

Bundle Board Meeting 31 January 2019

Agenda attachments

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 - 8.3 Agenda of the Private Board Meeting: HSE Prosecution, Brexit Update, Funded Nursing Care Update
 - 8.4 To note the date of the next Board Meeting 28th March 2019 at 1pm venue to be confirmed

AGENDA
JANUARY BOARD MEETING
1pm on 31st January 2019
Boardroom, University Hospital Llandough

PATIENT STORY		
‘Grow Cardiff’ Story – A project to improve patient health and well-being through therapeutic community gardening		
1	Welcome and Introductions	Maria Battle
2	Apologies for Absence	Maria Battle
3	Declarations of Interest	Maria Battle
4	Minutes of the Board meeting held on 29 th November	Maria Battle
5	Action Log	Maria Battle
6	Items for Review and Assurance	
6.1	Chair’s Report	Maria Battle
6.2	Chief Executive’s Report	Len Richards
6.3	Quality Safety and Experience Report	Ruth Walker
6.4	Performance Report	Sharon Hopkins
6.5	Transformation Programme Progress Report	Sharon Hopkins
6.6	Board Assurance Framework 2018/19	Nicola Foreman
7	Items for Approval / Ratification	
7.1	Endorsement of Cardiff PSB Healthy Travel Charter	Fiona Kinghorn
7.2	Integrated Medium Term Plan Priorities 2019-2021	Abigail Harris
7.3	Disposal 2018 – Colcot, Lansdowne, Hamadryad Land	Abigail Harris
7.4	Update on Additional Learning Needs Act Implementation	Fiona Jenkins
7.5	Laboratory Information Network Cymru Programme Outline Business Case	Fiona Jenkins
7.6	Committee Minutes:	Committee Chairs
7.6.1	Quality Safety and Experience Committee – 16.10.2018	Susan Elsmore
7.6.2	Audit Committee – 25.09.2018	John Antoniazzi
7.6.3	Finance Committee – 31.10.2018 and 28.11.2018	John Union
7.6.4	Health and Safety Committee – 09.10.2018	Michael Imperato
7.6.5	Charitable Funds Committee – 11.09.2018	Akmal Hanuk
7.6.6	Strategy and Delivery Committee – 06.11.2018	C Janczewski
7.6.7	NHS Wales Collaborative Leadership Forum – 14.06.18	
7.7	Advisory Group Minutes:	
7.7.1	Stakeholder Reference Group – 27.11.2018	Paula Martyn
7.7.2	Local Partnership Forum – 31.10.2018	Martin Driscoll

8	Items for Noting and Information	
8.1	Trauma Network Progress Report	Graham Shortland
8.2	Key issues from Committee and Advisory Group Meetings since September to bring to the attention of the Board:	
8.2.1	Quality Safety and Experience Committee – 18.12.2018	Susan Elsmore
8.2.2	Audit Committee – 04.12.2018	John Union
8.2.3	Finance Committee – 30.01.2019 (verbal)	John Antoniazzi
8.2.4	Health and Safety Committee – 22.01.2019 (verbal)	Michael Imperato
8.2.5	Charitable Funds Committee – 11.12.2018	Akmal Hanuk
8.2.6	Stakeholder Reference Group – 24.01.2019	Paula Martyn
8.2.7	Local Partnership Forum – 10.12.2018	Martin Driscoll
8.3	Agenda of the Private Board Meeting <ul style="list-style-type: none"> • HSE Prosecution • Brexit Update • Funded Nursing Care Update 	Nicola Foreman Abigail Harris Chris Lewis
8.4	To note the date of the next Board Meeting 28 th March 2019 at 1pm venue to be confirmed.	

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

**UNCONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE
UNIVERSITY HEALTH BOARD HELD AT 13.30 ON 29 NOVEMBER 2018
BOARD ROOM, UNIVERSITY HOSPITAL, LLANDOUGH**

Present:

Maria Battle	MB	Chair
Len Richards	LR	Chief Executive
Abigail Harris	AH	Executive Director of Strategic Planning
Akmal Hanuk	AK	Independent Member - Community
Charles Janczewski	CJ	Vice Chair
Dawn Ward	DW	Independent Member - Trade Union
Eileen Brandreth	EB	Independent Member - ICT
Fiona Kinghorn	FK	Interim Executive Director of Public Health
Dr Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Prof Gary Baxter	GB	Independent Member – Cardiff University
Dr Graham Shortland	GS	Medical Director
John Antoniazzi	JA	Independent Member - Estates
John Union	JU	Independent Member - Finance
Martin Driscoll	MD	Executive Director of Workforce and OD
Michael Imperato	MI	Independent Member - Legal
Chris Lewis	CL	Deputy Finance Director
Ruth Walker	RW	Executive Nurse Director
Sara Moseley	SM	Independent Member –Third Sector
Steve Curry	SC	Chief Operating Officer
Cllr Susan Elsmore (There until 2pm)	SE	Independent Member –Local Authority

In Attendance:

Indu Deglurkar	ID	Chair, SMSC
Jonathan Gray	JG	Investigation Support Manager
Nicola Foreman	NF	Director of Corporate Governance
Dr Sharon Hopkins	SH	Deputy Chief Executive and Director of Transformation
Stephen Allen	SA	Chief Officer, Cardiff and Vale of Glamorgan CHC
Tom Haslam	TH	Observer, WAO
Tom Porter	TP	Consultant in Public Health Medicine

Secretariat:

SE Sheila Elliot

Apologies:

Paula Martyn	PM	Chair Standardisation Programme Group
Lance Carver	LC	Director of Social Services, Vale of Glamorgan
Sue Bailey	SB	Chair, Healthcare Professionals Forum

UHB 18/162 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the private meeting.

UHB 18/163 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

UHB 18/164 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 the Quality and Patient Safety Committee. Indu Deglurkar declared an interest in the report on Thoracic Surgery as she is a Cardiac Surgeon at Cardiff and Vale University Health Board

UHB 18/165 MINUTES OF THE BOARD MEETING HELD ON 29 SEPTEMBER 2018

Resolved that:

- (a) The Board received and approved the minutes of the private meeting held on 29th September 2018.

UHB 18/166 ACTION LOG FOLLOWING THE LAST MEETING

Resolved that:

- (a) The Board received the Action Log from the 29th September 2018 meeting.

UHB 18/167 REPORT FROM THE CHAIR

The Chair introduced the report stating that she would take the report as read. The Chair raised the following points from the report

- Opened the Sexual Assault Referral Centre Conference celebrating a decade since it's opening
- Attended PCIC Celebratory event showcasing the work and achievements of the workforce in primary and community care
- First Minister announced £30.8million funding for a new unit for patients needing specialist neuro and spinal rehabilitation
- Youth Advisory Board update and the Chair stated she was very impressed with the work of this group
- Attended RCN Wales Nursing Awards 2018 and was very proud of our staff who had received awards
- Attended the formal opening of new Medical Emergency Assessment Unit at Llandough Hospital

Resolved that:

- (a) The Board approved the changes to the Committees Chairs and Membership
- (b) The new criteria in relation to voting from Welsh Government was adopted.
- (c) The Board endorsed the fixing of the Common Seal.

UHB 18/168 REPORT FROM THE CHIEF EXECUTIVE

The Chief Executive introduced the report and highlighted the following:

- Information on the transformation and improvement work which was undertaken with Canterbury had been received very positively and had been shared with the Regional Partnership Board and Chief Executives of other Health Boards. This had generated significant interest
- The Memorandum of Understanding had been signed by both the Chief Executive from Canterbury and the Chief Executive from Cardiff and Vale UHB. This enabled both parties to work together on issues of transformation, improvement and innovation.
- Chief Connect Executive Live - This initiative was being used to get the Executive Team out into the organisation to listen to staff on the frontline in wards and departments on a weekly basis.
- Clinical Services planning work – the Director of Strategic Planning was working hard to see how services could be re-configured within organisation using current facilities.

Resolved – that:

- (a) The Board noted the Chief Executives Report

UHB 18/169 CONFIRMED MINUTES FROM PRIVATE COMMITTEES

No private Committee Meetings had been held since the last meeting of the Board in September.

UHB 18/170 ADULT THORACIC SURGERY: OUTCOME OF THE PUBLIC CONSULTATION AND RECOMMENDATION ON THE FUTURE SERVICE MODEL FOR SOUTH WALES

The Chief Executive introduced the report and made the following comments:

- Cardiac Surgery and Thoracic Surgery are diverging specialties and the two small Thoracic Units in South Wales have excellent outcomes but fragile and difficult to sustain. Sustainability of the current systems could not be maintained. In 2017 it was decided that a more sustainable service was needed and a public engagement exercise was undertaken. An independent panel made up of clinical and lay membership was convened by WHSSC to consider and advise on where the single site should be.
- To merge both the Thoracic units would provide one of the biggest Thoracic centres in the UK, be sustainable and believed to be a more attractive place to work, to research, to train and to deliver improvements in outcomes. The Chair acknowledged that there were differing views from the Senior Medical Staff having attended the engagement sessions. Following public consultation and after

consideration of the criteria, the Morriston site in Swansea was recommended for the centre rather than the UHW. Following public consultation and after consideration of the criteria, the Morriston site in Swansea was recommended for the centre rather than the UHW.

- The model would be a surgical hub at Morriston and spoke services at UHW for diagnosis and outpatients.
- Issues were raised with regard to the relationship between the Thoracic Surgical and Major Trauma Centre and safety issues posed by splitting of services and also regarding transport and accommodation. There were 4 points which were critical to ongoing progress, and which could not be under-estimated:
 1. Develop the Cardio-thoracic skills of the trauma surgeons
 2. There will be an on-call thoracic rota with remote 24/7 on-call advice and attendance on rare occasions (typically 5-8 patients annually)
 3. A Thoracic Surgeon available 5 days a week based in UHW
 4. Approve the running of multi-team working to ensure care is delivered closer to homes.

It was stated that the Healthier Wales Policy encourages the Board to think beyond boundaries; Cardiff and Vale should lead Specialist Services which should be resilient, support infrastructure and accessible across the wider geographical region.

The Chair of the SMSC introduced her statement on behalf of Senior Medical Staff consisting of 695 Consultants and made the following comments:

- The Board had been asked to approve the Single Thoracic Centre in South Wales to be located at Morriston Hospital, 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;
- There had been a Public Consultation and majority of the respondents (53.23%) disagreed with the proposal to locate the centre at Morriston Hospital.
- 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.
- Accessibility, work force configuration, major trauma centre, implementation and improvement were the major points of discussion.
- The Chair stated she would like to approach this from a clinical standpoint. The SMSC accepted and understood the difficulties

with major reconfiguration of services that are required in South Wales and would very much support reconfigurations that enhanced patient safety and quality of care.

- Unfortunately, the intimate link between the proposed Major Trauma Centre at Cardiff & Vale and the single Thoracic centre at Morriston Hospital located 42 miles away would impact on patient safety which is what made the decision contentious.
- The Chair commented that in the BBC news last week that there were around 5000 stab injuries in England over 4 years and this in comparison to the previous 4 years was up by 40%
- 500 of these were children. In Cardiff, 20 stab wounds were treated last year. It was imperative that Cardiff and Vale provide the most skilled expertise for the best possible outcomes for the population of South Wales and at the same time preserve the Health Board's reputation and safeguard against potential legal vulnerabilities.
- As the proposed centre was 42 miles away, Cardiff and Vale's Thoracic Surgeons categorically stated that they could not safely provide cover in a timely manner to the MTC and patients would come to harm not only at Cardiff & Vale but also in the Single Centre. It was also not merely a question of the Surgeon travelling to cover the MTC but the requirement for the whole team to be available as this was key to good outcomes. There would be an attrition of skills at Cardiff & Vale due to inability of other groups of Clinicians to maintain their competencies on a daily basis, yet they would be called upon to tackle the most critically ill patients.
- The Department of Cardiothoracic Surgery was very happy to train Trauma personnel during elective activity to build up expertise within the Trauma team. However, in the UK, it was mandatory to be on the Specialist Register and maintain competencies on a daily basis to perform these procedures
- The interdependent specialities such as Paediatrics, Neurosurgery would struggle to cope without Thoracic Surgery
- Cardiff and Vale UHB would be legally bound to provide nothing but expert care for the MTC. As a mandatory prerequisite, the medical rosters and 24/7 Thoracic Surgery cover for the MTC need to be drawn up in exquisite detail, with Clinicians commitment to provide the service and be approved by the regulatory Professional bodies. We do not fulfil the criteria at present.
- The Clinicians of Cardiff & Vale requested that the Health Board revisit the proposal in six months' time and subject to fulfilling the basic criteria for a Major Trauma Centre having 24/7 Thoracic Surgery cover.

- Lastly, the Chair of the SMSC stated that South Wales needed major service reconfiguration bringing closely allied specialties together to create two very strong centres in Swansea and Cardiff leading in different aspects of care and not by segregating the most interdependent Specialties. Wales must set its own high standards with a real vision to creating the most exemplar and robust services fit for the future and not opt for less than suboptimal models.
- Unless and until all the criteria are satisfied for the safe provision of major trauma services with all necessary expertise, Thoracic surgery which has some of the best outcome data should remain with the Major Trauma Centre. In the meantime, Cardiff & Vale should continue to get support for continued development.
- The Chair of the SMSC stated that we get one chance to configure the services right and it is imperative that we Get It Right The First Time.
- Assurance was provided by the Chair that the proposal would come back to Board in 6 months to ensure that the caveats had been met.
- After careful consideration of all of the issues and listening to the representations made from both the Senior Clinical Consultant body and the Community Health Council the Board approved all of the recommendations.

Resolved – that:

- (a) The Board considered the Cardiff and Vale CHC response to the public consultation in making the Board's decisions relating to the WHSSC recommendations;
- (b) The Board approved the recommendation that thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site;
- (c) The Board approved 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;
- (d) The Board approved the mitigating actions set out in the WHSSC Report on Public Consultation, to be delivered in line with the implementation of the service change.
- (e) The Board approved that if the issues relating to patient safety aligned with the provision of thoracic surgery cover at the Major Trauma Centre were not resolved within 6 months from the date of the meeting then the Board would withdraw its approval.

UHB 18/171 BOARD ASSURANCE FRAMEWORK (BAF)

The Director of Corporate Governance introduced the report stating that the key risks to the achievement of the Strategic Objectives had been agreed by the Executive Directors. The Director of Corporate Governance also stated that the BAF did require further refinement and that the Board would see this over coming months.

A number of Independent Members commented that they were pleased to see this piece of work and that it was easy to understand.

Resolved – that:

- (a) The Board reviewed and noted the report
- (b) The Board approved the format of the BAF
- (c) The Board approved the principle risks detailed within the BAF as those risks which could impact upon the delivery of Strategic Objectives.

UHB 18/172 NURSE STAFFING ACT CHANGES

The Executive Nurse Director introduced the report and stated that all areas which were acute medical or surgical were compliant with the act and had been signed off as such apart from the Mental Health Clinical Board. This area remained non-compliant with Section 25 (a) of the Act. The Executive Nurse Director provided assurance that despite being non-compliant the Mental Health Clinical Board undertook staffing level reviews on a day to day basis. She expected this situation to be addressed through the IMTP process.

Resolved – that:

- (a) The Board approved the latest iteration of the nurse staffing levels for June 2018 in compliance with the Nurse Staffing Levels (Wales) Act 2016.
- (b) The Board noted the progress in those areas working towards compliance.

UHB 18/173 CHILDS' RIGHTS APPROACH

The Interim Executive Director of Public Health introduced the report stating that it covered the Childs' Rights Approach in Cardiff and Vale University Health Board and Cardiff and Vale of Glamorgan Public Service Health Boards. The work encompassed the UHB Children and young people's health charter and the Child Friendly Cardiff Strategy. 41 enthusiastic children and young people applied to be members of the Young Persons Health & Advisory Board and would be actively holding the UHB Board to account.

Resolved – that:

- (a) The Board supported the development and implementation of a child's right approach in Cardiff and Vale UHB
- (b) The Board approved the UHBs children and young people's health charter

The Board supported the implementation of Cardiff PSBs' Child Friendly City Strategy and Vale of Glamorgan PSBs' self-assessment of a child's rights approach

UHB 18/174 **QUALITY, SAFETY AND EXPERIENCE REPORT**

The Executive Nurse Director introduced the report and highlighted the following:

- There had been a steady increase in serious incidents over the last 18 months but October had seen a significant rise. This was due to the increase in pressure damage reporting. There were however no large numbers of unresolved cases.
- The serious incidents reported to the Board in Public were an overview rather than specifics which could identify individuals
- There had been an unexpected child death as a result of co-sleeping.
- A question was asked how did this manifest itself, and were we at risk as a Health Board? The Executive Nursing Director assured the Board that further guidance was being sought as to whether the UHB should discourage co-sleeping.
- There were a further 11 unexpected deaths – do we need to take a deep dive into these deaths? The Executive Nursing Director replied that some work on mental health and community deaths would be undertaken during December as there had been a significant number of patients although some of the deaths were not related to mental health issues.
- A patient was discharged, re-admitted and subsequently died. The Executive Nursing Director would bring a report on this to the Board. RW
- The Executive Nursing Director confirmed that the Ophthalmology issue regarding inserting the incorrect lens would be discussed in the Private Board
- The issue raised regarding pressure ulcers would be investigated by QSE and they would report the outcome back to the Board. RW

Resolved – that:

- (a) The Board considered the content of the report on patient safety, quality and experience
- (b) The Board noted the areas of concern highlighted within the report and agreed to the action been taken
- (c) The Executive Nursing Officer would bring a report back to the Board on the patient who died

- (d) The Executive Nursing Officer would report back to the Board when the issue relating to pressure ulcers had been investigated

UHB 18/175 PERFORMANCE REPORT

The Deputy Chief Executive and Director of Transformation introduced the report and made the following comments:

- It was stated that the Board always focused on areas which had deteriorated however, the Board should also consider areas of improvement and why they had improved.

The Deputy Chief Executive and Director of Transformation went on to highlight three areas:

- Emergency Hospital Admission Rate for chronic conditions
- Mortality Work
- Laparoscopy audit, which was excellent.

Regarding the trend in the reduction of screening of patients with sepsis, the Medical Director stated that the organisation should look at how Sepsis was rolled out. The A & E Department had undertaken some excellent work in using a red flag system and ensuring each step was considered. He also stated that frontline staff had been attending the mortality meeting which was good to see. The organisation also had the greatest improvement in mortality rates across the UK and it was important to ensure that this continued.

The Chief Operating Officer highlighted that :

- The CAMHS performance had deteriorated and there was a huge dip in mental health patients who were getting therapeutic intervention and a question was raised about what Cardiff and Vale University Health Board were doing about it? The Board were assured that this had been due to a specific administrative error which had since been rectified
- Following a question the Board were assured that the Winter Ward had been prepared and would be opening on Sunday 2nd December, but this would be scaled down for a short period over Christmas.
- Cancer results performance was 79%. There had been an increased demand of 19% mainly in gastro and urology.
- It was stated that Cardiff and Vale University Health Board were the bottom-performing healthcare regarding cancer, what would be learnt from other Health Boards and how would this be turned around? A report would be presented at a future Board Meeting.
- A&E four hour waits were good and Ambulance performance times were good and this was a result of work that has been carried out.

The Chief Executive stated that when clinical teams were asked to deliver and have done so and that the Executive Team needed to ensure that the teams were enabled and empowered in order for this to continue

SC

Mr Akmal Hanuk, Independent Member stated that the Communications Team should ensure that the good news stories were highlighted and communicated both among staff and the wider community.

Resolved – that:

- (a) The Board noted the current performance and actions been taken to improve performance.
- (b) The Board noted that a report will be delivered at next Board meeting
- (c) A report would be presented to a future Board Meeting on cancer performance

UHN 18/176 SUSTAINABLE TRAVEL AND CLEAN AIR (Presentation)

The Consultant in Public Health Medicine gave an interesting presentation and discussion ensued. It was noted that:

- Travel patterns had changed dramatically over the last 20 years.
- It was asked how would this fit into Community services? - UHW had been working closely with Council and Public Transport.
- What were we doing to support long term development and partnership with the third sector? A response was provided that a Clean Air Zone had been suggested for Cardiff.
- Funding for 5 Super Highways for Bikes in Cardiff had been applied for.
- The Nextbike Scheme in Cardiff was the most successful bike scheme in the UK second only to London and was now on UHW.
- Electric points in car pool at UHW would be installed soon.

Resolved – that:

- (a) The Board noted
 - the significant progress being made on promoting and supported healthy travel,
 - the statutory requirement to reduce NO₂ levels in Cardiff
 - the major improvement planned in sustainable travel infrastructure
- (b) The Board supported the ambitious ongoing partnership working on this topic.

UHB 18/177 TRANSFORMATION AND IMPROVEMENT PROGRAMME AND PLAN TO INCLUDE DETAILS OF LEARNING ALLIANCE

Mr Jonathan Gray gave a presentation and the following points were noted:

- Development and implementation time lines were improving that this was down to the team effort taking place
- The enablers were in place to try to set the conditions within the organisation to enable changes to take place
- Health Pathway progress was fast

- Central meeting places were advocated to enhance collaboration
- Staff were unaware of how good they actually were!
- Timescales to see full transformation could be as much as 10 years, this was not a quick fix or easy win.
- Difficulties were been experienced with engaging clinicians in transformation when they were dealing with current issues making the long term vision hard to see
- Small conferences could be introduced to gain ideas on frontline issues
- More international collaborative agreements such as the Canterbury MOU would be good to see, connecting UHW with the rest of the world.

Resolved – that:

- (a) The Board noted the Progress which had been made on the Transformation and Improvement Programme and the continuing development of the Programme

UHB 18/178

FALLS FRAMEWORK

The Executive Director of Therapies and Healthcare Science introduced the report and made the following points:

- The Framework would be completed within 2 months
- Falls were not an inevitable part of life and growing old
- Risk of falls would always rise as the population ages
- WHSSC has developed a falls framework - were the University Health Board we engaging with this? The Executive Director of Therapies would update at next Board Meeting

FJ

Resolved – that:

- (a) The Board noted the draft framework and recognised that further work was required to complete this during the next two months
- (b) The Board supported the development of the Regional Partnership approach focusing on primary prevention.

UHB 18/179

STAFF SURVEY

The Executive Director of Workforce and OD introduced the report and stated the following:

- An independent member stated that it is disappointing that we were second from bottom on responses – what actions would be taken to embed staff engagement and feedback in the organisation at every level? It was discussed that:
- The last staff survey had been undertaken 2 years ago.
- Most of the scores had improved in the last 2 years

- There were 103 questions included in the survey however disappointingly only 23% of staff had completed the survey
- A group of volunteer employees would be pulled together to determine key actions to be taken from the results received. One of their first jobs would be to look at why the take-up was so low. It was suggested that maybe it would help to make the survey mandatory and/or reduce the number of questions asked.
- Information and results on the survey would be published by the Communications Team
- Dawn Ward, Independent Member, stated that the organisation had been poor in communicating the pay deal to staff
- A plan of action would be available in January 2019

A request was made for information to be broken down into staff groups.

Resolved – that:

- (a) The Board noted the report and the creation of an employee stakeholder group which would be chaired by the Executive Director of Workforce and OD.
- (b) The Board agreed that an action plan would be developed for Cardiff and Vale UHB

UHB 18/180 BREXIT

The Executive Director of Strategic Planning introduced the report and made the following comments:

- This work was being dealt with at National level and Welsh Government
- Work on a Business Continuity Plan was being undertaken and risks involved were being identified.

The Board would continue to be updated on progress being made in this area.

Resolved – that:

- (a) The Board noted the report and the potential for a no deal Brexit and the action being taken to plan for such.

UHB 18/181 ITEMS FOR NOTING AND INFORMATION

UHB 18/182 CLINICAL SERVICES PLAN UPDATE

The Executive Director of Strategic Planning introduced the report stating the work in this area had been continuing. A further update would be given at the Board Development in December.

<p>UHB 18/183</p>	<p>KEY ISSUES FROM COMMITTEE MEETINGS SINCE SEPTEMBER TO BRING TO THE ATTENTION OF THE BOARD:</p> <p>H&S Committee The report produced by the Chair of the Committee was noted by the Board.</p> <p>Quality Safety & Experience Committee The Chair of the Committee asked that the Volunteers to be noted and thanked.</p> <p>Strategy & Delivery Committee The key points of the minutes were noted by the Board</p> <p>Finance Committee Month 7 had produced a small deficit but the 9.9m target was still likely to be achieved. A review of the 2020/2021 draft financial framework had taken place and a plan would be submitted to Board in January 2019.</p> <p>Mental Health & Capacity Legislation Committee Key points were noted by the Board.</p> <p>Local Partnership Forum Key points were noted by the Board</p>
<p>UHB 18/184</p>	<p>COMMITTEE MINUTES</p>
	<p><u>Resolved</u> – that:</p> <p>The Board ratified the following Minutes:</p> <ol style="list-style-type: none"> 1. Quality Safety and Experience Committee - September 2018 2. Strategy and Delivery Committee - September 2018 3. Finance Committee – August and September 2018 4. Mental Health and Capacity Legislation Committee – June 2018 5. Health and Safety Committee – July 2018 6. Shared Services Partnership – September 2018 7. Emergency Ambulance Service Committee – July and October 2018
<p>UHB 18/185</p>	<p>DATE OF THE NEXT MEETING OF THE BOARD</p>
	<p>The next scheduled meeting of the Board would be held at 1pm on 31st January 2019 with the venue to be confirmed.</p>
<p>UHB 18/186</p>	<p>AGENDA OF THE PRIVATE BOARD MEETING</p>
	<p>In terms of openness, the agenda for the Private meeting was published:</p> <ul style="list-style-type: none"> • Governance Review • Employment Tribunal Update

UHB 18/187 | ANY OTHER URGENT BUSINESS

There was no other business to raise.

**ACTION LOG
FOLLOWING BOARD MEETING
NOVEMBER 2018**

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
UHB 18/117	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	26/07/18	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 COMPLETE
UHB 18/149	QSE Report	Better communication with staff as to when repairs were likely to be undertaken.	27/09/18	A Harris	Staff can log onto the estates system to check where the job is using the job number that has been given COMPLETE
UHB 18/035	Patient Story	Ask a Board Committee to consider suggestions made by Mrs. Murray to support staff at work.	29/03/18	M Battle	This will be considered at the Strategy and Delivery Committee in September COMPLETE
18/179	Brexit	Produce Business Continuity Plan	31/01/19	A Harris	Private Board Agenda 31/01/19 COMPLETE
UHB 18/105 UHB 18/114	Thoracic Surgery Consultation	CHC to provide initial feedback after the first 4 weeks of consultation.	28/06/18 26/07/18	S Allen	Consultation completed and fed into final report to Board November 2019 COMPLETE
Actions In Progress					
18/174	Quality, Safety & Experience	Obtain further guidance on Co-sleeping	31/01/19	R Walker	Verbal Update
18/174	Quality, Safety & Experience	Report further on community deaths of mental health patients	31/01/19	R Walker	Verbal Update
18/174	Quality, Safety & Experience	Report further on patients discharged too soon	31/01/19	R Walker	Verbal Update

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
18/175	Performance Report	A report to be presented outlining how we can improve our cancer results performance	31/01/19	S Curry	Verbal Update
18/178	Falls Framework	Investigate Falls Framework System Developed by WHSCC	31/01/19	F Jenkins	Verbal Update
18/181	IM Questions	Llandough Stairway – clean Hafan Y Coed Courtyard is overgrown	24/01/19	N Foreman	Email sent to Peter Welsh COMPLETE
		Report on costs and savings for Woodland House	24/01/19	N Foreman	Email sent to Peter Welsh COMPLETE
			28/03/19	A Harris	March 2019 Private Board
UHB 18/119 UHB 18/146	HIW Annual Report of UHB	Provide a timescale for relocation of the Links Centre	26/07/18 27/09/18	A Harris	The plan is for staff to temporarily move into the main CRI building into space vacated by PCIC staff moving to Woodland House. A business case is with Welsh Government to develop part of CRI to address the requirements of the SARC service and mental health teams in SE Cardiff.
UHB 18/154	RCS Review of Paediatric Surgery	Review how situation was handled from 2013 to learn lessons.	27/09/18	L Richards	A review has been commissioned by Chair and Chief Executive Officer
UHB 18/082	Medical and Dental Training	Report on Out of Hours/Hospital at Night to November Board. Proposal is currently being considered for the 2019-2020 IMTP.	31/05/18	G Shortland	Report to March 2019 Board
Actions referred to Committees of the Board/Development					
UHB 18/081	Performance Report	Shadow report on new cancer pathway to be considered at a Board Development Day.	31/05/18	S Curry	Discussed 13/12/18 at Board Development Meeting COMPLETE
UHB 18/114		Item on Transformation to be taken at a Board Development Day.	26/07/18	S Hopkins	Board Development Day – February 2019
UHB 18/122	Transformation Report	Details of learning alliance to be brought to the next Board.	26/07/18	S Hopkins	Board Development Day – February 2019

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
UHB 18/053	R&D Implementation	Bring clinical innovation work to a Board Development Day	29/03/18	A Harris	Board Development Day – February 2019
UHB 18/149	QSE Report	Proposal on multidisciplinary skill mix in stroke rehabilitation for SRC to be progressed.	27/09/18	R Walker	Board November 2018 deferred to March 2019
UHB 18/083	Community Mental Health Services - implementing a new model of care	Report on progress to be received at Board in Spring 2019.	31/05/18	I Wile	Board May 2019
UHB 18/177	Transformation & Improvement	Health Pathway		S Hopkins	Board Development Day – February 2019

Report Title:	Chair's Report						
Meeting:	UHB Board					Meeting Date:	31.01.19
Status:	For Discussion		For Assurance	✓	For Approval	✓	For Information
Lead Executive:	N/A						
Report Author (Title):	Director of Corporate Governance						

SITUATION

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

BACKGROUND

This over-arching report highlights the key areas of activity, 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. Hospital-based gym visit with Chief Executive

On 4 December, the Chief Executive Len Richards and I visited the McCarthy Suite at the Breast Centre in University Hospital Llandough to meet Victoria Collins, Senior Physiotherapist, Mr Sumit Goyal, Consultant Oncoplastic Surgeon and some breast cancer patients using the facility. The gym had recently opened at University Hospital Llandough to help those having treatment for breast cancer feel fitter, stronger and improve their confidence.

The McCarthy Suite is a gym facility which is equipped with funds raised for the Breast Centre Appeal by Irene Hicks in memory of her three sons. The Gym provides pre habilitation and rehabilitation for those having treatment at the Breast Centre and is so popular with patients it now needs a Physiotherapy Assistant, who will be funded through the Breast Centre Appeal. The patients are organising a walk up Pen Y Fan on 23rd March and challenged us both to join them, which we will!

2. Making NHS Wales a Great Place to Work - Theory to Practice

On 7 December I opened the Making NHS Wales a Great Place to Work – Theory into Practice at the SWALEC Stadium. The Parliamentary Review recognised that a key factor in delivering high quality health and social care was the wellbeing and engagement of staff, with one dimension of the quadruple aim being: “to enrich the wellbeing, capability and engagement of the health and social care workforce”. The aims of the workshop were to help senior staff make NHS Wales A Great Place to Work via meeting the following three objectives:

- Creating Psychological Safety in teams to support a Wellness culture

- Leadership and culture
- Working within constantly transforming systems.

The all day workshop was a joint venture between the Division Clinical Psychology Wales and the All Wales Wellbeing Network and was attended by senior leaders, workforce and organisational development, divisional/clinical board management, executive board members from our Health Board and across Wales.

3. Charitable Funds Committee Away Day

On 11 December the Charitable Funds Committee held an Away Day at the SWALEC Stadium. It was a fantastic day with presentations on the work of the health charity fundraising team, including hearing an inspirational story from an amazing fundraiser Irene Hicks, the achievements of the charity, receiving a presentation on legal roles and responsibilities of the charity, and a presentation on the Arts Team Vision and Strategy and also considering the priorities for the charity in 2019/20. Like the Chief Executive I am very proud of how we have uniquely enhanced wellbeing for patients, their families and staff through our arts strategy and charitable funds.

All these details, including revisiting the delegated powers to the Committee, will be reported to the Charity Trustee in due course.

4. A year of celebrations for Rookwood Hospital at 100

Rookwood Hospital is a special place for many people, largely due to that fact that is a rehabilitation hospital where patients start their journey to recovery and the time they spent with us. On 13 December we held a Thank you Event/Christmas Carol Service celebrating the end of the 100th anniversary year of Rookwood. The service was moving with many patients and staff and families attending plus a local school choir and artists from the Welsh National Opera. The biggest cheer from everyone present was to thank staff, past and present, for their dedication and care.

To mark this special year we organised a series of events for patients, visitors, staff and the local community including a resident writer, a fete, a tapestry of Rookwood which went on to be exhibited in the Saatchi gallery London, a photo gallery, patient poems painted on the walls and a tree artist enhancing the beautiful grounds which have a specimen of every known non tropical tree.

5. Christmas Competition 2018 and Christmas Carol Services at University Hospital Llandough

On 20 December I spent the morning at UHL with, Len and Peter Welsh, Senior Hospital General Manager UHL, judging the Christmas Ward Competition which was based upon the activities programme of the ward and also the best dressed/decorated day room. We visited 11 wards in total, speaking with patients and staff. Every ward received a prize and the winner and runner up a Christmas Hamper. Afterwards was the Christmas Carol Concert. The dining room was full of patients and staff with performances from children in the Teddy Bears nursery, the UHL Choir and other talented musicians. It was an uplifting Christmas celebration.

6. No Deal Brexit

With the continuing uncertainty surrounding Brexit the First Minister on 10th January called an extraordinary meeting of the Partnership Council for Wales which comprises the leaders of all the Councils in Wales and other public bodies. I represented health. The aim of the meeting was to share information about preparedness for a possible no deal Brexit. Consequently Huw Thomas, Chair of the Cardiff Public Services Board called a meeting on 17th January and we are working together across organisations in Cardiff to ensure we are collectively prepared as far as possible.

7. Grand Round- Organ Donation. Is Wales doing better?

A presentation to the Clinical body on organ donation was made on 16 January. It was encouraging to hear how since the implementation of deemed consent organ donations have significantly risen in Wales and we are a world leader. Many new initiatives have been implemented in the UHB and I would like to thank Dr Shortland and the whole team for the difference they have made.

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

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

a. Affixing the UHB Common Seal

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

Register No.	Description of documents sealed
859	Lease of land on the South side of Wedal Road, Cardiff
860	Contract: Construction & Delivery of Safeguarding Works at CRI, Cardiff
861	Deed of Surrender: Cardiff & Vale UHB & Gentian Cardiff Ltd (2) and Gentian Holdings Lmtd (3)
862	Lease: Cardiff and Vale UHB AND Gentian Holdings Ltd (2) related to part of the Concourse UHW
863	Delivery Agreement Part A: Provision of Project Management, Supervisor, Principal Designer, Architectural, Structural & ME Consultant Services. Cardiff and Vale UHB & Perfect Circle JV Ltd Rookwood Relocation
864	Engineering Construction Contract: NEC3
865	Construction Delivery Agreement – NEC Rookwood Relocation Works at CRI, Cardiff and Llandough University Hospital

b. Chair's Action / Contracts

- 29/11/2018** – General Medical Services for Cloughmore Surgery
- 19/12/2018** – Partner to keep our patients safe and well
- 20/12/2018** – PACS Service and support
- 20/12/2018** – Radiology MRI Scanners

ASSURANCE is provided by:

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

RECOMMENDATION:

The Board is asked to:

- **NOTE** the report
- **ENDORSE** the affixing of the Common Seal
- **APPROVE** Chair's Actions in relation to the signing of contracts.

Shaping our Future Wellbeing Strategic Objectives

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	
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	

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration	X	Involvement	X
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Equality and Health Impact Assessment Completed:



Report Title:	Chief Executive's Report						
Meeting:	UHB Board					Meeting Date:	31.01.19
Status:	For Discussion		For Assurance	X	For Approval		For Information
Lead Executive:	Chief Executive						
Report Author (Title):	Director of Corporate Governance						

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 sixth 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. Welsh Government Joint Executive Team Meeting

On the 30th November the Executive Team attended its six month review meeting with the Executive Team from Welsh Government. Andrew Goodall, Chief Executive NHS Wales stated that it had been a good review. He was pleased that we were able to spend the initial part of the meeting discussing population health and quality. He stated that Cardiff and Vale UHB was an organisation developing a reputation as one that delivers.

Andrew also stated that he was pleased with the input from all members of the Executive Team from Cardiff and Vale.

Their aim for this year is for Cardiff and Vale to have an approvable plan and for us to be de-escalated as an organisation.

2. Community Health Council (CHC) Report on Assessment Unit (AU)

I can now confirm that the CHC Report on the AU and the recommendations which were made following an unannounced visit has been responded to by the Health Board.

We were very concerned by the findings of the CHC members and the public's experience of the AU and are committed to improving patient and public experience when they visit our services and are in our care.

The Medicine Clinical Board (MCB) has commissioned a focused improvement work programme to focus on the short, medium and long term improvement and change of services highlighted by the report and also in response to concerns raised by the MCB, patients and staff.

Prior to receiving this report the MCB had sourced the 6 month interim appointment of an experienced Improvement Manager to review the footprint and patient pathways within the AU and the recommendations within this report will be included within this programme of improvement.

The MCB recognises the AU requires environmental upgrade and is challenged by an increase in patient numbers, complexity of patients and the increasing demands on the service. The MCB is committed to providing a high standard of care and experience to patients and the public.

3. Bringing art and health together

On Monday 3rd December the launch of the UHB's new five-year strategy to bring the creative arts into health and social care settings took place. There is a lot of evidence to demonstrate the incredible potential the arts have on the mental and physical wellbeing of patients, staff and wider communities, and the strategy sets out how the UHB is going to harness this potential.

An ever-changing population with ever-changing care needs mean that we have not only the opportunity but the responsibility to act now and change the way we do things for the benefit of both present and future generations.

During my time here as Chief Executive of Cardiff and Vale UHB, I have already seen in a number of circumstances the integral role the arts can play in the treatment and recovery of our patients. I have been deeply impressed by the proactive approach our staff have taken in engaging with the arts which is unlike anything I have experienced in any other health organisation.

4. Medicine Clinical Board and Lightfoot solutions to improve the flow of patients

Over the past few months, Lightfoot Solutions have been working with colleagues across the Health Board to analyse our data and use it effectively to support operational clinical decision making. This is an exciting project for us to develop in partnership with Lightfoot and Medicine has been proactive in leading the way on this.

We already know that we experience a significant increase in bed occupancy in the immediate post-Christmas/New-Year period at both UHW and UHL. What we need to do is analyse this data more closely to understand the patterns requiring further analysis as we know that this particular period continues to impact on the system for some months despite the discharge process returning to a more measured state by mid-January.

We know patients are not being discharged in a timely way, leading to inpatient congestion, which is further compounded by the seasonal increase in numbers of patients admitted during

winter. This has a significant impact on many aspects of hospital performance including, for example, Emergency Unit access times, length of stay, and additional resource requirements. There is now a focused piece of work led by the Medicine Clinical Board with support from the Lightfoot team to address the high occupancy levels which occur in the first few weeks of January. Its aim is to support the winter plan, particularly with regard to flow. Medicine Clinical Board will be putting into place a series of initiatives that will have the potential to reduce bed occupancy and length of stay in the immediate post-Christmas/New-Year period, thereby benefiting patients and their families and freeing up the system.

There are a number of different but associated work streams such as admission avoidance and early supported discharge, bed and capacity management, and the implementation of SAFER guidance from NHS England.

We will be following this piece of work closely over the next few weeks and will keep you updated on its development.

5. Executives Live!

'Executives Live' continues where members of the Executive Team go and spend time in another Cardiff and Vale UHB setting giving staff the opportunity to ask the Executive Team direct questions.

It really is important that we hear from staff first-hand about their issues or what it feels like to work with us at the UHB. Everyone, including staff and volunteers, are very welcome. The next one is being held on 11th February at Community Mental Health Team, Pentwyn, commencing at 1.00 p.m.

5. Clinical Senate

At the Clinical Senate Meeting held on 14th December there was a very full agenda with presentations on managing complex obesity, ensuring our patients experiencing sensory loss have equity of access to health services, and how our physiotherapists in primary care are working with GPs to support patients with musculoskeletal (MSK) issues in the community.

6. Digital technology driving through clinical innovation

I had a great morning with the Psychology Team at UHL discussing some of the services that they provide, which are very innovative and forward thinking. Two things in particular resonated with me.

The core treatment used by our psychology colleagues is Cognitive Behavioural Therapy (CBT). As waiting lists are so long and because people require different levels of support, they have developed a range of delivery mechanisms. As an example, they use a Self-Help Guided approach through a product called Silvercloud, which was delivering some great results that interested me in how we could develop this further. They also showed me an App for Post-Traumatic Stress Disorder (PTSD) called SPRING and some of the great research that is going on in the treatment of PTSD.

The second was the use of Virtual Reality. I used one of their machines and it was fantastic! It was incredibly realistic as my headset was telling me I was walking the plank off the top of a 50-

storey building, despite my feet being firmly planted on the floor. I was shaking and required support to walk along the plank. I also used a totally relaxing experience via a mindfulness app which was lovely as I recovered from my plank ordeal to the sights and sounds of a beach on Bali. I was so impressed that I have asked a number of key people to look at the possibilities of us using this further in our organisation and how we can utilise the digital innovation for the benefits of both staff and patients. I also believe there is the opportunity to use this as part of learning and development programmes across the UHB.

My learning from our colleagues in Canterbury, New Zealand, was that they got real traction with their vision of the future through drama and theatrical approaches to getting the messages across, in particular how experiential learning uses a different part of the brain and the content becomes more embedded.

7. Designing a workforce fit for the future- CAV Apprentices

During the last week before Christmas I was delighted to attend the formal launch of the UHB Apprenticeship Academy and I also signed up to the Cardiff Commitment Pledge. These show our commitment as one of the largest employers in South Wales in addressing the needs of young people who are ending their compulsory education but may not want to continue into further education.

I think that succession planning and workforce planning for the future is fundamental to the Health Service and other industries in Wales that require a skilled but also suitably qualified workforce.

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

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	✓

Five Ways of Working (Sustainable Development Principles) considered

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
Equality and Health Impact Assessment Completed:		Not Applicable							

Kind and caring } *Respectful* } *Trust and integrity* } *Personal responsibility*
Caredig a gofalgar } *Dangos parch* } *Ymddiriedaeth ac uniondeb* } *Cyfrifoldeb personol*

REPORT TITLE:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT – V9				
MEETING:	Board Meeting			MEETING DATE:	31.01.19
STATUS:	For Discussion	For Assurance	For Approval	For Information	
LEAD EXECUTIVE:	Executive Nurse Director				
REPORT AUTHOR (TITLE):	Assistant Director, Patient Safety and Quality – 029 2184 6117 Assistant Director, Patient Experience – 029 2184 6108				
PURPOSE OF REPORT:					

SITUATION:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from November to December 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 have been the focus of work in order to maintain patient safety quality and experience since the last Board report.

Pressure damage guidance - New guidance has just been issued by Welsh Government regarding the reporting of avoidable healthcare acquired pressure damage which the UHB will be implementing. This means that the UHB will now only report incidents of grade 3, 4 and

unstageable pressure damage retrospectively to WG when the conclusion of the investigation is that it was avoidable.

The number of serious incidents which are currently open with WG is 141. This number has increased significantly due to the previous requirement to report all cases of grade 3, 4 and unstageable pressure damage. Implementation of the revised guidance should see the number of reported serious incidents reduce and the UHB will monitor this over the next six months.

Concerns response times - The UHB continues to see 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 is **84%**, which is an increase in comparison to 80% reported previously. The aim for 2018/ 19 was to achieve and sustain a response time of 80%. It is pleasing that the target has been exceeded.

Patient satisfaction - The Board should also be advised that patient satisfaction scores are being maintained at a sustained high level of 97% (UHW - 97%, UHL – 98%).

