVIOUS MEETING OF THE MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE HELD ON 6TH FEBRUARY 2018

The minutes were **RECEIVED** and **CONFIRMED** as a true and accurate record for 6th February 2018.

The Chair opened up for any matters arising from the minutes:
No Matters Arising to record.

MHCLC 18/05 ACTION LOG REVIEW

MHCLC 16/129: DoLS Covering Report. This item is complete.

All other items have been completed and will be removed from the Action Log.

MHCLC 18/06 ANY OTHER URGENT BUSINESS AGREED WITH THE CHAIR.

There was no other urgent business.

MHCLC 18/07 DEPRIVATION OF LIBERTY SAFEGUARDS MONITORING REPORT

The Medical Director delivered a brief outline of the report, including the limited assurance given by the recent Internal Audit on DoLS. Regular performance meetings are underway.

There are inadequate numbers of staff trained on the DoLS legislation. The All Wales HIW/CSW DoLS report has been published. This has been discussed by the DoLS Partnership Board and also with Internal Audit department.

All Health Boards across Wales have been struggling to uphold the legal timescales for completing DoLS authorisations.

Internal Audit report stated that that timescales for making the authorizations are delayed and therefore it is logged on the Risk Register. Internal Audit is

working with the Medical Director to agree a set of standards and performance indicators to ensure consistency with the HIW/CSW DoLS report.

The Chair advised the Committee that the Audit Committee has also considered the Internal Audit report and has indicated that the UHB needs to set realistic action plans when trying to complete the recommendations contained within the report. The following points were discussed:

- What percentage of workforce is required to undertake the training?
- What is the cumulative training undertaken per Clinical Board and the percentage of staff within that Board that need the training?
- It was stated that between Cardiff Council and the Vale, individuals are waiting up to a year for their DoLS authorisation and there is a risk of unlawful deprivation of liberty being identified through the Courts.
- A recent court case has established that patients receiving life sustaining care in hospital are not being deprived of their liberty. They therefore do not require a DoLS authorization.

ACTION: Medical Director to work with Internal Audit to determine a suitable timescale for completion of report recommendations and establishing suitable standards and Performance Indicators.

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

The Committee **AGREED** actions to be taken in light of the Internal Audit Limited Assurance

MHCLC 18/08 MENTAL CAPACITY ACT MONITORING REPORT

The Medical Director presented the report. A number of actions have been put in place to improve the Mental Capacity Act training

The Mental Capacity Act Manager stated that more clinical staff have completed the training but there is still limited evidence that the Act is being used appropriately and becoming embedded in clinical practice. However, in some Clinical Boards it seemed that Drs' uptake of MCA training was very low.

It was noted that CD&T, Medicine and Mental Health Clinical Boards have not provided any updates on what they are doing to embed MCA within clinical practice.

ACTION: The Medical Director will write to each Clinical Board to request that they develop an action plan for MCA, with particular emphasis on MCA training for Drs and dentists, to be reported at the next MHCLC meeting. The Chief Operating Officer will lend support.

ACTION: The Chair asked the Medical Director to report back on progress at the next meeting on the actions he will take as set out in the report.

The Chief Operating Officer said that there will come a time where measures will have to be taken if MCA does not become embedded. The chair will consider an escalation process, if considered necessary, with the support of the committee. An effort will be made to obtain bench-marking data from other parts of Wales. .

A question was raised about whether there are consequences with non-compliance with mandatory training – e.g. pay progression and PADRs. In response, it was noted that the Executive Director of Workforce is looking at the issues surrounding this.

The Committee **NOTED** the report and action that the Medical Director is taking to improve doctors' compliance with Mental Capacity Act training with the Mental Capacity Act Manager.

MHCLC 18/09 MENTAL HEALTH ACT EXCEPTION REPORT

The Mental Health Act Manager, Ms. Sunni Webb gave a brief outline indicating within the last quarter there have been three incidents of non-compliance with the Mental Health Act.

- Two issues have been addressed between the Approved Mental Health Professionals and the Emergency Duty Team Service and their approval process.
- The third breach involved a young person in Accident and Emergency department on Section 136, a management plan is now in place and no further issues have arisen.

The above cases have been passed to the Legal team for further advice. Training for officers across the board who will be involved in Mental Health Act assessments was discussed.

The Committee **NOTED** the report for assurance

MHCLC 18/10 MENTAL HEALTH MEASURE MONITORING REPORT

The Director of Operations, Mr. Ian Wile gave a brief overview of the report, including Part 1A of the Mental Health Measure, the 28 day referral process and Part 1b, the follow up within 28 Days following an assessment to receive treatment (56 day period in total).

The Mental Health Clinical board is meeting Part1a of the Measure consistently however it was breached under Part 1b last month. This is largely due to the introduction of Matrics Cymru which requires a broader and deeper

implementation of the range of Psychological Interventions as part of the Part 1 scheme. To enable consistent compliance with the measure Ian Wile contacted Welsh Government for advice on its implementation and Mr. Wile will report back at the next meeting.

ACTION: Ian Wile to provide update at next meeting

Within Part 2, it is a legal right for every service user to have a Care and Treatment Plan. Recently the patient register on PARIS has been cleansed of duplications of care plans and reduced the overall number. This has resulted in the amount of doctors without care plans for patients they are caring for alone has become a bigger proportion of the whole number leading to a breach of 5%. This equated to circa 150 patients.

The long term plan for these patients with very low need on medical caseloads is to be discharged from services. Until that time Mr. Wile will discuss with medical staff the issues being these figures with a view to recovering the target for the September reporting period.

The Chief Operating Officer mentioned best practices need to be followed. A service user mentioned on-going issues with care and treatment plans and having to utilize their own named nurse within the services who may not be readily available due to their substantive hours of working. An issue surrounding an advanced directive which will be brought up with the Medical Director or Nurse Director on an individual basis.

The D.U undertook an All Wales review of the quality of Care and Treatment plans a few months ago to highlight whether the plans are being used as therapeutic tools or not. When the report is disseminated it will be reported to the Committee. The Advocacy Service has been reported on 100%.

The Committee **NOTED** the report.

MHCLC 18/11 PCIC PRESENTATION

The presentation was delivered by Director of Operations, Rachel Burton of Children/Women Clinical Board on Meeting the legal implications of Part 1 Mental Health Measures for CAMHS and repatriation.

The Committee has **RECEIVED** the presentation.

MHCLC 18/12 MENTAL HEALTH OPERATIONAL GROUP

The Director of Operations, Mr. Ian Wile gave a verbal update stating that the group is up and running. Dr. R Kidd mentioned there were high attendance levels, focusing on highly operational matters and discussing what is affecting the quality of the work within the Mental Health Act.

Minutes from the previous Mental Health Legislation and Governance group have been brought back to allow continuous working on some Agenda items which pose a difficulty to the service.

Representation from the AMHP services at the meeting, feedback from both Local Authorities. Approved Mental Health Professionals do meet at their own group and the minutes from their forum have been invited to feed into those minutes of the Operational Group.

There have been discussions around the usage of Section 136 and further information has been given by Prof Richard Jones. The accuracy of Care and Treatment Plans to feed back at the next Mental Health Quality and Safety meeting. The interfaces with other legislation, DoLS and Mental Capacity Act will also be discussed. The Terms of Reference for this meeting was agreed by the Chair.

The Committee **NOTED** the verbal report.

MHCLC 18/13 COMMITTEE WORKPLAN

The Chair introduced the revised Work-plan and offered for any feedback.

The Committee **AGREED** the Work-plan

MHCLC 18/14 DOCUMENTS FOR COMMITTEE APPROVAL

The Committee:

- **APPROVED** the Community Treatment Order Policy
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Community Treatment Order Procedure
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Hospital Manager's Scheme of Delegation Policy
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Hospital Manager's Scheme of Delegation Procedure
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Section 5(2) Doctors' Holding Power Policy
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Section 5(2) Doctors' Holding Power Procedure
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Section 5(4) Nurses' Holding Power Policy
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Section 5(4) Nurses' Holding Power Procedure
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

MHCLC 18/15 HOSPITAL MANAGERS POWER OF DISCHARGE SUB COMMITTEE MINUTES / HOSPITAL MANAGERS POWER OF DISCHARGE HANDBOOK /

Power of Discharge Recommendations

The Committee **SUPPORTED** the **RECOMMENDATIONS** of the Chair.

MHCLC 18/16 REVIEW OF THE MEETING

The Chair asked for any opinions or views from the committee, it was mentioned that the slight changes of the agenda worked well. It was mentioned that it was good to see the fruition of the Operational Group

MHCLC 18/17 DETAILS OF NEXT MEETING

The next meeting will be held on Tuesday 23rd October 2018 at 10am, Boardroom, Headquarters, University Hospital of Wales.



GIG
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WALES

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

**CONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE HELD
AT 9.30am on 10 JULY 2018 IN THE CORPORATE MEETING ROOM,
HEADQUARTERS, UNIVERSITY HOSPITAL OF WALES (UHW)**

Present:

Michael Imperato

Akmal Hanuk

Charles Janczewski

Independent Member – Legal (Chair)

Independent Member - Local Community

Independent Member (Vice Chair)

In attendance:

Carl Ball

Case Manager/Personal Safety Adviser (for
agenda item HSC: 18/145)

Charles Dalton

Head of Health and Safety

Martin Driscoll

Director of Workforce and OD

Stuart Egan

Health and Safety Staff Lead

Carol Evans

Assistant Director of Patient Safety and Quality

Emma Foley

Case Management Officer (for agenda item HSC:
18/145)

Abigail Harris

Director of Planning

Fiona Kinghorn

Deputy Director of Public Health

Jon McGarrigle

Head of Energy and Performance (representing
Geoff Walsh)

Alun Morgan

Assistant Director of Therapies and Health
Sciences (representing Fiona Jenkins)

Sian Rowlands

Head of Corporate Governance (representing
Peter Welsh)

Apologies:

Steve Allen

CHC Representative

Rachael Daniel

Health and Safety Adviser

Fiona Jenkins

Director of Therapies and Health Sciences

Peter Welsh

Director of Corporate Governance

Geoff Walsh

Director of Capital, Estates and Facilities

Observer:

Holly Williams

Quality and Safety Facilitator – Specialist Services
Clinical Board

Secretariat:

Zoe Brooks

Health and Safety Senior Departmental
Administrator



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

PART 1

HSC: 18/141 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

HSC: 18/142 DECLARATIONS OF INTEREST

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

HSC: 18/143 MINUTES OF PREVIOUS MEETING

The minutes of the Health and Safety Committee held on the 10th April 2018 were **APPROVED** and **ACCEPTED** as a true record.

HSC: 18/144 UPDATED ACTION LOG

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

- HSC: 17/058 – the Assistant Director of Patient Safety and Quality informed the Committee that a scoping exercise was due to commence imminently with the work plan being developed over the coming months.
- HSC: 18/132 – the Head of Health and Safety informed the Committee that a newly appointed Health and Safety Adviser would commence on the 23rd July 2018. Part of their role would be to manage Contractors for non estates activities and the Adviser would work closely with the Estates Department to ensure there was a uniform approach and the same standards were being adhered to.

HSC: 18/145 STAFF STORY – PERSONAL SAFETY/CASE MANAGEMENT SUPPORT

Mr Imperato welcomed Mr Carl Ball, Case Manager/Personal Safety Adviser and Mrs Emma Foley, Case Management Officer to the meeting and informed the Committee their presentation would be in relation to personal safety and case management support available to staff.

Mr Ball explained the purpose of the presentation was to highlight the role of the Case Management Team and advised of the four main areas managed by the team; these being:

- Case Management
- Lone Working
- Violence and Aggression Passport Scheme
- Proactive and reactive work in relation to criminal sanctions

Mr Ball briefed the Committee the Case Manager role was introduced by the Health Board in 2009 and since that time all Health Boards/Trusts in Wales now have an equivalent.

Mr Ball highlighted during 2017 there were 334 physical assaults on staff and 504 verbal assaults which resulted in 20 lost time events. In respect of these reported incidents the Case Management Team would assist with the following:

- Meet with staff to offer immediate protection and reassurance.
- Attend court with staff to support them through the process.
- Act as the single point of contact with South Wales Police.
- Send warning letters to patients and visitors regarding their behaviour.
- Support staff that are experiencing domestic abuse.

Mrs Foley then provided the Committee with an overview of the lone worker system. In 2011 the Health Board were issued with devices from Welsh Government to allocate to staff to protect them from risks associated with lone working. These devices had very low usage compliance by staff and two years ago the Health Board researched alternative devices. As a result a new device (Skyguard) was introduced and 638 devices were issued to staff, usage has now improved and is running at around 73%. Mrs Foley stated usage of these devices was regularly monitored and monthly reports were sent to Managers.

Mrs Foley also provided the Committee with details of two cases that demonstrated good use of the devices where escalations had been closed out safely.

To summarise, the presentation highlighted:

- issues relating to violence and aggression.
- the benefits of the Case Management Team and their role.
- the help and support available to staff who witness or who are victims of violence and aggression.

Mr Imperato thanked Mr Ball and Mrs Foley for their comprehensive presentation and invited comments from members.

The Director of Workforce and OD queried the training compliance figure of 728%. The Head of Health and Safety clarified this was set against the Training Needs Analysis (TNA) completed by Managers. 728% demonstrates that more staff completed the e-learning module than were required to do so.

The Independent Member – Local Community queried whether there was many staff on staff incidents. Mr Ball advised any incidents of this nature were referred to Human Resources to investigate.

Mr Hanuk also queried whether many incidents of violence against patients by staff were reported. Mr Dalton advised the Case Management Team is contacted in these circumstances and patients are signposted to the Concerns Department for formal investigation. The Assistant Director of Patient Safety and Quality added these incidents would also be covered by the All Wales Protection Against Vulnerable Adults Policy.

The Deputy Director of Public Health queried the review period for violent warning markers. Mrs Foley advised review periods were set at 3, 6 or 12 months and a decision is then made as to whether the violent warning marker is to be removed or not.

The Committee thanked Mr Ball and Mrs Foley for their presentation, they then left the meeting.

HSC: 18/146 REVIEW OF THE COMMITTEE'S TERMS OF REFERENCE

It was noted the Terms of Reference would be reviewed at the October meeting and would take into account recent organisational changes.

HSC: 18/147 CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)

The Head of Corporate Governance updated the Committee on the current status of the Corporate Risk Assurance Framework (CRAF). Mrs Rowlands reported meetings had taken place to review the current processes and she was working closely with the Health and Safety Department. A further meeting was taking place on the 12th July to look at better planning and how best to take risks forward.

Mrs Rowlands stated new documentation had been established and was being piloted in some areas.

The Independent Member – Local Community queried the timescales for completing this review. Mrs Rowlands advised further details should be finalised at the meeting on the 12th July with the aim to roll out during the next few weeks. An update would be provided to the next meeting.

ACTION – Mrs S Rowlands

The Committee **NOTED** the current status and progress made in relation to the review of the Corporate Risk Assurance Framework (CRAF).

HSC: 18/148 HEALTH AND SAFETY 2017/18 ANNUAL REPORT

The Head of Health and Safety presented the 2017/18 Annual Report to the Committee and highlighted the key points:

- The Health and Safety Committee and its sub- groups have continued to meet on its responsibilities.
- The Health and Safety Executive have been very active in visiting the Health Board taking up significant departmental resource. Although the Health Board has not received any Enforcement Actions during the year, the HSE has continued to pursue the investigation into the contractor fall, this required the Health Board to take formal legal advice. The HSE has made no decision as to whether legal action is warranted.
- Personal injury claims are proportionately higher than other Health Boards at 22% of All Wales claims whilst employing 16% of healthcare staff.
- The number of RIDDOR events has remained constant over the previous years, with little change in either by injury type or clinical board performance.
- Staff reported incidents show that violence and aggression accounts for 52% of all events. During the year, there was a significant increase by 30% in contact injuries.
- Mandatory training of health and safety has significantly improved, with 4 clinical boards achieving the 85% target.
- Conversely tutor led training compliance for both manual handling and violence and aggression has reduced, although a review of the requirement is being progressed.
- The introduction of fees for failing to attend tutor led health and safety training has proved successful in significantly reducing the level of failure to attend on the day.
- The number of prosecutions and other police interventions improved during the period with an 8 year average of 1 conviction a week and a further 2 per week other actions. The Health Board is working closely with the Police, Crown Prosecution Service and Shared Services Legal to improve the Memorandum of Understanding between all parties.
- The lone worker devices continue to be highly valued by staff with average usage being at 73% and devices being in great demand.
- Following the completion of a Manual Handling Proact Audit, the age and quality of patient hoists has significantly improved with 60 new hoists purchased at the commencement of the year and a further 39 ordered ensuring that all obsolete hoists will be replaced.

- COSHH compliance remains at 62% with some areas as low as 30%. Environmental monitoring has continued on a prioritised basis.
- A mental health ligature audit was completed and the findings implemented.
- Mental Health Clinical Board introduced a complete ban on smoking both within its grounds and ward areas.
- A project to improve bariatric patient care has been initiated.
- Notably consistently high Environmental Health Star ratings of food preparation areas and restaurants was achieved during the period.
- Estates continue to enhance contractor control and implementing the same standards for contractors working in other areas is being pursued.
- Needle stick and sharp incidents slightly increased during the period but is still significantly lower than previous to implementing the safer sharps programme. The number of needle stick claims remain lower than the All Wales average.

The Chair thanked Mr Dalton for his comprehensive presentation and invited comments from the members.

The Independent Member (Vice Chair) thanked Mr Dalton for his report and stated that it demonstrated the complexity of health and safety within such a large organisation. He welcomed the structure of reporting and responsibility and that the report highlighted the clinical board's commitment towards health and safety issues.

Mr Janczewski commended the report and Mr Dalton's plans to include any problematic areas into the Priority Implementation Plan as this will aid lessons learnt.

Mr Dalton stated benchmarking against this document was important and the findings will be fed into sub groups such as the Operational Health and Safety Group.

Mr Imperato raised concerns in relation to COSHH compliance and stated further work should be undertaken to improve this. Mr Dalton advised the annual report was to be presented to the August meeting of the Operational Health and Safety Group and this would be highlighted to the Clinical Boards.

ACTION – Mr C Dalton

The Deputy Director of Public Health highlighted the document refers to the Health Board achieving re-validation of Gold in the Corporate Health

Standard, however Platinum was also retained during the period and suggested the report be amended to reflect this.

ACTION – Mr C Dalton

Mr Imperato queried why stress was linked with RSI in relation to personal injury claims. Mr Dalton stated these figures were provided by the NWSSP Legal & Risk Services and would contact them for clarification. He also added he would invite Andrew Hynes, Solicitor for Legal & Risk Services to attend a future meeting to give a presentation on personal injury claims.

ACTION – Mr C Dalton

The Director of Planning thanked Mr Dalton and his team for their work. She asked that page 24 in relation to Policy Lead be changed from herself to Mr Walsh, Director of Capital, Estates and Facilities.

ACTION – Miss R Daniel

Mr Dalton informed the Committee the Management of Stress and Mental Health Wellbeing Policy had been reviewed with final amendments being made and would be brought to the October meeting for approval.

The Director of Workforce and OD re-iterated the importance of the annual report and how it allows the Health Board to reflect on where it is in respect of health and safety. Mr Driscoll did feel the report had a lot of actions in respect of violence and aggression and manual handling and very few in respect of slips, trips and falls which was the biggest cause of incidents and more attention should be given on taking this forward.

Mr Dalton clarified the annual report focuses on staff incidents in which slips, trips and falls were small in comparison to patient falls.

It was noted the annual report would be presented to the Board for information.

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

ASSURANCE was provided by:

- Health and safety aspects being appropriately monitored and progressed as detailed within the report

HSC: 18/149

PEDESTRAIN ACCESS SAFETY STRATEGY

The Head of Performance and Energy firstly apologised to the Committee for the length of time it had taken to complete the survey. Mr McGarrigle added concerns had been raised around the lack of urgency being shown by the consultancy, however the survey had now been completed and the findings and recommendations shared with the Health Board.

Mr McGarrigle informed the Committee a meeting with stakeholders was planned for the 25th July 2018 to take the findings forward and a plan to be developed.

The Director of Planning stated there was no budget for this work and there would need to be a reprioritisation of monies for remedial works identified.

The updated position was **NOTED** by the Committee.

HSC: 18/150 FIRE SAFETY REPORT

The Head of Performance and Energy informed the Committee fire inspections undertaken had highlighted concerns in relation to fire dampers and compartmentation, however there was a rolling programme of remedial work being carried out on a priority basis.

The Independent Member – Local Community queried whether the Health Board had assurance that none of our properties contained any cladding. The Head of Health and Safety confirmed a risk assessment of all buildings had been carried out in line with the Welsh Government request and no cladding of those levels was present.

The Director of Planning reported unwanted fire signals remain a concern and was regularly discussed at All Wales meetings as Cardiff and Vale remain one of the highest reporting Health Boards in Wales. It was noted these figures were due to Cardiff and Vale being the largest Health Board and therefore have more fire detectors present, however many of these detectors were old and contributed to the number of false alarms. Mrs Harris stated this further investigation and actions taken to improve the situation.

ACTION – Mr G Walsh

The report was **CONSIDERED** and **NOTED** by the Committee in relation to the on-going work to meet the requirements of fire enforcement compliance.

ASSURANCE was provided by:

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

HSC: 18/151 SHARED SERVICES FIRE SAFETY AUDIT OF UNIVERSITY HOSPITAL LLANDOUGH

The Head of Health and Safety informed the Committee an in-depth audit was carried out in November 2016 of University Hospital Llandough (UHL), the findings were considered and monitored by the Fire Safety Group.

The Chair noted this was an on-going report and assurance had been given for actions completed to date.

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

ASSURANCE was provided by:

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

HSC: 18/152 PROPOSAL FOR STATUTORY AND MANDATORY TRAINING

The Director of Workforce and OD informed the Committee mandatory training had been high on the Health Board's agenda for the past few months due to performance not being at the level set by the Health Board. As part of a review the Mandatory Training Steering Group had been looking at the modules in relation to roles. To support this piece of work a training needs analysis (TNA) would be developed to identify specific staff groups and their training requirements, this would be illustrated through the individual's Electronic Staff Record (ESR) allowing for effective monitoring and management.

The Chair queried whether the completion date of July 2018 in the document was correct. Mr Driscoll clarified that a plan is to be in place by July 2018, however due to the extensive piece of work required no timescale can be committed to at this stage.

Mr Imperato requested the Committee **AGREE** the recommendations subject to the amendment of the completion date, this was **AGREED** by the Committee.

HSC: 18/153 ENFORCEMENT AGENCIES CORRESPONDENCE REPORT

The Head of Health and Safety informed the Committee many of the items raised in the document had been discussed as part of the Annual Report.

Mr Dalton updated the Committee in relation to the concerns raised as part of an asbestos inspection that contractors were taking an extended route and whether better arrangements could be made. Mr Dalton advised following a site visit by HSE Inspectors to walk the route undertaken by the contractors it was concluded that the best available route had been taken and this concern was now closed.

Mr Dalton also informed the Committee of a new additional issue raised by the HSE in relation to concerns raised following their audit of the Public Health Laboratories at University Hospital of Wales (UHW) and University Hospital Llandough (UHL). The Inspector had raised a number of concerns in relation to the lack of containment of the level 3 laboratory at UHL and lack of communication/co-operation between the Health Board and PHW. The Health Board has given a commitment to put in place an improved communication plan with PHW which will be formalised. The HSE has agreed that an

Improvement Notice would not be justified in this instance, but the Health Board will receive a letter holding us to the formal agreed plan.

The report was **RECEIVED** and the Committee **AGREED** that appropriate actions were being pursued to address the issues raised.

ASSURANCE was provided by:

- The continued investigations, actions and monitoring referred to within the report.

HSC: 18/154 HEALTH AND SAFETY IMPROVEMENT PLAN

The Head of Health and Safety informed the Committee the Improvement Plan was being reviewed in line with the development of the CRAF and findings from the annual report.

The Assistant Director of Patient Safety and Quality queried the reason for limited assurance for the patient environment. Mr Dalton clarified this was due to issues relating to legionella at that time.

The improvement plan was **RECEIVED** and **CONSIDERED** by the Committee.

REASONABLE ASSURANCE was provided by:

- The demonstration of progress against each strategic area and highlighting further actions required within set timescales.

HSC: 18/155 HEALTH AND SAFETY ISSUES RELATING TO MEDICAL RECORDS STORAGE

The Health and Safety Staff Lead raised concerns in relation to the on-going issues around the storage of medical records. Mr Egan informed the Committee he visited these areas on a monthly basis and has previously escalated these concerns to the Board. It was also noted additional storage had been made available however this capacity was diminishing. Mr Egan added other Health Boards/Trusts had successfully implemented an electronic system and queried why this had not been progressed by Cardiff and Vale. Mr Egan stressed this issue was causing problems in relation to missing records, staff injuries and a fire risk.

The Head of Corporate Governance considered this would benefit from being progressed via the CRAF risk escalation process and offered her assistance to Mr Egan.

The Deputy Director of Public Health considered the document was not clear and had no scope, she suggested further work was required before it could be signed off. The Head of Health and Safety stated there was no strategic

approach in place which was being highlighted by Mr Egan, the issue was being progressed at a local level but higher level involvement was required.

The Chair agreed this was a concern and should be escalated higher. The Committee **AGREED** the best way forward was through the risk register to the Board.

ACTION – Mrs S Rowlands/Mr S Egan

The paper was **NOTED** by the Committee

LIMITED ASSURANCE was provided by:

- Actions being taken to address the issues raised.

HSC: 18/156 FIRE SAFETY POLICY

The Head of Health and Safety informed the Committee amendments made to the Policy were in relation to managerial changes and policy format.

The Fire Safety Policy was **RECEIVED** and **APPROVED** by the Committee.

HSC: 18/157 ASBESTOS MANAGEMENT POLICY

The Head of Performance and Energy informed the Committee amendments made to the Policy were in relation to its format.

The Head of Corporate Governance stated the Policy was longer than expected under the new policy format. Mrs Rowlands also considered the policy needed a few amendments as the policy refers to other documents however this is not reflected on the front sheet.

ACTION – Mr J McGarrigle/Mr G Walsh

The Asbestos Management Policy was **RECEIVED** and **APPROVED** by the Committee subject to the minor amendments discussed.

PART 2

HSC: 18/158 COMMITTEE WORK PROGRAMME FOR 2018/19

The Work Programme for 2018/19 was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 18/159 PROGRESSING SMOKING CESSATION IN THE CARDIFF AND VALE POPULATION

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

HSC: 18/160 WASTE COMPLIANCE REPORT

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

**HSC: 18/161 ENVIRONMENTAL HEALTH INSPECTION REPORT OF
HAFAN Y COED, UNIVERSITY HOSPITAL
LLANDOUGH ON 9TH FEBRUARY 2018**

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

**HSC: 18/162 ENVIRONMENTAL HEALTH INSPECTION REPORT OF
BARRY HOSPITAL ON 15TH MARCH 2018**

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 4 had been achieved.

**HSC: 18/163 ENVIRONMENTAL HEALTH INSPECTION REPORT OF
CENTRAL FOOD PRODUCTION UNIT ON 14TH MARCH
2018**

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

**HSC: 18/164 OPERATIONAL HEALTH AND SAFETY GROUP
MEETING OF FEBRUARY 2018**

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

HSC: 18/165 FIRE SAFETY GROUP MINUTES OF JANUARY 2018

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

**HSC: 18/166 WATER SAFETY GROUP MINUTES OF FEBRUARY
2018**

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

**HSC: 18/167 HEALTH AND SAFETY RELATED POLICIES
SCHEDULE**

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

**HSC: 18/168 REVIEW OF THE MEETING AND ITEMS TO BRING TO
THE ATTENTION OF THE BOARD OR OTHER
COMMITTEES**

Mr Imperato thanked everyone for their contributions.

HSC: 18/169

DATE AND TIME OF NEXT MEETING

The next meeting will be held at 9.30am on Tuesday 9th October 2018 in the Corporate Meeting Room, HQ, University Hospital of Wales.

Signed

Date

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	20 September 2018

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

The full agenda and accompanying reports can be accessed on our website <http://www.nwssp.wales.nhs.uk/committee-papers-2018>

1. DEEP DIVE – GP Specialty Trainees

Members **received** an informative presentation on progress with the employment and training arrangements for GP Specialty Registrar Trainees (GPSTR) from Gareth Hardacre, Director of Workforce and Organisational Development, NWSSP.

The GPSTR Medical Workforce Team currently manage the employment of approximately 420 GPSTR Registrars providing a comprehensive workforce service across Wales. 65 GP Trainees are due to qualify in July/August and leave the training programme, with a further 110 planned to join the scheme. It is therefore anticipated that circa 470 GP Trainees will be managed by NWSSP on behalf of the Health Boards and GP practices.

The success of this project as well as the Lead Employer status for GP Trainees has demonstrated the ability of NWSSP to add significant value by streamlining transactional processes, and provides a positive platform to undertake a centralised approach for the Recruitment On-boarding and right to work checks for all Medical and Dental Trainees.

Following requests from GP Practices enquiring how NWSSP can help with sponsoring/employing a doctor after their training has completed, the NWSSP Employment Services team is currently in discussion with the Home Office to extend the Lead Sponsor arrangements to Primary Care.

Members **noted** the benefits brought about following the introduction of the lead employer for trainee GPs, and the potential opportunities that may arise from extending the approach to other clinical professions such as radiologists.

2. Chair's Report

The Committee **received** a verbal update from the Chair.

- **Visits to Health Boards/Trusts** - the Chair advised that she had recently undertaken a visit to Hywel Dda UHB where there had been a good discussion and constructive debate about the services provided by NWSSP . In overall terms the feedback was very positive.
- **Horizon Scanning and Planning Day** - The Chair advised that she had attended a horizon scanning day on the 13th September which covered both a review of the IMTP process for 2018/19 and a look forward to the approach for 2019/20. The day was attended by representatives from Welsh Government who gave very positive feedback on the 2017/18 IMTP and an update on the key strategic drivers including "Healthier Wales" . Approximately 40 NWSSP employees from all divisions attended the event and the section on the 2018/19 plan was facilitated by the new Head of IMTP, Iain Hardcastle. The day was very productive and would be invaluable in developing the IMTP.

3. Managing Director's Report

The Committee **received** a verbal report from the Managing Director, NWSSP which included an update on:

- All-Wales Bank – at present this initiative is delayed due to uncertainty over funding from Welsh Government. NWSSP Committee have agreed to invest some resource to take it forward, but have been advised that a separate meeting with Welsh Government on 12/10 to look at the bigger opportunity might prove advantageous and it may therefore be beneficial to await the outcome of this meeting.
- Prudent Procurement – new structure is now in place, which is giving greater focus.
- National Procurement Service – potential for the current service offering to be significantly reduced.
- NHAIS – a preferred option is emerging from the business case although further work is needed to understand any potential legal issues that may need to be resolved.
- Laundry – OBC progressing well, and should be ready in next few weeks to be sent to organisations before the next Committee meeting. Health Boards will need to decide shortly as to whether they want to proceed to the next phase. Welsh Government have requested an update on the project be provided.
- ESR Helpdesk - this has now been established for a couple of months and is progressing well, albeit that call volumes are much higher than originally predicted. Still in Phase One of the project, launch of Phase two may require a review of resource.
- GP Indemnity - Significant work undertaken to support the Cabinet Secretary to introduce a state-backed scheme for GPs. A decision on how this will work and who will operate it, was awaited. It was however evident that there will be a lot to do to implement this by the 1st April.

- Pay Deal – With the pay deal agreed, significant work required to ensure that this is implemented in October, with back-dated amounts paid in November.
- ESR Salary Sacrifice Lease Cars - There has been an issue this month with incorrect information being sent from Central Oracle ESR to HMRC, which will lead to an overpayment in September, but which will be recovered in October. This is a national issue effecting all relevant employees in England and Wales. A letter is being sent to all affected employees.
- Brexit – Significant activity is now taking place to assess storage capacity for additional medical consumables in the event of a no-deal Brexit and NWSSP has now been included in various meeting with Welsh Government. There is potential to support social care as well.

4. Workforce Education Development Services (WEDS) Legacy Statement

Members **received** a paper setting out the position with regards to the WEDS service prior to its transfer into HEIW on 1 October. It was noted that WEDs is being handed over in “good shape” with a robust financial position, a substantial assurance rating from Internal Audit over its key controls and processes, and good completion rates on PADR and Statutory and Mandatory Training. Members **approved** the statement and passed on their thanks to NWSSP staff who had played a considerable contribution to the creation of HEIW.

5. Welsh Risk Pool – Risk Sharing Agreement

Members **received** a paper that set out the implications for the establishment of HEIW in terms of the risk-sharing agreement. It was **agreed** that HEIW would not be required to take part in the risk-sharing scheme for 2018/19, but would be incorporated into it for 2019/20. Further discussion took place on the role of HEIW with regards to the SSPC. Given the exact constitution of the Partnership Committee is set out in secondary legislation the Committee **agreed** to invite the CEO of HEIW (or nominated Director) to attend as an observer.

6. Risk Appetite Statement

Members **approved** the Risk Appetite Statement for NWSSP which is based on guidance from the Good Governance Institute.

7. Project Management Office Highlight Report

Members **received** the regular update on projects managed by the PMO. The report demonstrated that projects were largely on-track in terms of timescales and budget.

8. Finance & Performance Report

Members **received** the report which demonstrated that additional savings had been made leading to a small surplus at the end of M5 and that key performance

indicators were largely being met. There is a need to address long-term sickness and to improve PADR compliance in a small number of Divisions.

9. Welsh Risk Pool Finance Report

Members **received** the report which showed that the budget was currently on-track and that it was therefore thought unlikely that we would have to invoke the risk-sharing agreement in the current financial year. There has been a slight reduction in the number of overall claims, but they are tending to be of a more complex nature, with a resulting higher monetary value. The future costs of current claims had now exceeded £1bn.

10. Corporate Risk Register

Members **reviewed** the Corporate Risk Register containing one red risk relating to the NHAIS replacement which was covered in the MD's report. A further red risk is to be added relating to the implications on procurement of a no-deal Brexit. Further current risks where significant work is being undertaken include security of NWSSP sites; review of the performance framework; impact of the Bridgend transfer; the establishment of HEIW; the implementation of the pay award; and the introduction of the Welsh Language Standards. One risk has been removed from the register relating to the 3rd Generation Construction and Consultancy Framework as the issue with its introduction has now been addressed.

11. Robotics Process Automation

The Committee **received** an update on progress.

So far, two members of staff have been recruited to take this initiative forward. The team has engaged with Divisions to identify potential areas for automation and have an initial list of 52 processes that could be considered. These are taken to a Programme Board, chaired by the Director of Employment Services, for review. Currently there are five live automated processes – the reconciliation of supplier statements has been particularly successful.

It was **noted** that this is a big area to cover and a lot of work is required to take it forward. For the time being our focus will be on internal processes, but we may be able to roll-out automated processes to HBs/Trusts within the next six months.

12. Health & Care Standards Action Plan

The Committee **received** the action plan containing 13 actions which are monitored on a regular basis by NWSSP SMT.

13. Audit Committee Annual Report 2017-2018 and Terms of Reference.

The Committee **received** the above papers.

Members **NOTED** that the Annual Report reflected a positive year where 18 Internal Audit reports were received during the year, and none of which were rated as no or limited assurance. The overall Head of Internal Audit opinion gave reasonable assurance for NWSSP, and there are no outstanding audit recommendations at the current time.

The results of the annual Audit Committee Effectiveness Survey were very positive and the focus for 2018/19 is on strengthening governance and reducing duplication.

There was a general discussion on audit recommendations that require HB or Trust input to implement. It was agreed that ideally management actions should be limited to that which is in the gift of NWSSP to fully implement. However, when there are implications for HBs or Trusts in audit reports, these are advised to the relevant HoIA for inclusion in their progress reports to their own Audit Committees.

The Audit Committee Terms of Reference have been updated to reflect some changes in job titles, but otherwise remain unchanged.

14. Wales Audit Office Management Letter 2017/18

The Committee **received** the above report.

During their annual external audit, Wales Audit Office (WAO) review five key areas:

- Audit & Assurance - no issues raised;
- Primary Care Services – no issues raised;
- Employment Services – identified a few minor exceptions where the controls were not working as required;
- Procurement – Generally, a positive report but identified that electronic invoicing makes it harder to obtain source documentation;
- Legal & Risk – no issues apart from one instance where we could not initially provide proof of approval for a payment but this has since been obtained.

The Committee agreed that this was a very positive report.

15. IMTP Update

The Committee **received** the above report.

As previously noted, NWSSP held a Horizon Scanning day on the 13th September to discuss the IMTP and the following points were raised:

- There is a change to the process this year with only a single submission date at the end of January;
- NWSSP received excellent feedback from Welsh Government on our plan for

2018/21;

- Going forward we need to ensure that our plans are underpinned by the Healthier Wales document and the outcomes of the Parliamentary Review;
- There is a drive to be bolder and look at risk appetite in terms of service development and innovation;
- NWSSP needs to be clearer with the HB's as to what we want from them, and what we can do for them.

Members discussed the above and the future direction of NWSSP. All members would like to see NWSSP taking on a more mature role in terms of the services that it provides. For instance, there is a need to provide business intelligence rather than just data, to allow organisations to take decisions that will enable them to improve their services, and potentially save money. It was noted that requests for new work had been made during the year which had not featured in the original IMTP. Such areas included pay modelling, HEIW and Bridgend boundary changes which have an impact on our capacity for development.

A paper on NWSSP's strategic direction will be shared in a future Committee meeting.

16. Reports for Information

The Committee **received** and **noted** a number of reports for information, these included:

- o Health & Safety Annual Report 2017/18; and
- o Audit Committee Highlight Report.

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

N/A

Date of next meeting

15th November 2018

EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
10 JULY 2018 AT THE HEALTH AND CARE RESEARCH WALES,
CASTLEBRIDGE 4, COWBRIDGE ROAD, CARDIFF, CF11 9AB**

PRESENT

Members:

Mrs Allison Williams (Vice Chair)	Chief Executive, Cwm Taf UHB
Mr Stephen Harrhy	Chief Ambulance Services Commissioner
Mr Len Richards	Chief Executive, Cardiff & Vale UHB
Mrs Tracy Myhill	Chief Executive, Abertawe Bro Morgannwg UHB
Mr Steve Moore	Chief Executive, Hywel Dda UHB
Mrs Judith Paget	Chief Executive, Aneurin Bevan UHB
Ms Patsy Roseblade	'Interim' Chief Executive, WAST
Mrs Carol Shillabeer	Chief Executive, Powys tLHB
Mr Gary Doherty (Via VC)	Chief Executive, Betsi Cadwaladr UHB

In Attendance:

Mr Julian Baker	Director, National Collaborative Commissioning Unit
Mr Shane Mills	National Collaborative Commissioning Unit
Mr Robert Williams	Committee Secretary / Board Secretary, Host Body
Mr Ross Whitehead	Assistant Chief Ambulance Services Commissioner

Part 1. PRELIMINARY MATTERS		ACTION
EASC 18/58	WELCOME AND INTRODUCTIONS Mrs A Williams (Vice Chair) welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves. Mrs A Williams explained that the Public Appointments process to appoint an Independent Chair had concluded and that we were awaiting confirmation from Welsh Government before we can announce the details. The Committee agreed that Mrs A Williams should continue acting as interim Chair until the new Chair was in post. Members NOTED that Mrs A Williams had also exceeded her term as Vice Chair and the role of Vice Chair would be discussed at the next meeting. Members RESOLVED to AGREE that Mrs A Williams continue in her Vice Chair capacity and Chair the meeting and that the role of Vice Chair be reviewed following the announcement of the new Chair.	Committee Secretary
EASC 18/59	APOLOGIES FOR ABSENCE Apologies for absence were received from Mr S Ham, Velindre NHS Trust, Dr T Cooper, Public Health Wales, and Mr S Davies, Director of Finance, EASC & WHSSC.	
EASC 18/60	DECLARATIONS OF INTERESTS There were no additional interests, to those already declared.	
EASC 18/61	MINUTES OF THE MEETING HELD ON 15 MAY 2018 Members CONFIRMED the minutes as a true and accurate account of the meeting held on 15 May 2018.	Committee Secretary
EASC 18/62	ACTION LOG Members received the action log and NOTED that progress with some of the related matters would be considered within the substantive business meeting agenda.	

	The Committee RESOLVED to: • NOTE the Action Log and the updates provided.	
EASC 18/63	MATTERS ARISING There were no Matters Arising that were not already contained within the Action Log.	
Part 2. KEY ITEMS FOR DISCUSSION		
EASC 18/64	CHAIR'S REPORT Members received a verbal report from the acting Chair. Mrs A Williams advised that the Public Appointments process to appoint an Independent Chair was complete and that she was pleased to report that they successfully appointed to the role and were awaiting confirmation from Welsh Government before a formal announcement could be made. Members RESOLVED to: • NOTE the acting Chair's update.	<i>CASC / Vice Chair</i>
EASC 18/65	CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT Mr S Harrhy, Chief Ambulance Services Commissioner (CASC), presented the report which provided an update on key matters related to the work of the CASC, which included: • Clinical Risk Review Mr S Harrhy advised that the Clinical Risk Review Work was continuing jointly with WAST on taking forward the actions agreed in the Clinical Risk Assurance Review previously agreed by the Committee. The work underway as part of the Amber Review will have an impact on the actions required to progress the Clinical Risk Assurance Review to its next stage. Therefore, a more detailed report would be presented on conclusion of the Amber review, which was due to be complete by September 2018.	CASC <i>NCCU Director</i>

	In the interim, the actions previously agreed by the Joint Committee were monitored closely and no significant risks had been identified at this stage. Amber Review Mr S Harrhy gave an update on progress with the Amber review and advised that progress was continuing at pace and was due to be planned to be complete by early September 2018 in line with the original expectations of the Committee and the Cabinet Secretary for Health & Social Services. The first meeting of the "Expert Reference Group" had been held, and had discussed and analysed a wide range of issues and business intelligence. The Picker Institute has been commissioned to undertake the staff, patient and stakeholder engagement activities. The NHS Wales Informatics Service (NWIS) had continued to provide timely support and information as required to support the review. • Progress on sharing Best Practice Mr S Harrhy advised that work was progressing to identify initiatives across Wales that have the greatest potential to impact positively within emergency departments and the wider unscheduled care system. The Cabinet Secretary for Health and Social Services was due to launch the "National Quality and Delivery Framework for Welsh Emergency Departments" at an event on 18 July 2018. The event will include a session focussing on identifying and agreeing the initiatives, which have the greatest benefits on Emergency Departments. The event will provide an opportunity for clinical, operational and managerial staff to draw upon information contained within Winter Resilience Plans and Integrated Medium Term Plans (IMTP) to identify and agree those initiatives, which they believe, will have the greatest benefit to both emergency departments and the wider unscheduled care system. The feedback will be collated and the will provide an evidence led platform upon which to plan for the next Planning, Development and Evaluation Group (PDEG) meeting in advance of a presentation to a future meeting of EASC.	

	• Integrated Performance Report Mr S. Harrhy advised that positive progress had been made on the development of an Integrated Performance report as requested by the Committee. It was anticipated that the business intelligence information will analysed over the next few months and the findings will be presented to the November Committee meeting. Members RESOLVED to • NOTE the report.	
EASC 18/66	AMBER REVIEW UPDATE REPORT Mr S Harrhy presented the report and advised that the Accelerated Programme for the Amber Review had been established by EASC and the Chief Ambulance Services Commissioner (CASC) to support the continued development of emergency ambulance service provision in Wales. Members NOTED that further to the 2016-2017 independent review of the clinical response model pilot, undertaken by the Public and Corporate Economic Consultants (PACEC), had made a number of recommendations for further improvement to the clinical response model, including a recommendation to review the call categories outside of 'Red'. Consequently, the EASC meeting on 28 March 2017 endorsed the PACEC review. The call category review was undertaken by the WAST Clinical Prioritisation Assessment Software Group in 2017-2018 and ongoing review processes are still in place. The 2018-2019 EASC Integrated Medium Term Plan (IMTP) approved by the Committee on the 27 March 2018, commits the CASC to undertake an 'Amber review' to consider these wider issues. The EASC clinical team are leading the review to addressing the information, issues and concerns surrounding the Amber call category that will also consider patient expectation and experience, use of alternative responses and pathways, ambulance handover times and system risk.	

	The CASC will function as the sponsoring officer for the Amber Review and will be led by experienced clinicians, Mr Shane Mills, Director of Quality and Patient Experience and Mr Ross Whitehead, Assistant Chief Ambulance Services Commissioner. It was anticipated that the findings of the review would be presented to EASC in September 2018. Members RESOLVED to • NOTE the report.	
EASC 18/67	EASC FINANCE REPORT MONTH 2 Members received the month 2 finance report presented by Mr S Davies which set out the estimated financial position for EASC for the 2nd month of 2018/19. Members NOTED that the financial position was reported against the 2018/19 baselines following provisional approval of the 2018/19 Technical Plan by the WHSSC Joint Committee in March 2018. There are no corrective actions to report as at month 2. Members NOTED that the budget did not include the Control Room Solution funding, as this has not yet been released to WHSSC. Members NOTED that there was no significant under or over spends to report and that the reported position was balanced, with a projected year end break even position being reported. Members RESOLVED to: • NOTE the Month 2 finance update.	
EASC 18/68	QUALITY DELIVERY FRAMEWORK FOR NEPTS OPERATION & ONGOING DEVELOPMENT HIGHLIGHT REPORT Mr S Harrhy presented the report and gave an update on the enactment and ongoing development of the Quality Delivery Framework for Non-Emergency Patient Transport Services (NEPTS).	CASC

	Members NOTED that following the EASC Committee agreeing principles to support successful delivery of the Quality Delivery Framework and enactment of the plurality model at its meeting on 26 September 2017 significant progress had been made. The Emergency Ambulance Services Team had appointed a Head of Commissioning and Programme Management to support the Welsh Ambulance Services NHS Trust (WAST) to complete the remaining actions to get the Quality Delivery Framework live. There considerable work had been undertaken by WAST, Health Boards and Velindre NHS Trust on the products to create the Quality Delivery Framework and realise benefits, including an improved assurance on the quality, safety and financial due diligence of providers, and the introduction of a value based approach and shifting away from a variable waited activity contractual methodology. Members NOTED that Cardiff and Vale University Health Board (C&V UHB) had transferred NEPTS provision to WAST. WAST have agreed a process and timescales to transfer other HBs, and Velindre NEPTS provision to WAST by September 2019, however timescales were subject to review as the transfer progresses. To support a smooth transition Health Boards were requested to: • ensure they were appropriately represented at the Delivery Assurance Group (DAG) meeting • note the transfer of work programme, including current indications of when each health board would transfer • appoint a point of contact for the development of the transfer documentation • ensure that up to date and accurate information was provided to WAST in advance of the transfer project commencement • consider its governance requirements for the approval of the transfer. Members NOTED that following the internal audit assessment undertaken in March 2017, a further follow up assessment would be undertaken on progress with the transfer in 2019.	

	Members RESOLVED to: • NOTE the report and support the highlight report on the Quality Delivery Framework for Non-Emergency Patient Transport Services - Operation & Ongoing Development, and its ongoing implementation.	
EASC 18/69	EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE EXTENSION OF OPERATIONAL HOURS FOR MAJOR TRAUMA. Mr S Harrhy advised that further to the request from the Joint Committee requesting information on the number of pre-hospital trauma patients that may benefit from the attendance of the Emergency Medical Retrieval and Transfer Service (EMRTS), outside of the current operational hours, at its last meeting, that an analysis had been undertaken and the report was being presented for information. Members NOTED that the analysis was focussed on the trauma workload, and was based on updated modelling for a 24 hour period over 12 months. Data from multiple sources had been analysed including Trauma Audit and Research Network (TARN), Welsh Ambulance Services NHS Trust (WAST) and the EMRTS Strategic Outline Case and Business Justification Case to provide an up to date picture of activity. The data excluded all neonatal data, emerging changes in clinical pathways such as stroke thrombectomy, vascular, cardiac, and the South Wales Trauma Network as well as large scale service redesigns currently being considered by health boards. In order to provide assurance on the accuracy of the predicted workload, performance data for year 3 of EMRTS (2017-2018) has been compared against activity predictions in the strategic outline case (2014), which detail a 24 hour demand for EMRTS. The results demonstrated that the current 12-hour service model was reaching 70% of the predicted demand for pre-hospital critical care, and 63% of demand for time critical transfers for the whole 24-hour period.	CASC

	Members NOTED that on emergency response times there was an average of 1.4 trauma cases per night, which compared favourably with the 1.3 incidents per night in Kent, Surrey and Sussex air ambulance, which supported their extension to 24/7 service outlined within the "The Need for a UK Helicopter Emergency Medical Service by Night: A Prospective, Simulation Study", Air Medic Journal 34.3, Lyon et al, 2017; & "The Impact of Helicopter Emergency Medical Service Night Operations in South East England", Air Medic Journal, Curtis et al, 2017. A follow up study by the same service in 2017 confirmed the accuracy of their predictions, as well as identifying that a higher proportion of patients were transported to major trauma centres at night, and weather conditions prevented air response in 15% of night operational hours. Members RESOLVED to: • NOTE & DISCUSS the report	
Part 3. KEY ITEMS FOR APPROVAL		
EASC 18/70	JOINT COMMITTEE RISK REGISTER Mr Robert Williams, Committee Secretary (Board Secretary Host Body) presented the report and updated Members on the development of the Risk Register and related changes. Members NOTED that a new risk had been added to the register as a consequence of discussions held at the May EASC meeting concerning progress in commissioning the Amber review. Members NOTED that there were three "red risks" concerning failure to progress WAST staffing roster changes, failure to provide alternative services and failure to ensure the commissioning of emergency ambulance services was appropriately clinically categorised. Members RESOLVED to: • NOTE the report and APPROVE the updated Risk Register.	<i>CASC/ Committee Secretary</i>

EASC 18/71	JOINT COMMITTEE FORWARD PLAN OF BUSINESS Members RECEIVED and NOTED the Forward Plan of Committee business. Mr R Williams confirmed he would amend the Plan, where appropriate, with matters raised at the meeting.	Committee Secretary
Part 4. TO RECEIVE AND ENDORSE CHAIRS UPDATES FROM THE ESTABLISHED EASC SUB GROUPS		
EASC 18/72	CHAIRS UPDATES FROM EASC SUB GROUPS Members NOTED the updates provided by the Chairs of the sub groups established by the Joint Committee, these being: 4.1.1 Emergency Medical Retrieval and Transport Service Delivery Assurance Group (EMRTS DAG) Chair's Summary 19 March 2018 4.1.2 EMRTS DAG Chair's Summary 18 June 2018 4.1.3 Non-Emergency Patient Transport Services (NEPTS) Commissioning and Delivery Assurance Group (CDAG) Approved Action Notes 21 May 2018 4.1.4 NEPTS Chair's Summary 25 June 2018 4.1.5 Planning, Development and Evaluation Group (PDEG) Approved Action Notes 13 March 2018 4.1.6 PDEG Chair's Summary 26 June 2018 Members RESOLVED to: • RECEIVE, NOTE and ENDORSE the Sub Group summary updates and Minutes received.	Committee Secretary
Part 5 FOR INFORMATION/OTHER MATTERS		
EASC 18/73	FINAL VERSION OF THE EASC ANNUAL GOVERNANCE STATEMENT 2017-2018 Mr Robert Williams presented the EASC Annual Governance Statement 2017-2018. Members NOTED that the Statement had to be signed off by the Chief Ambulance Services Commissioner (CASC) as the accountable officer, and approved by the Joint Committee. As a hosted organisation, the	Committee Secretary

	EASC's annual governance statement forms part of the Cwm Taf UHB annual report and accounts. Members RESOLVED to: • APPROVE the EASC Annual Governance Statement 2017-2018	
EASC 18/XX	PROPOSED DATES FOR THE JOINT COMMITTEE MEETINGS IN 2019-2020 Mr Robert Williams gave an update on the proposed dates for future EASC meeting in 2019-2020. Members RESOLVED to: • NOTE the update	Committee Secretary
DATE AND TIME OF NEXT MEETING		
EASC 18/XX	A meeting of the Joint Committee will be held at 13:30hrs on Tuesday 11 September 2018 at the Health and Care Research Wales, Castlebridge 4, 15 Cowbridge Road East, Cardiff, CF11 9AB	Committee Secretary

Signed (Chair)
Mrs A Williams (Vice Chair)

Date

**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
17 OCTOBER 2018 AT THE EASC OFFICES, HEOL BILLINGSLEY,
NANTGARW**

PRESENT

Members:

Allison Williams (Vice Chair)	Chief Executive, Cwm Taf UHB
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan UHB

In Attendance:

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
Hannah Evans	Director of Transformation, Abertawe Bro Morgannwg UHB
Julian Baker	Director, National Collaborative Commissioning Unit
Shane Mills	National Collaborative Commissioning Unit
Ross Whitehead	Assistant Chief Ambulance Services Commissioner
Stuart Davies	Director of Finance (EASC)
Gwenan Roberts	Interim Board Secretary, Host Body

Part 1. PRELIMINARY MATTERS		ACTION
EASC 18/81	WELCOME AND INTRODUCTIONS Allison Williams (Vice Chair) welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves. Allison Williams explained to all present that due to last minute apologies the Committee was not quorate (as required within the Standing Orders). It was NOTED that the In Committee meeting had received the draft Amber Review Report.	
EASC 18/82	APOLOGIES FOR ABSENCE Apologies for absence were received from Carol Shillibeer, Gary Doherty, Len Richards, Robert Williams, Steve Moore, Tracey Cooper and Tracy Myhill.	
EASC 18/83	DECLARATIONS OF INTERESTS There were no additional interests to those already declared.	
EASC 18/84	MINUTES OF THE MEETING HELD ON 10 JULY 2018 The minutes were confirmed as an accurate record of the meeting held on 10 July 2018.	
EASC 18/85	ACTION LOG Members received the action log and NOTED that progress with some of the related matters would be considered within the agenda or postponed to the next meeting for further discussion. The Committee RESOLVED to: NOTE the action log.	
EASC 18/86	MATTERS ARISING The following items were discussed: • Emergency Medical Retrieval and Transfer Service (EMRTS) discussion to be deferred to the next meeting. It was NOTED that all Health	Board Secretary

	Boards had a key link member of staff working with the service.	
Part 2. KEY ITEM FOR DISCUSSION		
EASC 18/87	CHAIRS REPORT Members NOTED that the meeting was primarily concerned with the Amber Review. It was anticipated that an announcement would be made regarding the new Independent Chair before the next meeting in November. Members RESOLVED to: NOTE the report.	
EASC 18/88	CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT Stephen Harrhy, Chief Ambulance Services Commissioner presented the report. • National Quality and Delivery Framework agreement for - Emergency Ambulance Services (EMS) - Non-Emergency Patient Transport services (NEPTS) - Emergency Medical Retrieval and Transfer Service (EMRTS) Members NOTED the update and the ongoing work with the new Chief Executive of the Welsh Ambulance Services NHS Trust, Jason Killens. The Frameworks would feature in the Integrated Medium Term Plan (IMTP) and any actions would also take the Amber Review recommendations into account. • Strategic Commissioning Intentions Work on the strategic commissioning intentions would take place in line with the development of service plans and the Integrated Medium Term Plan (IMTP); and the recommendations and actions related to the Amber Review. Members NOTED that the Directors of Planning had received information from the EAS Team related to the development of the IMTP which would be discussed in more detail at the next meeting. The overarching assumptions with the commissioning intention and allocation letter would be clarified and Stuart Davies AGREED to discuss with the Directors of Finance regarding the assumptions for EASC.	<i>CASC/ EAST/ Jason Killens</i> <i>Stuart Davies</i>

	• National Programme of Unscheduled Care – Members discussed the funding allocated for winter pressures and the connection between WAST and the health boards particularly in relation to community paramedic support. Discussion took place on the role of the Advanced Paramedic Practitioner (APPs) within health boards and how this would provide an opportunity to work more closely with community teams, with GPs and also with the GP out of hours services. Members NOTED that the business case for APPs had been developed and around 20 staff within WAST were qualified although there would be the issue for backfill. The role for community paramedics would also need to be further discussed. Members NOTED that a workforce plan was being developed in WAST and the request from health boards was the need to embed the staff within the GP clusters. It was felt this matter needed further discussion at a future meeting. Members RESOLVED to: NOTE the report.	CASC
EASC 18/89	PROVIDER ISSUES BY EXCEPTION There were none.	
EASC 18/90	AMBULANCE QUALITY INDICATORS (AQI) Members NOTED that the information was now provided by Stats Wales and the data could be used and amended to provide information by health board and NHS Trust area. More work was underway to provide information on a monthly basis. Members RESOLVED to: NOTE the report.	
EASC 18/91	EASC MONTH 6 FINANCE REPORT The report was presented by Stuart Davies. Members NOTED that the information was in line with expectation of achieving breakeven at the end of the financial year. It was NOTED that the allocation funding was pending. Further discussion took place around understanding where the resources were allocated across the 5 steps and the aim to provide information for the investments to the next level within the schedule was welcomed.	

	Members RESOLVED to: NOTE the report.	
EASC 18/92	AMBER REVIEW Members received and NOTED the presentation on the Amber Review. Members AGREED to receive the final version at the next meeting and work through the recommendations and the next steps. Members NOTED the importance of agreeing who would be leading on the actions required and meeting timescales. Members RESOLVED to: • NOTE the presentation and • AGREED the next steps.	CASC
EASC 18/93	FORWARD PLAN OF BUSINESS Members received the forward plan of business. Priority areas for the next meeting were AGREED as: • EMRTS • Amber Review • Community Paramedics	ALL
EASC 18/94	RECEIVE AND ENDORSE THE CHAIRS UPDATES FROM THE ESTABLISHED EASC SUB GROUPS Members AGREED to receive at the next meeting.	
DATE AND TIME OF NEXT MEETING		
EASC 18/80	A meeting of the Joint Committee would be held at 13:30hrs, on Wednesday 13 November 2018 at the National Collaborative Commissioning Unit (NCCU), No 1 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ	Committee Secretary

Signed
Allison Williams (Vice Chair)

Date

REPORT TITLE:	Patient Safety Quality and Experience Report – V5							
MEETING:	UHB Board					MEETING DATE:	29.11.18	
STATUS:	For Discussion		For Assurance	✓	For Approval		For Information	✓
LEAD EXECUTIVE:	Executive Nurse Director							
REPORT AUTHOR (TITLE):	Assistant Director Patient Safety and Quality Assistant Director Patient Experience							
PURPOSE OF REPORT:								

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.

REPORT:

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.

Pressure damage

The Board will note the increase in the number of Serious Incidents (SIs) related to pressure

damage. The Board has previously been advised that Welsh Government viewed the UHB as a low reporter of pressure damage when compared with peers in Wales. Work has been undertaken with Community District Nurses to improve the quality of reporting in community settings and this is also now contributing to the overall increase in the number of pressure damage SIs being reported.

It is anticipated that a revised investigation tool will be launched shortly by Welsh Government. As part of this, the current reporting requirements of organisations will probably change to an approach whereby avoidable grade 3, 4 and unstageable pressure ulcers will be retrospectively reported as SIs once the investigation is completed. This will lower the numbers being reported via this route. They will also require organisations to submit information to them on a monthly basis indicating the total number of instances of healthcare acquired pressure ulcers by category (i.e. grade 1, grade 2, grade 3, grade 4, unstageable, suspected deep tissue injury). In order to improve data quality, work is underway to review what Datix changes can be made to help incident reporters and line managers to capture accurate information. This in turn will allow for benchmarking opportunities across NHS Wales with regards to pressure ulcers.

Sensory loss

A considerable amount of work is now underway, in partnership with the Deaf and Hard of Hearing Community in Cardiff and the Vale, following feedback that improvement was required to improve the experiences of our service users with sensory loss. This will require continued focus in order to embed the necessary changes, but some very positive work is currently being taken forward and is described in more detail within the report.

Concerns

In the last month the UHB has achieved 80% compliance with the 30-day response to formal complaints – a significant achievement through collaborative efforts of the Clinical Boards and the UHB Concerns team. This will continue to be an important area of focus to ensure that this level of performance is maintained.

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.

RECOMMENDATION:

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.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:										
1.Reduce health inequalities				6.Have a planned care system where demand and capacity are in balance						
2.Deliver outcomes that matter to people			✓	7.Be a great place to work and learn			✓			
3.All take responsibility for improving our health and wellbeing				8.Work better together with partners to deliver care and support across care sectors, making best use of our people and technology						
4.Offer services that deliver the population health our citizens are entitled to expect				9.Reduce harm, waste and variation sustainably making best use of the resources available to us			✓			
5.Have an unplanned (emergency) care system that provides the right care, in the right place, first time				10.Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives						
Sustainable development principle: 5 ways of working	Prevention	✓	Long term		Integration		Collaboration		Involvement	✓
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not applicable.									



PATIENT SAFETY QUALITY AND EXPERIENCE REPORT

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

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

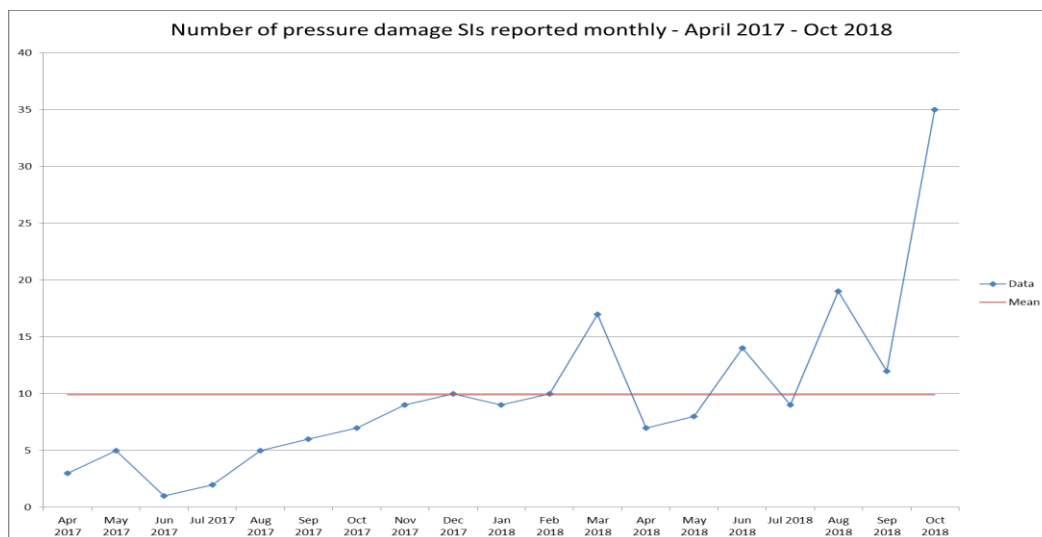
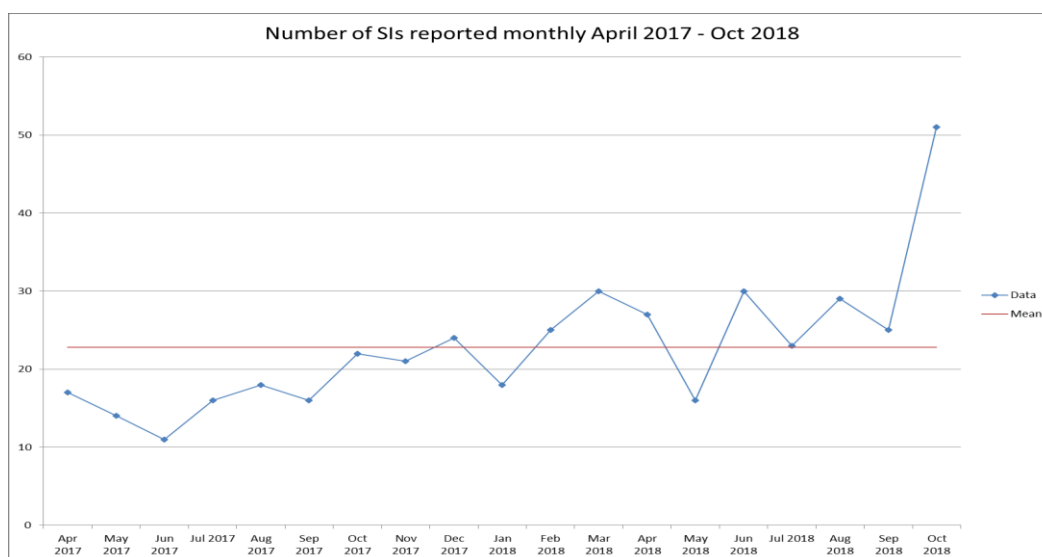
Serious Incidents		
Clinical Board	Number	Description
Children & Women	1	Grade 3, 4 or unstageable healthcare acquired pressure damage in a Gynaecology patient.
	1	An injury was sustained by a child following a fall to the floor.
	1	A baby was unexpectedly admitted to the Neonatal Unit following delivery having been born in poor condition.
Clinical Diagnostics and Therapeutics	0	
Dental	0	
Executive Nurse	1	An incident was reported where the Procedural Response to Unexpected Death in Childhood (PRUDIC) process has been instigated.
Medicine	17	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe.
	4	Falls where the patient sustained significant injury. This is a decrease since the previous reporting timeframe.
	1	A patient was discharged from a ward and unexpectedly readmitted 5 days later, following which he sadly died.
Mental Health	2	Falls where the patient sustained significant injury.
	1	An incident occurred of significant self-harm in a patient who required admission to acute services to tend to her physical wellbeing prior to transfer to Hafan Y Coed.
	11	Unexpected deaths of patients known to Mental Health services, including substance misuse services. It is thought that the Coroner is likely to conclude suicide in three of the patient's deaths.

		For the remaining eight patients, the circumstances of their deaths are not yet confirmed.
Primary Care & Intermediate Care	12	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease since the previous reporting timeframe.
	1	The UHB is assisting Public Health Wales and HM Prison Cardiff in the management of an infection prevention and control issue.
Specialist	8	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe.
	1	An incident of a retained guidewire following central line insertion was reported. This is being managed as a Never Event.
Surgery	9	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe.
	2	Falls where the patient sustained significant injury. This is a decrease since the previous reporting timeframe.
	1	A patient had an incorrect lens inserted during an ophthalmology procedure. The procedure was undertaken by an external provider commissioned by the UHB. This is being managed as a Never Event.
	1	A number of patients who underwent procedures by the insourced ophthalmology service that was commissioned by the UHB have required additional follow up which has been reported to WG to inform them of the broader issue associated with the service.
	1	A patient suffered a cardiac arrest on a surgical ward post operatively and concerns were raised regarding resuscitation procedures due to a non-functioning laryngoscope. An internal safety notice has been circulated to reiterate correct procedures regarding checking of laryngoscopes on cardiac arrest trolleys.
Total	76	

No Surprises		
Clinical Board	Number	Description
Children and Women	1	Welsh Government were informed ahead of the publication of a matter relating to paediatric surgery in previous Board papers.

Mental Health	1	The arrest of two persons known to Mental Health services received media attention when they appeared in court.
Total	2	

The number of SIs reported monthly has seen a steady increase over the last 18 months and a significant rise in October 2018. The Board is advised that this is due to the increased reporting of pressure damage which meets the criteria for SI reporting. The graphs below demonstrate the direct correlation between the increase in monthly SI reporting with the increase in the reporting of pressure damage.



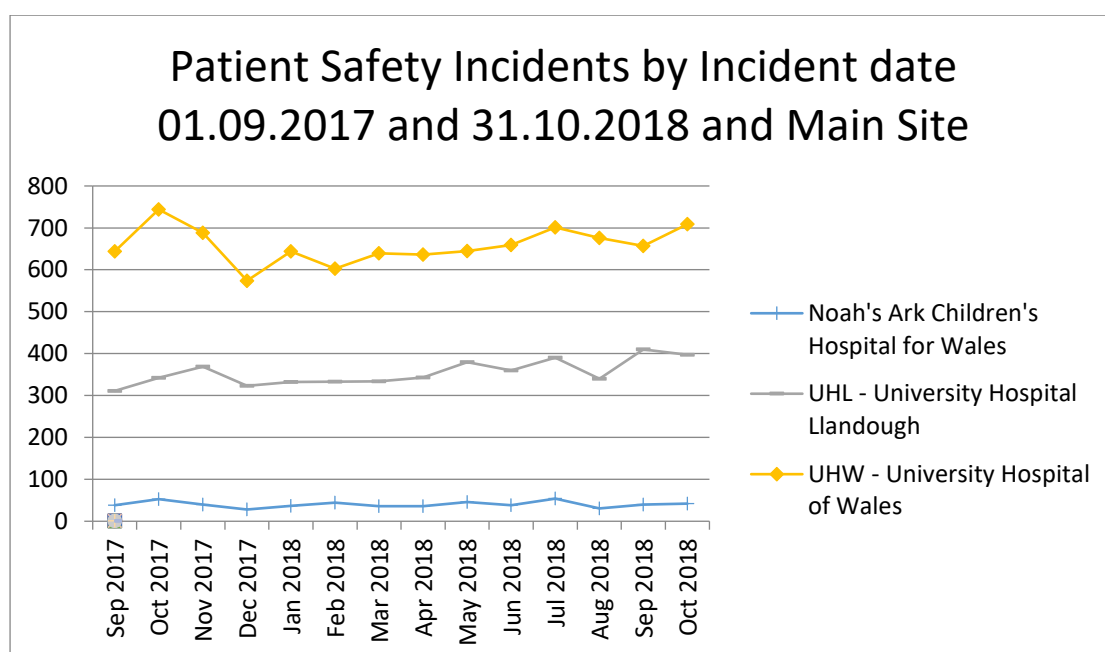
The Board should be advised that the sudden increase of reporting in October is also partly attributable to a delay in the reporting of some incidents from September (due to resource of the Patient Safety Team being directed to implementing the electronic wristband system across the UHB). This trend will continue to be monitored however.

Pressure damage is discussed in more detail later in the report.

How do we compare to our Peers?

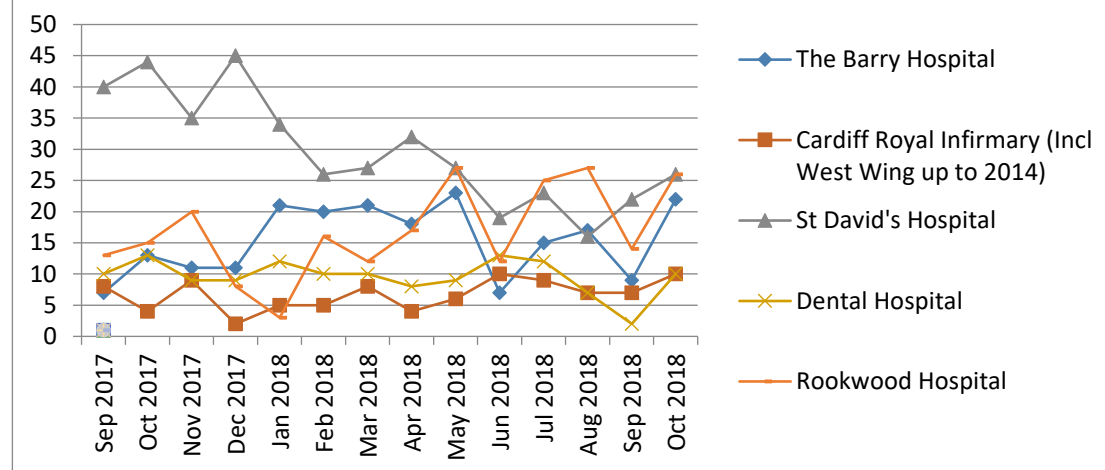
There is no updated information available from Welsh Government regarding the position across Wales on Serious Incident reporting.

In terms of general incident reporting, the following graph demonstrates the patient safety incidents reported on to the UHB's Datix risk management system by main sites between September 2017 and October 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 following graph demonstrates the patient safety incidents reported onto the UHB's Datix risk management system by other sites between September 2017 and October 2018. The lower volume of incidents reported reflects the size and activity levels at the sites.

Patient Safety Incidents by Incident date 01.09.2017 and 31.10.2018 and Other Sites



The increase in incidents in Barry Hospital from September to October 2018 is due to patient falls – but none caused any significant harm to patients. The Clinical Board will continue to monitor this.

The increase in incidents at Rookwood Hospital between September 2018 and October 2018, was due mainly to an increase in the reporting of falls and pressure damage most of which caused no harm or minor harm to the patient. There were two incidents, however, of pressure damage which were reported as Serious Incidents and both related to the Artificial Limb and Appliance Service. The Patient Safety team have reviewed this with the service and are satisfied that this relates to an improvement in reporting processes rather than an increased incidence of pressure damage in this group of patients. The UHB will continue, however, to monitor this trend.

Never Events

All Wales position

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

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

What are we doing about it?

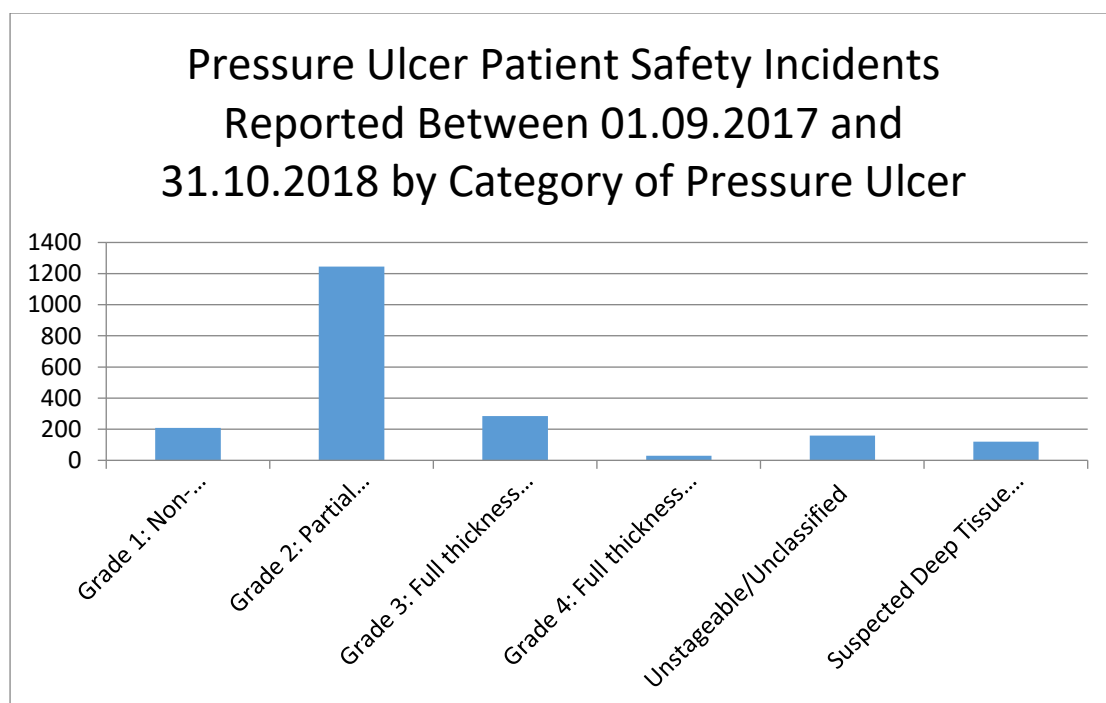
A detailed analysis of themes and trends from Serious Incidents, including Never Events, was presented to the Quality, Safety and Experience Committee on 16th October 2018. The paper presented to the Committee can be found [here](#).

Pressure Ulcers

How are we doing?

A rise in pressure damage reporting has been illustrated earlier in the report. Analysing pressure ulcer incident forms is complex. It can be difficult to determine precisely where the patient was and when the pressure ulcer developed; categorising the pressure ulcer can be subjective; patients affected by pressure ulcers are often vulnerable patients who are in frequent contact with multiple services and this can lead to multiple duplicates of the same pressure ulcers being reported on the system. The UHB is committed to resolving the arising challenges as it is sincerely acknowledged that this represents a patient safety and patient experience concern.

Between September 2017 and October 2018, 3049 pressure ulcer incidents were reported on Datix. Of these, staff indicated that 2049 (67%) were healthcare acquired which means that the patient was in receipt of NHS funded healthcare at the time the pressure ulcer developed. The category of the 2049 healthcare acquired pressure ulcers reported are set out in the table below. It is evident that the majority are grade 1 and grade 2 ulcers.

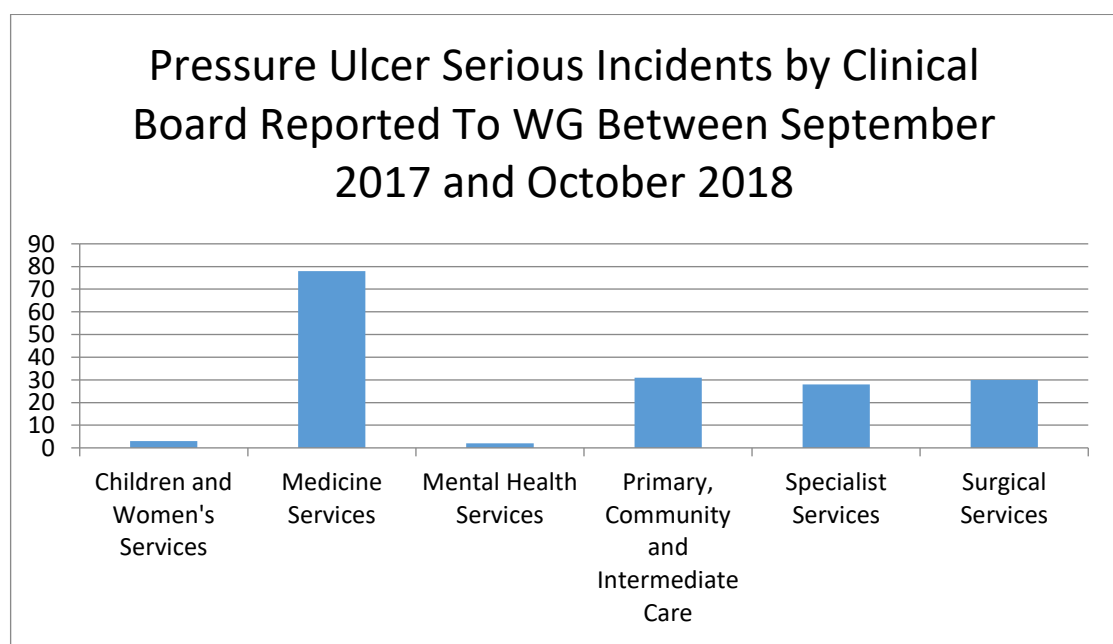


How do we compare with our Peers?

There is no benchmarking information available, however, Welsh Government has previously informed the UHB that numbers of Serious Incidents reported to them about pressure ulcers was lower than what was seen from other organisations. Investigation determined that the UHB was reporting grade 3 and 4 pressure ulcers to Welsh Government but unstageable ulcers also needed to be reported which was resolved.

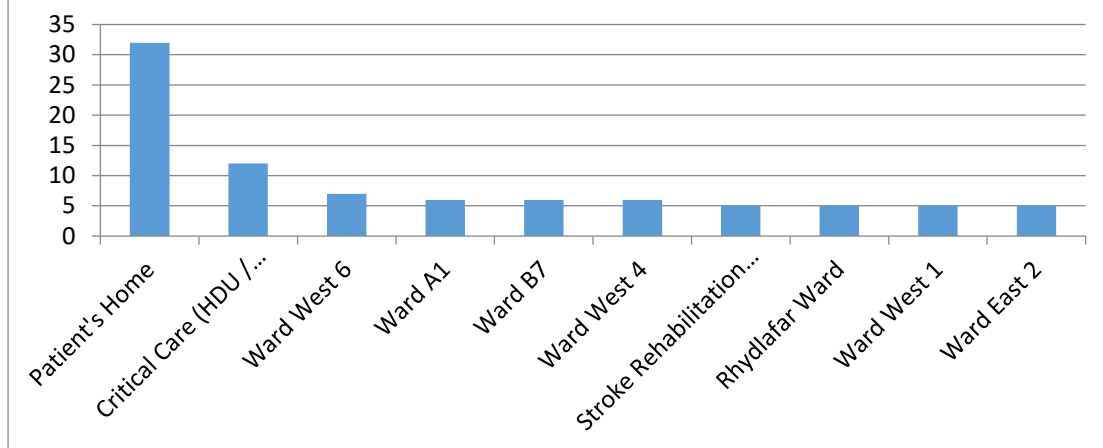
Further feedback was received from Welsh Government that the UHB was not reporting community-acquired pressure ulcers in line with what they were seeing from other organisations. The Patient Safety Team and PCIC Clinical Board have worked together to address this issue and revised procedures have been implemented.

Between September 2017 and October 2018 172 Serious Incidents related to pressure damage have been reported to Welsh Government. The following graph shows these incidents by Clinical Board and it is evident that the majority are reported by Medicine Clinical Board. This is a reflection of the number of beds and the number of older, frail patients.



The following graph shows the top ten locations where pressure ulcer Serious Incidents are being reported. It shows that community acquired pressure ulcers are prevalent and Critical Care patients are particularly vulnerable to this problem.

Pressure Ulcer Serious Incidents Reported To WG Between September 2017 and October 2018 by Top 10 of Locations



What are we doing about it?

The Pressure Ulcer Group continues to meet and oversee the UHB approach to the prevention and management of pressure damage.

The roll out of the new mattresses has taken place successfully across the UHB and the next phase will focus on maternity, paediatrics and community settings.

Medicine Clinical Board are piloting a new pressure damage passport so that all relevant information about the patient's pressure damage is held in one place.

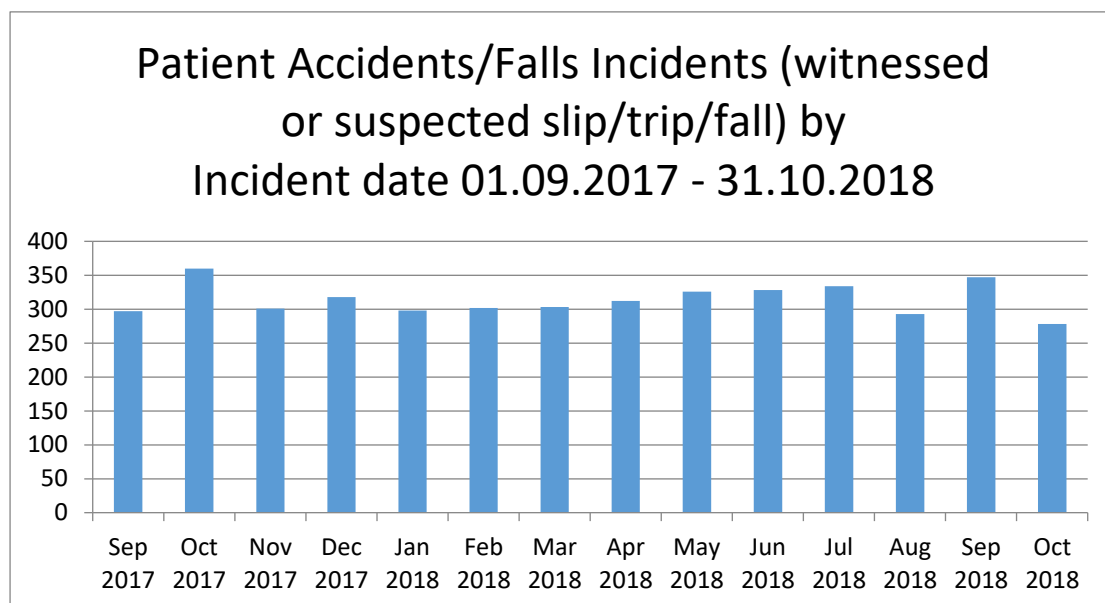
Robust monitoring of pressure damage takes place at Clinical Board level and corporately through Professional Nursing Performance reviews and Executive Performance Reviews.

Representatives from the UHB's Patient Safety Team, Datix and Tissue Viability Nurses have been contributing to an All Wales group with Welsh Government and NHS Wales Informatics Service (NWIS) to progress work on pressure ulcer reporting and investigation to promote consistent methodology in NHS Wales.

It is anticipated that a revised investigation tool will be launched shortly as part of WG changing the requirement of organisations to retrospectively report avoidable grade 3, 4 and unstageable pressure ulcers as Serious Incidents. They will also require organisations to submit information to them on a monthly basis indicating the total number of instances of healthcare acquired pressure ulcers by category (i.e. grade 1, grade 2, grade 3, grade 4, unstageable, suspected deep tissue injury). In order to improve data quality, work is underway to review what Datix changes can be made to help incident reporters and line managers to capture accurate information. This in turn will allow for benchmarking opportunities across NHS Wales with regards to pressure ulcers.

Patient Falls

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



How are we doing?

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

There is no change in the number of falls resulting in significant injury reported to Welsh Government in this timeframe with 8 such incidents reported. They all occurred on different wards. Seven of the incidents occurred whilst patients were mobilising on the wards; three of the patients were mobilising to the bathroom at the time the incident occurred.

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 well underway with good engagement from local primary schools and university students to participate in the

project. At the time of writing this has involved 16 schools, 164 older adults, 417 children and 20 university students who have supported the roll out.

The Falls Strategy Implementation Lead is in the process of collating outcomes from the project and will be presenting the work in a 'Lightning Talk' at the Welsh Public Health Conference in Cardiff on 8th and 9th November 2018.

This project also formed the basis of an application as a Bevan Exemplar which has subsequently been accepted and is a proud achievement for the Falls Strategy Implementation Lead.

Regulation 28 reports

No Regulation 28 reports were issued to the UHB by Her Majesty's Coroner in the current reporting timeframe of September – October 2018.

Outcomes of internal and external inspection processes

How are we doing?

Internal observations of care

Since the previous board report, 20 internal inspection have been carried out across five clinical boards.

Inspectors consistently comment positively on the quality of interactions between staff and patients. They observe good care and patient feedback has been positive. On one ward it was observed that some patients could have benefitted from additional support at meal teams.

Medication management practice is much improved across Clinical Boards, with the exception of two wards. On these wards, medication storage was raised as a concern.

Poor storage of patient identifiable information (PID) has also been raised as a concern in some areas. In three clinical areas, samples (blood/stool) had not been labelled and some histology samples had been on the ward for a few days without proper storage or being sent to the laboratory.

The inspection process continues to highlight a range of outstanding maintenance requests. The type of range from broken call bells to broken furniture on ward. All of these issues had been reported before inspections were undertaken.

The high number of vacancies in some clinical areas continue to be challenging with impact being seen in the ability to release staff to undertake statutory/ mandatory training. The UHB continues to work on the recruitment of nurses to improve this position.

What are we doing about it?

Improvements plans have been developed relating to concerns identified above.

1. The storage of medication and PID are being raised by Senior Nurses/Ward Sisters in staff meetings and communications.
2. Estates are being contacted concerning likely completion dates of outstanding maintenance requests, especially those relating to patient experience.
3. The effectiveness of protected meal times and releasing more staff to assist at meals times is being reviewed by ward sister. The action plan indicates that this work will be completed by December
4. Feedback about low morale is fed back to the Clinical Board. Two wards in particular are reviewing the way they organise the shift and allocated breaks

Further to feedback provided in September, the Health Charity has confirmed that they are awaiting delivery of iPads and that they will arrive this month. The use of an electronic app has been piloted on Rhydlafer and Bethan Ward. When the iPad order arrives we will provide these to a number of inspectors to trial and feedback. In December, the corporate nursing teams will begin the process of developing inspection apps for each directorate.

External inspections

There have been no external inspections by Healthcare Inspectorate Wales during the last two months, but there is a scheduled review of the CMHT based at Barry in December 2018. The Clinical Board are aware and are currently working with service users to complete satisfaction surveys ahead of the visit.

Patient Experience

Real Time

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?

The patient satisfaction scores from the National Surveys distributed across the Health Board are illustrated in the table below:

	September	October
UHL	96.7%	95%
UHW	93.9%	96%

Once again, the number of real times surveys completed during both September and October exceeded **1,000** each month, with the majority being very positive.

November is sensory loss month and it is opportune to update the Board with regards to the work with the Deaf and Hard of Hearing community. The first public meeting with the deaf community on 27th January 2018 was attended by the Chair and the

Executive Nurse Director, who listened to the community and heard their experiences.

It was apparent that organising health appointments and communicating with health professionals when you have a sensory loss can be a daunting experience and sometimes practically impossible if you are a first language British Sign Language (BSL) user. The feeling of uncertainty on how best to communicate and how to provide sensory loss patients with accessible information is something that most, if not all, health professionals will experience on a regular basis. These are significant identified barriers to deaf/severe hearing loss patients. Direct access and engagement in health services comes at a significant financial and human cost both to both Health Board and our patients. The community kindly agreed to help us and support the improvement work moving forward.

The community told us that we:

- don't always recognise their communication needs
- send letters asking people who are deaf to phone
- don't respect their privacy and dignity
- don't tell them if an interpreter has been booked
- don't recognise the choice of preferred interpreters
- don't recognise the additional stress that this causes
- don't use technology to help

In July 2018 the Assistant Director of Patient Experience met with members of the deaf community to ensure that our plans were changes that they wanted to the service.

It was clear that we needed multi-channel communication.



There has been significant work undertaken in Medical Records to identify people on our system who require either a BSL interpreter or a technological solution.



In order to ensure an improved service for all people with sensory loss the Health Board Charitable Funds Committee have supported COS. COS improves the quality of life and equality of access for deaf people and people with a sensory loss. COS was originally founded by the deaf community and with some 23 years of experience of delivering services and support to people living with sensory loss and the professionals and organisations who work with them.

Whether the service is delivered online, remotely or face-to-face, they can assist members of the community with a wide range of issues, from making GP

appointments to communicating with Health Care professionals. They provide support to service providers ensuring they are able to meet their responsibilities under the Social Services and Wellbeing (Wales) Act 2014.

Linked with COS, the UHB is piloting **DAISY** Online Interpreting. This is aimed at providing quicker, more cost efficient access to communication support for deaf/hearing loss people to engage with public sector services; COS has developed an innovative remote access British Sign Language (BSL)/English communication support and interpreting service, the first of its kind in Wales. Using skype for business, DAISY 'Face to Place' facilitates quick and cost efficient access to vital communication support via qualified/registered BSL/English interpreters for deaf people and lip speakers and or/note takers for people with hearing loss.

The project which has been accepted as part of the Bevan Programme will pilot this element within a primary care setting, such as a GP surgery. Technically, this is possible because DAISY can be accessed via iPads, tablets, Smartphones, laptops or personal computers and importantly via the Health Board's own internal current IT system. DAISY will enable deaf/hearing loss patients to access services independently and facilitate Health Board's staff direct engagement, discussion and work with them.

Training

During November and December training is being provided for Health Board staff to assist with interactions and communications with our deaf patients. In October a training session was provided for GPs in basic BSL. 120 staff across the Health Board will attend basic BSL workshops in December. These courses are being facilitated by the British Deaf Association (BDA). The UHB is in discussion with both the BDA and Action on Hearing Loss to propose an ongoing training provision or staff across the Health Board to include our Primary Care settings.

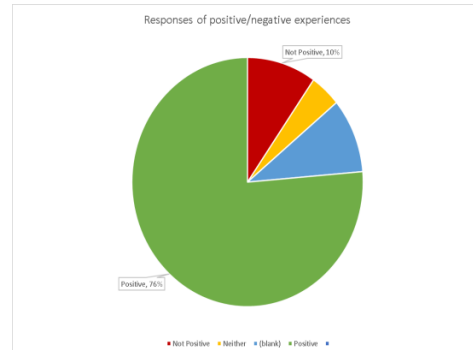
Through the Corporate Governance Department, the Interpreter on Wheels has been piloted. This addresses all languages but does have a limited number of BSL interpreters available. On 25th October the UHB embarked on a short two week free trial to extend the use of the Language Line Insight video interpretation system outside of UHW. This system has already been tested in five areas at UHW and has proved popular with staff and patients. At the end of the first and second trial phases, all departments opted to keep their machines and to fully embrace the service in place of face-to-face interpreters. Video interpretation is now the routine form of interpretation used in the USA and Language Line hopes to develop the service in the UK.

This interpretation service could potentially improve staff and patient experience and could additionally be more cost effective.

Whilst there are technological advances some patients will prefer face-to-face interpretation in both BSL and other languages and the technology provides choices and emergency access. Further updates will be provided in future reports.

Pride

Over 300 questionnaires were handed out at Pride Cymru - with 168 respondents accessing services at Cardiff and Vale UHB.



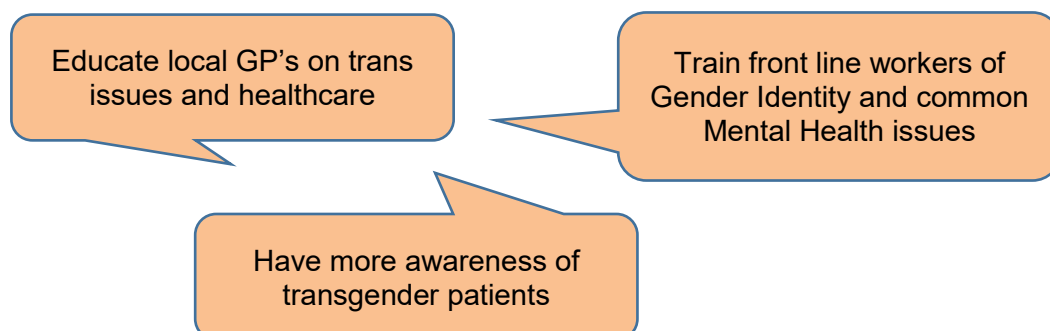
Of the 168 respondents, over 75% having a positive experience as illustrated in the chart above.

The themes raised varied, however, the most common was access to services such as:

- “Need more facilities close by”
- “Smear tests open at the age of 16”
- “Make sure there are more A&E services”

Waiting times also featured prominently as well as people raising concerns over lack of NHS funding.

However, more worryingly, there was a large number of responses that said there was a lack of understanding from staff. Qualitative comments shared included:



LGBT education is included within various training sessions, with 76.47% of staff having undertaken equality related sessions during a three year period. In additional information is being developed by Patient Experience to assist with education and correct messaging. The Gender Identity Clinic is an opportunity to improve the

waiting times, provide a quality service, and recruit volunteers from the Trans Community to develop a supportive culture in the clinic.

Retrospective

Feedback from patients and carers of people with learning disabilities highlighted some good practice and areas for improvement.

The Health Board has also introduced the **Show Me Where™ (SMW)** app to their clinical workstation booking system, to alert staff when admitting patients with Learning Difficulties. **SMW** tools, along with the 'Pain Toolkit for Patients with Communication Difficulties', ensure continuity of care throughout the hospital for this particular group of patients. These may include:

- Children and vulnerable adults
- Non English speaking people



Patients with a learning disability now have improved access to emergency care in Cardiff and the Vale following the launch of the new initiative in 2017. The Patient Experience Team have developed an ongoing survey to listen to the experience of patients and carers, when the individual has been identified as having a learning need. This survey was administered at the beginning of August 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. To date we have received;

- 16 patient surveys
- 19 carers, relative or client survey

Themes:

- Communication difficulties also using carer/relative to communicate rather than communication with the patients. This is more apparent during inpatient stays.
- Waiting times in the Assessment Unit/A&E. This was not specifically in relation to Learning Difficulties; however it is stressful for all, and potentially could be exacerbated for those with Learning Disabilities.

Overall it was very successful and a good example of how well such visits can be managed when everyone listens to each other.

I think there should be more doctors/nurses trained to help patients with learning disabilities. The whole experience was quite frightening for my brother.

In September the Lead Nurse for Surgery facilitated a launch for '*Learning Disability Care Champions*', of which over 50 people attended. The aim was to embed the work of implementing the care bundle for "improving acute hospital care of patients with a learning disability".

Proactive and Reactive

In addition to ward based kiosks, a desktop kiosk has been situated at Cowbridge Health Centre. During October, 24 surveys were completed with overwhelmingly positive responses:

- **100%** said they would rate their care as excellent
- **100%** said they were made to feel welcome
- **100%** said staff had been kind and caring
- **100%** felt they had been listened to

Balancing

Complaints

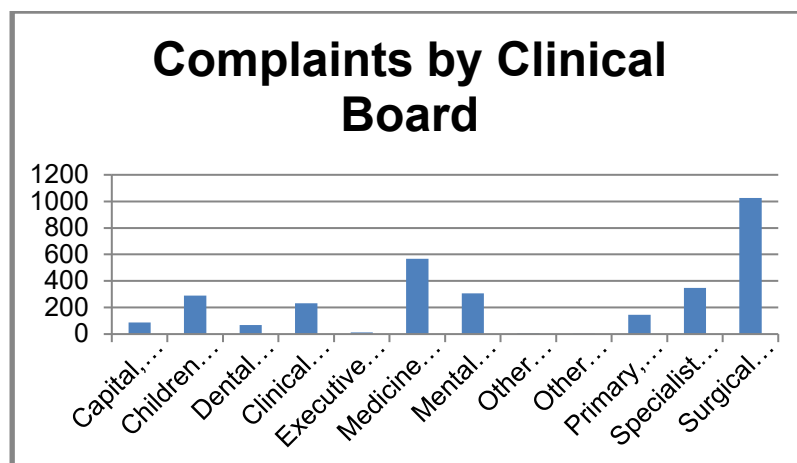
From 1st September 2017 to end October 2018, 3,170 complaints were received, of which 57% were managed through our informal process, with less than 2% being converted to a formal complaint.

The highest number of concerns, 1,074 in total, related to concerns raised relating to clinical diagnosis, treatment and assessment, followed by, 750 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 1,025 concerns, however, 72% of their concerns were managed via the informal process. As noted in the last Board Report, a high number of the informal concerns relate to the cancellation of Ophthalmology appointments. To address the backlog, a number of extra clinics are being put in place and the Clinical Board are also exploring the option of patients who meet a certain criteria, being followed up in the community setting.

Medicine had the second highest number of concerns; 567 in total. There has been an increase in concerns received in relation to the Emergency and Assessment Unit over the past few weeks. The Clinical Board has requested further concerns information regarding the trends and themes so that an improvement plan can be implemented.

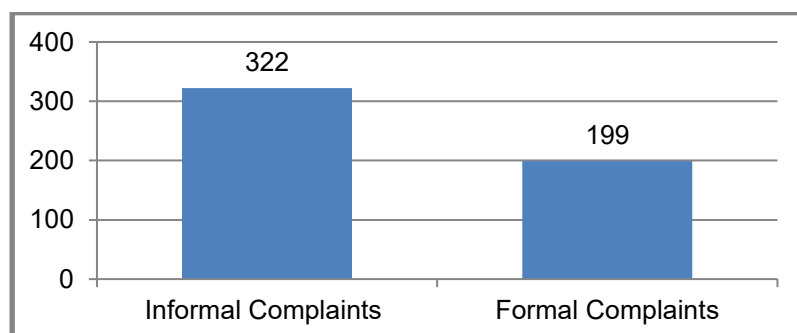
Since the introduction of the new parking system in place, there has also been an increase in the volume of calls and emails to the Concerns Team relating to parking tickets being issued, both from members of the public and staff. All complainants are being directed to the dedicated parking email address and complainants are being advised of the temporary office in Concourse. It was noted in the last Board Report that there was a significant backlog and the Parking Office were not able to keep up with the volume of enquiries. However, in the last month, in order to address the high volume of enquires/complaints, the Parking Office have employed an additional member of staff to work on the front desk. This appears to have helped to decrease the backlog; however, the Concerns Team continues to receive calls relating to the contract with Parking Eye on a daily basis.



There has been an increased number of concerns via AM/MP's. However, changes such as the recent changes to the Parking System at Barry Hospital should have a positive impact upon the Patient Experience and reduce the number of concerns.

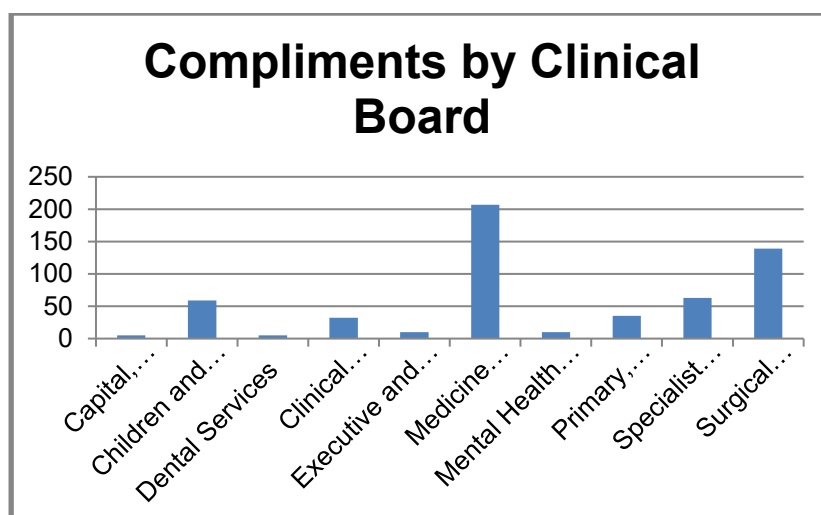
The Clinical Boards have demonstrated a continued commitment to working with the Concerns Team to maintain the improvement in the 30-day response times, meeting weekly to discuss all active concerns. We are seeing a steady and sustained improvement in 30-day response times. It is very pleasing to note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

During September and October 2018, the Health Board received 521 complaints; 62% of those were managed through the informal process, which is an improvement of 7%, in comparison to the last Board Report and the overall informal response time is 99%.



Compliments

During the period 1st September 2017 – 31st October 2018, the Health Board received 528 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?

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
Patients waiting too long for an appointment in the Botulinum Toxin Service.	Additional evening clinics have been arranged.
Patient did not receive an information leaflet as it was not linked electronically to the appointment type.	This has now been rectified and patients will now receive this information in the future.
Patient complained of being in pain whilst a biopsy was taken.	This highlighted the need for Gas and Air to be given at the beginning of the procedure to ensure patients are as comfortable as possible.
Patient raised concerns regarding the facilities on the ward not being suitable one shower on the ward and nowhere to put toiletries or clean clothes.	Layout of the bathrooms being reviewed and plans to add shelves for personal items.
We needed to identify patients with Learning needs and communicate with them effectively.	• PMS now has a flag to identify patients with learning needs. • Communication tools have been reviewed • The NEWS (an early warning score system) chart has been amended • A method of capturing ongoing patient experience feedback has been put in place

REPORT TITLE:	Performance Report									
MEETING:	UHB Board							MEETING DATE:	29.11.18	
STATUS:	For Discussion	x	For Assurance	x	For Approval		For Information			
LEAD EXECUTIVE:	Deputy Chief Executive									
REPORT AUTHORS (TITLE):	Members of the Performance and Information Department									
PURPOSE OF REPORT: The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement.										

SITUATION:

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

REPORT:

BACKGROUND:

The UHB is presently compliant with 24 of its 67 performance measures (September = 21/67, March 2018=18/60) and is making satisfactory progress towards delivering a further 21 (Sep = 29, March 2018 = 23).

Since the last report three measures have improved to green:

#15 – The proportion of formal complaints responded to within 30 working days has increased to 80%, from 74% at the start of the financial year and 43%, 18 months ago.

#20 – There has been a reduction in the number of emergency hospital admissions for patients with chronic conditions, falling from a rate of 1046 admissions per 100,000 population in the 12 months to July 2017 to 1009 in the 12 months to July 2018.

#32 – The proportion of patients who had a nutrition score completed and appropriate action taken within 24 hours of admission increased to 95% in September.

Two measures have improved from red to amber:

#34 - 95% of hand hygiene audits undertaken in September showed that practice was compliant with the World Health Organisation's guidance.

#56 – The percentage of medical staff undertaking performance appraisal in the preceding 18 months has increased to 80% in September from 77% in July and is in line with the IMTP trajectory.

A deterioration in the UHB's performance was noted for 8 measures:

#2 – The percentage of children who have received 3 doses of the 6 in 1 vaccine by age 1 and who received 2 doses of the MMR vaccine by age 5 fell to 94.4% from 94.7% and from 87.9% to 84.3% respectively. This is in contrast to an anticipated improvement in performance to 95% and 88.5%, per the UHB's performance trajectory.

#12 – The proportion of deaths, clinically reviewed within 28 days of the death, reduced to 71% in August, in contrast to the UHB's anticipated level of 83%.

#30 – The proportion of patients with a positive screening for sepsis in both inpatients and emergency A&E who have received all 6 elements of the 'sepsis six' bundle within 1 hour reduced to 62% in August, from 67% in May.

#45 – The proportion of patients who having had their 'inpatient' treatment cancelled were re-appointed within 14 days reduced to 41% in August from 58% in June.

#46 – The proportion of mental health patients whose therapeutic intervention commenced within 28 days of their initial assessment reduced from 82% in July to 60% in September.

#50 – The proportion of patients waiting less than 26 weeks on an RTT pathway for elective treatment reduced from 89% at the end of August to 86% at the end October, whilst the number of patients waiting in excess of 36 weeks reduced to 984 patients from 1000 patients. The UHB's IMTP trajectory was to reduce the number of 26 week patients to 650.

#53 – The proportion of patients admitted, discharged or transferred from the UHB's emergency care facilities within 4 hours reduced from 89% in August to 86% in October, below the UHB's performance trajectory of 88%.

#54 – The number of patients waiting over 12 hours to be admitted, discharged or transferred from within the UHB's emergency care facilities increased from 7 in August to 94 in October.

There are now 22 measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

This is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Delivering for our population	9	8	5	13/22
Delivering our service priorities	2	3	1	3.5/6
Delivering sustainably	12	6	12	15/30
Improving culture	1	4	4	3/9
Total	24	21	22	34.5/67

ASSESSMENT:

The report section 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:

- i. Mortality
- ii. Healthcare Acquired Infections
- iii. Unscheduled care report incorporating Emergency Department and ambulance response and handover times and delayed transfers of care
- iv. GP Out of Hours services
- v. Primary care services
- vi. Stroke
- vii. Cancer
- viii. Elective access including dementia and diagnostic waiting times and postponed admissions
- ix. Outpatients, specifically non-attendance rates and the management of follow up appointments
- x. Mental Health Measures
- xi. Finance

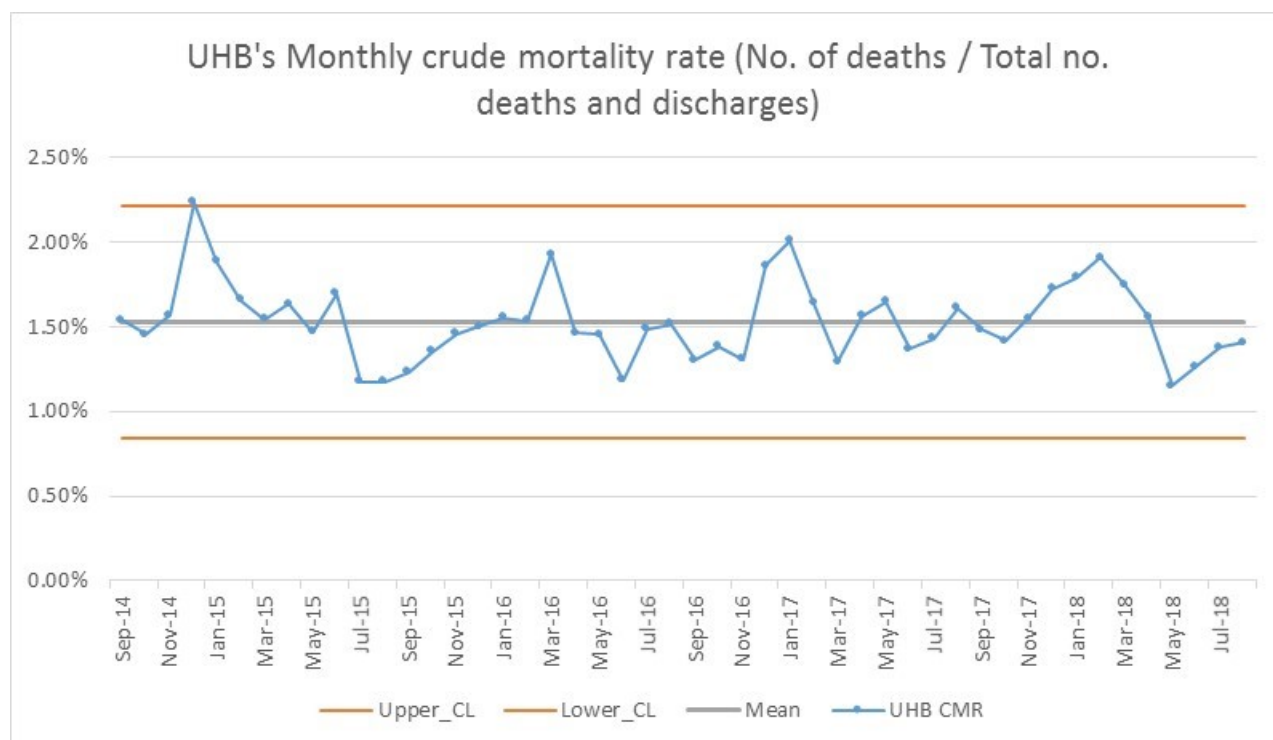
Commentary and assessment on the latest quality and safety indicators is provided in a separate report from the Executive Nurse Director.