Regulation 28 - The UHB was issued with a Regulation 28 which related to the safe storage and security of patients' own medications. The management of patient's own medication is one which presents a particular challenge in the healthcare environment. Following the incident the UHB has carried out a benchmarking exercise across the UK and it does not appear that there is any one centre that has managed to put an effective solution in place. While patients are always encouraged to hand over all medication or to send it home with family, there are many practical issues that make this difficult to implement and monitor robustly. Medication is the patient's own property and they can refuse to hand it over should they wish. Staff would of course always have a discussion with the patient and the family with regards to the risk. It is not possible for staff to monitor patients' property on a continuous basis and there are occasions when family members bring in additional property for patients while they are in hospital and this may include medication. The UHB has responded fully to the Coroner while acknowledging the challenge of monitoring this and will continue to benchmark and seek an effective solution.

Car parking – the Health Board continues to see a number of concerns related to car parking.

Learning Disability Survey – the UHB is undertaking a retrospective survey of patients with learning disabilities and their carers, to capture their experience of our 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:

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
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	

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

Sustainable development principle: 5 ways of working	Prevention	Long term	Integration	Collaboration	Involvement

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Yes / No / Not Applicable If “yes” please provide copy of the assessment. This will be linked to the report when published.
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PATIENT SAFETY QUALITY AND EXPERIENCE REPORT November - December 2018

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

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

Serious Incidents		
Clinical Board	Number	Description
Children & Women	1	Child with complex health needs died at home.
	1	Stillbirth.
	1	Neonatal death.
	1	A baby was accidentally given the incorrect dose of Oramorph.
Clinical Diagnostics and Therapeutics	1	Delay in family being contacted for the disposal of fetal remains.
Dental	1	Patient referral downgraded from urgent to routine. Patient subsequently diagnosed with squamous cell carcinoma.
Executive Nurse	1	PRUDiC - Parents found their baby collapsed at home, circumstances not yet confirmed but initial reports suggest co-sleeping.
Medicine	15	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease since the previous reporting timeframe.
	5	Falls where the patient sustained a significant injury. One patient sadly died and the death has been reported to the Coroner.
	1	Patient died and C Difficile is recorded on part of the death certificate.
	1	The UHB retrospectively reported the death of a patient with learning difficulties following receipt of an expert opinion.
	1	Patient who had undergone lumbar puncture in EU to exclude subarachnoid haemorrhage left the department against advice and was later found unresponsive in the toilet and died.

Mental Health	2	Grade 3, 4 or unstageable healthcare acquired pressure damage.
	2	Falls where the patient sustained significant injury. One patient sadly died and the Coroner has been informed.
	5	Unexpected deaths of patient known to Mental Health Services. One of these patients was found hanging at home. The cause of deaths of the other patients are not yet confirmed. Self-harming behaviour, patient (under S 48/49 MHA) is believed to have drunk a bottle of hand gel plus other unknown substances.
	1	Patient was admitted to Critical Care.
	1	Patient known to Mental Health Services has injured a man in supported accommodation where they both lived. Patient is now in HMP and it is believed to be a premeditated incident and not related to his mental health.
Primary Care & Intermediate Care	20	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe
Specialist	14	Grade 3, 4 or unstageable healthcare acquired pressure damage.
	1	Follow up processes not followed. Patient not started on anti-coagulation and subsequently had a stroke.
	1	Patient died whilst on cardiac surgery waiting list.
Surgery	9	Grade 3, 4 or unstageable healthcare acquired pressure damage.
	1	Patient collapsed following orthopaedic surgery and found to have an embolus in her ventricle. Initial review identified concern that the patient may not have been administered apixaban in a timely manner post operatively.
	1	Patient not offered a follow up ophthalmology appointment and his eye sight has deteriorated significantly.
Total	88	

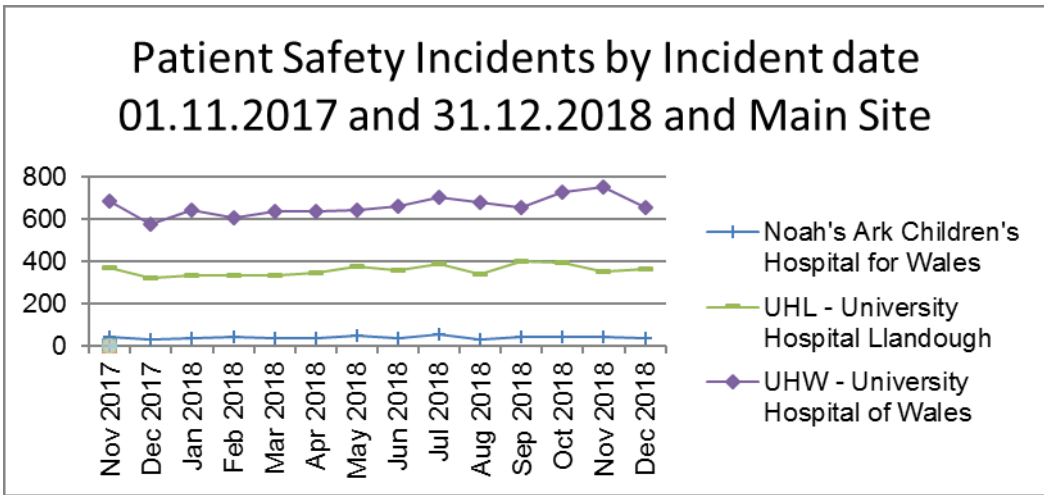
No Surprises		
Clinical Board	Number	Description
Children and Women	1	Legal and Risk Services supporting UHB in court proceedings regarding decisions for intubation and palliation of a child with a rare life limiting condition.

Medicine	1	CHC visited the Assessment Unit within Emergency Medicine. Critical report received which has been reported in local media.
	1	Various wards closed due to infection outbreaks.
Mental Health	1	Ombudsman's report received. Patient was detained under the MHA and placed in secure hospital in England. In March 2016 she was discharged from detention but due to a delay in aftercare being arranged and available, she remained as a voluntary patient until February 2017.
	1	Inpatient on MHA S37/41 was granted leave from the ward and failed to return as agreed. Did later return to the ward.
Surgery	1	Infection control incident.
Other Health Board	1	Three young people have been arrested in relation to the death of a 32-year-old man. One is known to CAMHS and resides in Cardiff.
Total	7	

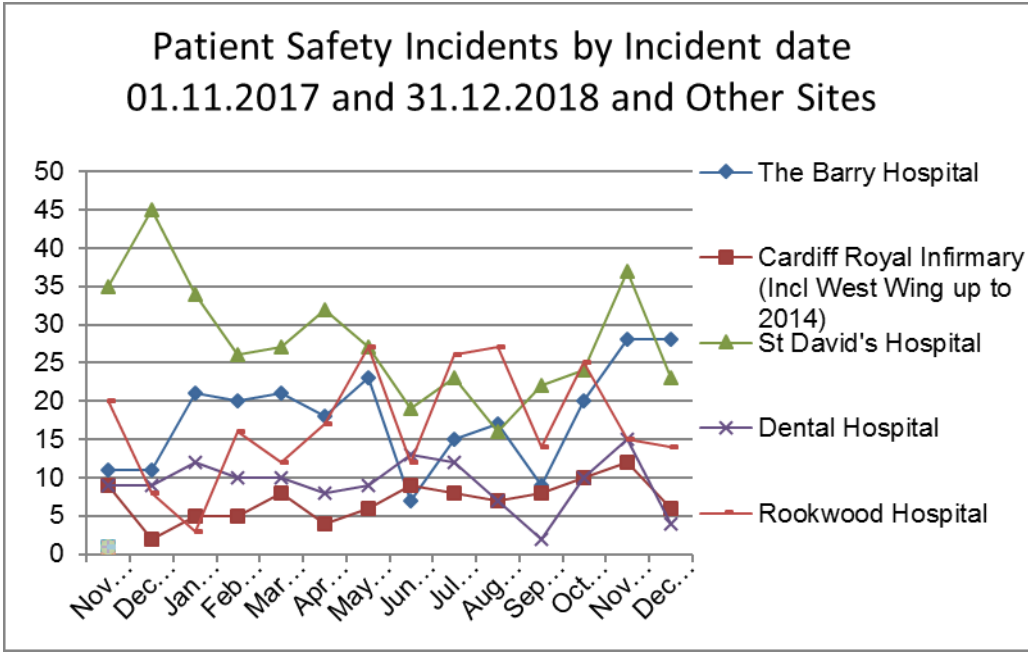
How do we compare to our Peers?

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 Health Board's Datix risk management system by main sites between November 2017 and December 2018. As would be anticipated, the majority of the incidents were recorded at the University Hospital of Wales (UHW) followed by University Hospital Llandough (UHL) which reflects the size and activity at those sites. The Patient Safety Team continues to monitor the incident reporting rates across the sites.



The graph below demonstrates the patient safety incidents reported on the Health Board's Datix risk management system by other sites between November 2017 and December 2018. The lower volume of incidents reported reflects the size and activity levels at the other sites.



Never Events

All Wales position

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

The UHB has not reported any new Never Events during this period.

What are we doing about it?

The Health Board currently has three Never Events open to Welsh Government. One investigation has been completed and the Clinical Board are finalising the improvement plan. The other two are currently under investigation.

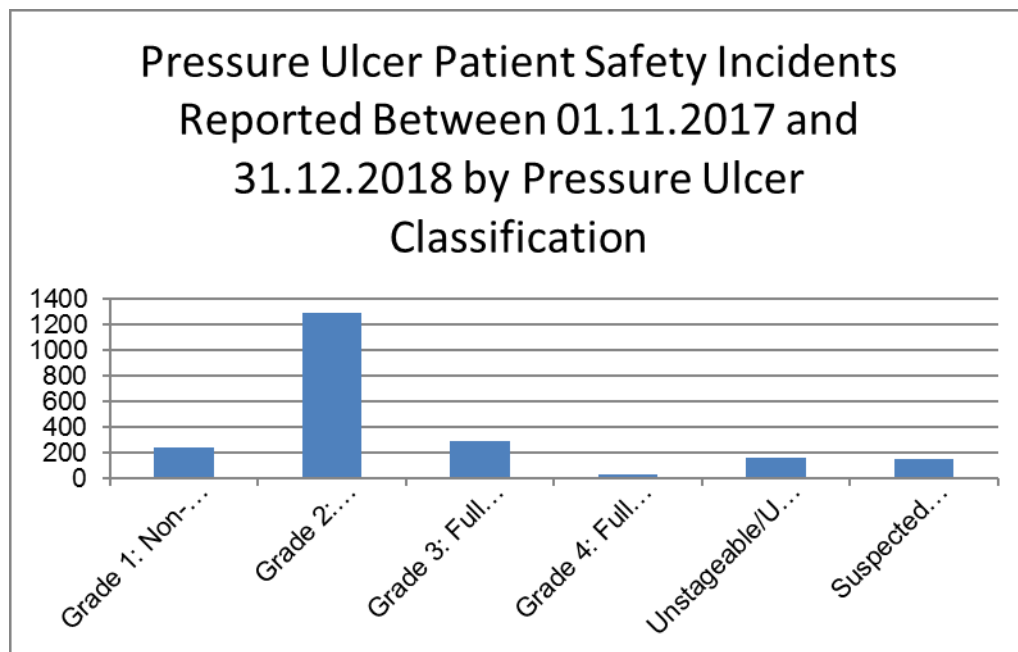
Since the last report to Board the Delivery Unit has issued assurance on a Never Event that was reported to Welsh Government in January 2018.

Pressure Ulcers

How are we doing?

Pressure ulcers are frequently reported on the Datix system however analysing the information is complex.

Between November 2017 and December 2018, 3,181 pressure ulcer incidents were reported on Datix. Of these, staff indicated that 2,150 (68%) were healthcare acquired. This means that the patient was in receipt of NHS funded healthcare at the time the pressure ulcer developed or deteriorated.



How do we compare with our Peers?

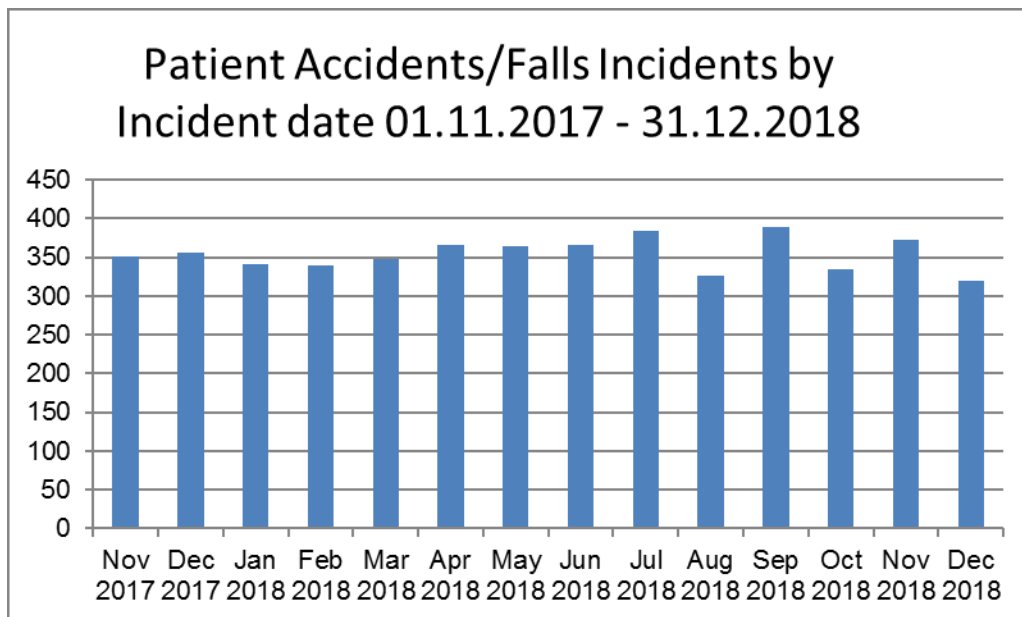
There is no benchmarking information available. The Patient Safety Manager visited colleagues in Aneurin Bevan Health Board who reported progress with internal procedures for pressure ulcer management. The Patient Safety Manager was reassured to note that our processes are aligned.

What are we doing about it?

Work is on-going with a UHB-wide Task and Finish Group looking at pressure ulcer prevention and management. New guidance has just been issued by Welsh Government regarding the reporting of avoidable healthcare acquired pressure damage which the UHB will be implementing. This means that the UHB is now only required to report pressure damage following an investigation which concluded that Grade 3, 4 or unstageable pressure damage was avoidable. It is anticipated that this will significantly reduce the number of serious incidents being reported on a monthly basis and allow more focused attention on learning and action to prevent pressure damage.

Patient Falls

Patient falls continue to be a frequently reported patient safety incident. 4,960 patient accident/falls were reported between November 2017 and December 2018. Numbers are fairly consistent from month to month although the lowest number of monthly incidents was reported in December 2018.



How are we doing?

The majority of in-patient falls result in no significant injury. Of the 4,960 incidents reported, 4,711 (95%) were reported to cause no harm or minor harm.

How do we compare with our Peers?

There is currently no reliable All Wales benchmarking data available.

What are we doing about it?

The Health Board is developing a Falls Framework: Reducing Risk and Harm to reduce falls and their impact. The first “Train the Trainers” session is due to be held in January 2019 to begin cascade simulation training for in-patient fall prevention and management.

The first cohort of the project led by the Falls Strategy Implementation Lead providing intergenerational falls awareness sessions in local primary schools has been completed and a report compiled which has been shared with the Falls Delivery Group. A link to the report ‘Staying Steady Schools’ is provided [here](#).

Regulation 28 Reports

One Regulation 28 report has been received since the last report to Board. This was in relation to an inquest held following the death of a patient on an in-patient ward at UHW. The Coroner concluded that the patient took a deliberate overdose of his prescribed medication. The medication was not locked away in his bedside medicine cupboard contravening the Medicines Code and patient property policies.

The management of patient’s own medication is one which presents a particular challenge in the healthcare environment. Following the incident the UHB has carried out a benchmarking exercise across the UK and it does not appear that there is any one centre that has managed to put an effective solution in place. While patients are always encouraged to hand over all medication or to send it home with family, there are many practical issues that make this difficult to implement and monitor robustly. Medication is the patient’s own property and they can refuse to hand it over should they wish. Staff would of course always have a discussion with the patient and the family with regards to the risk. It is not possible for staff to monitor patients’ property on a continuous basis and there are occasions when family members bring in additional property for patients while they are in hospital and this may include medication.

The UHB has submitted a response to the Coroner and will continue to benchmark in order to find an effective solution.

Outcomes of internal and external inspection processes

Internal observations of care

Since the previous Board report, 15 internal inspections have been carried out across five Clinical Boards.

How are we doing and what are we doing about it?

Notable comments relating to good practice:

- Across all 15 areas visited, staff were noted to be kind, caring and motivated. This is a consistent theme reported by patients in the 2018 annual Health & Care

Standards Audit. 1,078 patients were surveyed as part of this audit and rated staff kindness and respect at 99%.

- Excellent Sister/Charge Nurse leadership noted on CCU, A&E and Daffodil. Evidence of this reported by patients who feel able to discuss problems, staff motivation and well organised shifts.

Areas for Improvement:

- Environmental concerns were raised in 12 out of the 15 areas visited. The concerns primarily relate to the UHW site and include - shower rooms closed due to flooding, broken lights and fire doors obstructed due to lack of storage facilities. This is a concern increasingly noted during inspections and shared with Clinical Boards.
- Discrepancies between turn times noted in SKIN bundles and on PSAG boards have been addressed by adding to weekly documentation audit and safety briefings.
- Use of 'Read About Me' and symbols for patients with a cognitive impairment require more consistent use on wards. Ward Sisters/Charge Nurses have been required to educate all staff that read about me is for use with patients with a known cognitive impairment. Audit random files monthly to ensure completion of read about me.

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.

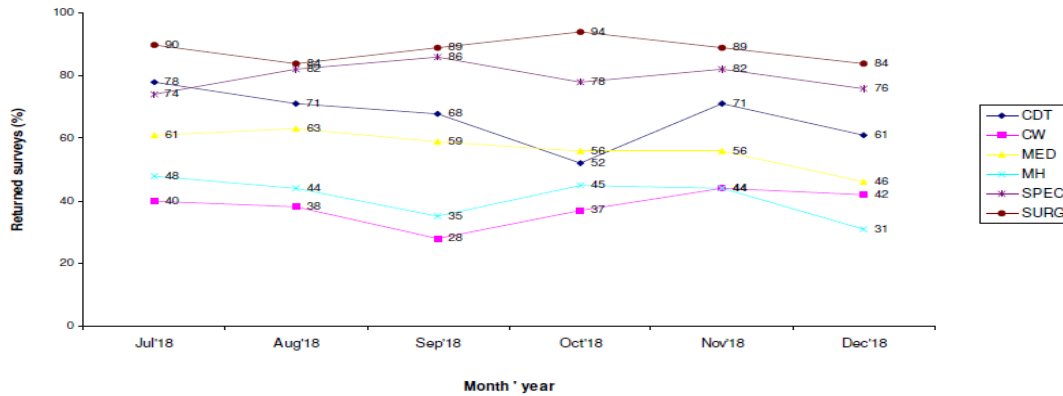
How are we doing?

The patient satisfaction scores from the National Surveys distributed across the Health Board are illustrated in the table below. It is pleasing to note the sustained high level of patient satisfaction.

	November	December
UHL	97%	97%
UHW	96%	98%

Once again, the majority of real time surveys completed during November and December were really positive, with in excess of **12,500** surveys completed during 2018. The chart below demonstrates the survey returns over the past six months by Clinical Boards.

Bar chart 1 Surveys returned (%) by each Clinical board for the past 6 months



The surveys have been in use for some time and over the next two months the Patient Experience Team will be completing the plan for 2019. The plan will ensure that the work is aligned to delivery of the Patient Experience Framework and aligned to the Health Board Strategy. This will include consideration of general and more bespoke surveys, supported by use of kiosks, on-line surveys, development of APPS and QR Codes, targeted use of patient stories. A particular emphasis will be how we share/present the data and monitor the actions taken to address any areas of concern.

Every person I meet from cleaners, food persons, porters, physio, NA and staff nurse, doctors and surgeons treat me with the greatest of respect and smiling faces. I will never forget my experience here in this hospital and I will praise you all to my family and friends. P.S Keep up the good work.

Retrospective

Since 1st August 2018 a Learning Disability Survey has been sent retrospectively to patients and relatives/friend/carers/staff who were in-patients in our care. In addition surveys were also sent to those who had attended Outpatient Departments. This work has been led by Andy Jones, Lead Nurse - Surgery, Urology, and Ophthalmology/ENT.

Inpatient – Relative/Friend/Carers/Staff	39 surveys returned
Overall how did your relative/client/friend rate their visit to hospital?	
- 87% rated good or excellent	
Inpatient - User	18 surveys returned
How good was the care given to you in hospital?	
- 94% rated very good or good	
Outpatient -User	16 surveys returned
How good was the care given to you in hospital?	
- 88% rated very good or good	

The reports are comprehensive with a great deal of qualitative and quantitative data. The UHB Lead for Learning Disabilities, will review the content and it will be utilised to inform the Learning Disability Champion training which is under development. This will ensure ongoing learning to enhance the experience of both the patients and their relatives.

Proactive and Reactive

Ward Feedback Kiosks

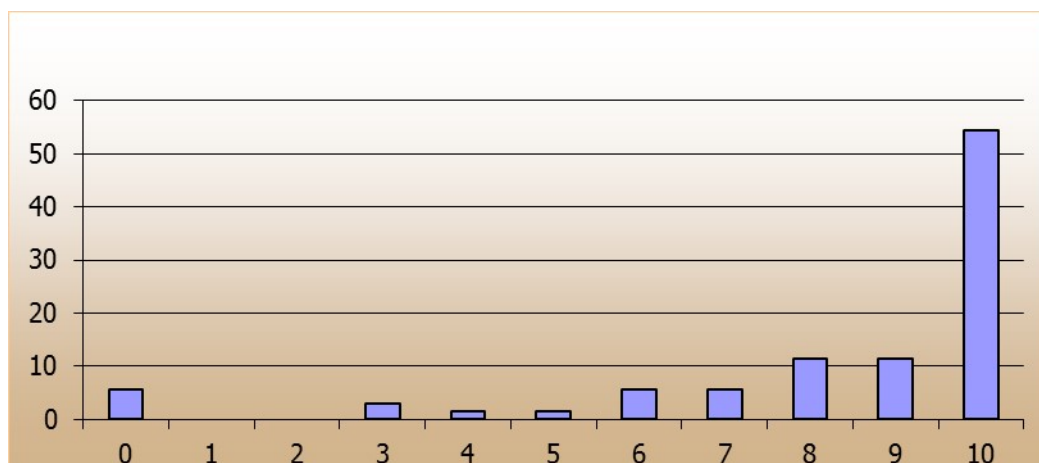


Concourse (UHW) 'tell us in two' survey Data

In 2018, from 7th December patients and relatives had the opportunity to provide feedback at a kiosk in the Concourse. 156 patients and relatives completed the 'tell us in two' survey. Highlights from the data are as follows:

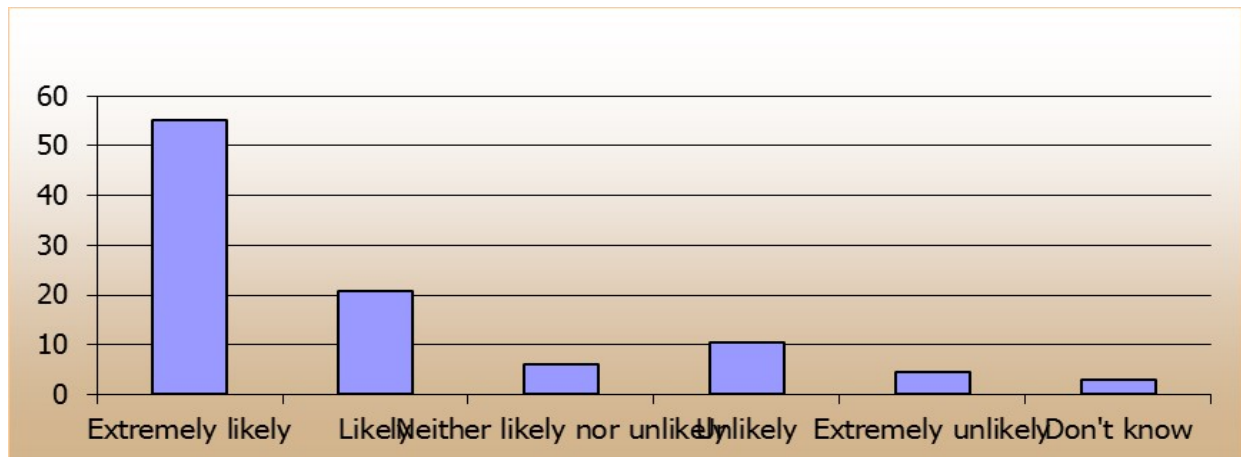
Question 1: Using a scale of 0 – 10, where 0 is very bad and 10 is very good, how would you rate your overall experience?

Overall, 83% of respondents who answered this question rated their experience as 7 or more.



Question 2: How likely are you to recommend our service to family and friends if they needed similar care or treatment?

Overall, 76% of respondents who answered this question said they would be extremely likely or likely to recommend our service to family and friends.



Acute Response team

The Acute Response Team have been collating feedback via an electronic tablet and the final report was shared with Primary Care Clinical Board in December. The feedback has been overwhelmingly positive with some of the qualitative comments noting:

Excellent service-superb staff who gave me confidence and good information

First class service by helpful, professional and friendly staff

The full report will be shared at PCIC Quality, Safety and Experience Committee.

Balancing

Complaints

During November and December 2018, the Health Board received 393 concerns, of which, 163 related to Clinical Treatment and Assessment. Of the 393 concerns received, 59% were managed through the informal process, with less than 1% being converted to a formal complaint.

As previously reported, since the introduction of the new parking system, there has 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.

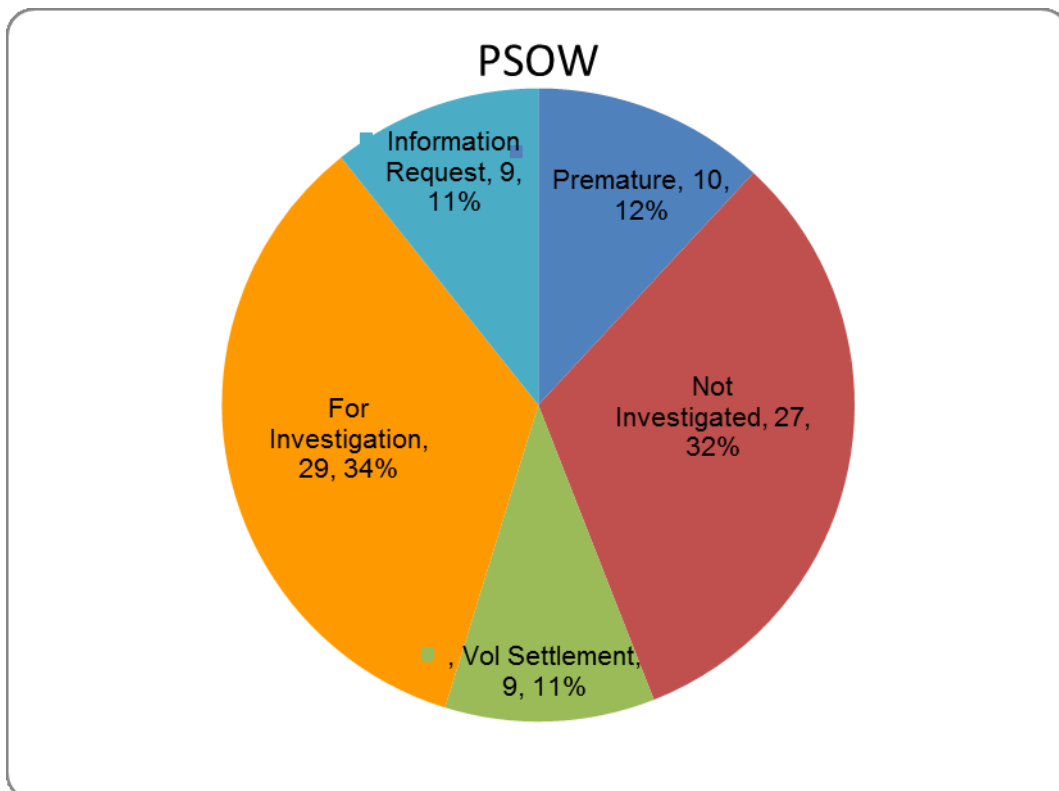
These now average between 3 – 6 calls per day. As complaints about parking fines cannot go through the Putting Things Right process each caller is advised to either contact the UHB's Parking Office by email or by visiting them at their offices in Concourse UHW. Many of these callers are unhappy that the UHB's parking office does not have a direct telephone number where they can be contacted. Some callers are elderly or disabled or do not have access to email so contact by telephone would be preferable.

This feedback also correlates with the response from patients who completed the National Survey sent to the Clinical Diagnostics and Therapies Clinical Board. These included remarks such as ‘More visitor car parks, had to queue a long time, making me late for appointment’ ‘Parking - 45 minutes to find a space’ ‘Car parking - on each visit I have to come 1½ hours early for my appointment in order to park.’ It should be noted however, that when in the departments the feedback for staff was very positive. There also seems to be a lack of awareness of the park and ride scheme.

Compliments

During the period 1st November – 31st December 2018, the Health Board received 560 compliments. Medicine Clinical Board continues to receive the highest number of compliments (205), in particular for the Emergency Unit. This is followed by Surgery receiving 141 compliments for the same period.

Public Service Ombudsman for Wales (PSOW)



The Graph above demonstrates that since 1st April the Ombudsman has investigated 29 UHB complaints from this time period. There is no All Wales benchmarking data available as yet.

Public Interest report

On 22nd January 2019 the Ombudsman issued a section 16 Public report against Cardiff and Vale University Health Board. This was issued under the Public Services Ombudsman (Wales) Act 2005.

Such reports are issued when the Ombudsman believes that the investigation report contains matters of public interest.

Ombudsman case reference 201706982

The Ombudsman found that the Health Board had failed to identify that Mrs. A had acute kidney failure from the time she was admitted to hospital in 2017 and that she was at risk of suffering an acute Kidney Injury, which subsequently occurred. There is also some criticism of a failure to recognise and treat the acute Kidney Injury and this has led to uncertainty as to whether the outcome would have been different for this patient. The Health Board also failed to adequately assess and treat her symptoms of slurred speech, lethargy and fits, and incorrectly administered an antidote for a morphine overdose. Mr. A (son of Mrs. A) also complained that the Health Board failed to deal with his safeguarding concerns appropriately, particularly in relation to bruising to Mrs. A's elbow.

The Ombudsman has made a number of recommendations. A detailed report will be submitted to the February 2019 Quality, Safety and Experience Committee.

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
The treatment given whilst attending A&E in Sickle Cell crisis was not adequate.	Educational resources and training sessions set up to improve nursing and medical staff knowledge of Sickle Cell disease and the priorities for management when patients present to EU.
An Out Of Hours (OOH) Dr incorrectly converted doses of opioid medication due to an unclear table of conversion.	Palliative Care have revised the table so that it is clearer and is available in each OOH vehicle.
Patient was unable to be seen in the endometriosis follow-up clinic after surgery due to lack of capacity.	Additional clinics have been added so that patients can be seen within the expected timeframe.
Patient was injured by the adjustable footplate on a wheelchair falling on to their leg.	All wheelchairs with an adjustable footrest have been fitted with a magnetic locking device to prevent this happening in future.
Patient presented several times with suspected ruptured membranes but was repeatedly told that her waters had not broken.	Midwives have been reminded to seek an obstetric review if patients present repeatedly and feel that their waters have broken.
Extra remote controls – it can be a long and boring day.	Three remote controls ordered.

Report Title:	PERFORMANCE REPORT				
Meeting:	Board Meeting			Meeting Date:	31/01/2019
Status:	For Discussion		For Assurance	For Approval	For Information
Lead Executive:	Deputy Chief Executive				
Report Author (Title):	Members of the Performance and Information Department (Tel: 029 20 745602)				

SITUATION

This report underpins the integrity value of the Health Board's Strategy, providing transparency on our progress in delivering our duties to our resident population and patients and clients who rely on us to provide clinically and cost effective care.

The achievement of the efficiency and productivity targets will deliver savings to support the financial position.

The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement.

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

REPORT BACKGROUND

The UHB is presently compliant with 24 of its 67 performance measures (November = 24, March 2018=18/60) and is making satisfactory progress towards delivering a further 24 (November = 25, March 2018 = 23).

Since the last report only 1 measure has changed. #62 – The number patients whose transfer of care was delayed in December was 51, an increase from the 40 reported in October.

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

This is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Delivering for our population	8	9	5	12.5/22
Delivering our service priorities	2	3	1	3.5/6
Delivering sustainably	13	6	11	16/30
Improving culture	1	3	5	2.5/9
Total	24	21	22	34.5/67

ASSESSMENT

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

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

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

ASSESSMENT

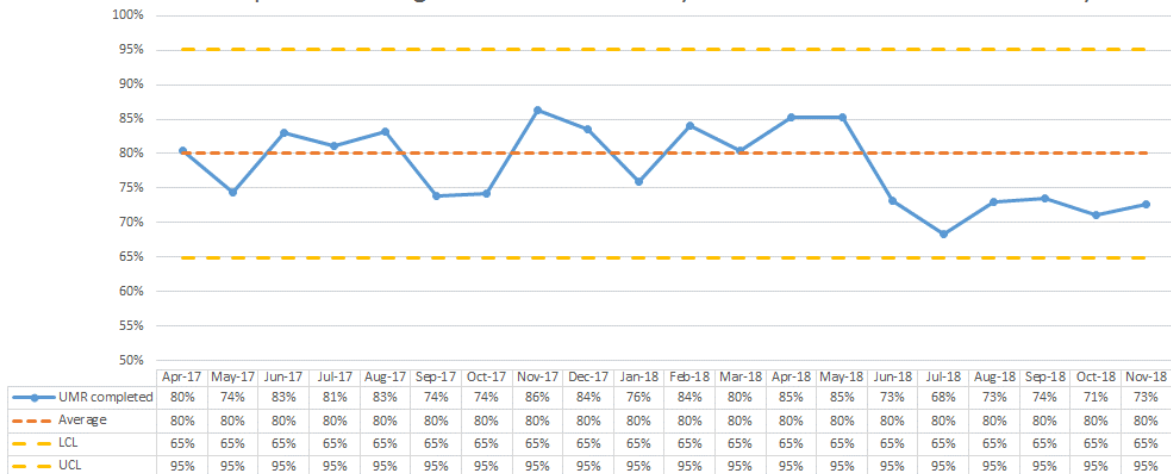
1) UNIVERSAL MORTALITY REVIEWS

How are we doing?

The Welsh Government's delivery framework places a requirement on the UHB to undertake a 1st stage universal mortality review within 28 days of a patient dying in hospital. The requirement for a more detailed second stage review is then determined by the presence of any clinical triggers being recorded by this review.

Of the deaths occurring in November 2018, 73% were reviewed within 28 days against a target of 95%.

Proportion of Stage 1 Universal Mortality Reviews undertaken within 28 days



How do we compare with our peers?

The UHB’s performance is below the Welsh average of 78%.

Percentage of Universal Mortality Reviews undertaken within 28 days of death							
	ABM	AB	BC	C&V	CT	HD	C&V Rank
Oct-18	99%	40%	86%	71%	86%	84%	5/6

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. Case note review is considered to be the gold standard for determining whether appropriate care has been provided to patients and as the basis for learning.

What are we doing?

Recently the completion of the Universal Mortality Review forms by the medical firms has declined. The present process requires the death certificate and the universal mortality review form to be completed and handed in to the bereavement office. It is then passed to the patient safety team who input the detail onto the UHB’s electronic database. Whilst there is a degree of digitisation to support the doctors within the process it is felt that this can be enhanced and extended and a new electronic solution covering both stage 1 and stage 2 reviews is being considered. In addition there are environmental issues relating to the bereavement office at UHW which are considered to be constraints to the process running as efficiently as it should.

As a result of correspondence and discussions between the Medical Director, Chief Operating Officer and Clinical Boards, and focused improvement work to support one of the clinical boards, there has been heightened awareness across clinical teams of the process, and its importance. Leadership teams across services are also reminding clinical staff to complete the review at the same time as they complete the death certificate.

Performance and any further issues identified are planned to be considered at the Health Systems Management Board and the metric has been added to each clinical board's patient safety dashboard.

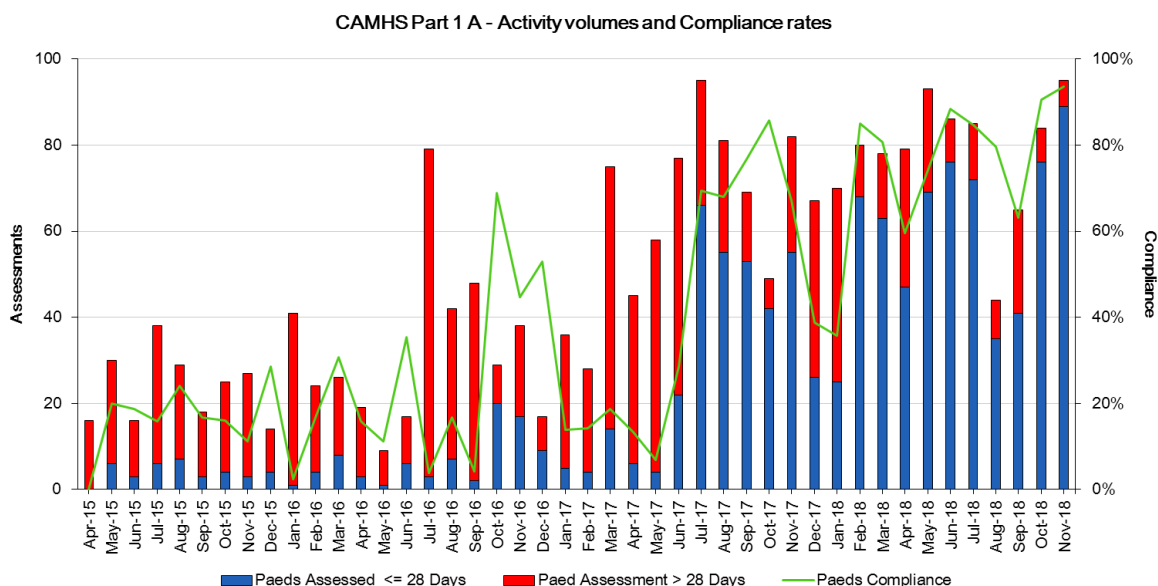
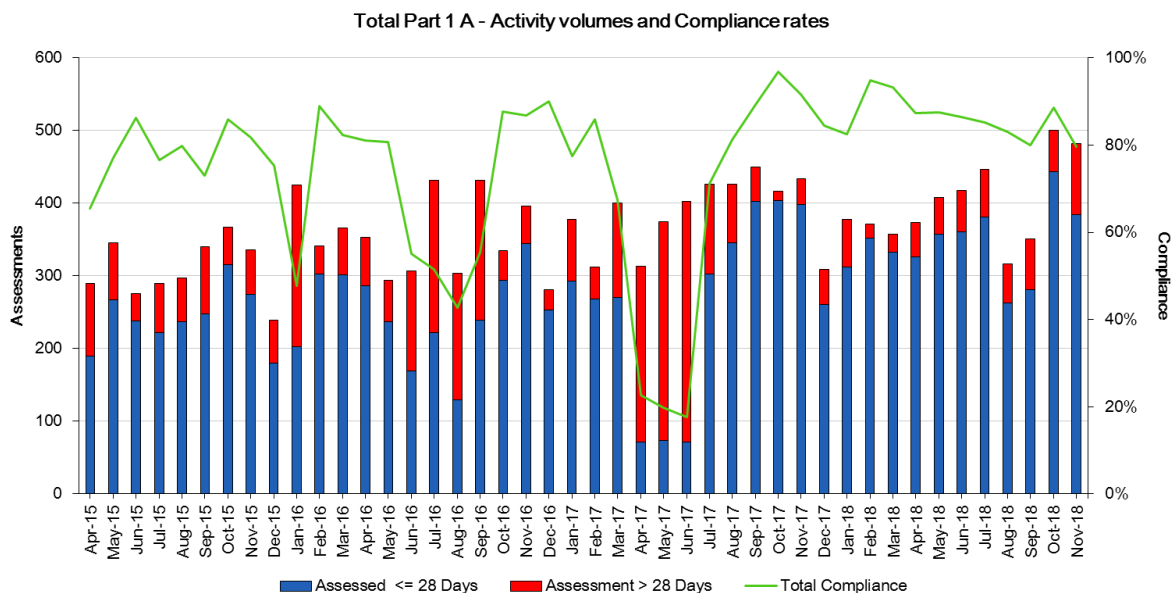
2) MENTAL HEALTH

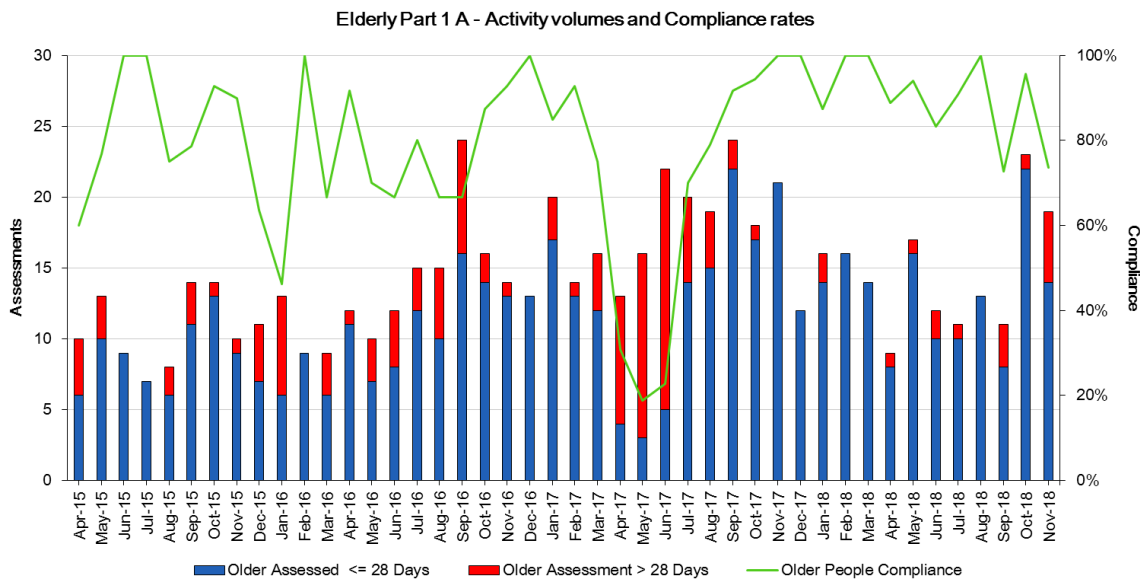
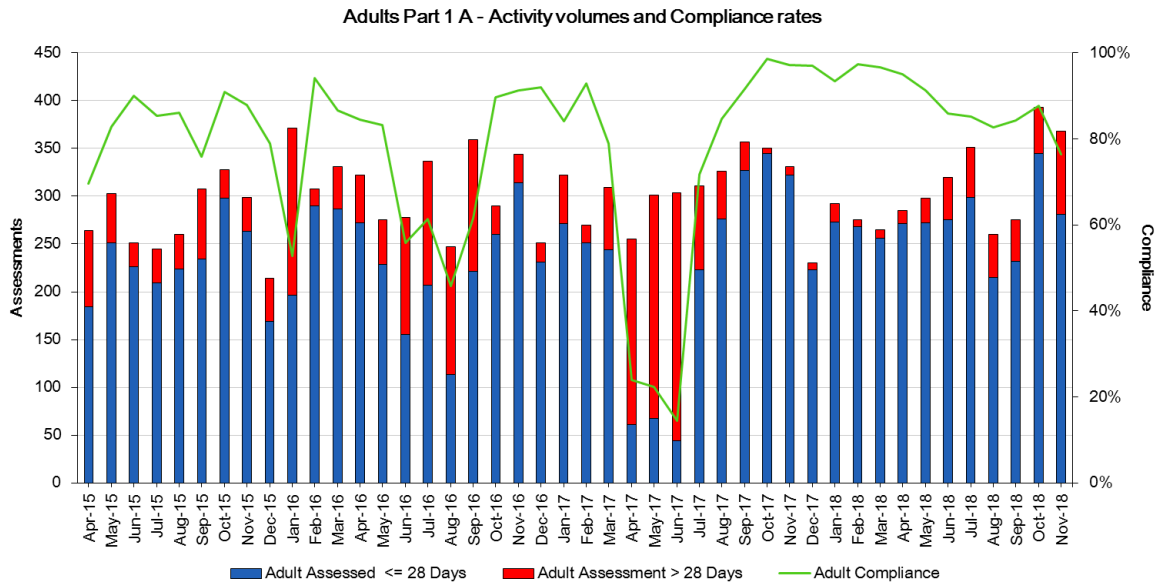
How are we doing?