An excel version of the dashboard is attached to this report.

1) MORTALITY

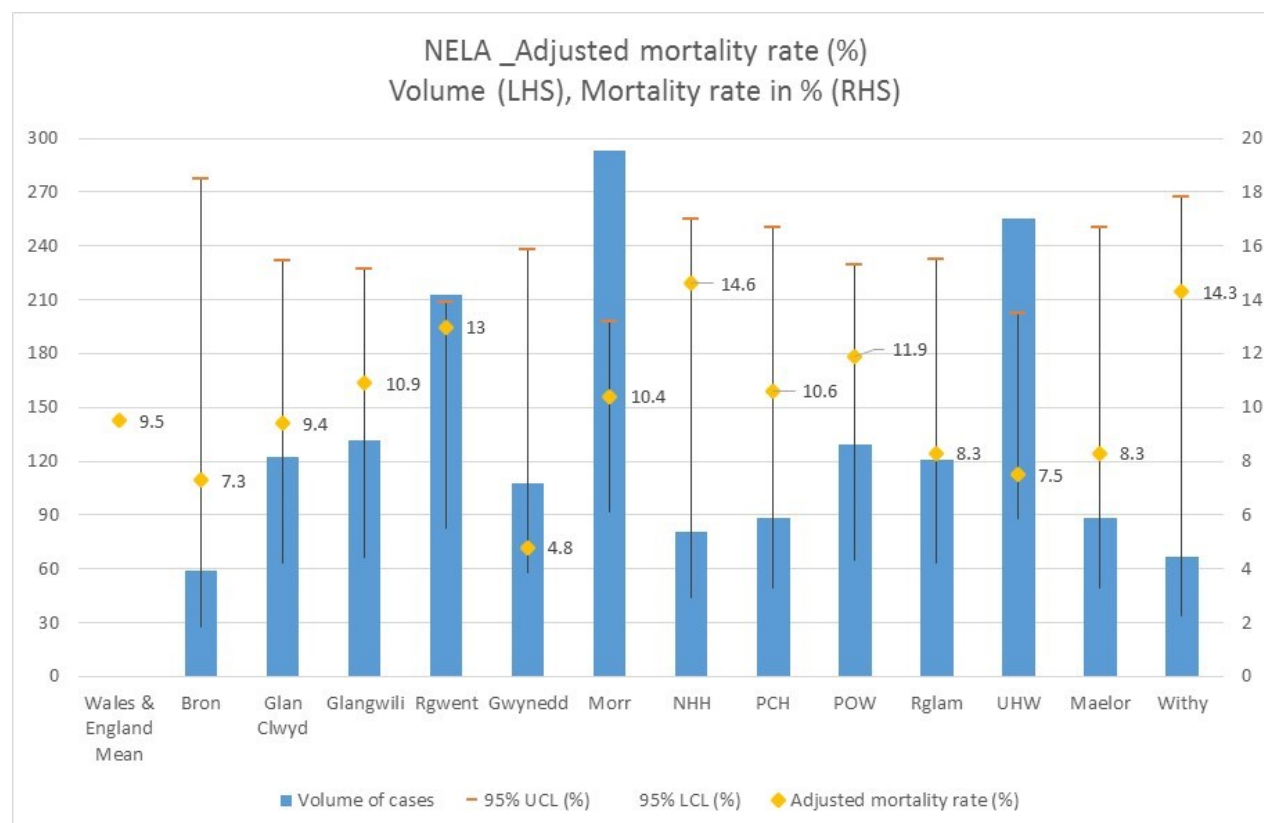
How are we doing?

The latest data from CHKS continues to indicate that Cardiff and Vale UHB has the lowest risk adjusted and crude mortality rates in Wales. The UHB's Risk Adjusted Mortality Index score for the 12 months up to July 18 was 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.



The 4th report from the National Emergency Laparotomy Audit was published in the first week of November and can be accessed at: <https://www.nela.org.uk/Fourth-Patient-Audit-Report>. Data from the report indicates:

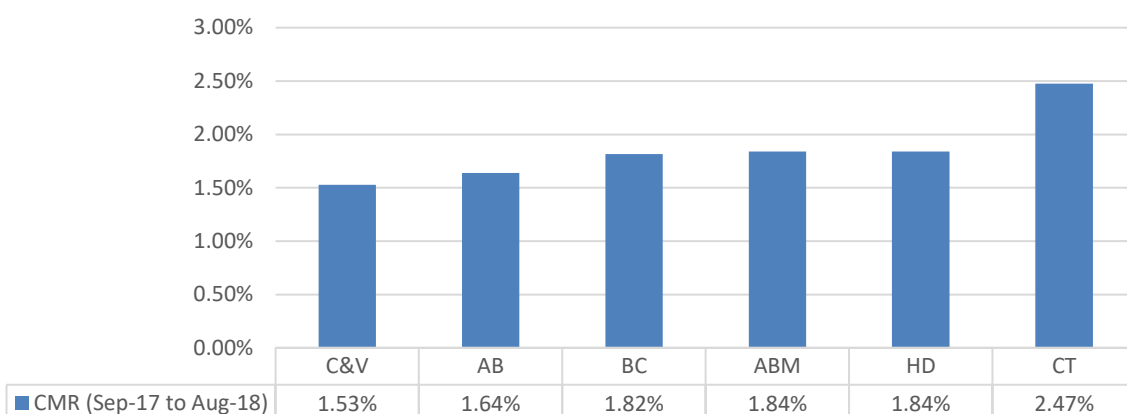
- UHW treated 255 patients between December 2016 and November 2017, the period under review. This was the 10th highest volume of emergency laparotomies in England and Wales;
- The UHB had a risk adjusted mortality rate of 7.5% down from 17-21% 3 and 4 years ago. This is the 3rd lowest of the 10 hospitals treating more than 250 patients, the 44th lowest of the 174 English and Welsh hospitals participating in the audit and the 3rd lowest of the Welsh hospitals.



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.

Crude Mortality Rate (Sep-17 to Aug-18)



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 reviewed 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) HEALTHCARE ACQUIRED INFECTIONS

How are we doing?

Each year the Welsh Government places an improvement target on the UHB to reduce the numbers of healthcare acquired infections. The number of cases recorded within the UHB, between 1st April and the 31st October, is shown below for 5 organisms, alongside a straight line trajectory of the maximum number we should observe if we are to deliver the improvement target.

	C. difficile	S.Aureus bacterium	E coli	Klebsiella sp bacteraemia	Pseudomonas
Expected rate	23	20	60		
Expected no. to Oct-18	66	57	172	59	55
Observed number to date	70	93	217	52	15
Under / over profile	4	36	46	-7	-40

How do we compare with our peers?

Performance up to the end of October, suggests that all organisations are struggling to meet the C. difficile, S. aureus and E.coli targets. Cardiff and Vale are the only organisation to be within the straight line trajectory to deliver the Klebsiella target and are one of only two to deliver the improvement target for pseudomonas.

Wales 2018/19 reduction expectation, Apr - Oct 18															
	C. difficile			S. aureus bacteraemia			E. coli bacteraemia			Klebsiella sp bacteraemia			Pseudomonas aeruginosa bacteraemia		
	Current period rate	Current period number	Current period average number per month	Current period rate	Current period number	Current period average number per month	Current period rate	Current period number	Current period average number per month	Current period rate	Current period number	Current period average number per month	Current period rate	Current period number	Current period average number per month
Abertawe Bro Morgannwg UHB	42.21	131	19	35.77	111	16	100.54	312	45	26.75	83	12	5.80	18	3
Aneurin Bevan UHB	25.11	86	12	28.32	97	14	77.96	267	38	20.44	70	10	5.84	20	3
Betsi Cadwaladr UHB	27.21	111	16	22.55	92	13	82.85	338	48	15.20	62	9	4.17	17	2
Cardiff and Vale UHB	24.37	70	10	32.38	93	13	75.54	217	31	18.10	52	7	5.22	15	2
Cwm Taf UHB	20.60	36	5	35.47	62	9	94.40	165	24	20.02	35	5	7.44	13	2
Hywel Dda UHB	42.23	95	14	33.78	76	11	95.12	214	31	21.78	49	7	11.56	26	4
Wales	29.64	541	77	29.20	533	76	83.28	1,520	217	19.45	355	51	6.03	110	16

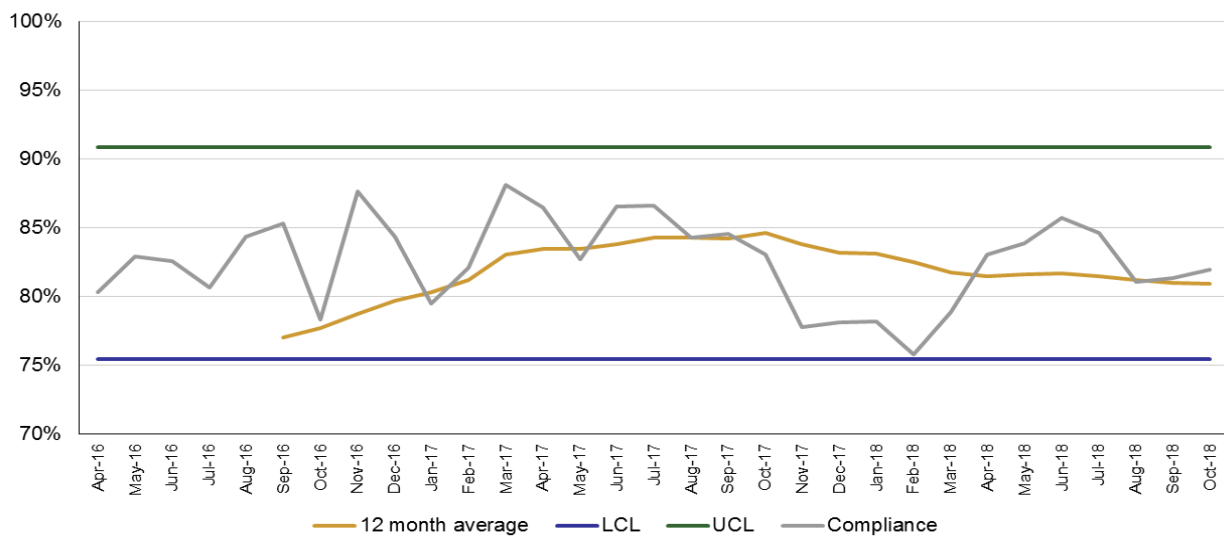
What actions are we taking and do we need to take to improve the position and when will they start to take effect?

- C. difficile figures are holding at a reasonably low level so far in 2018/19 despite the introduction of a more sensitive test. The current position needs to be sustained with continuing drive to improve to enable us to reduce to below the required WG target. Actions needed include adherence to antimicrobial prescribing guidance; early isolation and effective treatment.
- The total Staph. aureus bacteraemia figures including MRSA are the most worrying HCAI indicators at present.
 - The STOP campaign was re-launched last week to raise awareness of the need to use medical devices carefully and manage them effectively.
 - Further work is needed to embed the use of PVC insertion packs
 - ANTT training and implementation is well underway across the Health Board but needs to be implemented for all staff groups including the medical teams.
- E.coli bacteraemia – we are in a better position than for the same period last year, but we are still adrift of the current target for 2018/19. The main focus of work is to improve the management of UTI across all sectors of healthcare and with our partners in the care homes and community. A UTI improvement group is in place led by the Executive Nurse Director.

3) UNSCHEDULED CARE

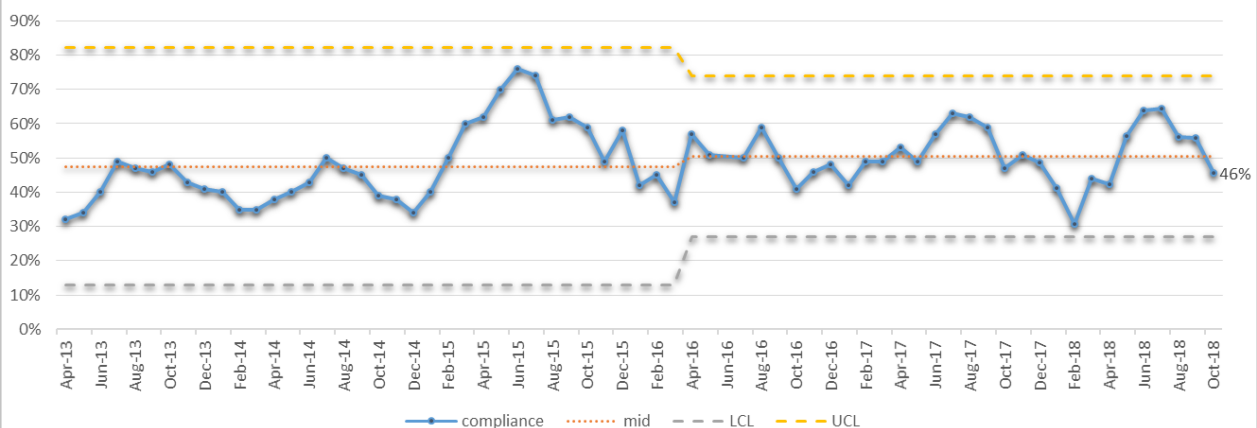
The proportion of immediate and life threatening calls responded to within 8 minutes was 81.9% in October; with the 12 month cumulative performance showing a slow decline over the last 5 months to 80.9%. However, performance remains above the Welsh Government target of 65%.

Proportion of Immediate and Life Threatening calls responded to within 8 minutes

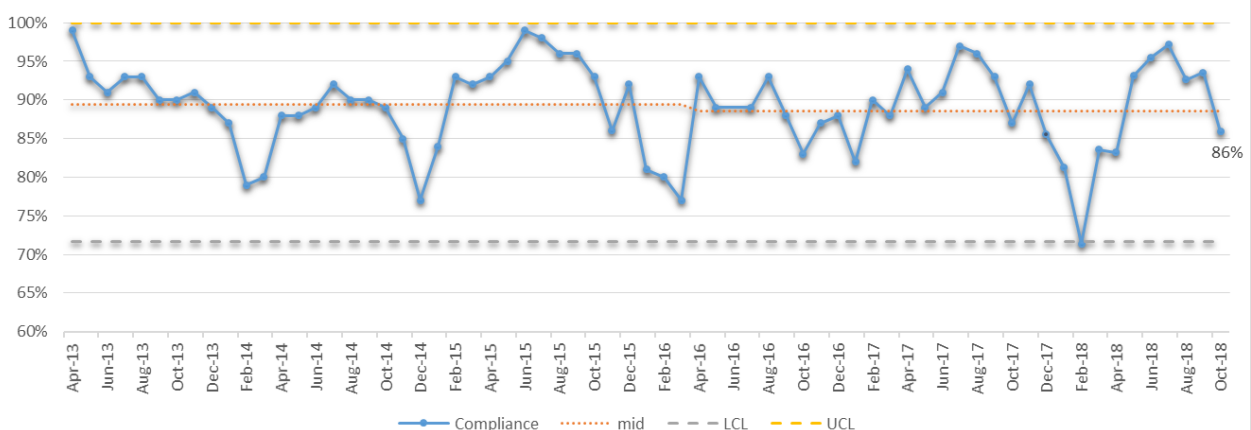


In respect of ambulance handovers, 46% of patients were handed over within 15 minutes and 86% of patients handed over within an hour which is below the WG minimum standard of 60% within 15 minutes, and 100% within 60 minutes.

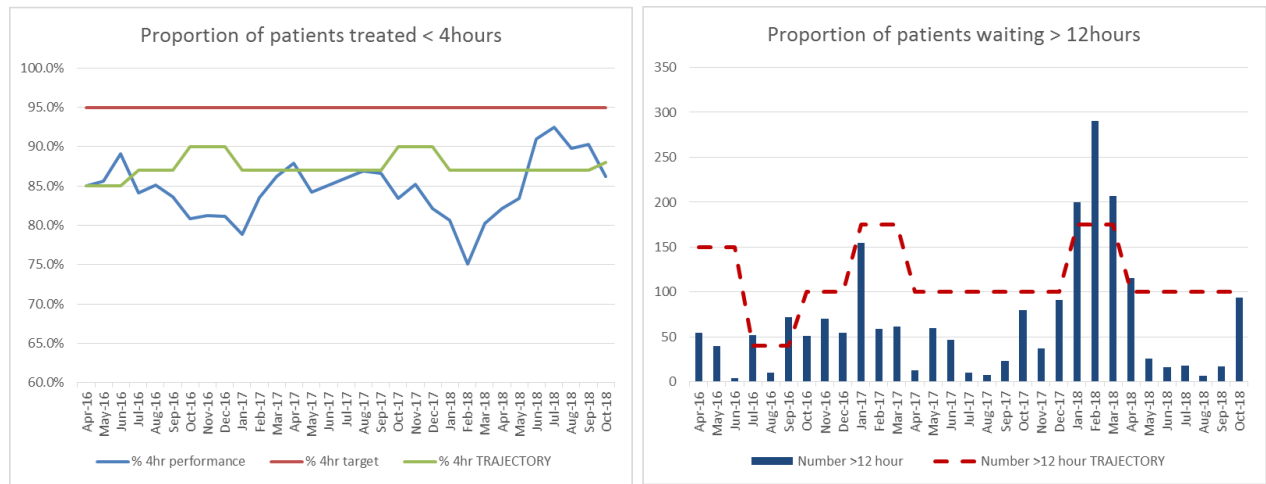
Proportion of ambulance handovers completed within 15 minutes



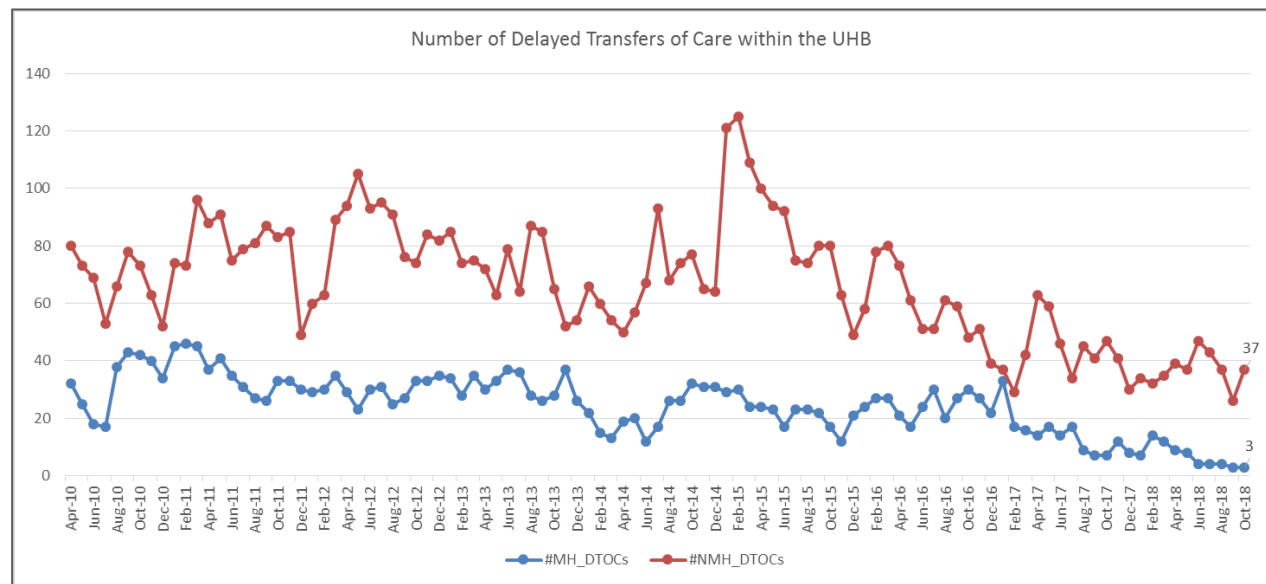
Proportion of ambulance handovers completed within 60 minutes



The proportion of patients admitted, discharged or transferred within 4 hours fell in October to 86.2%, below both the WG target of 95% and the UHB's IMTP trajectory of 88%. The number of patients waiting in excess of 12 hours increased to 94, which is significantly higher than the 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 October 2018 census point, the UHB recorded that 37 patients had their care pathway delayed as per formal WG definitions. The number of bed days attributed to patients whose care was delayed was 997 in the month, equating to 32 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	Sep 18	Sep 18	Sep 18	Sep 18
HB	4 Hour	Patients >12Hrs	Red Call<8 Minutes	Ambulance Waits>1 Hr
ABM	77.5%	588	78.3%	526
AB	78.6%	450	76.3%	461
BCU	69.6%	1817	69.7%	757
C&V	90.3%	17	81.3%	145
CT	87.1%	270	67.4%	4
HD	83.4%	663	66.1%	200
C&V Rank	1/6	1/6	1/6	2/6

The UHB is ranked 4th for mental health delayed transfers of care of patients and is ranked 3rd for its non-mental health delayed transfers of care.

12 month to Sep 18	ABM	AB	BC	CV	CT	HD	Pow	CV Rank
# HB MH DTOC	332	60	248	92	82	86	30	4/6
# HB non MH DTOC	721	922	1146	448	268	491	230	3/6

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.

Winter brings additional pressure in the Unscheduled Care system, with demand increases and higher levels of acuity

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.

Implementation of the 2018-19 integrated winter plan with our partners and on a whole system basis continues. The Board has received a separate update on this. The key elements of the plan are 'Keep Me home'; in-hospital schemes; and 'Get me Home'. The UHB has also recently received additional funding from Welsh Government for Winter pressures.

The Health Board has received funding from Welsh Government from the Transformation funding to implement 'Get me Home plus'. Developed by the Cardiff and Vale Regional Partnership Board, the project is aiming to integrate health and social care to bring care closer to home. Get Me Home Plus will change the way partner organisations can work together in hospitals. For example local authorities will work with the NHS to provide increased daily contact on the wards. Get Me Home Plus will see people being assessed in their own home after being discharged from hospital, rather than being assessed before being discharged.

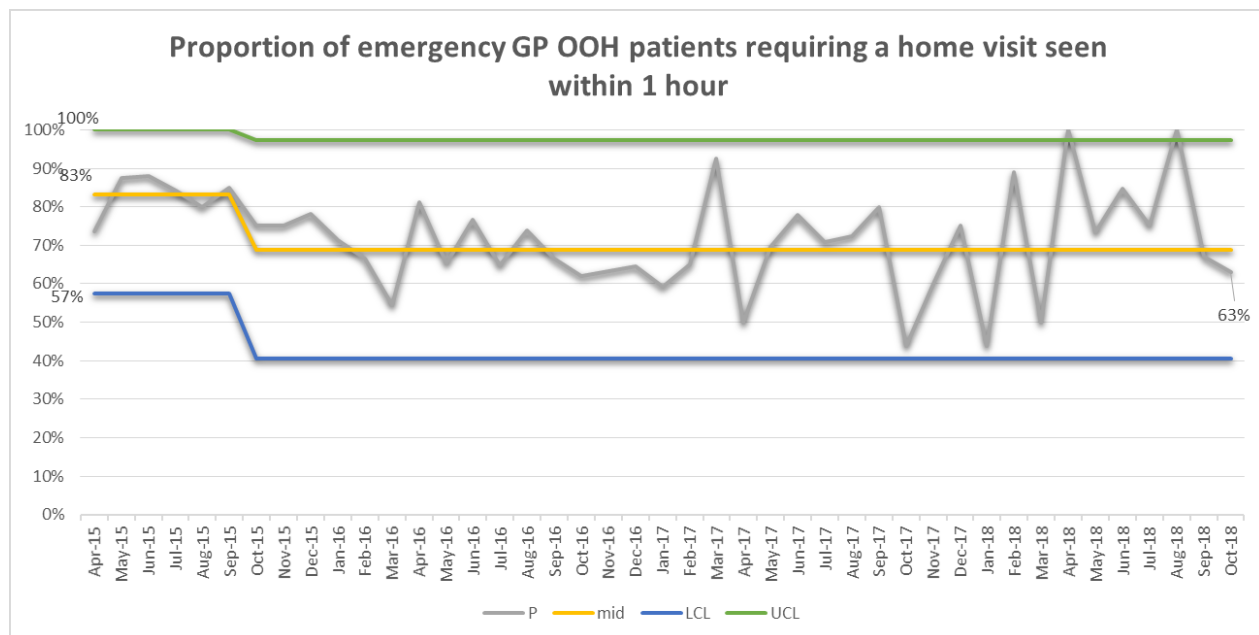
4) GP OUT OF HOURS SERVICES (OOH)

How are we doing?

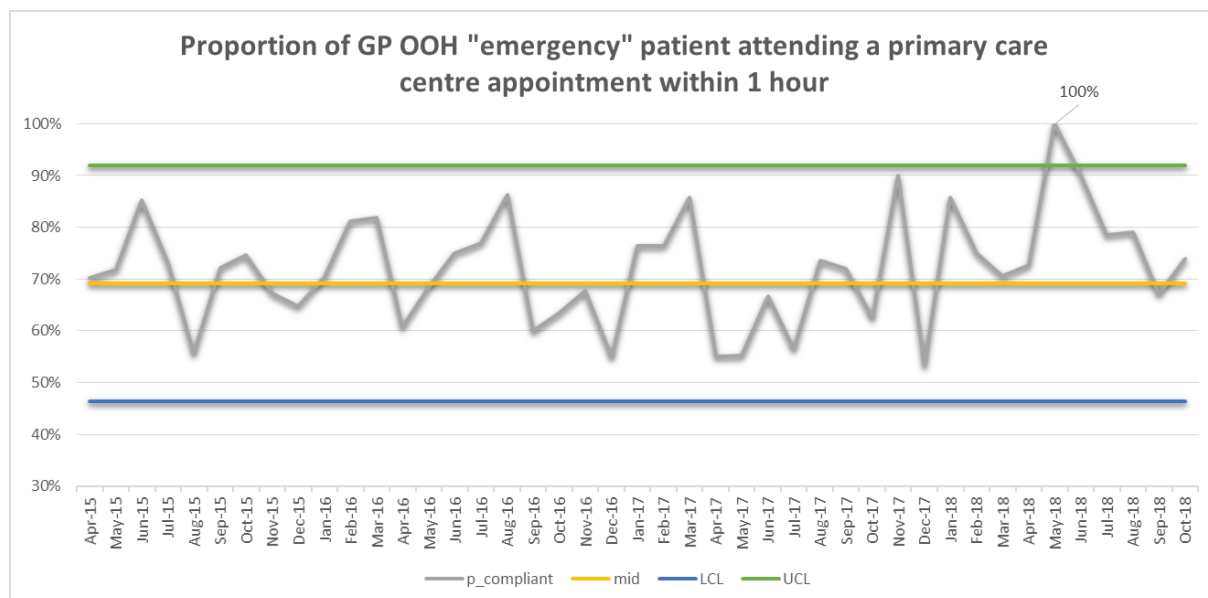
The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. Performance has slightly declined over the last two months with now only five of the standards being achieved in October (8 in August and 6 in September were achieved).

	Demonstrates that a standard has been achieved		Total Contacts= 8297			Total Contacts= 9010			Total Contacts= 8553		
	Demonstrates that a standard is within 10% of being achieved		Total Clinical Contacts Recorded on Adastra = 7052			Total Clinical Contacts Recorded on Adastra = 7703			Total Clinical Contacts Recorded on Adastra = 7383		
	Demonstrates that a standard has not been achieved										
	Demonstrates volumes only		Aug-18			Sep-18			Oct-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	7194	6526	91%	7745	7027	91%	7281	6594	91%
		100% ans. in 120 seconds	7194	6798	94%	7745	7391	95%	7281	6892	95%
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	7194	464	6%	7745	132	2%	7281	112	2%
Handling	% of calls recording the correct patient demographic information	100% Correct	7194	7194	100%	7745	7745	100%	7281	7281	100%
Telephone Triage Services											
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	1862	1529	82%	2281	1928	85%	2233	1902	85%
	Longest time to triage an urgent call	Longest time		575			754			508	
	Average of the 10 longest times to triage an urgent call	Average time		332			274			311	
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	3492	3021	87%	3723	3306	89%	3540	3141	89%
	Longest time to triage a routine call	Longest time		1327			771			1108	
	Average of the 10 longest times to triage a routine call	Average time		741			443			649	
Immediate Life Threatening (LT) Conditions											
Referral	Number of life threatening conditions identified	100% within 3 minutes	104	104	100%	183	183	100%	136	136	100%
Home Visiting											
Home Visits	The number and percentage of home visits	No target	7052	440	6%	7703	536	7%	7383	501	7%
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	5	5	100%	15	10	67%	8	5	63%
	The number of face to face contacts within two hours	100% seen within two hours	5	5	100%	15	14	93%	8	8	100%
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	147	111	76%	192	154	80%	168	143	85%
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	288	230	80%	329	223	68%	325	243	75%
Primary Care Centre Appointments											
PCC	The number and percentage of PCC attendances	No target	7052	2165	31%	7703	2514	33%	7383	2389	32%
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	14	11	79%	30	20	67%	19	14	74%
	The number of face to face contacts within two hours	100% seen within two hours	14	14	100%	30	30	100%	19	18	95%
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	204	186	91%	262	226	86%	228	190	83%
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	1947	1922	99%	2222	2193	99%	2142	2098	98%
Transmissions											
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	7594	7594	100%	8393	8393	100%	8059	8059	100%
Other Data											
Outcomes	The number of calls ending in telephone advice	No target	7052	1767	25%	7703	2042	27%	7383	2124	29%
	The number of calls advised to contact their GP within 24hrs.	No target	7052	844	12%	7703	934	12%	7383	880	12%
Referrals OUT	The number of referrals to the Emergency Department	No target	7052	465	7%	7703	539	7%	7383	476	6%
	The number of referrals to WAST	No target	7052	168	2%	7703	226	3%	7383	202	3%
	The number of referrals for direct admission	No target	7052	289	4%	7703	277	4%	7383	274	4%
Referrals IN	The number of referrals from the Emergency Department	No target	7052	47	0.7%	7703	43	0.6%	7383	33	0.4%
	The number of referrals from WAST	No target	7052	128	2%	7703	139	2%	7383	146	2%
Rota	Shift fill rate (reported in hours)	100% of shifts filled	4214	3520	84%	4363	3899	89%	4421	3634	82%
Complaints/Incidents											
Complaints	Total number of complaints received & number upheld	No target		5			1			10	
Compliments	Total number of compliments received	Volume only		2			3			3	
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 continues to fluctuate wildly, between limits of 41% and 97%. Discrete performance in September and October was 67% and 63% respectively, therefore not 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 74% in October 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 August 2018.

Aug-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	89.2%	84.3%	73.9%	82.1%	61.9%	72.9%	94.2%	4/7
% very urgent patients seen<= 60 mins following clinical assessment	100%	66.7%	66.7%	84.2%	76.1%	100%	88.9%	5/7

What are the main areas of risk?

The two areas of concern are:

- An ability to provide home visits within 60 minutes (a P1 call) 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. A SBAR has been completed and submitted to 111 with a view to funding for a pilot as well as an evaluation of the project. The service is currently waiting on a response from 111. Recruitment of minor illness staff from primary care for weekend working is underway via the temporary staffing department. Estimated start of pilot Dec / Jan 2018
- A 3 year work plan has been developed following the capacity and demand work, this is currently being shared with the clinical board and subsequently presented to the Exec Board.
- An evaluation of the All-Wales OOHs peer review will be undertaken once it has been completed with particular interest around a training hub and development of OOH dental services.
- The service is working with the 111 project to pilot Health Care Support Workers within the multi-disciplinary team. Finance has been approved and HCSW's are currently being sought via the temporary staffing department. The project is expected to commence in December with an evaluation to be completed after 3 months
- The 'Expected Death Policy' was passed by the UHB NMB in October which enables qualified practitioners, not just medics, to certify death. A letter has now been sent to HM Coroner advising of the new policy. In-house training will commence for all LHB staff undertaking confirmation of death early in 2019. Additionally we are liaising with WG to establish an e-learning package for the theoretical element of the training.
- To ensure 'at risk' areas of the rota can be filled, the management team now have discretion to offer enhanced 'bundle rates' to GPs as required rather than at set times.

5) PRIMARY CARE

How are we doing?

The UHB is presently engaged with Welsh Government and other Health Boards in Wales to develop a standard approach to reporting risk in relation to General Medical Services (GMS). The UHB's present status in respect of three of the key metrics that are expected to be adopted, are reported on below:

- a) **Sustainability applications:** At the end of October the UHB has zero active applications from GPs to support with the sustainability of their services and there are no lists presently closed to new registrations. The application received in September having been successfully resolved.
- b) **Contract terminations:** The UHB has received notice from 1 practice that they intend to bring their GMS (GP services) contract to an end. The UHB is presently out to tender to re-provide this service via a GMS contract.
- c) **Directly managed GP services:** The UHB presently has no directly managed primary medical care services

How do we compare with our peers?

Data to inform the all Wales position in respect of GMS is presently under development.

What are the main areas of risk?

Primary care is essential to delivery of the organisation's strategy and strategic objectives, affecting all dimensions of health and care. Owing to a number of factors, the UHB is facing challenges in recruiting and retaining sufficient numbers of General Medical Practitioners to meet the demands of a growing, aging population, who have increasingly complex clinical needs from some fairly antiquated estate.

The key risk factors presently used across Wales to assess the risk of GP sustainability at a practice level are:

- Age distribution of the Practice population age spread
- Number of sites/branch surgeries within the practice group
- Condition of premises
- Capacity of premises
- Whether it is a Partnership or singlehanded partnership
- Patients per GP & per senior clinician (GP, Advanced Practitioner, Pharmacists)
- Age profile of the GPs in the partnership
- Current vacancies & Length of vacancies within the practice
- Number of unfilled clinical sessions per week
- Income loss arising after 'Minimum Practice Income Guarantee' redistribution
- Recent changes to opening hours (per site)
- Merger discretionary payment scheme development to support practice mergers and the costs associated with this.

What actions are we taking?

In collaboration with our GPs and the LMC the UHB has progressed a number of initiatives to support and advance the sustainability of our GMS services. These include:

- Roll out of the First contact Practitioner Physiotherapists and Mental Health Liaison Model
- Developing new models of care whereby more UHB staff work within and across GP practices via a cluster partnership framework agreement
- Rolling out and iterative development of the CAVGP website, which is promoting the benefits of working and living in the Cardiff and Vale of Glamorgan area.
- Commissioning [GP Access](#) to provide their *Ask my GP Pathfinder* service to all practices across Cardiff & Vale. This provided demand and capacity analysis for all practices.
- [DNA Insights](#) has been commissioned to provide Care Navigation training for all relevant practice staff. So far, 209 patient facing practice administrative staff members have accessed the training on offer.
- Provision of nurse mentorship and training opportunities for non-clinical practice staff
- Provision of Service Improvement Support for GP practices, to review their services and advise on new ways of working.

6) STROKE

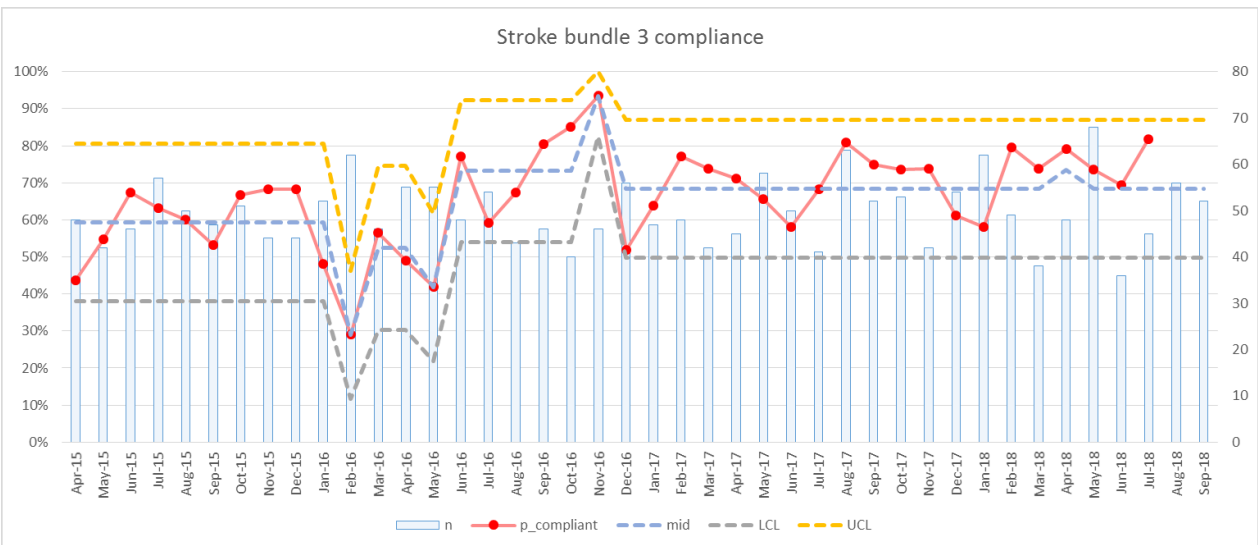
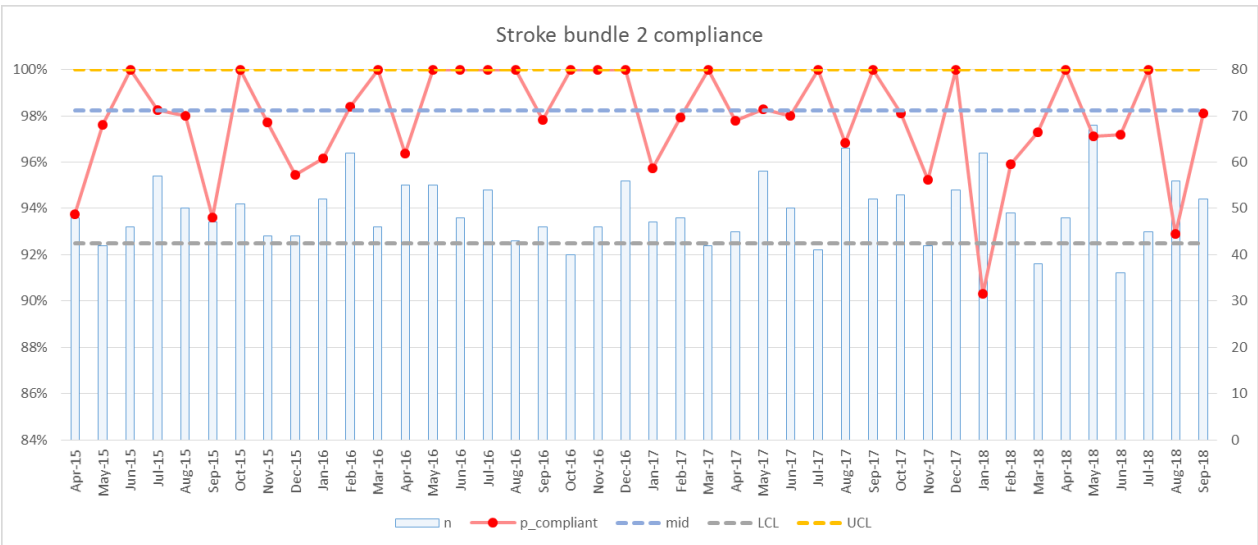
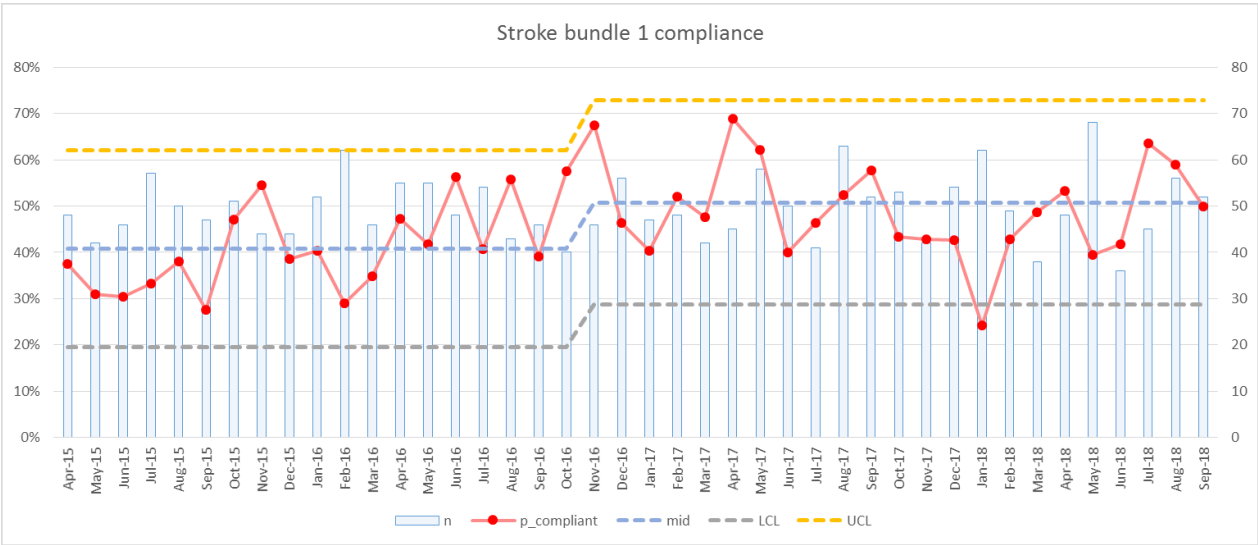
How are we doing?

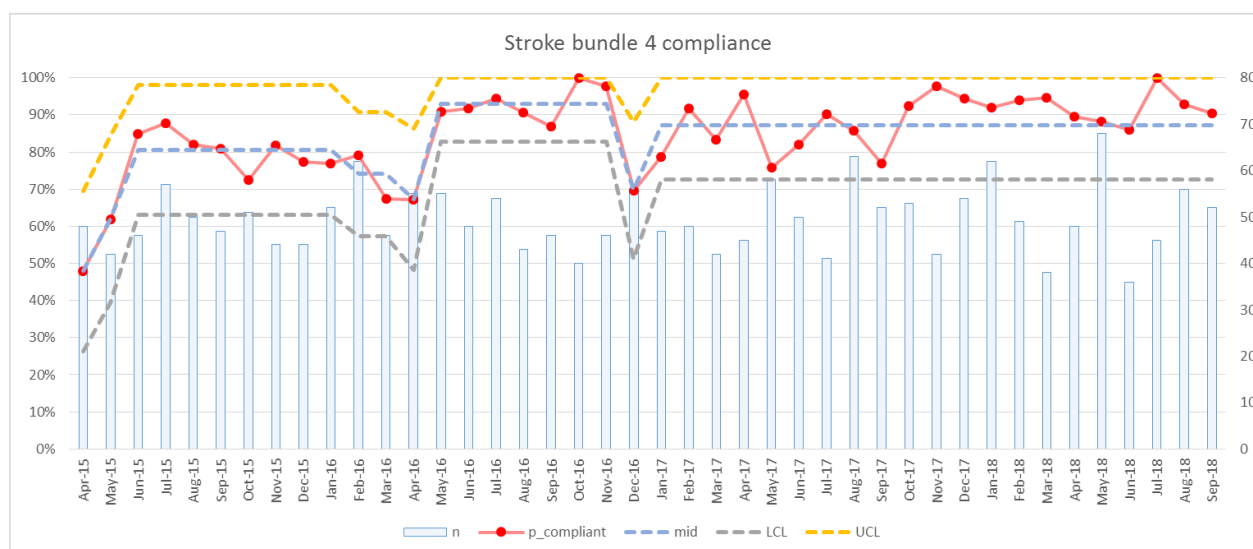
The expectation on the UHB is to demonstrate continuous improvement over the course of the year with the objective of achieving the SSNAP UK average by the end of the financial year. (SSNAP is the audit tool used throughout the UK to record detailed data on stroke patients treated in hospitals).

The Welsh Government has chosen four areas within the Quality Improvement Measures (QIMs) to focus on for All-Wales benchmarking. There is a target for three of them, whilst an improvement trend is required for the other. The UHB is presently meeting 2 out of the four standards.

WG benchmarking standard		IMTP trajectory	UHB in Sept-18
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	60%	50%
12 Hour QIM	CT Scan within 12 hours	97%	98%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	80%	88%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	25%	14%

Trends in performance in delivering the full bundles are shown below. These indicate that the significant deterioration in performance observed in January has been managed and performance has now improved 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 August 2018	ABM	AB	BCU	C&V	CT	HD	C&V Rank
Direct admission to Acute stroke unit <4h	29.3%	51.5%	44.9%	63.0%	33.9%	62.5%	1/6
CT scan <1h	40.5%	48.5%	39.0%	58.2%	55.9%	71.6%	2/6
Assessed by a stroke consultant <24h	91.1%	98.5%	76.0%	83.6%	59.3%	91.0%	4/6
Thrombolysis door to needle (<=45min)	0.0%	0.0%	21.1%	0.0%	0.0%	33.3%	

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. the DTN time for thrombolysis in hours is within the 45mins target for non-complicated stroke, however DTN time out of hours remains a challenge

What actions are we taking?

- Ongoing education and training sessions for junior medical staff who respond to Code Stroke out of hours
- Continue to complete RCAs for all 45min breaches, to identify areas for improvement and plan corrective measures

7) CANCER

How are we doing?

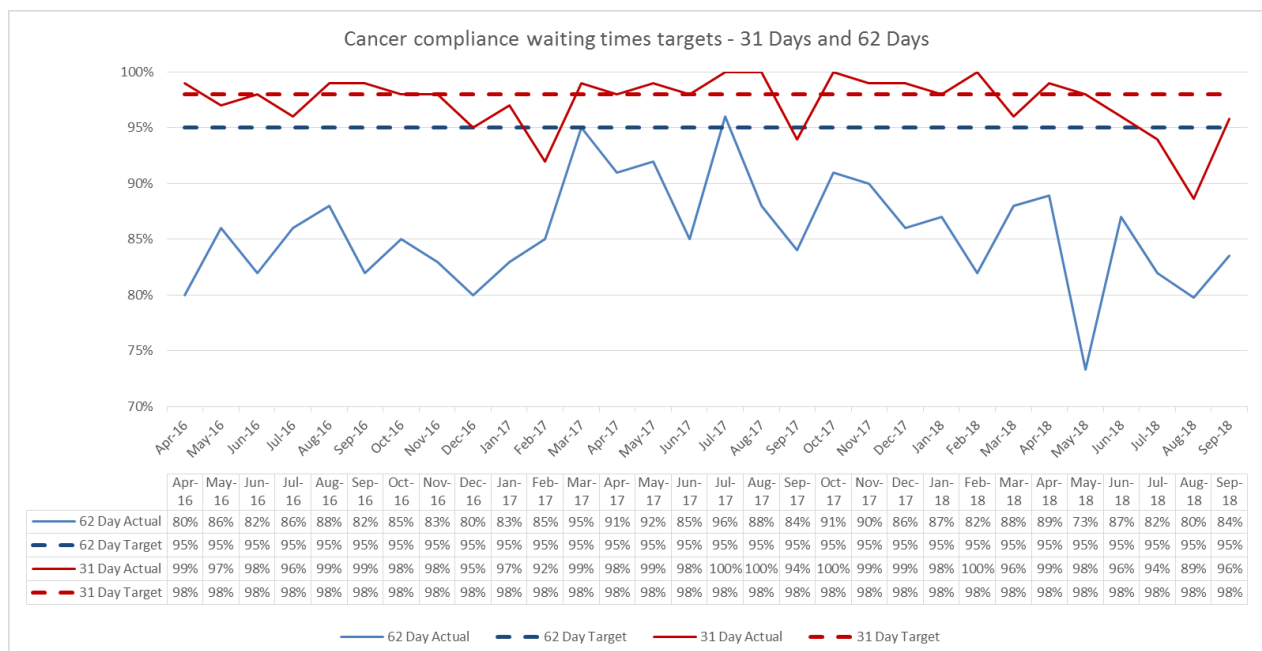
USC

Reported performance for September is 83.52%, in line with the forecast provided in last month's report (82% to 85%) but below IMTP trajectory and target. There were 15 breaches in month and 91 patients treated. The UHB has received 1300 more referrals (19% increase) and treated 22 more patients (4.1% increase) year-to-date compared to last year. Breaches: Lower GI – 5; Urology – 4; Haematology – 2; Upper GI – 2; Lung – 1; Other – 1.

NUSC

Reported performance for September is 95.83%. There were 3 breaches in month, 6 less than last month

Breaches: Lung – 2; Lower GI – 1.



The UHB continues to prepare for the implementation of the 'Single Cancer Pathway' (SCP). The go-live date is yet to be confirmed by Welsh Government but it is anticipated this will be on a phased approach – potentially with public reporting of the SCP alongside the current cancer performance measures early in 2019/20 and then for performance and progress to be monitored during 2019 with a view to reaching a point regarding the formal switch to the SCP. A presentation to Board members on the SCP will be given at the Board Development Day on 13th December 2018.

How do we compare with our peers?

In August 2018, the UHB was 88.6% compliant with the 98% delivery standard for the 31 day non-USC pathway. No Health board delivered the 95% 62 day USC standard; C&V

ranked bottom in both targets.

Aug 2018	ABM	AB	BCU	C&V	CT	HD	C&V Rank
Non USC	97.4%	96.8%	98.9%	88.6%	96.6%	96.0%	6/6
USC	94.1%	83.6%	85.3%	79.8%	85.0%	90.9%	6/6

What are the main areas of risk?

The issues and challenges remain largely similar to those previously reported:

- Increase in demand in a number of tumour sites. Year to date the Health Board has received 1300 (19%) more USC 62 day cancer referrals than the same period last year, with an exceptional demand increase in a number of tumour sites, as follows:

	Head and neck	Upper Gastrointestinal	Lower Gastrointestinal	Lung	Sarcoma	Skin	Brain/CNS	Breast	Gynaecological	Urological	Haematological	Children's cancer	Other	Total Referrals
Apr -Sept 18	706	760	1635	100	2	1562	9	1759	614	820	57	7	3	8034
Apr -Sept 17	681	613	1306	136	5	1222	8	1650	460	601	37	6	9	6734
% change	3.7%	24.0%	25.2%	-26.5%	-60.0%	27.8%	12.5%	6.6%	33.5%	36.4%	54.1%	16.7%	-66.7%	19.3%

- 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
- Patients on our GI pathway are waiting too long for diagnosis

What actions are we taking?

- A range of actions have been taken to reduce the time patients wait for an initial outpatient appointment on the breast pathway. These include the appointment of a locum radiologist, who commenced in October. These actions are having an effect with the median wait for the first appointment having reduced from 45 days in September to 30 days in October.
- The pathway redesign project, led by the Medical Director, in GI continues. A cross-Clinical Board / Directorate workshop, supported by the UHB's Continuous Service Improvement Team, was held on 29th October to look at delays in the radiology component part of the pathway.
- The process to recruit an additional 4 radiographers to increase scanning capacity for CT has commenced.

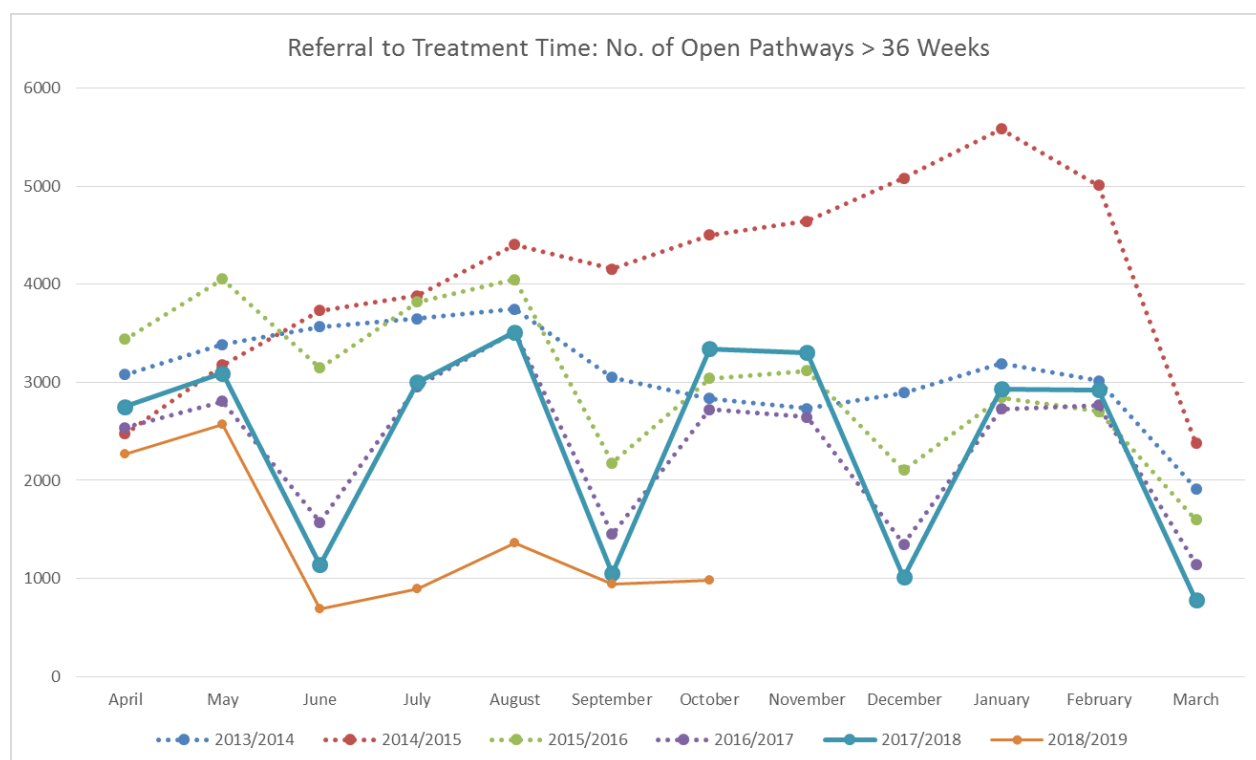
- Core endoscopy capacity continues to be used for cancer referrals and surveillance, with insourcing activity focused on reducing the non urgent demand waiting in excess of 8 weeks.
- Interviews for Cancer Services Lead Manager post (who will have senior managerial level responsibility for working with Clinical Boards to improve performance) took place on the 14th November 2018.