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

Overall 79.6% of service users seen in November 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 in the Child and adolescent service has again improved, reaching 94%, whilst access rates within 28 days remained at 76% and 74% respectively for adult and older people's service users.





Part 1b: Overall 67.7% of service users started a therapeutic intervention in November 2018 following assessment by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of their assessment against a standard of 80%.

Part 2: Overall 85.1% of LHB residents had a valid Community Treatment Plan completed at the end of July (data quality issues have recently been identified for later months). The standard is 90%.

Part 3. 100% of former users assessed under part 3 of the measure were sent their outcome of assessment report within 10 days.

Part 4 of the measure relating to the advocacy service continues to be met.

How do we compare with our peers?

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

October 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	83.8%	83.4%	88.7%	100.0%
AB	91.1%	96.9%	91.6%	100.0%
BCU	68.2%	75.4%	90.6%	100.0%
C&V	88.6%	64.9%	89.0%	100.0%
CTaf	84.0%	98.7%	85.6%	100.0%
HDda	96.4%	92.5%	83.9%	100.0%
Powys	87.6%	80.3%	91.4%	100.0%
Rank	3/7	7/7	4/7	-/7

What are the main areas of risk?

The main risk to achieving the targets is during a period of high demand which has a knock on affect. During October 2018 LPMHSS received 1180 referrals (300 plus more than average) resulting in a backlog in assessments and therefore therapeutic interventions within November 2018. However, for Part1B there has been a technical issue identified around reporting which has affected the waiting times. This is now in the process of being corrected.

What actions are we taking?

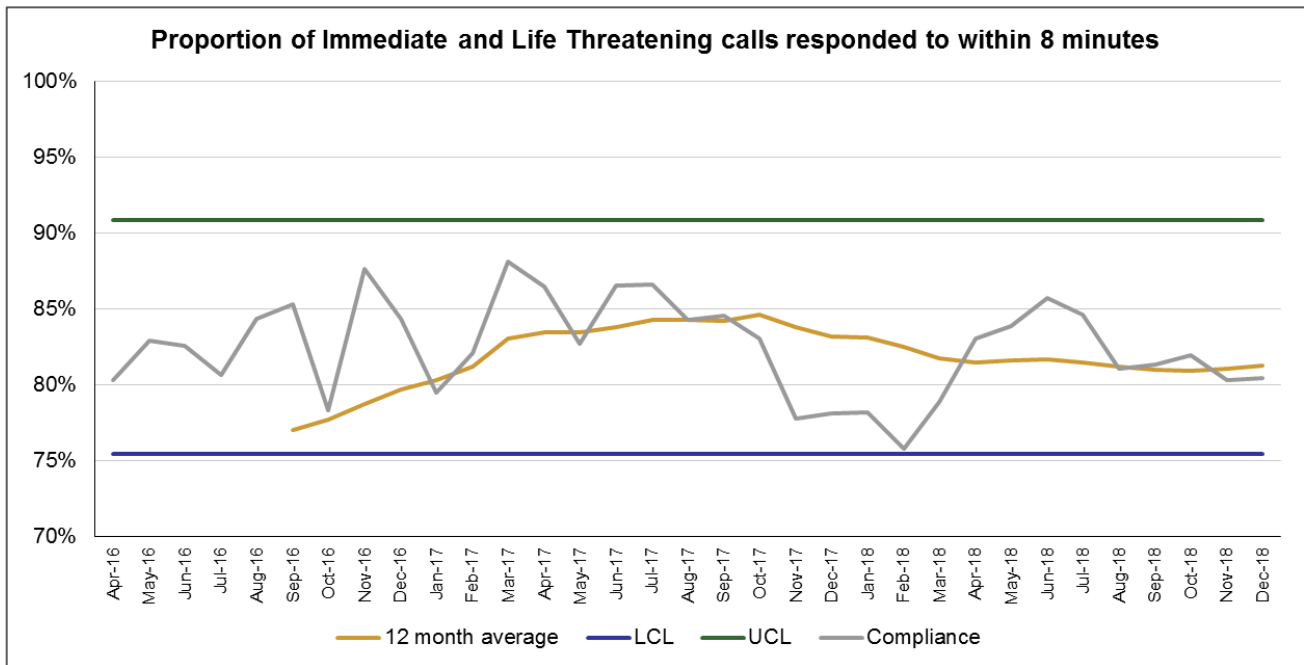
Part 1a – Adults and Elderly services are invoking additional bank sessions to cope with the additional demand experienced within October 2018.

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 within the scope of the act. Within these, there are a number of conditions which are relatively rare and there is difficulty in securing a critical mass of patients to deliver the therapy within a 56 day cycle (28 day assessment, 28 day intervention). The UHB continues to strive to meet this target, along with opening discussions with WG officials on the practicalities of compliance.

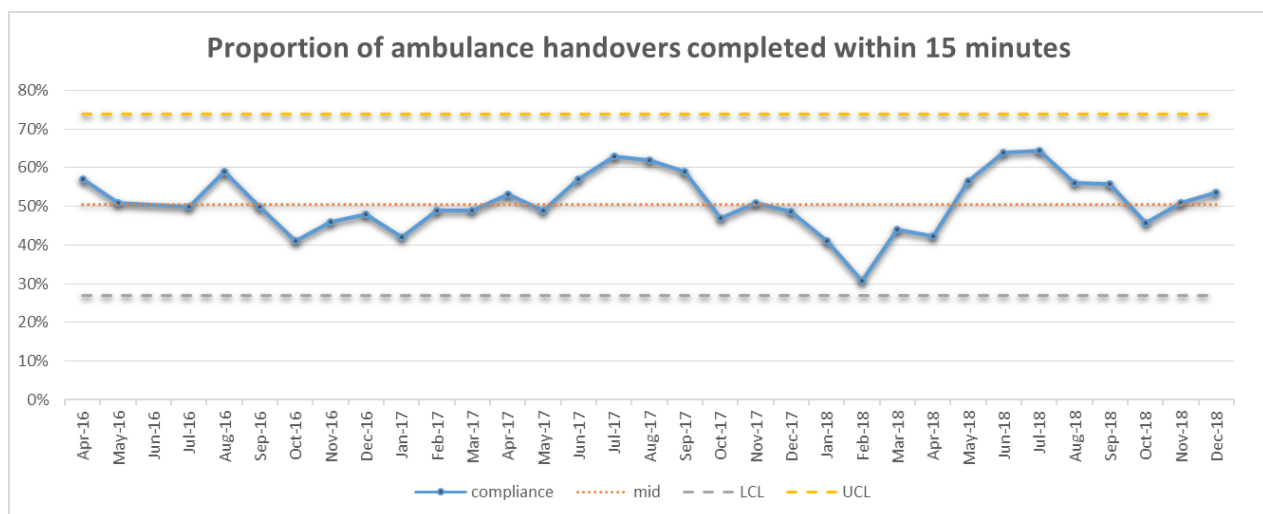
Part 2 – The drop in performance is related to doctor-led care planning. The Mental Health Clinical Board has introduced a process to ensure the psychiatrist's case-mix is commensurate with the level of need. This will improve access and stream patients to the appropriate level of support.

3) UNSCHEDULED CARE

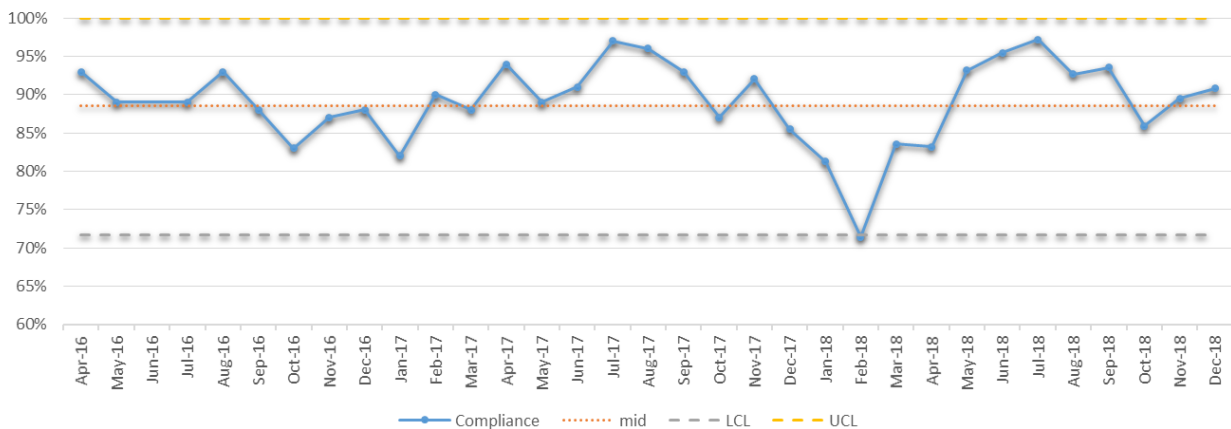
The proportion of immediate and life threatening calls responded to within 8 minutes was 80.4% in December; with the 12 month performance marginally increasing to 81.2% reflecting an improvement on that observed in December 2017. Performance still remains above the Welsh Government target of 65%.



In respect of ambulance handovers, 54% of patients were handed over within 15 minutes and 91% of patients handed over within an hour which is below the WG minimum standard of 60% within 15 minutes, and 100% within 60 minutes.



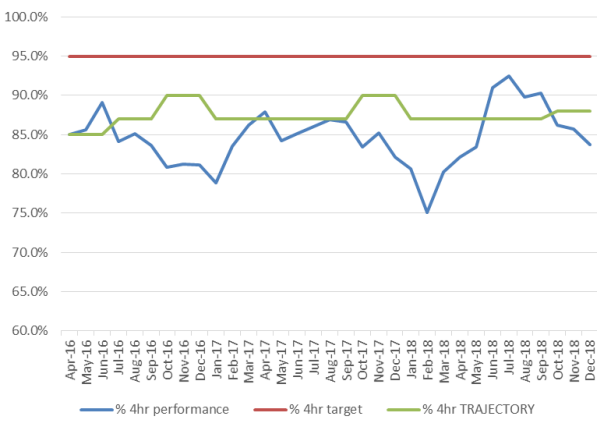
Proportion of ambulance handovers completed within 60 minutes



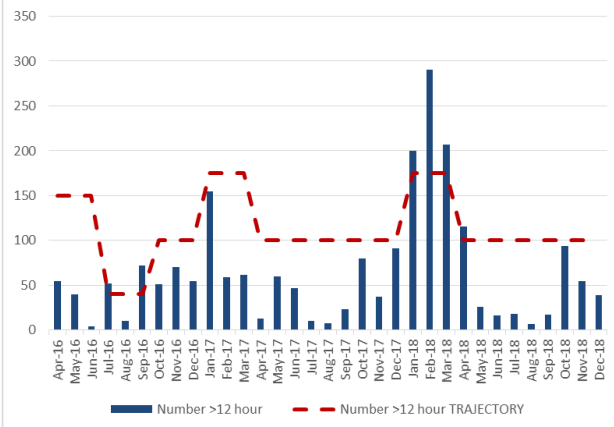
The proportion of patients admitted, discharged or transferred within 4 hours fell in December to 83.7%, a 2% improvement on last December, but below both the WG target of 95% and the UHB’s IMTP trajectory of 88%.

The number of patients waiting in excess of 12 hours reduced to 39 in December, representing both a month on month and seasonal improvement. The performance for the quarter did not meet the WG’s expected standard of zero, nor the 100 projected in our annual plan. These figures continue to exclude patients where there has been clinical justification for the patient requiring extended periods of care and observation within the Emergency Department footprint.

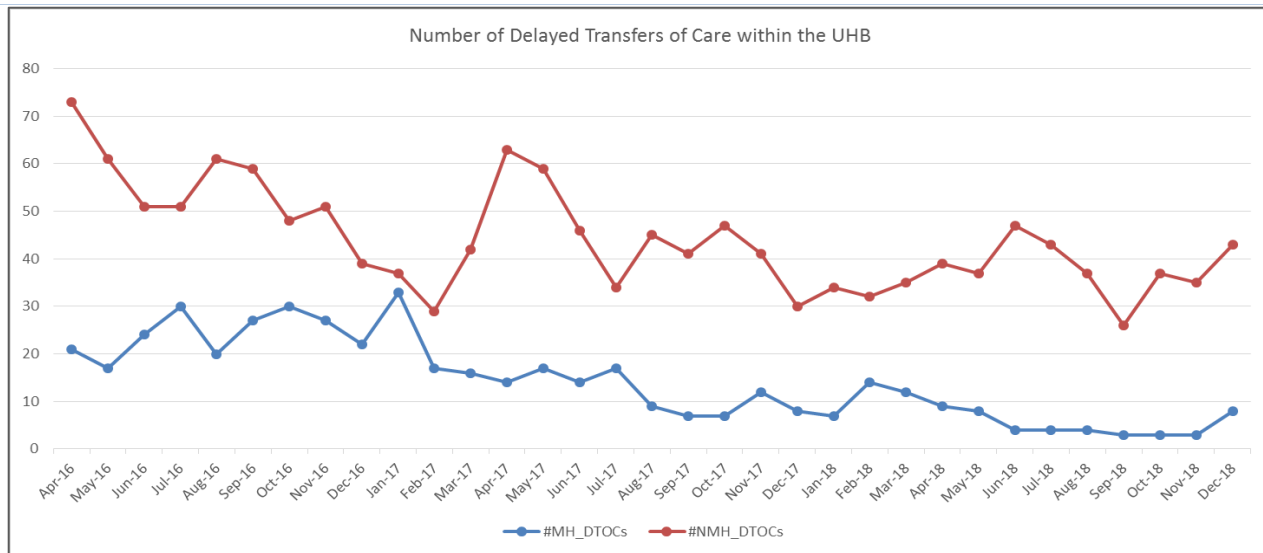
Proportion of patients treated < 4 hours



Proportion of patients waiting > 12 hours



At the December 2018 census point, the UHB recorded that 51 patients had their care pathway delayed as per formal WG definitions. The number of bed days attributed to patients whose care was delayed was 1434 in the month, equating to 46 beds per day.



How do we compare with our peers?

The latest performance data available indicates that UHB performed better than the Welsh average for all of the unscheduled care access measures in November 2018.

HB	4 Hour	Patients >12Hrs	Red Call<8 Minutes	Ambulance Waits>1 Hr
ABM	78.0%	681	75.2%	628
AB	78.4%	374	73.0%	363
BCU	70.6%	1845	68.6%	403
C&V	86.2%	94	80.3%	244
CT	86.0%	230	68.1%	3
HD	84.0%	737	65.4%	171
C&V Rank	1/6	1/6	1/6	3/6

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	330	57	239	88	77	93	32	4/6
# HB non MH DTOC	746	932	1160	438	265	485	225	3/6

What are the main areas of risk?

Winter brings additional pressure in the Unscheduled Care system, with demand increases and higher levels of acuity. The potential risks include:

- Insufficient acute adult bed capacity (excluding critical care) leading to delays in admission or cancellation of elective admissions
- Insufficient critical care capacity leading to sub-optimal care and cancellation of elective admissions
- Ambulance turnaround delays
- Overcrowding of A&E department

Plans to mitigate the risk need to be system wide, not only addressing the risk of this increased pressure in-hospital but also recognising the potential risk to our wider community as a result of ambulance turnaround delays.

Recruitment and retention of clinical staff remains a risk for the Health Board, particularly the high level of nursing vacancies. There is a high reliance on temporary staffing.

What actions are we taking?

As outlined previously, the Health Board has implemented its 2018-19 integrated winter plan. This was developed with our partners and on a whole system basis. The key elements of the plan are 'Keep Me home' community schemes; and 'Get me Home' in-hospital schemes. The UHB has received additional funding from Welsh Government for Winter pressures.

'Get me Home plus', a project funded through the Welsh Government transformation fund, has commenced. 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.

Following the opening of two additional critical care beds in October 2018, the Health Board's plan is to further increase capacity by four beds in February 2019.

The Health Board continues with a number of schemes to improve the recruitment and retention of nursing staff. This includes an 'open day' recruitment event on 26th January 2019. To balance the risk on an ongoing basis, the daily escalation process continues whereby the senior nursing teams consider the position across all wards and take the necessary action, e.g. moving staff between wards, to mitigate any risk.

4) GP OUT OF HOURS SERVICES (OOH)

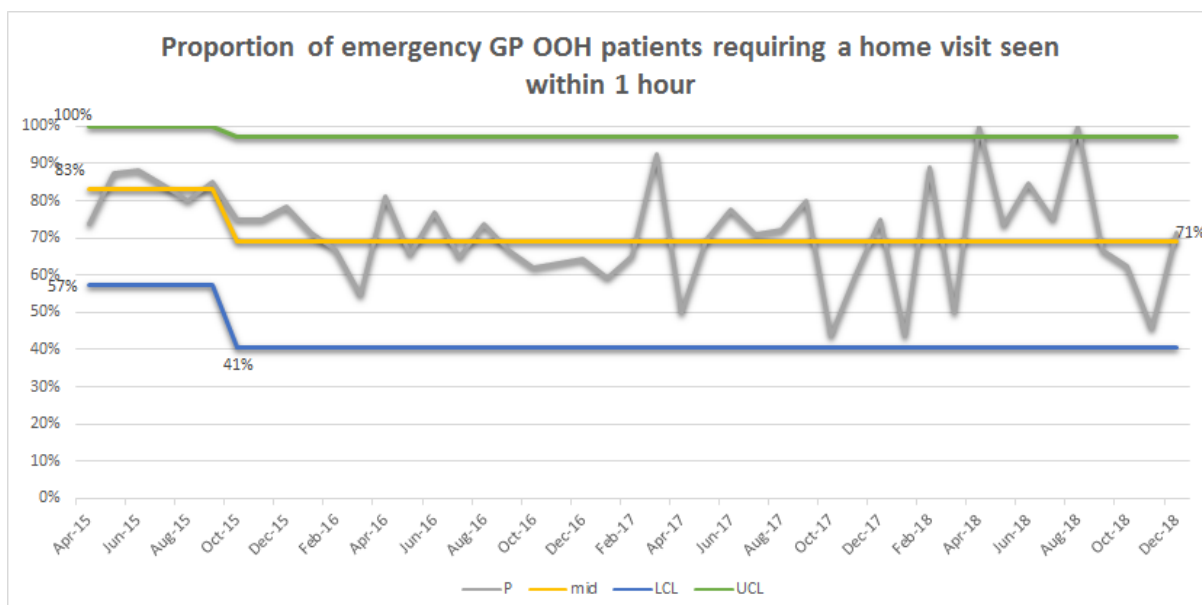
How are we doing?

The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. In both November and December the UHB was compliant with 5 of the standards, and within 10% of the required level for 3 of the standards.

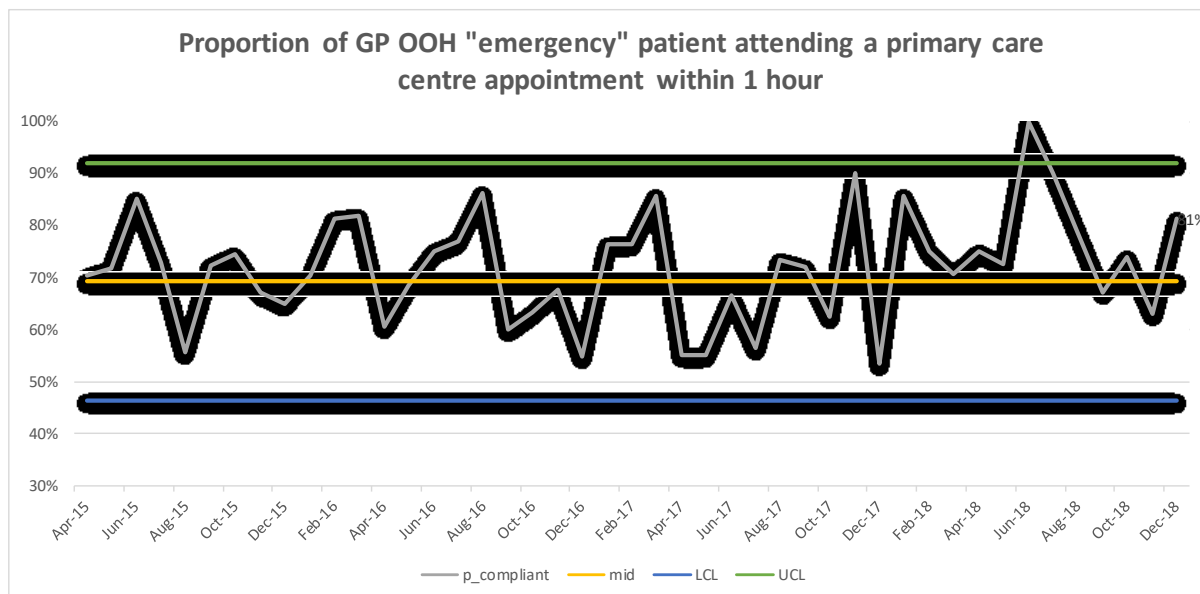
Standard			Nov-18			Dec-18		
Standard	Description	Target	Total	Result	Score	Total	Result	Score
Demonstrates that a standard has been achieved			Total Contacts= 9032			Total Contacts=11180		
Demonstrates that a standard is within 10% of being achieved			Total Clinical Contacts Recorded on Adastra = 7794			Total Clinical Contacts Recorded on Adastra =9670		
Demonstrates that a standard has not been achieved								
Demonstrates volumes only								
Telephone Services								
Telephone Calls	Number of calls answered within set timeframes	95% ans. in 60 seconds	7798	7157	92%	10401	8437	81%
		100% ans. in 120 seconds	7798	7467	96%	10401	9229	89%
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	7798	67	1%	10401	358	3%
Handling	% of calls recording the correct patient demographic information	100% Correct	7798	7798	100%	10401	10401	100%
Telephone Triage Services								
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	2464	1983	80%	3792	2771	73%
	Longest time to triage an urgent call	Longest time		427			672	
	Average of the 10 longest times to triage an urgent call	Average time		276			465	
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	3726	3193	86%	5678	4254	75%
	Longest time to triage a routine call	Longest time		597			985	
	Average of the 10 longest times to triage a routine call	Average time		432			701	
Immediate Life Threatening (LT) Conditions								
Referral	Number of life threatening conditions identified	100% within 3 minutes	151	151	100%	227	227	100%
Home Visiting								
Home Visits	The number and percentage of home visits	No target	7794	538	7%	9670	652	7%
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	11	5	45%	14	10	71%
	The number of face to face contacts within two hours	100% seen within two hours	11	9	82%	14	14	100%
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	182	142	78%	239	154	64%
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	345	230	67%	399	339	85%
Primary Care Centre Appointments								
PCC	The number and percentage of PCC attendances	No target	7794	2551	33%	9670	2856	30%
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	27	17	63%	16	13	81%
	The number of face to face contacts within two hours	100% seen within two hours	27	26	96%	16	15	94%
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	248	202	81%	229	172	75%
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	2276	2241	98%	2611	2466	94%
Transmissions								
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	8378	8378	100%	10395	10395	100%
Other Data								
Outcomes	The number of calls ending in telephone advice	No target	7794	2208	28%	9670	2923	30%
	The number of calls advised to contact their GP within 24hrs.	No target	7794	990	13%	9670	1177	12%
Referrals OUT	The number of referrals to the Emergency Department	No target	7794	487	6%	9670	829	9%
	The number of referrals to WAST	No target	7794	239	3%	9670	265	3%
	The number of referrals for direct admission	No target	7794	279	4%	9670	231	2%
Referrals IN	The number of referrals from the Emergency Department	No target	7794	27	0.3%	9670	41	0.4%
	The number of referrals from WAST	No target	7794	154	2%	9670	193	2%
Rota	Shift fill rate (reported in hours)	100% of shifts filled	4360	3442	79%	5332	3913	73%

The number of calls received in December was 20% higher than previous months, and whilst expected these volumes on occasion exceeded the capacity available in a service with recruitment challenges and over a peak period for holidays.

Despite this 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 November and December was 45% and 71% 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 81% in December, achieving the WG 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. Despite the data being available for all organisations in August 2018, performance data for only 3 Health Boards has been published for October 2018.

	Oct-18	AB	BC	C&V	Others
%Urgent calls logged & patient started definitive clinical assessment <=20 mins of call being answered		85%	76%	85%	Not provided
% very urgent patients seen <= 60 mins following clinical assessment		64%	67%	70%	Not provided

What are the main areas of risk?

The two areas of concern are:

- An ability to provide home visits within 20 minutes for all areas of Cardiff and Vale when considering the geographical area covered and the variation in average travel times across our dense urban areas.
- The ability to attract staff onto the roster at peak periods and 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?

Additional elements of the services plans to for work force development in the medium term and the ongoing attempts to maintain sufficiently filled rosters, which are taking place include:

- Rolling out the ability for clinicians to undertake the telephone triage for home in an effort to make the role more attractive
- Co-developing regional plans to expand the dental triage service both at weekdays and weekends, as a more cost effective substitute for GPs.
- The development of salaried GP positions within the establishment
- Making ongoing iterative adjustments to improve the benefits of the Minor Illness clinicians and health care support workers who have joined the service on a pilot basis.

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:

- Sustainability applications:** The UHB currently has zero active applications from GPs to support with the sustainability of their services and there are no lists presently closed to new registrations.
- Contract terminations:** In January 2019 the UHB successfully concluded a competitive tender exercise to establish a new provider for a GP practice in South Cardiff. On December 31st 2018 the UHB received notice from a GP practice in the Vale of Glamorgan of their intention to resign from their GMS contract. They will cease to provide services from June 30th 2019. The UHB is currently exploring options for service continuity for the registered patients.
- Directly managed GP services:** The UHB presently has no directly managed primary medical care services
- Other contract variations:** The UHB is currently in discussion with 2 GP practices and relevant stakeholders (i.e. CHC and LMC) regarding the closure of branch surgeries and the consolidation of services on a single site.

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 & 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
- Ongoing programme of contract assurance visits with GP practices by the GMS team. This visit replaces the traditional QOF visit and looks for assurance that the provider is able to deliver on contractual obligations.
- Ongoing programme of peer to peer visits from the three GPs assigned to the GP Support Team to establish short medium and long term plans, potential risks, opportunities and improvements.

6) STROKE

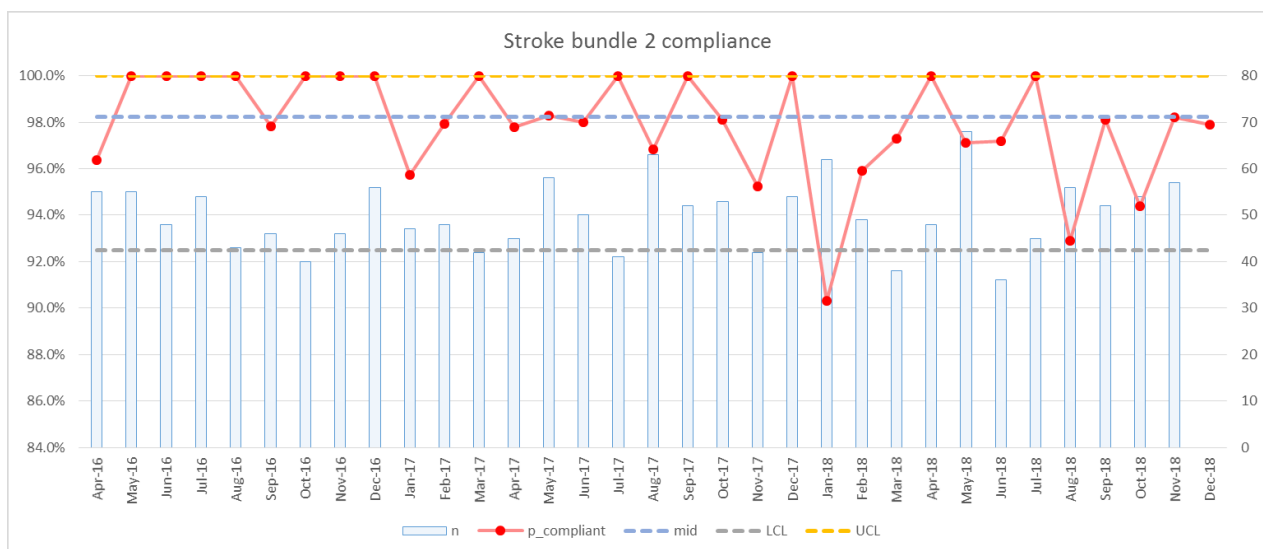
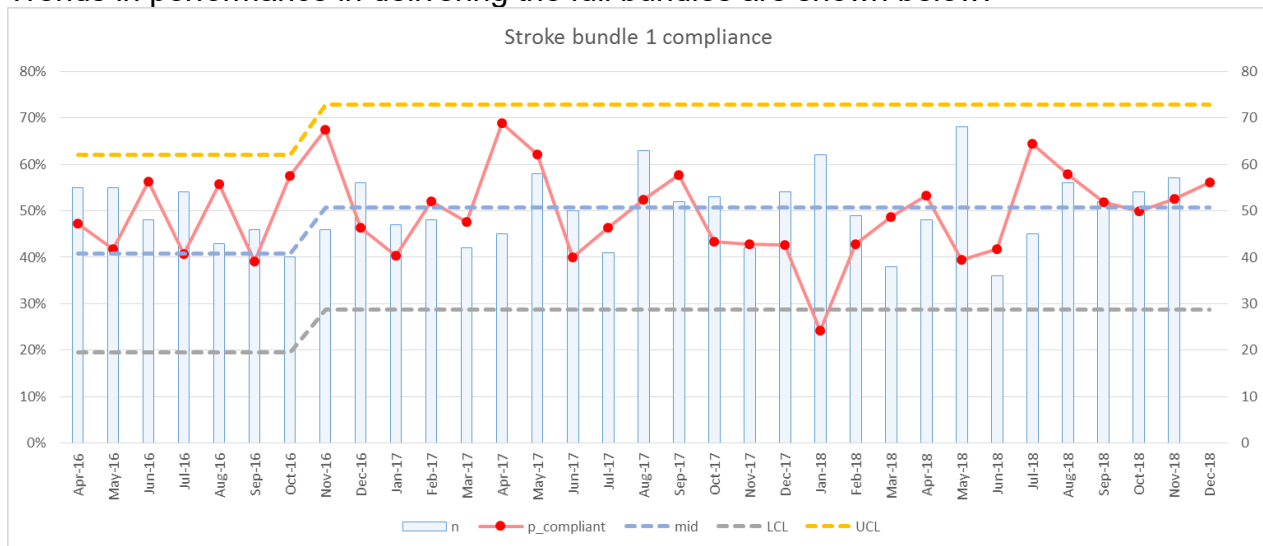
How are we doing?

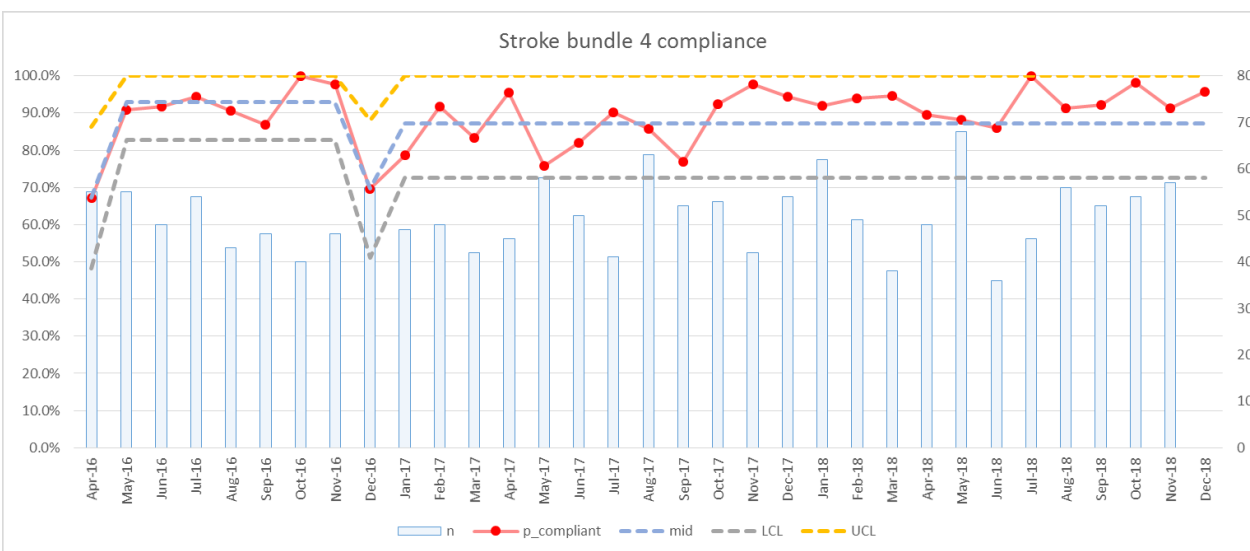
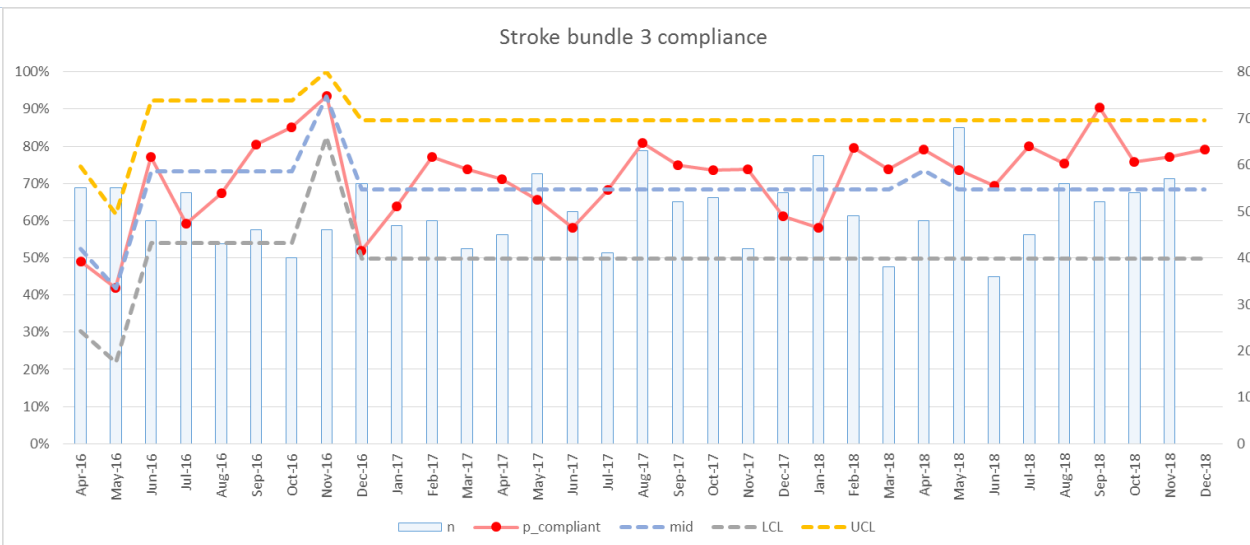
The expectation on the UHB is to demonstrate continuous improvement over the course of the year with the objective of achieving the SSNAP UK average by the end of the financial year (SSNAP is the audit tool used throughout the UK to record detailed data on stroke patients treated in hospitals).

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 Nov-18
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	60%	52.6%
12 Hour QIM	CT Scan within 12 hours	97%	98%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	80%	77.2%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	25%	12.5%

Trends in performance in delivering the full bundles are shown below.





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 October 2018	ABM	AB	BCU	C&V	CT	HD	C&V Rank
Direct admission to Acute stroke unit <4h	56%	42%	47%	52%	38%	79%	3/6
CT scan <1h	53%	46%	35%	57%	54%	82%	2/6
Assessed by a stroke consultant <24h	83%	99%	86%	80%	68%	95%	5/6
Thrombolysis door to needle (<=45min)	18%	0%	14%	20%	50%	40%	3/6

What are the main areas of risk?

Admissions within 4 hours: Whilst improvement in performance against the '4hr direct admit to an acute stroke unit' has been sustained, the demand for beds on the dedicated acute stroke ward has continued to increase in November and December. This is as a consequence of both rising demand from patients on the stroke pathway and from the increasing demand of patients presenting with acute medical conditions who require treatment.

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

What actions are we taking?

- Work is ongoing to raise awareness of the Code Stroke process for inpatient strokes (both UHW and UHL), including development of the inpatient thrombolysis pathway to explore options to streamline the process further, education and awareness sessions provided to all UHB wards.
- The Code Stroke 1 pathway has been signed off by the MCB in preparation for a re-launch in January 2019 along with role profiles for key staff
- An information pack has been circulated to junior doctors including information re best practice (RCP guidelines), up to date pathways and expectations (QIMS). This will also be added to the Medical Education App
- Training sessions for junior doctors and EU, Medical and Neuro middle grade medical staff is ongoing

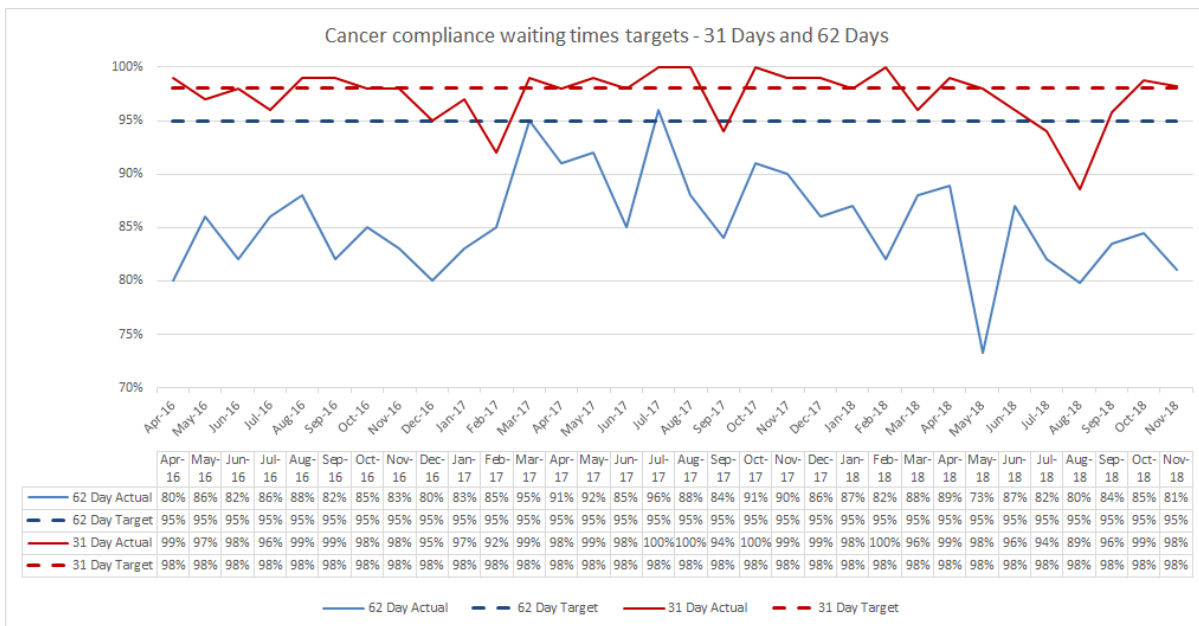
7) CANCER

How are we doing?

The proportion of cancer patients who were treated within 62 days of their referral with suspected cancer was 81% in November, a marginal 4% decrease from last month. Performance remains below the IMTP trajectory of 92% and the Welsh Government's standard of 95%. 19 patients waited in excess of 62 days for treatment, across the following tumour sites: Lower GI – 3; Urology – 7; Haematology – 1; Upper GI – 4; Lung – 1; Gynaecology – 1; Breast - 2.

As at the end of November, the UHB had received 1300 more urgent suspected cancer referrals (19% increase) and treated 22 more patients (4.1% increase) than in the first 11 months of 2017.

The proportion of cancer patients who were treated within 31 days of a cancer having received a confirmed cancer diagnosis and who were not on a 62 cancer pathway was 98.2% in November. There was 1 urology and 1 breast patient who waited more than 31 days for treatment. The WG's standard is for 98% of patients to be treated within 31 days.



What are the main areas of risk?

A New issue which has presented a risk to delivery is the unplanned absence of three consultants in urology which has impacted on the service’s capacity and ability to meet demand and variation within the demand.

Our other issues and challenges remain largely similar to those reported in previous month:

- Increase in demand in a number of tumour sites, with exceptional demand in a number of tumour sites – including urology and I, which has contributed to excessive waits for diagnosis.
- 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

What actions are we taking?

Action remain largely similar to last month:

- In the absence of the substantive consultants in urology, capacity is being prioritised for cancer and clinically urgent patients. The UHB has secured a locum to support for one month – commenced at the beginning of January 2019. The UHB is progressing an insourcing solution focused on RTT to support prioritisation of cancer and urgent referrals.
- Plan developed to address delays in the radiology component element of the pathway (from referral receipt to vetting to booking, scanning and reporting) developed and being progressed
- Core endoscopy capacity continues being used for cancer referrals (with insourcing activity focused on > 8 weeks diagnostics). UHB has procured an external company to

support productivity and efficiency work in endoscopy – commences January 2019.

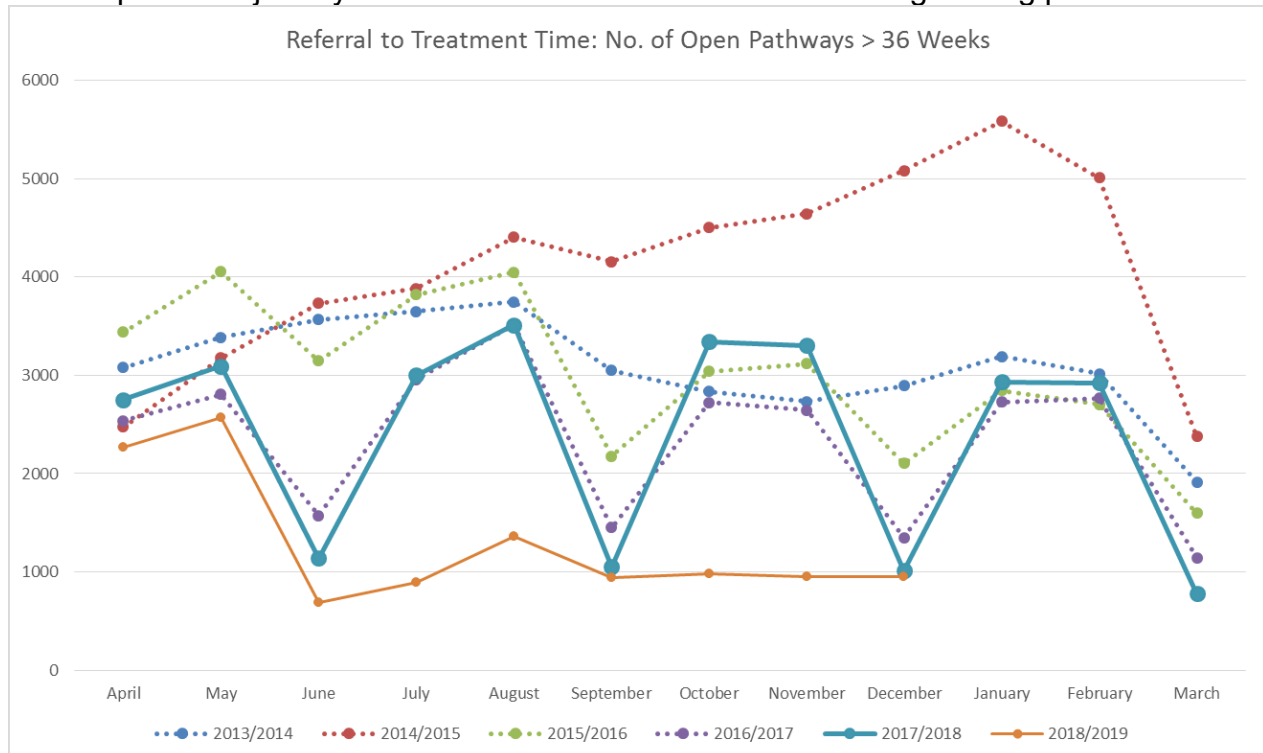
- The UHB's Cancer Services Lead Manager has commenced in post – 7th Jan 2019. This is a full time post with senior managerial level responsibility for working with Clinical Boards to improve performance as well as leading on the overall implementation of the Single Cancer Pathway.