8) ELECTIVE ACCESS

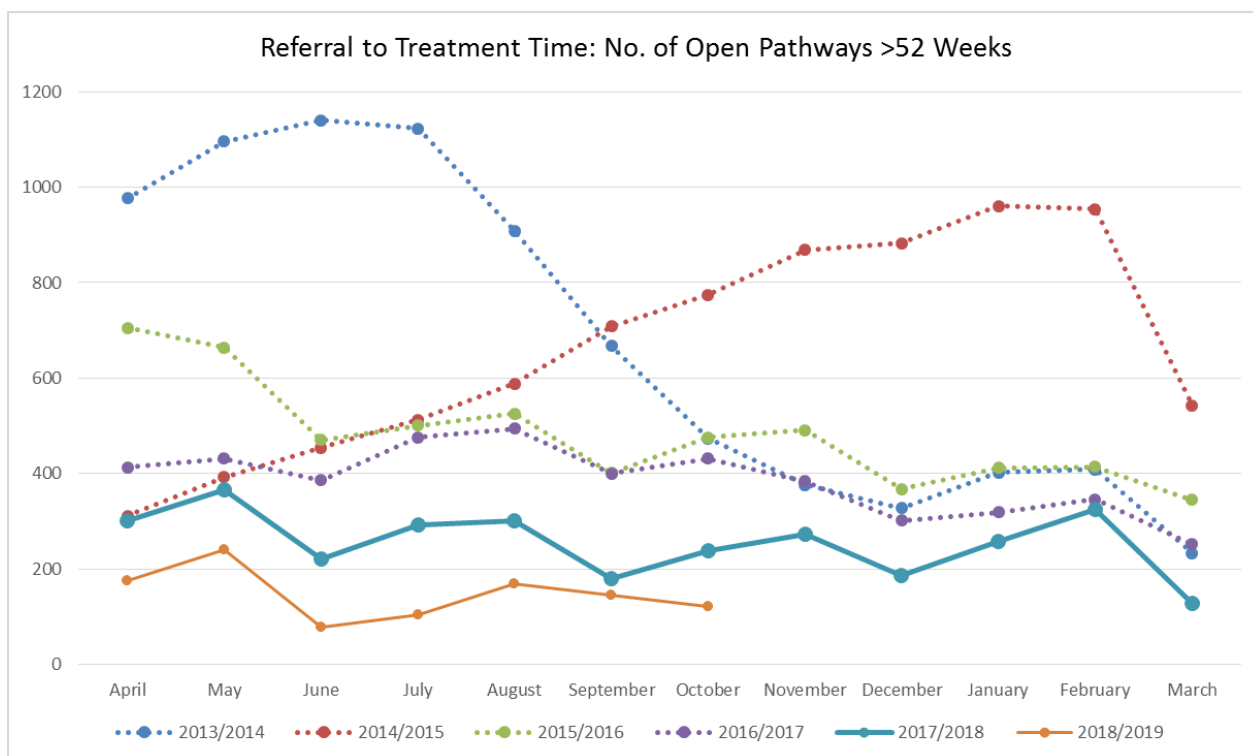
How are we doing?

There were 10706 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of October, equating to 86% of patients waiting under 26 weeks, below the IMTP trajectory of 88.5%.

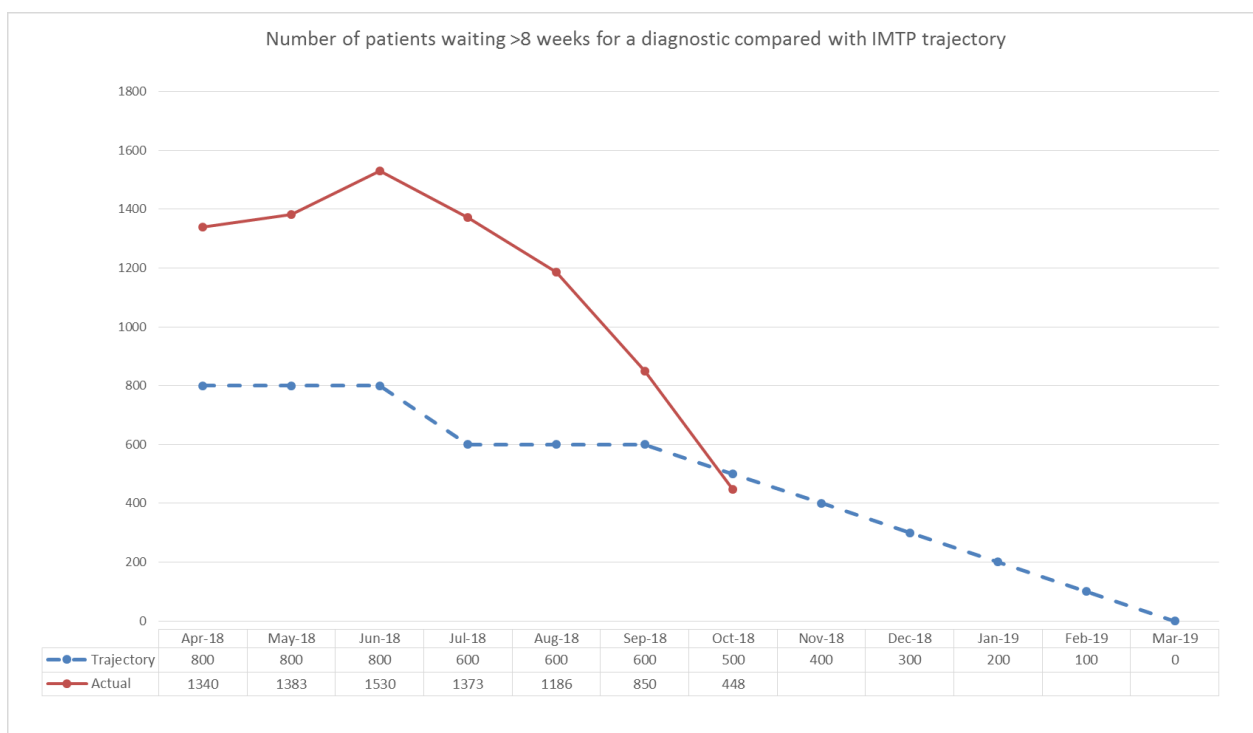
The number of patients waiting over 36 weeks reduced to 984 at the end of October. This is a 56% reduction in the number of long waiting patients that was recorded at the start of the financial year. It has remained below 1000 for 4 months out of 7, but is in excess of the IMTP trajectory of 650.



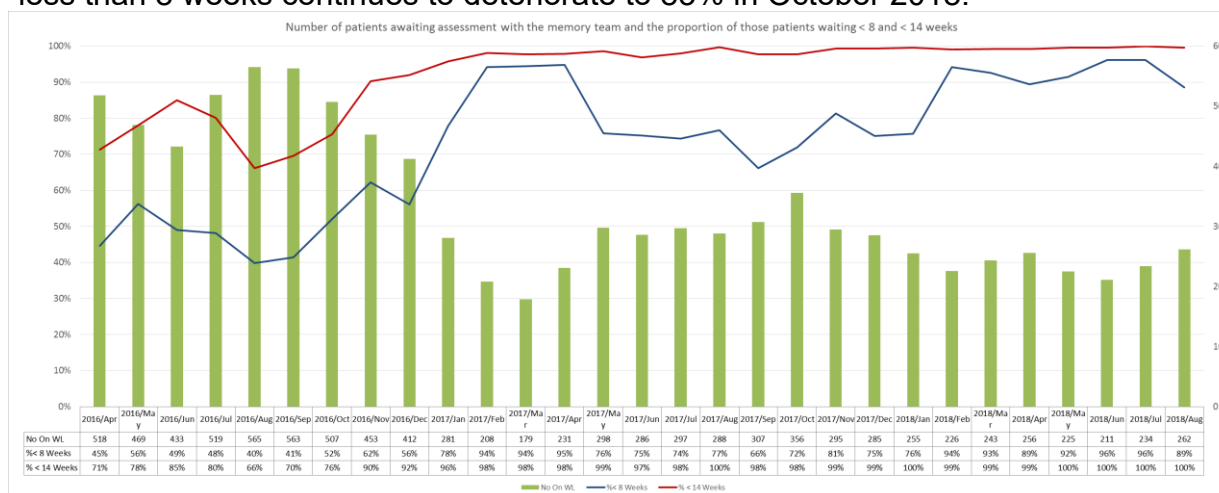
The number patients greater than 52 weeks at the end of October was 123, broadly in line with the numbers reported over the past 6 months.



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 October 2018 as 448, which is lower than the trajectory; this does not account for the cardiology tests.



At the end of October 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 continues to deteriorate to 83% in October 2018.



How do we compare with our peers?

The All-Wales waiting time position at the end of August 2018, shown below, indicates that Cardiff & Vale ranked 4th for the proportion of patients waiting less than 26 weeks, 3rd 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.

August 2018	ABM	AB	BC	C&V	CT	HD	C&V Rank
% < 26 weeks -RTT	89.1%	89.3%	84.5%	87.4%	91.4%	84.8%	4/6
No. > 36 weeks - RTT	3,497	1,159	7,291	1,366	229	2,080	3/6
No. > 8 weeks diagnostic	811	663	2,462	1,186	211	78	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
- Medical staff vacancies and unplanned absences
- Reliance on external providers
- Winter pressures, in particular availability of critical care and ward beds

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

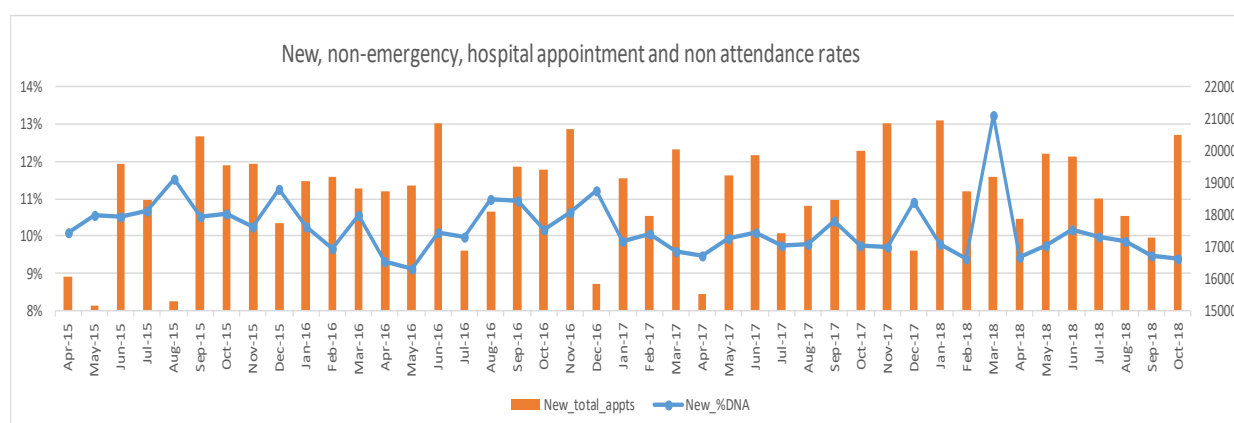
- Development and monitoring of demand and capacity plans as part of its established Planned Care planning cycle. This is now undertaken on a monthly as well as annual basis. As part of this process, both recurrent and non-recurrent solutions are identified and implemented to reduce demand and capacity gaps.
- Early decision making to smooth activity across the year and maximise opportunities for improvement
- Targeted investment to reduce new outpatient waits and long waits
- UHB has developed, in conjunction with its partners, an Integrated Winter Plan

9) OUTPATIENTS

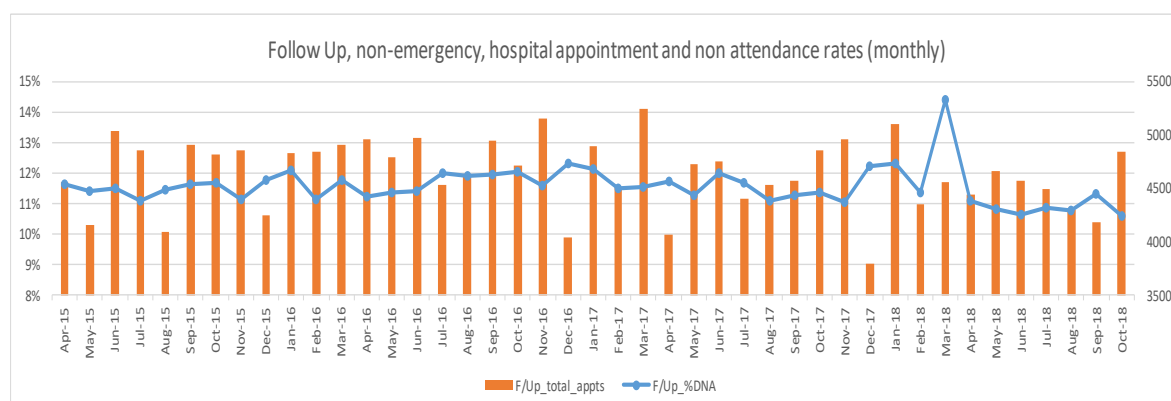
How are we doing?

Non attendance rates

In the 12 months up to the end of October 2018, 23000 attendances out of the 228,000 first (new), non emergency, hospital, outpatient appointments scheduled, were recorded as not having gone ahead as a result of the patient not having attended. At 10.1%, this rate is similar to the 10.0% rate observed in the previous 12 month period.



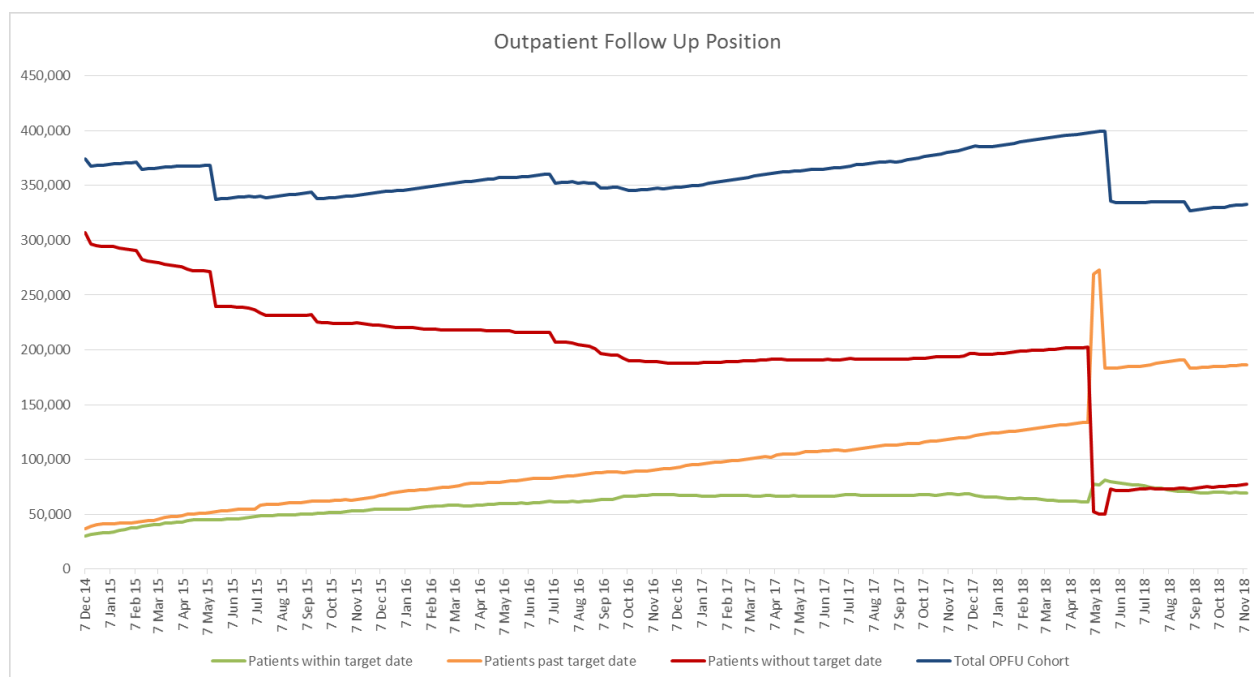
In the same period; 62,000 'follow up' non emergency, hospital, outpatient appointments scheduled were recorded as not having gone ahead as a result of the patient not having attended. This equates to 11.5% of all follow up appointments scheduled, and is again similar to the rate of 11.6% observed in the 12 months up to 31st October 2017. However as can be seen from the run chart suggests, the rate is now reducing following the spike in March.



Follow ups

At the 5th November the UHB had 335,000 open pathways of patients requiring a follow up appointment open. Of these 119000 (35.6%) were recorded as having waited more than 100% longer than their target date and a further 6.7% were waiting more than 50% longer than their target date. A break down by clinical board is provided below:

n.b. A target date is often set at the time of the last clinical event, as the time window in which the patient should next be 'reviewed'. For example: patients may be invited back to clinic six weeks post their discharge from hospital. In this example, patients who were waiting more than 12 weeks past the date of their discharge for their 'follow up review' would be recorded as having waited in excess of 100% longer than their target date.



How do we compare with our peers?

The Welsh Government provides a comparison report covering only a limited number of specialties which are part of the planned care programme for both non attendance rates and the follow up management position. As at August, the UHB had the highest non attendance rate for these specialties in Wales and the second highest non attendance rate for follow ups.

Non attendance rates (limited specialties only)

Aug-18	ABM	AB	BC	CT	CV	HD	Powys	C&V Rank
New	5.4%	6.4%	6.4%	7.3%	9.0%	7.7%	5.6%	7/7
Fup	6.6%	6.3%	6.4%	10.5%	10.0%	9.4%	5.3%	6/7

The UHB also has the largest reported number of patients waiting beyond their target date.

Follow up patients waiting beyond their target date. (limited specialties only)

Sep-18	ABM	AB	BC	CT	CV	HD	Powys	C&V Rank
No. F/up past target date	24200	11141	45777	14020	80558	16285	320	7/7

What are the main areas of risk?

As identified in the recent WAO report (<https://www.audit.wales/publication/management-follow-outpatient-appointments-across-wales>) there are known clinical risks associated with delays in follow-up appointments, and patients can come to irreversible harm while on the waiting list. The RNIB report highlighted the risks of ophthalmology patients losing their sight because of delayed follow-up, but there are also a number of other high-risk specialties where patients could equally come to harm because of delays in receiving follow-up care.

These risks equally apply to new outpatients, arising either as a result of long waiting times or because of a failed initial appointment.

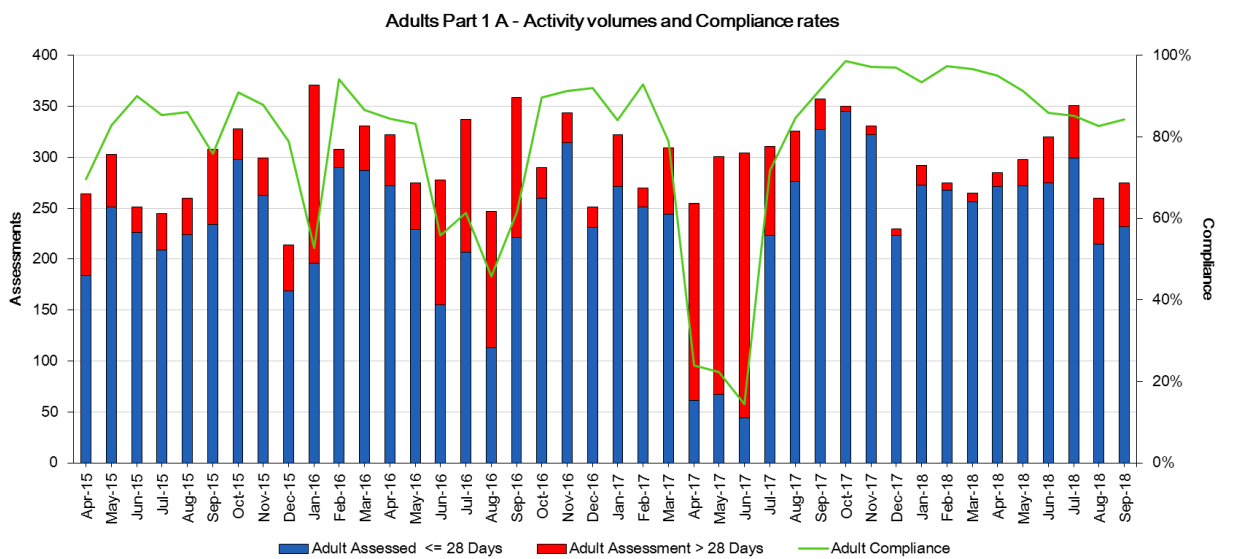
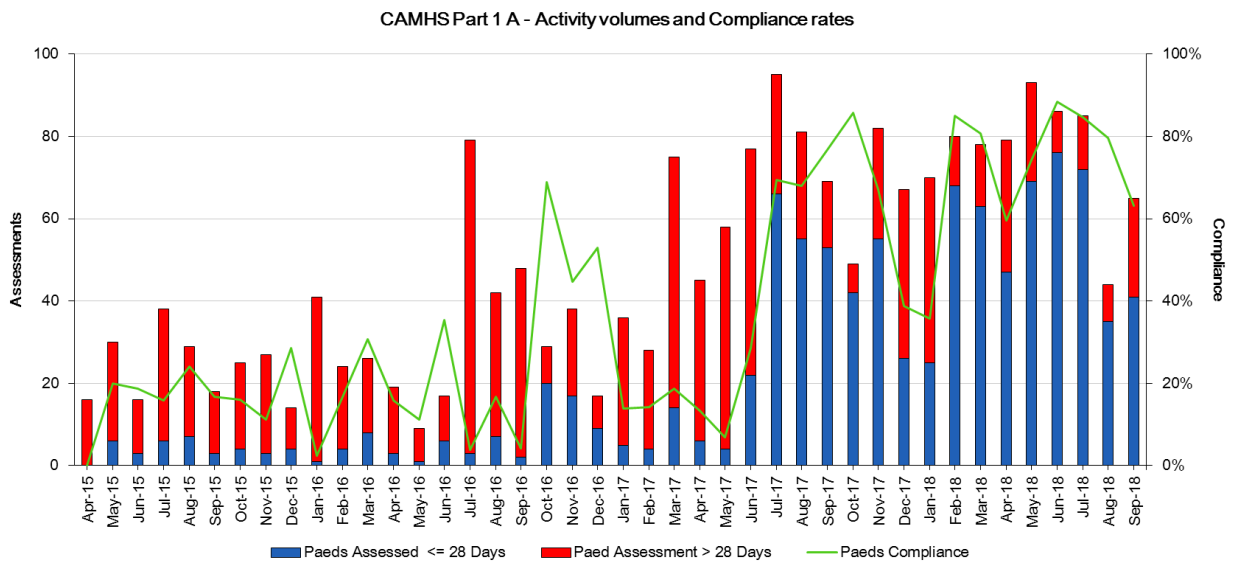
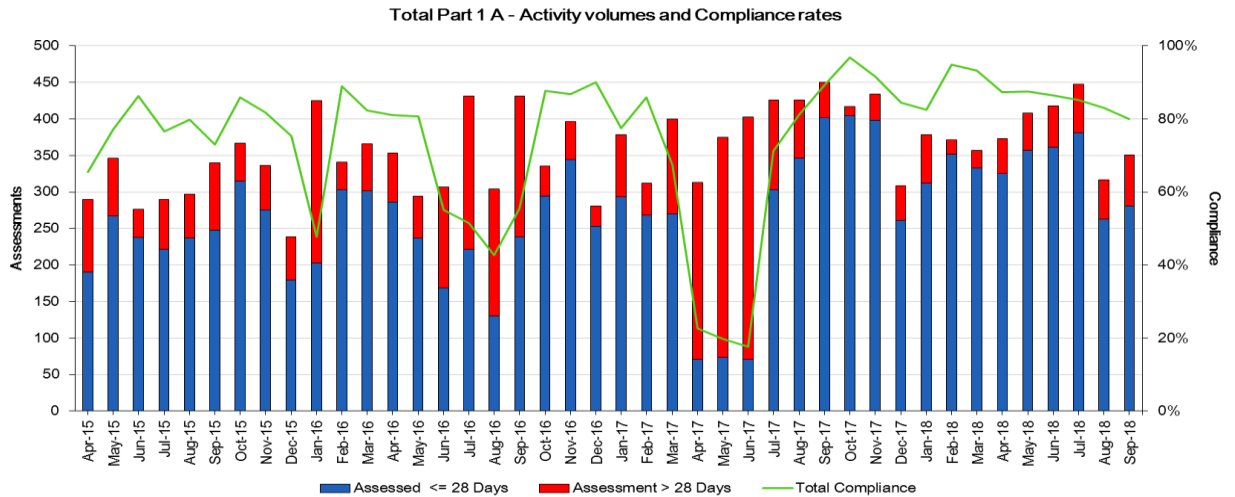
What actions are we taking?

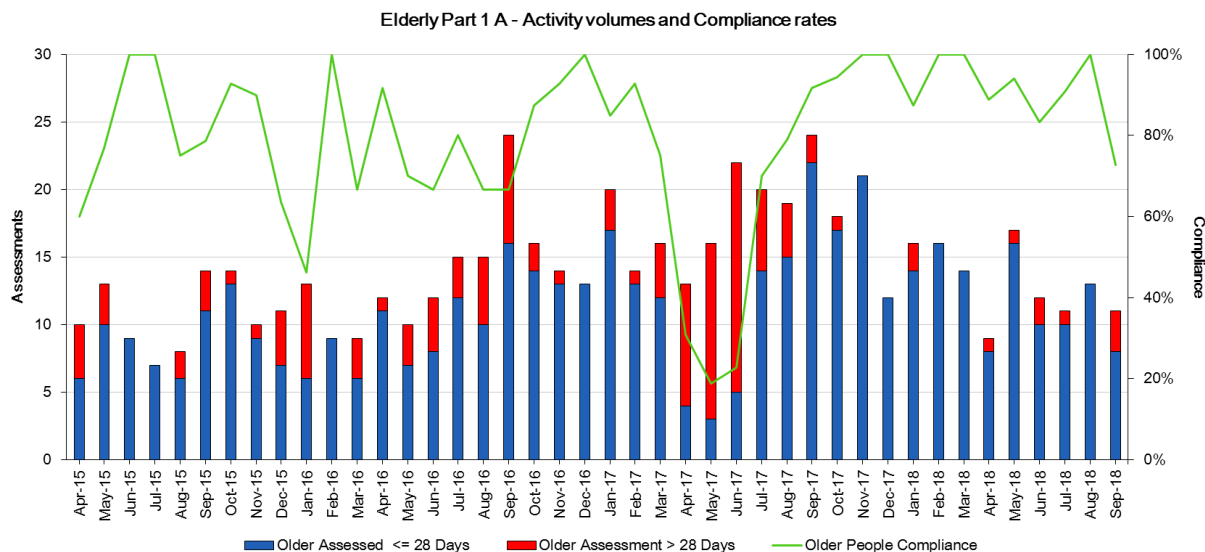
Transforming outpatient services is a key objective of the UHB's transformation programme. Key elements of the programme include:

- Using health pathways to transform and standardise our services, supporting and developing community and primary care based services, which reduces reliance on traditional hospital-based care models.
- Adopting see-on-symptom and virtual clinic approaches
- Developing our citizen portal, digitising our outpatient appointment letters and supporting patients to self-manage their care in order to reduce non-attendance rates and reduce the requirement on patients to travel to hospital.

10) MENTAL HEALTH**How are we doing?****Part 1a: Service users to receive an assessment within 28 days**

80% of service users seen in September 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%. Performance by service group is shown below:





Part 1b: Overall only 60% 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%.

The effect of the Matrix Cymru on demand for more specific interventions as delivered by PMHSS contributes to the pressure and consequent failure to achieve the standard. Reporting through the system has also recently identified errors in the process mapping which determines the criteria for measurement. This has been corrected but will not filter through in reports until November/December.

Part 2: Overall 85% of LHB residents had a valid Community Treatment Plan completed at the end of September.

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 achieved Part 1a of the measure the deteriorating trend continues although projections for October are optimistic. 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 and continues to be monitored.

August-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.

ABM	80.5%	90.3%	89.7%	100.0%
AB	83.2%	81.2%	90.9%	100.0%
BCU	70.9%	59.9%	87.0%	100.0%
C&V	83.1%	74.3%	86.1%	100.0%
CTaf	81.8%	94.9%	80.9%	100.0%
HDda	93.4%	90.7%	93.3%	100.0%
Powys	80.1%	70.7%	93.4%	100.0%
Rank	3/7	5/7	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 providing 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 – A 3 point plan to develop CAMH services to ensure ongoing compliance is being worked through:

- 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 shows some improvement and that we are now generally 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 CAMH 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.

A band 6 vacancy has recently been filled and will relieve some of the pressure on the service in due course.

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.

11) 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 improved by £0.120m in month 7 to £0.635m and the UHB expects to recover this overspend in the final 5 months of the year.

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 7 position

At month 7 the UHB is reporting a deficit of £6.410m comprised of the following:

- £5.775m planned deficit (7/12th of £9.900m);
- £0.635m adverse variance against plan.

The overspend against the plan fell by £0.120m to £0.635m in month 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 5 months of the year in line with forecasts provided by budget holders for the remainder of the year.

Income and Expenditure Analysis

Summary Financial Position for the period ended 31st October 2018

Income/Pay/Non Pay	In Month			Year to Date			Full Year		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv	Budget	Forecast	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(117.811)	(117.597)	0.214	(780.761)	(779.454)	1.307	(1,369.483)	(1,369.483)	0.000
Pay	51.017	50.963	(0.054)	347.613	347.269	(0.343)	590.772	590.772	0.000
Non Pay	67.619	67.340	(0.279)	438.924	438.595	(0.329)	788.611	788.611	0.000
Variance to Draft Plan £m	0.825	0.705	(0.120)	5.775	6.410	0.635	9.900	9.900	0.000
Planned Deficit	(0.825)	0.000	0.825	(5.775)	0.000	5.775	(9.900)	0.000	9.900
Total £m	0.000	0.705	0.705	(0.000)	6.410	6.410	(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 7 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 7 non-NHS Creditor payment compliance was 95.6% for the 7 months to the end of October, achieving the 95% 30 day target.

Remain within Capital expenditure resource limit

THE UHB had an approved annual capital resource limit of £33.355m at the end of October. Capital expenditure at the end of October was £16.896m against a plan of £17.533m.

Cash

The UHB has a forecast cash deficit of £11.743m. Cash management plans will be developed if Welsh Government cash support is not provided.
The UHB cash balance at the end of August was £4.315m.

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.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x
Sustainable development principle: 5 ways of working Prevention x Long term x Integration x Collaboration x Involvement x			
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:		Not Applicable	

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

						Status report																			Exception Report					
Purpose	Strategic Objectives		Measure	n	Mar-14	Mar-15	Mar-16	RAG rating		Mar-17	RAG rating		Mar-18	RAG rating		May-18	RAG rating		Jul-18	RAG rating		Aug-18	RAG rating			Nov-18	RAG rating		Latest Trend	Target
		All take responsibility for improving our health and wellbeing	Uptake of influenza vaccination among high risk groups	1	>65: 69%, @risk: 52%, pregnant women: 44%	>65: 70%, @risk: 53%, pregnant women: 49%	>65: 68.5%, @risk: 47.7%, pregnant women: n/k	R		>65: 68.5%, @risk: 48.1%, staff:52.9%	A	●	>65: 70.8%, @risk: 49%, staff:64.7%	A		>65: 71%, @risk: 49%, staff:64.7%	A		>65: 71%, @risk: 49%, staff:64.7%	A		>65: 71%, @risk: 49%, staff:64.7%	A		>65: 41%, @risk: 25%, pregnant:982 women, staff:33.8%	A	↔	Green: Community: 75%, staff 60%; Amber (improvement on 16/17) - profile FYO >65: 70%, @risk: 52%, staff:50%	at 7th November	
			Percentage of children who have received 3 doses of the 6 in 1 vaccine by age 1 & who received 2 doses of the MMR vaccine by age 5	2	84.6%	84.0%	83.7%	A		81.2%	R	●	5 in1 : 94.7%, MMR2: 87.5%	A		5 in1 : 95.0%, MMR2: 87.1%	A		5 in1 : 95.0%, MMR2: 87.1%	A		5 in1 : 94.7%, MMR2: 87.9%	A		6 in1 : 94.4%, MMR2: 84.3%	R	↓	Target: 95%, amber = IMTP trajectory of 95% and 88.5%	July to Sept-18	
			Proportion of adults obese or overweight	3	55% (12/13)	54% (13/14)	54%	G		54%	G	●	52%, Age std 54%	G		52%, Age std 54%	G		52%, Age std 54%	G		56%	R		56%	R	↓	reduction on previous year (54% 2012/13, 2013/14)	NSW 2016/17	
			% of adults consuming > 14 units of alcohol p. Wk (New measure)	4	44% (12/13)	44% (13/14)	44%	A		42%	G	●	23% Age std 23%			23% Age std 23%			23% Age std 23%			21%	G		21%	G	↓	New measure - previous results relates to consumption above recommended units	NSW 2016/17	
			Proportion of adults meeting physical activity guidelines	5	26% (12/13)	27% (13/14)	27%	G		60%			60% Age std 59%	A		60% Age std 59%	A		60% Age std 59%	A		57%	A		57%	A	↓	Target continuous reduction in % of adults who reported being physically active for more than 150 mins in the previous week	NSW 2016/17	
			% of C&V resident smokers who make a quit attempt via smoking cessation services - target 5%	6	not available	0.6%	1.1%	R		0.7% to Q2	R	●	0.85% to Q2 17/18	R		1.25% to Q3 17/18	R		1.8%	R		1.8%	R		1.8%	R	↔	WG target 5% over course of full year	Q1 18/19	
			% C&V residents who are CO validated as successfully quitting at 4 weeks - measured annually - target 40%	7	not available	36.9%	46.0%	G		67.0%	G	●	55.3% Q2 17/18	G		64% Q3 17/18	G		57.0%	G		57.0%	G		53.0%	G	↓	Tier 1 target 40%, (IMTP trajectory Q1 = 59%)	Q1 18/20	
			Rate of conceptions among females under 18	8	Cardiff 35 per 1000, Vale 28.4 per 1000	Cardiff 30.4 per 1000, Vale 19.4 per 1000	Cardiff 30.4 per 1000, Vale 19.4 per 1000	G		Cardiff 27.5 per 1000, Vale 15.8 per 1000	G	●	Cardiff 27.5 per 1000, Vale 19 per 1000	A		Cardiff 22.3 per 1000, Vale 15.9 per 1000	G		Cardiff 22.3 per 1000, Vale 15.9 per 1000	G		Cardiff 22.3 per 1000, Vale 15.9 per 1000	G		Cardiff 22.3 per 1000, Vale 15.9 per 1000	G	↓	reduction on previous year	2016 (Annual)	

For Our Population	Deliver outcomes that matter to people	Crude Hospital Mortality Rate for people aged less than 75	9	94	103	0.60%	G	0.60%	G		0.62%	G	0.63%	G	0.59%	G	0.60%	G	0.61%	G	↔	12 Month Improvement Target (12M to Sep-16 was .61%)	12 months to Sep-18	
		Emergency crude mortality rate (12 mth)	10	3.15%	3.27%	2.94%	G	3.05%	G		3.05%	G	3.14%	A	3.06%	A	3.05%	A	3.04%	A	↔	Reduction in CMR (May-Apr17 was 2.99%)	12 months to Sep-18	
		Demonstrable reduction in the mortality rate for stroke, heart attack and fractured neck of femur patients (30 day post event, 12 mth)	11	stroke 14.5%, heart attack 3.7%, #NOF 8.9%	stroke 12.8%, heart attack 3.2%, #NOF 6.9% (Feb)	stroke 10.1%, heart attack 3.7%, #NOF 5.9%	G	stroke 11.2%, heart attack 3.7%, #NOF 6.1%	A		stroke 12.5%, heart attack 3.8%, #NOF 8.1%	A	stroke 13.6%, heart attack 3.7%, #NOF 6.5%	A	stroke 12.6%, heart attack 4.6%, #NOF 7.5%	A	stroke 12.9%, heart attack 4.5%, #NOF 7.5%	A	stroke 13.4%, heart attack 4.6%, #NOF 7.5%	A	↔	Demonstrable reduction in rolling 12 month rate (Jun-16 to May-17: 12.4%,4.0%, 6.4%)	12 months to Jul-18	
		% Universal mortality reviews undertaken within 28 days of a death (New measure)	12	25%			G				71%		81%	A	74%	A	73%	A	71%	R	é	NEW MEASURE from April-17 - Target is 95%, IMTP trajectory Q2 = 83%	Aug-18	
		Patient experience monitored through "Fundamentals of Care" audit and national surveys	13	Operational score 84% (4/12 >85%), User Experience score 89% (2/15 >85%)	Operational score (8/12 >85%), User Experience score 89% (23/26 >85%)	Operational score (15/18 >85%), User Experience score 89.7% (23/26 >85%)	A	87%	A		87%	A	87%	A	87%	A	87%	A	87%	A	↔	% of pts responding who rated overall experience of care as 8/10 or above (Green 90%)	National report Sept-16	
		"Two minutes of your Time patient feedback scores"	14	8/11 >90%	7/11 >90%	6/11 >90%, 7/11 >85%	R	6/11 >90%, 7/11 >85%	R		6/11 >90%, 8/11 >85%	R	7/11 >90%, 7/11 >85%	R	5/11 >90%, 7/11 >85%	R	5/11 >90%, 7/11 >85%	R	7/11 >90%, 8/11 >85%	R	é	Green: 90% for each of the 11 questions, Amber: >85%	Monthly snapshot for Oct-18	In Nursing director's report
		Proportion of formal complaints responded to within 30 working days	15	45%	43%	55%	R	43%	R		74%	A	69%	A	75%	A	77%	A	80%	G	é	Green: 80%, Amber sustainable improvement from 40-50% range	Complaints received to 30/9/18	In Nursing director's report
	Reduce health inequalities	Life expectancy at birth	16	80.5 2009/11	80.8 2011/13	80.8	G	80.8	G		Cdf- F: 82.6, M:78.4, V- F: 83.5, M: 78.8	G	Cdf- F: 82.6, M:78.4, V- F: 83.5, M: 78.8	G	Cdf- F: 82.6, M:78.4, V- F: 83.5, M: 78.8	G	Cdf- F: 82.6, M:78.3, V- F: 83.2, M: 79.1	G	Cdf- F: 82.6, M:78.3, V- F: 83.2, M: 79.1	G	↔	Continuous Improvement (June-18 figures updated)	Jun-18	
		Reduce infant mortality for population	17	4.1 per 1,000 live births (2012)	4.3 per 1,000 live births (2013)	4.3 per 1,000 live births	A	3.9 per 1,000 live births	G		2.8 per 1,000 live births	G	2.8 per 1,000 live births	G	2.8 per 1,000 live births	G	2.8 per 1,000 live births	G	2.8 per 1,000 live births	G	é	reduction on 2015 rate (3.9)	ONS (2016)	
		% live births with a birth weight of less than 2500g	18	7.3% (provider)	6.7% (provider)	5.8% (provider)	G	5.90%	G		5.98%	G	6.10%	A	6.30%	A	6.24%	A	6.10%	A	↔	12 mth cumulative reduction on previous year (5.9%)	Sep-18	
		Rate of hospital admissions with any mention of intentional self harm for children and young people per 1000 popn (New measure)	19			433		387			3.5	G	3.5	G	3.5	G	3.5	G	3.4	G	é	Annual reduction from 3.6 in 16/17, 3.87 in 15/16 & 4.33 in 14/15	Year 17/18	
		Reduction in the number of emergency hospital admissions for basket of 8 chronic conditions per 100k popn	20	1157	1048	1020	G	1089	A		1020	A	1013	A	1014	A	1016	A	1009	G	é	reduction against same 12 month period of previous year (1046)	Upto July-18	

			Reduction in the number of emergency hospital readmissions within a year for basket of 8 chronic conditions	21	223	196	192	G	196	A	▲	202	A	204	A	201	A	202	A	197	A	é	reduction against same 12 month period of previous year (201)	Upto July-18	
			Emergency admission for hip fractures (age-standardised, 65+ per 100,000 people) (Revised Populations applied)	22	727.5 (Mar-Feb14)	633.9 (Mar-Feb 15)	499	G	554.8	G	●	583.7	A	556	A	558	A	542	A	563	A	↔	reduction on previous year (583 per 100,000 conf limit+/-52)	Aug - July 18	
Our Service Priorities	Offer services that deliver the population health our citizens are entitled to expect		Delivery of the 31 day (Non-USC) and 62 day (USC) cancer access standards	23	96% NUSC, 83% USC	96.4% NUSC, 82% USC	100% NUSC, 74.2% USC	R	97% NUSC, 83% USC	R	◆	98.3% NUSC, 86.8% USC	R	96% NUSC, 88.7% USC	R	97.6% NUSC, 73.3% USC	R	94.4% NUSC, 81.8% USC	R	88% NUSC, 80% USC	R	↔	98 % NUSC, 95% USC, Amber IMTP trajectory = 98% & 92%	Aug-18	ü
			Primary care contractor professionals assurance status	24	Satisfactory	Satisfactory	Satisfactory	G	Satisfactory	G	●	Managerial Intervention Required	A	Managerial Intervention Required	A	Managerial Intervention Required	A	1 new sustainability application . 1 closed list due to re-open 16/10. 0 new applications to close a list 4	A	1 new sustainability application . 1 closed list due to re-open 16/10. 0 new applications to close a list 4	A	↔	Notes; (1 planned merger reported last month not going ahead as scheduled, Exercise to review practice boundaries completed, with the exception of 4 applications that remain	as at 11/9/18	
			% GP Practices open during daily core hours or within 1 hour of daily core hours	25	76% (2013)	83% (2014)	83% (2015)	G	88%	G	●	88%	G	88%	G	88%	G	88%	G	88%	G	↔	Improvement target (2015 - 86%)	Aug-18	
			Dementia Bundle: Diagnosis rates, Access & training	26	97%	Diagnosis: 54% Access: 84%, Training: 42%	Diagnosis: 55% Access: 71%, Training: 33%	R	Diagnosis: 58% Access: 98%, Training: 30%	G	●	Diagnosis: 63% Access: 99%, Training: 32%	G	Diagnosis: 63% Access: 99%, Training: 32%	G	Diagnosis: 63% Access: 100%, Training: 32%	G	Diagnosis: 63% Access: 100%, Training: 32%	G	Diagnosis: 63% Access: 100%, Training: 32%	G	↔	Target: Diagnosis improvement in proportion >65years diagnosed with dementia, Access attain 95% memory patients seen within 14 weeks, Training improvement in	Diagnosis Yr 16/17, Access: Oct-18, Training Year 16/17	
			% of people over 65 who are discharged from hospital and referred to a care home and not their usual place of residence	27	2.77%	2.77%	2.60%	G	3.00%	A	◆	3.30%	A	3.30%	A	3.30%	A	3.40%	A	3.44%	A	↔	Demonstrable reduction in rolling 12 month rate (Jan-Dec 16: 2.8%) - Amber remain in SPC limits (p_mean = 3.09, UCL 4.2%)	12 months to Oct-18	
			Sustained compliance against four acute stroke bundles	28	1: 96%, 2: 46%, 3: 77%, 4: 91%	1: 98%, 2: 86%, 3: 94%, 4: 96%	1: 35%, 2: 100%, 3: 57%, 4: 67%	R	1: 40%, 2: 96%, 3: 64%, 4: 79%	R	◆	1: 23%, 2: 90%, 3: 60%, 4: 92%	R	1: 49%, 2: 97%, 3: 76%, 4: 95%	A	1: 35%, 2: 97%, 3: 74%, 4: 88%	A	1: 64%, 2: 100%, 3: 82%, 4: 100%	A	1: 50%, 2: 98%, 3: 89%, 4: 90%	A	↔	Amber: Continuous improvement Green: UHB IMTP Mar-18 trajectory: 60%, 96%,89%,85%	Monthly performance in Sep-18	ü
			Number of new serious incidents & % assured within agreed timescale	29	102	97 serious incidents, 47 no surprises	219 serious incidents, 21 no surprises	R	206 serious incidents, 39 no surprises	A	▲	240 Sis, 31 no surprises - 52% assured in timescale	A	250 Sis, 34no surprises - 58% assured in timescale	A	263 Sis, 30 no surprises - 42% assured in timescale	A	281 Sis, 25 no surprises - 53% assured in timescale	A	319 Sis, 24 no surprises - 66% assured in timescale	A	é	No. of SIs: reduction in year (219 Sis in 15/16, 236 16/17) , Timeliness for assurance : 95%	No. of SIs: 12mths to Oct-18, Timeliness: Sep-18	In Nursing director's report
			% patients with a positive screening for sepsis in both inpatients and emergency A&E who have received all 6 elements of the 'sepsis six' bundle within 1 hour.	30	Bundle 6 84% compliant	Bundle 6 86.7% compliant	Bundle 6 90.6% compliant	A	64.9%	A	●	Jan-18: 55%, YTD 66%	A	Apr-18: 90%, YTD 67%	G	May-18: 100%	G	67%	A	62%	R	é	Continuous improvement target (last 12 months 67%)	Aug-18	
			Reduction in number of patients who had a potentially preventable Hospital Acquired Thrombosis (VTE) up to 90 days post discharge	31	41.0%	35.0%	156		161	A	▲	10 potentially preventable, 0 to be reviewed		8 potentially preventable, 0 to be reviewed		8 potentially preventable, 0 to be reviewed		8 potentially preventable, 0 to be reviewed		10 potentially preventable, 0 to be reviewed			NEW Definition FOR 2016/17: rolling 12 mth reduction in preventable HATs post level 2 Root Cause Analysis	12 mths to Mar-18	
			% of nutrition score completed and appropriate action taken within 24 hours of admission	32	92%	94%	95%	G	94%	A	●	95%	G	93%	A	96%	G	94%	A	96%	G	é	Green: 95%, Amber 90%	Monthly snapshot for Sep-18	

Reduce harm, waste and variation sustainably making best use of the resources available to us.	Patient environment: Credits 4 cleaning scores for high risk areas	33	Very high risk: 93%, High risk: 92%, Significant risk: 89%	Very high risk: 93%, High risk: 93%, Significant risk: 92%	Very high risk: 94.7% High risk: 94.4% Significant risk: 91.3%	R	Very high risk: 98.1% High risk: 97.0% Significant risk: 96.7%	G		Very high risk: 98.2% High risk: 96.7% Significant risk: 96.8%	G	Very high risk: 98% High risk: 95% Significant risk: 91%	G	Very high risk: 99% High risk: 97% Significant risk: 95%	G	Very high risk: 99% High risk: 97% Significant risk: 94%	G	Very high risk: 99% High risk: 97% Significant risk: 96%	G	↔	Very high risk: 98% High risk: 95% Significant risk: 85%	Monthly snapshot for Oct-18	
	% compliance with Hand Hygiene (WHO 5 moments)	34	91%	91%	94%	R	94%	R	↔	94%	R	94%	R	95%	A	94%	R	95%	A	↔	Green: 100%, Amber:>95%	Monthly snapshot for Sep-18	
	Reduction in C. Difficile and Staphylococcus Aureus Bacteraemia (MRSA), working towards a zero tolerance	35	263 C difficile cases; 31 MRSA cases	172 C difficile cases; 44 MRSA cases	11 C difficile cases; 11 S. aurea cases	A	13.7 C difficile cases; 10.6 S. aurea cases	R	↔	115 C difficile cases; 140 S. aurea cases; 316 E. coli cases	R	126 C difficile cases; 155 S. aurea cases; 354 E. coli cases	R	25 C difficile cases; 39 S. aurea cases; 90 E. coli cases	R	50 C difficile cases; 67 S. aurea cases; 156 E. coli cases	R	70 C difficile cases; 93 S. aurea cases; 217 E. coli cases	R	↔	WG target: 66 C-diff, 57 S-aureus, 1171 e-coli	7 mths: Apr 18 to Oct-18	
	Reduction in the number of healthcare acquired pressure ulcers	35	Mthly average = 38	Monthly average = 31 (372 14/15)	M12 = 413, avg = 34.4	G	M10 = 577 MA(12) = 55	R	↔	M10 = 1119 MA(12) =107	R	Data quality issue identified		Data quality issue identified		Data quality issue identified	Data quality issue identified				10% reduction on previous year (2015/16 avg = 34.4, target = mthly average of 31) {source:FOC}		
	Financial balance: remain within revenue resource limits	36	£19.177m deficit at M12	£21.364m Deficit at M12	£0.068m surplus at M12, (£13.3m favourable variance from plan)	G	£29.717m deficit at M11	R	↔	£25.502m deficit at M11	R	£1.809m deficit at month 1. £0.151m adverse varaiance against plan	R	£5.573m deficit at month 3. £0.598m adverse varaiance against plan	R	£4.913m deficit at month 5. £0.788m adverse varaiance against plan	R	£6.410m deficit at month 7. £0.635m adverse variance against plan	R	é	2018/19 planned deficit £9.9m	M7 2018-19	
	Remain within capital resource limits.	37										Expenditure at the end of April was £0.568m against a plan of £0.570m.	G	Expenditure at the end of June was £3.251m against a plan of £2.987m.	G	Expenditure at the end of August was £12.848m against a plan of £11.928m.	G	Expenditure at the end of October was £16.896m against a plan of £17.533m.	G	↔	Approved planned expenditure £33.355m	M7 2018-19	
	Reduction in Underlying deficit	36a										£45.9m assessed underlying deficit position at month 1	R	£39.1m assessed underlying deficit position at month 3	R	£39.1m assessed underlying deficit position at month 5	R	£39.1m assessed underlying deficit position at month 7	R	↔	If 2018/19 plan achieved reduce underlying deficit to £39.1m	M7 2018-19	
	Delivery of recurrent 3% savings target	36b										£16.244m identified at Month 1	R	£25.335m identified at Month 3	G	£25.335m identified at Month 5	G	£25.335m identified at Month 7	G	↔	£25.335m	M7 2018-19	
	Delivery of non recurrent 1% savings target	36c										£4.174m identified at month 1	R	£8.998m identified at month 3	G	£10.160m identified at month 5	G	£12.573m identified at month 7.	G	é	£8.445m	M7 2018-19	
	Delivery of financial improvement target	36d										£2.100m identified at month 1	R	£7.775m identified at month 3	R	£9.3m identified at month 5	G	£9.3m identified at month 7	G	↔	£9.3m	M7 2018-19	
	Creditor payments compliance 30 day Non NHS	37a										92.4% in April	R	94.2% in June	A	Cumulative 95.3% in August	G	Cumulative 95.6% in October	G	↔	95% of invoices paid within 30 days	M7 2018-19	
	Remain within Cash Limit	37b										forecast cash deficit of £28.791m	R	forecast cash deficit of £26.935m	R	Forecast cash deficit of £24.793m	R	Forecast cash deficit of £11.743m	R	↔	To remain within Cash Limit	M7 2018-19	

Sustain		Maintain Positive Cash Balance	37c									Cash balance = £2.305	G	Cash balance = £1.696	G	Cash balance = £6.148	G	Cash balance = £4.315	G	↔	To Maintain Positive Cash Balance	End of Oct. 2018			
		Number of procedures undertaken that are on the UHB's "Interventions not normally undertaken" list for procedures of limited clinical effectiveness	39			5315		5528	A	▲		5197	A	5243	A	5299	A	6597**	A	6788	A	↔	NEW INNU list adopted from August 2018: 12 month rolling reduction (June16-Jun17 : 6597)	Aug-July18	
		Reducing outpatient did not attend rates for New and Follow Up appointments	40		N 10.8%, FU 12.1%	N 10.5%, FU 11.7%		N 10.2%, 11.8%	A	▲		N:10.1%, FU 12.2%	R	N:10.4%, FU 11.6%	R	N:10.3%, FU 11.7%	R	N:10.2%, FU 11.6%	R	N:10.1%, FU 11.5%	R	↔	12 month rolling reduction- 16/17 New DNA 9.8%, FU 12.2% (IMTP traj 11.7% & 11.2%)	12mths-Nov-17 to Oct-18Aug18	
		Increasing in-session theatre utilisation (adopting Newton measure)	41	Tier 2	78%	79%		72%	A	▲		75%	A	77%	A	76%	A	76%	A	76%	A	↔	Newton consulting set standards: green >= 85%, amber 67%-85%, red <=67%	Oct-18	
		Uptake of ERAS across whole HB.	42			Programme has stalled		Programme has stalled	R	◆		Refresh being planned as part of TTC	R	Refresh being planned as part of TTC	R	Refresh being planned as part of TTC	R	Prehab to rehab programme underway	A	Prehab to rehab programme progressing	A	↱	Self assessment based on roll out plan agreed with WG	Nov-18	
		Ensure that the data completeness standards are adhered to within 1 month of the episode end date	43	92% in month, 97% past 12 months	95% in month, 96% past 12 months to Feb-15	95.2% in month, 96.5% past 12 month		95.8% within 30 days	A	G	●	94.9%	A	96% (MH now being coded)	G	96.0%	G	96.0%	G	96.0%	G	↔	95% within 30 days	For Sept 2018	
	Have a planned care system where demand and capacity are in balance	% hospital cancellations rebooked with 14 days	45	52%	38%	56%		28%	R	◆		37%	R	32%	R	44%	R	58%	A	41%	R	↱	WG target: 100%, amber continual improvement	Monthly snapshot for Aug-18	ü
		Part 1 Local Primary care Mental Health Support Services (% assessed within 28 days & therapy started within 28days)	46	5.5% (28 days), 73% (56 days)	98.7% (28 days), 96% (56 days)	82.2% (28 days), 92.8% (28 days)		78% (assessment), 86% (therapy)	G	R	◆	83% (assessment), 79% (therapy)	A	94% (assessment), 67% (therapy)	A	88% (assessment), 81% (therapy)	A	88% (assessment), 82% (therapy)	A	80% (assessment), 60% (therapy)	R	↱	80% within 28 days for assessment, 80% within following 28 days for therapy	Monthly snapshot for Sep-18	ü
		Part 2 Coordination of care and treatment Planning for secondary Mental Health Users (% of users with a care and treatment plan)	47	88.3%	91.9%	90.4%		91.0%	G	●		90.1%	G	90.6%	G	84.0%	A	85.1%	A	85.0%	A	↔	90%	Monthly snapshot for Sep-18	
		Part 3 % of former users of secondary mental health services who are assessed under part 3 of the measure, who received their outcome assessment report within 10 days	48	100%	100%	89%		100%	A	G	●	100%	G	100%	G	100%	G	100%	G	100%	G	↔	Green: 100%, Amber: Continuous improvement as new standard	Monthly snapshot for Sep-18	
		Part4 Mental Health Advocacy (Provision of an advocate to all eligible requesting users)	49	100%	100%	100%		100%	G	●		100%	G	100%	G	100%	G	100%	G	100%	G	↔	100%	Monthly snapshot for Sep-18	
			95% of patients will be waiting less than 26 weeks for treatment with a maximum wait of 36 weeks	50	86.4% <26 wks, 2088pts > 36 wks	84% <26 wks, 2386pts > 36 wks	84% <26 weeks, 2522pts > 36 wks		83% <26 weeks, 2720pts > 36 wks	A	▲		84% <26 wks, 2921pts > 36 wks	A	87% <26 weeks, 783pts > 36 wks	A	87% <26 weeks, 687pts > 36 wks	A	89% <26 weeks, 1000pts > 36 wks	A	86% <26 weeks, 984pts > 36 wks	R	↱	95% <26 wks, 0 > 36 wks: Amber: Achieve quarterly IMTP milestone (88% & 650 Q2)	Posn at Oct-18

Culture	Have an unplanned (emergency) care system that provides the right care, in the right place, first time	Attainment of the primary care out of hours service standards	51	7 Green, 1 Amber, 7 Red	7 Green, 8 Red	5 Green, 3 Amber, 9 Red	R	6 Green, 6 Amber, 5 Red	R	8 Green, 1 Amber, 8 Red	R	8 Green, 2 Amber, 7 Red	R	9 Green, 2 Amber, 6 Red	R	8 Green, 3 Amber, 6 Red	R	5 Green, 6 Amber, 6 Red	R	ê	Number of standards where the UHB is compliant (Green 13/17, Amber 10/17)	Monthly performance in Oct-18	ü
		Deliver the 70% Cat A 8 minute response times all Wales target on a rolling 12 month basis and sustain the 65% Health Board target on a monthly basis	52	59%	48%	80%	G	82%	G	82%, 83% for 12 mths	G	83%, 82% for 12 mths	G	86%, 82% for 12 mths	G	83%, 82% for 12 mths	G	82%, 81% for 12 mths	G	↔	70%	Upto Oct-18	ü
		95% of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge	53	86%	82%	85%	R	84%	R	75%	R	82%	R	91%	A	89%	A	86%	R	ê	WG target: 95%, IMTP for Q2 87%, Q3: 88%	Monthly performance in Oct-18	
		Eradication of over 12 hour waits within all hospital emergency care facilities	54	175	101	55	R	59	R	290	R	116	R	16	R	7	A	94	R	ê	WG target: 0, IMTP trajectory: 0 for Q2, 100 for Q3	Monthly performance in Oct-18	
	Be a great place to work and learn	Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	55	51%	56%	56%	R	58%	R	59%	R	59%	R	61%	R	58%	R	57%	R	ê	Green: >85%, Amber 68-84%, Red <68% (IMTP traj Sep-18 = 72.5%)	12 months to Sep-18	
		Medical Staff – percentage of staff undertaking Performance Appraisal	56	66%	77%	75.2%	R	74.4%	R	77.0%	A	74.0%	R	74.3%	R	76.7%	R	80%	A	é	Green: 85%, Amber: increase from Mar-18 position of 77%	as at Sep-18	
		% of staff completing staff survey in the organisation.	57	19%	19%	22%	R	36% Of 7000 staff surveyed	R	36% Of 7000 staff surveyed	R	36% Of 7000 staff surveyed	R	36% Of 7000 staff surveyed	R	21%	R	21%	R	ê	Bi-Annual	2018 Survey	
		Overall measure for organisational climate / engagement	58	Not available	51%	60%	A	3.64/5	A	3.64/5	A	3.64/5	A	3.64/5	A		A	3.85/5	A	é	Bi-Annual	2018 Survey	
		Achieve annual local sickness and absence workforce target	59	5.60%	5.54%	5.14%	A	4.86%	G	5.12%	R	5.07%	R	5.12%	R	5.13%	R	5.13%	R	↔	12 month rolling reduction from 4.9% Mar-17, IMTP target reduce to 4.2% Mar-18	Sep-18	
		Retain platinum corporate health standard	60	In progress	Achieved	Achieved	G	Achieved	G	Achieved	G	Achieved	G	Achieved	G	Achieved	G	Achieved	G	↔	Re-assessed as meeting standard	2017/18	
	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	Ambulance handover times: % within 15 and 60 minutes	61	15 mins: 41%, 60 mins: 90%	15 mins: 60%, 60 mins: 92%	15 mins: 56%, 60 mins: 93%	A	15 mins: 49%, 60 mins: 90%	R	15 mins: 31%, 60 mins: 71%	R	15 mins: 42%, 60 mins: 83%	R	15 mins: 64%, 60 mins: 95%	A	15 mins: 56%, 60 mins: 93%	R	15 mins: 46%, 60 mins: 86%	R	ê	15 mins: 60%, 60 mins: 100% (Amber: IMTP trajectory for 60 mins requires c. 94%)	Monthly performance in Oct-18	ü
		No. of Delayed transfers of care – mental health (all ages) and non mental health (75 years and over)	62	55 NMH, 15 MH	109 NMH, 24 MH	73 NMH, 21 MH	R	29 NMH, 17 MH	G	32 NMH, 14 MH	A	39 NMH, 9 MH	A	47 NMH, 4 MH	R	37 NMH, 4 MH	A	37 NMH, 3 MH	A	é	IMTP trajectory is 8 MH, 29 NMH	Monthly snapshot for Oct-18	

	and technology	Progress in Delivering Strategic Programme	63	Progress on developing high level strategies & relationships with CU	Progress on developing high level strategies & relationships with CU	Blueprint for HEART prepared for board	A	Slippage on aspects due to changing financial posn	A	⚠	Transformation programme accelerating	A	Transformation programme accelerating	A	Transformation n programme accelerating	A	Transformation programme accelerating	A	Transformation n programme accelerating	A	↔	Sustained improvement (metrics to be developed)	Assessment at Nov-18		

REPORT TITLE:	Sustainable Travel and Clean Air: an update									
MEETING:	UHB Board						MEETING DATE:	29.11.18		
STATUS:	For Discussion		For Assurance	x	For Approval		For Information			
LEAD EXECUTIVE:	Interim Executive Director of Public Health									
REPORT AUTHOR (TITLE):	Consultant in Public Health Medicine									
PURPOSE OF REPORT:										

SITUATION:

The 2017 Director of Public Health annual report, [Moving Forwards](#), described the importance of supporting and encouraging active and low emission travel among residents and staff to improve health and well-being, reduce social isolation, and reduce air pollution and carbon emissions. The report was presented at the UHB Board in September 2017, and sets out a vision for healthy travel in our area, along with detailed recommendations for key partners and Welsh Government.