8) ELECTIVE ACCESS

How are we doing?

There were 12,120 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of December, equating to 83.5% of patients waiting under 26 weeks, below the IMTP trajectory of 86%.

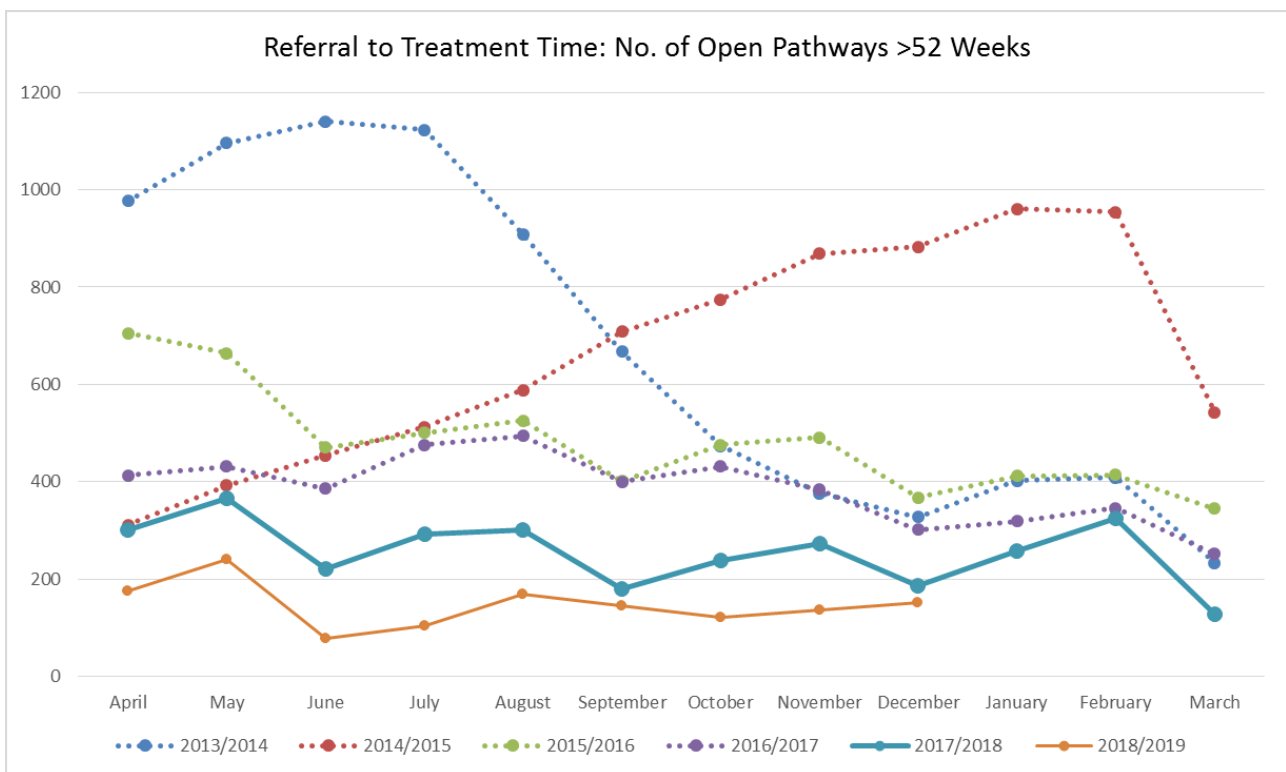
The number of patients waiting over 36 weeks reduced to 948 at the end of December. The end of quarter trajectory was to have reduced the number of long waiting patients to 575.



The target monitoring periods have changed over time (from yearly to quarterly to now monthly) which has had an impact on how many patients are waiting over 36 weeks. Since the monthly monitoring periods for all specialties commenced in August there has been a dampening of the variation in reported volumes, improving overall access times, whilst reducing the Health Board's ability to manage the variation in both the casemix and volume of demand.

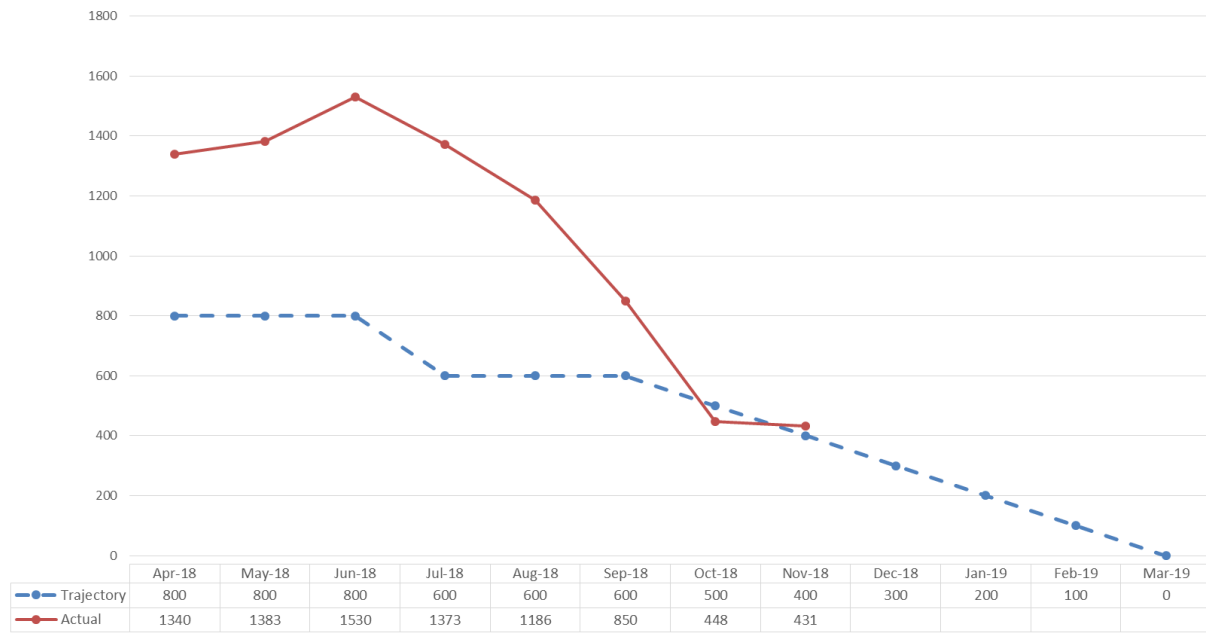


The number patients greater than 52 weeks at the end of December was 153. This is in line with the numbers reported over the past 6 months.



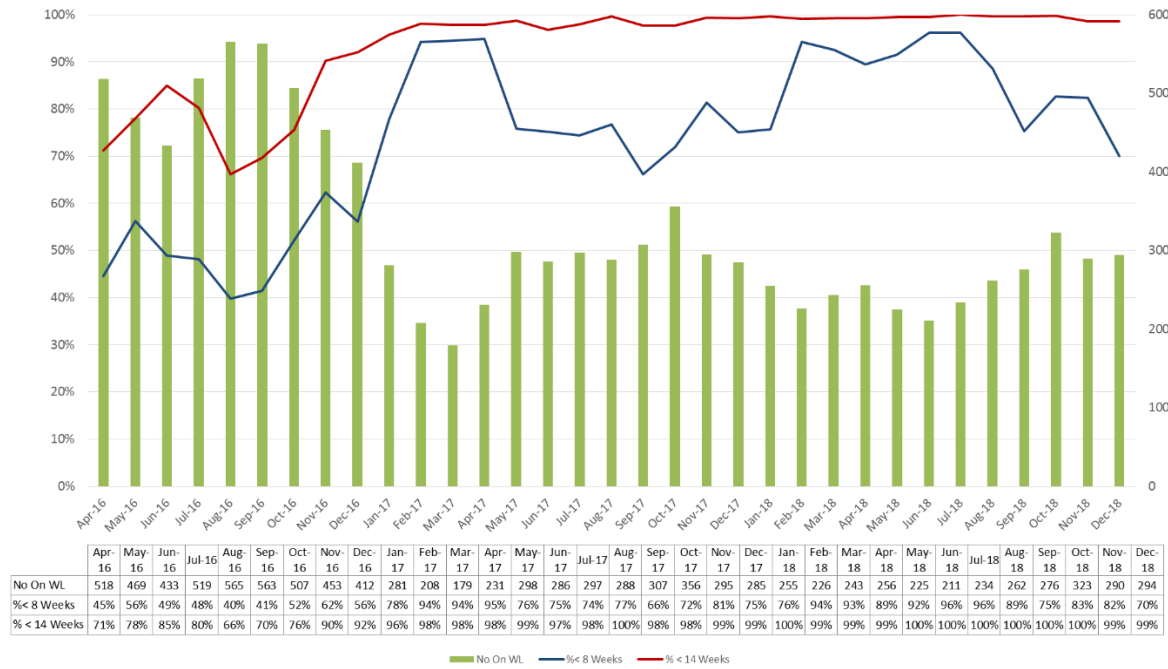
The UHB has 431 patients waiting greater than 8 weeks for a diagnostic test at the end of November 2018, marginally above the planned trajectory of 400.

Number of patients waiting >8 weeks for a diagnostic compared with IMTP trajectory



At the end of December 2018, 99% of patients requiring a memory assessment were waiting less than 14 weeks, against a standard of 95%. The number of patients waiting less than 8 weeks has deteriorated further to 70% in December 2018.

Number of patients awaiting assessment with the memory team and the proportion of those patients waiting < 8 and < 14 weeks



How do we compare with our peers?

The All-Wales waiting time position at the end of October 2018, shown below, indicates that Cardiff & Vale ranked 4th for the proportion of patients waiting less than 26 weeks, 2nd for the lowest number of patients waiting in excess of 36 weeks and 4th for the number of patients

waiting in excess of 8 weeks for a diagnostic.

Oct 2018	Wales	ABM	AB	BC	C&V	CT	HD	C&V Rank
% < 26 weeks - RTT	87.7%	89.1%	90.0%	84.7%	87.3%	89.7%	86.1%	4/6
No. > 36 weeks - RTT	1410	3370	1214	6574	984	321	1638	2/6
No. > 8 weeks diagnostic	3172	735	283	1504	448	92	27	4/6

What are the main areas of risk and what actions are we taking to mitigate them?

There are two types of risk – the first relates to the impact on patients whose treatment is delayed and the second relates to specific issues presenting a risk to delivery of the agreed RTT trajectory as agreed with Welsh Government

The impact of long waiting times on patients was highlighted in a report by the CHC “*Our lives on hold...Impact of NHS waiting time on patients’ quality of life*” and also by the Public Services Ombudsman for Wales following an investigation into a complaint regarding a patient who waited a long time for urgent paediatric surgery. A report was presented to the QSE Committee in September 2018 outlining the action being taken to address the specific areas of concern.

Actions include a targeted approach in reducing the UHB’s longest waits, with an initial focus on those specialties assessed as having the highest potential clinical risk, and the instigation of a ‘backstop’ process for long waiting patients to ensure that reporting and performance management arrangements act as a catalyst to both improving waiting times and ensuring appropriate clinical governance is in place.

The risks related to delivery remain largely unchanged from those previously reported, namely: demand increases and capacity gaps; Medical staff vacancies and unplanned absences; Reliance on external providers; and the increased pressure across the whole system as a result of winter. The UHB continues to mitigate these risks through:

- Development and monitoring of specialty specific delivery plans
- Insourcing and outsourcing of activity to address short term unplanned absences
- Targeted investment to reduce new outpatient waits and long waits
- UHB has developed, in conjunction with its partners, an Integrated Winter Plan

9) 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 £0.489m in month to £0.003m. The UHB has undertaken a detailed budget forecasting exercise which provides assurance that the UHB will deliver its forecast position by the year end.

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 9 position

At month 9 the UHB is reporting a deficit of £7.428m comprised of the following:

- £7.425m planned deficit (9/12th of £9.900m);
- £0.003m adverse variance against plan.

The overspend against the plan fell by £0.489m in month to £0.003m and continues to be driven by income under-recovery, nursing costs and overspends in clinical supplies and services. These areas are subject to additional scrutiny over the final 3 months of the year.

Income and Expenditure Analysis

Summary Financial Position for the period ended 31st December 2018

Income/Pay/Non Pay	In Month			Year to Date			Full Year		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Forecast £m	Variance (Fav)/Adv £m
Income	(118.660)	(118.376)	0.283	(1,017.111)	(1,015.288)	1.823	(1,378.272)	(1,378.272)	0.000
Pay	53.831	53.146	(0.685)	458.071	457.274	(0.797)	608.341	608.341	0.000
Non Pay	65.654	65.567	(0.087)	566.466	565.442	(1.024)	779.831	779.831	0.000
Variance to Draft Plan £m	0.825	0.336	(0.489)	7.425	7.428	0.003	9.900	9.900	0.000
Planned Deficit	(0.825)	0.000	0.825	(7.425)	0.000	7.425	(9.900)	0.000	9.900
Total £m	(0.000)	0.336	0.336	(0.000)	7.428	7.428	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 9 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 will be £36.3m.

Creditor payment compliance

Month 9 non-NHS Creditor payment compliance was 95.4% for the 9 months to the end of December, achieving the 95% 30 day target.

Remain within Capital expenditure resource limit

The UHB had an approved annual capital resource limit of £42.620m at the end of December. Capital expenditure at the end of December was £22.788m against a plan of £24.967m.

Cash

The UHB has a forecast cash deficit of £2.418m. Cash management plans will be developed if Welsh Government cash support is not provided.

The UHB cash balance at the end of December was £3.809m.

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 must 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

ASSURANCE is provided by:

The fact that the UHB is making progress in delivering our Operational Delivery Plan for 2018/9 by achieving compliance with 24 of its 67 performance measures

RECOMMENDATION

The Board is asked to:

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

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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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

Cardiff and Vale University Health Board - Performance Dashboard - January 2019

Purpose	Strategic Objectives	Measure	n	Status report										Target	Time period	Exception Report	
				Mar-14	Mar-15	Mar-16	Mar-17	Mar-18	RAG rating	Nov-18	RAG rating	Jan-19	RAG rating				Latest Trend
For Our Population	All take responsibility for improving our health and wellbeing	Uptake of influenza vaccination among high risk groups	1	>65: 69%, @risk: 52%, pregnant women: 44%	>65: 70%, @risk: 53%, pregnant women: 49%	>65: 68.5%, @risk: 47.7%, pregnant women: n/k	>65: 68.5%, @risk: 48.1%, staff:52.9%	>65: 70.8%, @risk: 49%, staff:64.7%	A	>65: 41%, @risk: 25%, pregnant:92 women, staff:33.8%	A	>65: 67%, @risk: 40%, pregnant:1677 women, staff:57%	A	↔	Green: Community: 75%, staff 60%; Amber (improvement on 16/17) - profile FYO >65: 70%, @risk: 52%, staff:50%	at 3rd January 2019	
		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%	81.2%	5 in 1 : 94.7%, MMR2: 87.5%	A	6 in 1 : 94.4%, MMR2: 84.3%	R	6 in 1 : 94.4%, MMR2: 86.3%	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%	54%	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%	42%	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%	60%	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%	0.7% to Q2	0.85% to Q2 17/18	R	0.4 Q1%	R	0.8Q2%	R	↔	WG target 5% over course of full year, IMTP trajectory Q2=0.8%	Q2 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%	67.0%	55.3% Q2 17/18	G	53.0%	A	57.0%	A	↑	Tier 1 target 40%, (IMTP trajectory Q2 = 61%)	Q1 18/19	
		Rate of conceptions among females under 18	8	Cardiff 35 per 1000, Vale 28.4 per 1000	Cardiff 30.4 per 1000, Vale 19.4 per 1000	Cardiff 30.4 per 1000, Vale 19.4 per 1000	Cardiff 27.5 per 1000, Vale 15.8 per 1000	Cardiff 27.5 per 1000, Vale 19 per 1000	A	Cardiff 22.3 per 1000, Vale 15.9 per 1000	G	Cardiff 22.3 per 1000, Vale 15.9 per 1000	G	↔	reduction on previous year	2016 (Annual)	
	Deliver outcomes that matter to people	Crude Hospital Mortality Rate for people aged less than 75	9	94	103	0.60%	0.60%	0.62%	G	0.61%	G	0.60%	G	↔	12 Month Improvement Target (12M to Dec-17 was .62%)	12 months to Dec-18	
		Emergency crude mortality rate (12 mth)	10	3.15%	3.27%	2.94%	3.05%	3.05%	G	3.04%	A	2.97%	A	↔	Reduction in CMR (Jan-Dec 17 was 3.05%)	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%	stroke 11.2%, heart attack 3.7%, #NOF 6.1%	stroke 12.5%, heart attack 3.8%, #NOF 8.1%	A	stroke 13.4%, heart attack 4.6%, #NOF 7.5%	A	stroke 13.3%, heart attack 4.4%, #NOF 5.7%	A	↔	Demonstrable reduction in rolling 12 month rate (Jun-16 to May-17: 13.2%,4.2%, 7.6%)	12 months to Jul-18	
		% Universal mortality reviews undertaken within 28 days of a death	12	25%				71%		71%	R	73%	R	↔	NEW MEASURE from April-17 - Target is 95%, IMTP trajectory Q2 = 83%	Nov-18	
		Patient experience monitored through "Fundamentals of Care" audit and national surveys	13	Operational score 84% (4/12 >85%), User Experience score 89% (2/15 >85%)	Operational score (8/12 >85%), User Experience score 89% (23/26 >85%)	Operational score (15/18 >85%), User Experience score 89.7% (23/26 >85%)	87%	87%	A	87%	A	87%	A	↔	% of pts responding who rated overall experience of care as 8/10 or above (Green 90%)	National report Sept-16	
		"Two minutes of your Time patient feedback scores"	14	8/11 >90%	7/11 >90%	6/11 >90%, 7/11 >85%	6/11 >90%, 7/11 >85%	6/11 >90%, 8/11 >85%	R	7/11 >90%, 8/11 >85%	R	7/11 >90%, 8/11 >85%	R	↑	Green: 90% for each of the 11 questions, Amber: >85%	Monthly snapshot for Dec-18	In Nursing director's report
		Proportion of formal complaints responded to within 30 working days	15	45%	43%	55%	43%	74%	A	80%	G	84%	G	↑	Green: 80%, Amber sustainable improvement from 40-50% range	Complaints received to 30/11/18	In Nursing director's report
	Reduce health inequalities	Life expectancy at birth	16	80.5 2009/11	80.8 2011/13	80.8	80.8	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	3.9 per 1,000 live births	2.8 per 1,000 live births	G	2.8 per 1,000 live births	G	2.8 per 1,000 live births	G	↑	reduction on 2015 rate (3.9)	ONS (2016)	
		% live births with a birth weight of less than 2500g	18	7.3% (provider)	6.7% (provider)	5.8% (provider)	5.90%	5.98%	G	6.10%	A	6.50%	A	↓	12 mth cumulative reduction on previous year (5.9%)	Jan-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	3.4	G	3.4	G	↑	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	1089	1020	A	1009	G	997	G	↑	reduction against same 12 month period of previous year (1046)	Upto Aug-18	
		Reduction in the number of emergency hospital readmissions within a year for basket of 8 chronic conditions	21	223	196	192	196	202	A	197	A	190	A	↑	reduction against same 12 month period of previous year (201)	Upto Aug-18	
		Emergency admission for hip fractures (age-standardised, 65+ per 100,000 people) (Revised Populations applied)	22	727.5 (Mar-Feb14)	633.9 (Mar- Feb 15)	499	554.8	583.7	A	563	A	549	A	↔	reduction on previous year (583 per 100,000 conf limit+/-52)	Oct- Sep 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	97% NUSC, 83% USC	98.3% NUSC, 86.8% USC	R	88% NUSC, 80% USC	R	98% NUSC, 82% USC	R	↑	Green Tier 1: 98 % NUSC, 95% USC, Amber IMTP trajectory Q3 = 98% & 92%	Nov-18	✓
		Primary care contractor professionals assurance status	24	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Managerial Intervention Required	A	1 new sustainability application . 1 closed list due to re-open 16/10. 0 new applications to close a list. 1 planned merger	A	1 contract termination, 0 new sustainability application 0 closed list. 0 new applications to close a list.	A	↔	Notes: Exercise to review practice boundaries completed	as at 9/1/19	
		% GP Practices open during daily core hours or within 1 hour of daily core hours	25	76% (2013)	83% (2014)	83% (2015)	88%	88%	G	88%	G	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%	Diagnosis: 58% Access: 98%, Training: 30%	Diagnosis: 63% Access: 99%, Training: 32%	G	Diagnosis: 63% Access: 100%, Training: 32%	G	Diagnosis: 63% Access: 99%, Training: 32%	G	↔	Target: Diagnosis improvement in proportion >65years diagnosed with dementia, Access attain 95% memory patients seen within 14 weeks, Trainingimprovement in %GP practices that completed MH DES in dementia care	Diagnosis Yr 16/17, Access: Nov-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%	3.00%	3.30%	A	3.44%	A	3.33%	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 Nov-18	
		Sustained compliance against four acute stroke bundles	28	1: 96%, 2: 46%, 3: 77%, 4: 91%	1: 98%, 2: 86%, 3: 94%, 4: 96%	1: 35%, 2: 100%, 3: 57%, 4: 67%	1: 40%, 2: 96%, 3: 64%, 4: 79%	1: 23%, 2: 90%, 3: 60%, 4: 92%	R	1: 50%, 2: 98%, 3: 89%, 4: 90%	A	1: 53%, 2: 98%, 3: 77%, 4: 91%	A	↔	Amber: Continuous improvement Green: UHB IMTP Mar-18 trajectory: 60%, 96%,89%,85%	Monthly performance in Nov 18	✓

	Number of new serious incidents & % assured within agreed timescale	29	102	97 serious incidents, 47 no surprises	219 serious incidents, 21 no surprises	206 serious incidents, 39 no surprises	240 Sis, 31 no surprises - 52% assured in timescale	A	319 Sis, 24 no surprises - 66% assured in timescale	A	362 Sis, 26 no surprises - 71% assured in timescale	A	↑	No. of Sis: reduction in year (219 Sis in 15/16, 236 16/17), Timeliness for assurance: 95%	No. of Sis: 12mths to Dec-18, Timeliness Oct-18	In Nursing director's report
	% patients with a positive screening for sepsis in both inpatients and emergency A&E who have received all 6 elements of the 'sepsis six' bundle within 1 hour.	30	Bundle 6 84% compliant	Bundle 6 86.7% compliant	Bundle 6 90.6% compliant	64.9%	Jan-18: 55%, YTD 66%	A	Yr to Sep: 82%	G	Yr to Nov: 81%	G	↔	Continuous improvement target (last 12 months 67%)	Apr-Nov18	
	Reduction in number of patients who had a potentially preventable Hospital Acquired Thrombosis (VTE) up to 90 days post discharge	31					10 potentially preventable, 0 to be reviewed		10 potentially preventable, 0 to be reviewed		2 potentially preventable, 0 to be reviewed			rolling 12 mth reduction in preventable HATs post level 2 Root Cause Analysis	Q1 to June-18	
	% of nutrition score completed and appropriate action taken within 24 hours of admission	32	92%	94%	95%	94%	95%	G	96%	G	97%	G	↔	Green: 95%, Amber 90%	Monthly snapshot for Nov-18	
	Patient environment: Credits 4 cleaning scores for high risk areas	33	Very high risk: 93%, High risk: 92%, Significant risk: 89%	Very high risk: 93%, High risk: 93%, Significant risk: 92%	Very high risk: 94.7%, High risk: 94.4%, Significant risk: 91.3%	Very high risk: 98.1%, High risk: 97.0%, Significant risk: 96.7%	Very high risk: 98.2%, High risk: 96.7%, Significant risk: 96.8%	G	Very high risk: 99%, High risk: 97%, Significant risk: 96%	G	Very high risk: 99%, High risk: 97%, Significant risk: 94%	G	↔	Very high risk: 98%, High risk: 95%, Significant risk: 85%	Monthly snapshot for Nov-18	
	% compliance with Hand Hygiene (WHO 5 moments)	34	91%	91%	94%	94%	94%	R	95%	A	95%	A	↔	Green: 100%, Amber: >95%	Monthly snapshot for Nov-18	
	Reduction in C. Difficile and Staphylococcus Aureus Bacteraemia (MRSA), working towards a zero tolerance	35	263 C difficile cases; 31 MRSA cases	172 C difficile cases; 44 MRSA cases	11 C difficile cases; 11 S. aurea cases	13.7 C difficile cases; 10.6 S. aurea cases	115 C difficile cases; 140 S. aurea cases; 316 E. coli cases	R	70 C difficile cases; 93 S. aurea cases; 217 E. coli cases	R	85 C difficile cases; 122 S. aurea cases; 265 E. coli cases	R	↔	WG target: 85 C-diff, 74 S-aureus, 221 e-coli	9 mths: Apr 18 to Dec-18	
	Reduction in the number of healthcare acquired pressure ulcers	35	Mthly average = 38	Monthly average = 31 (372 14/15)	M12 = 413, avg = 34.4	M10 = 577 MA(12) = 55	M10 = 1119 MA(12) = 107	R	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)		
Reduce harm, waste and variation sustainably making best use of the resources available to us.	Financial balance: remain within revenue resource limits	36	£19.177m deficit at M12	£21.364m Deficit at M12	£0.068m surplus at M12, (£13.3m favourable variance from plan)	£29.717m deficit at M11	£25.502m deficit at M11	R	£6.410m deficit at month 7. £0.635m adverse variance against plan	R	£7.428m deficit at month 9. £0.003m adverse variance against plan	R	↑	2018/19 planned deficit £9.9m	M9 2018-19	
	Remain within capital resource limits.	37							Expenditure at the end of October was £16.896m against a plan of £17.533m.	G	Expenditure at the end of December was £22.788m against a plan of £24.967m.	G	↔	Approved planned expenditure £42.620m	M9 2018-19	
	Reduction in Underlying deficit	36a							£39.1m assessed underlying deficit position at month 7	R	£36.3m assessed underlying deficit position at month 9	R	↔	If 2018/19 plan achieved reduce underlying deficit to £39.1m	M9 2018-19	✓
	Delivery of recurrent 3% savings target	36b							£25.335m identified at Month 7	G	Fully Identified Savings Plan	G	↔	£25.335m	M9 2018-19	
	Delivery of non recurrent 1% savings target	36c							£12.573m identified at month 7.	G		G	↔	£8.445m	M9 2018-19	
	Delivery of financial improvement target	36d							£9.3m identified at month 7	G	£9.3m identified at month 9	G	↔	£9.3m	M9 2018-19	
	Creditor payments compliance 30 day Non NHS	37a							Cumulative 95.6% in October	G	Cumulative 95.4% in December	G	↑	95% of invoices paid within 30 days	M9 2018-19	
	Remain within Cash Limit	37b							Forecast cash deficit of £11.743m	R	Forecast cash deficit of £2.418m	R	↑	To remain within Cash Limit	M9 2018-19	
	Maintain Positive Cash Balance	37c							Cash balance = £4.315	G	Cash balance = £3.809m	G	↔	To Maintain Positive Cash Balance	End of Dec. 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	5197	A	6788	A	6786	A	↔	NEW INNU list adopted from August 2018: 12 month rolling reduction (June16-Jun17: 6597)	Oct-Sep18
	Reducing outpatient did not attend rates for New and Follow Up appointments	40		N 10.8%, FU 12.1%	N 10.5%, FU 11.7%	N 10.2%, 11.8%	N:10.1%, FU 12.2%	R	N:10.1%, FU 11.5%	R	N:10.1%, FU 11.3%	R	↔	12 month rolling reduction- 16/17 New DNA 9.8%, FU 12.2% (IMTP traj 11.7% & 11.2%)	12mths-Jan-18 to Dec-18	
	Increasing in-session theatre utilisation (adopting Newton measure)	41	Tier 2	78%	79%	72%	75%	A	76%	A	75%	A	↔	Newton consulting set standards: green >= 85%, amber 67%-85%, red <=67%	Nov-18	
	Uptake of ERAS across whole HB.	42			Programme has stalled	Programme has stalled	Refresh being planned as part of TTC	R	Prehab to rehab programme progressing	A	Prehab to rehab programme progressing to plan	A	↑	Self assessment based on roll out plan agreed with WG	Jan-19	
	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 months	95.8% within 30 days	94.9%	A	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%	37%	R	41%	R	23%	R	↓	WG target: 100%, amber continual improvement	Monthly snapshot for Sep-18	✓
	Part 1 Local Primary care Mental Health Support Services (% assessed within 28 days & therapy started within 28days)	46	5.5% (28 days), 73% (56 days)	98.7% (28 days), 96% (56 days)	82.2% (28 days), 92.8% (28 days)	78% (assessment), 86% (therapy)	83% (assessment), 79% (therapy)	A	80% (assessment), 60% (therapy)	R	80% (assessment), 68% (therapy)	R	↓	80% within 28 days for assessment, 80% within following 28 days for therapy	Monthly snapshot for Nov-18	
	Part 2 Coordination of care and treatment Planning for secondary Mental Health Users (% of users with a care and treatment plan)	47	88.3%	91.9%	90.4%	91.0%	90.1%	G	85.0%	A	86.0%	A	↔	90%	Monthly snapshot for Oct-18	✓
	Part 3 % of former users of secondary mental health services who are assessed under part 3 of the measure, who received their outcome assessment report within 10 days	48	100%	100%	89%	100%	100%	G	100%	G	100%	G	↔	Green: 100%, Amber: Continuous improvement as new standard	Monthly snapshot for Nov-18	
	Part4 Mental Health Advocacy (Provision of an advocate to all eligible requesting users)	49	100%	100%	100%	100%	100%	G	100%	G	100%	G	↔	100%	Monthly snapshot for Nov-18	
	95% of patients will be waiting less than 26 weeks for treatment with a maximum wait of 36 weeks	50	86.4% <26 weeks, 2088pts > 36 wks	84% <26 weeks, 2386pts > 36 wks	84% <26 weeks, 2522pts > 36 wks	83% <26 weeks, 2720pts > 36 wks	84% <26 weeks, 2921pts > 36 wks	A	86% <26 weeks, 984pts > 36 wks	R	84% <26 weeks, 948pts > 36 wks	R	↓	95% <26 wks, 0 > 36 wks: Amber: Achieve quarterly IMTP milestone (88.5% & 575 Q2)	Posn at 31-Dec-18	✓
Have an unplanned (emergency) care system that provides the right care, in the right place, first time	Attainment of the primary care out of hours service standards	51	7 Green, 1 Amber, 7 Red	7 Green, 8 Red	5 Green, 3 Amber, 9 Red	6 Green, 6 Amber, 5 Red	8 Green, 1 Amber, 8 Red	R	5 Green, 6 Amber, 6 Red	R	6 Green, 3 Amber, 8 Red	R	↓	Number of standards where the UHB is compliant (Green 13/17, Amber 10/17)	Monthly performance in Dec 18	✓
	Deliver the 70% Cat A 8 minute response times all Wales target on a rolling 12 month basis and sustain the 65% Health Board target on a monthly basis	52	59%	48%	80%	82%	82%, 83% for 12 mths	G	82%, 81% for 12 mths	G	80%, 81% for 12 mths	G	↔	70%	Upto Nov-18	
	95% of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge	53	86%	82%	85%	84%	75%	R	86%	R	84%	R	↓	WG target: 95%, IMTP for Q2 87%, Q3: 88%	Monthly performance in Dec 18	✓

		Eradication of over 12 hour waits within all hospital emergency care facilities	54	175	101	55	59	290	R	94	R	39 in month (188 in Q3)	R	↔	WG target: 0, IMTP trajectory: 0 for Q2, 100 for Q3	to Dec-18	
Culture	Be a great place to work and learn	Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	55	51%	56%	56%	58%	59%	R	57%	R	56%	R	↓	Green: >85%, Amber 68-84%, Red <68% (IMTP traj Sep-18 = 72.5%)	12 months to Nov-18	
		Medical Staff – percentage of staff undertaking Performance Appraisal	56	66%	77%	75.2%	74.4%	77.0%	A	80%	A	80%	A	↔	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%	36% Of 7000 staff surveyed	36% Of 7000 staff surveyed	R	21%	R	21%	R	↔	Bi-Annual	2018 Survey	
		Overall measure for organisational climate / engagement	58	Not available	51%	60%	3.64/5	3.64/5	A	3.85/5%	A	3.85/5%	A	↑	Bi-Annual	2018 Survey	
		Achieve annual local sickness and absence workforce target	59	5.60%	5.54%	5.14%	4.86%	5.12%	R	5.13%	R	5.15%	R	↔	12 month rolling reduction from 4.9% Mar-17, IMTP target reduce to 4.2% Mar-18	Oct-18	
		Retain platinum corporate health standard	60	In progress	Achieved	Achieved	Achieved	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%	15 mins: 49%, 60 mins: 90%	15 mins: 31%, 60 mins: 71%	R	15 mins: 46%, 60 mins: 86%	R	15 mins: 53%, 60 mins: 91%	R	↑	15 mins: 60%, 60 mins: 100% (Amber: IMTP trajectory for 60 mins requires c. 94%)	Monthly performance in Dec-18	✓
		No. of Delayed transfers of care – mental health (all ages) and non mental health (75 years and over)	62	55 NMH, 15 MH	109 NMH, 24 MH	73 NMH, 21 MH	29 NMH, 17 MH	32 NMH, 14 MH	A	37 NMH, 3 MH	A	43 NMH, 8 MH	R	↓	IMTP trajectory is 8 MH, 29 NMH	Monthly snapshot for Dec-18	
		Progress in Delivering Strategic Programme	63	Progress on developing high level strategies & relationships with CU	Progress on developing high level strategies & relationships with CU	Blueprint for HEART prepared for board	Slippage on aspects due to changing financial posn	Transformation programme accelerating	A	Transformation programme accelerating	A	Me, my home, my community, accessible information & health pathways implenting at pace	A	↔	Sustained improvement (metrics to be developed)	Assessment at Jan-19	
	#REF!																

Report Title:	Transformation Programme – Progress Report					
Meeting:	UHB Board				Meeting Date:	31.01.19
Status:	For Discussion		For Assurance	X	For Approval	For Information
Lead Executive:	Dr Sharon Hopkins					
Report Author (Title):	Ruth Jordan					

SITUATION

The progress of the transformation programme in supporting the implementation of our Strategy is reserved to the Board. The report outlines progress since the last report to the Board on 29th November 2018.

REPORT

BACKGROUND

The transformation programme has been developed to support the implementation of our strategy 'Shaping our Future Wellbeing'. It has concentrated on the conditions required to enable transformation drawn from best practice globally, the literature and our knowledge of our own organisation. This has resulted in seven enabling work streams (appendix 1). Each work stream, as it develops is actively supporting operational issues and problem solving so that transformation is linked to our core operational work and should become business as usual. The programme assumes strong management discipline and improvement practice. Both of these continue to be strengthened.

There is a clear governance structure guiding the development and delivery of plans underpinning the programme. Monthly highlight reporting is in place alongside a strategic level dashboard.

ASSESSMENT

Accessible information: Our tool of choice, 'Signals from Noise' is now actively in place, with some expertise from Lightfoot Solutions supporting the work on unscheduled care flow over the winter months. The tool will enable close to real time data which our teams will use to influence decision making. Our teams are working hard to ensure that we can maximise the use of the tool and the expertise as using data in an almost live situation to inform active decision making is new to the teams. We expect that working in this way we should be able to beneficially influence the post-Christmas flow pattern. It is too early to report on the outcome of the work. Alongside unscheduled care, work is also progressing on falls and COPD. The informatics team are actively enabling the introduction of WAST data into the new tool and we are working with Cardiff Council to bring community information data sources into the tool.

There is active work taking place to utilise this tool to measure the progress and inform decision making as we implement 'Me, My Home, My Community', our successful partnership bid to the

Welsh Government transformation fund. The Regional Partnership Board will be actively working with the tool during January and February. In this time we will also be trialling outcomes measurement, based on the Canterbury experience which has been successful.

HealthPathways: The website will be going live on 14 February 2019 with 22 pathways. Pathways continue to be developed at some pace with a further 26 in process.

Canterbury Learning Alliance: A further study tour to Canterbury Health Board New Zealand will be taking place in March. The learning outcomes are being worked through with the study team.

Alliancing approach: The Health Board is one of only 23 out of 275 applicants to be awarded funding from the Health Foundation Innovation for Improvement fund. In addition to the £63,000 requested to test the alliancing approach the Health Foundation has awarded an additional £10,000 to commission an independent evaluation of the approach.

Use of alliancing methodology has been extended to develop an out-patient framework fit for 2025. The framework has been co-produced utilising stakeholder work conducted locally and nationally over the past two years and is going through an iterative testing and design phase. The framework includes the use of virtual environments, maximises the use of digital technology and reframes patient journeys and staff experience. It will be introduced, over the next three months, in either two (ENT and Gastroenterology) or three departments (Urology) to test and implement the changes; creating 'model' departments to understand processes and showcase outcomes for patients and staff, before spread across the Health Board. A similar development process has now begun for palliative care.

Healthier Wales call for Intensive Academies to support transformation: We are actively exploring the development of a 'Spread and Scale' Academy (working title only). This would build capability through experiential learning and partnering with global experts, initially utilising Cardiff and Vale UHB as an 'incubator', for spread and scale. However it would be a Wales resource and rapidly extend to work with other organisations.

Progress on 'Me, My Home, My Community': This is our partnership proposal utilising the transformation fund. Work is progressing to plan, concentrating now on recruitment, delivery and exit plans. Monitoring will be undertaken through the partnership Strategic Leadership Group, reporting to the Regional Partnership Board.

Two projects funded through 'Me, My Home, My Community' have launched over the winter. The First Point of Contact 'Get Me Home Service' (appendix 2) went live on the 3rd December. A partnership development between Health, Social Care and Third Sector, the service provides tailored support to individuals, providing preventative interventions, supporting independent living, patient discharge and reducing the risk of admission.

Get Me Home Plus (appendix 3) commenced as a pilot on the 7th January focussing on two wards at UHW in the first instance. It is anticipated that the project will improve patient flow for discharge as the new system will move patients from wards to homes without the need for in-hospital therapy and social work assessment, whilst providing enhanced support via Community Resource Teams and Social Care.

Leadership and Values: The task and finish group continues to meet monthly, regarding the leadership and values (culture) agenda. A draft engagement work plan is now being devised by the Assistant Director of OD to represent the group’s recommendations. This plan will be considered by the CEO and the Executive Directors as the Cardiff and Vale approach to leadership and the culture we promote within the UHB.

ASSURANCE is provided by:

Governance arrangements in place to secure development of the enabling work streams plans as well as delivery of the plans with escalation as required. Regular highlight reports are delivered to both the transformation team and Health Services Management Board.

All work is linked to the delivery of ‘Shaping our Future Wellbeing’ and our IMTP.

RECOMMENDATION

The Board is asked to:

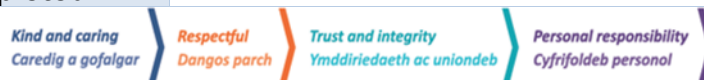
- **NOTE** the progress made on the Transformation and Improvement Programme
- **NOTE** the continuing development of the programme
- **SUPPORT** the approach

Shaping our Future Wellbeing Strategic Objectives

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	✓

Five Ways of Working (Sustainable Development Principles) considered

Prevention	Long term	✓	Integration	✓	Collaboration	✓	Involvement
Equality and Health Impact Assessment Completed:	Not Applicable						

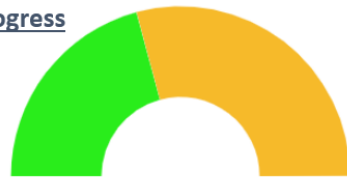


Appendix One: Transformation enablers and improvement project progress update

Transformation and Improvement November 2018

Transformation Status

Progress



Green	5
Amber	7

Benefits



Green	3
Amber	9

6 Transformation Projects

Deliverable	Project	November 18	
		Progress	Benefits
Length of Stay	Sepsis	Green	Green
Length of Stay	Palliative Care	Amber	Amber
Outpatients	Virtual Fracture Clinic	Amber	Amber
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	November 18		Executive Lead	Transformation Team Lead
	Progress	Benefits		
HealthPathways	Amber	Amber	Sharon Hopkins	Hannah Brayford
Alliancing	Green	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

Appendix Two: First Point of Contact 'Get Me Home Service'

Independent Living Services

Get Me Home Project

Building on the demonstrable achievements of the First Point of Contact in Cardiff, the new Get Me Home Service is a single access point within the hospital. Working in partnership with Health, Social Care and 3rd Sector in the provision of community based services.

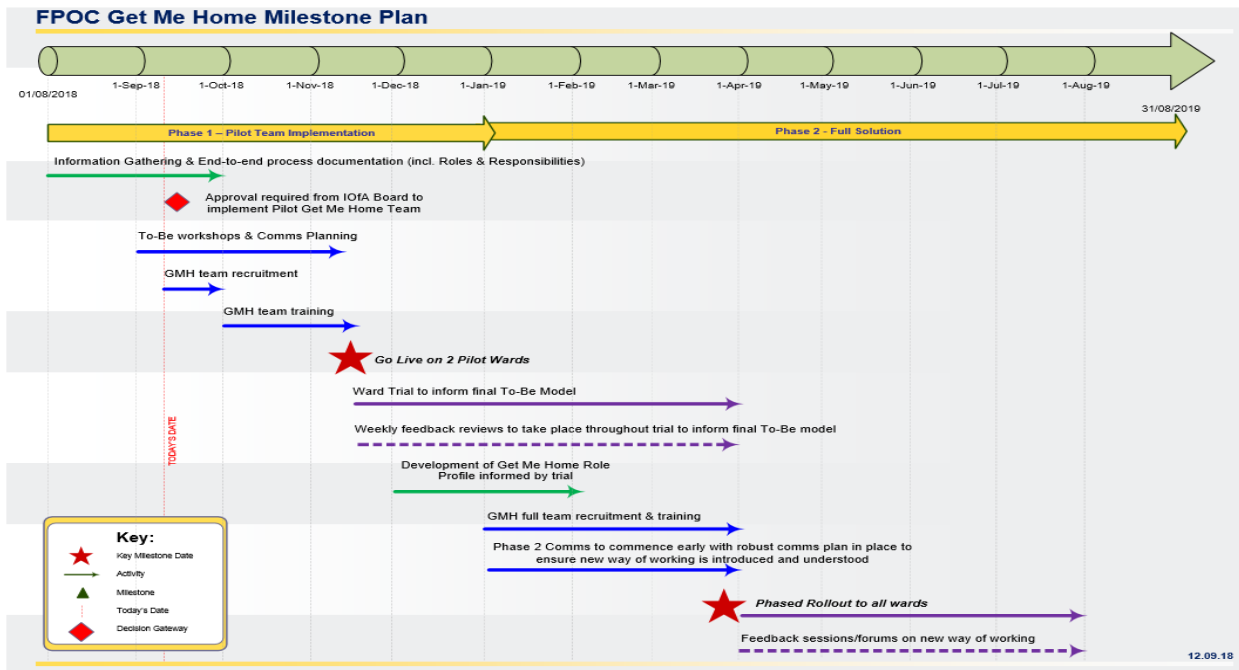
The team will be on hand to meet patients using 'What Matters' conversations to provide holistic tailored support that meets the well-being needs of the individual, providing preventative interventions, supporting independent living, patient discharge and reducing the risk of readmission.

The service will:

- Provide a single point of contact for discharge and community needs, improving co-ordination, communication and information sharing.
- Ensure rapid effective assessments mobilising the required services, looking at holistic needs, not just care.
- Ensure information moves with the person and all professionals kept informed
- Provide a dynamic system that continues to change and improve.
- Further enhancing working relationships between Health, Social Care and Housing sectors
- Move from a reactive to a proactive approach to discharge, with an earlier link to community services enabling a speedier discharge.
- Ensure early family engagement is secured to foster self-help belief.
- Support improved population health and well-being through a focus on prevention.
- Support an improved experience and quality of care for individuals and families.

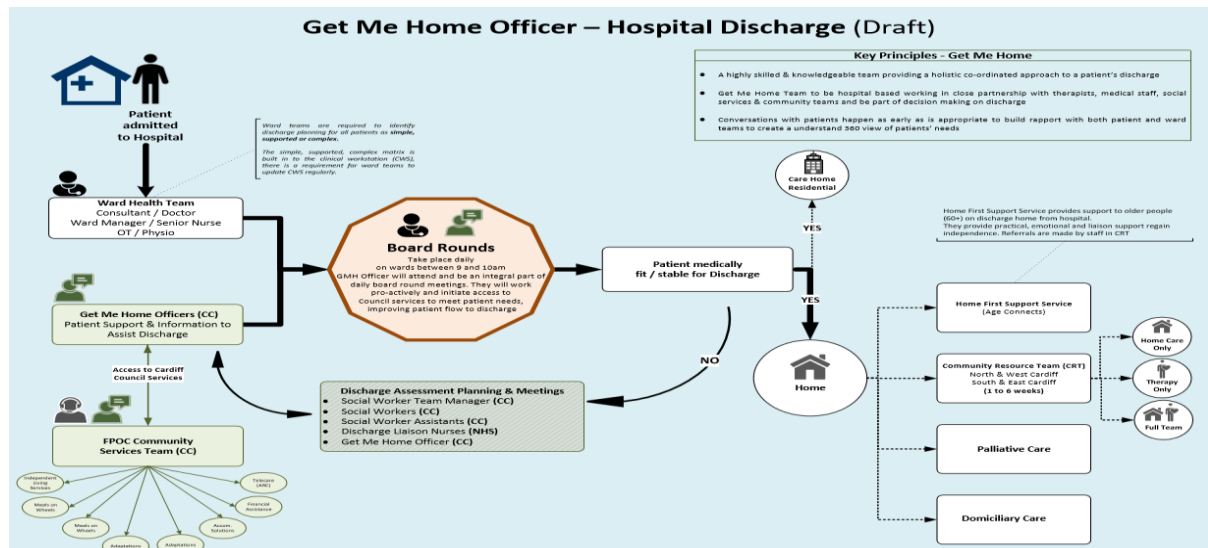


- Considerable development achieved in a short space of time as demonstrated

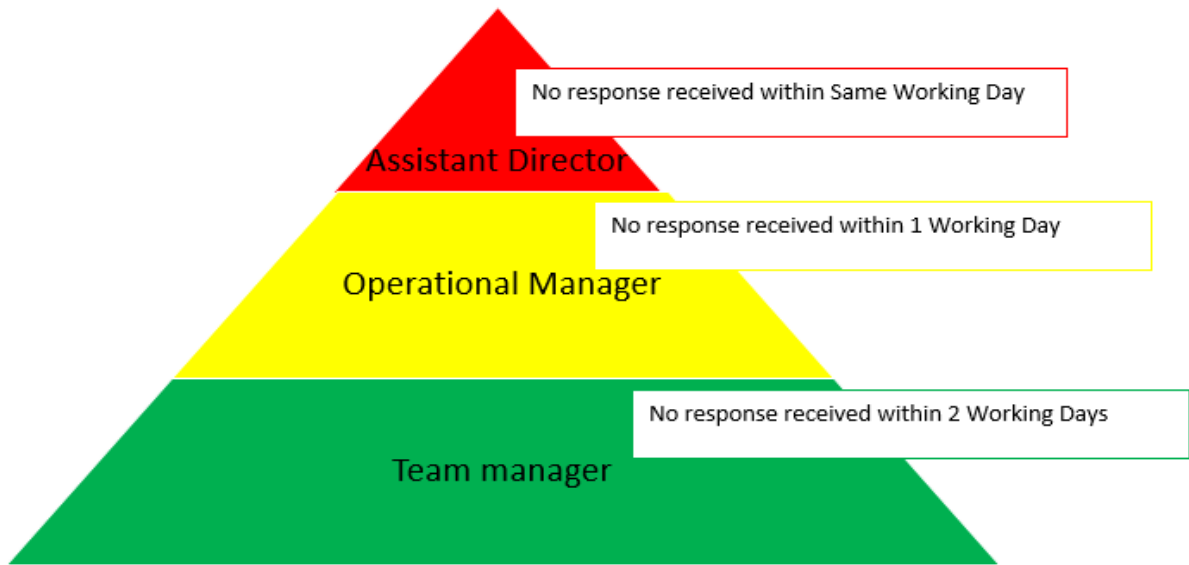


in the milestone plan below. With the team going Live on 3rd December

- Comprehensive Processes and procedures developed to support discharge process maximise potential for independent Living and reduce risk of readmission.



- A formal escalation process implemented in partnership with our colleagues in Health to minimise delays in supporting patient discharge.



- What staff have said about the service

It's incredible to see the collaboration between Health and a Local Authority

I'm part of a fantastic team who will always be about making smiles

We have already identified people that will benefit from our service. The welcome, help and support we have received so far from Health teams has been excellent

- What clients of the service have said

'I was really anxious to go home alone but I feel much better about going home now, knowing that someone is going to come and visit and discuss some help.'

'Thank you so much for the help you have given me today'. I'm most grateful'.

'I'm grateful for someone taking the time to speak and listen me

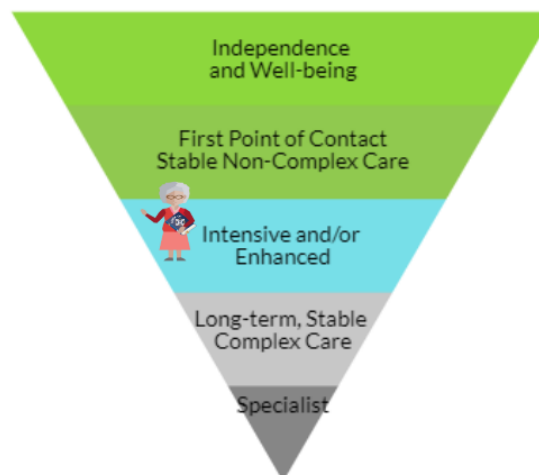
Appendix Three: Get Me Home Plus



Get Me Home Plus

Wynn's Current Experience...

- Wynn is now fit to go home but will need long term ongoing care - a Social Worker assessment is needed to arrange domiciliary care, which can take 15 days or more.
- Whilst Wynn is on the ward waiting for news of her care package and equipment, she remains at risk of hospital acquired harm and decompensation, often likely to deteriorate and potentially result in her needing residential care.
- Wynn's assessment is based on her abilities whilst in a hospital environment not her own home where she is far more familiar with her surroundings and therefore may lead to an inaccurate reflection of her needs.
- After a minimum of 15 days Wynn is discharged and receives ongoing care at home from a domiciliary care agency .



Wynn's Future Experience...

- Wynn is now fit to go home but is very likely to need ongoing long term support.
- Wynn is told that she will be going home very shortly and the nurse has made referral to the GMH+ service.
- Within 24hrs a team member from GMH+ , assesses her suitability and arranges for Wynn to be discharged within 24hrs.
- A GMH+ team member meets Wynn at the door, provides equipment and assesses Wynn's needs in her own environment.
- Wynn is discharged within 24 hrs avoiding all of the associated risks of a lengthy hospital stay, maintaining her independence in her own home and potentially avoiding residential placement.

Key Deliverables

- ✓ Assessment for care undertaken in a home environment.
- ✓ A new night time service to cover calls for continence and other specific tasks.
- ✓ Improved patient flow of hospital discharge as the new system will move patients from wards to homes without the need for in- hospital therapy and social work assessment.
- ✓ Ongoing care support provided by social care to work alongside the patient, their family and their therapists to develop an appropriate care and support plan.
- ✓ A enhanced focus on Occupational Therapy solutions tailored to individual needs.
- ✓ Multi-disciplinary approach to discharge whereby District Nurses and GPs are part of the discharge along with the full range of therapeutic staff in the community.

Outcomes

- ✓ Reduction in bed days.
- ✓ Improved patient flows.
- ✓ Reduced demand on social care.
- ✓ Reduction in number of assessments undertaken.
- ✓ Reduction in the risk of unintended hospital acquired harm.
- ✓ Reduction in ongoing care needs.
- ✓ Reduction in re-admission rate.
- ✓ Reduction in number referred into residential care

Report Title:	Board Assurance Framework January 2019						
Meeting:	UHB Board					Meeting Date:	31.01.19
Status:	For Discussion	✓	For Assurance	✓	For Approval	✓	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

SITUATION

The Board Assurance Framework (BAF) was first presented to the Board in November 2018 for approval and it highlighted the principle risks to the achievement of strategic objectives.

The BAF 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 BAF 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 BAF has been developed by the Director of Corporate Governance to replace the CRAF which had previously received negative feedback from Wales Audit Office (WAO) regarding its complexity and the regularity in which it was updated and presented to the Board.

ASSESSMENT

At the Board Meeting in November the following risks were agreed as the main risks to the achievement of Cardiff and Vale UHB'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 risk of a 'no deal Brexit' could also have an impact on the delivery of Cardiff and Vale UHB's Objectives and a detailed Business Continuity Plan is in place for this issue.

The above risks have been reviewed and updated by the Director of Corporate Governance and the Executive Lead for each individual risk. The BAF was also reviewed by the Management Executive Team on 21st January prior to submission to the Board.

An update column has been added to the BAF so Board Members can monitor the progress which has been made in relation to the actions and the mitigation and management of the risk.

Other changes have been highlighted in red so the Board Members can see what has happened since the BAF was last presented to the Board in November.

In the last report to the Board a series of next steps was also identified in order to ensure that the organisation continues to develop robust risk management arrangements. These are:

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 - This work should be completed by April 2019.
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 – WAO have suggested that this could be done as part of a Board Development session – date to be confirmed.
3. Report the new process to the Audit Committee so the Committee can provide assurance to the Board – complete, the new BAF was presented to the Audit Committee at the beginning of December and has been referenced in the WAO Structured Assessment.
4. Report individual risks on the BAF to the relevant Committees of the Board to allow the Committees to undertake a more detailed review and then provide assurance to the Board – This will happen with this next cycle of meetings starting with the Finance Committee on 30th January.
5. Continue to develop and then update the BAF with Executive Directors to ensure it remains a dynamic and live document – ongoing.

ASSURANCE is provided by:

- Discussion with individual Executive Directors and Management Executive Team on 21st January 2019
- Presentation to the Audit Committee on 4th December 2018
- Reference within the draft WAO Structured Assessment.

RECOMMENDATION

The Board is asked to:

- **APPROVE** the BAF and progress which has been made in relation to the actions, management and mitigation of the key risks to the achievement of objectives.

Shaping our Future Wellbeing Strategic Objectives

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	✓

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term	✓	Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							

Kind and caring **>** *Respectful* **>** *Trust and integrity* **>** *Personal responsibility*
Caredig a gofalgar **>** *Dangos parch* **>** *Ymddiriedaeth ac uniondeb* **>** *Cyfrifoldeb personol*

BOARD ASSURANCE FRAMEWORK 2018/19 – JANUARY 2019

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	10	5	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	4	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 continues to build 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	Executive Director of Strategic Planning, Deputy Chief Executive, Executive Director of Therapies and Health	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	<p>Increased vacancies in substantive clinical workforce</p> <p>Requirements of the Nurse Staffing Act and BAPM Standards</p> <p>Ageing workforce</p> <p>Insufficient supply of Nurses at UK national level</p> <p>High nurse turnover in some specialties Medicine and Surgery Clinical Boards</p> <p>Insufficient supply of Doctors in certain specialties at UK national level (e.g., A&E, Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery, Paediatric Surgery)</p> <p>Changes to Junior Doctor Training Rotations (Deanery)</p> <p>Brexit</p>		
Impact	<p>Increase in agency and locum usage</p> <p>Increase in costs of using agency and locum</p> <p>Impact on quality of care provided to the population</p> <p>Rates above Welsh Government Cap (Medical staff)</p> <p>Low Staff moral and sickness</p> <p>Poor attendance at statutory and mandatory Training</p> <p>Potentially inadequate levels of staffing</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<p>Project 95% Nurse Recruitment and Retention Programme</p> <p>Medical international recruitment strategies (including MTI)</p> <p>Recruitment campaign through social media with strong branding</p> <p>Job of the week</p> <p>Staff engagement with recruitment drive</p> <p>Programme of talent management and succession planning</p> <p>Values based recruitment</p> <p>Medical Training Initiative (MTI) 2 year placement scheme</p> <p>Comprehensive Retention Plan introduced from October 2018</p>		
Current Assurances	<p>Workforce metrics reported to Strategy and Delivery Committee</p> <p>High conversion rates from media campaign and Open Day</p> <p>Highest percentage of students in Wales applied to Cardiff and Vale UHB (23.2%)</p> <p>Nurse monitoring at Nurse Productivity Group (NPG)</p> <p>Medical monitoring at Medical Workforce Advisory Group (MWAG)</p> <p>Trajectory showing next vacancies in nursing</p> <p>Paediatric Surgery now fully established</p> <p>A & E fully established by February 2019</p> <p>Extra capacity put in place to deal with winter pressure – winter ward</p>		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	<p>Continuation of Open days uncertain</p> <p>Plan for recruitment of overseas staff</p>		
Gap in Assurances	<p>Trajectory showing net vacancies in nursing</p>		

Actions	Lead	By when	Update since 29.11.2018
1. Trajectory to be developed showing recruitment and when numbers arrive plus leavers providing a net effect	RW/MD	31/12/2018	Complete – trajectory presented to Management Executives 3.12.2018
2. Plan for overseas recruitment of nursing staff to be developed	MD	31/03/2019	Complete – plan in place to recruit from overseas
3. Plan to be developed for continuation of social media campaign and open day	MD/JB	31/03/2019	Complete – next Open Day planned for 26.01.2019 and plan in place for April 2019.
4. Nursing capacity of Heulwen South to be agreed	RW	31/01/2019	Complete – discussion and agreement on Winter Ward capacity and Management Executives 10.01.2019
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	<p>Budgets overspent (five three Clinical Boards currently in escalation)</p> <p>Cost Improvement Programme not yet met in all areas</p> <p>Significant nursing overspend</p> <p>Reduction in income received</p>		
Impact	<p>Unable to deliver balanced plan</p> <p>No £10m recurrent funding from Welsh Government</p> <p>Reputational Loss</p> <p>Remain in Targeted Intervention or Special Measures Turnaround</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<p>Full savings programme and financial improvement plan in place</p> <p>Finance Committee meets monthly and formally reports into the Board</p> <p>Performance Meetings held monthly with Clinical Boards</p> <p>Financial performance is a standing agenda item on Management Executives Meeting</p> <p>Standing Financial Instructions in place with clear delegations of authority</p>		
Current Assurances	<p>Performance Meeting outcomes reported monthly to Management Executives</p> <p>Clinical Boards placed in escalation where not meeting budget or agreed financial forecast</p> <p>Finance report presented to every Finance Committee Meeting demonstrating progress and reporting variances</p>		
Impact Score: 5	Likelihood Score: 3 2	Net Risk Score:	10 (High)
Gap in Controls	No gaps currently identified.		
Gap in Assurances	<p>Recovery plans from overspending Clinical Boards</p> <p>Not all Clinical Boards are forecasting a breakeven position</p>		

Actions	Lead	By when	Update since 29.11.2018
1. Set a balanced deliverable plan for 2019/20	RC	31/01/2019	Complete – report presented to Board 31.01.2019
2. Overspending Clinical Boards to provide robust recovery plans	SC	31/12/2018	Complete – recovery plans presented to Management Performance Meeting in December
3. Identification of further opportunities to eliminate underlying deficit – transformation, efficiency framework, clinical variation and waste, value based healthcare.	Exec Directors	31/01/2019 31/03/2019	Commenced - Work ongoing in this area to confirm values.
Impact Score: 5	Likelihood Score: 1	Target Risk Score:	5 (low)

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	<p>Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 years 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. Significant increase in housing provision</p>		
Impact	<p>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</p>		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (red)
Current Controls	<p>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 Care Pathways</p>		
Current Assurances	<p>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</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (red)
Gap in Controls	<p>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</p>		
Gap in Assurances	No gaps currently identified.		

Actions	Lead	By when	Update since 29.11.2018
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.	SH	31/03/2019	On track – due to commence February 2019
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's	SC	Start by 31/01/2019	Commenced - see No 4 update
3. Roll out digital solutions for smart working (join up system – Vision 360 degree)	SH	31/03/2020	Commenced - Discussion planed for Management Executives
4. Development of recruitment strategies for GP and non GP service solutions	MD	Ongoing	GP Support Unit helps with recruitment and finding GP alternatives action also lined to No 2 above.
5. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs	SH	30/09/2019	Not due
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	<p>Non-compliance with regulatory or statutory requirements</p> <p>Non-compliance with effective decontamination processes to support the delivery of high quality patient care</p> <p>Appointment of contractor without required quality checks being in place to ensure service delivered was of a high standard</p>		
Impact	<p>Harm and distress caused to patients and their families</p> <p>Reputational damage to the Health Board</p> <p>Increase in clinical claims</p> <p>Financial consequences</p>		
Impact Score: 4	Likelihood Score:4	Gross Risk Score:	16 (Extreme)
Current Controls	<p>Human Tissue Act</p> <p>HTA Licencing Standards</p> <p>Statutory Designated Individual in post</p> <p>Clinical Board QSE arrangements; CD&T – regulatory compliance group</p> <p>Quality, Safety and Experience Committee in place supported by robust governance and reporting structure</p> <p>Office of Professional Leadership shares responsibility for Quality Agenda (Medical Director, Executive Nurse Director, Executive Director of Therapies and Health Science)</p> <p>Quality and Safety Team</p> <p>Patient Experience Team</p> <p>Health and Care Standards</p> <p>Decontamination and reusable devices procedure in place</p> <p>Decontamination Group</p> <p>Weekly Executive led concerns/claims and serious incidents meeting</p> <p>Monitoring of ongoing investigations</p> <p>Quality control system that triangulates areas of concern</p>		
Current Assurances	<p>Annual Report to Quality, Safety and Effectiveness Committee on key quality and safety areas</p> <p>External accreditation processes</p> <p>Monitoring of incident trends, noise in the system or any concerns arising from inspections</p> <p>Health and Care Standard Self-Assessment undertaken on key areas and reported into the Quality, Safety and Experience Committee</p> <p>Internal Audit reviews on quality and safety</p> <p>Health and Safety Committee</p>		
Impact Score: 4	Likelihood Score:3	Net Risk Score:	12 (High)

Gap in Controls	<p>Lack of central decontamination Unit</p> <p>Lack of robust QSE criteria/monitoring in procurement and commissioning processes</p> <p>Capacity of the Patient Safety and Patient Experience team to enable more proactive approach to quality improvement and data analysis</p> <p>Limited Assurance Internal Audit Report on Legislative/ Regulatory Compliance</p>			
Gap in Assurances	<p>Robust ongoing monitoring and assurance reporting on historical areas of concern</p> <p>Internal audit programme needs to be more closely aligned to areas of greatest risk</p>			
Actions		Lead	By when	Update since 29.11.2018
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	Ongoing
3. Review of capacity of Patient Safety and Patient Experience Team to be undertaken		RW	31/03/2019	Ongoing
4. Actions within Limited Assurance Internal Audit report on Legislative and Regulatory Compliance to be completed		NF	28/02/2019	New action added Jan 2019
5. Internal audit plan to be aligned to areas of greatest risk		RW/NF	31/03/2019	New action added Jan 2019 2019/20 Internal Audit Plan currently been developed to be signed off by Management Executive and Audit Committee
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	<p>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.</p> <p>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.</p>		
Impact	<p>Staff morale may decrease</p> <p>Increase in absenteeism</p> <p>Difficulty in retaining staff</p> <p>Transformation of services may not happen due to staff reluctance to drive the change through improvement work.</p> <p>Patient experience ultimately affected.</p>		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)
Current Controls	<p>Values and behaviours Framework in place</p> <p>Task and Finish Group weekly meeting</p> <p>Cardiff and Vale Transformation story and narrative</p> <p>Leadership and Management Development Programme</p> <p>Programme of talent management and succession planning</p> <p>Values based recruitment</p> <p>Staff survey results and actions taken – led by an Executive (WOD)</p> <p>Patient experience score cards</p> <p>CEO sponsorship for the Values and behaviours (culture) enabler.</p> <p>Executive Director of WOD highly engaged with this enabler</p> <p>Raising concerns relaunched in October 2018</p>		
Current Assurances	<p>Transformation activity reported to monthly to Management Executives, HSMB and Strategy and Delivery and Board.</p> <p>Engagement of staff side through the Local partnership Forum (LPF)</p>		
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	Update since 29.11.2018
1. An experiential leadership suite of programmes to be launched in 2019	MD / RG	31/05/2019	Commenced - Compassionate Leadership sessions facilitated by Professor West undertaken in November for senior leaders and other staff
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	Commenced – Programme of work being finalised with external company to train top 70 leaders
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	Complete and ongoing – group established and action plan being finalised
4. Learning from Canterbury Model with a Model Experiential Leadership Programme	MD	June 2019	New action added Jan 2019
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	<p>Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B.</p> <p>Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised.</p> <p>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.</p> <p>Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement</p>		
Impact	<p>The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs.</p> <p>Service provision is regularly interrupted by estates issues and failures.</p> <p>Patient safety and experience is sometimes adversely impacted.</p> <p>IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk</p> <p>Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<p>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.</p> <p>The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure.</p> <p>IT SOP sets out priorities for next 5 years, to be reviewed in early 2019</p> <p>Medical equipment WAO audit action plan to ensure clinical boards manage medical equipment risks</p> <p>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.</p>		
Current Assurances	<p>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.</p> <p>The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised.</p> <p>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.</p>		

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	Update since 29.11.2018	
1. Progress implementation on the estates strategic plan	AH	Ongoing	Forms part of IMTP	
2. Separate discussion with WG Director of Strategy to ensure shared understanding of risks and plans	AH	31/12/2018	Complete	
3. Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee	AH	Ongoing	Ongoing	
4. Review of IT SOP to be undertaken	SH	31/03/2019	Commenced	
5. Strengthen Clinical Board engagement with Medical Equipment Group	FJ	31/03/2019	Commenced	
6. Medical Equipment prioritisation is managed through the Medical Equipment Group	FJ	Ongoing	Ongoing	
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)	

REPORT TITLE:	Endorsement of Cardiff PSB Healthy Travel Charter			
MEETING:	UHB Board			MEETING DATE: 31.01.19
STATUS:	For Discussion	For Assurance	For Approval	X For Information
LEAD EXECUTIVE:	Executive Director of Public Health			
REPORT AUTHOR (TITLE):	Consultant in Public Health Medicine			

Following the paper and presentation to the UHB Board in December 2018 on work to promote sustainable travel and improve air quality in Cardiff, a Healthy Travel Charter - which has been developed across public sector partners in Cardiff – is due for sign off by partners in March 2019. This paper briefly describes the Charter and the process for sign off.

REPORT

ASSESSMENT:

A task and finish group was set up in April 2018, led by a Consultant in Public Health Medicine, to agree a set of common actions across Cardiff PSB to increase uptake of staff active and sustainable travel and 3 year targets for each organisation, using baseline information from a pan-PSB staff travel survey run over summer 2018.

The group has met five times, including for a joint workshop with communications colleagues, with the result that a Healthy Travel Charter is now ready, pending graphic design, for final sign off by all partners at the PSB in March 2019. The Charter includes 14 headline commitments and three ambitious PSB-level targets for the period 2019-22. In addition to the core PSB organisations, the National Assembly (as an employer), SportWales and Public Health Wales have also participated in the development of the Charter.

As discussed previously at Board, the scale of the issues including widespread sedentary behaviour and its sequelae, and the requirements to rapidly decarbonise the transport sector, require an ambitious response.

Using figures from the baseline survey, individual organisational targets have also been set to ensure targets are meaningful in the organisational context. The Charter commitments and targets are attached. Specific targets for the UHB are shown below.

Measure 1: % of journeys commuting to and from work made by car

	Cardiff and Vale UHB	PSB average
Current	66.9%	61.7%
Target (3y)	56.9%	52.5%

Measure 2: % of all staff who cycle to and from, or at, work one or more days a week

	Cardiff and Vale UHB	PSB average
Current	10.1%	14.4%
Target (3y)	20.1%	23.2%

Measure 3: % of staff who use a standard car for work purposes during the day, who use a plug-in hybrid or electric car

	Cardiff and Vale UHB	PSB average
Current	1.6%	1.0%
Target (3y)	3.0%	3.0%

Organisations, including Cardiff and Vale UHB, will be invited to formally endorse the Charter at the 13 March 2019 PSB meeting. The partnership agreement to these ambitious commitments and targets is an extremely positive development and demonstrates leadership by the organisations involved on the important overlapping issues of health, social and environmental sustainability.

Joint publicity of the Charter endorsement across the organisations will be planned for the event, using common messages which will be set out in a communications toolkit being developed for this work.

Separately, work has already begun to start implementing the commitments both within the UHB and across the partnership and this will continue, with future staff travel surveys being undertaken to compare with the baseline data to monitor progress. Discussions will also be progressed with the Business Improvement District, For Cardiff, about whether the Charter could be adopted within the private as well as public sector.

RECOMMENDATION:

The Board is asked to:

- **SUPPORT** the UHB's endorsement of the Healthy Travel Charter,
- **SUPPORT** current and subsequent initiatives within the UHB to increase rates of sustainable travel by staff and visitors, and reduce pollution from vehicles used for Health Board work, in line with these commitments.

Shaping our Future Wellbeing Strategic Objectives

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Equality and Health Impact Assessment Completed:		Not Applicable							

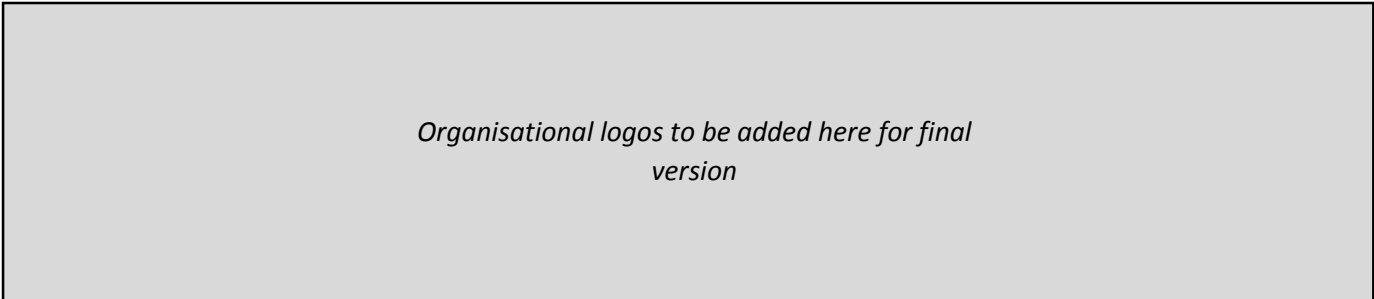




Staff healthy travel charter

Cardiff public sector commitments 2019-22

Who we are...



...together we employ over 30,000 public sector staff in Cardiff

Working together, we commit to...

Public transport
Offer a discount on purchasing a Cardiff Bus travel card (iff) to all staff in our organisations, and explore discounts with other public transport operators
Walking, cycling and public transport
Contribute to an interactive map showing all walking and cycling infrastructure and public transport links for our main public sector sites in Cardiff
Cycling
Offer the cycle to work scheme to all staff
Provide secure cycle storage and showers at all main sites
Improve access to bicycles at work, e.g. pool bikes and Nextbikes
Facilitate and promote free cycle training and maintenance sessions
Review together our travel expenses policies, to encourage uptake of cycling
Communications and leadership
Establish a network of sustainable travel champions across our organisations
Agree and use consistent communications messages with the public, visitors and staff on healthy travel
Promote and consider healthy travel options and benefits when advertising roles in our organisations
Senior staff and managers routinely promoting and modelling active and sustainable travel behaviour
Agile working
Increase availability and uptake of tele- and video-conferencing for meetings where appropriate
Ultra low emission vehicles
Review the current and future need for electric vehicle (EV) charging infrastructure on our sites
Review our fleet and procurement arrangements (where applicable) for introduction of ultra low emission vehicles

We will...

Reduce the proportion of journeys commuting to and from work made by car from 62% to 52%
Increase the proportion of staff cycling weekly to and from work, or at work from 14% to 23%
Increase the proportion of vehicles used during the day which are plug-in hybrid or pure electric from 1% to 3%

REPORT TITLE:	Draft UHB Integrated Medium Term Plan (IMTP) 2018-21					
MEETING:	UHB Board				MEETING DATE:	31/01/19
STATUS:	For Discussion		For Assurance		For Approval	X For Information
LEAD EXECUTIVE:	Executive Director of Strategic Planning					
REPORT AUTHOR (TITLE):	Corporate Strategic Planning Lead					

SITUATION:

The Board is asked to approve the draft 2019-22 IMTP for formal submission to Welsh Government. An IMTP is a requirement under the NHS Wales Finance Act and approval of a plan allows financial flexibility across financial years. To date the UHB has not been in a position to submit an approvable plan which provided assurance on financial balance and achievement of performance targets.

This plan sets out a balanced position and whilst there are a number of risks, the plan sets out a position which can be approved by Welsh Government.

REPORT

BACKGROUND:

The draft plan had been developed with a strong focus on re-establishing a sustainable service, workforce and financial platform over the next three years whilst ensuring that the UHB continues to make progress in delivering the strategy described in Shaping Our Future Wellbeing.

The plan has been developed through Clinical Boards and engagement with partner organisations, importantly the Regional Partnership Board. A Healthier Wales provides the context for this plan and it acknowledges our role in supporting the delivery of the Area Plan. We have worked closely to align the plan with NHS partners both as a provider and commissioner of services.

We have taken the approach of significantly shortening the document to focus on core priority areas. We hope this makes the plan more accessible, useable and reflective of our strategic ambition. This does not mean other areas are unimportant but will be contained within local Clinical Board plans or other documents. We have discussed the approach with Welsh Government and where items of interest are not in the core document we are engaging in dialogue to provide the necessary assurance.

We have taken particular effort this year to develop a strong workforce plan (attached with the IMTP) recognising the core role workforce plans in plan delivery.

ASSESSMENT:

We believe this is a strong plan which sets out the organisation's core priorities for the next three years. It is clear on our performance trajectories and finance ambition. There remain challenges in the plan, achievement is predicated on delivering stretching savings targets. The plan sets out our ambition to deliver the higher activity levels required to continue the improvement trajectory towards compliance against both planned and unscheduled care targets. These plans will need to incorporate improved productivity prior to considering any further resource requirements. Further work is being done on detailed delivery plans and no further financial provision has been made in this plan.

The IMTP has received extensive engagement including review by:

Management Executives
Health Systems Management Board
Local Partnership Forum (Presentation)
Regional Partnership Board (Presentation)
Finance Committee
Strategy and Delivery Committee

Alongside the main IMTP Documents we will be submitting:

- Annex C - Formal Performance Profiles, Revenue, Capital and Workforce Profiles
- Accompanying Workforce and Organisational Design Plan

There are a number of documents hyperlinked through the IMTP (some of these links are not yet live as we will not publish the plan and supporting documents until formal approval is received)

- Annual Quality Statement
- Primary Community and Intermediate Care Clinical Board Plan
- Mental Health Clinical Board Plan
- Primary Care Cluster Plan
- Estates Strategy

RECOMMENDATION:

The Board is asked to **APPROVE** the draft IMTP 2019-22

Shaping our Future Wellbeing Strategic Objectives

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Equality and Health Impact Assessment Completed:

Not Applicable



CARING FOR PEOPLE, KEEPING PEOPLE WELL

















A PERSON'S CHANCE OF LEADING A HEALTHY LIFE IS THE SAME WHEREVER THEY LIVE AND WHOEVER THEY ARE



VISUALISING
2025

FINAL DRAFT Cardiff and Vale UHB IMTP 2019-2022

PLAN ON A PAGE: This diagram sets out our Delivery Priorities for 2019-22, mapped against our Strategic Priorities

 Outcomes that matter to people Action Areas <ul style="list-style-type: none"> • Improve access to Additional Learning Needs services • Implement HealthPathways to drive out variation and move services closer to home, with an initial focus on falls, frailty and respiratory conditions • Implement our transformation proposal delivering improvement in preventative services alongside the Regional Partnership Board • Open our first tranche of Wellbeing Hubs • Develop a Paediatric Hospital at Home service • Expand ultrasound capacity for pregnant women to reduce still births 			Taking forward our service priorities Action Areas <ul style="list-style-type: none"> • Establish a prehab to rehab model for surgical services • Review and implement a revised stroke pathway • Improve Cancer Outcomes • Deliver on our priorities as partners including establishing the Major Trauma Centre and Network, supporting the centralisation of thoracic surgery and development of genomics and cellular therapy services • Expand access to critical care as a key system constraint • Repatriate Child and Adolescent Mental Health Services from Cwm Taf • Deliver improvement in Ophthalmology 					
 Reduction in still birth rate and low birth weight babies	 Improved childhood emotional health and wellbeing	 Number of people over 75 living in own home	 Reduction in average length of stay	 Reduction in all cause premature mortality	 Reduction in cancellations and Did Not Attend			
 Ensuring our services are sustainable Action Areas: <ul style="list-style-type: none"> • Deliver financial break even • Achieve performance targets • Continue our programme to establish sustainable primary care services including roll out of mental health liaison and musculoskeletal services on a cluster basis • Take forward the next steps in delivering our clinical services strategy 			Core Priorities Primary Care Planned Care Unscheduled Care Cancer Mental Health			Our culture - being a great place to work, learn and develop  <ul style="list-style-type: none"> • Digitally enable our workforce and implement new ways of using data in the organisation to support continuous improvement • Establish an alliancing approach to change, with collaboration across sectors being the way things are done • Maximise our research capability through renewed partnership with Cardiff University • Develop our leadership capability through a tailored programme • Implement our innovations strategy to become a partner of choice for industry, with a focus on dementia and precision medicine 		
 Outcomes Achieve financial break even	 Achieve 26 week referral to treatment times target	 Increase in outpatient activity in the community	 Improved staff engagement score	 Increase incomes from research and innovation activity	 Reduced vacancies			

Me, My Home, My Community

Caring for people, keeping people well is a mission without boundaries. Our residents and the wider population we serve don't see the organisations above the door. We need to work not simply to build integrated services but to support resilient communities. This is why this plan is set in the context of our Area Plan and is focused on supporting the wellbeing of communities.

The next three years will take us over the halfway mark of our long term strategy [Shaping Our Future Wellbeing](#) and we remain fundamentally committed to its delivery. The design principles of the strategy, home first, empowering individuals, delivering outcomes that matter to people and avoiding waste, harm and variation are principles which cross organisational boundaries and support the achievement of the Area Plan. In setting the national context A Healthier Wales correlates with Shaping Our Future Wellbeing but challenges us to go further in partnership across the public sector and to accelerate the deployment of our strategy.

Sustainability for Cardiff and Vale UHB cannot be achieved without sustainability in NHS Wales's system, social care and communities. Our strategy and this plan recognises the important role we play in delivering specialist services across South Wales, our responsibility for teaching the next generation of clinicians and delivering excellence in clinical research and innovation.

We have built a platform of sustained delivery, there has been continued improvement in the performance of our health system and we have demonstrated operational grip. We now need to move from this foundation of delivery to tangible transformation of services for our communities, focused on delivering better value.

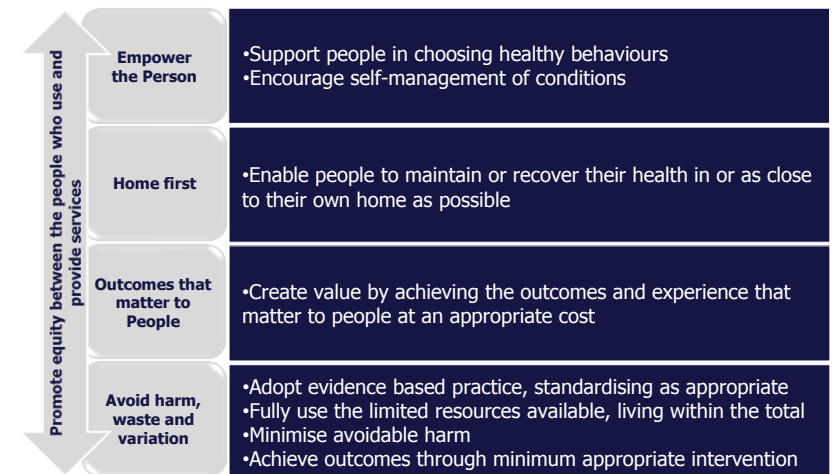
Our approach to delivering this step change is drawn from learning from our partnership with Canterbury District Health Board and other successful change

programmes. We will change the way we use data in the organisations to support decision making, understand the impact of change and monitor the benefits across our communities. This more effective use of data will allow us to support clinically driven change at a faster pace, reducing bureaucracy as we focus on outcomes and impact. Driving out variation and supporting primary care through the implementation of standardised health pathways will also be central to our approach to change. Planning, delivery, finance and workforce are not separate facets of an organisation, our approach is an integrated one further integrating these elements.














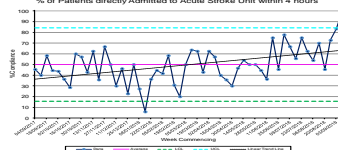


You will see throughout this plan a focus on prevention, bolstering services in the community and supporting the timely access to care regardless of the nature of this care and the organisation delivering it. Prevention is working in partnership to co-produce the best possible outcomes, you will see in the plan actions to develop resilient communities, optimise the benefits of interventions and develop wellbeing services in partnership with local authorities and the third sector.

Ultimately this plan, alongside the Area Plan, is about people. Our vision is that a person's chance of leading a healthy life will be the same wherever they live and whoever they are. In setting our plan for the next three years, this is the measure by which we will test success.

Our Design Principles



Celebrating Success; Delivery In 2018-19

 Home First <ul style="list-style-type: none"> ✓ GP led memory clinics established ✓ Established a Welsh gender identity service, reducing trips to London for patients ✓ Successful completion of a collaborative pilot in Cardiff East of Mental Health Practitioners working as extended specialist e-support to GPs, for people with mild to moderate mental health problems. ✓ Increased capacity of the Hospice at Home service (in collaboration with Marie Curie), increasing the numbers of individuals supported wishing to die at home ✓ GP led, one stop community cardiology clinics established in two GP clusters at North Cardiff and Rumney primary care centres 			 Outcomes that matter to people <ul style="list-style-type: none"> ✓ All patients now receiving diagnostic testing within 8 weeks ✓ Improvement in performance 89% treated within 26 week target ✓ Integrated working across the department of sexual health, medicines management, clusters, and secondary care, to standardise contraception prescribing between primary and secondary care ✓ End of life education provided to the Urgent Primary Care Out of Hours team (OOHs) by the palliative medicine consultants and the Macmillan GP, through collaboration with Macmillan, City Hospice and Marie Curie Hospice ✓ The recruitment to non-commercial studies in 2017-18 increased by 13% and is up 30% in Q2 of 2018/9 ✓ Veteran's aware status and Gold Armed Forces Covenant Employer Award. 		
 91% Community Pharmacy Contractors have Choose Pharmacy	 22,063 Dementia Friends Created	 50% reduction in referrals to Community Mental Health Teams in East Cardiff	 95% Patient Satisfaction score	 6% Improvement in 30 day mortality following Emergency Laparotomy	 Over 900 Staff training in quality improvement methodology
 Empower the person <ul style="list-style-type: none"> ✓ A UK research project on the viability of family administration of medication at home for palliative patients is currently underway in Cardiff, linking with the Marie Curie Research Centre. This will provide patient and family focused information about preferences and opportunities to improve end of life care at home, enabling timely pain relief ✓ Development and introduction of Collaborative Community Falls Clinics to educate patients ; avoiding, responding and recovering from falls ✓ Collaboration with a range of community partners to make Western Vale a Dementia Friendly Community, thus enabling patients and their families to feel better supported in their local communities and able to continue living longer at home 			 Avoiding Waste, Harm and Variation <ul style="list-style-type: none"> ✓ 100% of the undergraduate dental students graduated and were successfully placed in dental foundation programmes across the UK ✓ Appointment system in the department of sexual health was changed to a walk-in system, which has reduced the DNA rate from 9% to 1.6%, resulting in a saving of £60,000 per annum. This change has also enabled the service to see an additional 1,050 patients ✓ One week placements offered to five pre-registration pharmacists in 2018-19 to offer them exposure to primary care ✓ Working collaboratively with the All Wales Healthcare Acquired Infection Reduction Group, PCIC has achieved a 24% reduction in e-coli incidence between March and September 		
 Over 500 Staff trained in Making Every Contact Count	 4628 Home visits made to provide holistic assessment	 71% Flu Vaccine Uptake by over 65s	 % of Patients directly Admitted to Acute Stroke Unit within 4 hours	 24% Reduction of E-Coli incidence in Primary and Community Care	 94% Safety Solution Compliance

The Plan For 2019 To 2020

This document is designed to capture our core intentions, give clarity on our priorities, be clear on the anticipated improvement and, importantly, help our staff understand how their work contributes to the delivery of Shaping Our Future Wellbeing.

Our core priorities for 2019-22 are:

1. Primary Care: sustainability and the further development of community services.
2. Unscheduled Care: delivering a resilient and high performing system.
3. Planned Care: meeting standards.
4. Cancer Service: delivering the single cancer pathway and improved outcomes.
5. Achieving Financial Balance.
6. Mental Health: continue to transform and improve our services focusing on home first models.

You should be able to identify how all of the activity set out in this plan links back to these core organisational priorities. Embedded within each is a focus on all forms of prevention; building resilience in the community, targeting secondary prevention in our planned care programme and building early intervention and long term prevention into our health pathways.

The plan is split into three broad sections:

1. Our context and drivers across our region as a partner in health services and our clinical services strategy.
2. The core enablers for delivering improvement.
3. Our key actions for 2019 to 2021.

A single document can never capture the breadth of activity that takes place across the health board. Planning is not about a single document and this plan should be read alongside a range of plans and the annexes which set out in detail our intentions for the next three years.

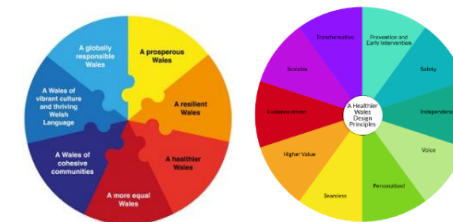
You will be able to recognise that this plan is set in the context of A Healthier Wales and the design principles encompassed within it. We have also drawn heavily on the Well-being of Future Generations (Wales) Act in shaping our plans.

As an organisation we strongly believe in our core values and expect our staff to exhibit these values and behaviours. In 2018-19 these behaviours were integrated in to all workforce processes, including recruitment, promotion, appraisals, induction and performance management. Furthermore these values underpin the approach to delivery set out in this plan.



Our well-being objectives

You will not find in this document a separate section listing projects we are delivering to support the Act. The Act challenges us to fully embed the five ways of working within our work. The ten Strategic Priorities in Shaping Our Future Wellbeing are our well-being objectives (see next page).



Using our objectives and design principles to guide our work programmes will maximise our contribution to the well-being goals and the application of the sustainable development principle. Through the Public Services Boards in Cardiff and the Vale we also contribute to the joint well-being objectives in both partnerships.

We have included some flags to identify how our activity aligns with the Act but we hope our routine use of the principles of the Act shine through our plan.

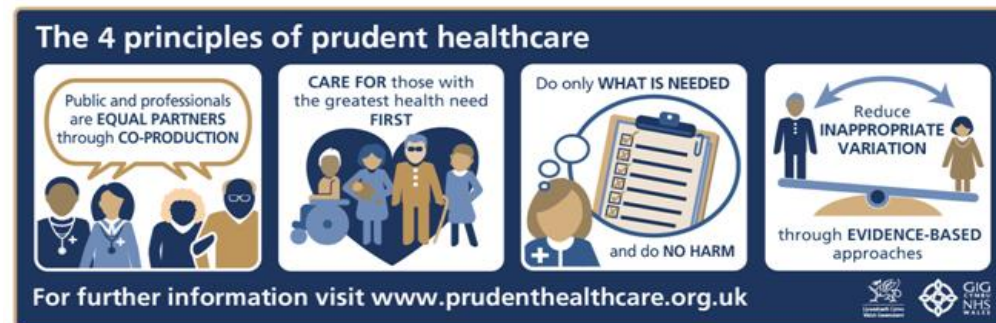
Within the UHB we have an Executive-led Well-being of Future Generations (WFG) Steering Group which meets quarterly, and a Board-level WFG Champion. The Steering Group oversees the implementation of the Act in the UHB, as well as identifying and spreading good practice and learning, and reviewing and reporting on progress against the well-being objectives.