This update describes progress made on the recommendations, along with recent major strategic and legislative developments in this area.

REPORT:

BACKGROUND:

Progress against the recommendations set out in the annual report to date includes:

- Partnership working across Public Services Boards, led by Public Health
 - Following the Report presentation and discussion at both Cardiff and the Vale of Glamorgan Public Services Boards (PSBs), the topic was agreed as a priority by both PSBs and features in the two Wellbeing Plans. Cardiff PSB agreed to set organisational targets and action plans to increase staff active travel rates
 - Expert public health input and advocacy has been provided to date on: Cardiff Clean Air Strategy (including possible options such as a Clean Air Zone); Cardiff Council's Transport and Clean Air Green paper; Cardiff car-free day; supporting street play (in conjunction with the Child-Friendly Cities programme); and co-ordinating partnership support for infrastructure bids including a major cycle superhighway bid and further expansion of the Nextbike scheme. This work followed formal agreement for a consultant in Public Health Medicine to work one day a week with Cardiff Council Transport Department
 - A task and finish group set up on behalf of Cardiff PSB is nearing completion of its work. The group is finalising a set of common actions across the PSB to increase uptake of staff active and sustainable travel; 3 year targets for each organisation

using baseline information from a pan-PSB staff survey run over summer 2018; actions to reduce pollution from fleet vehicles; and consistent comms messages across the public sector. The group includes representation from all the core PSB organisations as employers, in addition to the National Assembly for Wales, Public Health Wales, and Sport Wales

- Agreement has been reached to trial a community healthy travel champion network, in conjunction with C3SC during 18/19
 - In the Vale of Glamorgan support and expert public health advice is being provided to local residents interested in 20mph zones. A task and finish group in the Vale, reporting to the PSB, has its first meeting on 26 September
 - A primary care social prescribing approach for Nextbike in Cardiff is being developed, for initial trial and feedback over the next 3 months.
- **Cardiff Council-led work**
 - Successful launch of Nextbike public cycle hire in Cardiff. Over 10,000 bike hires are being made each week in Cardiff, with nearly 30,000 people now registered to use the Cardiff scheme.
 - Major consultation undertaken on the future of transport in Cardiff, in a Transport and Clean Air Green paper. This included a foreword from the Director of Public Health, and closely aligned with the Annual Report
 - Successful expansion of Cardiff car-free day. This was held in May and was attended by over 5,000 pedestrians and 5,000 cyclists, increased city centre footfall, and saw NO₂ levels in Westgate Street reduced by 64%.
 - **Cardiff and Vale UHB-led work**
 - The Capital, Estates and Facilities Service Board have been progressing a number of projects for the Health Board relevant to this field including plans for a sustainable transport hub at UHW; reviewing pedestrian and cyclist access to UHW and UHL; and supporting and expanding the Park and Ride service to UHW. A Nextbike stand was installed at UHW in early November
 - The UHB is an active member of both PSB healthy travel task and finish groups.
 - **National influencing on key issues affecting Cardiff and the Vale**
 - Discussions held around current policy and guidance barriers and inconsistencies to delivering healthy travel, with Chief Medical Officer and colleagues in WG, and identifying opportunities presented by forthcoming Obesity Strategy consultation
 - Report and oral evidence submitted to National Assembly inquiry into Active Travel Act in March 2018
 - Consultation responses submitted for relevant policies including the revision to Planning Policy Wales (PPW)
 - Additional advocacy and strategic alignment with key stakeholders including the Office of the Future Generations' Commissioner, Cardiff Bus, FOR Cardiff (the business improvement district), Cardiff University and University of West of England (UWE), Public Health Wales' Environmental Health team, 20's Plenty campaign, Directors of Public Health across Wales, neighbouring local authorities and Health Boards.

Other major developments include:

- Welsh Government issued Cardiff Council with a legal direction in February 2018, to identify measures to reduce NO₂ levels in Cardiff in the fastest possible time, to meet

legal compliance levels. This will include measures to support promote active and low emission travel; and may result in a recommendation for a Clean Air Zone for the City

- A major consultation by WG recently finished on the decarbonisation policy in Wales. This sets out the scale of the challenge around reducing CO₂ emissions in order to meet international obligations and limit global warming. This will require a rapid reduction in emissions across Wales compared with current levels. The importance of transport emissions and public sector leadership in this area are highlighted in the draft proposals
- The franchise for the new South Wales Metro, and the Wales and Borders railway (currently operated by Arriva Trains Wales) was recently awarded to KeolisAmey, with the new operator taking over in October.

ASSESSMENT:

There is now significant momentum and interest in sustainable travel within our organisations and among the public. The Cardiff Green paper, car-free day, the Nextbike scheme, and 20mph campaigns have garnered extensive engagement on this topic, and an announcement in May of an additional £60m investment by WG over the next 3 years in active travel infrastructure is welcome. Areas where ongoing action is required include:

- Finalising targets and core commitments across Cardiff PSB for staff travel, and scoping a joint communications campaign
- Agreeing a vision and local actions across the PSB in the Vale of Glamorgan
- Internal work within the UHB with Clinical Boards, to bring together the opportunities described here to increase awareness and uptake of active travel among staff
- Community engagement in areas where cycling infrastructure improvements are planned, to prepare and support communities to maximise uptake
- Nurturing collaboration across the wider Cardiff City Region on sustainable transport issues and their impact on health and wellbeing – this is vital given the daily inflows to Cardiff from the surrounding local authority areas
- Engage with Transport for Wales and KeolisAmey to ensure opportunities for improving health are integrated from the outset in the new franchise and Metro, and across the travel region.

RECOMMENDATION:

The Board is asked to:

- **NOTE** the significant progress being made on promoting and supporting healthy travel in conjunction with partners across our area, led by Public Health; and the improvements being led within the UHB by the Capital, Estates and Planning Service Board
- **NOTE** the statutory requirement to reduce NO₂ levels in Cardiff; and the need to reduce carbon emissions from transport and public services. Both of these will require significant changes to 'business as usual' and are an opportunity to improve health and wellbeing among our residents
- **NOTE** the major improvements planned in sustainable travel infrastructure, and potential restrictions to more polluting travel modes, over the next 5 years in Cardiff and the wider region
- **SUPPORT** ambitious ongoing partnership working on this topic, and initiatives within the UHB to increase rates of sustainable travel by staff and visitors, and reduce pollution from vehicles used for Health Board work.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO 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			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						9. Reduce harm, waste and variation sustainably making best use of the resources available to us			x	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time						10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			x	
Sustainable development principle: 5 ways of working	Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not Applicable									

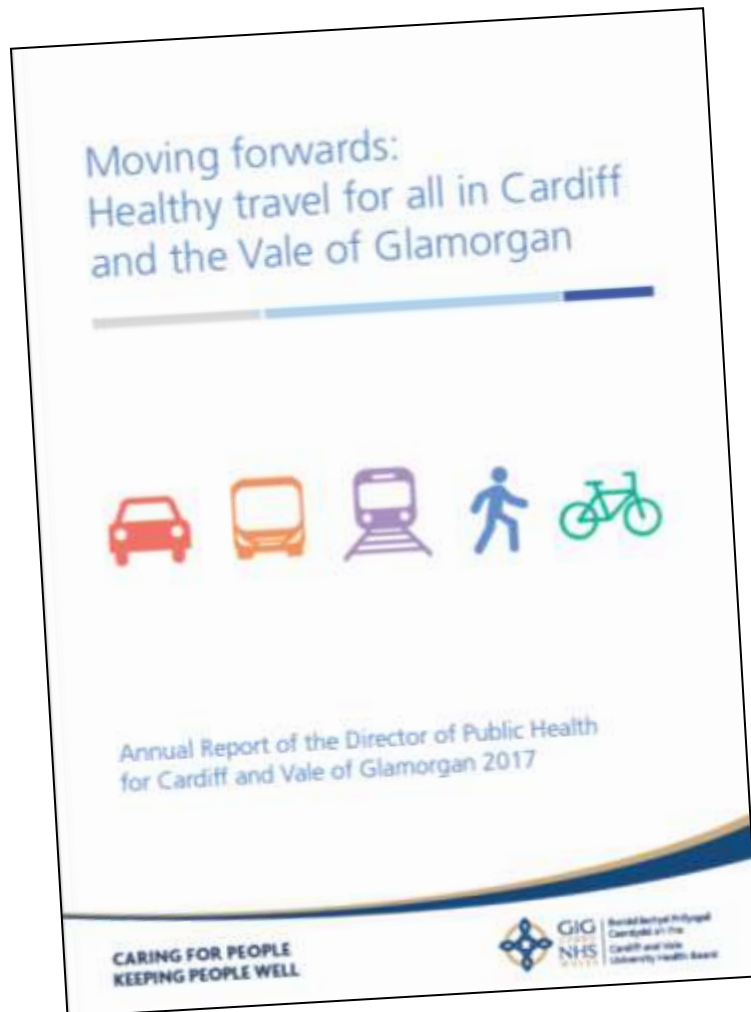


Sustainable travel and clean air: an update

Dr Tom Porter
Consultant in Public Health Medicine
tom.porter@wales.nhs.uk

29 November 2018
Cardiff and Vale UHB Board

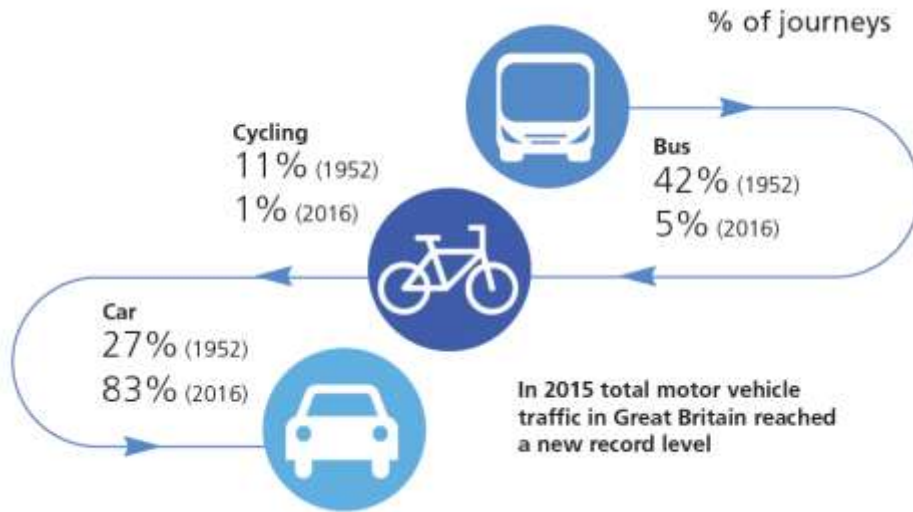




A (very quick)
recap...



Travel has changed...



...and has changed our environment

Most housing and commercial developments over the last 50 years have been shaped by cars, not people



...leading to multiple impacts on our health and wellbeing



Physical inactivity and sedentary lifestyles



Air pollution



Road traffic injuries and deaths



Increase in loneliness and social isolation



Reduction in green space



Exacerbating health inequalities



Climate change





We could do things differently



Support active travel and public transport



Reduce air pollution and carbon emissions

Design well-connected and attractive communities

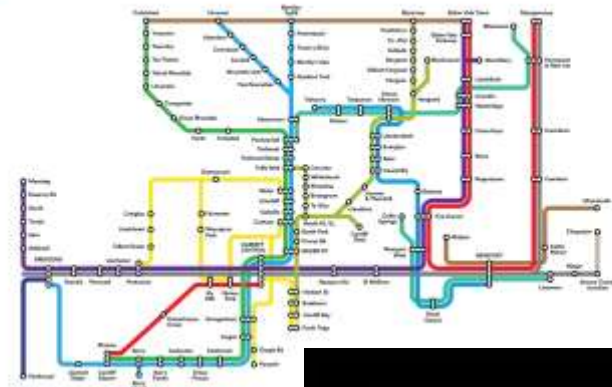
Protect and enhance our green space

Provide leadership



The time is right for change

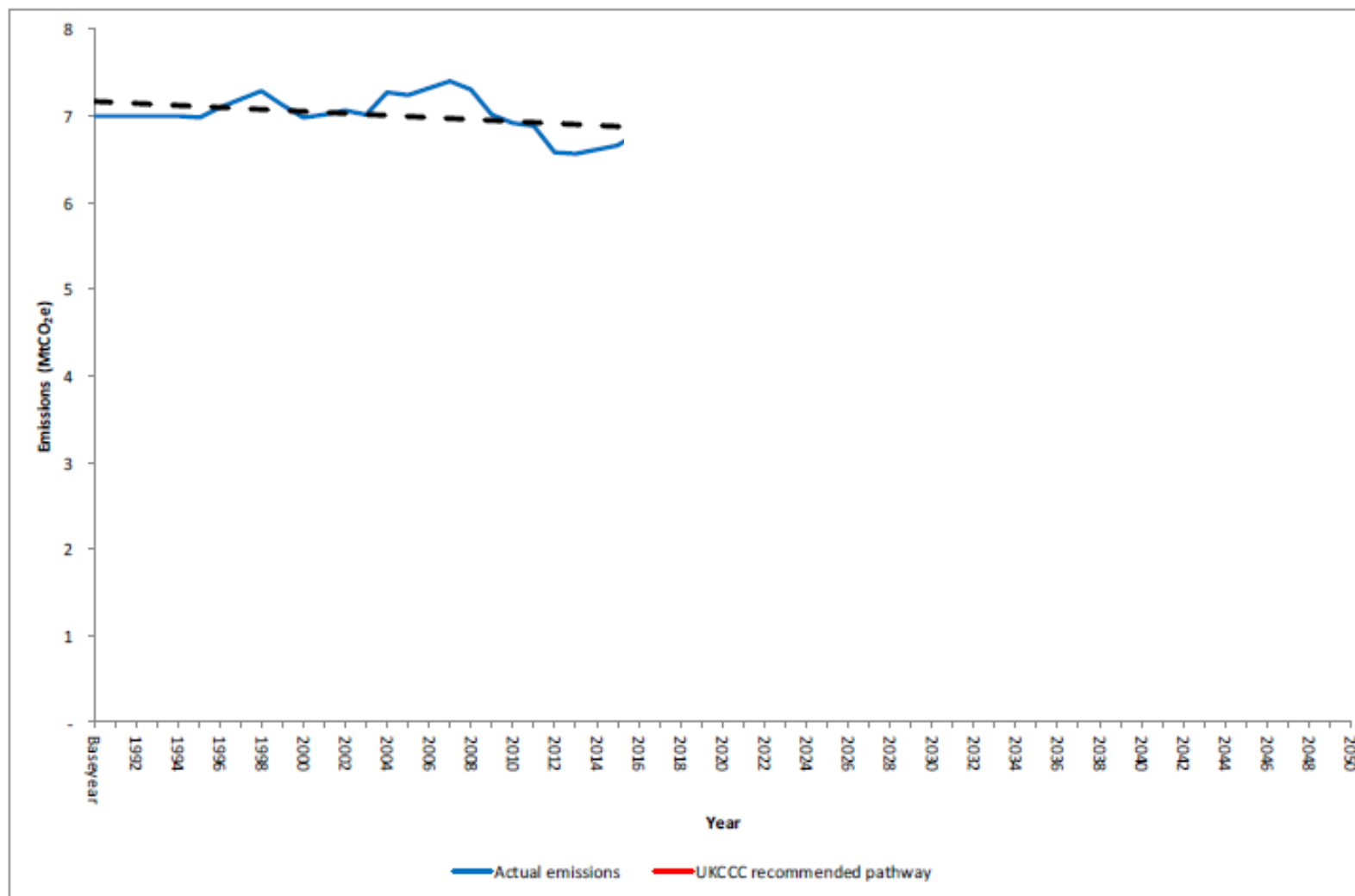
Metro



TRAFNIDIAETH CYMRU
TRANSPORT FOR WALES



Graph and table: UKCCC modelling to show a possible route for transport sector emissions reduction as a contribution to an 80% reduction in all Welsh emissions in 2050⁵⁹

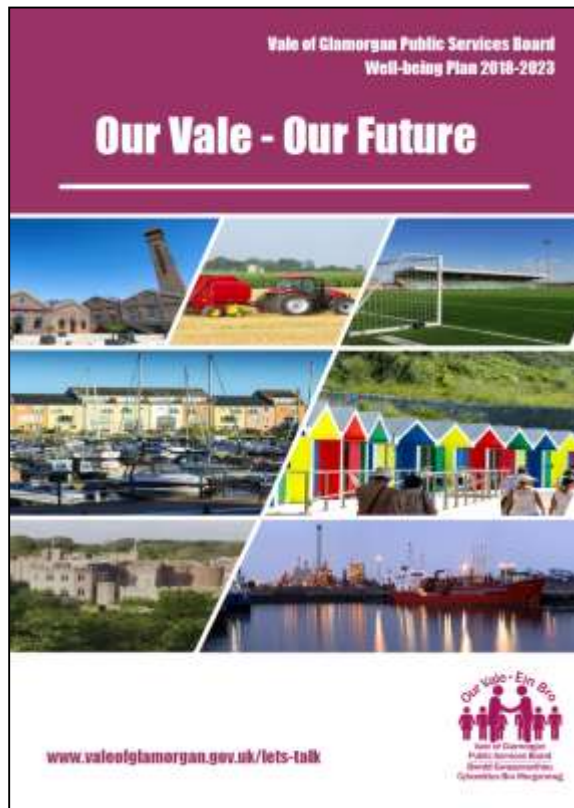


Source: Welsh Government/UKCCC



So what?





1 day per week
working with
Cardiff Council
Transport team



Forewords

We all know Cardiff's transport network needs to change. Too many of us have been stuck in traffic trying to drop off our children, or late for work because the bus didn't turn up, and whilst a growing number want to walk or cycle, the facilities to do so are often inadequate.

But it's not just about our own inconvenience and frustration. There is now a more alarming and pressing matter. Pollution levels in Cardiff are now damaging our health. Improving the air we breathe has become a matter of life or death.

It would be simple to just blame everything on car travel, and say we expect everyone to suddenly become a cyclist. But we understand that for some people car travel is simply essential and we don't want to make it more difficult for people to go about their daily lives.

Our job is to improve people's lives, giving people the opportunity to choose transport options that are healthier, that help us save money, that make it safe to enjoy cycling and walking on a daily basis, and that help us not

spend hour after hour sat in traffic on the school run or the daily commute.

We have an idea of the kind of Cardiff we want. We have bold ambitions for our city. This paper proposes ideas of changes we could make that we believe would improve our city. They are all possible. But we want to have a conversation with the people of Cardiff about the issues, and how changes could impact their lives because, ultimately, we will all need to shape our future together.

This process will help us decide together the future direction of this city, so we can create the change that improves all our lives and makes Cardiff a healthier and stronger city for current and future generations.

Councillor Caro Wild
Cabinet Member for
Transport & Strategic Planning



How we get from A to B has a huge impact on our health, the environment, and our communities. I have recently explored this more in my Annual Report, 'Moving Forwards: healthy travel for all in Cardiff and the Vale'. We are at a crucial moment - high levels of illness in our area are caused or made worse by how we travel and the air we breathe; but there are also once-in-a-generation opportunities open to us to solve this, with the development of the Metro in Cardiff and the surrounding region, and legislation requiring and enabling us to prevent future illnesses, improve the health of future generations, and improve air quality.

I really welcome the publication of this Green Paper on such an important subject, and we are working closely with Cardiff Council and other partners on these issues. We urge residents to engage in this conversation on how we can all travel in a more healthy and sustainable way. If we get this right we will be healthier and happier, and Cardiff will be one of the best places in Europe to live, work and visit.

Dr Sharon Hopkins
Director of Public Health,
Cardiff and Vale University Health Board



Cardiff's Transport to Clean Air Green Paper 11

- Includes
 - Integrated ticketing
 - Active travel zones
 - 20mph zones
 - Clean air zones
 - EV charging
- High levels of engagement



ENVIRONMENT ACT 1995

Environment Act 1995 (Feasibility Study for Nitrogen Dioxide Compliance) Air Quality Direction 2018

The Welsh Ministers, in exercise of the power conferred by section 85(5) of the Environment Act 1995(1), give the following direction.

In accordance with section 85(6) a copy of this direction will be published in the London Gazette.

The Welsh Ministers make this direction having determined that it is necessary in order to meet obligations placed upon the United Kingdom under the EU Ambient Air Quality Directive(2).

Title, commencement and application

1.—(1) The title of this direction is the Environment Act 1995 (Feasibility Study for Nitrogen Dioxide Compliance) Air Quality Direction 2018.

(2) This direction comes into force on 15 February 2018.

(3) This direction applies to Cardiff Council and Caerphilly County Borough Council.

Interpretation

2. In this direction—

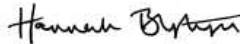
“specified authorities” means Cardiff Council and Caerphilly County Borough Council;

“specified activities” means the activities described in the Schedule.

Requirement to take certain steps

3. Each of the specified authorities must complete the specified activities by the dates specified in the Schedule.

Hannah Blythyn



Minister for Environment, under authority of the Cabinet Secretary for Energy, Planning and Rural Affairs, one of the Welsh Ministers.

Date 15/02/18

(1) 1995 c. 25. The functions of the Secretary of State under section 85(5) were transferred to the National Assembly for Wales in relation to Wales by article 2 of, and Schedule 1, to the National Assembly for Wales (Transfer of Functions) Order 1999 (S.I. 1999/072). By virtue of section 162 of, and paragraph 30 of Schedule 11 to, the Government of Wales Act 2006 (c. 32), the functions conferred on the Assembly are now exercisable by the Welsh Ministers.

(2) 2008/50/EC OJ No. L 152. 11.06.08. p.1

- Legal direction to Cardiff Council to identify options to reduce NO₂ levels in as short a time as possible
- Expert input to Cardiff Council Clean Air Strategy





National Assembly for Wales
Economy, Infrastructure and Skills Committee

Post Legislative Scrutiny of the Active Travel (Wales) Act 2013

June 2018



www.assembly.wales



Lee Waters AM ✓

@Amanwy

Follow

Things I learned in @SeneddEIS today:

1. 1/4 of Welsh adults do less than 30 mins physical activity in a week. "Your body is not doing what it is meant to do" said Dr Tom Porter, @CV_UHB Public Health Consultant

6:27 AM - 15 Mar 2018

19 Retweets 26 Likes



3



19



26



Example

Cardiff today, Cardiff tomorrow

Cardiff PSB have developed 'Cardiff today, Cardiff tomorrow' in their well-being planning and corporate planning for the Council. The PSB has thought about the long-term trends and risks for the city and how they can take collaborative action now to prevent problems from getting worse. Population growth and the associated transportation issues were identified as a problem.

For instance, Cardiff today: 'Over the last 10 years Cardiff's population grew by 12%, making it one of the fastest growing major British cities...over 90,000 people travel in and out of Cardiff every day from neighbouring local authority areas, 80% by car.'

Thinking long-term to what Cardiff tomorrow could be like: 'Over the next 20 years, Cardiff is projected to grow significantly faster than any other Welsh local authority area and faster than all major cities apart from London...With growth, a 32% net increase in traffic, a 20% increase in the numbers of people commuting to work is projected and an associated increase in journey times of approximately 41%.'

The PSB has agreed a step to 'Aim for 50% of all journeys in Cardiff to be by sustainable travel by supporting the development and delivery of the Cardiff Sustainable Transport Strategy.'

More recently, Cardiff Council have published a Green Paper, ***Changing how we move around a growing city***, putting forward ideas on how they will take steps to meet this objective.

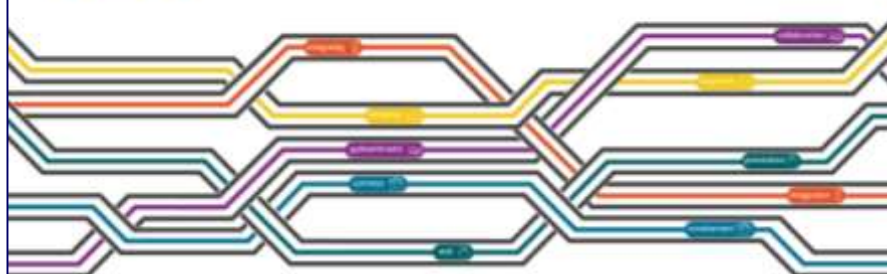


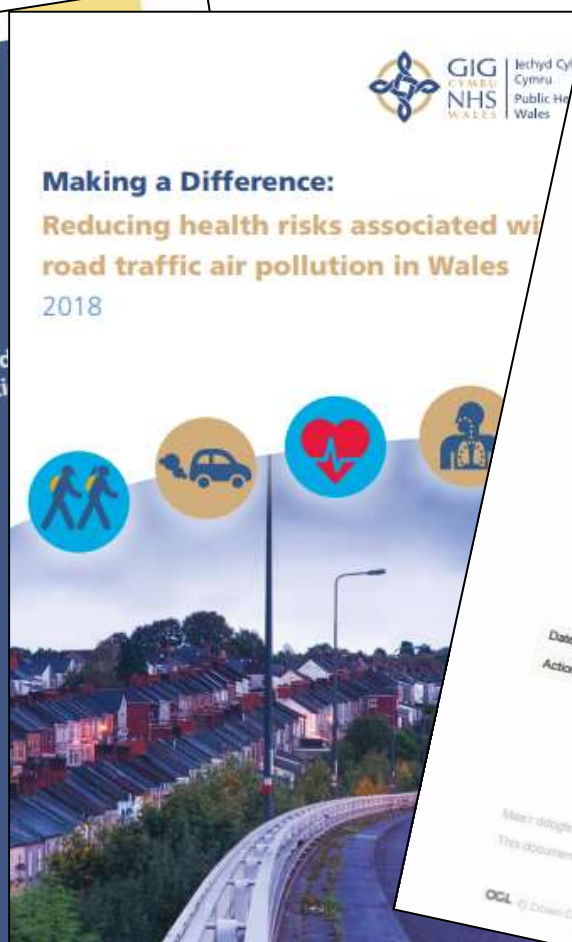
Comisiynydd
Cenedlaethau'r
Dyfodol
Cymru

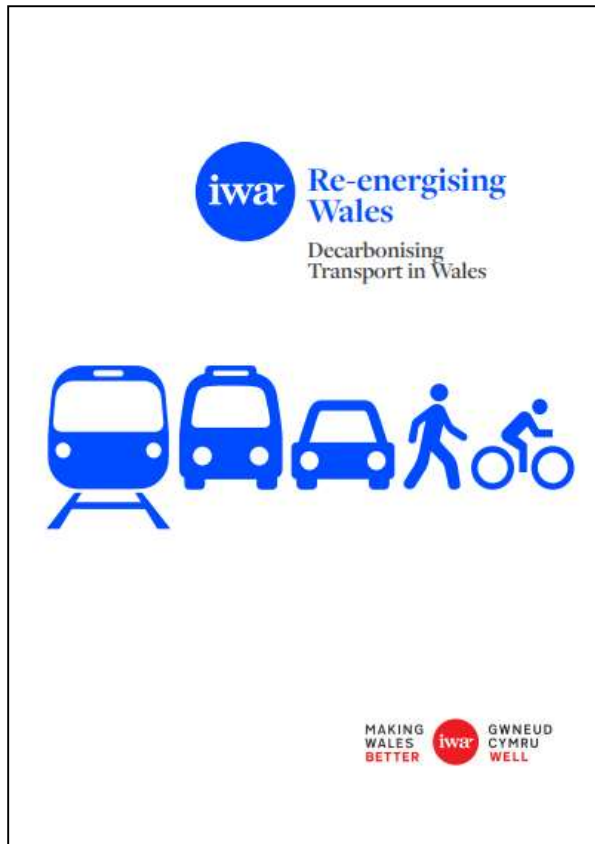
**Future
Generations**
Commissioner
for Wales

Meeting the challenge: Transport

Accountability for future generations: Sharing the learning so far
17 May 2018







- “One exception is Cardiff where the Council and the Health Board have embarked upon an ambitious programme to transform the way in which their staff travel to work. This initiative should be replicated across Wales.”
- “...the new edition of PPW should take account of traffic flow on social isolation and loneliness”



Cardiff public sector T+F group



Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



Llywodraeth Cymru
Welsh Government



HM Prison &
Probation Service



**GIG
CYMRU
NHS
WALES** | Iechyd Cyhoeddus
Cymru
Public Health
Wales



- Vision
- Baseline survey
- Comms toolkit
- Core commitments
- 3 year targets – staff travel
- Partnership advocacy



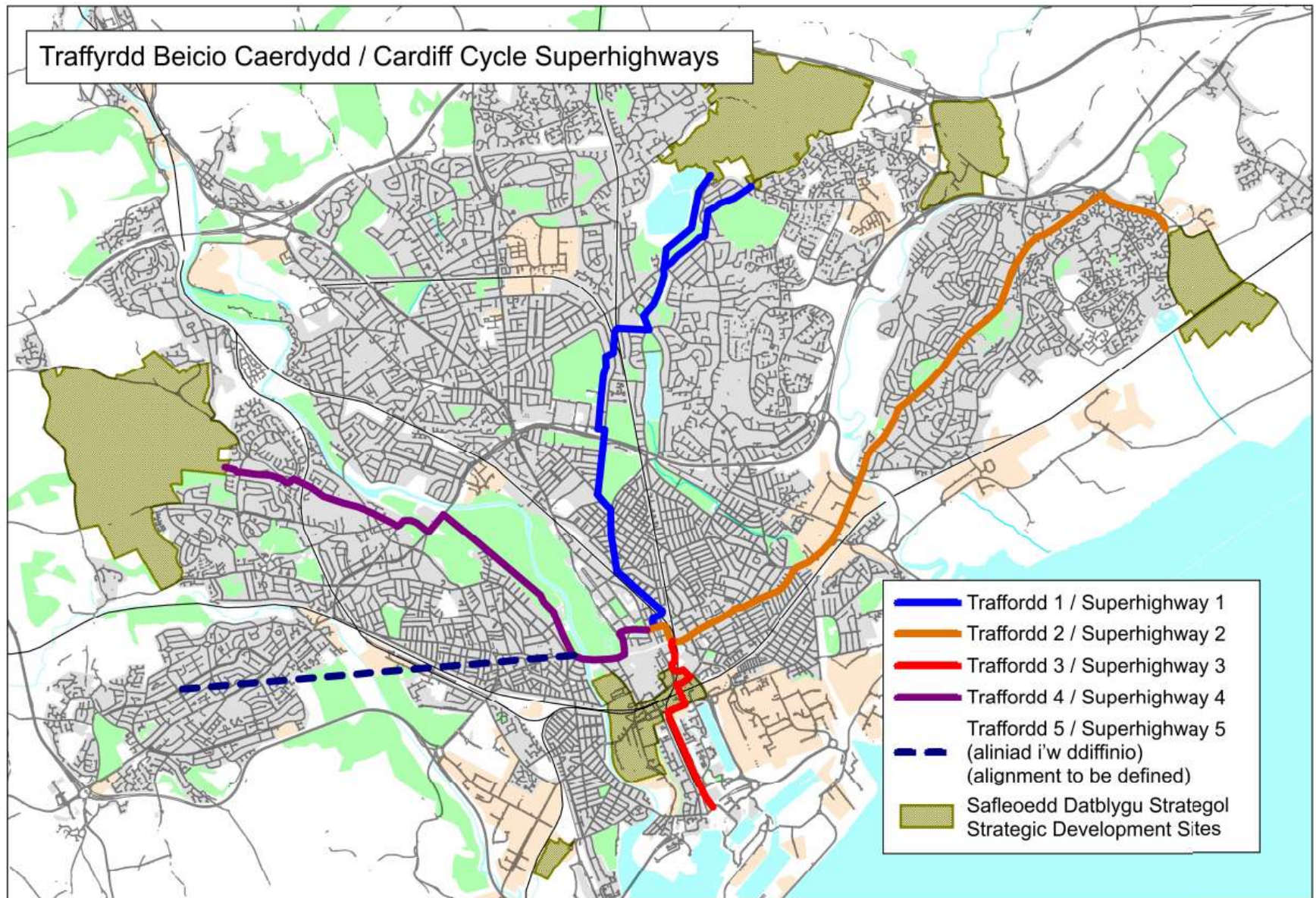
Cardiff car-free day



- Estimated 5,000 cyclists, 5,000 pedestrians
- Reduced NO₂ by 64% Westgate St
- Increased footfall 28% city centre
- Increased bus use
- 'I can hear birds'



Traffyrdd Beicio Caerdydd / Cardiff Cycle Superhighways



Source: Cardiff Council





So far...

- >10,000 rentals per week
- c30,000 registered
- Quickest growing scheme in UK
- UHW stand



Street play in Cardiff



- Pilot agreed for 7 streets in Cardiff 2018
- Explore issues around which legal powers to use to close streets, public liability etc.

Image: PlayWales



More to come....

- Forthcoming opportunities
 - Vale Task and Finish group
 - Comms campaign?
 - Healthy travel charter?
 - Nextbike social prescribing pilot
 - Healthy travel community champions
- **UHB needs to be ambitious and lead in this area**
 - Prioritising staff active and sustainable travel
 - Sustainable travel hub
 - Accommodation developments align with direction



So what?



The impact of achieving our vision	What this could mean for us...
Reduced illness and deaths from cancer	30% lower risk of colon cancer & 20% lower risk of breast cancer
Reduced illness and deaths from cardiovascular disease and stroke	20-35% fewer cases
Reduced rates of overweight and obesity	Decrease in BMI of 0.3-0.45kg/m ²
Reduced type 2 diabetes	30-40% fewer cases
Improved mental well-being	20-30% lower risk of depression and dementia
Reduced rates of falls among older adults	30% less risk
Reduced sickness absence	46% reduction if people cycle to work
Improved employee productivity	15% increase in concentration, reductions in stress
Increased retail sales	30% increase in retail sales
Other benefits...	Reduced inequality in life expectancy between most and least deprived areas
	More cohesive communities and reduced loneliness
	Reduced air pollution and lower carbon emissions contributing to global warming
	Reduce demand for health and social care services



Thank you

tom.porter@wales.nhs.uk



REPORT TITLE:	Transformation and Improvement (T&I) Programme - Update							
MEETING:	UHB Board					MEETING DATE:	29.11.18	
STATUS:	For Discussion		For Assurance	✓	For Approval		For Information	
LEAD EXECUTIVE:	Deputy Chief Executive							
REPORT AUTHOR (TITLE):	Head of Continuous Service Improvement							
PURPOSE OF REPORT: To provide an update on the progress made on the Transformation and Improvement Programme								

SITUATION:

This paper builds on the previous paper to the Board. Development and implementation timelines are improving and we have now added benefits realisation milestones to engender more urgency into programmes of work. Acknowledging that transformation takes time for benefits to emerge, a strong improvement programme closely linked to operational issues continues to be developed. The Cardiff and Vale way, articulating the clear methodologies and approaches we employ is developing well. The T&I work will gradually move the balance of systems change activity from operational here and now issues to enabling sustainable service change for the future as we deliver SOFW. The programme supports the Clinical Boards in the drive for continuous service improvement, aiding delivery of cost improvement plans ('CIPs') and further pipeline schemes.

REPORT:

BACKGROUND:

Whilst aiming for future sustainability and whole systems change (encompassing culture change), putting patients at the centre, we have agreed four measures to track progress. These are represented on the transformation dashboard and can be drilled into across outcome, activity and resource:

1. Reduce outpatient appointments on hospital sites;
2. Reduce in-patient length of stay (LoS);
3. Reduce unwarranted harm, waste and variation; and
4. Reduce theatre inefficiencies and improve productivity.

The transformation element of the programme has seven major activities which are enabling programmes to set the conditions for change to occur. The improvement element of the programme comprises a number of clinically led projects predominantly aligned to opportunities identified from benchmarking with clinical discussion. These have been approved by HSMB. Details of these can be found in the [Transformation Update paper](#) to the Board meeting on the

26th July 2018 and progress on each can be found in Appendix 1.

In addition it has been necessary to review core infrastructure arrangements and methodologies for project management and quality improvement to secure a strong, recognisable and systematic approach which can grow and harness capability throughout the organisation.

We are working through how we best involve our patients and public in the programme in a meaningful way that truly demonstrate people/patients at the core of all we do.

ASSESSMENT:

Accessible information *Secure a refreshed programme for accessible information for clinical staff (including the necessary platform) to drive improvement.*

This comprises two elements; the first of which is developing a dashboard approach to displaying agreed information at the overarching strategic level, at a specialty level enabling drill down to ward/community level data. To date there are 11 dash boards live in the organisation, 2 awaiting demonstration, a further 3 in development and 6 awaiting development.

The second element is to enable interrogation of flow data by clinicians with their managers to understand how people 'flow' through our systems and to discuss and agree what actions are required to improve and secure better systems and experience for people. To achieve this we are working with an external group (following a procurement exercise), Lightfoot Solutions utilising a collaborative approach with Canterbury District Health Board (Canterbury) based on their product called 'signals from noise' which interrogates and analyses our data and presents it to staff in a very accessible manner, supporting improvement discussion aiming to generate actions for whole system improvements in flow and capacity management. We have focused this work to initially concentrate on the winter 2018/19.

The team from Lightfoot along with colleagues from Canterbury were on site in the Health Board from the 9th – 19th October 2018 having carried out 2 ½ months of data transfer, validation and analytics. Detailed workshops covering frailty, falls, respiratory and unscheduled care were used to introduce the opportunities afforded by the approach to staff. A further summary workshop with directorate and clinical board management teams went well as a number of impromptu sessions (requested by clinicians from medicine, surgery and specialist clinical boards) were also held. Many further internal and external meetings were conducted with representatives from the wider health system (including our regional partnership board, neighbouring UHBs and Welsh Government).

The approach was positively received by those involved in the workshops and meetings, as ever with learning points arising. The live analysis and interrogation of data, along with the ability to compare our system to Canterbury provided a range of insights to support immediate system improvements in readiness for winter, and also longer term transformational change.

A second phase of work is now in train focusing on changing the pattern of flow in the weeks following Christmas and specifically working on the pathway for patients with respiratory disease and frailty. Clinically led 'Alliances' are being developed to drive forward the work with support from Lightfoot.

Learning Alliance

During the Canterbury visit, a 'Memorandum of Understanding for a Learning Alliance' between Canterbury District Health Board and Cardiff and Vale UHB was signed by both CEO's. The Learning Alliance will provide learning and support to a range of services to improve the health and well-being of the populations of both Health Boards. It is a further step in supporting clinically led, whole of system improvement and transformation of health, care and wellbeing services.

HealthPathways (*secure a pathway approach and methodology*)

The HealthPathways tool provides simple information aimed initially at a general practitioner audience on assessment, management and referral for patients with particular conditions. The evidence is that the process of agreeing pathways builds relationships between primary and secondary health professionals and reduces unwarranted variation and improves quality and experience for the patient.

The development of pathways by the clinical team ready for publishing within HealthPathways is progressing well at 4 months following the launch of this tool into the organisation and recruitment of the support team. The team are currently working on 40 pathways that have been prioritised for development ready for the launch of the site mid-January 2019. The team are also working hard to ensure the HealthPathways site is engaging and encourages repeat visits by developing the home page and other information (e.g. report pages, detailed individual specialty contact details and remote advice) and customising it with Cardiff and Vale local content.

Alliancing (*develop a Cardiff and Vale Alliance approach which integrates with partner organisations*).

The Cardiff and Vale Alliancing approach (Appendix 2) is being developed using 'falls prevention in the community' as the test site. A key and innovative aspect of this approach is that the multi-disciplinary and multi-agency team around the table are asked to put their organisation's to one side during the discussions focusing completely upon the patient and their needs.

Alliance Clinical Working Groups and with the support of the Falls Delivery Group have identified redesign work streams with opportunities for decreasing variation using HealthPathways. Intelligence from the Lightfoot workshops is influencing the re-design priorities. Alliances are now being developed for 'Frailty' and 'Respiratory Conditions' to support improvements from opportunities identified by Lightfoot. Clear measures are being worked through.

A bid has been made to the Health Foundation's Innovation for Improvement Fund to support the development of the Cardiff and Vale Alliancing model. We are down to the final 30 (out of 275) and should hear the outcome by the end of November.

Secure the model for primary care to drive a population outcomes approach for the system, enabling sustainability for general practice

There are two key elements to this work. PCIC is leading on immediate actions to impact GP sustainability working very closely with General Practitioners across the patch. Actions include developing cluster working; introducing Mental health workers at cluster level and introducing a musculoskeletal service at practice level.

The second element was the partnership proposal against the Welsh Government Transformation fund (a two year fund) to sustainably develop place based care (cluster and

locality level). The proposal is called **Me, My Home, My Community**.

The 'Me, My Home, My Community' project has been awarded £7million over two years to integrate health and social care, utilising third sector expertise and mobilising communities. It emphasises illness prevention and moving services out of the hospital and closer to people's homes. This is the first project to be awarded money from the Welsh Government Transformation Fund. Delivery of outcomes within the project is being overseen by the Cardiff and Vale Regional Partnership Board with support from the UHB's transformation teams. The programme comprises seven components with a clear project, governance, deliverables and evaluation. It is in its early stages. A second proposal for funding is now being developed.

The Cardiff and Vale Way

The shape of the UHB's transformation and improvement infrastructure continues to evolve with an emphasis on the development of the 'Cardiff and Vale Way'. The 'Cardiff and Vale Way' will clarify the approach to quality improvement, project management and transformation to ensure a systematic approach that is coherent and transparent with a focus on delivery of outcomes and benefits. It will encompass our leadership and management approach and supporting programmes. It will ensure the person/patient at the centre of all we do. Strong links are also in place with the Operations Team with an agreed approach developing that pays attention to urgent operational pressures and priorities whilst over time focusing on transformation.

RECOMMENDATION:

The Board is asked to:

- **NOTE** the progress made on the Transformation and Improvement Programme
- **NOTE** the continuing development of the programme
- **SUPPORT** the approach

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

Sustainable development principle: 5 ways of working	Prevention		Long term	✓	Integration	✓	Collaboration	✓	Involvement	
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not Applicable									

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Appendix One: Transformation enablers and improvement project progress update

Transformation and Improvement

October 2018

Transformation Status

Progress



Green	3
Amber	9

Benefits



Green	4
Amber	8

6 Transformation Projects

Deliverable	Project	October 18	
		Progress	Benefits
Length of Stay	Sepsis	Amber	Green
Length of Stay	Palliative Care	Amber	Amber
Outpatients	Virtual Fracture Clinic	Amber	Green
Outpatients	Outpatients Blueprint	Green	Amber
Variation	Digital Dictation	Amber	Amber
Variation	WhatsApp Replacement	Amber	Amber

**Projects revised at the Transformation Team meeting of 18th September, with 6 projects now under the scope of Transformation and Improvement*

Transformation Programme Summary

Under the Transformation Programme there are 6 Transformation Projects that contribute towards the deliverable priorities, and 7 Enabler projects aimed at cultural change and enabling the organisation to achieve our transformational ambitions.

The RAG Status of the Transformation Programme is **Amber**.

7 Enabler Projects

Enabler Project	October 18		Executive Lead	Transformation Team Lead
	Progress	Benefits		
<u>HealthPathways</u>	Amber	Amber	Sharon Hopkins	Hannah Brayford
Alliancing	Amber	Amber	Abigail Harris	Ruth Jordan
Leadership and Management	Amber	Amber	Martin Driscoll	Rachel Gidman
Values and Behaviours	Amber	Amber	Len Richards	Rachel Gidman & Joanne Brandon
Health & Social Care Transformation Fund	Green	Green	Sharon Hopkins	Rachel Jones, Chris Dawson-Morris, Chris Darling
Digitally Enabled Workforce	Green	Green	Fiona Jenkins	Mark Cahalane, Joy Whitlock
Accessible Information	See Slides		Sharon Hopkins	Andrew Nelson

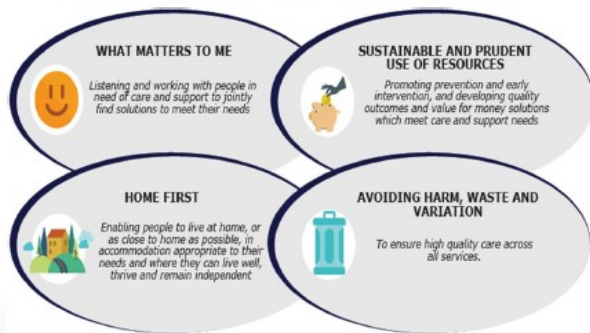
The Cardiff and Vale Alliancing Approach 'Changing the Conversation'

Our aim:

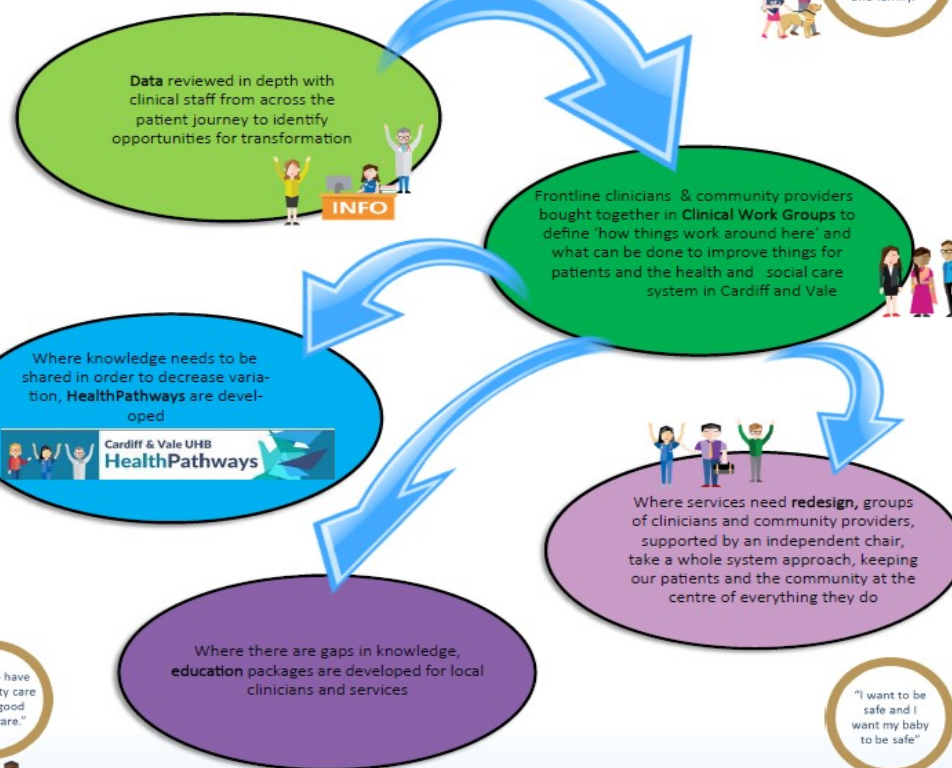
To identify and solve system wide health and care problems in order to transform the system with a 'best for patient, best for system' approach



Our design principles:



Our approach:



Pursuing Perfection: Learning and improving in the face of complexity

Update to Cardiff and Vale University Health Board

Professor Jonathon Gray

*Special Advisor on improvement and Transformation to
the Board*

*Chief Executive Officer South West England Academic
Health Science Network*

*Visiting/Honorary Chairs in NTU Singapore and Exeter
International Fellow Kings Fund and Green Templeton
College Oxford*



GIG
CYMRU
NHS
WALES

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

Doris Lessing



“I think when people look back on our time, they will be amazed by one thing more than any other. It is this, that we do know more about ourselves now than people did in the past, but that very little of this knowledge has been put into effect”

The diagnostic phase

01

Acknowledge the positive

02

Identify opportunities for improvement

03

Design strategy for success

The diagnostic phase



01

- Overall good progress has been made
- The brand is positive, with some good examples of innovation & delivery
- The diversity of the groups in terms of backgrounds and skills is a real asset
- The Boards range of expertise, and enthusiasm is a noticeable strength

02

- Inconsistent and fragmented improvement & change capabilities
- Limited clinical resource available, but it is fragmented
- No dedicated “place” for staff to share and learn
- Clinical leadership is limited and stretched
- Little visibility of the University input, and the links to undergraduate improvement teaching
- There are mixed views on what transformation is and is not
- Some question underlying levels of trust and conflict

03

- Development of expertise in large scale change/spread
- Further bring improvement and change system together, expose to international exemplars
- Discuss and develop an evidence based model for change/improvement
- Continued clarity is needed on the vision for how the parts of the system of improvement will work together, including the executive leadership
- Development of a clear operating framework for improvement/ innovation/ change/ risk /patient safety – with different leads and some silos
- Having clarity on how the exec team work together and jointly own/relate to these issues will be vital

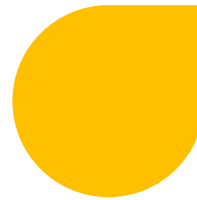
And yet...
some organizations and networks reliably make
large-scale change.