Our well-being objectives

- | | |
|---|---|
| <ul style="list-style-type: none"> 1 Reduce health inequalities 2 Deliver outcomes that matter to people 3 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 (emergency) care system that provides the right care, in the right place, first time | <ul style="list-style-type: none"> 6 Have a planned care system where demand and capacity are in balance 7 Reduce harm, waste and variation sustainability making best use of the resources available to us 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 our people and technology 10 Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives |
|---|---|

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The Population We Serve

Understanding the needs of our population is essential for robust and effective planning. Our [Population Needs Assessment](#) developed with our regional partners provides a collective view of the population challenges on which we must build our plans. It is important we look beyond simply understanding the health needs of our citizens, but look at the wellbeing of our population which encompasses environmental, social, economic, and cultural wellbeing.



Population growth: The population of Cardiff is growing rapidly at nearly 1% per year, or around 36,000 people over the next 10 years. While overall numbers in the Vale are relatively static, the total population of Cardiff and Vale is expected to exceed 500,000 for the first time in 2020.



Ageing population: The average age of people in both Cardiff and the Vale is increasing steadily, with a projected increase in people aged 85 and over in the Vale of 15% over the next 5 years and nearly 40% over 10 years.



Health inequalities: There is considerable variation in healthy behaviours and health outcomes in our area – for example smoking rates vary between 12% and 31% in Cardiff, with similar patterns seen in physical activity, diet and rates of overweight and obesity. Uptake of childhood vaccinations is also lower in more disadvantaged areas. Life expectancy is around ten years lower in our most deprived areas compared with our least deprived, and for healthy life expectancy the gap is more than double this. Deprivation is higher in neighbourhoods in South Cardiff, and in Central Vale.



Changing patterns of disease: There are an increasing number of people in our area with diabetes, as well as more people with dementia in our area as the population ages. The number of people with more than one long-term illness is increasing.



Tobacco: One in six adults (15%) in our area smoke. While this number continues to fall, which is encouraging, tobacco use remains a significant risk factor for many diseases, including cardiovascular disease and lung cancer, and early death.



Food: Over two thirds of people in our area don't eat sufficient fruit and vegetables, and over half of adults are overweight or obese. In some disadvantaged areas access to healthy, affordable food is more difficult and food insecurity is becoming more prevalent due to increasing living costs and low wages.



Physical activity: Over 40% of adults in our area don't undertake regular physical activity, including a quarter (27%) who are considered inactive.



Social isolation and loneliness: Around a quarter of vulnerable people in our area report being lonely some or all of the time. Social isolation is associated with reduced mental well-being and life expectancy.



Welsh language: The proportion of Cardiff and Vale residents of all ages who have one or more language skills in Welsh is 16.2%, with around 1 in 10 people in Cardiff (11.1%) and the Vale (10.8%) identifying themselves as fluent. However, over one in four young people aged 15 and under speak Welsh in our area (26.7% in Cardiff and 29.6% in the Vale of Glamorgan).

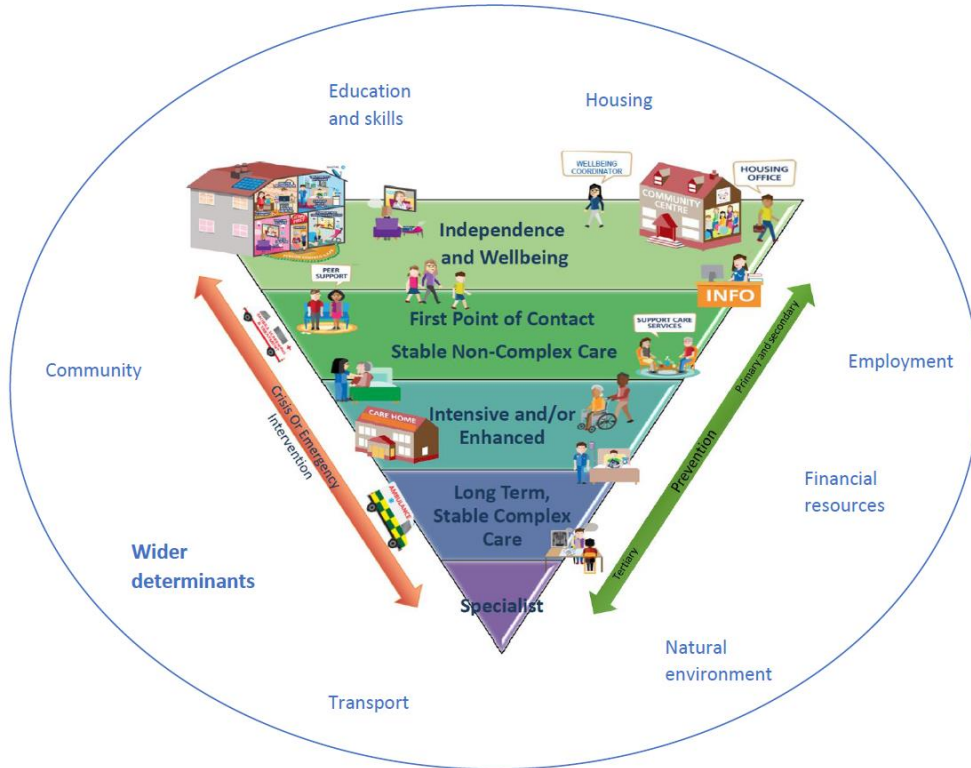


Cardiff has one of the most ethnically diverse populations in Wales, with one in five people from a black or minority ethnic (BME) background. 'White other' and Indian ethnicities are the second and third most common ethnic groups after White British.



Prevention

Prevention is a core aspect of the health board's approach and seen as everyone's business in the organisation. Prevention takes place at all levels of our Seamless Care Model, surrounded by the impacts of, and our actions on, the wider determinants of health.



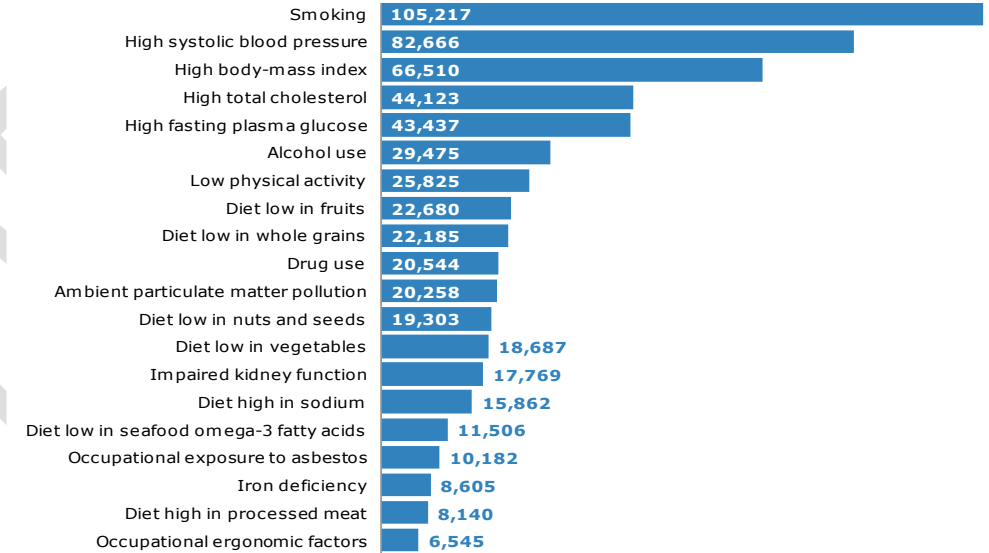
The key health needs of our population are set out in the Population We Serve section above. These include a growing and ageing population, stark health inequalities, changing patterns of disease, widespread unhealthy behaviours and social isolation and loneliness.

It is estimated that around a quarter (23%) of premature deaths are avoidable, with much of this burden relating to ischaemic heart disease and lung cancer (ONS, Avoidable Mortality in England and Wales, 2016). People who die

prematurely from avoidable causes lose on average 23 potential years of life. A review of the main contributors to Disability Adjusted Life Years (DALYs) in Wales is shown below, highlighting the importance and impact of tobacco use, cardiovascular disease, obesity, diet, diabetes, physical activity, substance misuse and air pollution, on health.

Top 20 risk factors for disability-adjusted life years (DALYs), count of DALYs, all persons, all ages, Wales, 2015

Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)

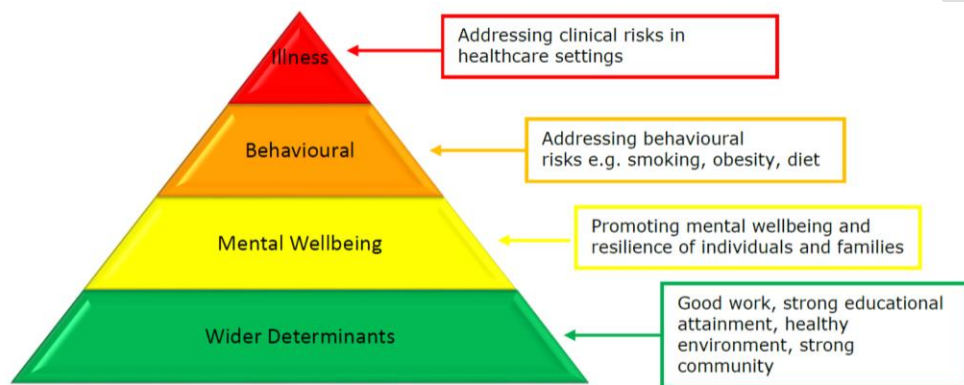


In response to these needs, preventative action is a key element of each of the plans of the clinical boards, complemented by strategic co-ordination and delivery of prevention programmes locally by the public health team. Our full work programme and outcome measures are described in the [Cardiff and Vale Local Public Health Plan for 2019-22](#); priorities include tobacco (implementing the key components of the smoking cessation system framework), immunisation, healthy weight (launching our Moving More, Eating Well healthy weight strategy), healthy eating and physical activity, with cross-cutting action on reducing inequalities in health.

Our focus is on individual behaviour change and developing environments which support and promote health, taking action on the built environment (for example to promote health travel behaviour) and other wider determinants of health such as education, housing and employment. We take a proportionate universalism (progressive universalism) approach to ensure our prevention advice, services and interventions are available to the whole population, with an additional focus on individuals and families in greater need.

Addressing clinical risk factors such as the management of hypertension will be taken forward through close liaison with primary care. Prevention and early intervention on children’s emotional and mental well-being and resilience is led by Children and Women’s Clinical Board, working closely with key partners.

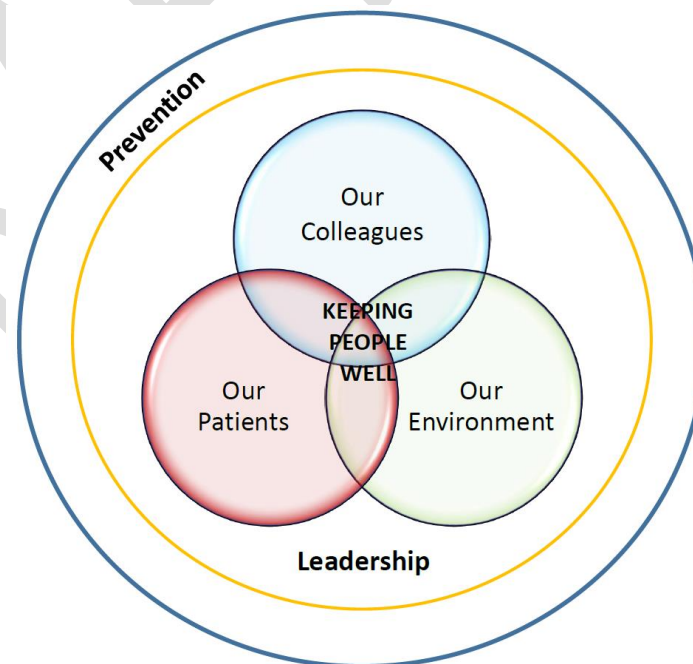
Population health interventions can be categorised into four types, with the population reach increasing as you go lower down the pyramid.



We work across a number of settings, including primary care clusters, pre-schools and schools (reflecting action on early years and positive childhood experiences as priorities), dementia-friendly communities, Food Cardiff and Food Vale, and workplaces. We work closely with partners in the public, private and third sectors directly and through the Public Services Boards in Cardiff and Vale, and the Regional Partnership Board, and with specialist public health colleagues working

in screening, health protection and environmental health. In developing our plan we have worked closely with colleagues across the health board, and in Public Health Wales (prioritising initially tobacco and hypertension for joint working), aligning our work with the strategic direction of both organisations.

Within the UHB, we need to embed prevention in all that we do, aligning to our Well-being Objectives and our mission of ‘Keeping People Well’.



Making Every Contact Count training is offered to professionals across the health and care system to embed prevention throughout our pathways, and we are working directly with our clinical boards to establish a clinical prevention programme.

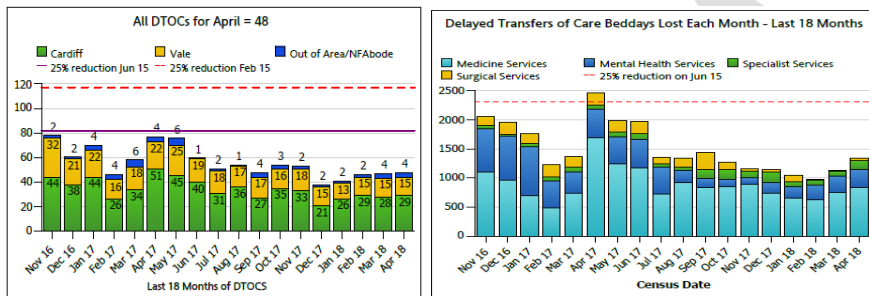
The Area Plan, Delivering For Our Citizens

Delivering performance improvement and meeting the needs of our population cannot be achieved without partnership. Over the last few years our Regional Partnership arrangements have matured and strengthened. The [Cardiff and Vale of Glamorgan Area Plan and Action Plan](#) was published in March 2018 and sets out our regional priorities and the detailed actions we will undertake, over the next five years, to meet the following 12 key care and support needs identified in our [Population Needs Assessment](#).

The Area Plan sets the actions we are taking against our integration priorities:

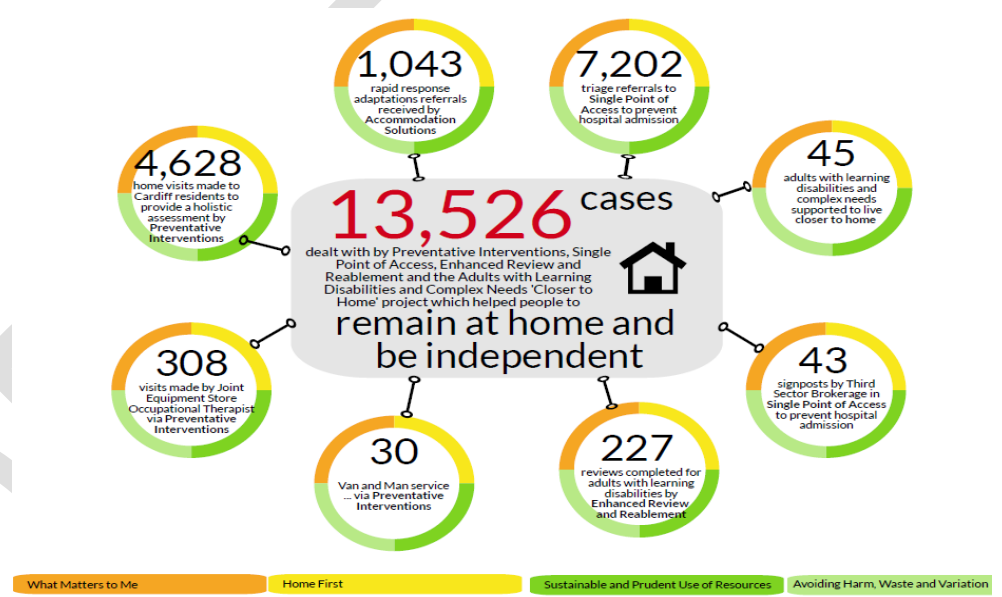


We are already seeing the impact of this work. Programmes such as the introduction of First Point of Contact, Single Point of Access and Discharge to Assess have contributed to improvements in delayed transfers of care across Cardiff and the Vale.

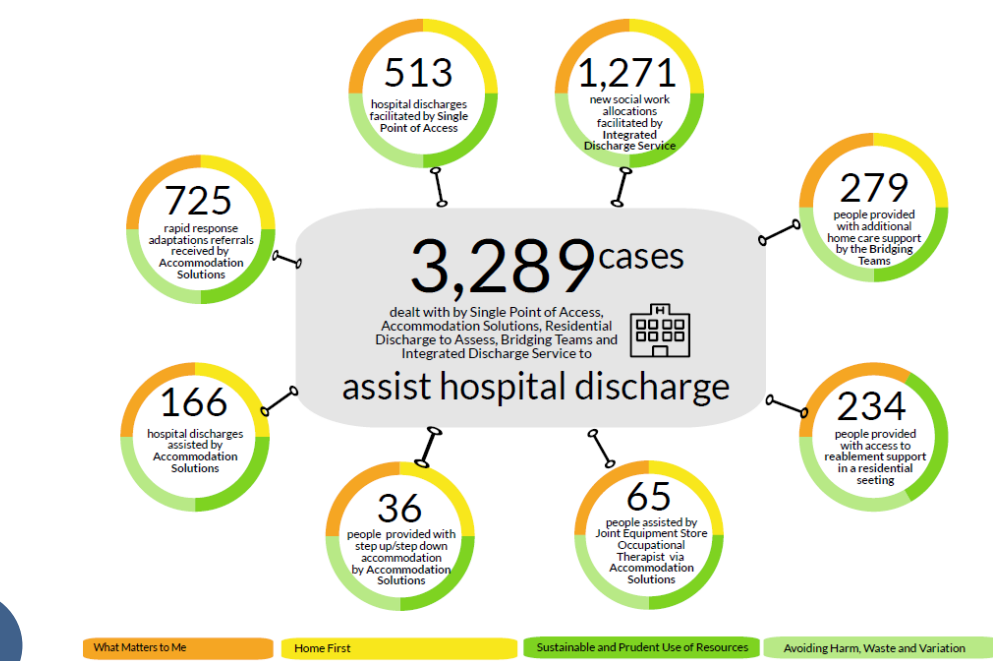


Integrated Care Funding is also making a significant impact in improving the lives of our citizens. Some of the achievements are set out opposite and a full annual report on the work of the Regional Partnership Board has recently been published.

Integrated Care Fund Impact on Home First and Independent Living



Integrated Care Fund Impact of Assisting Hospital Discharge



Delivery of the Area Plan and a continued focus on integration will be core to this next planning period. Reducing health inequalities, focusing on prevention, improvements in mental health and improving access to care, regardless of the provider, all require delivery through partnership.

However, regional delivery is not simply about delivering the core elements of the Area Plan. Core to the way we need to transform services in all areas of our work is greater integration. You will see, in the actions we set out for this planning period, a focus on working with partners to improve all areas of care.

As a Regional Partnership Board we have been successful in securing £7M to support the acceleration of change; to join up services with a greater emphasis on prevention and to focus on care in the community. The transformation funding will support:

1. Delivering An Accelerated Cluster Model: development of the optimal 'Cluster' using asset-based community development approaches to understand and facilitate connections between the many strengths within people, groups and communities.
2. Seamless Social Prescribing: creation of a single entry point to independence and well-being services and stable and non-complex care services.
3. Developing A Single Point Of Access For GP Triage: development of an effective GP Triage service by providing support and diverting people away from a GP unless medically necessary.
4. Get Me Home; Preventative Services. Development of a single access point within the hospital for all community based services. The team will use 'What Matters' conversations to provide holistic tailored support that meets the well-being needs of the individual, providing preventative interventions and supporting independent living.
5. Get Me Home Plus: the Get Me Home Plus service will work with a cohort of patients who are more impaired and require a more intense package of re-ablement and homecare support.
6. Developing An ACE Aware Approach To Resilient Children And Young People: the project will implement a new way of working across health,

social care, education and the third sector to increase resilience and awareness in children and young people (CYP) across Cardiff and the Vale of Glamorgan through peer support, timely intervention and signposting.

7. Developing Place Based Integrated Community Teams: this project will provide additional capacity to work with health and social care staff, GPs and the third sector across the region to inform a new 'place based blueprint' for services.

These proposals do not represent the totality of work we undertake with partners but allow us to test new models of care, built on the design principles outlined in A Healthier Wales. They will support us in demonstrating how we can shift more services to the top of our Seamless Care Model.



Primary and Community Care

Home first and empowering individuals are core pillars of our strategy. You will see throughout this plan a focus on community delivered services and supporting people to get back to their homes as soon as possible following a hospital stay. Full details of our plans for Primary Community and Integrated Care can be found in the clinical board plan [here](#).

We recognise the pressure on our primary care services and in particular those delivered by our contractor partners such as GPs, pharmacists and dentists. Primary care sustainability is therefore an integral objective for the next three years. Shoring up our services will enable us to have a solid foundation from which to take the next steps in transforming community services. There are a number of actions we have been taking and will continue to deliver over the next three years to deliver sustainability:

- Rolling out cluster based first contact musculoskeletal physiotherapy and mental health services with direct booking from GP receptions.
- Providing proactive estates solutions to enable practices to expand.
- Reviewing the skill mix within the Urgent Primary Care Out of Hours service to help balance demand and capacity.
- Improving uptake of learning disabilities annual health checks.
- Promote the benefits of registering veteran status with GP practices.

Transformation and Improvement

It is through Clusters we will deliver an improved model of primary care. The nine clusters across our region are maturing and we want to see further progress made to improve from the baseline position of level one through 2019-20. We have put in place a specific Organisational Design programme for clusters and are reviewing their governance arrangements and resourcing. We are supporting cluster pharmacists in a number of medicine management projects and the roll out of the physiotherapy and mental health services on a cluster basis will further embed cluster based multidisciplinary teams.

The continuation of clusters working in partnership with local authorities and the third sector will further develop over this planning period. Our new models of

care supported through the transformation funding will be delivered through clusters, with cluster led programmes on social prescribing, reablement services and new models of triage. Within the Regional Partnership Board transformation programme we have specifically allocated funding to accelerate cluster development to support place based models of service delivery along with our regional partners.

The third year of this plan will also see the opening of our first Wellbeing Hubs in Maelfa and Penarth, these new centres will see a further strengthening of clusters and their role in the delivery of services in partnership.

The development of clusters and work to transform primary care will be informed by the progress made in the implementation of Pacesetter programmes for falls, pain clinics and social prescribing. For example the collative community falls clinics developed through the pacesetter programme are informing work across the organisation about how we join up our efforts to prevent and manage falls in the community.

The plans for each of our clusters can be found [here](#)

We have taken significant learning from partnership with Canterbury District Health Board, they have developed seamless services built on the principle of home first with primary care delivering to the top of its competence. The HealthPathways tool will help equip GPs and other clinical staff with tools to support individuals to stay in the community and the place based services delivered through clusters will be informed by the Canterbury model.

We recognise the crucial role primary and community services deliver as the foundation of our service models. Whilst we recognise the importance of sustainable general medical services our ambition is to deliver truly community based models of care built on a wellbeing model- empowering individuals and home first. We know this can only be delivered in partnership with a range of organisations across our region. Clusters provide a vehicle to design and deliver place based services meeting the needs of communities. Over the lifecycle of this plan we want to create a sustainable base, help clusters to mature and move from a primary care model to a community owned model of care.

Mental Health

We have delivered significant transformation of our mental health services in recent years. The service is now supporting a 4 fold increase in referrals of people seeking support from their GP and has achieved a 40% bed reduction in 10 years with the same numbers of staff. All developments for last year as well as the forthcoming period are collaborative ones, involving one or all partners in major change. This includes working across clinical boards as well as with the Local Authority, police, ambulance and third sector agencies. Our work in mental health is focused on working across boundaries in the interest of service users outcomes.

In 2017-18 we saw the successful completion of a collaborative pilot in Cardiff East of Mental Health Practitioners working as extended specialist support to GPs, for people with mild to moderate mental health problems. This is supported by bespoke commissioned third sector psychologically based service. The pilot has evaluated well in reducing demand and improving the quality of primary care mental health services and has now received support for all elements of the model to be scaled up across Cardiff and Vale. This is potentially a revolution in mental health support to meet ever increasing demands on GPs.

Following an extensive engagement exercise with the community health council and others, 2018 saw the co-location of the three Vale Community Mental Health Teams, as a step towards the establishment of health and wellbeing centres described in Shaping Our Future and Wellbeing Strategy. The teams are now functioning as one with efficiencies seen in managing demand, liaising more easily with related health and other agencies and seeing professionals working differently and more focused on service user outcomes and needs.

Recurrent investment from Welsh Government has been put to good use All additional monies are focused on the principles of 'Home First, reducing hospital delays, improving access to psychological support and adding capacity to pressured specialist teams and supporting the integration. For example investment in areas such as; First Episode Psychosis (pre-empting the CAMHS repatriation), substance misuse dual diagnosis, psychological therapies and MATRICS Cymru. In addition we have invested in Peer Support Workers as part of

a recovery college, the enhancing of EU cover, investing in specialist support to the CRTs to enhance the 'team around the individual' described in the dementia strategy and avoid unnecessary admissions.

A 26 week 'Referral To Treatment' target for the commencement of a psychological intervention was introduced in 2018. This is welcomed and initial submissions reveal that we have up to 3000 people at any one time awaiting a formal Psychological Intervention with approximately 70% of those receiving this within the 26 week waiting time. This performance compares very well to our peers but we want to go further in driving improvement against the measure.

Our Mental Health services now looks after approximately 95% of its specialist caseload in community settings. It is this home first model and increasing working across boundaries that we want to continue through this planning period. The current 'Together for Mental Health' delivery plan runs concurrently with this IMTP period with priorities up until 2022.

Our plan for Mental Health services can be found [here](#)

It sets out our priorities for 2019-22 which include:

- Improving Mental Health Services for young people.
- Developing the Team Around the Individual for dementia patients.
- Reviewing our Community Mental Health Team model.
- Opening our Young Onset Dementia Unit.
- The repatriation of Child and Adolescent Mental Health Services from Cwm Taf Health Board.

Cancer

We know that cancer outcomes are not good enough. Whilst we have made progress in recent years there is a need to accelerate the rate of improvement. We have challenged ourselves to make enhancements in cancer outcomes through focusing on transformation right across the cancer pathway.

The first tranche of this work will initially focus on Bowel and Lung Cancer, as they are both common cancers and mortality from these cancers is higher than we would want. This does not mean we will not be seeking improvements in other forms of cancer. We will concentrate our efforts and test our approach to change in the areas where we know we need to make significant improvement.

Cancer by mortality in Cardiff and Vale (2013-2015)

Cancer Type	Count	Crude Rate	EASR
Lung	706	48.84	62.14
Colorectal	350	24.21	30.93
Colon	190	13.14	16.70
Pancreas	187	12.94	15.93
Breast	209	14.46	15.64
Rectum	160	11.07	14.23
Oesophagus	144	9.96	13.21

Improving Cancer Outcomes- A whole System Approach

Me, My Home, My Community – Prevention and Identification	Working with local authority and third sector partners we are putting in a range of community roles to support social prescribing, helping people to connect with local groups to become more active and combat social isolation.
Aim- Improve stage at diagnosis Lung Stage 4- 45.3%	We will equip these community champions with knowledge about Bowel and Lung cancer to help identify symptoms and signpost people to the right services. Developing resilient communities who can be champions in supporting people be

Colorectal Stage 4- 16.9%	active and make positive choices such as quitting smoking.
Improving Screening	Our bowel screening rate is the lowest in Wales at 51.5%, we want to set ourselves a stretch target of pushing the rate past 70% over the next three years. The introduction of FIT testing in 2019 is an opportunity to improve screening rates, using community teams and partnership working to encourage uptake.
Responsive Clusters	Through the introduction of HealthPathways we will give GPs better access on how to ensure people are diagnosed and treated as quickly as possible, the standardised pathways for Bowel and Lung Cancer will reduce variation and ensure consistent access. We will also put in place FIT for Symptomatic Screening to help GPs differentiate between bowel disorder and cancer.
Endoscopy Improvement	We have already put in place an improvement programme in our endoscopy services; we know we need to continue this work and maximise capacity to speed up the diagnostic process.
MOT – Maximising Outcomes for Treatment	Ensuring people are in the best possible shape for surgery can have a significant impact on clinical outcome. We will take actions to maximise timely treatment to include: <ul style="list-style-type: none"> - Encouraging people to take appropriate exercise supported through social prescribing and community groups. - Intense prehabilitation to ensure issues such as Anaemia are addressed - Providing more information to patients about the surgery process and experience. - Pre-operative assessment clinics. - Enhanced recovery after surgery programme and post-operative bundle in place.
Capturing the experience	Importantly we will be capturing Patient Reported Outcomes Measures, to help us better understand the impact of the interventions.

Single Cancer Pathway (SCP)

In November 2018, the Welsh Government announced the move to public reporting of the Single Cancer Pathway, alongside the existing two cancer targets, from June 2019: <https://gov.wales/newsroom/health-and-social-services/2018/processcancer/?lang=en>

Through our established SCP Project structure, we continue to progress actions through a number of work streams to be able to more accurately report performance from June 2019 and to demonstrate continuous improvement against reported performance in 2019-20. Whilst Welsh Government has not yet set the percentage compliance for the SCP, the Health Board is committed to working towards and achieving 95% compliance against the 62 day target. Plans will need to incorporate improved productivity prior to considering any further resource requirements. Further work is being done on detailed delivery plans and no further financial provision has been made in this plan, we will work with the National SCP Programme and Welsh Government in the development of our plans.

There are three key areas of focus for us:

- **Information and Intelligence work stream** - leading on ensuring processes are in place to accurately capture relevant patient data across all stages of the pathway and ensuring our IT systems are integrated and fit for purpose for tracking and reporting. We currently have a number of separate IT systems and the challenge for us is to integrate our existing Cancer tracking system (Tentacle) into our current Patient Management System and enhance the functionality by May 2019.
- **Demand & capacity work stream** – working to identify the gap and implement solutions to balance demand and capacity in the short term and on a sustainable basis. We have, using a national tool, undertaken the first iteration of demand and capacity modelling for the SCP. This has

highlighted a significant increase in capacity required due to the speed and timeliness within which outpatient appointments and diagnostic tests will need to be undertaken. We will need to consider appropriate resourcing if it is not to impact upon waiting times for patients on other planned care pathways.

- **Pathway improvement work stream** – In parallel with improving timeliness of access to outpatients and diagnostics, we also need to pursue pathway improvement and new ways of working. Clinically led, we are working on a local and national basis to develop and implement standardised optimal pathways for specific cancer disease groups to reduce variation and improve outcomes for our patients.

Regional Planning

We are committed to working collaboratively and at pace with Health Boards in South East Wales to secure the benefits of planning a number of priority services on a regional basis. The work programme comprises legacy programmes and elective work streams, with the following achieved in 2018-19:

Specialty Workstream	Progress in 2018-19
Paediatric, obstetrics and neonates	<ul style="list-style-type: none"> Cwm Taf completed a review of proposed activity flows based on updated local clinical pathways for Paediatric A&E emergencies and for obstetrics following local engagement with mothers-to-be. Revised flow arrangements shared with AMU UHB, C&V UHB and WAST to inform changes to planning assumptions for activity changes proposed in March 2019. Capital scheme at PCH completed and UHW NICU and Obstetrics capital schemes on schedule.
Vascular services	<ul style="list-style-type: none"> The commencement of a regional out of hours interventional radiology rota from the 4th February 2019, with agreement of a 4th Interventional Radiologist at Cardiff & Vale UHB. Following appraisal, agreement to plan for a single step approach for the centralisation of arterial surgery at Cardiff & Vale UHB, with spoke services at Royal Gwent and Royal Glamorgan Hospitals.
ENT	<ul style="list-style-type: none"> Work to develop an acute regional ENT model was, following agreement by the Region, stood down. However, Cwm Taf and Princess of Wales (POW) ENT teams have agreed a model which addresses sustainability issues for POW and will commence in 2019/20.

	<ul style="list-style-type: none"> Review has been undertaken of existing regional Head and Neck Cancer model which comprises cross organisational MDT with a clinical threshold for complex cases (defined as free flap / reconstructive maxillofacial cases) to be undertaken at University Hospital of Wales, Cardiff. A proposal has been finalised regarding provision of specialist and routine Head and Neck Cancer activity. Regional sign off of the proposal would see the service unchanged at this time. If the evidence base for further improving patient outcomes increases the service model would again be reviewed
Diagnosics	<p>CT/MRI</p> <ul style="list-style-type: none"> Regional demand and capacity work for CT and MRI was completed. Continued to utilise available capacity in MRI within CTUHB. Scoped and delivered the opportunity for C&V to house a mobile unit on the RGH site, so that they can increase capacity. <p>Endoscopy</p> <ul style="list-style-type: none"> All health boards completed a service mapping exercise which focused on facilities, workforce, procedures undertaken etc. Initial demand and capacity work was completed. <p>Endoscopic Ultrasound (EUS)</p> <ul style="list-style-type: none"> Agreement reached to explore the options for a regional solution for a South East Wales EUS service. A service scoping exercise has been completed and the level of future demand a networked service is to be based on has been agreed. A workshop to undertake an option appraisal to be held early in 2019. It has been agreed that any option would need to be networked across health boards due to the workforce limitations and service fragility.

	<ul style="list-style-type: none"> Development of plans to eliminate long waiting patients by the end of March 2019. Agreement of a regional approach to eye care sustainability, with proposals submitted to augment community based services and their digital enablers. Following a strategic workshop, agreement that the case for a high volume cataract facility for South East Wales be prioritised.
Ophthalmology	<ul style="list-style-type: none"> Development of plans to eliminate long waiting patients by the end of March 2019. Agreement of a regional approach to eye care sustainability, with proposals submitted to augment community based services and their digital enablers. Following a strategic workshop, agreement that the case for a high volume cataract facility for South East Wales be prioritised.
Orthopaedics	<ul style="list-style-type: none"> Collective demand and capacity plans developed. Service models and implementation plans for the development of community based assessment services shared. Service specifications for common pathways shared.

The 2019-20 work programme seeks to build upon progress made to date and the maturing approach to regional planning, with the following summarising the specialty work programmes. Health Boards will ensure that the resources required to deliver the programme at pace are secured, for a combination of external and internal sources

Specialty Workstream	2019-20 Work Programme	Local Actions
Paediatric, obstetrics and	<ul style="list-style-type: none"> Finalise detailed service specifications to reflect revised clinical pathways and flows. 	<ul style="list-style-type: none"> Finalise and implement additional capacity plans in

Specialty Workstream	2019-20 Work Programme	Local Actions
neonates	<ul style="list-style-type: none"> Continuously and collectively monitor operational changes implementation during 2019-20 to ensure any ongoing service sustainability pressures are collectively addressed. 	Neonatal, Obstetrics and Paediatrics in line with Children & Women's Clinical Board implementation plans.
Vascular services	<ul style="list-style-type: none"> Post implementation review of the Out of Hours Interventional Radiology Service. Detailed plan for the centralisation of arterial vascular surgery to enable implementation in 2019-20. Submission of a capital case for a hybrid theatre at the University Hospital of Wales to support centralisation. 	<ul style="list-style-type: none"> Development of business cases to support the necessary capital infrastructure
ENT	<ul style="list-style-type: none"> New ENT model for Cwm Taf and POW will commence mid 2019/20. Deliver Head and Neck Cancer cross organisational MDT services across Cwm Taf, POW and Cardiff and Vale, with complex cases continuing to be undertaken at UHW. 	<ul style="list-style-type: none"> Ambulatory ENT surgery centralised at UHL
Diagnostics	<p>For 2019/20, in relation to CT and MRI the regional group has:</p> <ul style="list-style-type: none"> Agreed to develop a standardised approach to 	<ul style="list-style-type: none"> Working through demand and capacity modelling Enabling works and installation of MRI

Specialty Workstream	2019-20 Work Programme	Local Actions
	<p>demand and capacity planning with the support of the delivery Unit, to strengthen the planning of the regional work.</p> <ul style="list-style-type: none"> As part of the collaborative approach, spare capacity within the CTUHB Diagnostic hub will continue to be offered up to partners in the region. Work on how the mobile MRIs currently in use in Cardiff will be managed regionally via Diagnostic Hub in 2019/20. <p>For 2019/20, the regional group will:</p> <ul style="list-style-type: none"> Develop a standardised approach to demand and capacity planning for endoscopy with the support of the delivery unit. Assess demand and capacity and explore opportunities for joint working and shared working around solutions for meeting any shortfall in capacity. The group will consider options for the delivery of a regional service for EUS and review other emerging areas of fragility. 	<p>Scanners at UHW</p> <ul style="list-style-type: none"> Develop symptomatic FIT testing as part of cancer developments

Specialty Workstream	2019-20 Work Programme	Local Actions
	<ul style="list-style-type: none"> CTUHB will be progressing plans to expand Endoscopy services as part of phase 2 of the Diagnostic hub project, which could provide opportunities for the region. Work will focus on regional planning opportunities surrounding the expansion of bowel screening services in particular the impact of the introduction of FIT testing on colonoscopy. Work will focus on exploring the opportunities to pilot FIT in symptomatic patients outside of the bowel screening programme, where capacity allows. 	
Ophthalmology	<ul style="list-style-type: none"> Refresh of regional plans to improve elective access, reduce and delayed follow ups that reflect the impact of revised prioritisation. Prioritise the digital enablers for the transformation of eye care services and community solutions, leading the procurement and implementation of the eye care 	<ul style="list-style-type: none"> We have submitted plans to WG against the recent funding to support management of follow ups in optometry community practices. If approved capacity will be increased to support – Glaucoma Diabetics AMD stable

Specialty Workstream	2019-20 Work Programme	Local Actions
	<p>digitisation including e-referral and an electronic patient record.</p> <ul style="list-style-type: none"> Development of the case for a Regional High Volume Cataract Facility for South East Wales. 	<p>Eye Casualty</p> <ul style="list-style-type: none"> We are writing the specification for NHS Wales for digitisation and we are to be the lead the procurement on behalf of NHS Wales. We are Implementing the technical communication between primary and secondary care for e-referrals Implement the connectivity of 20 Optometric Practices to enable full “shared care” and treating low risk patients in primary care. Address the IG issues associated with enabling Optometric practices access to the national Eye EPR.
Orthopaedics	<ul style="list-style-type: none"> Update and share 2019-20 demand capacity plans to identify opportunities for collaborative capacity-sharing. CEOs to confirm each UHB T&O strategic service configuration plans in order to identify and 	<ul style="list-style-type: none"> As regional Orthopaedics Lead Organisation, appoint Project Manager to co-ordinate supporting work programme.

Specialty Workstream	2019-20 Work Programme	Local Actions
	<p>share regional capacity development proposals. Produce high-level regional capital & revenue implications across the South Central UHBs to compare with a centralised elective facility option.</p>	
Major trauma	<ul style="list-style-type: none"> Supporting the NHS Wales Collaborative in the development of the Business Justification Case and in the actions to deliver compliance with relevant standards. Development of the Business Justification Cases for Major Trauma Units within Cwm Taf and Aneurin Bevan UHBs. Development of the Outline Business Case for the Major Trauma Centre at the University Hospital of Wales. 	<ul style="list-style-type: none"> Appoint programme lead and project manager for Major Trauma Centre. Development of local clinical pathways. Implement Major Trauma data base.

Specialty Workstream	2019-20 Work Programme	Local Actions
Transforming cancer services	<ul style="list-style-type: none"> ▪ Development of an Outline Business Case for a Radiotherapy Satellite Centre at Nevill Hall Hospital as part of the Velindre NHS Trust Transforming Cancer Services Strategy. ▪ To support Velindre NHS Trust with the Transforming Cancer Services Programme Business Case and the Full Business Case for the new Velindre Cancer Centre. 	<ul style="list-style-type: none"> ▪ Development of joint radiopharmacy facility.

Service Expansion Review document has been prepared with the EMRTS Delivery Assurance Group (DAG). During these discussions, a number of national and regional programmes have been identified that have implications for EMRTS and for completeness these have been included in the service review, including the development of the Major Trauma network.

The principle of the review has been to establish a case for change based on a set of key strategic drivers underpinned by the analysis of current unmet demand over the 24 hour period. We will continue to work with EMRTS to develop the case for the extension of EMRTS.

Sexual Assault Referral Centre (SARC)

Health Boards and all key stakeholders across the South Wales region have been increasingly engaged in the modelling work to support a sustainable model for SARC services. Ongoing modelling and planning work has been carried out during 2018-19 with the relevant statutory agencies and clinical representation across all stakeholders. The most recent work has seen option appraisal workshops held to further work through these options and to score models across a number of service and activity assumptions. It is understood that UHBs will expect to incur additional costs associated with the developing modelling work for 2019-20, as well as contributing to initial costs associated with the implementation of a regional paediatric service which took effect from the final quarter of 2018-19. Further work will need to take place early 2019-20 to develop the commissioning framework.

Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)

Following the request from the Chief Executive, NHS Wales to explore the options and opportunities to extend the EMRTS in order to advise the Cabinet Secretary, a

Working With The Wider Health System

As we have set out a number of times in this document, working in partnership is core to the delivery of Shaping Our Future Wellbeing and achieving the ambition of A Healthier Wales. We have set out our role with our partners on the Regional Partnership Board and in achieving the ambition for health services across South Wales. In this section, we want to highlight just some of the work we will be undertaking with partners. This is not the full extent of our collaborative endeavours, but provides a snapshot of our approach.

Working with the Welsh Ambulance Service Trust and the Emergency Ambulance Service Commissioner (EASC)

Working through the emergency ambulance service committee framework and the agreed [Commissioning Intentions](#), we have developed a strong relationship with the ambulance service. We are looking to continue the progress we have made with joint initiatives such as:

- Advanced Paramedic Practitioners and clinicians in the control room
- Frequent Attenders; supporting WAST in phase 2 of their programme working with nursing and care home staff to avoid unnecessary 999 calls.
- Care Home Integrated Support Teams; expansion of work to reduce the number of calls from care homes and patients admitted to the emergency departments, focusing on a community-led approach.
- Implementing additional 'direct-access' ambulatory care pathways.

The recently published [Amber Review](#) demonstrates the progress made in providing a clinically driven response in emergency situations. The report sets out a number of opportunities for improvement, in particular supporting the ambulance service to get vehicles back on the road as soon as possible. A system wide response is needed to address this challenge. The actions we have set out in prevention, supporting more people to live well in their communities and our focus on reducing length of stay will also support improvement in ambulance provision. We are pleased to be working with the ambulance services not just on the emergency part of their service. Advanced paramedic practitioners can play a vital role in supporting primary care. Non-emergency patient transport similarly

plays an unrecognised role in service transformation. For example the redesigned acute coronary syndrome pathway and introduction of a dedicated access vehicle has seen a reduction in referral to transfer times to two days, dramatically improving patient care and achieving NICE standards.

Working with Velindre NHS Trust

Focusing on the appropriate use of blood products can make a significant difference for the Welsh Blood Service in managing the supply and demand of blood products across the system. Through the national [Blood Health Plan](#) we are focusing activity on using tools to make appropriate use of type O negative blood and reduce errors in the mis-identification of patients to improve transfusion practice.

The Welsh Blood Service is about much more than the supply of blood products and we are pleased to be working alongside it to support the programme of work led by the blood service to bring forward novel cell therapies as part of the Midlands and Wales Advanced Therapies Treatment Centre. This is a truly collaborative project with our neighbours in Cardiff University, industry and the NHS in Birmingham which has received £7.3M in funding from Innovate UK to bring forward new cellular therapies. The development of cell therapy services is built into our plans for the development of our estate.