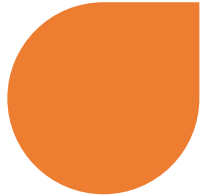
Six notable behaviours of the Board and Executive



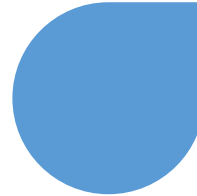
Deep clarity on intent



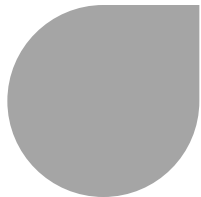
Clear view of the system



Clear apportioned aims



Many methods for leverage



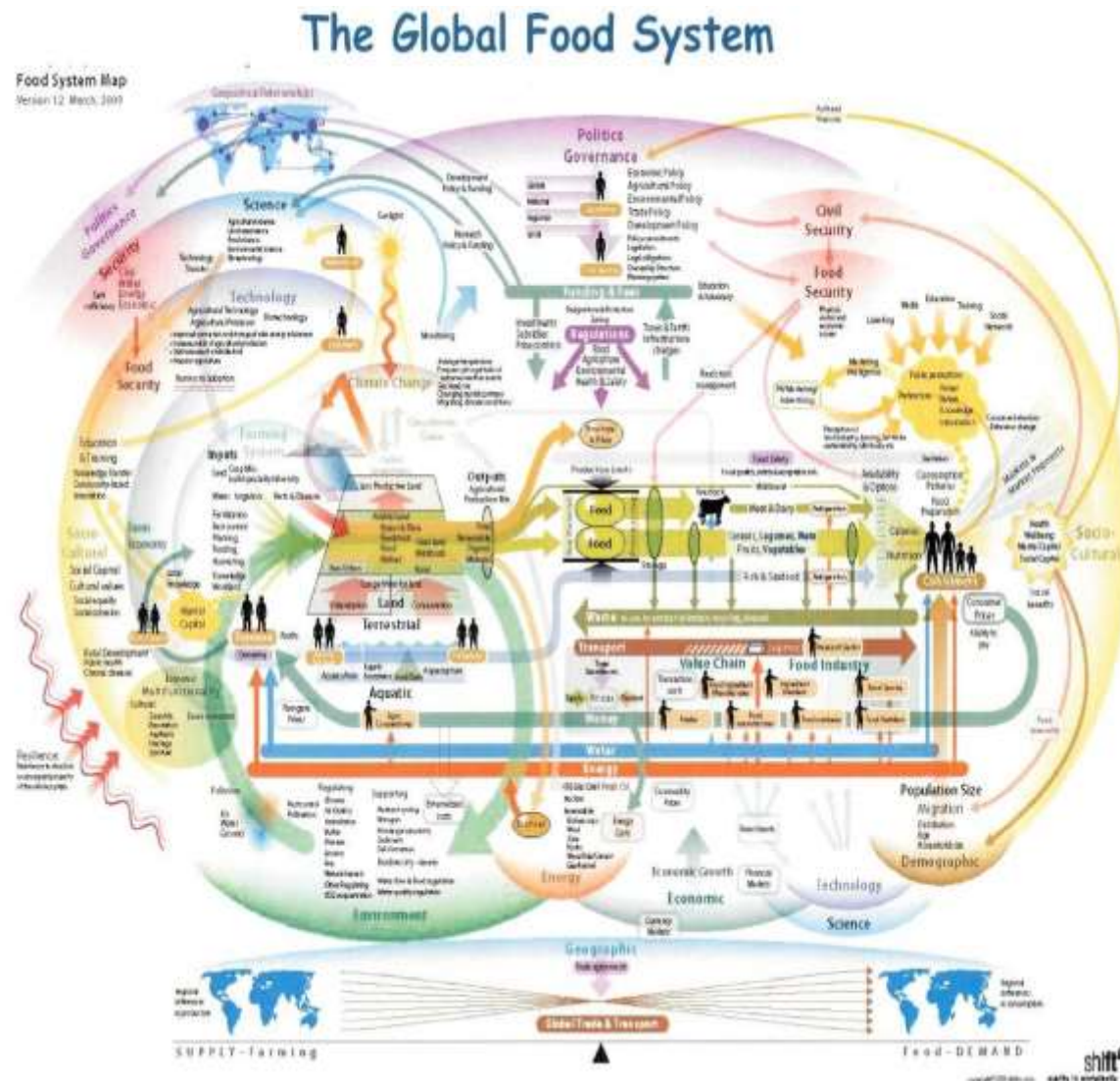
Proper improvement design

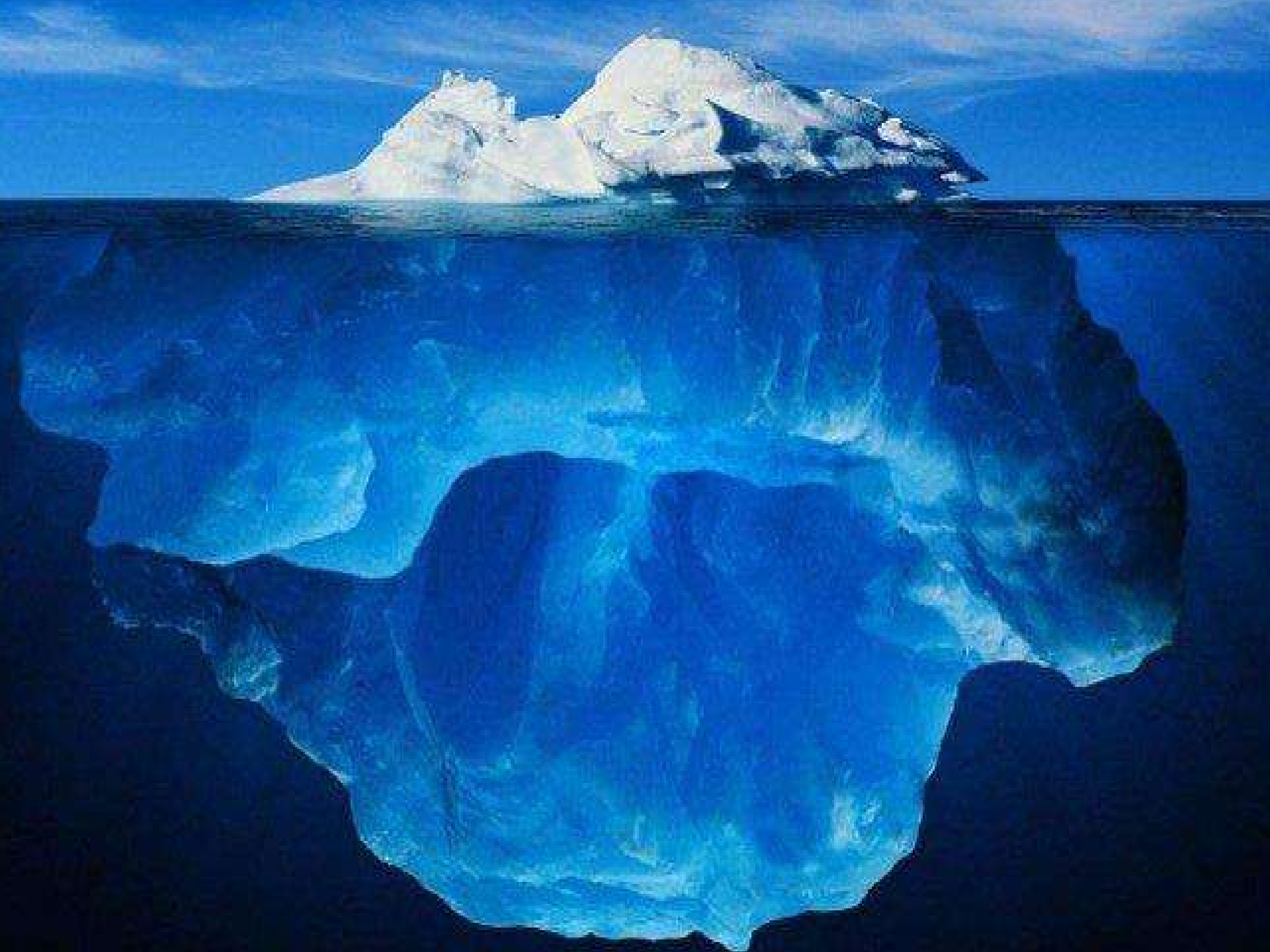


Oriented towards the front line – fear free, fast learning

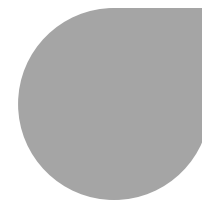
The global food system

Clear view of the system









Proper improvement
design

How to get to where you want to be



Here (Today)

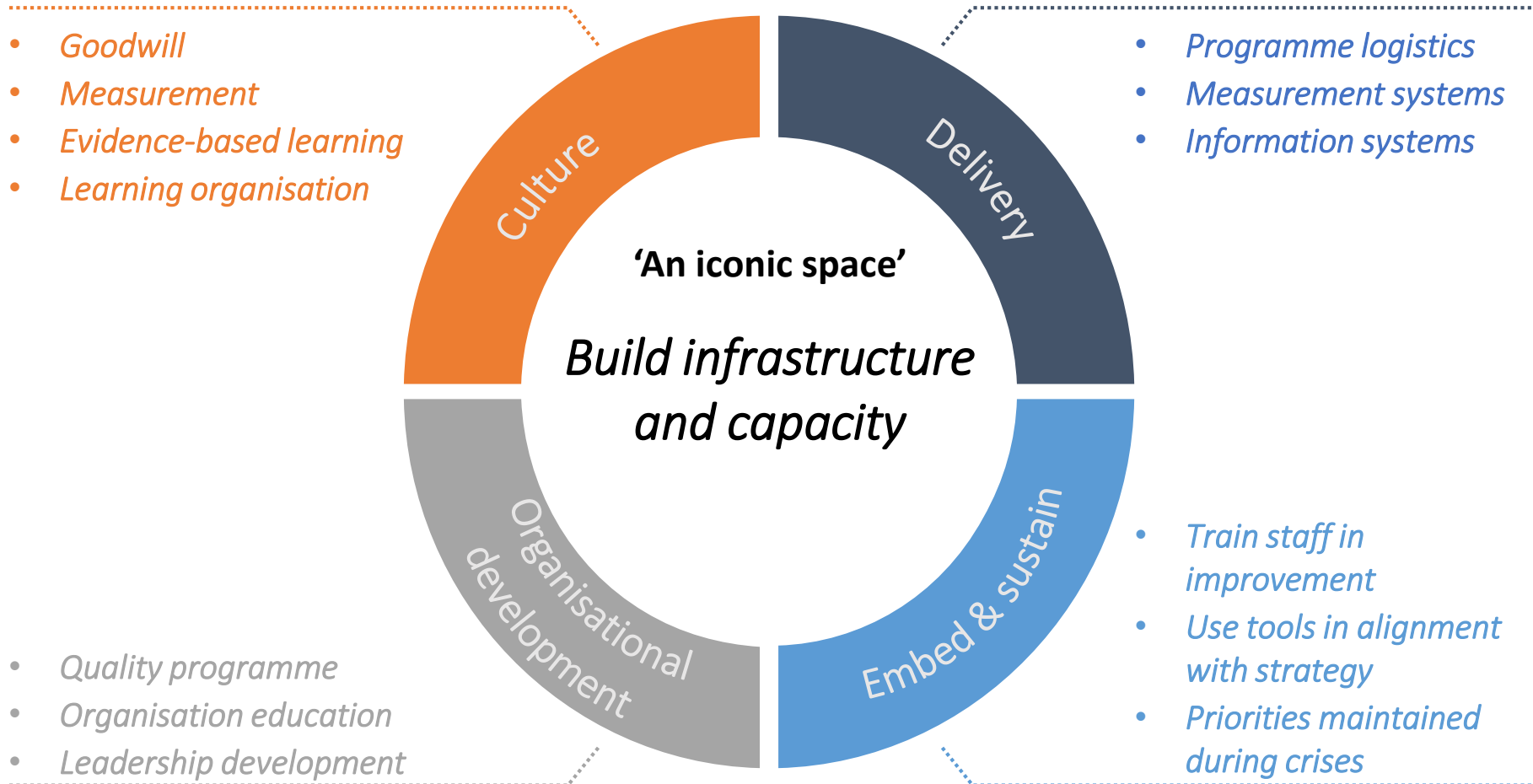
A financial
incentive



There (aim)

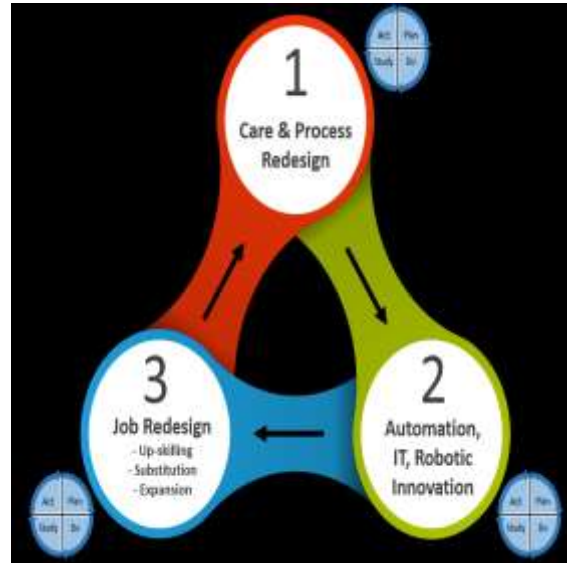
The elements of change

Factors used by leading QI programs to come to improved patients results



Exemplars

Proper improvement design



The challenge

What is needed?

- Deep clarity on intent
- Clear view of the transformation
- Proper improvement design institute
- Clear apportioned aims owned and visible
- Many methods for leverage and spread
- Orientated towards the front line



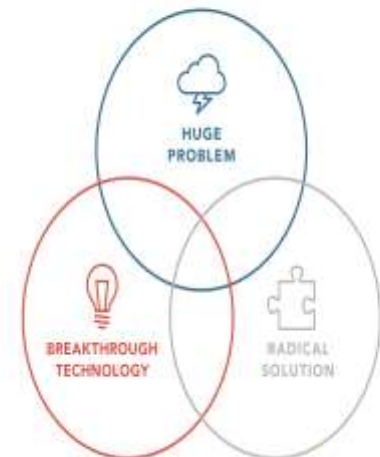
- Transformation
- Live view of the whole system
- Named institute
- Large scale
- Fear free, fun and focused

Dynamic Ops Checklist

- ☐ Bias toward getting started
- ☐ Customer/field orientation
- ☐ Timely, actionable data for front lines
- ☐ Regular view of network-wide performance
- ☐ Limited fear/deep creativity in trying new things
- ☐ Improvisation in the face of surprise or adversity
- ☐ 'All teach, all learn' culture
- ☐ Fun.



MOONSHOT BLUEPRINT



Source: X, solveforx.com/about



REPORT TITLE:	Falls Framework										
MEETING:	UHB Board						MEETING DATE:	29.11.18			
STATUS:	For Discussion	x	For Assurance		For Approval	x	For Information				
LEAD EXECUTIVE:	Executive Director of Therapies and Healthcare Sciences										
REPORT AUTHOR (TITLE):	Assistant Director of Therapies and Healthcare Sciences										
PURPOSE OF REPORT:											

SITUATION:

Falls and falls-related injuries are a major public health concern, and are a one of the biggest causes of morbidity and mortality for older people in the home, community and in hospital settings. They account for a high volume of calls to the Welsh Ambulance Service (WAST) and subsequent conveyance to hospital and admission. In addition the burden on Local Authorities and Third sector partners is considerable.

The purpose of this paper is to brief the Board on the significant amount of work that has been done to date and to describe the proposed approach to falls prevention in Cardiff and the Vale of Glamorgan, which will be fully completed in two months.

REPORT:

BACKGROUND:

Falling is not an inevitable part of ageing, as there are many interventions which if put in place can substantially reduce the risk of having a fall. Research has shown that interventions can reduce the rate and risk of falls by as much as 30%, and also provide cost-effectiveness and a return on investment.

Profile of falls and related injuries in Cardiff and Vale UHB:

Data analysis by Lightfoot has identified that there were:

- 500-600 attendances (including Paeds) in ED in UHW as a result of falls each week
- 250-300 of these were under 75 yrs. of age
- 70-90 were over 75 yrs. of age; 70% are discharged with no discernible pathway or destination for further interventions
- 30% are admitted with an average length of stay 10-25 days.

Of concern 40-50 of those patients aged 75+ discharged from ED following a fall, will re-attend ED taking up 1-5 consultant episodes and will be readmitted with subsequent length of stay of between 20-60 days at a later date.

In addition Lightfoot has identified that there are 7 patients aged 75+ admitted per week with fractured neck of femur (#NoF), with an average length of stay of 20-45 days, occupying 30-50 beds at any one time. This compares to Canterbury who have 9 #NoF per week taking up 25-40 bed days.

Falls place a significant burden on other parts of the system including:

- The Welsh Ambulance Service attended 5670 falls incidents (April 2017 to March 2018)
- 4334 referrals with an identified falls risk were received by the Community Resource Teams (April 2016 to March 2017)
- In 2017/18 at least 68 falls-risk patients referred to CRTs were admitted to hospital whilst awaiting assessment
- In 2017, there were 3801 inpatient falls incidents reported via Datix, 45 of these were recorded as Serious Incidents.

ASSESSMENT:

The UHB is developing a *Falls Framework: Reducing Risk and Harm* to reduce falls and their impact requiring a whole systems design. This cannot be the sole responsibility of one organisation and therefore a committed response is required from a range of organisations (Health, Local Authority, WAST, Fire and rescue and Third Sector). The key focus is on primary prevention and the community falls pathway.

The UHB has recently entered into a partnership with Canterbury District Health Board. As part of the HealthPathways and Alliancing approach two Alliance Clinical Work Groups have been conducted, which included multiagency partners and clinical staff from Cardiff and the Vale of Glamorgan, this work needs completing before the framework can be finalised. With the support of the Falls Delivery Group, a number of redesign work streams have been identified by the 'Falls Prevention Alliance' along with opportunities for decreasing variation using HealthPathways.

The next steps will be to further engage with all our partners to develop an alliance of frontline staff to develop a detailed community pathway following further HealthPathways sessions. It is envisaged that the draft falls framework [available from author] will be completed to final version in two months.

Methodology

A Triple track approach to Regional partnership falls prevention and management

1. Primary prevention and Healthy Ageing
2. Admission avoidance, Community falls prevention and management pathway
3. Inpatient falls prevention pathway

1. Primary prevention and healthy ageing

Healthy ageing messages are a key public health approach to encourage people throughout their lives to remain active, and look after their health and wellbeing. It is proposed that the UHB adopts the Steady on Stay Safe, National Task force for falls approach with relation to primary falls prevention and promotion of healthy ageing. This should include engagement with local businesses such as hairdressers and shops.

2. Admission Avoidance Community falls prevention and management pathway

The resilience of the whole system is dependent on a clear and robust pathway to community services. It is recognized that there are 2 routes of access into the falls pathway depending on the urgency of interventions required.

2.1 Hot referral pathway

There is evidence from the data to show people are entering the unscheduled care pathway following a fall but without a discernible pathway to early interventions. This includes; non-injurious fallers attended to by WAST and people who attend Emergency Department /Frail Older Persons Advice and Liaison service /GP who have fallen and are subsequently discharged

2.2 Cold referral pathway

Non urgent/elective referrals follow a single point of access hosted by Independent Living Service (ILS) for non-emergency low-medium risk of falling from; primary care, self-referral, partners e.g. Minor Injuries Unit, Fire & Rescue, Care and repair, ILS, Community partners such as hairdressers etc.

3. Inpatient falls pathway

The main focus should be on admission avoidance services. Once in hospital the focus should be on promoting independence and preventing deconditioning. The *Get up Get Dressed Get Moving* campaign should continue to be rolled out across inpatient areas.

Multi factorial Risk assessment tools and management are in place and the focus in future needs to be on providing appropriate interventions required to address the risk factors. Education and training tools are being developed including; Brief intervention training for all and an All Wales e learning package. A training package has also been developed but needs to see an improvement in uptake. The discharge pathway to Community Resource Team (CRT) needs to be reinforced where falls interventions should be delivered.

Benefits:

Further work is planned with Lightfoot to refine the data but the following are some of the perceived benefits anticipated from implementing a community based falls pathway.

- Early intervention = reduction of risk of falls and harm (Inc. #NOFs)
- Decreased demand on WAST
- Decreased conveyance of fallers to EU by WAST
- Improved response times to falls referrals by CRTs
- Decreased EU attendance due to falls
- Decreased admissions due to falls
- Decreased length of stay in hospital
- Decreased demand on GP services
- Decreased cost to UHB via utilisation of 3rd sector services

RECOMMENDATION:

Board is asked to:

NOTE the draft framework, recognizing further work is required to complete this during the next two months.

SUPPORT the development of a Regional Partnership approach focusing on primary prevention to the development and delivery of the Falls Framework, utilising HealthPathways and the Alliance approach.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO 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		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							
Sustainable development principle: 5 ways of working	Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not Applicable									



REPORT TITLE:	NHS Wales Staff Survey 2018					
MEETING:	UHB Board			MEETING DATE:	29.11.18	
STATUS:	For Discussion		For Assurance		For Approval	For Information X
LEAD EXECUTIVE:	Executive Director of Workforce and Organisational Development					
REPORT AUTHOR (TITLE):	Executive Director of Workforce and Organisational Development					
PURPOSE OF REPORT:						

SITUATION:

The staff survey is formally commissioned by the Cabinet Secretary for Health, Wellbeing & Sport and is overseen by the Welsh Partnership Forum (WPF).

The WPF is a tripartite group consisting of representatives from the 14 recognised healthcare trade unions in NHS Wales, NHS employers and representatives of the Welsh Government. The purpose of the group is to provide advice, guidance and recommendations regarding policies affecting the NHS Wales workforce.

Quality Health was recommissioned to undertake the 2018 staff survey across the 10 organisations, as well as the hosted organisations, that comprise NHS Wales in 2018. Quality Health carried out the previous survey in 2016.

The key aim of the project is:

To develop and conduct a staff survey and provide a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement.

The project was overseen by a specially convened Project Board which included staff from Welsh Government, Staff Side representatives, NHS Wales organisations and the contractor. NHS Wales seconded a dedicated Project Manager to the project and she worked closely with all parties to ensure timely delivery and a coordinated approach across all of the organisations taking part. The Project Board met on a monthly basis to monitor progress; consider key decisions; and to recommend any adjustments to the programme which were necessary.

REPORT:

BACKGROUND:

Introduction

The 2018 NHS Wales Staff Survey follows on from the 2016 survey and provides a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement. The questionnaire this year is largely the same as the 2016 questionnaire, which means that comparisons are possible for most questions; giving the ability to monitor progress since the 2013 and 2016 surveys.

Methods of Analysis

At a national level, this year's survey results are analysed by showing:

- An overall NHS Wales score for each question, comparing this to the 2013 and 2016 score where possible
- A comparison between the ten organisations within NHS Wales – range of scores – and the overall NHS Wales score

At the local level, the survey results are analysed by showing:

- The percentage of staff who are satisfied in 2018, compared to 2013 and 2016
- The change in score since 2016 (where a comparison is possible)
- A comparison between the organisation score and the overall NHS Wales score
- A comparison between the range of scores for all ten NHS Wales organisations – with the organisation's score to show where the organisation is within the range

This analysis will be applied to all of the evaluative questions within the survey. The charts throughout the report also show where results are statistically significant. This is marked by the symbol "s".

Staff Engagement

The staff engagement scores are also compared between 2013, 2016 and 2018, with this broken down by the three themes making up this score – intrinsic psychological engagement; ability to contribute towards improvements at work; and staff advocacy and recommendation. Further details on the presentation of the engagement score can be found in section 5 of the report.

Key Findings

The results of the 2018 staff survey in Cardiff and Vale University Health Board continue to show positive improvements in most areas since 2016 survey, and the Board is above the overall NHS Wales scores on many questions. However, there are some scores which have declined and some which are below the average for NHS Wales. Of the improvements, many

this time round are significant. Important areas which have shown less positive movements include stress at work and harassment, bullying and abuse.

Values

Almost all scores on values in Cardiff and Vale University Local Health Board are better than they were in 2016, and almost all scores are above the average for NHS Wales. 88% of staff agree or strongly agree that their organization has a clear set of values that they understand.

79% of staff say that the care of patients/service users is their organisation's top priority, compared to 75% in 2016. 64% of staff say that they would recommend their organisation as a place to work, compared to 62% in 2016 (2% below the overall NHS Wales score); and 79% say that if a friend or relative needed treatment they would be happy with the standard of care provided by the organisation, compared to 71% in 2016.

75% of staff say that they are proud to tell people they work for their organisation, this is higher than in 2016 (69%).

Team Working

Most of the scores on team working are slightly below the overall NHS Wales scores. There are only three scores which are comparable to 2016: all of these have significantly improved.

Line Managers

All scores on line managers have shown an improvement since 2016, but most scores are still slightly below the average for NHS Wales. The scores on line managers being approachable about flexible working and on giving clear feedback are both significantly improved (up 8% and 11% respectively).

Senior Managers

There are three questions on senior managers, two of which are comparable to last time. Both of these scores have improved since last time, but one is just below the NHS Wales average, the other equal to the average. The score on whether staff agree that communications between senior managers and staff is effective has increased from 28% to 31%, and is now just below NHS Wales average. The score on staff agreeing that senior managers lead by example has increased significantly – by 6% - and is now equal to the NHS Wales average.

Executive Team

The executive team questions are new this year. Two of the scores are equal to the NHS Wales average, and one is above. 44% of staff say they know who the executive team are. Only 24% of staff say that they agree that the executive team will act on the results of this survey; which is equal to the NHS Wales average.

Communication

One of the communication questions score above the NHS Wales average; but the rest are below average. However, all scores have improved since 2016, three significantly. 66% of staff

(up from 59% last time) say that the organisation provides them with enough information to do their job well. 65% of staff say they know how to get support to meet the language needs of service users – up 4% since the last survey.

Staff Wellbeing

Many scores on staff well-being have declined since 2016. 18% of staff say that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues – up from 16% in 2016. Only around half of staff (48%) say that their organisation takes effective action as a result of staff experiencing this. Levels of work-related stress have significantly worsened: 34% of staff say that they have been injured or felt unwell as a result of work-related stress during the past 12 months – up from 28% in 2016.

Resources

All comparable questions in the resources section have shown an improvement. 46% of staff say that they can meet all of the conflicting demands on their time at work – up significantly from 25% in 2016. However, 49% say that they have adequate supplies, materials and equipment to do their job, 7% below the average for NHS Wales.

Change in Organisation

All but two scores on staff's attitude to change in their organization have improved since 2016 but are all mostly around average when compared to the NHS Wales scores. 80% of staff say they support the need for change, but only 28% say that change is well managed and 31% say that senior managers clearly communicate the reasons for change.

Learning and Development

Almost all of the scores on learning and development have seen further improvement since 2016, and only one has declined. 50% (up from 45% in 2016) say there is still strong support for training in their area of work. 82% of staff say that they had a performance appraisal/review in the last 12 months, up significantly from 75% in 2016.

Diversity

There are two scores on Diversity within the survey. The score on staff saying that the people who they work with treat them with respect has improved significantly since 2016 – up from 74% to 81%.

Other

There are three questions in this section. All three of them have seen improvements since the last survey, and they are all close to the NHS Wales average score. Staff saying that they are able to make improvements in their area of work has improved by 15% (up from 60% in 2016, to 75% this year).

The NHS Wales Staff Survey 2018 full report is attached.

ASSESSMENT:

The UHB needs to fully consider this report and determine an action plan for improvement. This action plan should be drawn up from a range of stakeholders, who will be nominated via the Local Partnership Forum (LPF) and chaired by the Executive Director of Workforce and Organisational Development with the aim of producing a report determining the way forward for approval at the January Strategy and Delivery Committee.

RECOMMENDATION:

The Board is asked to:

NOTE this report and the creation of an employee stakeholder group, chaired by the Executive Director of Workforce and Organisational Development, to consider the report and determine an action plan for Cardiff and Vale UHB.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

Sustainable development principle: 5 ways of working	Prevention	Long term	Integration	Collaboration	x	Involvement

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:

Not Applicable

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

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

NHS Wales Staff Survey 2018

Cardiff and Vale University Local Health Board

Final 1.0

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1 Foreword

1.1 Cabinet Secretary Foreword

The results of this year's survey show that the experience of NHS staff in Wales is increasingly positive in most areas, which is really encouraging. Scores for the majority of questions have improved, many significantly. The overall engagement index has increased from 3.65 to 3.82, this is great news and indicates that various approaches that have been put in place, in particular motivation and commitment, and employees' well-being and performance are improving in Wales.

More staff than ever before have responded to the 2018 NHS Wales staff survey, and I would like to thank the 25,000 of you who took the time to participate. The high number of participants has given us the most robust data on staff opinion we have ever had. Importantly, this indicates that it is becoming more normal within our systems to give and receive feedback at work.

We know that in order to deliver real change, action taken as a result of the staff survey data, needs to be taken at a local level. This means action within teams, wards, offices and departments, by the people who know what changes need to be made, and how to make them. Our approach this year has been to produce data which can be used locally, which I expect to lead to conversations about the issues that really matter where you work. I know with the right leadership and support, you will use those conversations as a catalyst for positive change and I expect NHS Boards and the Executive team to ensure these discussions take place.

While the majority of scores have improved, I am concerned that this year's survey shows an increase in the number of respondents who have experienced bullying, harassment and abuse in the workplace. This is totally unacceptable. I will be asking the Welsh Partnership Forum to oversee an All Wales approach to understand these results, and importantly, to address them in line with our commitment to the wellbeing of the health and social care workforce in Wales as outlined in 'A Healthier Wales'.

1.2 Welsh Partnership Forum Joint Chairs' Foreword

As co-chairs of the Welsh Partnership Forum we see the national survey of health service staff across Wales as an essential measure of staff engagement, experience and service management. We have been proud to direct the design and delivery of the NHS Wales Staff Survey 2018 and are looking forward to presenting the results. These are the views of you, our staff and members, and what you have to say matters.

Since 2013 we have worked in partnership to design, deliver and co-produce the survey which has enabled Welsh Government, the NHS Wales Trade Unions and NHS Wales Management to ensure that your vital opinions are gathered. Importantly, this allows for us to commit to joint actions to be taken to ensure that the things that matter to you become tangible and positive drivers for change.

It is very encouraging that the overall results of the staff survey this year suggest a positive experience for the majority of you, with the engagement index having seen a further increase from the previous two surveys. It has been important to us that we kept many questions the same as in previous years to allow for comparisons to be made year on year. The responses reflect the experience of staff working across all areas of our Health Boards and Trusts, providing and supporting the care of citizens in Wales. We welcome the general positive shift in most of the questions when compared with 2013 and 2016 results.

Whilst this is very encouraging news we cannot be complacent and will be working together to ensure that the improvement continues in those areas that have seen a positive shift. In addition, some of the results clearly indicate key areas where there is more work to be done to improve the experience of working within NHS Wales. As co-chairs and therefore co-leaders of the Welsh Partnership Forum we are committed to ensuring that this work is prioritised and effectively undertaken. We expect the same level of commitment and determination from our Health Boards and NHS Trusts to work in partnership with local trades unions to determine actions that need to be progressed to respond to their local results. These actions will be embedded within local plans with rigorous monitoring of progress via local partnership arrangements. By working together at both national and local level we expect to see a continuation of the improvement in the next NHS Wales staff survey.

Dr Andrew Goodall
*Director General of Health and
Social Services/Chief Executive
NHS Wales*

Helen Whyley RN MA
*Welsh Partnership Forum Trade
union group*

Tracy Myhill
*Chief Executive
Abertawe Bro Morgannwg
University Health Board*

2 Executive Summary

2.1 Introduction

The 2018 NHS Wales Staff Survey follows on from the 2016 survey and provides a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement. The questionnaire this year is largely the same as the 2016 questionnaire, which means that comparisons are possible for most questions; giving the ability to monitor progress since the 2013 and 2016 surveys.

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This analysis will be applied to all of the evaluative questions within the survey. The charts throughout the report also show where results are statistically significant. This is marked by the symbol “S”.

2.3 Staff engagement

The staff engagement scores are also compared between 2013, 2016 and 2018, with this broken down by the three themes making up this score – intrinsic psychological engagement; ability to contribute towards improvements at work; and staff advocacy and recommendation. Further details on the presentation of the engagement score can be found in section 5 of the report.

2.4 Key findings

The results of the 2018 staff survey in Cardiff and Vale University Local Health Board continue to show positive improvements in most areas since the 2016 survey, and the Trust is above the overall NHS Wales scores on many questions. However, there are some scores which have declined and some which are below the average for NHS Wales. Of the improvements, many this time round are significant. Important areas which have shown less positive movements include stress at work and harassment, bullying and abuse.

Values

Almost all scores on values in Cardiff and Vale University Local Health Board are better than they were in 2016, and almost all scores are above the average for NHS Wales. 88% of staff agree or strongly agree that their organisation has a clear set of values that they understand.

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One of the communication questions score above the NHS Wales average; but the rest are below average. However, all scores have improved since 2016, three significantly. 66% of staff (up from 59% last time) say that the organisation provides them with enough information to do their job well. 65% of staff say they know how to get support to meet the language needs of service users – up 4% since the last survey.

Staff Wellbeing

Many scores on staff well-being have declined since 2016. 18% of staff say that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues – up from 16% in 2016. Only around half of staff (48%) say that their organisation takes effective action as a result of staff experiencing this. Levels of work-related stress have significantly worsened: 34% of staff say that they have been injured or felt unwell as a result of work-related stress during the past 12 months – up from 28% in 2016.

Resources

All comparable questions in the resources section have shown an improvement. 46% of staff say that they can meet all of the conflicting demands on their time at work – up significantly from 25% in 2016. However, 49% say that they have adequate supplies, materials and equipment to do their job, 7% below the average for NHS Wales.

Change in the Organisation

All but two scores on staff's attitude to change in their organisation have improved since 2016 but are all mostly around average when compared to the NHS Wales scores. 80% of staff say they support the need for change, but only 28% say that change is well managed and 31% say that senior managers clearly communicate the reasons for change.

Learning and Development

Almost all of the scores on learning and development have seen further improvement since 2016, and only one has declined. 50% (up from 45% in 2016) say there is still strong support for training in their area of work. 82% of staff say that they had a performance appraisal/review in the last 12 months, up significantly from 75% in 2016.

Diversity

There are two scores on Diversity within the survey. The score on staff saying that the people who they work with treat them with respect has improved significantly since 2016 – up from 74% to 81%.

Other

There are three questions in this section. All three of them have seen improvements since the last survey, and they are all close to the NHS Wales average score. Staff saying that they are able to make improvements in their area of work has improved by 15% (up from 60% in 2016, to 75% this year).

3 Survey background and methodology

3.1 Introduction

The Welsh Partnership Forum (WPF) is a tripartite group consisting of representatives from the 14 recognised healthcare trade unions in NHS Wales, NHS employers and representatives of the Welsh Government. The purpose of the group is to provide advice, guidance and recommendations regarding policies affecting the NHS Wales workforce.

The staff survey is formally commissioned by the Cabinet Secretary for Health, Wellbeing & Sport and is overseen by the WPF.

Quality Health was recommissioned to undertake the 2018 staff survey across the 10 organisations, as well as the hosted organisations, that comprise NHS Wales in 2018. Quality Health carried out the previous survey in 2016.

The key aim of the project is:

To develop and conduct a staff survey and provide a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement.

The project was overseen by a specially convened Project Board which included staff from Welsh Government, Staff Side representatives, NHS Wales organisations and the contractor. NHS Wales seconded a dedicated Project Manager to the project and she worked closely with all parties to ensure timely delivery and a coordinated approach across all of the organisations taking part. The Project Board met on a monthly basis to monitor progress; consider key decisions; and to recommend any adjustments to the programme which were necessary.

3.2 Methodology

There were some important changes to the methodology in this year's survey. Firstly, following the 2016 survey which was sent to a 50% sample of eligible staff, it was agreed that this year's survey would be sent to a full census – 100% - of all eligible staff.

Secondly, the log in process was changed this year. Previously, staff received an email which gave them a unique password. As each member of staff currently has a unique number which is assigned to them – their payroll number – the Project Board agreed that this would be used as the unique identifier for those completing the survey. This way, the survey could be more creatively promoted through social media links and through ESR. Staff could click on any of the links they saw, to access the survey, rather than solely relying on receiving an email from Quality Health.

Organisations were able to provide lists of staff who were required to receive a paper copy of the questionnaire, as well as paper reminders. The percentage of paper surveys produced this year was significantly down on the previous year. (The 2016 survey saw 71% electronic, 29% paper copies; while the 2018 survey saw 88% electronic, 12% paper).

3.3 The questionnaire

Following feedback on the previous survey, there was some desire to shorten the questionnaire this time around and to remove some of the questions which were repetitive or not useful.

The questionnaire was thoroughly reviewed by the Project Board and there were amendments to some of questions agreed as follows:

- 77 questions and sub-questions remained unchanged
- 2 questions were amended but were agreed to be comparable

- There were 33 new questions or sub questions added

79 questions or sub questions from the 2018 survey remain comparable with 2016.

3.4 Send out and timing of the survey

The Project Board agreed a send out timetable which aimed to maximise the fieldwork period in order that the highest response rate possible was achieved. In another change to the 2016 arrangements, the send out took place before the summer holiday period. Therefore, initially, a six week fieldwork period was agreed as follows:

- First send out – 11 June 2018
- First reminder – 25 June 2018
- Final reminder – 9 July 2018
- Fieldwork closes – 22 July 2018

Reminders were only sent to those members of staff who had not yet responded to the survey.

Staff who received an electronic survey were contacted by email and then followed a link to the online survey which was accessed using their payroll number as a unique identifier. Staff were able to complete the survey in part, log out, and then re-login to complete the survey. Reminder emails were sent to all those who had not submitted a completed a survey. Through the fieldwork period, staff could also access the survey through the link being promoted on social media and on ESR.

Postal recipients received their surveys via the internal post of their respective organisations. Again, only those who had not returned a completed survey were sent a reminder. The first reminder was a standalone letter; with the second, final reminder containing another printed copy of the questionnaire, some organisations chose not to send the second paper reminder due to the logistics of posting the surveys to home addresses in a timely manner.

The Project Board closely monitored the response rates in each organisation as the fieldwork period passed. Following the Project Board meeting on the 17 July 2018, it was agreed that the fieldwork period would be extended by a further two weeks and brought the length of the fieldwork to eight weeks. The 2016 survey was open for a total of 10 weeks. The Board agreed that further time would allow for a greater number of responses to be collected, and would result in ultimately more robust data.

The additional fieldwork therefore looked like this:

- Additional electronic reminder sent – 23 July 2018
- Final electronic reminder sent – 1 August 2018
- Fieldwork closes – 5 August 2018

4 Response Rates

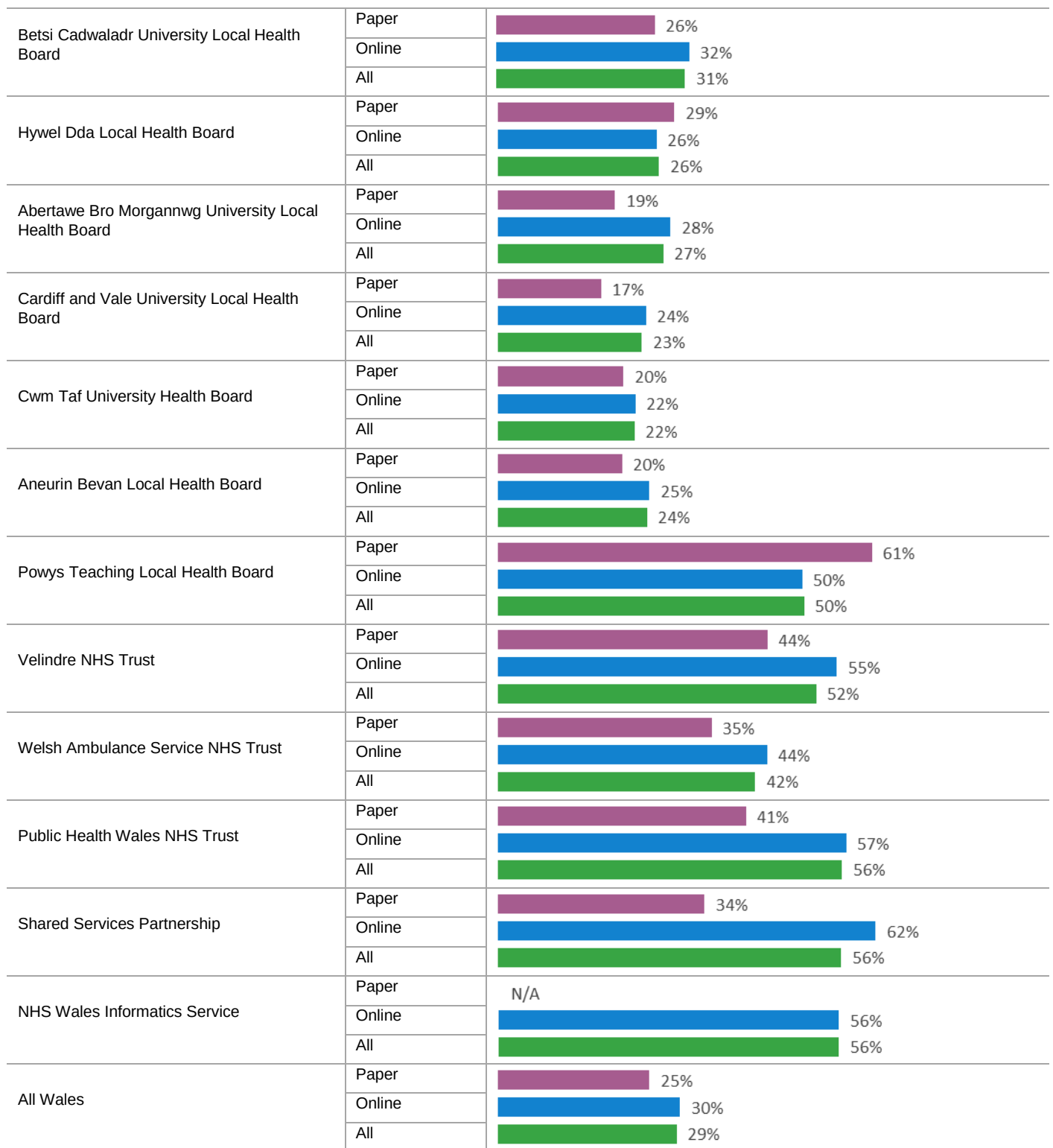
25,521 staff completed and returned the questionnaire, a response rate overall of 29%. This makes the 2018 survey the biggest collection of opinion of the NHS workforce in Wales that has ever been gathered. The last full census survey in 2013 had a 27% response rate; there was a 38% response rate from the fifty percent sample in 2016.

From a statistical viewpoint, the dataset is extremely robust with these high numbers (as a comparison, the equivalent survey in England requires only 1,250 staff in most organisations to be surveyed, with a response rate of around 50%). It will allow a much more detailed breakdown of data within individual organisations than in 2016: the actual number of respondents has increased by approximately 50%.

4.1 Response Rate Table

Organisation	Send Out	Total Sent	Completed	Blank	Ineligible	Refused	Non Returned	Response
Betsi Cadwaladr University Local Health Board	All	17,730	5,276	11	581	14	11,848	31%
	Online	15,325	4,699	7	411	14	10,194	32%
	Paper	2,405	577	4	170	0	1,654	26%
Hywel Dda Local Health Board	All	9,484	2,401	9	320	0	6,754	26%
	Online	8,044	2,040	6	136	0	5,862	26%
	Paper	1,440	361	3	184	0	892	29%
Abertawe Bro Morgannwg University Local Health Board	All	15,966	4,086	8	793	0	11,079	27%
	Online	13,665	3,706	8	485	0	9,466	28%
	Paper	2,301	380	0	308	0	1,613	19%
Cardiff and Vale University Local Health Board	All	14,482	3,382	4	43	1	11,052	23%
	Online	13,078	3,154	4	0	1	9,919	24%
	Paper	1,404	228	0	43	0	1,133	17%
Cwm Taf University Health Board	All	8,208	1,747	5	360	0	6,096	22%
	Online	7,649	1,644	4	305	0	5,696	22%
	Paper	559	103	1	55	0	400	20%
Aneurin Bevan Local Health Board	All	13,057	3,165	8	2	0	9,882	24%
	Online	11,877	2,926	8	2	0	8,941	25%
	Paper	1,180	239	0	0	0	941	20%
Powys Teaching Local Health Board	All	2,123	1,029	3	67	0	1,024	50%
	Online	2,046	996	3	44	0	1,003	50%
	Paper	77	33	0	23	0	21	61%
Velindre NHS Trust	All	1,369	698	2	24	0	645	52%
	Online	957	521	1	15	0	420	55%
	Paper	412	177	1	9	0	225	44%
Welsh Ambulance Service NHS Trust	All	3,277	1,335	4	97	0	1,841	42%
	Online	2,524	1,095	2	31	0	1,396	44%
	Paper	753	240	2	66	0	445	35%
Public Health Wales NHS Trust	All	1,738	961	3	28	0	746	56%
	Online	1,662	931	3	26	0	702	57%
	Paper	76	30	0	2	0	44	41%
Shared Services Partnership	All	2,075	1,099	2	115	0	859	56%
	Online	1,659	966	0	93	0	600	62%
	Paper	416	133	2	22	0	259	34%
NHS Wales Informatics Service	All	616	342	1	1	0	272	56%
	Online	616	342	1	1	0	272	56%
	Paper	0	0	0	0	0	0	N/A
All Wales	All	90,125	25,521	60	2,431	15	62,098	29%
	Online	79,102	23,020	47	1,549	15	54,471	30%
	Paper	11,023	2,501	13	882	0	7,627	25%

4.2 Response Rate Charts



5 Overall job satisfaction and engagement

5.1 Methodology

The table below details the methodology used for presenting scale scores out of 5, with 5 being the most positive for the staff engagement index. This uses the same seven questions to arrive at the three theme level scores and calculate an overall engagement index score as follows:

Theme	Questions	Recoding (where appropriate)	Denominator/ base calculation	Numerator/score calculation
Intrinsic psychological engagement	I look forward to going to work	5-point scale response options coded as worst=1, best =5	Those who answered at least two of the three questions	The mean of the scores for each question (worst =1 best =5)
	I'm enthusiastic about my job			
	I am happy to go the extra mile at work when required			
Ability to contribute towards improvements at work	I am able to make improvements in my area of work	5-point scale response options coded as worst=1, best =5	Those who answered either/both of the questions	The mean of the scores for each question (worst =1 best =5)
	I am involved in deciding on the changes that affect my work/area/team/department			
Staff advocacy and recommendation	I would recommend my organisation as a place to work	5-point scale response options coded as worst=1, best =5	Those who answered either/both of the questions	The mean of the scores for each question (worst =1 best =5)
	I am proud to tell people I work for my organisation			

An average of the 3 theme level scores is then calculated to arrive at the overall engagement index score.

5.2 Engagement Index Summary

The engagement index scores for Cardiff and Vale University Local Health Board have improved since 2016 in all three themes making up the score. This is particularly the case in the 'ability to contribute towards improvements at work' theme which has seen a 0.34 improvement.

Cardiff and Vale University Local Health Board's engagement scores are above the overall NHS Wales score in one of the three themes, the other two themes the score is level with NHS Wales. The overall engagement index score is 3.83 (up from 3.64) and is slightly above the overall engagement index score for NHS Wales (3.82).

Theme	Cardiff and Vale University Local Health Board			NHS Wales		
	2018	2016	2013	2018	2016	2013
Intrinsic psychological engagement	4.02	3.90	3.77	4.02	3.91	3.80
Ability to contribute towards improvements at work	3.65	3.31	3.16	3.65	3.35	3.14
Staff advocacy and recommendation	3.81	3.71	3.37	3.79	3.68	3.37
OVERALL ENGAGEMENT INDEX SCORE:	3.83	3.64	3.43	3.82	3.65	3.43

6 Results by section

6.1 Reading the Charts

There are two types of charts used in the report to show results for evaluative questions. The notes below explain how to read each type of chart.

6.2 Rated Results

For each question displayed the number of responses upon which the percentages are based is displayed in the first column. The second column shows the number of non-respondents for the question.

Each chart represents the range of responses to an evaluative question. Colour coding is applied to denote the degree of positivity associated with each response option ranging from dark red for the most negative to dark green for the most positive. The number of coloured segments is dependent on the number of evaluative responses for each question. Non-specific responses such as 'Not applicable' are excluded from the scoring and charting.

The scores from both 2013 and 2016 are displayed underneath the scores for 2018. The scores for 2018 have been highlighted in grey. For all questions, a positive measure is taken. However, for a small number of questions, where the question is phrased negatively, a positive response is not the preferred response. For example:

"Have you felt pressure from your manager to come to work?".

These negative questions are highlighted with a shaded background.

The change from 2018 to 2016 and 2016 to 2013 is displayed to the right of these scores. Changes over time which are statistically significant are annotated with an "S" and colour coded either red or green dependent on the direction of movement.

Please note that there may be some changes from 2016 and 2013 which display as either "+0%" or "-0%". These represent small positive or negative variances which round to 0% when no decimal places are displayed.

6.3 Variation Charts

These charts show how the overall NHS Wales 2018 score compares to the range of scores from all organisations.

The grey bar shows the range of 2018 scores from all organisations, with the beginning of the grey bar being the lowest scoring organisation and the end of the grey bar being the highest scoring organisation. The vertical blue bar shows the overall NHS Wales score for 2018.

As with the rated results charts, any questions where a negative measure is taken is highlighted with a red border and a shaded background.

The 2018 overall NHS Wales score is shown to the right of the chart.

7 Values

Almost all scores on values in Cardiff and Vale University Local Health Board are better than they were in 2016, and almost all scores are above the average for NHS Wales. 88% of staff agree or strongly agree that their organisation has a clear set of values that they understand.

79% of staff say that the care of patients/service users is their organisation's top priority, compared to 75% in 2016. 64% of staff say that they would recommend their organisation as a place to work, compared to 62% in 2016 (2% below the overall NHS Wales score); and 79% say that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, compared to 71% in 2016.

75% of staff say that they are proud to tell people they work for their organisation, this is higher than in 2016 (69%).

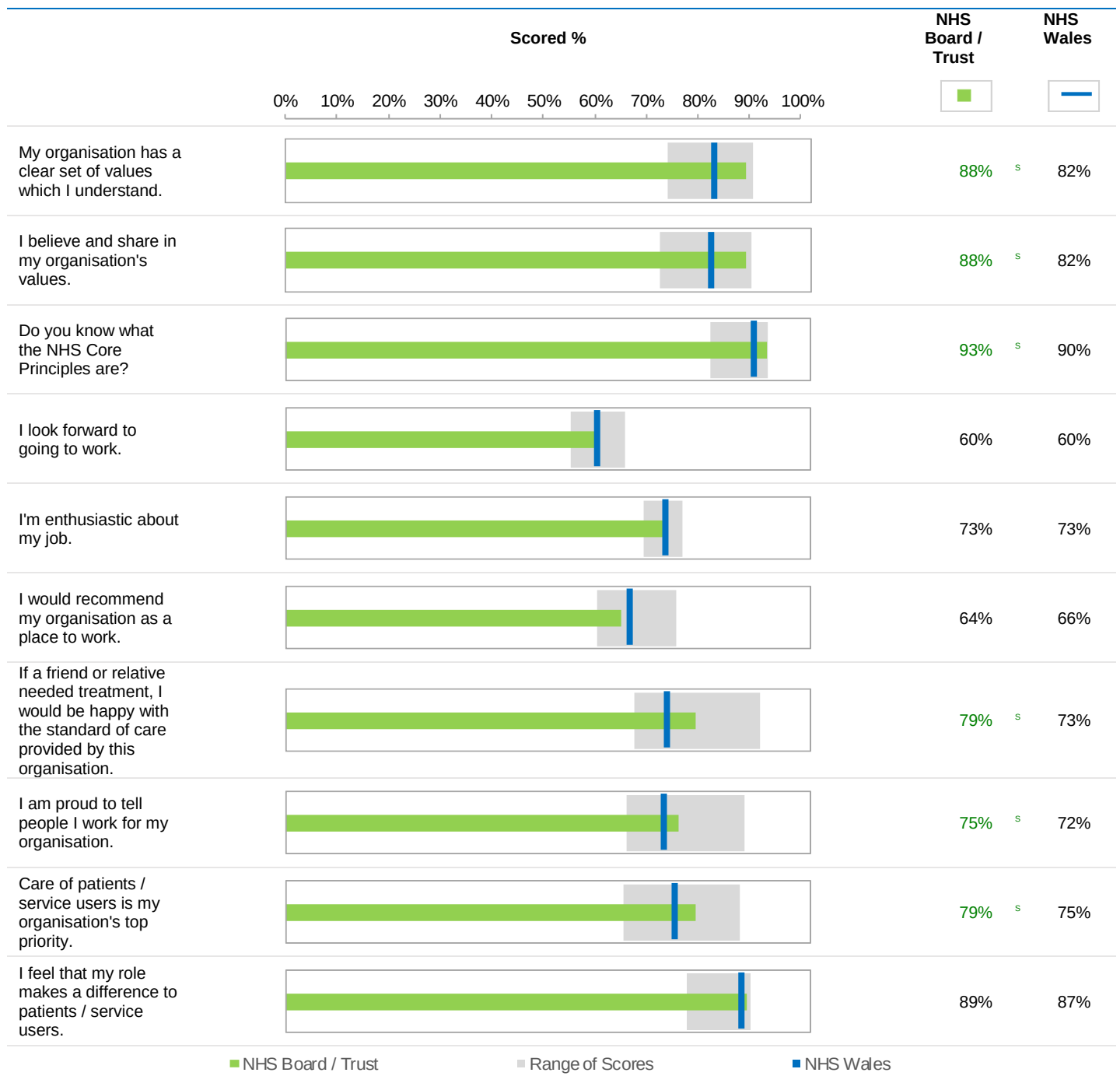
7.1 Values - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
My organisation has a clear set of values which I understand.	2018	3,117	265	38% 50% 8%					88%		+6% ^s
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
I believe and share in my organisation's values.	2018	3,086	296	44% 45% 9%					88%		+7% ^s
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree											
	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
Do you know what the NHS Core Principles are?	2018	3,114	268	41% 51% 7%					93%		+3% ^s
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
Yes, definitely Yes, to some extent No											
	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
I look forward to going to work.	2018	3,116	266	15% 44% 29% 9%					60%		-0%
	2016	2,520	18	14% 41% 31% 11%					55%	+4% ^s	-1%
	2013	2,712	12	10% 37% 36% 14%					47%	+8% ^s	-2% ^s
I'm enthusiastic about my job.	2018	3,098	284	33% 41% 21%					73%		+0%
	2016	2,477	61	29% 40% 23%					69%	+4% ^s	+1%
	2013	2,634	90	23% 39% 28% 9%					62%	+7% ^s	-0%
Always Often Sometimes Rarely Never											

7.1 Values - Rated Results (continued)

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
I would recommend my organisation as a place to work.	2018	3,113	269	19%	46%	20%	11%		64%	+2%	-2%
	2016	2,396	142	18%	44%	21%	11%		62%	+15% ^S	+1%
	2013	2,704	20	9%	38%	29%	16%	8%	47%		-1%
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	2018	3,111	271	24%	54%	15%			79%	+7% ^S	+5% ^S
	2016	2,393	145	20%	51%	19%	8%		71%	+17% ^S	+3% ^S
	2013	2,704	20	10%	45%	27%	15%		55%		+2% ^S
I am proud to tell people I work for my organisation.	2018	3,110	272	31%	44%	19%			75%	+6% ^S	+3% ^S
	2016	2,398	140	26%	43%	24%			69%	+16% ^S	+3% ^S
	2013	2,705	19	13%	40%	34%	10%		53%		+1%
Care of patients / service users is my organisation's top priority.	2018	3,107	275	34%	45%	12%	8%		79%	+4% ^S	+4% ^S
	2016	2,383	155	33%	42%	16%	7%		75%	+13% ^S	+1%
	2013	2,604	120	22%	40%	21%	13%		62%		+3% ^S
I feel that my role makes a difference to patients / service users.	2018	3,117	265	43%	46%	9%			89%	-2% ^S	+1%
	2016	2,529	9	43%	48%	7%			91%	+7% ^S	+3% ^S
	2013	2,709	15	35%	49%	12%			84%		+1%
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

7.2 Values - Variation Charts



8 Team Working

Most of the scores on team working are slightly below the overall NHS Wales scores. There are only three scores which are comparable to 2016: all of these have significantly improved.

8.1 Team Working – Rated Results

	Year	No of Resp.	Non Resp.					% Positive responses	Year on year change	Diff v NHS Wales
Team members have a set of shared objectives.	2018	3,191	191	27%	55%	9%	7%	82%	+8% ^s	-1%
	2016	2,256	282	20%	54%	15%	9%	74%	+6% ^s	-0%
	2013	2,469	255	15%	53%	19%	10%	68%		-1%
Team members trust each other.	2018	3,193	189	28%	47%	15%	8%	75%	-	+1%
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
Team members trust each other's contributions.	2018	3,188	194	26%	48%	15%	9%	74%	-	+0%
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
Team members take time out to reflect and learn.	2018	3,186	196	18%	40%	22%	16%	58%	-	-2%
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
Team members often meet to discuss the team's effectiveness.	2018	3,182	200	20%	36%	18%	19%	7%	+3% ^s	-2% ^s
	2016	2,258	280	16%	38%	19%	20%	8%	+3% ^s	-3% ^s
	2013	2,468	256	13%	38%	17%	22%	10%		+0%
Team members have to communicate closely with each other to achieve the team's objectives.	2018	3,183	199	36%	49%	10%		85%	+8% ^s	+1%
	2016	2,257	281	28%	49%	15%		77%	+2% ^s	+0%
	2013	2,468	256	24%	51%	14%	7%	75%		+2%
Team members work well with people in other teams.	2018	3,192	190	25%	48%	18%	7%	73%	-	-2% ^s
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree										

8.2 Team Working - Variation Charts



9 Line Managers

All scores on line managers have shown an improvement since 2016, but most scores are still slightly below the average for NHS Wales. The scores on line managers being approachable about flexible working and on giving clear feedback are both significantly improved (up 8% and 11% respectively).

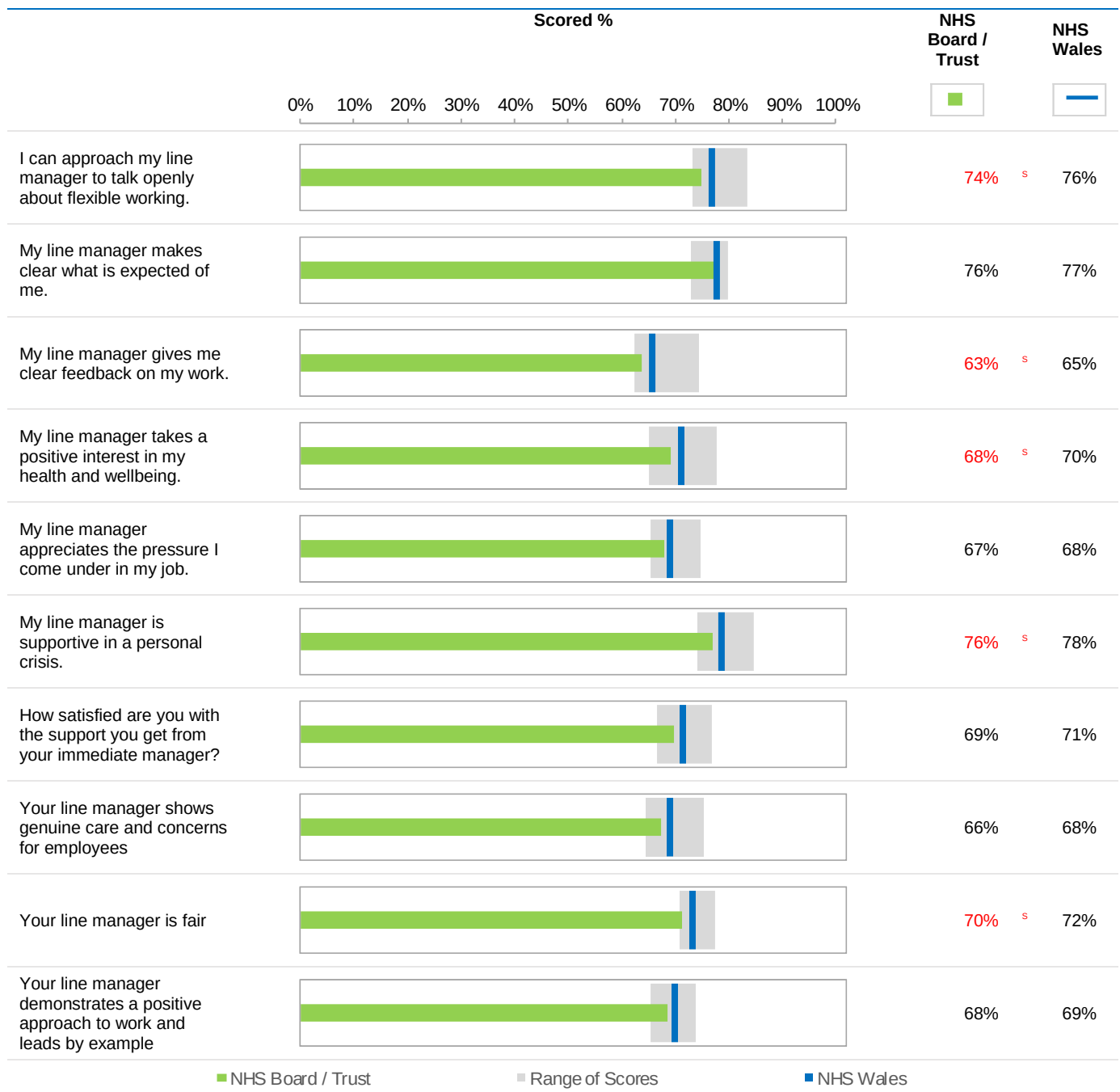
9.1 Line Managers - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
I can approach my line manager to talk openly about flexible working.	2018	3,340	42	39% 35% 12% 8%					74%	+8% ^S	-2% ^S
	2016	2,458	80	28% 38% 19% 9%					66%	+8% ^S	-1%
	2013	2,702	22	20% 38% 21% 13% 8%					59%		-2% ^S
My line manager makes clear what is expected of me.	2018	3,335	47	35% 42% 13% 8%					76%	+5% ^S	-0%
	2016	2,451	87	28% 44% 20%					71%	+10% ^S	+1%
	2013	2,696	28	21% 41% 23% 11%					61%		-1%
My line manager gives me clear feedback on my work.	2018	3,328	54	31% 32% 18% 13%					63%	+11% ^S	-2% ^S
	2016	2,447	91	19% 33% 26% 14% 7%					52%	+10% ^S	-1%
	2013	2,696	28	14% 28% 28% 19% 10%					42%		-2%
My line manager takes a positive interest in my health and wellbeing.	2018	3,332	50	36% 32% 17% 9%					68%		-2% ^S
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
My line manager appreciates the pressure I come under in my job.	2018	3,332	50	34% 33% 16% 10% 7%					67%	+3% ^S	-1%
	2016	2,450	88	27% 37% 20% 11%					64%	+7% ^S	-1%
	2013	2,699	25	20% 37% 21% 14% 8%					57%		-1%
My line manager is supportive in a personal crisis.	2018	3,323	59	44% 32% 16%					76%	+1%	-2% ^S
	2016	2,443	95	40% 35% 17%					75%	+4% ^S	-1%
	2013	2,697	27	33% 37% 19%					71%		-1%
				Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree							

9.1 Line Managers - Rated Results (continued)

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
How satisfied are you with the support you get from your immediate manager?	2018	3,327	55	32%	36%	16%	9%		69%	+2%	-2%
	2016	2,514	24	33%	34%	15%	11%	7%	67%	+6% ^s	-1%
	2013	2,704	20	27%	33%	15%	14%	10%	60%		-1%
Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied											
	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
How often would you say your line manager shows genuine care and concerns for employees?	2018	3,334	48	34%	32%	22%	8%		66%	+6% ^s	-2%
	2016	2,458	80	29%	32%	24%	10%		61%	+6% ^s	-2%
	2013	2,701	23	23%	31%	27%	12%	7%	54%		-1%
How often would you say your line manager is fair?	2018	3,315	67	37%	33%	22%			70%		-2% ^s
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
How often would you say your line manager demonstrates a positive approach to work and leads by example?	2018	3,325	57	38%	30%	19%	8%		68%	+9% ^s	-1%
	2016	2,454	84	28%	31%	23%	11%	7%	59%	+8% ^s	-1%
	2013	2,695	29	20%	31%	27%	12%	9%	51%		-1%
Always Often Sometimes Rarely Never											

9.2 Line Managers - Variation Charts



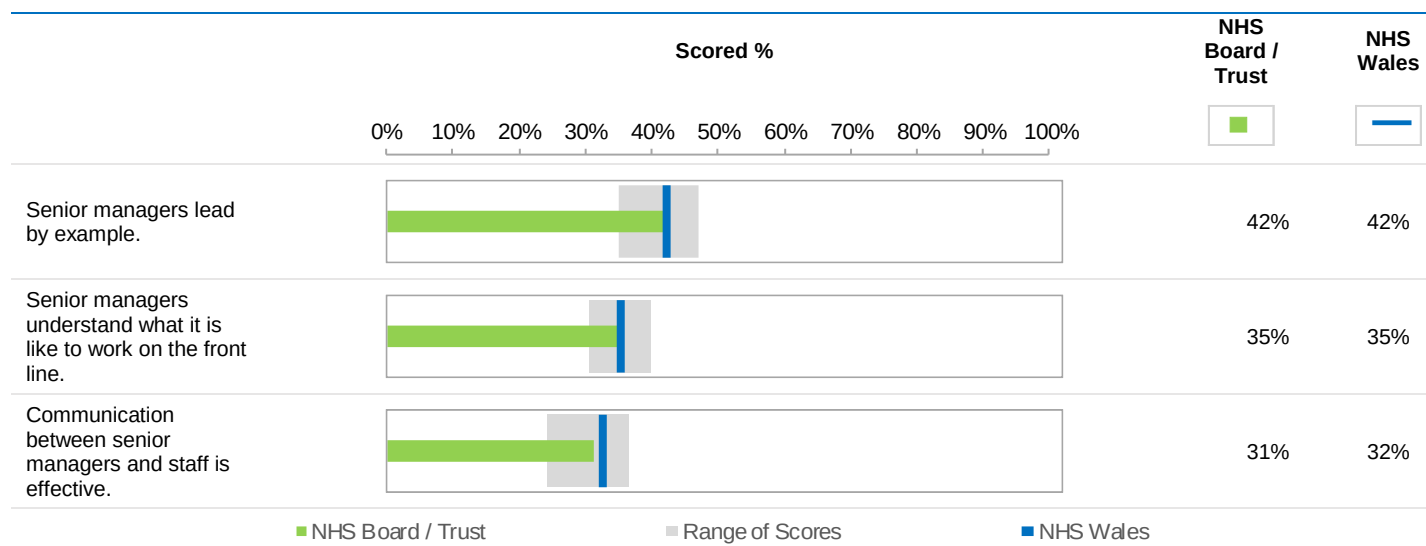
10 Senior Managers

There are three questions on senior managers, two of which are comparable to last time. Both of these scores have improved since last time, but one is just below the NHS Wales average, the other equal to the average. The score on whether staff agree that communications between senior managers and staff is effective has increased from 28% to 31%, and is now just below NHS Wales average. The score on staff agreeing that senior managers lead by example has increased significantly – by 6% - and is now equal to the NHS Wales average.

10.1 Senior Managers - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
Senior managers lead by example.	2018	3,334	48	10%	31%	34%	17%	7%	42%		+0%
	2016	2,431	107	10%	26%	39%	16%	9%	36%	+6% ^s	+1%
	2013	2,694	30		21%	42%	20%	11%	27%	+9% ^s	+1%
Senior managers understand what it is like to work on the front line.	2018	3,334	48	9%	26%	27%	23%	15%	35%		-0%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
Communication between senior managers and staff is effective.	2018	3,331	51	7%	24%	28%	25%	16%	31%		-1%
	2016	2,450	88	7%	22%	33%	25%	14%	28%	+2%	-0%
	2013	2,690	34		18%	31%	29%	18%	22%	+6% ^s	+1%
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

10.2 Senior Managers - Variation Charts



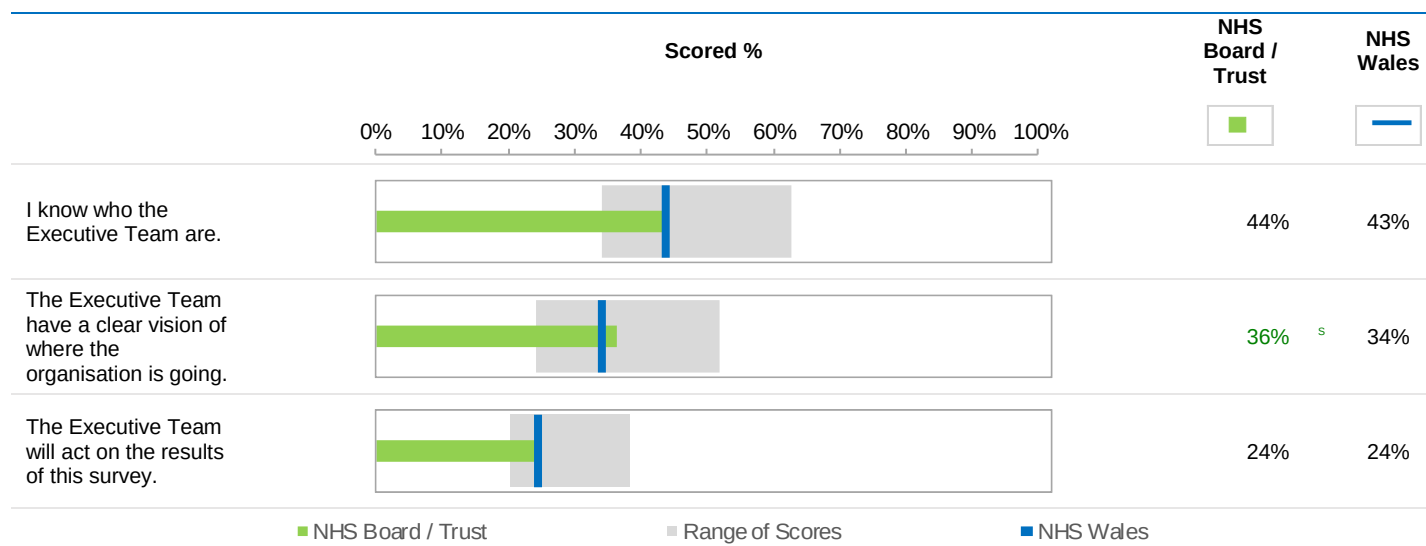
11 Executive Team

The executive team questions are new this year. Two of the scores are equal to the NHS Wales average, and one is above. 44% of staff say they know who the executive team are. Only 24% of staff say that they agree that the executive team will act on the results of this survey; which is equal to the NHS Wales average.

11.1 Executive Team - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
I know who the Executive Team are.	2018	3,296	86	11%	32%	19%	26%	11%	44%		+0%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
The Executive Team have a clear vision of where the organisation is going	2018	3,285	97	7%	29%	48%	11%		36%		+2% ^s
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
The Executive Team will act on the results of this survey.	2018	3,287	95		19%	48%	16%	12%	24%		-0%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree											

11.2 Executive Team - Variation Charts



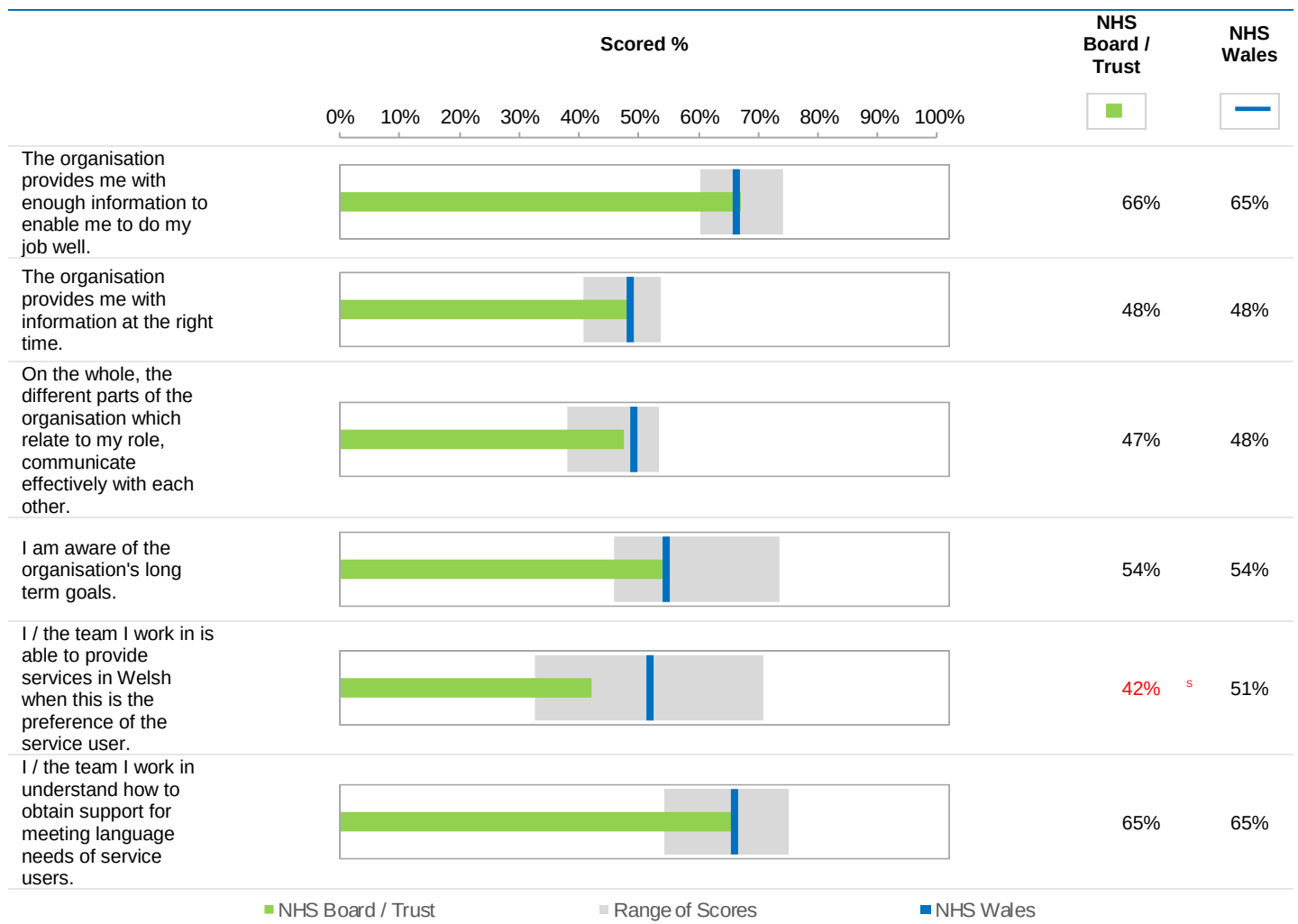
12 Communication

One of the communication questions score above the NHS Wales average; but the rest are below average. However, all scores have improved since 2016, three significantly. 66% of staff (up from 59% last time) say that the organisation provides them with enough information to do their job well. 65% of staff say they know how to get support to meet the language needs of service users – up 4% since the last survey.

12.1 Communication - Rated Results

	Year	No of Resp.	Non Resp.					% Positive responses	Year on year change	Diff v NHS Wales
The organisation provides me with enough information to enable me to do my job well.	2018	3,326	56	11%	55%	21%	10%	66%		+1%
	2016	2,423	115	11%	49%	27%	11%	59%	+7% ^s	+1%
	2013	2,686	38		44%	32%	13%	50%	+10% ^s	+1%
The organisation provides me with information at the right time.	2018	3,319	63	7%	40%	32%	17%	48%		-0%
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
On the whole, the different parts of the organisation which relate to my role, communicate effectively with each other.	2018	3,321	61	7%	40%	27%	21%	47%		-2%
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
I am aware of the organisation's long term goals.	2018	3,317	65	10%	44%	26%	16%	54%		+0%
	2016	2,419	119	10%	40%	27%	18%	50%	+4% ^s	-0%
	2013	2,685	39		37%	27%	23%	43%	+7% ^s	+2%
I / the team I work in is able to provide services in Welsh when this is the preference of the service user.	2018	3,308	74	9%	33%	26%	22%	42%		-10% ^s
	2016	2,407	131	8%	31%	28%	22%	39%	+2%	-9% ^s
	2013	2,674	50		27%	26%	26%	32%	+8% ^s	-10% ^s
I / the team I work in understand how to obtain support for meeting language needs of service users.	2018	3,307	75	15%	49%	21%	10%	65%		-1%
	2016	2,405	133	14%	46%	25%	10%	60%	+4% ^s	-1%
	2013	2,679	45	9%	46%	25%	12%	55%	+5% ^s	+2% ^s
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree		

12.2 Communication - Variation Charts



13 Staff Wellbeing

Many scores on staff well-being have declined since 2016. 18% of staff say that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues – up from 16% in 2016. Only around half of staff (48%) say that their organisation takes effective action as a result of staff experiencing this. Levels of work-related stress have significantly worsened: 34% of staff say that they have been injured or felt unwell as a result of work-related stress during the past 12 months – up from 28% in 2016.

13.1 Staff Wellbeing - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
To what extent do you agree or disagree that your job gives you a feeling of belonging?	2018	3,328	54	19%	49%	19%	11%		67%		-1%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
To what extent do you agree or disagree that your job gives you a feeling of purpose?	2018	3,324	58	26%	54%	12%			79%		+0%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
To what extent do you agree or disagree that your job gives you a feeling of achievement?	2018	3,317	65	22%	47%	17%	10%		69%		-1%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
To what extent do you agree or disagree that your job gives you a feeling of opportunity?	2018	3,325	57	15%	36%	23%	18%	9%	51%		-2%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
To what extent do you agree or disagree that your job gives you a feeling of fulfilment?	2018	3,319	63	18%	44%	21%	12%		62%		+1%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
To what extent do you agree or disagree that your job gives you a feeling of progress?	2018	3,314	68	13%	35%	25%	18%	10%	48%		-1%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
To what extent do you agree or disagree that your job gives you a feeling of job satisfaction?	2018	3,321	61	19%	47%	19%	11%		66%		-0%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

13.1 Staff Wellbeing - Rated Results (continued)

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
To what extent do you agree or disagree that your job gives you a feeling of happiness?	2018	3,316	66	15%	41%	25%	13%		56%	-	-0%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			
	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	2018	3,318	64	37%	63%			63%	+7% ^s	-0%	
	2016	2,390	148	43%	57%			57%	-15% ^s	-1%	
	2013	2,709	15	29%	71%			71%		+0%	
Have you felt pressure from your manager to come to work?	2018	2,095	1,287	75%	25%			25%	-6% ^s	+2% ^s	
	2016	1,338	1,200	69%	31%			31%	-8% ^s	+1%	
	2013	1,916	808	61%	39%			39%		-0%	
Have you felt pressure from your colleagues to come to work?	2018	2,097	1,285	80%	20%			20%	-3%	+3% ^s	
	2016	1,342	1,196	77%	23%			23%	-7% ^s	+2%	
	2013	1,906	818	71%	29%			29%		+3% ^s	
				No	Yes						
	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
My organisation is committed to helping staff balance their work and home life.	2018	3,306	76	10%	40%	28%	16%	7%	50%	+5% ^s	+1%
	2016	2,382	156	12%	32%	33%	15%		45%	+7% ^s	+2%
	2013	2,590	134	7%	30%	34%	21%	8%	38%		+5% ^s
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

13.1 Staff Wellbeing - Rated Results (continued)

	Year	No of Resp.	Non Resp.			% Positive responses	Year on year change	Diff v NHS Wales
During the last 12 months have you been injured or felt unwell as a result of work related stress?	2018	3,310	72	66%	34%	34%	+6% ^s	+0%
	2016	2,398	140	72%	28%	28%	-7% ^s	-0%
	2013	2,656	68	65%	35%	35%		+2%
In the last 12 months have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	2018	3,289	93	78%	22%	22%	+2% ^s	+2% ^s
	2016	2,390	148	80%	20%	20%	+1%	+3% ^s
	2013	2,687	37	81%	19%	19%		+1%
In the last 12 months have you personally experienced harassment, bullying or abuse at work from managers / line managers / team leaders or other colleagues?	2018	3,290	92	82%	18%	18%	+3% ^s	+0%
	2016	2,395	143	84%	16%	16%	-5% ^s	+0%
	2013	2,680	44	79%	21%	21%		+2% ^s

■ No

■ Yes

	Year	No of Resp.	Non Resp.			% Positive responses	Year on year change	Diff v NHS Wales
If you were to experience harassment, bullying or abuse at work, would you know how to report it?	2018	3,301	81	49%	45%	94%		+1%
	2016	-	-	No comparable data to previous years		-	-	-
	2013	-	-	No comparable data to previous years		-	-	-

■ Yes, definitely

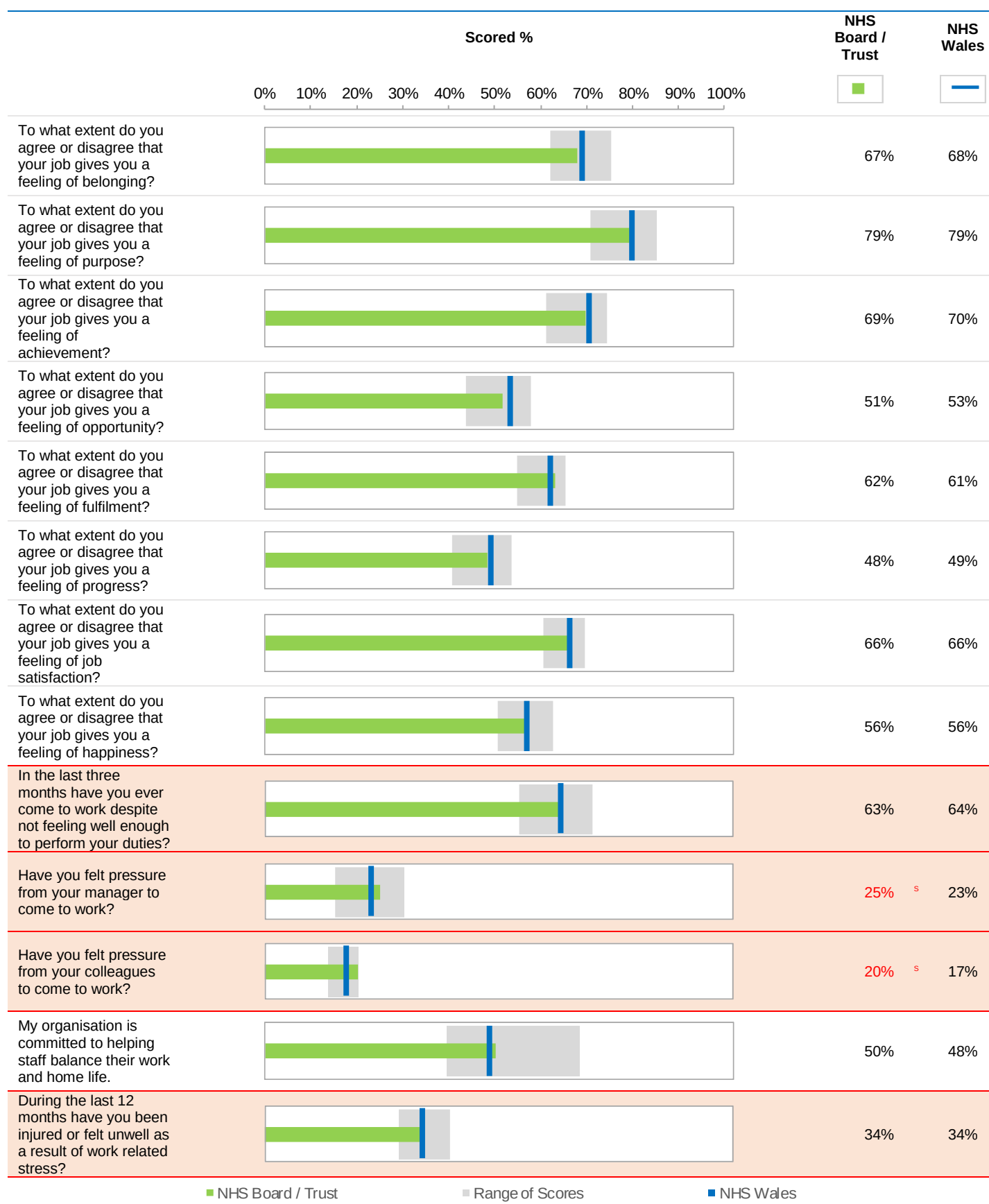
■ Yes, to some extent

■ No

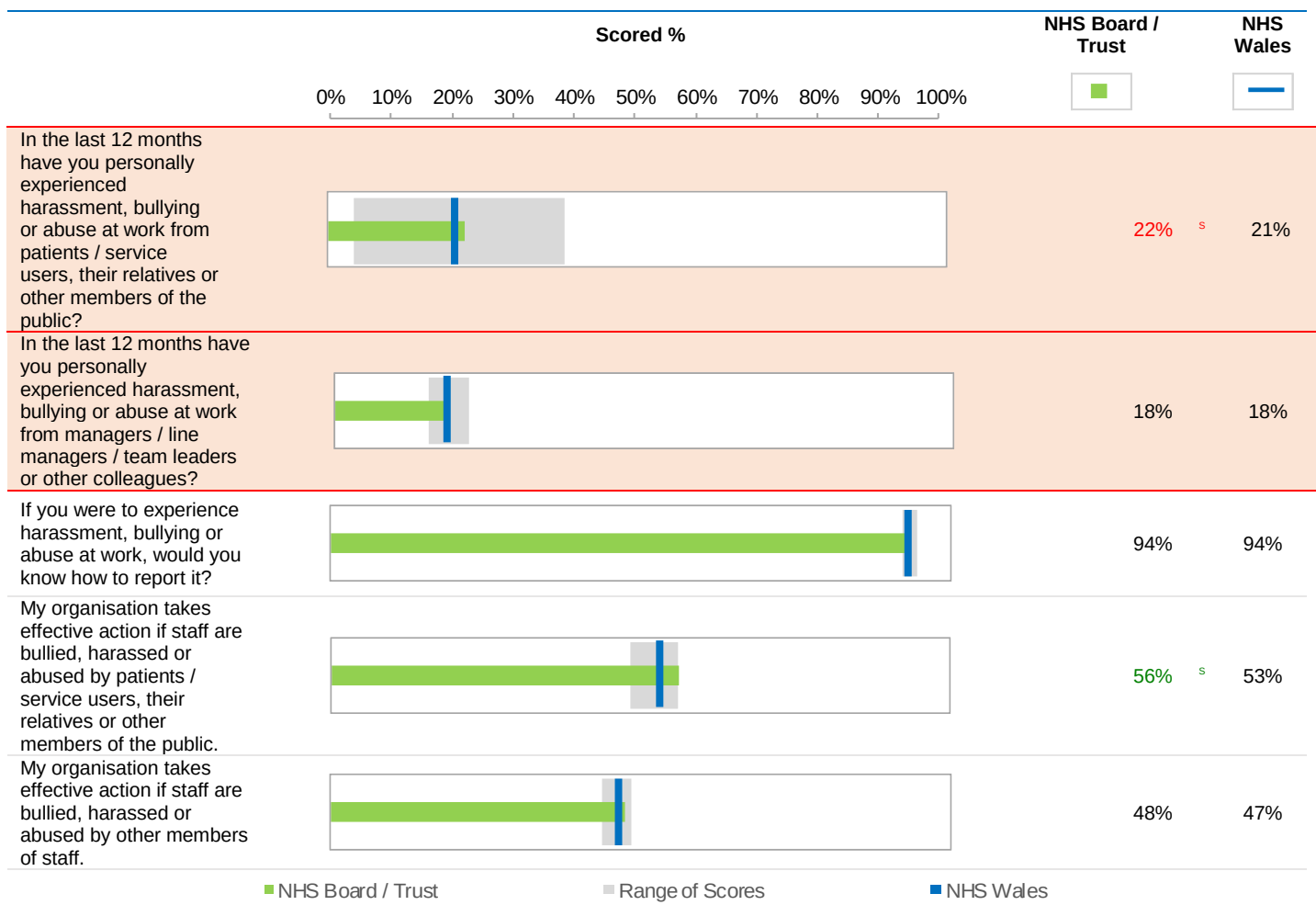
13.1 Staff Wellbeing - Rated Results (continued)

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
My organisation takes effective action if staff are bullied, harassed or abused by patients / service users, their relatives or other members of the public.	2018	3,306	76	15%	41%	32%	9%		56%	-	+3% ^s
	2016	-	-	No comparable data to previous years					-	-	-
				No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
My organisation takes effective action if staff are bullied, harassed or abused by other members of staff.	2018	3,309	73	13%	35%	33%	13%		48%	-	+1%
	2016	-	-	No comparable data to previous years					-	-	-
				No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree											

13.2 Staff Wellbeing - Variation Charts



13.2 Staff Wellbeing - Variation Charts (continued)



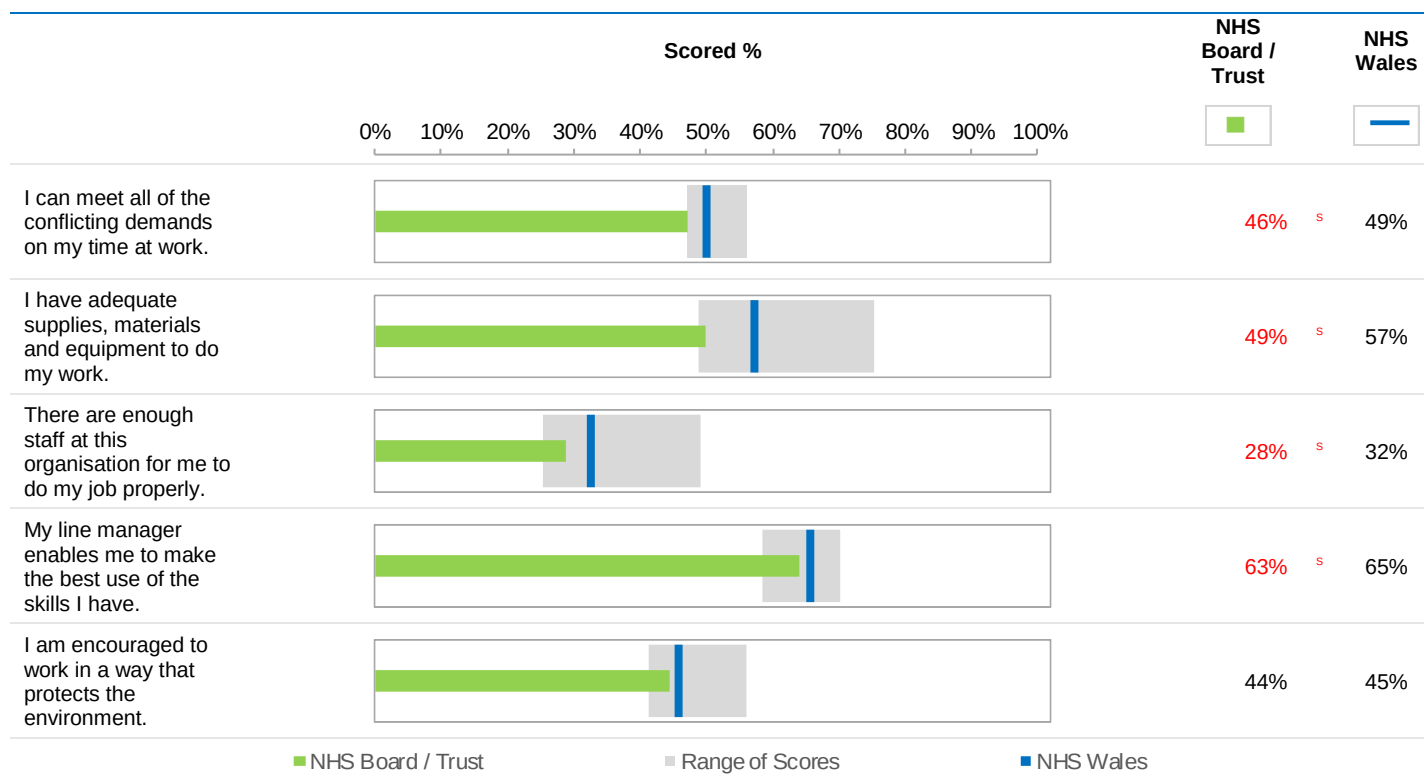
14 Resources

All comparable questions in the resources section have shown an improvement. 46% of staff say that they can meet all of the conflicting demands on their time at work – up significantly from 25% in 2016. However, 49% say that they have adequate supplies, materials and equipment to do their job, 7% below the average for NHS Wales.

14.1 Resources - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
I can meet all of the conflicting demands on my time at work.	2018	3,306	76	8%	39%	19%	27%	8%	46%	+21% ^S	-3% ^S
	2016	2,494	44	22%	27%	32%	16%		25%	+1%	-0%
	2013	2,710	14	21%	25%	31%	20%		24%		-2% ^S
I have adequate supplies, materials and equipment to do my work.	2018	3,305	77	9%	41%	18%	24%	9%	49%	+1%	-7% ^S
	2016	2,512	26	10%	39%	19%	24%	9%	49%	+13% ^S	-8% ^S
	2013	2,709	15	30%	19%	29%	16%		35%		-8% ^S
There are enough staff at this organisation for me to do my job properly.	2018	3,306	76	23%	19%	34%	19%		28%	+2%	-4% ^S
	2016	2,510	28	21%	21%	31%	21%		27%	+3% ^S	-4% ^S
	2013	2,711	13	20%	18%	32%	26%		24%		-2% ^S
My line manager enables me to make the best use of the skills I have.	2018	3,303	79	17%	46%	21%	11%		63%	+3% ^S	-2% ^S
	2016	2,453	85	22%	38%	24%	11%		60%	+8% ^S	-1%
	2013	2,698	26	16%	37%	26%	13%	8%	53%		-1%
I am encouraged to work in a way that protects the environment.	2018	3,302	80	9%	35%	35%	15%	7%	44%	-	-2%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

14.2 Resources - Variation Charts



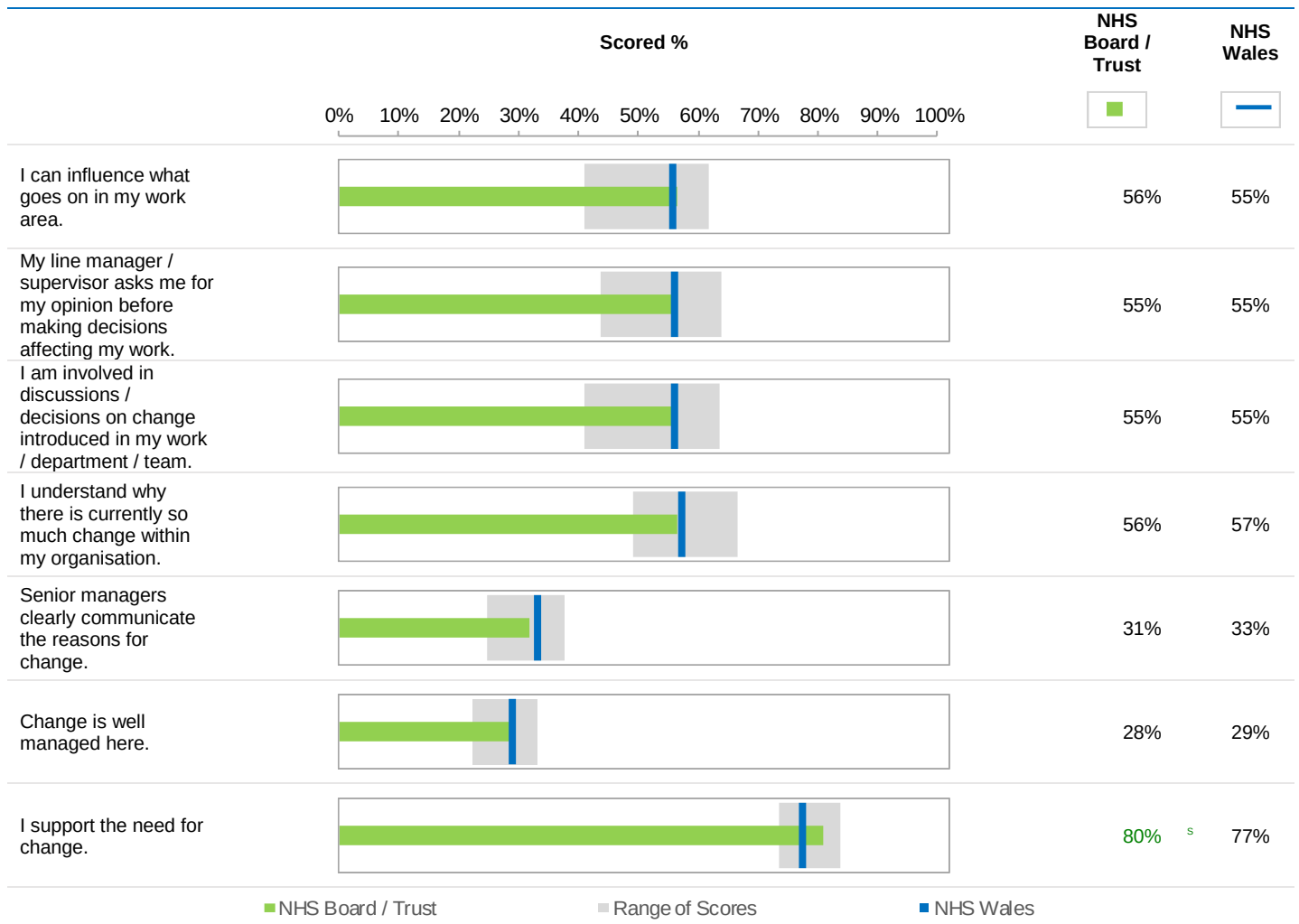
15 Change in the Organisation

All but two scores on staff's attitude to change in their organisation have improved since 2016 but are all mostly around average when compared to the NHS Wales scores. 80% of staff say they support the need for change, but only 28% say that change is well managed and 31% say that senior managers clearly communicate the reasons for change.

15.1 Change in the Organisation - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
I can influence what goes on in my work area.	2018	3,303	79	12%	43%	22%	16%		56%		+1%
	2016	2,437	101	10%	35%	27%	21%	7%	45%	+11% ^S	-2%
	2013	2,617	107	8%	35%	25%	22%	10%	43%	+2% ^S	+3% ^S
My line manager / supervisor asks me for my opinion before making decisions affecting my work.	2018	3,299	83	16%	39%	20%	16%	9%	55%		-1%
	2016	2,436	102	10%	36%	26%	20%	9%	45%	+10% ^S	-4% ^S
	2013	2,620	104	8%	35%	22%	23%	11%	44%	+1%	+1%
I am involved in discussions / decisions on change introduced in my work / department / team.	2018	3,294	88	15%	40%	19%	17%	8%	55%		-0%
	2016	2,442	96	10%	35%	26%	21%	8%	46%	+9% ^S	-3% ^S
	2013	2,616	108	9%	38%	24%	21%	9%	47%	-1%	+2% ^S
I understand why there is currently so much change within my organisation.	2018	3,296	86	13%	43%	26%	13%		56%		-1%
	2016	2,432	106	11%	39%	31%	14%		50%	+6% ^S	-3% ^S
	2013	2,617	107	11%	47%	22%	13%	7%	58%	-8% ^S	+6% ^S
Senior managers clearly communicate the reasons for change.	2018	3,294	88		26%	30%	25%	14%	31%		-1%
	2016	2,435	103	8%	28%	33%	21%	10%	36%	-5% ^S	+0%
	2013	2,695	29		24%	33%	24%	13%	30%	+7% ^S	+1%
Change is well managed here.	2018	3,294	88		23%	33%	25%	14%	28%		-0%
	2016	2,432	106		24%	35%	24%	11%	29%	-1%	-0%
	2013	2,617	107	15%	34%	31%	17%		19%	+11% ^S	-2% ^S
I support the need for change.	2018	3,299	83	26%	54%	17%			80%		+3% ^S
	2016	2,426	112	24%	50%	21%			74%	+6% ^S	+0%
	2013	2,621	103	20%	51%	23%			71%	+4% ^S	+8% ^S
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

15.2 Change in the Organisation - Variation Charts



16 Learning and Development

Almost all of the scores on learning and development have seen further improvement since 2016, and only one has declined. 50% (up from 45% in 2016) say there is still strong support for training in their area of work. 82% of staff say that they had a performance appraisal/review in the last 12 months, up significantly from 75% in 2016.

16.1 Learning and Development - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
There are opportunities for me to progress in my job.	2018	3,296	86	10%	32%	21%	23%	13%	43%		-0%
	2016	2,417	121	9%	32%	22%	23%	14%	41%	+1%	-1%
	2013	2,705	19		26%	20%	29%	20%	32%	+9% ^s	+1%
I am supported to keep up to date with developments in my field.	2018	3,295	87	15%	45%	20%	13%	7%	60%		-2% ^s
	2016	2,416	122	14%	42%	23%	14%	7%	55%	+5% ^s	-3% ^s
	2013	2,706	18	9%	38%	23%	20%	11%	47%	+8% ^s	-0%
I am encouraged to develop my own expertise.	2018	3,285	97	17%	45%	20%	12%		63%		-1%
	2016	2,414	124	15%	42%	23%	13%	7%	57%	+6% ^s	-2%
	2013	2,702	22	11%	39%	23%	17%	10%	50%	+7% ^s	+1%
There is still strong support for training in my area of work.	2018	3,279	103	14%	36%	25%	17%	9%	50%		-3% ^s
	2016	2,410	128	14%	31%	25%	19%	11%	45%	+5% ^s	-4% ^s
	2013	2,704	20	9%	26%	27%	22%	16%	35%	+10% ^s	-1%
My line manager encourages me to continuously develop new skills.	2018	3,288	94	16%	37%	26%	14%	7%	53%		-3% ^s
	2016	2,455	83	23%	35%	23%	14%		57%	-4% ^s	-2%
	2013	2,698	26	16%	35%	25%	16%	9%	50%	+7% ^s	+0%
I am able to access the right learning and development materials when I need to.	2018	3,287	95	11%	39%	28%	14%	7%	51%		-3% ^s
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
My training, learning and development has helped me to do my job better.	2018	3,293	89	22%	47%	21%	7%		69%		+1%
	2016	2,400	138	17%	47%	24%	8%		64%	+5% ^s	-0%
	2013	2,704	20	13%	43%	29%	11%		56%	+8% ^s	-2%
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

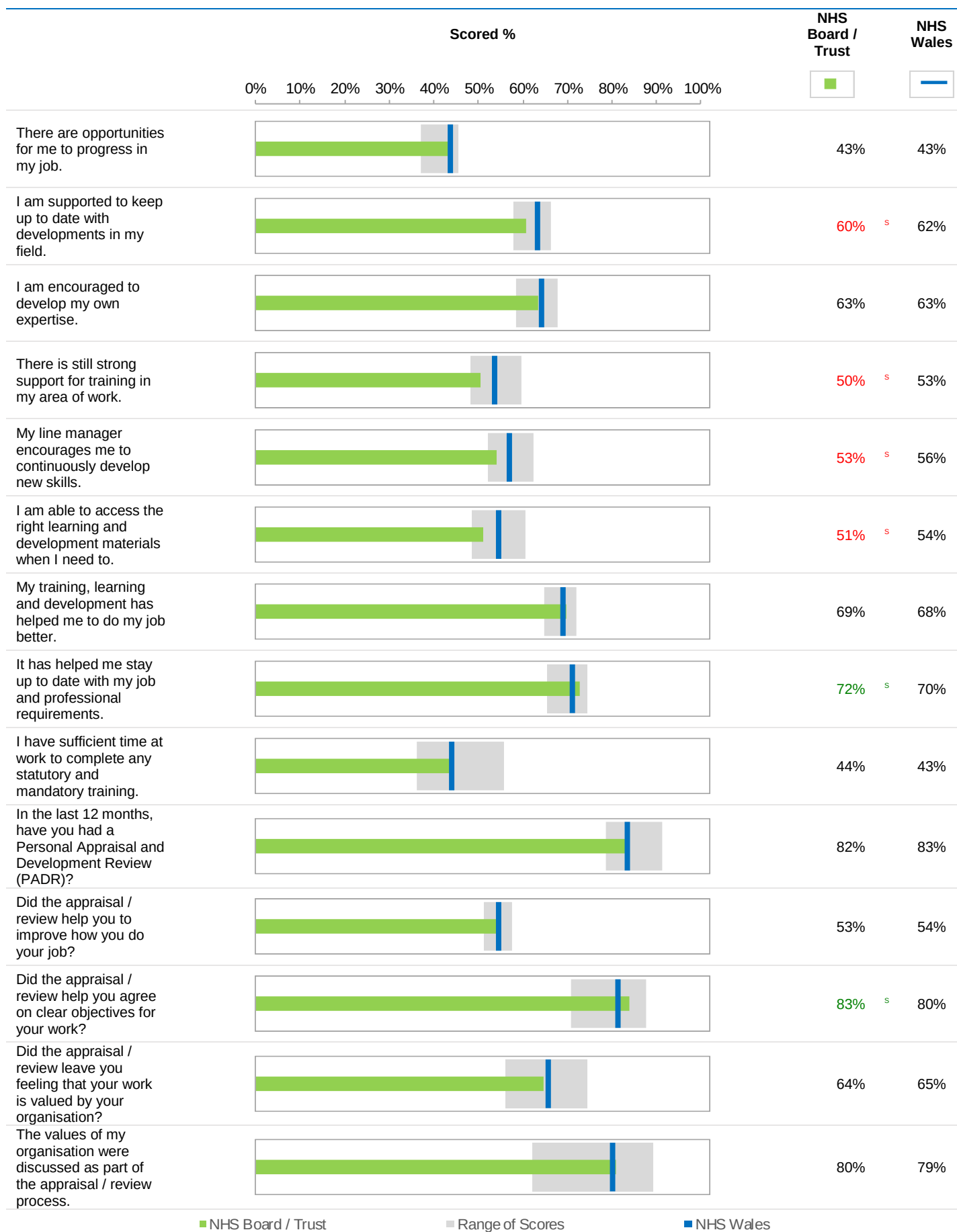
16.1 Learning and Development - Rated Results (continued)

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
It has helped me stay up to date with my job and professional requirements.	2018	3,286	96	22% 50% 19%					72%	+5% ^s	+2% ^s
	2016	2,393	145	18% 49% 21% 8%					67%	-	-1%
	2013	-	-	No comparable data to previous years					-	-	-
I have sufficient time at work to complete any statutory and mandatory training.	2018	3,295	87	10% 34% 17% 23% 16%					44%	+6% ^s	+0%
	2016	2,399	139	8% 29% 18% 26% 19%					38%	-	-3% ^s
	2013	-	-	No comparable data to previous years					-	-	-
Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree											
	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
In the last 12 months, have you had a Personal Appraisal and Development Review (PADR)?	2018	3,290	92	82% 18%				82%	+7% ^s	-1%	
	2016	2,335	203	75% 25%				75%	+6% ^s	+0%	
	2013	2,699	25	68% 32%				68%		+13% ^s	
Did the appraisal / review help you to improve how you do your job?	2018	2,674	708	53% 47%				53%	-0%	-1%	
	2016	1,725	813	54% 46%				54%	+9% ^s	+0%	
	2013	1,833	891	44% 56%				44%		-3% ^s	
Did the appraisal / review help you agree on clear objectives for your work?	2018	2,675	707	83% 17%				83%	+4% ^s	+2% ^s	
	2016	1,723	815	79% 21%				79%	+7% ^s	+1%	
	2013	1,833	891	72% 28%				72%		-2%	
Did the appraisal / review leave you feeling that your work is valued by your organisation?	2018	2,654	728	64% 36%				64%	+2%	-1%	
	2016	1,717	821	62% 38%				62%	+10% ^s	-0%	
	2013	1,830	894	52% 48%				52%		-3% ^s	
Yes No											

16.1 Learning and Development - Rated Results (continued)

	Year	No of Resp.	Non Resp.				% Positive responses	Year on year change	Diff v NHS Wales
The values of my organisation were discussed as part of the appraisal / review process.	2018	2,677	705	33%	47%	20%	80%		+1%
	2016	-	-	No comparable data to previous years			-	-	-
	2013	-	-	No comparable data to previous years			-	-	-
Yes, definitely Yes, to some extent No									

16.2 Learning and Development - Variation Charts



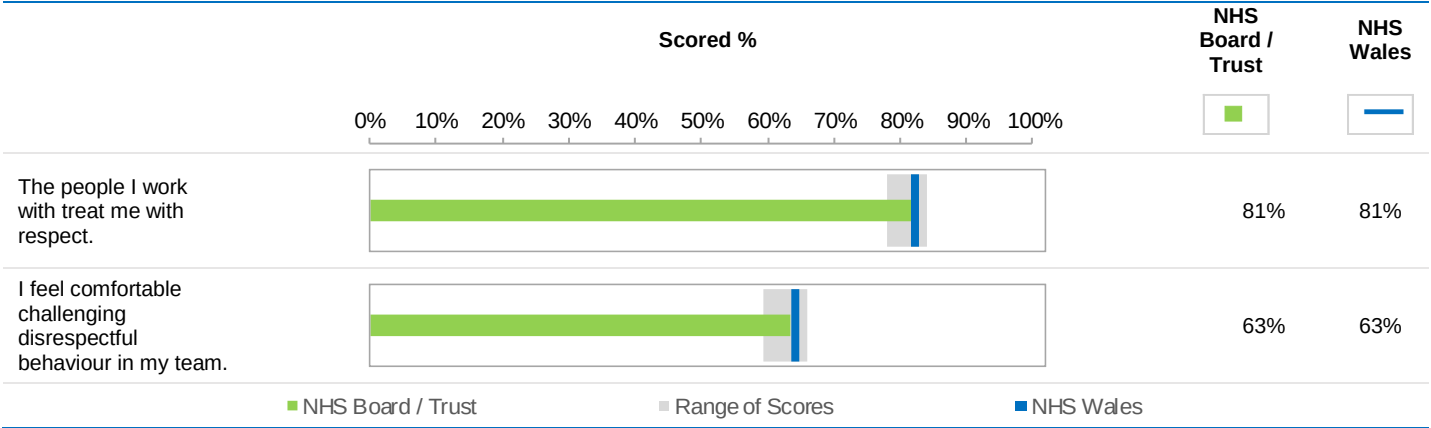
17 Diversity

There are two scores on Diversity within the survey. The score on staff saying that the people who they work with treat them with respect has improved significantly since 2016 – up from 74% to 81%.