We will be working closely with Velindre Cancer Centre to ensure seamless services for cancer patients; further aligning our pathways, developing acute oncology services and jointly working on ensuring sustainable radiopharmacy services. We are also committed to the Transforming Cancer Services Programme.

NHS Wales Shared Services Partnership

Shared Services provide an invaluable role in supporting our work with 95% of NHS Wales expenditure processed through shared services systems and processes. Shared Services support is helping the organisation to maximise every pound spent though supporting work on value based procurement and ensuring effective contracting models are in place with our contracted services in primary care.

As we have set out in the plan, recruitment and retention of staff is a key enabler for our plans. Maximising Hire to Retire and the agility of our Electronic Staff Record is crucial to be able to respond as staffing pressures emerge.

Shared Services plays an important role in unsung areas which support service sustainability and transformation. We will continue to work with the service in areas such as:

- Scan and Store Service are creating capacity in GP surgeries to meet population growth.
- Developing contracting models that allow for greater collaboration and sharing of premises across multiple public, private and third sector partners.
- Delivering an effective laundry service, supporting the smooth and efficient running of hospital services.

NHS Wales Informatics Service

Effective systems and the ability to turn data into meaningful information is essential to the delivery of our strategy. The goals of the Informed Health and Care Strategy are aligned with the objective of Shaping Our Future Wellbeing. We will continue to work with NWIS to ensure the roll out of national systems fully meet the needs of our population. We know we need to continue to support system development to have patients at its core.

National System usage and roll out:

Position for CAV – NIMB October 2018

Secondary Care	WCP Path Reporting	National PACS	Links linked Transfusion	Links History	WELHS Wales	WELHS Mortuary	WPOCT	GP Links (BUVC)	WIAS	WPIES	MTed	WCCO Phase 2	WELDS
	88%							50%		94%	92%		
University Hospital of Wales	Apr 16 – Mar 19		See comments	See comments	N/A	See comments	*	*		Nov 15 – Mar 19		Pilot readiness underway	
University Hospital Llandough	Jul 16 – Mar 19			N/A	N/A		*	*		Nov 15 – Mar 19			
Other Sites	Jul 16 – Mar 19						*	*		Nov 15 – Mar 19			

Primary Care	Choose Pharmacy	GPTR Reporting	GPTR Reporting	WCCIS
	76%	0%	0%	*
CARDIFF & VALE	Oct 17 – Dec 18			*

* National Product Available date awaited
(P) Pilot

Welsh Health Specialised Services Committee

Our relationship with WHSSC is both as a commissioner and provider. As a provider we have improved our relationship and governance arrangements over the last year, ensuring a more robust approach to the development of service proposals. As a commissioner, we continue to participate in the effective collaborative process and support the increasing focus on clinical value in the proposals put before the joint committee.

Details of the WHSSC service developments for 2019-22 are included in relevant clinical board plans. As a high level summary, in line with the WHSSC Integrated Commissioning Plan, we will be taking forward service developments which include:

- Paediatric Endocrinology (Children and Women Clinical Board)
- Cardiac Ablation (Specialist Services Clinical Board)
- Augmented Alternative Communication (Specialist Clinical Board)
- Genetic Testing
- BAHA/ Cochlear Replacement and Maintenance (Specialist Clinical Board)
- Paediatric Rheumatology (Children and Women Clinical Board)
- Advanced Therapeutic Medicinal Products (Cell and Gene Therapy)










As a commissioner we recognise our responsibility in ensuring investment in new treatment options delivers value for patients across Wales. As a providers we know we need to deliver improvements in Cardiac Surgery and Neurosurgery services. We are making progress and have delivered improvement in those waiting for cardiac surgery in 2018-19 will continue to work with our partners to put forward plans for the sustainable delivery of neurosurgery patients.

Health Education and Improvement Wales

We are delighted to begin working in partnership with the newly created Health Education and Improvement Wales (HEIW). Through recent IMTP planning discussions we have already provided the opportunity to share our agendas, priorities, plans and challenges. We will be particularly pleased to work closely with the organisation as it develops and integrates workforce planning and leadership and succession planning into its core objectives. Early collaboration on our primary care workforce, in particular out of hours, is already underway.

Delivering On Our Commitments

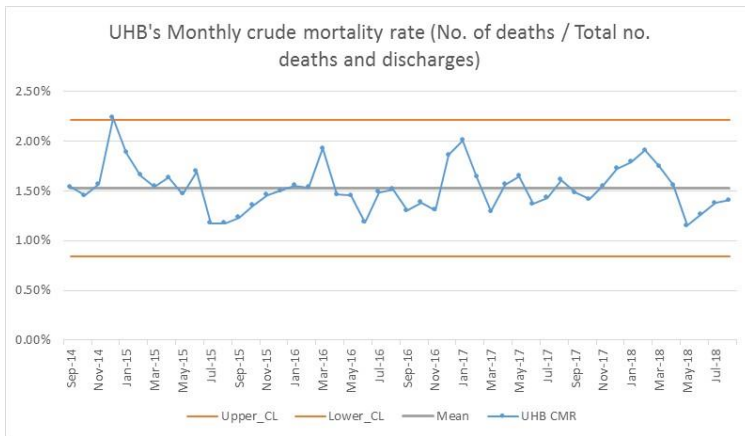
In our annual operating plan, we committed to strategic actions to deliver across the health board. This section outlines the actions we have taken:

We said	We did	Result
Establish a primary care sustainability fund to support struggling practices and develop a response to population growth	 Delivered £210,000 fund created to support practices	At the end of October the health board had 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.
Establish a collaborative service with South Wales Police to provide a pathway for specialist domestic violence services	 Delivered	Training rolled out to GP practices to identify potential safeguarding issues earlier and increasing referrals to advocacy.
Review and realign community mental health services in the Vale of Glamorgan, piloting the service model of locality based teams	 Delivered	The co-location of the three Vale Community Mental Health teams is a step towards the establishment of the health and wellbeing centres described in the Shaping Our Future Well-being Strategy. It has streamlined access for patients and improved coordination across the Vale.
Relocate mental health services for older people to purpose built, dementia friendly environments and improve the service offering	 Delivered	Refurbished facilities collocated with Local Authority and third sector so that once the health crisis is resolved, social care assessment is available for immediate support.
Establish a day of surgery admission area to improve efficiency of provision	 Delivered	Implemented unit seeking to increase Day of Surgery Admission to 85-90% of cases reducing length of stay.
Establish ENT emergency surgery model, separating emergency and elective provision	 Delivered	Introduced in November 2018 therefore no data available, but positive engagement from surgical teams.
Establish non-invasive ventilation unit	 In progress , having reviewed initial plans further work is required to ensure alignment with developments in critical care. We will be taking this forward in 2019-20	
Stroke pathway redesign	 In progress	A project manager is in place. Further work is required to ensure alignment with regional developments of Hyper Acute Stroke Units.
Point of care testing revised model	 We have reviewed the proposal and will not be implementing this year, further scoping required	

Performance Delivery 2018-19

This section looks at our core performance against some key measures. This allows us to understand where we are making progress so we can support and accelerate improvement and where we need to focus actions to deliver change. Alongside our understanding of our population, understanding our performance to date sets the context for our plans.

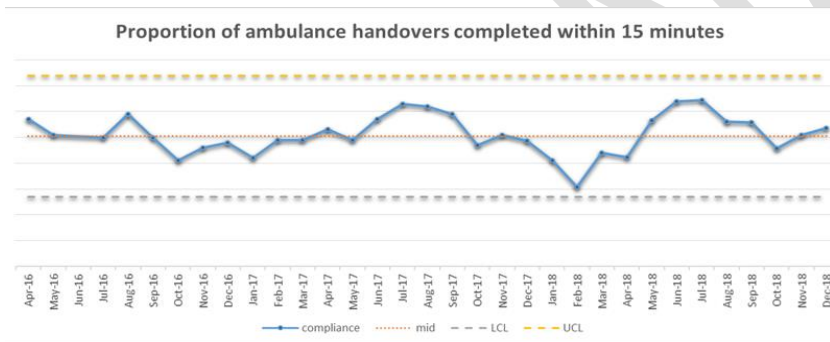
Mortality



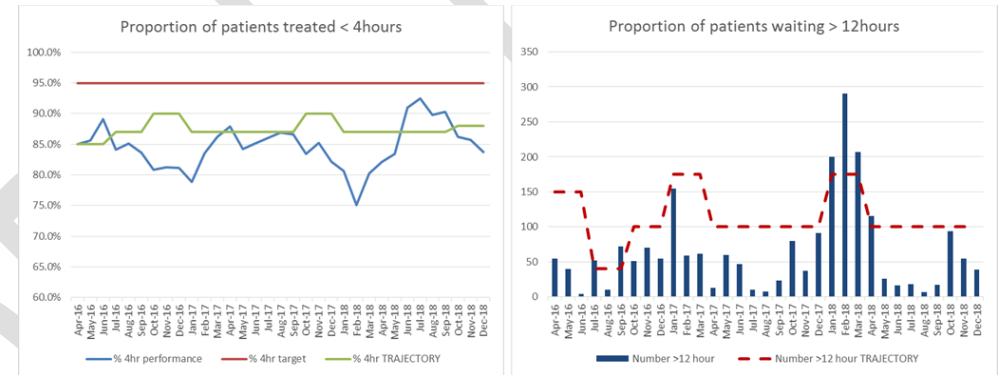
The latest data from CHKS continues to indicate that we have the lowest risk adjusted and crude mortality rates in Wales. Our Risk Adjusted Mortality Index score for the 12

months up to July 18 was 84 (UK mean is c.100) and our crude mortality rate is 1.5%. This is a positive overall marker of the quality of our system.

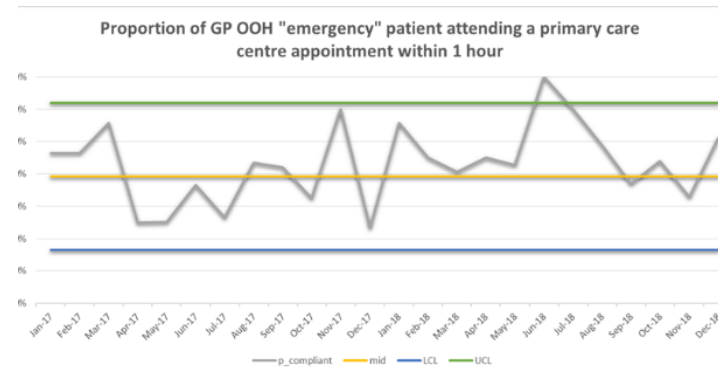
Unscheduled Care



At December 54% of patients were handed over within 15 minutes and 91% of patients handed over within an hour, which is below the Welsh Government minimum standard of 60% within 15 minutes and 100% within 60 minutes. This indicator is reflective of system pressure and demonstrates the performance of our front door in responding to this.



Improvement has been made in performance against the 4 and 12 hours standards. However there remains rooms for improvement to achieve target. Taken together, these measures demonstrate the need for collaborative solutions to reduce pressure and deliver improvement. You will see a range of actions set out in this plan which should support improvement in these indicators.



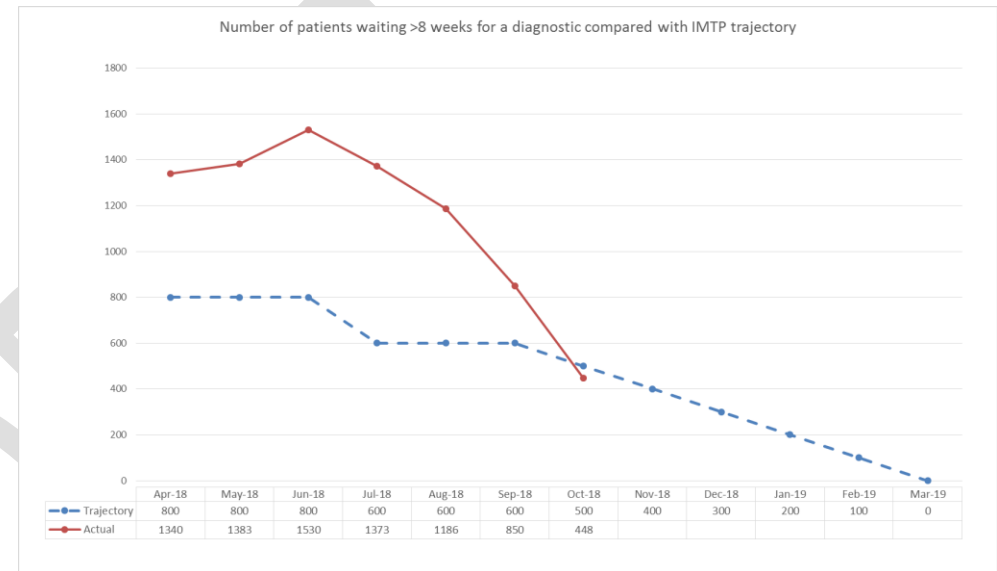
We have seen a trend of improvement in our GP out of hours performance. We need to continue these improvements. Actions to create sustainable primary care services and

improve access to out of hours care in the community are core to this plan.

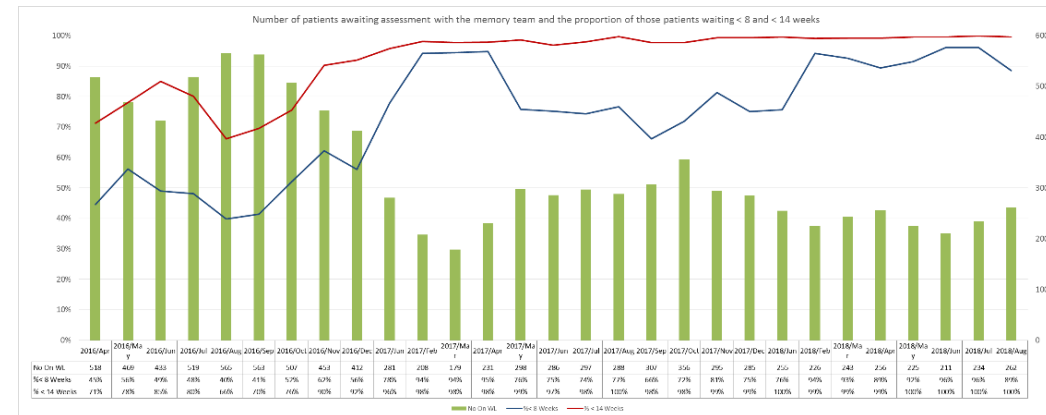
Our performance in cancer services remains a challenge. There is action in place to deliver improvement against both of the current targets, however we have to acknowledge there has been a 19% increase in urgent suspected cancer referrals in the year to date. Therefore, whilst we are not yet achieving the target routinely (we achieved the 31 Day target in November 2018) we are seeing and treating more patients than ever before. This plan sets out the actions we will be taking to improve service performance as we prepare for the introduction of the Single Cancer Pathway.



Our diagnostic performance is similarly improving, with those waiting longer than 8 weeks below our trajectory.

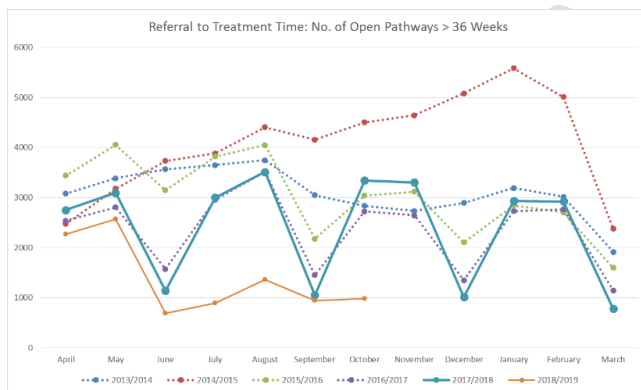


Our performance in mental health services remains strong. At the end of December 2018 98% of patients were waiting less than 14 weeks for a memory assessment against a 95% target.



Planned Care

Significant and sustained improvement has been made in our elective pathways. We intend to continue this trajectory and work towards no patient waiting longer than 26 weeks for treatment



Clinical Strategy Overview

Our strategy, Shaping Our Future Wellbeing describes our ambition based on a set of design principles to develop and deliver joined-up care based on; home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to people. These principles underpin our approach to the redesign of our health and social care system at both a macro and micro level. We have been working with clinicians and wider stakeholders, including the Regional Partnership Board to develop a strategic clinical services plan. This describes the major service changes and critical enablers required to reshape our clinical services in order to meet the future needs of our population.

The principal priority is to optimise the independence and health and wellbeing of our citizens by taking a truly whole-system approach. We will do this through improved collaborations with our partners in local authorities, the third sector, public health and the universities. The development and delivery of increasingly collaborative services across health and social care teams in the community is already embedded within our Area Plan. They will be continuously strengthened and developed to provide seamless, cluster-focused and locality-based services. These will be designed to meet the specific and variable health and social needs of the local populations within those areas.

Our hospital based services are also being redesigned to meet the needs of our population on a very different model of care. The majority of care will be provided based on standardised clinical pathways with improved digital information systems, electronic communication and more flexible community based support enabling the provision of more care at home. This will ensure the acute intervention is focused on providing those services that can only be delivered in a hospital environment.

Our emerging strategic clinical services plan identifies the critical service redesign proposals and infrastructure developments required to enable a sustainable and high value service model that will support our future model of care.

The primary redesign principles, assumptions and objective for the clinical services redesign plan are outlined here:

Core Planning Principles:

- Whole-system and pathway based approach to planning and delivering health and social care in collaboration with stakeholders (including local authority, third sector, UHB and trust partners) and citizens.
- Citizens should receive care at home or as close to home as possible. Hospitals should only provide assessment or care that cannot be provided in the community.
- Patients requiring hospital admission should receive high quality, high value, evidence-driven, safe and compassionate care.
- Hospital care should provide the appropriate package of specialist care co-ordinated to meet the needs of the patient and focused on improving outcomes.
- Innovative workforce models, new technologies and a flexible digital platform across clinical and wider care providers will support new models of care.
- We will work in with ABMU through our Partnership Board and other Health Boards to deliver an effective model for tertiary services.

Core Planning Assumptions:

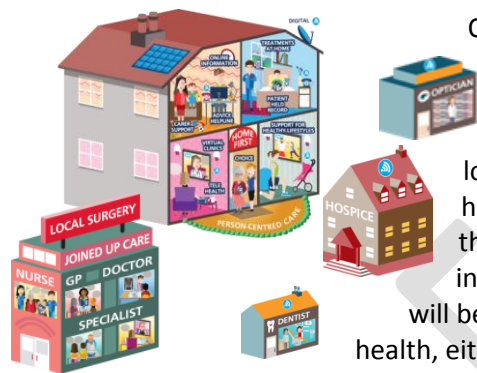
- Shaping Our Future Wellbeing In The Community will provide the overarching programme for the community infrastructure development to support the shift of care from secondary to community.
- UHW will be replaced with a new, fit-for-purpose facility developed collaboratively with Cardiff University to support their medical and life sciences hub.
- Demand for tertiary and specialist, complex care will continue to increase for the South Central region and South Wales which will be delivered from the 'new UHW'.
- UHL and St David's Hospital will form key components of the hospital services infrastructure to support the clinical services plan.

Key Drivers for Change:

- To refocus the health and social care system to prevent ill health and promote individual independence, health and wellbeing.

- Commitment to improve access to care by providing more and better integrated services in the community and to reduce reliance on traditional model of hospital based inpatient care.
- Viability of specialist acute services to meet national quality standards based on critical mass of patients and/or co-dependency with other specialties.
- Clinical workforce sustainability – viability of medical rotas that enable clinicians to maintain skills, comply with employment legislation and meet mandatory training requirements.
- The need to drive much better value from all care services.
- The poor condition and functional unsuitability of many clinical environments of care for future healthcare provision.
- The need to harness opportunities provided by developments in digital and medical technology, medicines and the real potential of developing personalised medicine.
- The need to attract and retain more of our highly trained staff by developing a motivated and sustainable workforce.
- To be an attractive place for attracting investment in research development and innovation.

Emerging Clinical Services Plan for Future Configuration of Healthcare Services:



Our services will be delivered predominantly in patients' homes or from facilities in the community. Opportunities to integrate and /or co-locate community based services across health and social care will be pursued through the development of wellbeing hubs in each of our nine clusters. Wellbeing hubs will be focused on delivering a social model of health, either through the development of existing assets e.g. health centres, leisure centres, and local authority community hubs or through new builds in areas of extensive new residential development. In each of our three localities there will be a locality based Health

& Wellbeing Centre. These will provide the infrastructure to support the services for the locality that cannot be provided in the wellbeing hubs due to the dependence of service on equipment, facilities or critical mass. These services will include:

- diagnostic and clinical support for ambulatory patients
- point of care testing
- plain film x-ray
- outpatient services
- a range of integrated health and social care services that will be tailored to reflect the specific needs of the locality.

Our hospital based services will also need to be reshaped to support the future healthcare service needs of our local, regional and tertiary population within modern and fit-for-purpose infrastructure. The redesign of clinical pathways and development of cluster and locality based integrated care capacity will enable the capacity for hospital delivered care to be right-sized. The ambition for the two major acute hospital sites in Cardiff and Vale UHB is to clearly define their future roles in ensuring that patients are admitted for the shortest time for the provision of care that can only be delivered in a hospital environment. Our clinical services plan will require these two hospitals to operate differently in the longer term.

UHL will provide care for ill but stable patients. Services will include:

- The re-provision of our tertiary neuro and spinal rehabilitation service will be transferred from Rookwood hospital to UHL.
- Ambulatory acute medicine daytime service; run to provide diagnostic assessment and treatment for patients who cannot receive this care in the community but do not require the 24/7 specialist services that will be provided at the new UHW.
- Elective surgical treatment centre of excellence supported by a dedicated PACU that will provide ambulatory and appropriate routine, non-complex and high volume surgery to optimise outcomes, productivity and value.



The provision of hospital based acute adult and older people's mental health services will remain at UHL.



The role for the new UHW will be to provide the immediate emergency and specialist care for acutely unwell and complex patients for our resident and wider catchment population of some regional and our high acuity tertiary services. These are services that are dependent on immediate access to all diagnostic services and imaging modalities, critical care and/or specialist clinical services on a 24/7 basis. The new hospital will provide a modern and fit-for-

purpose facility that will be right-sized to provide the capacity and capability for the range and volume of high acuity and specialist services described. It will be developed collaboratively with Cardiff University to support their medical and life sciences hub and to enhance the innovation, research and development opportunities with wider stakeholders. Clinical pathways will ensure that patients are supported back to their appropriate care location at the point at which they no longer require specialist or high intensity care e.g. directly home or into step down care at either UHL, for specialist rehabilitation, or to a community facility with appropriate community team support.

The services provided will include:

- Major Trauma Centre services.
- Emergency Department (A&E) for Cardiff and the Vale catchment.
- Unselected acute medical intake for Cardiff and the Vale catchment.
- Full 24/7 diagnostics – all imaging, interventional radiology, full regional pathology laboratory services, radio-pharmacy, endoscopy and cardiac catheter laboratory services.
- All levels of critical care.
- All acute emergency care and inpatient beds for all specialty emergencies – e.g. acute medicine, surgical specialties, acute oncology, cardiology, respiratory, acute stroke (HASU), acute gerontology and gastrointestinal.
- 24/7 emergency theatre capacity including dedicated major trauma.

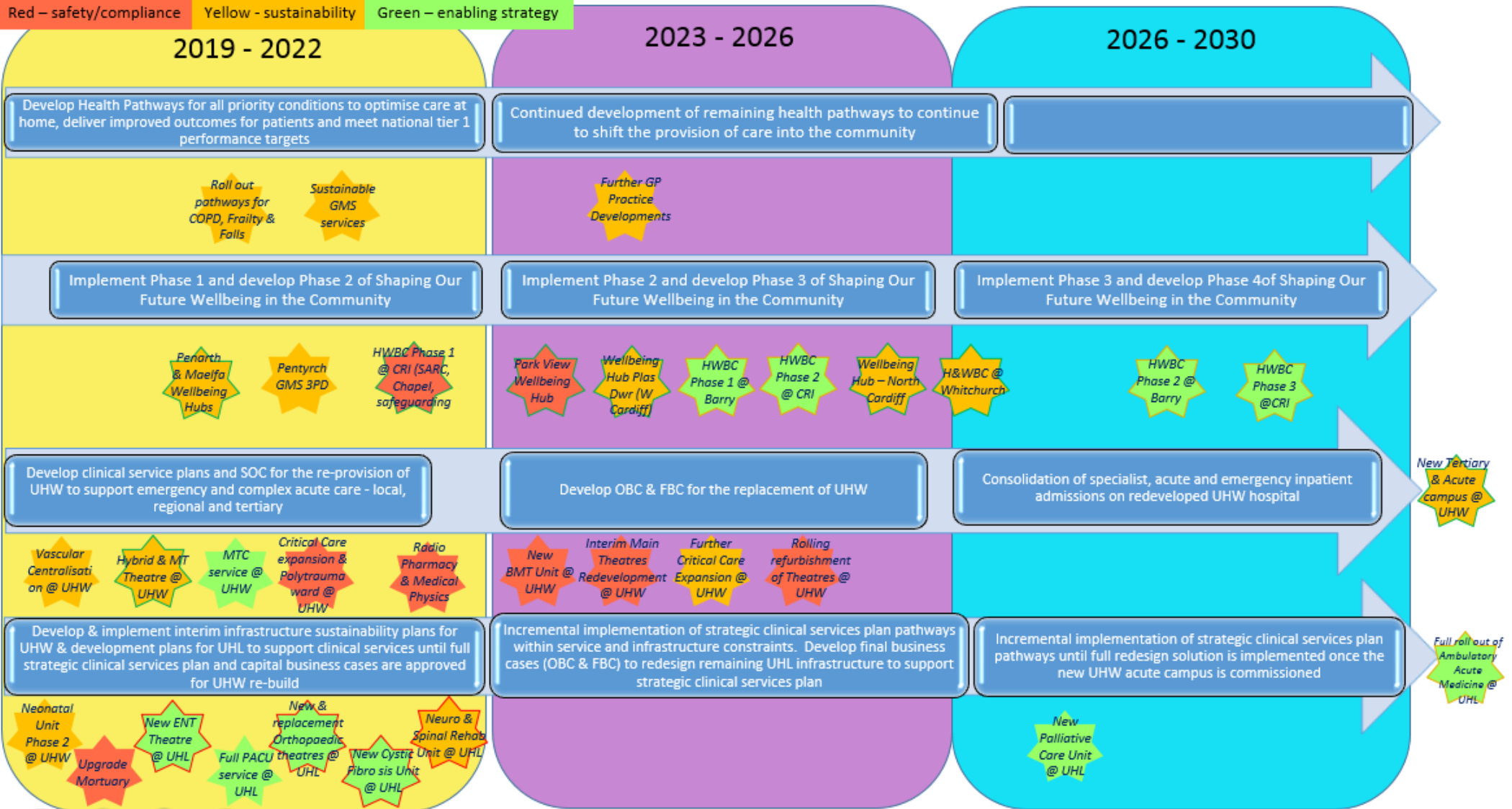
- Complex elective surgery – including cancers, spinal, maxillofacial, vascular, robotic surgery.
- The Noah's Ark Children's Hospital for Wales and all paediatric emergency, intensive care (PICU) and inpatient services.
- A co-located consultant and midwifery-led birthing centre.
- Neonatal intensive care – all levels.
- Specialist tertiary services including cardiac and neurosurgery, blood and marrow transplant, renal surgery, nephrology and transplant, thrombectomy and All Wales Genomics service.

Engagement and Next Steps

Early in 2019-20 we will continue to engage clinicians and communities with a view to finalising the plan during the third quarter of the year. We will work with the Community Health Council to develop our engagement plan, we also have very active patient engagement across our Clinical Boards and will be tapping into these processes to inform our plan.

The diagram on the next page sets out the key enablers and milestones for the delivery of our clinical services strategy alongside core capital developments to ensure safe and sustainable services.

Key Enabler Milestones



KEY ENABLERS

Quality

Our Organisational Approach to Quality

As an integrated healthcare provider, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided. We recognise that this cannot be a framework that focuses on secondary care, but one that recognises that the majority of care received by patients is provided in a primary or community care setting and that the primary and community care element of the patient's pathway, is as key to delivering safe, high quality care as that part of the pathway which is provided in more acute settings. What really matters for our patients' carers and citizens must be central to our decision making, so that we can use our time, skills and other resources more wisely.

It is inevitable that there will be emerging risks to both patient safety and quality across the whole system of healthcare provision, and the UHB will need to anticipate and respond to these. This will form an important focus for quality and safety initiatives over the next three years. During 2018 we have continued work to embed the QSI Framework across the UHB. There have been a number of positive achievements:

- Annual Quality Statement was published in July 2018. An innovative approach was taken working in partnership with the paediatric diabetes team and with children from local schools. This received excellent feedback.
- Continued to increase compliance with patient safety solutions to 92%.
- Electronic wristband system has been fully implemented across the organisation.
- Excellent work has progressed in the development of a multi-agency falls framework.
- An intergenerational, 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.

- Quality of pressure damage assessment and reporting has increased significantly bringing the UHB in line with reporting by peers across Wales; the development of guidance and an education and training programme has enabled improved reporting of community acquired pressure damage; new beds and mattresses have been rolled out across the organisation.
- Infection prevention and control (IP&C): Cardiff and Vale UHB has continued to make good progress against the 2012-13 baseline numbers of HCAI with an overall reduction of 62.5% in *C'diff* cases, 8.3% reduction in MSSA and a 55% reduction in MRSA bacteraemia in the 2017-18 target period.
- Undertaken significant improvements work in areas of concern during 2017 - 2018 including paediatric surgery, endoscopy surveillance and compliance with the Human Tissue Act.

During 2018 we have continued to make progress in terms of embedding quality, safety and experience arrangements across the health board. All of our clinical boards report on a regular basis to our quality, safety and experience committee, providing assurance across the breadth of services we deliver. A standardised quality, safety and experience agenda template, aligned with the Health and Care Standards is now well embedded and provides a robust framework for assurance reporting to the committee. A quality, safety and experience dashboard is also well embedded and we have developed and launched a nursing dashboard, which will support quality improvement at ward level and also support implementation of the Nurse Staffing (Wales) Act 2016. We are committed to systematic learning from incidents, complaints and events as well as taking a proactive approach to incident avoidance.

We have already embedded arrangements to respond to the actions aligned to the strategic direction of NHS Wales and progress against these actions is being monitored through the Quality, Safety and Experience Committee of the Board, which has a comprehensive work programme developed to meet the requirements of national strategic drivers, as well as key quality and safety issues in the Corporate Risk Assurance Framework and the Healthcare Inspectorate Wales (HIW) Work Programme.

The Quality, Safety and Improvement Framework 2017-2020 sets out the UHB three year Framework.

ACTION	OUTCOME	MEASURE
AIM 1 - GOVERNANCE LEADERSHIP AND ACCOUNTABILITY		
Deliver 2 cohorts of LIPs programme.	Increase quality improvement capability.	Over 1000 people trained.
Establish Human Factors Training.	Reduced errors associated with human factors.	Evidence of consideration of human factors in investigations.
AIM 2 - SAFE CARE		
Implement Multiagency Falls Framework.	Reduction in falls which cause serious harm.	Reduction in WAST conveyance.
Pressure Damage and Control - roll out revised guidance.	Reduction in the number of Grade 3 and 4 pressure damage.	Reduction in the number of Grade 3 and 4 pressure damage.
Serious Incident Reporting - implement revised guidance.	Reduction in same cause serious incidents that cause severe harm or death.	Number of same cause serious incidents.
Infection Prevention Control.		
AIM 3 - EFFECTIVE CARE		
Deliver patient safety solution compliance.	Compliance with patient safety solutions.	Baseline: 92% Target: 100%
Mortality Reviews- improvise compliance, and establish Medical Examiners groups.	Deaths of all Patients are reviewed.	Baseline: 70% Level 1 Target:90% Level 1
AIM 4 - DIGNIFIED CARE		
Full roll out of the Learning Disability (LD) bundle.	Meeting needs of patients with LD.	Patient Safety incidents/ concerns involving patients with LD.

Actions against Aim 5 - Timely Care is included within our actions for planned and unscheduled care and Aim 6 - Individual Care within the patient experience section that follows.

Patient Experience Framework

The Wales Audit Office (2016) outlines how listening to the experiences of service users should be a fundamental part of learning in the NHS and in order to learn effectively, there is a need for structured, planned activity that is built in to normal working practices.

The NHS Wales Framework for Assuring Service User Experience was initially published in May 2013 and updated in 2015. The requirement to update the framework was in light of Keith Evans' report "Using the Gift of Complaints". Additions, therefore, to the balancing quadrant included concerns and compliments data and third party surveys, for example those undertaken by our Community Health Councils.

The Health Board refreshed the Patient Experience Framework to incorporate all elements of real time, retrospective, proactive/reactive and balancing patient experience across the UHB and primary care. Much of the detail in the framework has been informed by the All Wales Listening and Learning Group, which has been established to embed the learning from "Using the Gift of Complaints" and to share good practice across Wales. The Health Board meets on a regular basis with its Community Health Council; their contact details are displayed on the 700 posters displayed across secondary and primary care settings. Patients, families and carers can provide feedback in a wide variety of ways. Some posters are specifically designed by organisations to encourage feedback.

We will continue to deliver and embed the refreshed Patient Experience Framework and in 2018-19 we have had some key achievements

- 65% of concerns are now managed informally and less than 1% are converted to formal concerns.

- The 30-day response rate to formal complaints is 80% and a trajectory is in place to sustain the implement real time feedback system across all areas of UHB performance.
- The PALS team hold regular weekly sessions in the three information centres at UHW, UHL and Barry Hospital.
- A very positive annual ombudsman report was received.
- The introduction of happy or not machines and ward feedback kiosks means we have received over 330,000 real time feedback opportunities.
- We have rolled out the introduction of John’s Campaign to recognise and support the needs of carers in the hospital setting.
- Schools are increasingly able to record Young Carer status. Schools have achieved accreditation status.
- We have worked with GP practices to develop carer champions.
- We have worked with the deaf community to improve their access and experience of healthcare.

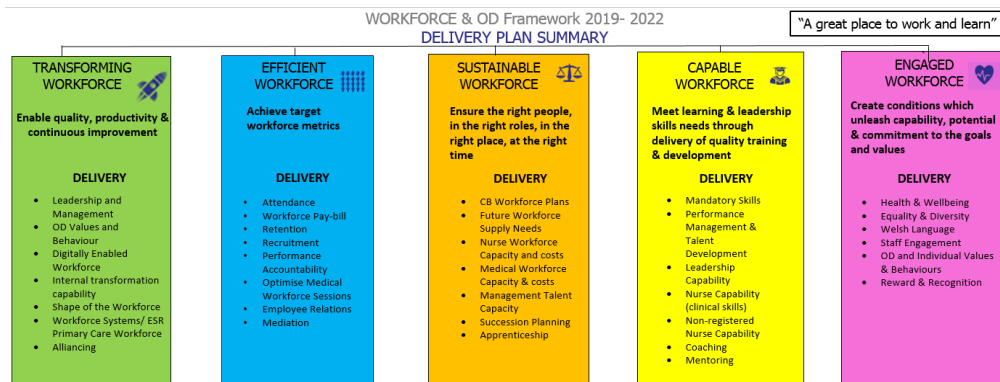
ACTION	OUTCOME	MEASURE
AIM 1 - REAL TIME		
Implement real time feedback system across all areas of UHB.	Provide real time information.	Improvement delivered through quality measurement.
Review feedback mechanisms.	Suite of patient experience feedback tools in use.	Improvement in patient satisfaction scores.
AIM 2 - RETROSPECTIVE		
Use of social media, online survey and apps for proactive feedback.	Social media channels are regularly used as a vital engagement tool by the public.	Hit rate on survey tools.
AIM 3 - PROACTIVE/REACTIVE		
Put in place carers’ forum.	Carers have a dedicated forum where key issues are discussed and action taken.	Forum in place.

AIM 4 - BALANCING		
Timely response to 30 day concerns.	80% of all formal concerns are responded to within 30 days. All complainants are fully satisfied with the response from the UHB.	Compliance with 30 day responses.
Mortality Reviews: improve compliance and establish Medical Examiners groups.	Deaths of all patients are reviewed.	Baseline: 70% Level 1 Target: 90% Level 1
Introduction of e-datix systems.	Triangulation of feedback information across patient experience and liaising with patient safety.	Using the data to inform of potential concerns becoming more proactive than reactive.

Workforce and Organisational Design

Workforce planning is embedded throughout this plan and is integral to achieving all aspects of delivery. A detailed workforce plan has been published alongside this document and is available [here](#). We also recognize the role we play in supporting a strong workforce for the wider NHS and public sector. We want to have a pipeline of talent for all parts of the system.

There are five core components of our approach to our workforce



The vision is to improve delivery of outcomes year on year moving through levels of achievement

Improving → Established → Advanced → Leading Practice

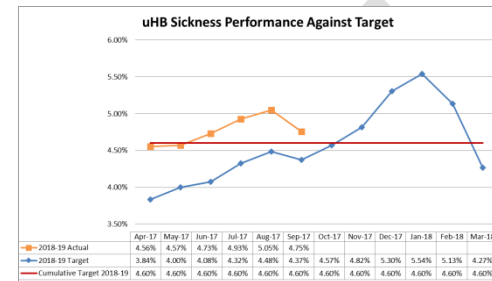
Opportunities, risks, constraints and benefits have been considered in the development of these outcome deliverables.

Transforming Workforce

This stream addresses how we build the capability we need in our workforce and focuses on four themes:

1. Culture and behavioural change - build, buy and borrow.
2. Shape of the workforce and role redesign- optimising roles in Bands 1-4.
3. Cross cutting transformation across the organisation; developing primary care cluster capability and creating roles and competencies that span health and other public sector areas to support regional delivery.
4. Transformation within professional standards; apprenticeships, modernising pharmacy careers, modernising scientific careers.

Efficient Workforce



This stream focuses on delivering our core workforce metrics; delivering pay bill in budget, reducing sickness absence and promoting staff wellbeing.

Sustainable Workforce

This work is focused on ensuring we have the right people in the right roles in the right place at the right time. Project 95% and project switchover focus on nurse recruitment, one of the biggest areas of risk for the organisation and sustaining the eradication of off contract agency usage.

		ACTUAL	FORECAST (month end position)					
	Combined Band 5 and Band 6 including ODF	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
UHB	Establishment	3564.57	3563.53	3546.09	3546.09	3546.09	3546.09	3546.09
UHB	Forecast Actual	3259.07	3285.74	3305.49	3337.47	3337.65	3328.84	3341.02
UHB	Forecast Vacancy	305.50	277.79	240.60	208.62	208.44	217.26	205.07
UHB	%	91%	92%	93%	94%	94%	94%	94%
UHB	Forecast Starters TOTAL	74.89	63.09	46.41	58.64	26.84	17.84	38.84
UHB	Forecast Leavers	35.14	26.66	26.66	26.66	26.66	26.66	26.66

Capable Workforce

Here we are investing in our capability, focusing on talent management and training. Including improving our leadership capability.

Engaged Workforce

We know the link between an engaged workforce and delivery. Improving the wellbeing of our staff and focusing on embedding our vision in values will be core to our success.

Risks

We recognise recruitment and retention of our workforce remains one of the core risks to delivering this plan. Our workforce plan sets out some of the ways we will address this challenge, however all elements of this plan contribute. Through becoming more efficient and developing new models of care we can support our workforce challenges.

Financial Plan

We did not have an approvable IMTP in 2018/19 and agreed a 1 year operational plan with Welsh Government. The operational plan for 2018/19 is to achieve a year end out-turn position of a £9.9m deficit, whilst maintaining the quality and safety of services and delivering upon agreed performance measures. We are confident in delivering our financial plan for 2018/19 which requires the identification and delivery of significant savings and further increases in clinical productivity to deliver agreed performance targets. This position has been supported by £10m Welsh Government operational plan funding which has helped in providing service enhancements and sustaining resources required to achieve current and forecast performance levels. Maintaining this level of additional support is dependent on delivering a balanced financial position in 2019/20 and over the 3 year IMTP cycle and having our plan approved.

Overview of the Financial Plan

The Financial Plan sets out our financial strategy which supports delivery of the service improvements outlined for 2019/20 – 2021/22. In addition, we are aiming to meet our own key financial objectives of restoring in year and recurrent financial balance. Whilst this will provide the UHB with a significant financial challenge over the period of the plan, through the Health & Social Care budget, a 3% core allocation uplift in funding in 2019/20 will support our ambitious goals.

The overall ambition is to submit an IMTP that can be approved, and that demonstrates improvements against high level key performance indicators which builds upon good performance in 2018/19. In terms of financial sustainability, we are on track to achieve our forecast of a £9.9m deficit and improving our accumulated underlying financial position. This plan aims to deliver improved levels of efficiency alongside improved and sustained delivery against performance standards. In terms of efficiency and transformation, we will be setting a devolved 2% recurrent savings target in 2019/20 and a further 1.8% recurrent target that will be managed corporately and mainly delivering via high value opportunities. Health and Social Care has received a good financial settlement for 2019/20 and this will support the UHB in achieving financial

sustainability, and help the shift of resources in line with “A Healthier Wales.” There will however be a need to limit any internal investments to those unavoidable items to address sustainability and safety issues in the first year of the plan with more growth available in the second and third years once financial balance has been restored.

The following key assumptions are currently being used in the plan:

- We will not be required to make good any prior year deficits and this will need to be confirmed with Welsh Government;
- There will be no material loss of income from SIFT and other education budgets due to the creation of HEIW and revisions to commissioning arrangements;
- The commissioning approach from WHSC and neighbouring LHBs does not financially destabilise the UHB;
- We can manage to deliver agreed performance levels within the budget set.

Resource Planning Assumptions

Underlying Deficit

We had a growing accumulated underlying deficit up to 2016/17. This essentially represented both planned deficits which reflected planning to operate outside of the resources available and the non-delivery of financial plans. Some of the financial drivers for this had been:

- Non delivery of recurrent CIPs as set out in plans (which underpinned recurrent spending decisions);
- Reliance on non-recurring opportunities;
- Operational pressures outside of plan which were not being managed;
- Funding for growth and delivery of planned care, unplanned care and other targets above the resources available;
- Other Investments and cost pressures that have added to the underlying deficit.

These weaknesses were recognised and acknowledged and the 2017/18 and 2018/19 financial plans improved this position by:

- Focussing on the recurrent achievement of the CIP target;
- Ensuring cost pressures were managed;
- Limiting investments to those areas that were unavoidable and essential;
- Delivering an in year improved financial position.

The Board recognises its responsibility in tackling its accumulated deficit and aims to eradicate it during the period of this plan. This will be achieved via delivery of its savings plan in the first two years of this plan. The main focus of the transformational plans are in acute hospital services which as set out, were a key driver of the accumulated underlying deficit. The 2019/20 brought forward accumulated deficit is detailed in the following table.

2019-20 Accumulated Underlying Deficit

	2018-19 £'000
Operational planned deficit 2018-19	9,900
Plus non-recurrent CIP target 2018-19	8,400
Plus net other non-recurrent opportunities to deliver 2018-19 plan	4,000
Plus non recurrent income from WG	14,000
2019-20 b/f accumulated underlying deficit	36,300

The key points to note are:

- The brought forward underlying deficit does not include operational costs pressures experienced in 2018/19. These are expected to be managed by Clinical Boards in 2019/20.
- The net full year effect of 2018/19 savings across all Clinical Boards is assessed to be £0.520m and will be retained by Clinical Boards to help

offset brought forward cost pressures and support delivery of the 2019/20 financial plan.

We started 2018/19 with an accumulated underlying deficit of £49.0m and have been successful in reducing this by £12.7m during the year to £36.3m. Delivery of the savings challenge within the 3 year IMTP will bring us back into recurrent financial balance.