17.1 Diversity - Rated Results

	Year	No of Resp.	Non Resp.					% Positive responses	Year on year change	Diff v NHS Wales
The people I work with treat me with respect.	2018	3,297	85	33%	48%	13%		81%	+7% ^s	-0%
	2016	2,518	20	26%	48%	16%	7%	74%	-4% ^s	+1%
	2013	2,708	16	28%	50%	13%		78%		-1%
I feel comfortable challenging disrespectful behaviour in my team.	2018	3,287	95	20%	43%	19%	14%	63%	-	-1%
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree		

17.2 Diversity - Variation Charts



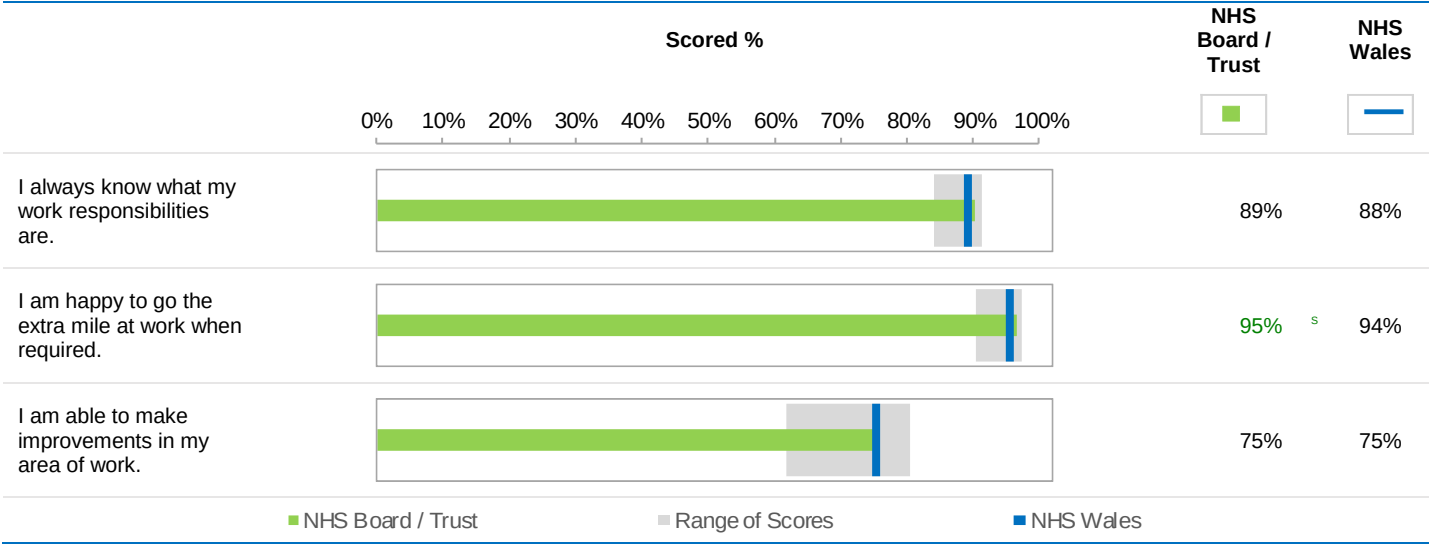
18 Other

There are three questions in this section. All three of them have seen improvements since the last survey, and they are all close to the NHS Wales average score. Staff saying that they are able to make improvements in their area of work has improved by 15% (up from 60% in 2016, to 75% this year).

18.1 Other - Rated Results

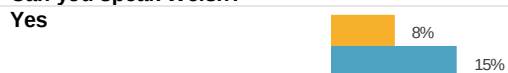
	Year	No of Resp.	Non Resp.					% Positive responses	Year on year change	Diff v NHS Wales
I always know what my work responsibilities are.	2018	3,271	111	38%	51%			89%	+7% ^s	+1%
	2016	2,520	18	29%	53%	10%	7%	82%	+8% ^s	+2%
	2013	2,719	5	20%	54%	14%	10%	74%		+0%
I am happy to go the extra mile at work when required.	2018	3,263	119	56%	40%			95%	+7% ^s	+1% ^s
	2016	2,525	13	44%	45%	8%		89%	+1% ^s	-1%
	2013	2,713	11	41%	46%	8%		87%		+1%
I am able to make improvements in my area of work.	2018	3,259	123	31%	44%	16%	7%	75%	+15% ^s	+0%
	2016	2,519	19	16%	44%	22%	15%	60%	+4% ^s	-1%
	2013	2,708	16	14%	42%	20%	18%	56%		+1%
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree		

18.2 Other - Variation Charts



19 Demographics

Can you speak Welsh?



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Do you use the Welsh language in the workplace?



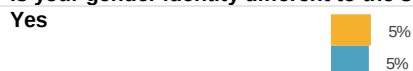
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Do you have direct line management responsibility for staff?

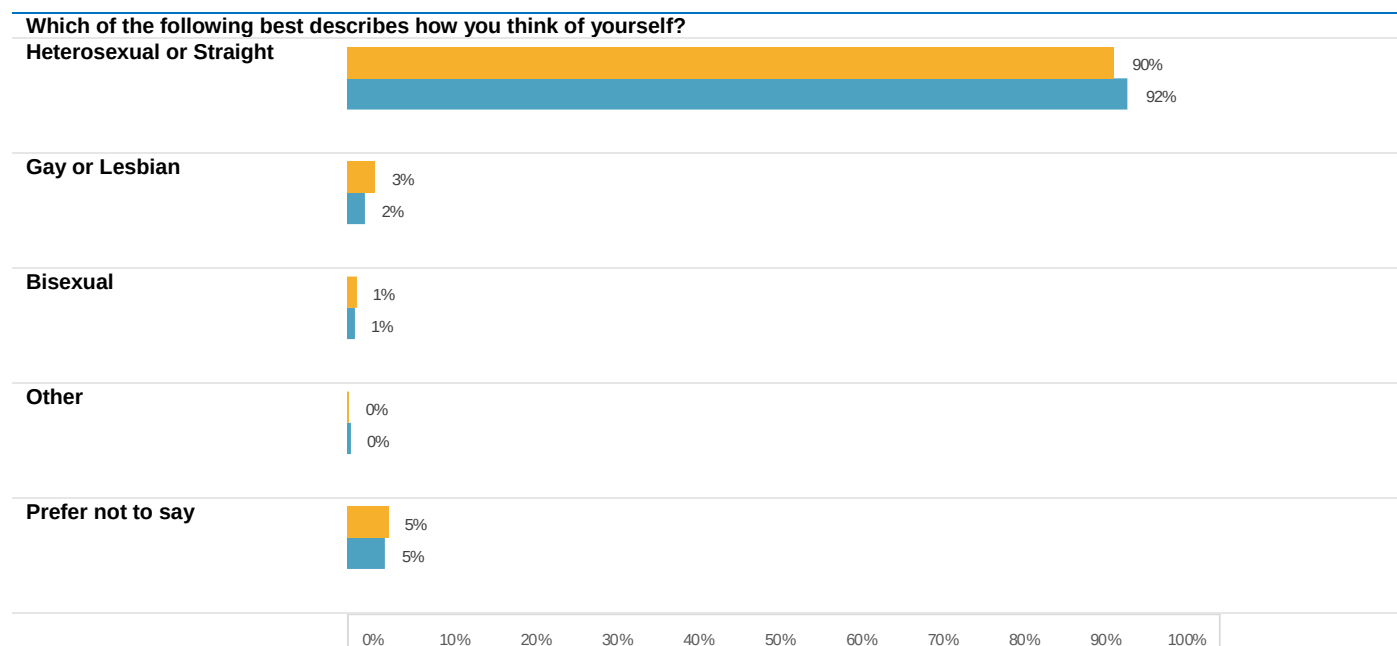
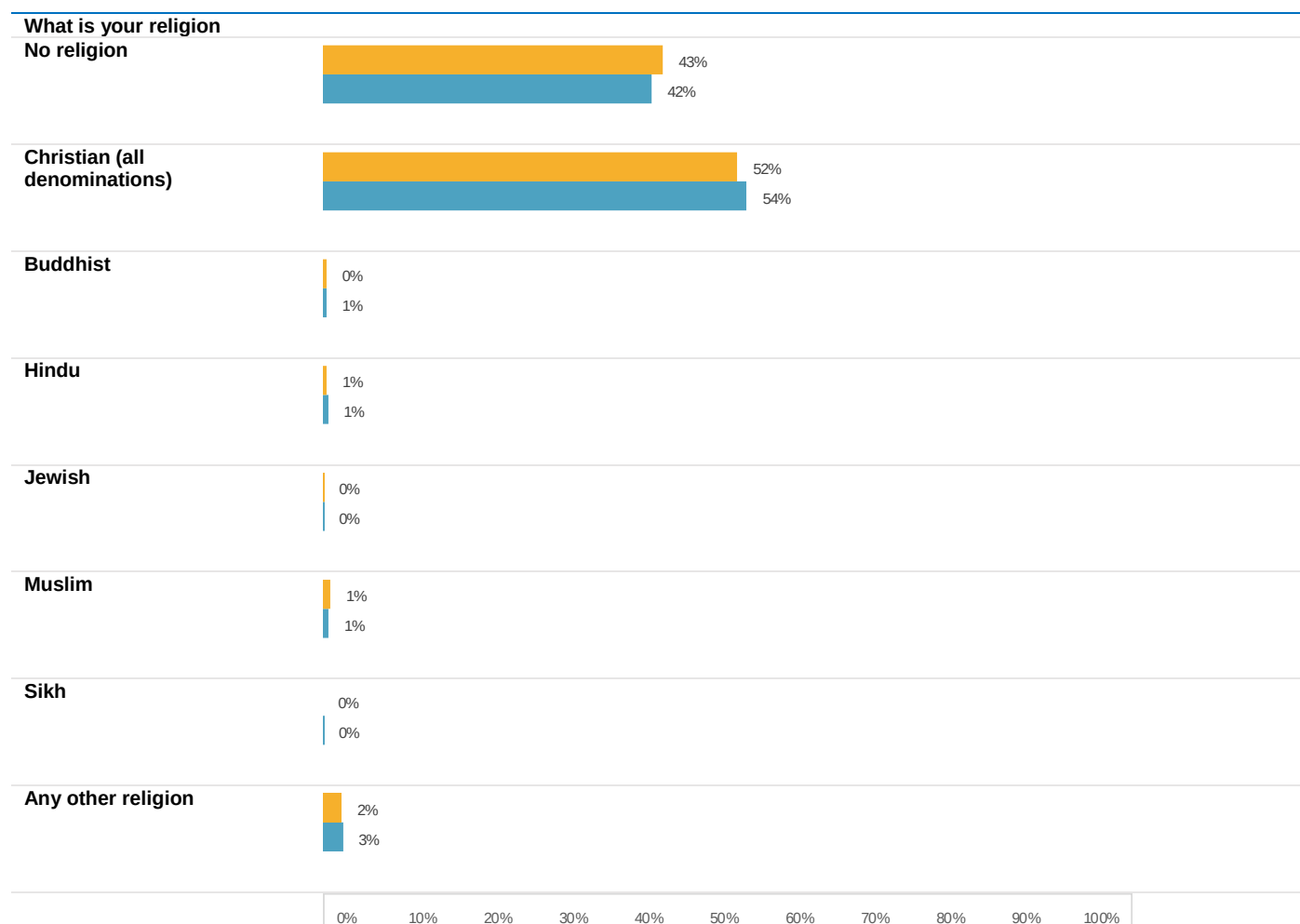


0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Is your gender identity different to the sex you were assumed to be at birth?



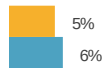
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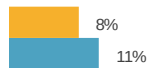
■ NHS Board / Trust ■ NHS Wales

How many years have you worked for this organisation?

Less than a year



1-2 years



3-5 years



6-10 years



11-15 years



More than 15 years



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

What is your ethnic group?

White



Mixed / multiple ethnic groups



Asian / Asian British



Black / African / Caribbean / Black British



Other ethnic group



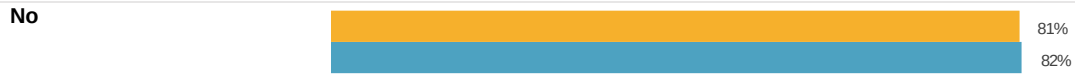
Prefer not to say



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

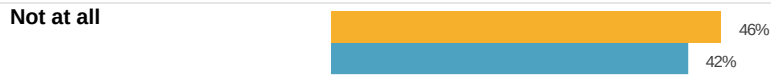
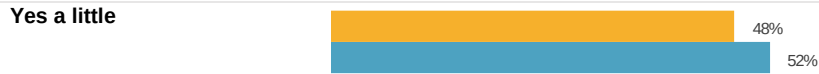
■ NHS Board / Trust ■ NHS Wales

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



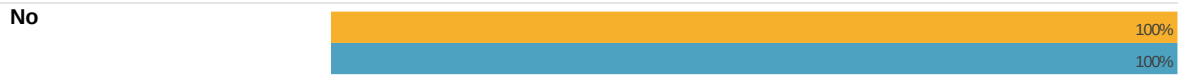
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Do you have a recognised ASD diagnosis (Autistic Spectrum Disorder)?



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ NHS Board / Trust ■ NHS Wales

REPORT TITLE:	Preparations for Brexit									
MEETING:	UHB Board						MEETING DATE:	29.11.18		
STATUS:	For Discussion	X	For Assurance		For Approval		For Information			
LEAD EXECUTIVE:	Executive Director of Strategic Planning									
REPORT AUTHOR (TITLE):	As above									
PURPOSE OF REPORT: To update the Board on the Health Board’s preparations for Brexit and a possible no deal situation.										

SITUATION:

The UK exit from the European Union is likely to have implications for all NHS bodies, with the prospect of a no deal presenting risks to the ability to continue to provide services safely in the short term.

Health Boards have been asked by the Welsh Government (WG) to undertake business continuity planning in case the UK leaves the EU on 31st March 2019 with no deal in place. Across Wales, the Welsh NHS Confederation has been leading the assessment of the impact of Brexit and a no deal.

The Management Executive has established a task and finish group to oversee the impact assessment and business continuity plan for a no deal exit. Planning is made difficult because of the significant number of unknowns in relation to the issues where there is potential impact.

REPORT:

BACKGROUND:

The UK is due to leave the EU on 31st March 2019 and enter a transition period until future trade arrangements are clarified. There is a significant risk that the UK will leave the EU with no deal, either transitional or permanent, resulting in significant uncertainty in a wide range of areas that have a direct impact on the NHS.

The WG has established Brexit planning meetings at CEO level, with the Welsh NHS Confederation representing the NHS. In addition to this the Emergency Planning Advisor in the WG's Department of Health and Social Care has established a regular meeting with Emergency Preparedness Leads in NHS bodies.

The South Wales Local Resilience Forum is also considering the implications of Brexit and the possibility of a no deal exit, and this is informing the task and finish group.

ASSESSMENT:

The Welsh NHS Confederation briefing on the implications of Brexit on the NHS in Wales provides a comprehensive assessment of areas of greatest impact. This is provided in Appendix 1.

An all Wales approach is being taken to consider the potential impact and to plan an appropriate response to the potential implications as the issues will impact on all health boards. It is also important to ensure that there is a united position to inform WG's ongoing discussions with the UK Government.

In addition to the work being led by the Welsh NHS Confederation, individual health boards are undertaking their own risk assessments in relation to a no deal Brexit.

A task and finish group, chaired by the Executive Director of Strategic Planning, has been established to oversee health board's assessment and business continuity planning.

The key areas where there could be risk in the likelihood of a no deal are set out below:

a) Workforce

Risk: we employ a significant number of staff who come from European countries. Some services will have a significant number of European doctors, for example. Therefore the risk is that there would be significant service impacts if all European staff, or those with a European partner, left the UK.

Action: The All-Wales Directors of Workforce and Organisational Development are leading the work on workforce implications. Clarity is needed urgently by the Government on the arrangements/actions that European residents living and working in the UK need to put in place. There is concern that the Government's current guidance does not cover family members of European citizens working in the UK. This needs to be an item on the Local Partnership Forum agenda, and messages of support need to be provided to European staff. The Chair of the Health Board has already sent out messages of support.

b) Supply of goods

Risks: The Health Board consumes vast quantities of goods on a daily basis, from food to clinical products such as gloves. Most goods are supplied via the all-Wales procurement process, and many supplies are ordered on a 'just in time' basis. A delay in essential goods would impact on operational delivery of services, and any alternative sources of supply, if available, would probably cost significantly more, and procurement rules would need to be clarified. If there was a requirement for the Health Board to stockpile any good, secure storage would provide a significant problem.

Action: It was agreed that Shared Services should lead national work on risks associated with 'just in time' supplies. The Head of Procurement to be asked to assess any particular risks for the Health Board. It was noted that it would not always be possible to know the risks, as the original place of manufacture may not be known.

c) Supply of medicines

Risks: The supply of medicines will be delayed impacting on direct patient care, and potentially causing significant harm. A particular risk was flagged in relation to the movement of nuclear medicine products, and other medicines with a short shelf life. Vaccine supplies were also flagged as a risk

Action: The UK Government is leading on this and is working with the supplies of medicines to stock-pile six weeks' worth of supplies.

d) Supply of equipment and parts required for maintenance

Risks: The provision and maintenance of equipment requires supply from all over Europe and there is concern that there could be a delay in sourcing equipment and parts. It was noted that it was often difficult to predict when a part might be needed, but it was noted that the Health Board has a large amount of equipment which is past its shelf life which is kept going through careful maintenance.

Action: Clinical Boards to flag any particular areas of concern, and consideration be given to pre-ordering parts that we know will be needed for routine maintenance prior to 31st March.

e) Disease control

Risks: The Interim Executive Director of Public Health confirmed that the UK participated in the European Centre for Disease Prevention and Control (ECDC) which facilitates the sharing of data across European partners to help reduce the spread of communicable diseases. The risk is that if the UK exits with no deal, it will be unclear whether the UK would be able to continue to operate within the legal framework that underpins the ECDC.

Action: It was agreed that this was a national issue which required action by Government. The issue would be feedback to the WG Brexit Group.

f) Research

Risks: The Health Board currently participates in European wide clinical trials, and receives significant research funding from European sources. The lack of clarity about new arrangements post Brexit could mean that the Health Board misses out on opportunities to secure European funding (or post Brexit UK funding) for research, or participate in European wide research programmes and projects, which ultimately will have a detrimental impact on patient care. A particular risk regarding the ability to continue with current European research was flagged, and this would impact directly on people participating in the trials/research. The situation might also impact on the ability to recruit top-flight clinical researchers and academics who may choose to move their research work to other European countries where participation in European wide research opportunities will continue.

Actions: It was agreed that this was a national issue. Any particular risks should be flagged by the Director of Clinical Research. The issue would also be discussed at the next joint operational meeting with Cardiff University.

g) Data

Risks: It was noted that there may be examples where data is stored at a European level or in facilities provided in Europe. Without clarity about new rules and arrangements for post Brexit, there would be an impact on future data storage arrangements. It was suggested that there were potential cyber-security risks which could result in IT systems being affected which would have a direct impact on patient care.

Actions: It was felt that more information was needed at a national level to identify if this was a risk – work which should be led by NWIS. The AD for IT to update the Cyber Security Business Continuity plan if there were any specific risks associated with a Brexit No Deal.

h) Reciprocal arrangements for accessing emergency medical when people are travelling in Europe/to the UK

Risks: There is lack of clarity regarding arrangements for European citizens accessing emergency medical treatment on a visit to the UK. Charging or other arrangements are required at short notice, the Health Board may not have the capacity to put them in place quickly. In the absence of a deal, guidance on this issue would be required urgently. The same issue would apply to UK citizens needing to access emergency treatment abroad.

Actions: The Health Board to review process for administering the provision of emergency care to European citizens. Staff to be advised to ensure that they have appropriate travel insurance when travelling to other European countries.

The task and finish group will continue to meet regularly to update the impact and risk assessments as new information becomes available, and to update business continuity planning accordingly.

RECOMMENDATION:

The Board is asked to:

- consider the potential impact of a no deal Brexit;
- confirm support for the action being taken to plan for this scenario, recognising the difficulty in planning with so many areas of uncertainty.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO 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				
3. All take responsibility for improving our health and wellbeing					8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology				x
4. Offer services that deliver the population health our citizens are entitled to expect	x				9. Reduce harm, waste and variation sustainably making best use of the resources available to us				
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x				10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives				
Sustainable development principle: 5 ways of working	Prevention		Long term		Integration	X	Collaboration	X	Involvement
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not Applicable								



The key issues for health and social care organisations as the UK prepares to leave the European Union

Health and social care organisations from across Wales have come together through the Welsh NHS Confederation's Policy Forum to outline the key issues and priorities during the Brexit withdrawal process and beyond.

The Policy Forum does not take any stance on the merits or otherwise of Brexit. Its aim is to make sure that we are in the strongest possible position once the UK leaves the EU, and to this effect it advocates an implementation period that adequately reflects the time needed to achieve the following desired outcomes:

- A continued domestic and international pipeline of high calibre professionals and trainees in health and social care to deliver sustainable NHS, social care, and independent health services to ensure the best care for our communities and people who use our services.
- Continued recognition of professional qualifications for people trained in the EU27 and mechanisms to alert each other of health and social care professionals who are prohibited or restricted to practice.
- Protection of workers' employment rights and patients' rights post-Brexit.
- Health and social care organisations across the UK continuing to participate in EU collaborative programmes, and lead and contribute positively to European Reference Networks and other collaborative EU networks, such as those which support medical research, post-Brexit.
- Patients continue to benefit from early access to the wide range of innovative health technologies available on the EU market and not miss out on participation in EU clinical trials.
- Regulatory alignment for the benefit of patients and the public's health, so that UK patients continue to have early access to the wide range of innovative health technologies available.
- Reciprocal healthcare arrangements preserved.
- Robust co-ordination mechanisms on public health and wellbeing with the same or higher level of safety guaranteed through domestic standards and regulations.
- A strong funding commitment to the healthcare sector, promoting solutions to minimise any additional pressures which may result from Brexit, as well as advocating for any loss of EU funds to be offset by alternative funding.
- Continued engagement between the Welsh Government and the UK Government to ensure the interests of the health and social care sector in Wales are safeguarded during the withdrawal process and beyond.

Desired outcome: A continued domestic and international pipeline of high calibre professionals and trainees in health and social care to deliver sustainable NHS, social care, and independent health services to ensure the best care for our communities and people who use our services.

A total exit from the single market, as put forward by the UK Government, will leave the UK completely free to determine its own policies on immigration with possibly much greater implications for health and social care. Under this scenario we believe it is crucial to ensure that any future UK immigration rules recognise health and social care as priority sectors for overseas recruitment, from both inside and outside the EU.

According to the latest figures (April 2018), 1,462 individuals directly employed by the NHS in Wales identified themselves as EU nationals (1.6% of the total workforce) on the Electronic Staff Record. This might not seem much but it includes a significant number of trained, qualified and dedicated staff who could not be replaced in the short term — for example, 6.2% of medical and dental professionals working in the Welsh NHS identify as EU nationals.

Doctors from Europe make a vital contribution to the health services across the UK. Currently in Wales there are 104 GPs (4% of total) on the General Medical Council (GMC) register who gained their primary medical qualification from another country in the EEA. To date, the vote to leave the EU has not affected overall numbers of non-UK trained doctors registered to work in the UK.

In relation to the wider healthcare workforce there is still concern about the lack of robust data on the social care, independent and third sector workforce and what Brexit will mean for them. The number of EU nationals working in social care is far greater than those working in the NHS. Nearly one in five care workers were born outside of the UK (approximately 266,000 people across the UK), of whom 28% were born in the EU.

However there has been no risk assessments undertaken in relation to EU workers and the vulnerability in the social care and independent sector. If migrant workers are not able to be part of the social care workforce the outlook is worrying for the sector and for the elderly, the vulnerable, the disabled, carers, and the health and the social care workers who support them.

Clarification is also required around students and graduates. There were 5,424 EU students at Welsh universities in 2014/15, equivalent to 4% of the student population. It is unclear whether student mobility is on the UK Government's agenda.

Desired outcome: Continued recognition of professional qualifications for people trained in the EU27 and mechanisms to alert each other of health and social care professionals who are prohibited or restricted to practice.

We want to ensure that the EU27 and UK health and social care professionals, and the health and social care system, continues to benefit from training and education opportunities and automatic recognition of qualifications. We want continued recognition of professional qualifications of nurses, doctors, dentists, pharmacists, midwives and Allied Health Professionals trained in the EU27 and the UK before exit day and after the UK's departure from the EU.

Under a 'hard' Brexit scenario, all provisions deriving from the Recognition of Professional Qualifications Directive would be stripped out of the Medical Act 1983. The GMC would be legally required to treat an application from a doctor who had qualified within the EEA as an International Medical Graduate (IMG). This would have an important operational impact on the GMC and also place pressure on both the applicants and the Royal Colleges who work with the GMC to process applications. This could result in a delay of around 18 months between application and acceptance onto the register, which is likely to impact on professional mobility and workforce planning. The GMC also provides the Professional and Linguistic Assessments Board test (PLAB test) for doctors who have qualified abroad. PLAB testing is already at full capacity and would find it difficult to cope if they had to provide clinical assessment for EEA doctors as well.

We also need to agree a way forward on simplifying the movement of professionals, including improving the checks we put in place to ensure all professionals practising in the UK meet the same standards. It is important that the EU27 and UK competency authorities continue to use the Internal Market Information (IMI) System to alert each other of health professionals who are prohibited or restricted to practice.

The GMC has led the way in international information sharing. They led the campaign for the introduction of a legal duty at European level to share fitness to practise alerts using the European Commission's IMI system, which came into force in January 2016. Participation in this system is contingent on single market membership — a 'hard' Brexit will result in the UK's removal from the system. If this happens, the GMC will need to decide how to share information with European regulators and how they obtain similar information in return. This is particularly important as European regulators will continue to have access to the IMI system and may be unwilling to establish a separate system solely for UK health professional regulators.

Desired outcome: Protection of workers' employment rights and patients' rights post-Brexit.

A substantial proportion of UK employment law originates from the EU and provides important protections for social care and health staff. The UK Government has already stated its intention to protect workers' rights after Brexit and we very much welcome this.

The following are some areas that impact on health and social care:

- The **European Working Time Directive** outlines the number of hours an employee can work before taking a break and how many hours can be worked in a week. This is crucial for health and social care staff. Any legislation developed to replace this must not put pressure on employers to force workers into working longer hours.
- The **Directive on measures to improve safety and health at work** encourages improvements in occupational health and safety in all sectors of activity, both public and private; promotes workers' rights to make proposals relating to health and safety, to appeal to the competent authority and to stop work in the event of serious danger; and seeks to adequately protect workers and ensure that they return home in good health at the end of the working day.
- The **prevention from sharp injuries in the hospital and healthcare sector Directive** regulates the prevention of sharps injuries, for example injuries caused by needlesticks. Sharps injuries are especially prevalent in healthcare settings and are a major hazard and cause of sickness absence in the sector worldwide. Workers who have suffered a sharps injury can experience anxiety and distress and in the most serious cases the injury can result in infection with blood-borne pathogens such as HIV or hepatitis B or C.
- The **manual handling of loads Directive** lays down minimum health and safety requirements for manual handling where there is a risk particularly of back injury to workers, for example the implementation of hoists and other lifting equipment for health and social care staff. The Directive reduces the risks of musculoskeletal disorder, which is particularly prevalent in the nursing workforce and the main cause of sickness absence in the sector.
- The **Charter of Fundamental Rights** brings together all the personal, civic, political, economic and social rights enjoyed by people within the EU. The charter contains rights and freedoms under six titles, including Article 3 which protects the right to and respect for physical and mental integrity, requires free and informed consent from people, and prohibits making the human body a source of financial gain.
- **Article 19 of the Treaty on the Functioning of the European Union** provides protection to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation.

Changes to workers' rights could result in health and social care staff working longer hours, exacerbating the pressures they are under, and could lead to increased sickness and potentially pose risks to patient safety. In addition, already vulnerable people will be at increased risk without specific legal protection for patients and service users.

Desired outcome: Health and social care organisations across the UK continuing to participate in EU collaborative programmes, and lead and contribute positively to European Reference Networks and other collaborative EU networks, such as those which support medical research, post-Brexit.

Through co-operation spanning decades, European nations have created a world-leading location for research and innovation, and a world-class funding agency. The European Research Council has invested in unique research facilities, including CERN (the European Organization for Nuclear Research) and the European Laboratory of Molecular Biology.

Clinical research and innovation are key components of health and social care activity across the UK and healthcare organisations have a long tradition of EU collaborative research. The EU enables medical research collaboration by supporting the sharing of research staff and expertise, cross-border trials, and the development of research facilities. The EU provides funding through programmes such as Horizon 2020, and the European Investment Bank has invested in UK research facilities, including Swansea University and Bangor University.

Between 2008 and 2013, the UK received €8.8 billion of EU science funding. Access to funding and the formation of strategic partnerships are vital to the progression of medical research. But without access to EU funding and collaborative projects, Welsh science excellence risks falling behind, and organisations including the NHS will become less attractive to professionals wanting to undertake research.

We welcome the UK Government's commitment to underwrite Horizon 2020 funding beyond the date the UK leaves the EU for projects approved while the UK was an EU member. However, the future beyond 2020 is uncertain. The joint report from the EU and UK Brexit negotiators in December 2017 stated the UK *"may wish to participate in some Union budgetary programmes of the new MFF (Multiannual Financial Framework) post-2020 as a non-Member State"*. Access to EU research and development funding could be retained by the UK gaining *"associate member"* status for Horizon 2020's successor, Horizon Europe, as achieved by Switzerland and Israel for Horizon 2020. This would also allow UK-based academics to lead and participate in EU-wide collaborations. However, the UK will not be able to sign an association agreement for Horizon Europe until the programme has been legislated, probably in late 2020. Given that the Brexit transition period ends on 31 December 2020 and the new framework programme is due to begin the day afterwards, timing is clearly critical to ensure a smooth transition.

The UK has one of the strongest science bases of all European countries. We welcome the UK Government's intention to continue a strong collaboration with European partners in science and innovation. For health research we need to ensure that UK patients, the public and organisations can take part in pan-European research, innovation networks and clinical trials and that these can be supported through UK involvement in EU funding programmes and the EU Health programme.

The UK should continue to contribute knowledge and take the lead in European Reference Networks which are a virtual space for collaboration across the EU on rare diseases. This will give patients in the UK and across Europe access to the best treatment and knowledge available and support clinicians in developing their knowledge of rare diseases.

We recommend that the UK continues to harmonise its data protection regulations with Europe. Data sharing between Europe and the UK is essential for public health, medical research and ensuring patient safety. The UK must retain the General Data Protection Regulation (GDPR) because it provides important protections for individuals, while also allowing data to be shared within the EU.

Desired outcome: Patients continue to benefit from early access to the wide range of innovative health technologies available on the EU market and not miss out on participation in EU clinical trials.

The UK is currently part of the EU's European Medicines Agency (EMA) network, which encompasses more than 500 million people. The EMA ensures that medicines are safe, effective and of a high quality. It supports cross-border collaboration and provides a common framework for assessing and monitoring drug safety and efficacy, and allows timely access to new therapies and technologies.

The EMA represents 25% of the global pharmaceutical sales market, compared to the UK's 3% share in isolation. If the UK leaves the EMA arrangements and develops its own drug approval system, it may lose its 'tier 1' status, which would lead to:

- Delayed access by up to 12 to 24 months to new medicines and medical devices. For example, in Switzerland and Canada where there are separate approval systems, medicines typically reach the market six months later than in the EU
- Weakened post-approval regulation and pharmacovigilance
- Loss of expertise.

It is therefore crucial that any potential risks are minimised and that the UK's Medicines and Healthcare products Regulatory Agency (MHRA) retains its valuable role as an authority in the field, protecting and supporting innovation through scientific research and development.

As a result of the UK's withdrawal from the EU, the EMA is moving from London to Amsterdam. This will have a considerable impact, not only because it is relocating headquarters and personnel, but also because the relationship with the UK MHRA will change. The MHRA is a significant contributor to EU regulatory systems and processes, both for medicines and medical technologies. This includes scientific and clinical assessments, surveillance and supervision of products, and reporting of adverse events. Delay and expense in accessing treatments could be caused by separating the MHRA from the close working relationship it maintains with the EMA, in terms of vigilance, licencing, assessing medicinal products, offering scientific support and providing regulatory advice.

It is important that NHS patients do not miss out on opportunities to participate in EU clinical trials. Multi-country clinical trials must continue post-Brexit, particularly for rare diseases and personalised medicine, as these trials provide researchers with access to the large population base required. Currently, there are 1,500 clinical trials being conducted in multiple EU member states that have a UK-based sponsor, and over half of these trials are scheduled to continue beyond March 2019. The UK has the highest number of phase I clinical trials (those testing a new drug or treatment for the first time) in the EU and the second highest number of phase II and phase III clinical trials. It also has the highest number of trials across the EU for both rare and childhood diseases, many of which are scheduled to continue beyond March 2019.

Clinical trials for new drugs are currently carried out on a national level but are subject to EU regulations, including for their registration. The revised EU clinical trials Directive which takes effect in 2019, will harmonise arrangements across the EU with the aim of creating a single-entry point for companies that wish to carry out trials of new drugs on participants in different countries. Some in the pharmaceutical industry have expressed concern that leaving the EU could result in the UK losing out on some trials that might otherwise benefit patients.

Desired outcome: Regulatory alignment for the benefit of patients and the public's health, so that UK patients continue to have early access to the wide range of innovative health technologies available.

Over 2,600 medicinal products have some stage of manufacture based in the UK. This equates, to 45 million patient packs of medicines supplied from the UK to other EU27 and EEA countries every month. Over 37 million patient packs of medicines come the other way, supplied from the EU27 and EEA to the UK. Securing continued co-operation and mutual recognition between the EU and UK regarding the authorisation, conformity assessments, and testing and surveillance of medicines and medical technologies should be a priority outcome of the Brexit negotiations.

If the UK establishes a separate regulatory framework to continue to trade with the EU block of countries, we would still need to abide by their principles. This would impact all those involved in innovative health technologies, the pharmaceutical industry, medical devices and medical technology manufacturers, distributors, suppliers, researchers, NHS Wales and most importantly, patients. In Wales, it would hurt the ambition to link the health and wealth of the nation. According to the Welsh Government website, the Life Sciences sector in Wales employs around 11,000 people in over 350 companies.

To avoid dangerous delays for patients and an impact on this important health and economic sector, all products used in healthcare should be exempt from any new customs, tariff or VAT arrangements, and afforded pre-shipping clearance and fast-track access across any new EU/UK borders.

Desired outcome: Reciprocal healthcare arrangements preserved.

The current arrangements for reciprocal healthcare work well for the mutual benefit of UK and EU citizens. We support the UK Government's proposal to continue reciprocal healthcare arrangements both for UK citizens currently living in the EU, and for EU citizens living in the UK, after the UK has left the EU. They give peace of mind to travellers who know that if they carry a European Health Insurance Card (EHIC) they will be covered for urgent treatment, regardless of any pre-existing conditions, and to expatriates who can access healthcare in their country of residence. The system is also relatively simple for healthcare systems to administer.

Many UK citizens currently rely on the EHIC exclusively, even though it may not cover all costs (for example repatriation). Loss of access to the card would mean all citizens travelling across the UK/EU border would have to take out private medical insurance, as they do now when visiting the USA. Some people with long-term conditions, poor health, or disabilities may be unable to afford the cost of private insurance and could therefore effectively be unable to travel. Those who travel uninsured and need urgent or emergency care could be faced with large bills.

There are about 53 million visits made to the EU from the UK each year, and 25 million visits from the EU to the UK. Only around 1% of these visits results in an EHIC claim. Every year the UK recoups about £70 million from other EU countries and spends about £150 million on EHIC reimbursements, plus the cost (approximately £500 million a year) of reimbursing other member states for healthcare provided to British pensioners.

The current schemes also work very well for UK or EU citizens who need planned treatment in another EU country because, for example, the relevant expertise or equipment is not available in the country in which they reside. This provision is especially valuable for patients with rare diseases as there may be only a few centres of excellence in the EU where specialist treatment can be provided or in border situations where the nearest suitable facilities may be in a different member state.

Pensioners residing abroad who currently benefit from "S1" arrangements could, if allowed to stay in the host country after Brexit, have to take out healthcare insurance to access local services. This could be expensive and bureaucratic. There are far more British pensioners living in the EU27 countries than vice-versa (190,000 as opposed to 5,800) who have the right to receive healthcare on the same terms as the local population thanks to EU reciprocal healthcare arrangements. If these arrangements were to be discontinued, it is reasonable to assume that a proportion of these pensioners, many of whom have chronic conditions or complex healthcare needs, would return to the UK. Planning and funding provisions would have to be made for them in the UK's health and care system.

New non-reciprocal arrangements would also increase the administrative and resource burden in the UK when providing health services to EU citizens. Currently, managing access to health services by non-EU citizens is bureaucratically more burdensome than managing access for EU nationals.

Desired outcome: Robust co-ordination mechanisms on public health and wellbeing with the same or higher level of safety guaranteed through domestic standards and regulations.

The EU has a significant impact on health and wellbeing in Wales, both directly and indirectly. Examples include supporting co-operation to protect against current and emerging infectious diseases, legislation to support food quality and environmental improvements, social policy and enabling research and development. The health of citizens across Europe, including the UK, needs to be protected from pan-European disease outbreak. Tackling these health risks effectively requires joined-up policies and action, and the UK and EU need to reach agreement on the best way of collaborating to fight these public health risks after the UK leaves the EU.

The EU has several agencies that are directly relevant to health and wellbeing:

- European Centre for Disease Prevention and Control (ECDC)
- European Food Safety Authority (EFSA)
- European Medicines Agency (EMA)
- European Food and Veterinary Office (EFVO)
- European Agency for Health and Safety at Work (EU-OSHA)
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

These agencies undertake monitoring, surveillance, trend analysis and risk assessments, as well as providing alerts to government and stakeholders. They also support shared learning across borders and provide a platform for co-ordinated responses to global threats.

A significant proportion of the domestic legislation in public health and consumer protection originates from the EU, including:

- **Environmental protection:** a range of EU policies relating to water, waste, air pollution and climate change have been transposed and implemented in the UK.
- **Food standards:** EU law on nutrition and food (Food Information for Consumers Regulation) is embedded in the principles of food law.
- **Health and nutrition:** since 2007, EU institutions have established rules on both health and nutrition claims that allow businesses to demonstrate potential benefits of a particular produce.
- **Tobacco and alcohol:** the EU has enabled a cross-border approach to anti-smoking measures through the Tobacco Products Directive.
- **Cost and availability of fresh food:** currently 30% of the UK's food is imported from the EU and predictions point to decreased availability and higher costs of fruit and vegetables after Brexit.

To ensure that public health for all EU and UK citizens is maintained post-Brexit, it is key that there is strong co-ordination between the EU and UK to deal with pandemics, communicable diseases, influenza outbreaks, infectious diseases and antimicrobial resistance. We must also seek the highest possible level of co-ordination on health promotion and disease prevention programmes.

Any reduced level of collaboration with the European Centre for Disease Prevention and Control (ECDC) could lead to delays in reporting and disease tracking, hampering outbreak response. It would also reduce the effectiveness of pandemic preparedness planning and co-ordinating appropriate responses.

We recommend that the UK Government negotiate an agreement to continue to share information, evidence and planning for pandemic preparedness with the ECDC. Maintaining the fullest possible access to the ECDC's emergency preparedness systems would enable the UK to continue sharing data and evidence with the EU, and vice-versa, to protect its citizens and ensure preparedness co-ordination.

Desired outcome: A strong funding commitment to the healthcare sector, promoting solutions to minimise any additional pressures which may result from Brexit, as well as advocating for any loss of EU funds to be offset by alternative funding.

The Health Foundation estimated that the Department of Health's budget could be £2.8 billion lower than currently planned by 2019-20 as a result of a fall in economic growth following the UK's decision to leave the EU. In the longer term, the analysis concluded that the NHS funding shortfall could be at least £19 billion by 2030-31– equivalent to £365 million a week – assuming the UK is able to join the European Economic Area. If this is not the case, the shortfall will potentially be as high as £28 billion or £540 million a week. The repercussions will be felt by the NHS in Wales and any decline in the economy will see a rise in socio-economic inequalities, with a likely increase in health inequalities impacting on the most vulnerable in society, including at risk groups and people with disabilities.

In addition to the impact on the economy, EU structural funds have supported initiatives to reduce inequalities in health, tackle poverty and contribute to the promotion of wellbeing of the Welsh people. Wales is home to some of the poorest regions in the EU and so receives a disproportionately larger amount of EU funding compared with other parts of the UK. Unlike other areas of the UK, Wales is a net beneficiary of the EU, receiving £245 million more from the EU than it pays in. The net benefit to Wales from the EU equated to around £79 per head in 2014, compared to a net contribution of £151 per head for the UK as a whole. Any loss of funding could negatively impact on wellbeing and inequalities in Wales.

There is currently a great deal of uncertainty as to the availability of future replacement EU funding in Wales. EU funding that is currently administered on a Welsh level includes European Structural Funds; Rural Development Programme and CAP Pillar 1 support; and the Ireland Wales Cross Border Programme (jointly with Ireland).

Local government has been a key partner in delivering EU Funding in Wales over several programming periods. It is important in the delivery of EU-funded activity within regions through the direct delivery of capital and revenue schemes that support getting people back into employment. Local Authorities also play a strategic role in the delivery of these programmes on a local level. A key priority for Wales is to understand the rules of engagement for accessing any replacement funding after Brexit.

The period of uncertainty related to Brexit is likely to impact the mental health and wellbeing of the population and may disproportionately affect specific groups, such as farming communities, lower socio-economic groups and people with disabilities. We believe that it is important to understand the impacts on health and wellbeing during negotiation and transition.

Desired outcome: Continued engagement between the Welsh Government and the UK Government to ensure the interests of the health and social care sector in Wales are safeguarded during the withdrawal process and beyond.

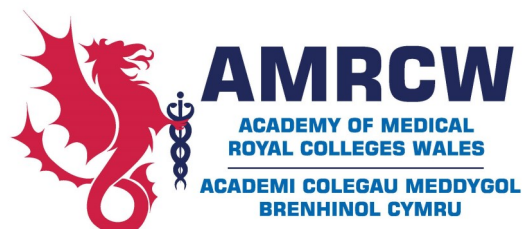
Policy Forum members will continue to highlight the possible implications for the NHS in Wales of the UK exiting the EU with the Welsh Government and Assembly Members, as well as with the UK Government.

A number of Policy Forum members are UK-wide organisations so have been speaking directly with the Department of Health in England, the Scottish Parliament and with colleagues in Northern Ireland regarding the border issue. In addition a number of organisations are members of the Brexit Health Alliance and Cavendish Coalition. Through these groups we have ensured that any briefings produced or any submissions to the UK Government, House of Lords or Westminster Committees reflect the issues impacting on the health and care system in Wales.

The Brexit Health Alliance brings together the NHS, medical research, industry, patients and public health organisations. The Alliance seeks to make sure that healthcare research, access to technologies and treatment of patients are given the prominence and attention they deserve during the Brexit negotiations. It will argue that it is in both the EU's and the UK's interests to maintain co-operation in research and in handling public health issues.

The Cavendish Coalition is a group of health and social care organisations united in their commitment to provide the best care to their communities, patients and residents. The Coalition is committed to working together to ensure a continued domestic and international pipeline of high calibre professionals and trainees in health and social care.

The following organisations have endorsed this



Cymru Wales



Children in Wales
Plant yng Nghymru

MACMILLAN
CANCER SUPPORT

CYMORTH CANCER
MACMILLAN



Coleg Brenhinol
y Meddygon (Cymru)



REPORT TITLE:	Clinical Services Plan – Update									
MEETING:	UHB Board					MEETING DATE:	29.11.18			
STATUS:	For Discussion		For Assurance		For Approval		For Information	X		
LEAD EXECUTIVE:	Executive Director of Strategic Planning									
REPORT AUTHOR (TITLE):	Deputy Director of Strategic and Service Planning									
PURPOSE OF REPORT:										

SITUATION:

Work has been continuing in developing the UHB's strategic clinical services plan for some months, principally through some executive and clinical board director workshops in March and June and a wider UHB stakeholder event in October.

These events have helped to shape a draft, high-level, clinical services plan that will describe the key components, enablers and milestones that underpin the required reconfiguration of services and infrastructure to meet the health needs of our own residents and our wider catchment population over the course of our strategy Shaping Our Future Wellbeing and beyond.

The initial draft plan will be circulated in December for wider comment and engagement.

This paper is intended to update the Board on the process to date and the proposed outputs, approach and timescale.

REPORT:

BACKGROUND:

The strategic clinical services plan focusses on developing the future configuration of tertiary and acute services at the 'new build' UHW and the future UHL to inform the capacity and configuration of the infrastructure that will need to be in place to support redesigned acute models of care.

Alongside this, complementary work in developing the primary and community services and supporting health & social care infrastructure to support the increased capacity in the community to deliver more care at home and in the community is being driven through:

- The UHB's partnership Transformation work with Local Authority, Public Health and wider stakeholders developing integrated and jointly commissioned services in the community focussing on prevention, early intervention and home delivered care through the Regional Partnership Board.

- The UHB's internal Transformation programme focussing on data-driven, evidence-based clinical pathway redesign methodology to improve outcomes and redeploy resources to deliver value based healthcare
- The UHB's Shaping Our Future Wellbeing in the Community programme and the Primary Care Estates programme to develop effective and integrated infrastructure solutions in the community to support redesigned models of care.

Over time, the UHB's services will be increasingly based in the community to support this model of care, with only those services that require either a critical mass, access to critical care or theatres or specialist diagnostic or medical equipment that can only be provided in one of the two acute hospitals.

ASSESSMENT:

The work undertaken with clinical leads across the organisation has focussed on the developing bold and sustainable service models for meeting the population's needs in the future. Some of these will need major capital investment and/or long term workforce and organisational redesign to deliver (10 years plus) others can be progressed over a medium term timescale enabling the organisation to deliver clinical change in line with the UHB's strategic direction.

The draft strategic clinical services plan describes the proposed future configuration of services and some of the key enablers to deliver a sustainable model of tertiary and secondary acute services within an integrated system of seamless health and social care.

The clinical services plan will outline:

- The planning context – core principles and key assumptions
- The key drivers for change in the delivery of acute services in Cardiff & Vale
- The future demand for acute care – local, regional and national
- The principles for the bold future models of care
- The planned configuration for the provision of acute services in Cardiff and Vale
- The key enablers
- The critical key milestones

The draft strategic clinical services plan will be underpinned by an action plan of key ongoing planning and engagement activities to:

- Ensure that the key service and infrastructure changes are appropriately identified
- Ensure effective engagement with key stakeholders
- Ensure that the supporting service redesign and capital plans are aligned with the strategic clinical services plan and allied transformation programmes

The draft clinical services plan and supporting action plan will be circulated for Board consideration prior to the December development session.

RECOMMENDATION:

The Board notes progress in developing the strategic clinical services plan and proposed approach to progressing the detailed further planning work.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

1.Reduce health inequalities	X	6.Have a planned care system where demand and capacity are in balance	X						
2.Deliver outcomes that matter to people	X	7.Be a great place to work and learn							
3.All take responsibility for improving our health and wellbeing		8.Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X						
4.Offer services that deliver the population health our citizens are entitled to expect	X	9.Reduce harm, waste and variation sustainably making best use of the resources available to us	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							
Sustainable development principle: 5 ways of working	Prevention	Long term	X	Integration	X	Collaboration	X	Involvement	X
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not Applicable								



REPORT TITLE:	Health & Safety Committee Report							
MEETING:	UHB Board					MEETING DATE:	29.11.18	
STATUS:	For Discussion		For Assurance		For Approval		For Information	x
LEAD EXECUTIVE:								
REPORT AUTHOR (TITLE):	Michael Imperato, Independent Member – Legal							
PURPOSE OF REPORT: To provide Board with key issues from the Health and Safety Committee held on 9 October 2018.								

SITUATION:

The Health and Safety Committee of the UHB held its last meeting on 9 October 2018 and the following report provides Board with a summary of the key issues discussed at that meeting.

REPORT:

BACKGROUND:

This is the first written report provided to Board by the Chair of the UHB Health and Safety Committee.

Reports from each Committee Chair will highlight to the Board the key issues discussed at the last meeting of their Committee, and provide assurance regarding the business assigned to that Committee by the Board.

ASSESSMENT:

The Health and Safety Committee considered the following:

Annual Fire Safety Report

- The Committee noted some encouraging progress on fire training for staff where the percentage of staff receiving such training is now in the region of 68% compared to low 50s last year. However we are still some way off the 85% target.
- It was highlighted that there are no Fire Enforcement Notices in force.
- It was raised whether the no smoking policy introduced in Mental Health has increased reportable fires. Facilities suggest this is linked to banning of smoking on premises. This is being further explored.

Health and Safety Improvement Plan for 2018/19

It is planned to enhance progress in 4 key areas with a Health and Safety Adviser to co-ordinate progress in each:

- Health Aspects (stress, Hand Arm Vibration, Hazardous substances controls, health environment etc.)
- Risk Assessment
- Health and Safety competence - training, managers training, communication etc.
- Compliance and Priority Improvements – compliance shortfall, benchmarking etc.

Health and Safety Polices

These were reviewed by the Committee and some need updating as a priority.

RECOMMENDATION:

The Board is asked to:

- **NOTE** this report.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

1.Reduce health inequalities								6.Have a planned care system where demand and capacity are in balance													
2.Deliver outcomes that matter to people								7.Be a great place to work and learn				x									
3.All take responsibility for improving our health and wellbeing				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								9.Reduce harm, waste and variation sustainably making best use of the resources available to us				x									
5.Have an unplanned (emergency) care system that provides the right care, in the right place, first time								10.Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives				x									
Sustainable development principle: 5 ways of working		Prevention		x		Long term				Integration				Collaboration				Involvement			
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:		Not Applicable																			