Income Assumptions

Following receipt of Welsh Government Health Board revenue allocations for 2019/20, the table below sets out the level of allocation growth available to meet new inflationary and cost growth pressures in 2019/20 with financial assessments made for 2020/21 and 2021/22:

Net Income Growth 2019-20 – 2021-22

	2019/20 £'000	2020/21 £'000	2021/22 £'000
Allocation uplift 2%	13,243	13,243	13,243
A Healthier Wales 1%	6,478		
Top slice	(2,082)		
WG Operational Plan funding made recurrent	10,000		
Mental Health uplift	1,871	1,871	1,871
Invest 2 Save	(59)	130	130
GMS / GDS	1,700	1,700	1,700
LTA income uplift	6,780	4,520	4,520
Pay Award	15,943	7,357	
Pay Award LTA funding	4,996	2,305	
Sub total	56,610	31,126	21,464

The key points to note are:

- The core allocation uplift represents 2% in each of the 3 year making up the IMTP cycle, plus an uplift for ring-fenced Mental Health services. This amount has been top sliced in 2019/20 to meet agreed national developments;
- There is also an additional 1% allocation uplift in 2019/20 to support financial sustainability and to support the implementation of “A Healthier Wales.”
- Operational plan funding received in 2018/19 has helped us in providing service enhancements, sustaining resources and in achieving required performance levels. This funding is assumed to be recurrent on the basis that this plan gets approved.
- It is assumed that further allocations will be made for GMS and GDS services to meet contract agreements and income growth in this area which is matched by cost growth;
- The 2% core allocation uplifts includes a 1% element of the agreed pay award.
- We are assuming that commissioners will pass onto providers appropriate funding for pay increases and non-pay inflation. We are assuming an LTA uplift for this, in line with its allocation uplift;
- We are a net provider of services. LTA inflation agreed to be 2% pass through with an additional discretionary 1% for further agreed investments. Discussion will be ongoing to ensure greatest value is derived.
- We are assuming that any changes to employers pensions contribution in 2019/20 will be met by an additional revenue allocation.

Cost Pressures

We have worked through our initial assessment of our inflationary and demand pressures for 2019-20-2021-22:

Inflationary and Cost Pressure	2019-20 £'000	2020-21 £'000	2020-21 £'000
Cost Growth			
Pay Inflation	24,501	14,666	6,239
Non pay Inflation	900	1,000	1,100

GMS and GDS	1,700	1,700	1,700
Continuing Health Care	1,200	1,200	1,200
Funded Nursing Care	107	107	107
Total Cost Growth	28,408	18,673	10,346
Demand / Service Growth			
NICE & New High Cost Drugs	3,500	3,500	3,500
Continuing Health Care	0	1,000	2,500
Funded Nursing Care	0	0	0
Prescribing	0	1,000	1,000
Velindre Cancer Centre	1,200	1,200	1,200
Specialist Services	5,000	5,000	5,000
Uplift on Ring fenced services	800	800	800
EASC	500	500	500
LTA Inflation plus wage award	5,197	3,769	2,520
Total Demand / Service Growth	16,197	16,769	17,020
Other Cost Pressures			
Welsh Risk Pool	0	0	0
Income reductions	500	500	500
Local cost pressures	2,500	3,000	3,000
Total Other Cost Pressures	3,000	3,500	3,500
Total Inflationary and Cost Pressures	47,605	38,942	30,866

Over the three year period 2019/20 – 2021/22 new national and local inflationary and growth pressures are assessed as £47.6m, £38.9m and £30.9m respectively. These assessed costs place a significant pressure on the organisation and local cost assessments for 2019/20 have been reviewed and curtailed to minimize requirements on funding and impact upon the financial plan.

The following assumptions should be noted:

- Pay award impacts are fully funded by WG over the 3 year IMTP cycle;
- There are anticipated increases in employers pensions contributions in 2019/20 that are assumed to be funded by Welsh Government;
- GMS / GDS growth costs are expected to be matched by additional resource allocation;
- NICE and high cost drugs growth has been capped at £3.5m for each year;
- Continuing Health Care and Funded Nursing Care growth costs has been reduced to nil in 2019/20, this will need to be closely monitored and managed;
- No resources have been made available for prescribing growth in 2019/20;
- Velindre, EASC and specialist services commissioning costs are best assessments at this stage, discussions are close to being finalised;
- The UHB is assuming LTA uplifts of 2% with a further 1% subject to negotiations as to what additionality it delivers;
- The UHB is anticipating further income reductions across LHB commissioners.
- Local cost pressure funding will be used to manage and contain any brought forward unavoidable operational pressures from 2018/19 plus any new cost pressures arising over and above the £47.6m assessment.

There is a clear aim to avoid cost increases wherever possible. It should be recognised however that curtailing the amounts being provided for growth does represent a financial risk that we will need to manage.

The commissioning costs for EASC, specialist and cancer services are still being finalised and if the amount required exceeds the assessment made it will need to be the first call upon the Health Board's investment reserve. This will ensure alignment of respective Financial Plans.

Investments

We have agreed to limit revenue investments to a total of £4.0m (0.5%) in 2019/20 and the first call against this will be full year effects of 2018/19

investments. This includes the full year effect of 2018/19 investments in Primary care clusters for musculoskeletal and mental health liaison services. Other investments may also be required to support other national priorities and IT developments. In addition, any commissioning investment costs in WHSSC, EASC and Velindre above those set out in plan will need to be met from this reserve. Further investment and growth is available to support the delivery of our strategy after financial balance has been restored in 2020/21 and 2021/22.

Investments will not be made until assurances on the delivery of the financial plans have been secured. Any investment proposals will need to be fully considered by the Board.

It is important to note that Welsh Government have already set aside a considerable budget to support delivery of A Healthier Wales. It is envisaged that this will be the main source of investment to support service transformation and service sustainability.

We have already made significant recurrent investments into delivering RTT and this investment will be maintained to support performance in this area. RTT plans will need to incorporate improved productivity prior to considering any further resource requirements. Further work is being done on detailed delivery plans and no further financial provision has been made in this plan.

Good progress has been made in emergency care services and we will maintain the level of funding set aside to support winter plans.

Transformation and Efficiency Plan

We have an ambitious IMTP that addresses our underlying deficit and restores financial balance. The organisation will need to deliver improved levels of efficiency alongside improved and sustained delivery against standards increasing the value that is derived from the resources available for our population.

The Financial plan supports and enables the UHB to deliver its core priorities for 2019-22 being:

1. Primary Care: sustainability and the further development of community services.
2. Unscheduled Care: delivering a resilient and high performing system.
3. Planned Care: meeting standards.
4. Cancer Service: delivering the single cancer pathway and improved outcomes.
5. Mental Health: continue to transform and improve our services focusing on home first models.

We are aiming to deliver efficiency and transformation savings through the 2019/22 IMTP with a recurrent cash out CIP totalling 3.8% in year 1 followed by 2.5% in year 2 and 2.3% in year 3.

Our main focus is in the delivery of the 2019/20 financial savings plan. Delivering this plan will ease the financial challenge in years 2 and 3 of the IMTP.

All budget holders will need to deliver a minimum 2% recurrent CIP and manage any brought forward operational pressures and CIP shortfalls.

The balance of recurrent savings, being 1.8% in 2019/20, will be delivered through high value and corporate opportunities. This will be supported through the strategic utilisation of the Welsh Government Transformation Fund where investments in primary care will help support transformation and reduced spend in secondary care. External benchmarking and the Efficiency Framework coupled with internal assessment and validation has highlighted opportunities and priorities with a focus on

- Inpatient length of stay;
- Outpatient productivity;
- Theatre efficiency;
- Variation;
- Workforce efficiencies;
- Estate opportunities;
- Certain high cost drugs.

Delivery of a number of these high value opportunities will involve implementing new models of care and the redesign of existing care pathways to reduce the cost base whilst improving quality of service and patient value. As described in our strategy deployment and our approach to change, our internal Transformation and Continuous Service Improvement Team and their Programme of work are focussed on enabling these changes to happen.

The identification of savings and the delivery of the 2% devolved target will be the responsibility of budget holders. To support this, the UHB will continue to progress a number of cross cutting savings schemes through the Cross Cutting Steering Group led by the Director of Finance with each work stream having an Executive Director lead.

The Cross Cutting Steering Group has been successful in delivering cash out savings throughout 2017/18 and 2018/19. The following themes are being pursued in 2019/20:

- Medical productivity
- Medicines management (primary and secondary care)
- Nursing productivity
- Procurement
- Workforce productivity

Financial Summary

A summary of the Financial Plan for 2019-20 – 2021-22 is shown in the following table.

	2019-20 Plan £m	2020-21 Plan £m	2021-22 Plan £m
Prior Year Plan	(9.9)	0.0	0.0
Adjustment for non-recurrent items in previous year	(26.4)	(4.0)	0.0
b/f underlying deficit	(36.3)	(4.0)	0.0
Net allocation uplift (including LTA inflation and operational plan funding)	56.6	31.1	21.5
Cost pressures	(47.6)	(38.9)	(30.9)
Investments	(4.0)	(8.5)	(9.0)
Recurrent cost improvement plans	16.4	16.4	16.4
Corporate and high value opportunities	14.9	4.0	2.0
Planned Surplus/(Deficit)	0.0	0.0	0.0

This shows that our draft plan aims to deliver financial balance in each year over the three year period to offset the brought forward underlying deficit. Our ambition is to have an approved IMTP. This financial plan sets out how we intend to return to financial balance to support this aim. To do this we will need to generate and deliver sufficient efficiencies and curtail investments and cost pressure funding, especially in 2019/20. We will need to work closely with Welsh Government in securing support for this plan and in ongoing assurances on delivery.

Financial Risks

We are facing a number of financial risks in the delivery of this Financial Plan. The key risks for are set out below:

- **Achievement of the efficiency plan target** – We will need to give this concerted attention in order to ensure delivery. Clinical Board savings plans delivering 2% need to be in place as soon as possible. There will be clear lines of accountability in delivering identified high value and corporate opportunities in addition to the Clinical Board target over the 3 year IMTP cycle.
- **Management of Operational Pressures** – We will be expecting our budget holders to manage and recover any operational pressures within the totality of resources delegated to them. Similarly the containment of growth pressures in continuing healthcare, medicines and commissioning is also a financial risk that will need ongoing attention in order to contain costs within allocated resources.
- **RTT and Winter Plan** – Delivering planned levels of performance within the current resources available. RTT plans will be subject to a detailed review and additional investment may be required to secure further improvements.
- **Increased employers pension contributions** - estimated costs have been provided and we await the outcome of further discussions.

As highlighted in this section of the plan, there are a number of financial risks that could impact upon the successful delivery of this plan. The Health Board recognises this and is taking appropriate actions in order to ensure that risks are appropriately managed and that financial opportunities to support mitigation are fully explored.

PERFORMANCE; ACHIEVING SUSTAINABILITY

Planned and Unscheduled Care

As we set out in the introduction to this plan, we have made consistent and sustained improvement in the performance of our services over the past three years. In the course of this planning period our ambition is to continue this trajectory and achieve compliance across all of the main national targets. It is also a period when we need to accelerate the process of service transformation in order to achieve sustainable delivery, within the context of growing demand and our intention to achieve financial balance.

Long-term demand trends suggest that maintaining our current performance against the existing measures (planned and unscheduled care) will require a further increase in activity in line with our growing population growth and demographic changes.

In addition the impact of new developments - e.g. FIT testing, single cancer pathway and new ophthalmology measures - are expected to require further step changes in activity. In RTT the progress we have made this year and the past three years is expected to reduce our overall 36-week breach position to below 350 by the end of 2018-19 (the lowest level for over 8 years) but those remaining will predominantly be in complex orthopaedic spinal surgery.

As part of the development of the 3-year IMTP the Health Board has developed two broad planning scenarios - **Maintain** and **Improve** performance. The extent to which we can deliver further reductions in waiting times is in part dependent upon infrastructure and workforce constraints. Nonetheless our ambition is to deliver the higher activity levels required to continue the improvement trajectory towards compliance against both planned and unscheduled care targets. RTT Plans will need to incorporate improved productivity prior to considering any further resource requirements. Further work is being done on detailed delivery plans and no further financial provision has been made in this plan. The performance trajectories for the next three years for the Improve scenario are set out in Annex C and include the following:

IMTP profiles	2019-20	2020-21	2021-22
RTT>36 Weeks *	0	0	0
Diagnostics> 8 Weeks	0	0	0
RTT- 26 Weeks	92%	95%	100%
Cancer 62 Day	95%*	95%*	95%
Cancer 31 Day	98%*	98%*	98%
Under 4 hour waits in the emergency department	90 – 92%	93 – 95%	95-98%
People waiting over 12 hours in the emergency department	0	0	0
Ambulance handovers over 1 hour	Improvement	Improvement	100%

CAPITAL AND ESTATE

The development of our estate is linked to our clinical services strategy. You can see the connections of our major capital schemes to the development of our service models. We have developed a comprehensive estates strategy which is available [here](#). The estates strategy recognises the level of risk we carry as an organisation in our aging estate in meeting statutory health and safety standards, we also recognise the need for development of our buildings to deliver the ambition set out in our strategy and this plan.

There are a number of highlights to draw out which will be delivered in this plan period:

UHW Masterplan

As highlighted in the Clinical Services Strategy section we are working through the clinical role of our estate. We will be developing a masterplan for UHW working closely with Cardiff University and in the context of the City Region Deal to ensure we are maximising opportunities for digital, diagnostic, genetic and economic innovation.

Critical Medium Term Infrastructure Requirements

Replacement and Refurbishment	NHS Wales Specialist and Tertiary Service Developments
Main Theatres 1-10, UHW	Hybrid Theatre (Vascular), UHW
Orthopaedic Theatres 5 & 6, UHL	MTC Theatre, UHW
B4 Haematology, BMT Day Unit and Outpatients, UHW	Paediatric Single Point of Entry (MTC), UHW
	Polytrauma ward
	Critical Care Expansion, UHW
	Long-term Ventilation Unit, UHL

Multiple options have been considered over the past two years for the most appropriate and cost-effective solutions to addressing these fundamental service requirements. This has led to the development of three essential enabling schemes:

- **UHW – New Block:** A three storey extension of the UHW building, providing a best-fit and cost-effective solution for: main theatres, BMT, critical care and polytrauma ward.
- **UHL – Two Storey Modular Build:** Providing replacement of the two Orthopaedic theatres and some flexibility for further theatre capacity plus a replacement decant/winter ward following the commencement of the Rookwood scheme.
- **UHW – Major Trauma and Hybrid Theatre:** A specific development adjacent to the Short Stay Surgical Unit and in close proximity to the Emergency Unit and Radiology Department to meet the minimum requirements of establishing a South Wales Major Trauma Centre and a South East Wales Hub for Vascular Surgery.

UHW Neonatal Unit

The project will be completed in 2019-20 with the construction of the MRI facility. The scheme will provide space for two MRIs, which will be subject to a separate fit-out contract with the MRI supplier. The project will also provide undeveloped space for two more MRIs, which will be subject to a further business case. In addition, two floors will be provided as part of the completed scheme. This will provide for the relocation of cardiac measurement and office accommodation.

Re-provision of Specialist Neuro and Spinal Rehabilitation Services and Clinical Gerontology Services

Construction will progress to refurbish and extend three templates at University Hospital Llandough to create ward, therapy and outpatient accommodation in order to facilitate the relocation of services from Rookwood Hospital.

The refurbishment of Cardiff Royal Infirmary Block 14 and 14A will be completed to provide a centralised facility for physiotherapy services to be co-located.

UHL Cystic Fibrosis

Subject to approval of the business case by Welsh Government, extension and refurbishment work will commence in summer 2019 to provide additional ward accommodation to meet service requirements.

CRI Chapel

Subject to the approval of a grant funding application and the business case by Welsh Government, refurbishment will be undertaken in the chapel to provide conference / meeting facilities, patient information and access to health awareness information as part of the development of the Health and Wellbeing Centre for the locality. The area will also include a cafe facility for the site and neighbourhood. As a result of the project being undertaken as a collaborative exercise, Cardiff City are relocating Roath Library to the refurbished area.

DISCRETIONARY CAPITAL

Woodland House Refurbishment

Our estate rationalisation plan identifies the need to move staff from leased accommodation to owned accommodation and reduce the number of staff at acute hospital sites where applicable. The health board currently has 701 staff who could be relocated to Woodland House, which was purchased in 2018, reducing the number of staff at UHW by 351 and creating a hot desk hub. The project has been split into three phases to enable the transfer of staff to Woodland House.

Statutory Compliance

An independent report of all areas of estate compliance was commissioned which identified 44 individual elements requiring annual inspection necessary to achieve compliance with the relevant statutory and mandatory obligations. The team has

undertaken asset verification on the high risk areas and is continuing to undertake further verifications to identify all assets.

Ward Modernisation Programme

A refurbishment programme has been developed to upgrade the wards to a high standard, dramatically improving the patient experience. Wards have been upgraded to include wet rooms with modern appliances throughout. The upgrades comply with the equality act where possible within the confines of the available footprint.

Lift Modernisation Programme

We have an ageing stock of passenger lifts that while still serviceable are reaching a stage where major refurbishment or replacement will be required to maintain a service. Some lift components are now obsolete or on extended delivery. A refurbishment plan has been developed to upgrade the current passenger lifts.

ESTATES AND FACILITIES

Cardiff and Vale is working through an Estate Strategy and Modernisation Programme. This has involved implementing new maintenance IT software and systems to modernise planned maintenance and statutory compliance, using new technology to ensure a more proactive and planned service. In 2019-20 we'll be undertaking a full review of facilities function and developing a longer term strategic plan.

There are a number of important enabling functions within the organisation which are key to delivering our future service models. These are often forgotten but we recognise the need for our supporting teams to be part of the process of delivering our long term strategy. Some highlights in these areas include:

Portering Review, UHW

Roll out digital IT portering model in UHW following the successful trial at UHL. The software has dramatically improved response times at UHL, improving the patient experience. Improve accommodation to enhance service delivery and

staff morale, this will also enable improved communication links to the helimed service.

COMMERCIAL SERVICES

Central Food Production Unit (CFPU)

The CFPU currently supplies all patient catering outlets across the health board with cook freeze main courses, desserts, special therapeutic diets and a range of meals to meet cultural needs. Significant success has been achieved this year in delivering the new CFPU production model which is due to be implemented in 2019-20 migrating from the historic 7-day production to a 4/5 day production model delivering significant operational and financial efficiencies. This is being made possible directly due to

1. All-Wales IT Catering Ordering System with planned implementation in 2019-20.
2. CFPU is a “cook to freeze” model; production levels can be managed in line with business needs and remove the need for weekend production at enhanced rates.

Concourse Redevelopment

The PFI contract for UHW Concourse with Gentian Management Services Ltd. ceased during 2018 and the concourse became our asset. Gentian were contracted to manage the facility for a twelve month period while we undertook a review of its redevelopment and management. We now have an opportunity to use this commercial asset for the benefit of the population.

Business Case Development of Capital Schemes

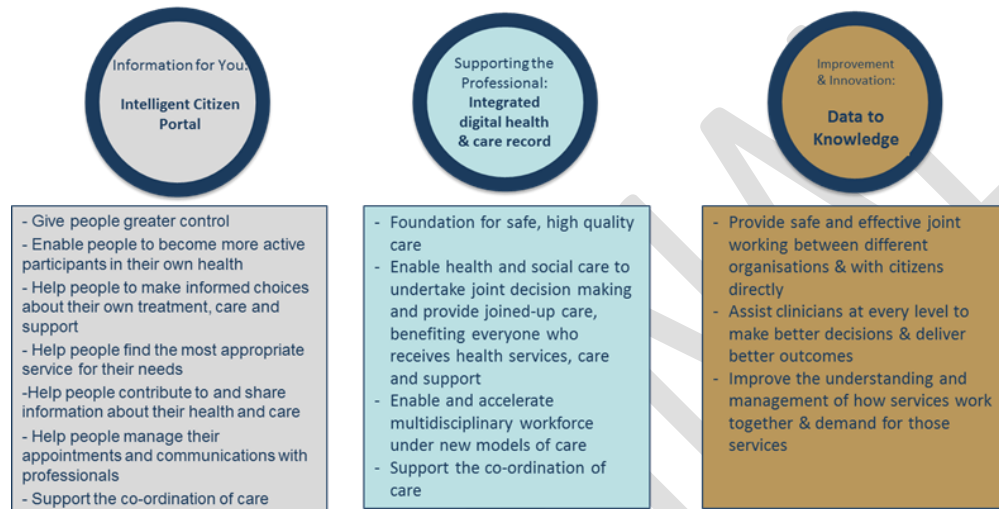
Programme	Location	Project Name	Business Case format	2019			2020				2021		
				Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Theatres													
Theatres Tranche 1													
	UHL	Replacement of Theatres at UHL	BJC										
	UHL	Black and Grey Theatres	Approved										
	UHW	Vascular Hybrid Theatre/+ Theatre *	BJC										
	UHW	Theatres/Haematology/ Radiopharmacy Block/Polytrauma Ward*	OBC/FBC	OBC					FBC				
	UHW	2nd Ophthalmology Theatre	BJC										
Theatres Tranche 2													
	UHW	Refurbishment of Theatres in pairs (rolling programme)	BJC										
Other schemes													
Rookwood													
	RKW	Neuro/ Spinal Rehab and Clinical Gerontology	FBC										
Cystic Fibrosis													
	UHL	Upgrading of CF Facilities	BJC										
Upgrading of Mortuary													
	UHW	Upgrading of Mortuary	BJC										
Sustainable Transport Hub													
	UHW	Sustainable Transport Hub	BJC										
Major Trauma Centre													
	UHW	Theatre - included in UHW Hybrid *											
	UHW	Polytrauma Ward - included in Main Theatres Scheme *											
	UHW	Emergency Unit and Paediatric SPE											
Shaping Our Future Wellbeing: In Our Community (SOFW)													
	C&V	SOFW:IOC PBC	PBC										
Health & Wellbeing Centres (Tranche 1 Locality-level)													
	CRI	Masterplan	Masterplan										
	CRI	SARC redevelopment (with CAU/Links enabling works)	SOC										
			OBC										
			FBC					FBC					
	CRI	Chapel redevelopment	BJC										
	CRI	Safeguarding/ Remedial Works	BJC										
Wellbeing Hubs (Tranche 1 Cluster-level)													
	Ely	New-build Wellbeing Hub@Park View	OBC										
			FBC										
	Llanedern	New-build Wellbeing Hub@Maelfa	OBC										
			FBC			FBC	Dec-19						
	Penarth	New-build Wellbeing Hub@Penarth	OBC										
			FBC			FBC	Dec-19						
										KEY:			
				Business case	Internal/external approval	WG scrutiny							
				Estimated Construction									

DIGITAL AND DATA

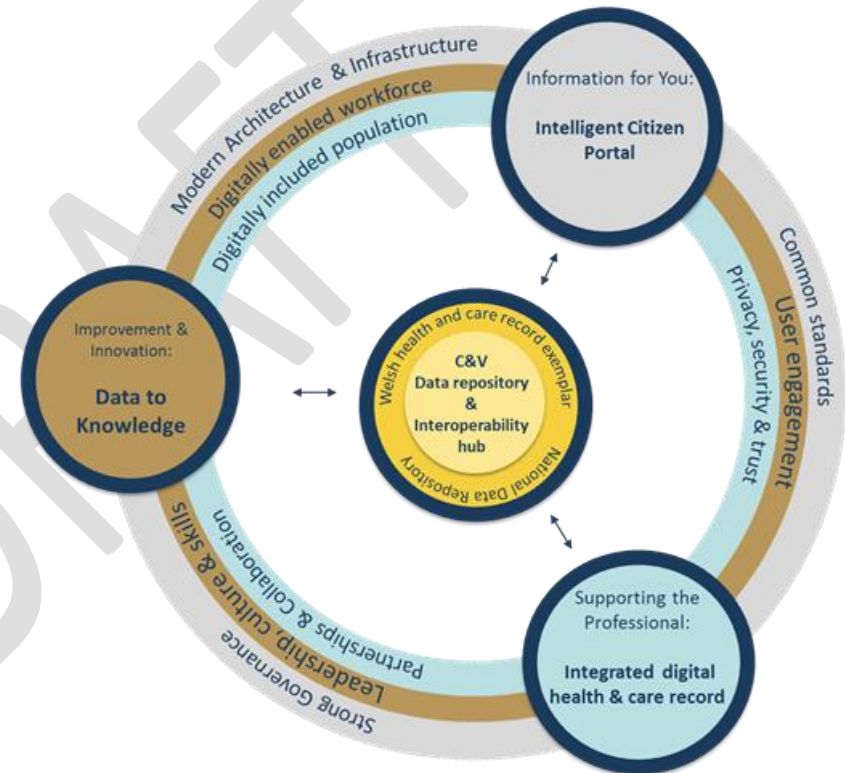
Our approach to informatics was set out in our strategic outline programme (SOP). It set out how our corporate objectives will be supported through the strategic enablers identified in “Informed Health and Care - A Digital Health and Social Care Strategy for Wales”, which describes how health and social care will use technology for people in Wales. The SOP (October 2016) describes the approach proposed to implement a range of analytical and technological solutions to provide greater access to information to deliver real benefits and improved outcomes over the next three to five years.

The SOP is an iterative programme which we are fully committed to delivering in partnership with other Welsh health boards and trusts, and through building our relationship with academia and NWIS as a key supplier and enabler. The high level objectives and design of our plan are shown in the strategy diagram below:

Objectives



Delivery & Enabling Programmes



In determining our plan we have worked through the inter-dependencies, critical chain and appraised the cost and benefits and alternatives for delivering the 3 year programme at pace and to enable scalability. We have balanced the requirements to upgrade and invest in our underlying infrastructure, which is one of the most extensive ICT infrastructures in the UK, to provide resilient services in line with the expectations of our patients and staff, whilst committing to sizeable, high impact developments that will transform how we deliver services closer to home, built around strong clusters of virtual and, community services.

We have established three enabling programmes: Digitally included population; Digitally enabled workforce; Modern Architecture & Infrastructure to support implementation and realisation of the benefits of this plan, and have designed our approach around the establishment of a federated national data repository and interoperability hub which we see as being the digital keystone for ensuring citizens. Carers, clinicians and system leaders have immediate access to the information they require, and ultimately in delivering local and national objectives.

Some of the key headlines for delivery in year one are shown below, with the full operational plan to deliver the digital plan and the anticipated benefits available on request.

- Widening the availability of the citizen portal to share information with patients.
- Development of a Clinical Data Repository (CDR) and interoperability *Hub*.
- Enabling virtual care and outpatient Transformation.
- Real Time Clinical Data Availability.
- Clinical Mobility and Cluster Working.
- Digitally included Population.
- Digitally enabled Workforce.
- Upgrading our infrastructure to enable and support the rapid adoption and expectations on digital.

Through our programmes we want to put real-time data in a consistent format directly into the hands of frontline clinicians to support operational planning, decision making and data led clinical discussion. We want the transformation of our services to be driven by our data.

RESEARCH, DEVELOPMENT AND INNOVATION

The successful delivery of clinical research is complex, requiring a combination of the right qualified and skilled staff with protected time, supported by a network to enable compliance with clinical and research governance statutory requirements. This latter function is performed via the Research and Development (R&D) Office and we have entered (3rd October 2018) into a new collaborative arrangement with Cardiff University to set up a joint R&D Office. The pressure on staff with increasing service commitments is ongoing and protecting time to enable research activities is difficult. In this context we are continuing to deliver:

- The recruitment to non-commercial studies in 2017-18 increased by 13% and was up 30% in Q2 of 2018-19.

Commercial research continues to be difficult due to increasing demands from industry for more stratified patients, quicker set up times, competitive recruitment, more clinical time for serious adverse event reporting etc. Despite these difficulties, we have continued to grow our commercial contracts and income over the last year and improve in our set up metrics. This has resulted in several lucrative first in man studies being undertaken.

Much work has taken place on the spending arrangements for R&D in the organisation. This has led to a much greater understanding of what is expected at clinical board level to ensure effective utilisation of R&D monies. Following a meeting between Health Care Research Wales and ourselves, we are working to be compliant with Welsh Government finance policy within three years and looking for opportunities to accelerate this timetable.

We have played a pivotal role in the successful Innovate UK Advanced Therapy Treatment Centre and will be central to the delivery of that grant with reputational gains for Wales, including an influx of commercial monies and new therapeutic options for patients. The first patients are due to be recruited in January 2019.

Core actions for 2019-22 include:

ACTION	OUTCOME	MEASURE
EFFICIENT R&D OFFICE		
Work with HCRW in correctly identifying the UHB spending of its Activity Based Funding (ABF) allocation.	Annual R&D spending plan which is accepted by HCRW.	Compliance with HCRW framework.
Review amendment approval system.	Work with HCRW in centralising amendment approval process and streamline activities and improved efficiencies.	Improved study set up metrics leading to an increase in the number of studies being undertaken and recruitment.
Working constructively with research delivery staff and human resources at the UHB to continue to grow the number of research delivery staff.	Provision of delivery staff support to a higher percentage of investigators requesting it.	To be able to provide research delivery support to appropriate portfolio adopted studies - increasing activity.
CLINICAL TRIALS / STUDIES		
Comply with WG metrics for study recruitment to time and participant targets.	Better education of PI's as to importance of complying with WG metrics through face to face meetings and three monthly performance.	Improved compliance with metrics and enhanced reputation for successful trials delivery.

Continue to undertake complex non-commercial studies in the CRF.	Maintain status as a national research hospital for studies which cannot be undertaken elsewhere in Wales.	Increase in number of complex non-commercial portfolio studies in the CRF which are able to be supported.
Clinically lead the new Innovate UK Advanced Therapy Treatment Centre in Wales.	Increased collaboration between PI's at Cardiff and Vale UHB and commercial and non-commercial GM and cellular therapy studies/initiatives.	Increase research and patient access to very novel therapies across Wales.
CLINICAL RESEARCH FACILITIES		
Increase use of endoscopy suite on CRF.	Encourage new researchers to use this facility.	Increase number of endoscopy studies.
Continue to support the development of a Paediatric CRF with expertise, advice and resources.	Appropriate research setting for the placement of paediatric clinical trials requiring a CRF type set up.	Increase in number of paediatric research staff and studies.

Innovation

This year has seen a step change improvement in capability, capacity and performance of the Clinical Innovation Partnership with Cardiff University. This is consistent with the Welsh Government policies A Healthier Wales and the Innovation Wales Strategy.

The spider graphs show the year-on-year progress against the IMTP along with the continued ambition for the health board and Cardiff University's big innovation challenges.



The structure set out in last year's plan is now embedded and is driving clinical innovation. We are focusing on:

1. Dementia.
2. Integrated diagnostics.
3. Stroke.
4. Operating Theatres.

Innovation Delivery

Partnership: This is critical to delivery; to build targeted partnerships to support our priorities. The support and commitment over the last year from the College of Biomedical and Life Science, Cardiff University and the Clinical Innovation Hub has been outstanding and critical to the success of the joint strategy.

Engagement: We have engaged with multi-national organisations including MSD, J&J, GE, Renishaw, Medtronic, Siemens and Invacare. Local partners are being supported through the joint Medicentre. The UHB has retained membership and a close relationship with MediWales. The team supported the business planning

process and re-purposing of the Life Science Hub (LSH) and our Chief Executive has joined the board of the LSH.

Process: At the heart of the health board’s innovation system is the Innovation Multidisciplinary Team (iMDT). The purpose of the iMDT is to support health innovators and the health board in the development of ideas and protection of IP; in signposting expertise and funding opportunities; in evaluation and tracking the delivery of the best ideas to commercialisation.

The iMDT is a group of experts and partners which covers all aspects of the innovation journey. It meets at the Medicentre every month to support anyone who has a clinical or healthcare idea, product, project or service that will benefit the health and wellbeing of the population. The iMDT provides links to both the Engineering Department of Cardiff University and the Cardiff Business School. It comprises clinical entrepreneurs, an expert in CE Marking, Cedar and a commercial IP attorney. Importantly, if a gap in expertise is identified, this group can call on an unprecedented network of talent. The iMDT has supported 73 projects.

Infrastructure: The Cardiff Medicentre is the front door for ideas and the home of the Cardiff Clinical innovation Partnership. It is a space to support the development of ideas through to spin-outs that are incubated, accelerated and graduated using decades of entrepreneurial expertise. The occupancy of the Centre is now at 100% with a growing list of prospective tenants.

Resource: Build capability and capacity. The successful WFO Accelerate Programme has enabled the Clinical Innovation Hub, Cardiff University to recruit seven more experienced staff to the partnership. In addition to the project funding, this should make a significant impact on the health board’s ability to develop the best commercial ideas.

Sharing Ideas: Key to strengthening partnerships is sharing learning and celebrating successes at local, regional, national and international level. Over the last year the relationships with local universities and the business community have strengthened through joint projects. These include two successful KESS2

projects through SEWAHSP; both with Welsh companies and Cardiff University. SEWAHSP also provides close links with neighbouring health boards and trusts across research, education and innovation. The 4th Cohort/2018 of the Bevan exemplar has shown that joint working has significantly improved the quantity and quality of applications. The health board this year submitted 23 applications of which 16 were successful. In addition, there were two successful Bevan Hack exemplars. Cardiff and Vale is working closely with the Deputy Director of the Bevan Commission to identify previous successful exemplars that could inform health board projects.

ACTION	OUTCOME	MEASURE
Dementia.	3 co-produced projects associated with clinical/health and/or wellbeing needs 2017 Whole system dementia innovation test bed developed.	3 projects developed, awarded, delivered and shared (completed) Madeline’s Project Accelerated – linked to the Dementia Action Plan.
Integrated Diagnostics	Cardiff recognised as a centre of excellence for integrated diagnostics.	Innovate UK - £19m bid – not successful Proposal developed for the Cardiff City Region deal 2019-21.
Stroke	Develop comprehensive research and innovation test-bed.	Support SHW Develop a dedicated comprehensive Stroke Innovation Maul 3x Value Based Innovation Projects by 2021.
Theatre Project	Develop an innovation operating theatre test bed.	Team developed • 2 x Projects scoped and delivery by 2021.

Strategy Deployment; Our Approach to Change

A Healthier Wales challenges us to accelerate the delivery of our strategy. We have established programmes to build momentum in the organisation, developed both through our own experience of improvement methodology and our learning from Canterbury District Health Board with whom we have now established a formal learning alliance.

We recognise that to achieve transformation in complex organisations you have to create the conditions for individuals, teams and networks to change and for approaches to be 'infectious' and spread. These programmes are focused on enabling change to happen in the organisation, driving both system level change and supporting continuous improvement in the organisation. Value based healthcare is fundamental to our approach. Our programme is about understanding the impact of our interventions on our system, using data to drive allocative efficiency and working in partnership through alliances to focus on value to the individual. As we work through the programme we are using operational issues to trial and develop our enabling approaches which is also testing our ability to spread success across the organisation and beyond.

A Healthier Wales calls for Intensive Academies to support transformation: We are actively exploring the development of a Spread and Scale Academy. This would build capability through experiential learning and partnering with global experts, initially utilising Cardiff and Vale UHB as an 'incubator', for spread and scale. However it would be a Wales resource and rapidly extend to work with other organisations.

Transformation Programme- 'Making better systems'

Our transformation programme is focused on putting in place the enablers for change in the organisation:

- Establishing a pathways approach and methodology, implementing the HealthPathways system (driving out variation and waste in clinical practice).

- Secure a refreshed programme for accessible information for clinical staff (including the necessary platform) to drive improvement.
- Creating a digitally enabled organisation and workforce (including a focus on digital dictation and electronic communication between staff and a patient portal).
- Embedding an alliance approach to service development which integrates with partner organisations (commencing with falls prevention in the community).
- Develop the 'Cardiff and Vale approach' to management and leadership (including the learning partnership alliance with Canterbury) which will support culture change and build capability and capacity.
- Delivering the 'Me, My home, My Community' programme.
- Embed our vision (SoFW), values and behaviours.

We have developed a transformation dashboard to monitor the impact of our interventions focusing on:

- Outpatients (demand, new to follow up, shift to community, cost pre-referral).
- Length of Stay (RAMI, average length of stay, planned to unscheduled ratio).
- Theatre Utilisation (CEPOD compliance, productivity, cancellations).
- Waste and Variation (agreed pathways in place).

Continuous Service Improvement Programme - 'Making systems better'

The overarching aims of Continuous Service Improvement (CSI) are:

- Facilitate change for improvement, working alongside the frontline teams (focus on gastroenterology; cancer and ophthalmology).
- Translating performance information to support efficient service delivery- utilising our new live data system' solutions from noise'.
- Building the organisation's effectiveness by providing guidance, support and training in quality improvement skills.
- Growing pioneers in effective innovation, continually learning and translating great ideas from other sectors.
- Achieving "more from less" by making the most effective use of resources.

GOOD GOVERNANCE

Core to our delivery is ensuring that appropriate and proportionate governance is in place across the organisation. In order to achieve this, the following objectives have been agreed to deliver good governance at Cardiff and Vale University Health Board.

- 1: Ensure the work of the board is focused upon strategy and delivery of objectives and gains appropriate assurance on delivery of corporate objectives from the committees of the board and executive directors.
- 2: Ensure that the committees of the board are providing assurance to the board on their duties and areas of responsibility.
- 3: Ensure there is an appropriate risk and assurance framework in place.
- 4: Ensure that the systems and processes operating at Cardiff and Vale UHB are operating efficiently and effectively.
- 5: Ensure end of year arrangements and the development of the annual report and annual governance are dealt with in a timely manner and in line with Welsh Government requirements.
- 6: Ensure that corporate governance resources are managed efficiently and effectively.

Progress has been made on objective 3, with the development of a Board Assurance Framework for Cardiff and Vale University Health Board. This received board approval in November 2018.

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. It provides the framework 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 the board to provide confidence that the organisation is able to understand its capacity to deliver.

The Board Assurance Framework has been developed by the Director of Corporate Governance and Executive Directors after discussion at Management Executive team meetings, where the following risks were agreed as the main risks to the achievement of Cardiff and Vale UHB'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).

In addition to this, development work has been taking place over the last 12 months with clinical boards to develop and progress their risk registers to ensure consistency in the way risks are described, that controls are in place and assurance on those controls evidenced. This work should be completed within the next six months at which point the highest risks (corporately and from the clinical boards) will also be reported to the board. This will replace the Corporate Risk and Assurance Framework (CRAF). This will enable the board not only to see the principle risks to the achievement of strategic objectives but also to have oversight of key operational risks.

Corporate governance and assurance arrangements are reviewed annually by the Wales Audit Office in their Annual Structured Assessment. The recommendations which have been made this year in relation to corporate governance will be implemented during the next 12 months. In addition to this, any Internal Audits in relation to corporate governance will have all their recommendations implemented in a timely manner.

KEY ACTIONS 2019-22

Bringing the Plan Together

The next section of the plan sets out the core actions we will take over the next three years against our core priorities:

1. Primary Care: sustainability and the further development of community services.
2. Unscheduled Care: delivering a resilient and high performing system.
3. Planned Care: meeting standards.
4. Cancer Service: delivering the single cancer pathway and improved outcomes.
5. Achieving Financial Balance (Embedded throughout).
6. Mental Health: continue to transform and improve our services focusing on home first models (integrated without our Primary Care actions)

Our approach to delivering financial sustainability is set out in the finance chapter above. This sections does not contain all actions but focuses on the core priority areas that will support the achievement of Shaping Our Future Wellbeing. Further detail on wider health board activity will be published alongside this document in supporting plans and we are happy to share further plans and details as necessary to support peoples understanding our approach to delivery over the next three years.




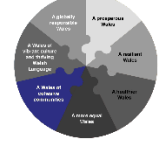
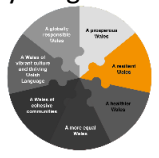

As an integrated plan, we recognise the interdependencies of our actions. Although we have separated our actions into priority areas, we know there is impact across the organisation; the development of primary care services impacts on our planned and unscheduled systems. We are mapping through our activity to understand the core elements needed to turn our plan from rhetoric to action and understand the key enablers and core links we need to succeed.








This matrix demonstrates how the actions set out in the plan align with our design principles and core performance and outcome measures:





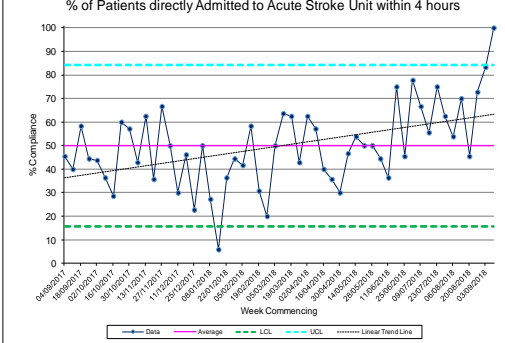

		Strong Link	Some Link	Conflicting	No link
	Outcomes that matter to people				
	Avoid waste, harm & variation				
	Empower the person				
	Home First				
Financial Break Even	STRATEGIC OBJECTIVES				
Average Length of Stay	OUTCOMES				
Outpatient demand	PRIORITY ACTIONS				
RAVI	PRIMARY CARE				
Pathways	UNSCHEDULED CARE				
Healthy life expectancy	PLANNED CARE				
	OUTPUTS				
	Support the sustainability of General Medical Services through the roll out of MSK and Mental Health cluster based services				
	Improve access to urgent primary care out of hours				
	Implement Me, My Home, My Community in partnership with local authority and third sector				
	Development of response to Population Growth and Establishment of a Primary Care				
	Reparation of CAMHS and Development of Emotional Wellbeing Service				
	Additional Learning Needs				
	Development of Paediatric Hospital@Home Service				
	Improve access to Mental Health services for young people				
	Development of Team around the Individual for Mental Health Patients				
	CVHT Review				
	Open young onset dementia unit				
	Introduce HealthPathways				
	Increase the number of patients who receive dialysis in the community				
	Redesign Stroke Pathway and development of Hyper Acute Stroke Unit				
	Establish Non-invasive Ventilation Unit at University Hospital Wales				
	Implementation of General Dental Referral System				
	Work toward the implementation of a Major Trauma Centre				
	Implementation of general dental referral system				
	Improvement in Endoscopy				
	Increase in ultrasound capacity and connectivity to deliver improvements in Gap and Grow, Gestational Diabetes and still Birth Reduction				
	Prehabilitation for Cancer Patients Requiring Surgery				
	Pre-Operative Assessment				
	ENT Surgery Moved to UHL				
	Implementation of Day of Surgery Admission Unit				
	Improve access to Critical Care				
	Quality Led Governance				
	Expansion of Cardiac Surgery Services				
	Implementation of Neurosciences Strategy				
	CANCER				
	Acute Oncology				
	Single Cancer Pathway				
	26 Week RTT				
	36 week RTT				
	8 Week Diagnostics				
	4 Hour Wait				
	12 Hour Wait				
	Cancer 62 Day				
	Cancer 31 Day				
	Ambulance Handover 1hr				
	Mental Health P1				
	HCAI Rate				






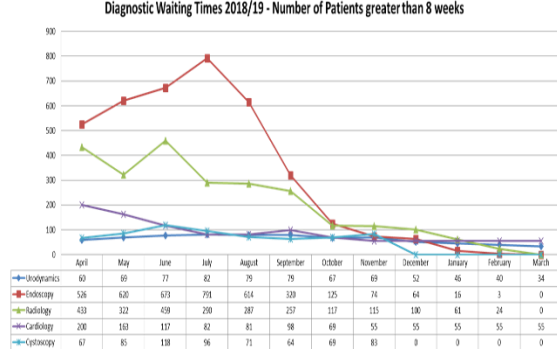



SECTION FOUR: CORE ACTIONS





ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
PRIMARY CARE				
<p>Support the sustainability of general medical services through the roll out of MSK and mental health cluster based services</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Working with mental health clinical board to establish cluster based mental health support services on a phased roll out Establishment of a cluster based physiotherapy diagnosis and treatment service <p>2020-2022</p> <ul style="list-style-type: none"> Continued roll out across targeted clusters <p>Lead Board: PCIC</p>	<p>Cost: £1.2M reinvested from savings for roll out of model on a cluster basis</p> <p>New models of working for community based physiotherapists</p> <p>Additional community psychiatric nurse support</p> <p>Development of a cluster based partnership agreement to agree models for multidisciplinary staff working across practices and clinical boards</p>	<ul style="list-style-type: none"> 22,000 MSK appointments; 63,000 mental health appointments offered across Cardiff and Vale practices by 2020-21 No contract terminations No directly managed practices An increase in the number of practice mergers supported by the health board 	<p>Emergency Admissions, 65+, per 1000 popn</p>	<p>Wyn has lower back pain and is starting to struggle getting out of his chair. Previously he would have had to wait for a GP referral to a physiotherapist. Wyn will now be able to see the cluster physio directly and receive support in his community. Delivering early preventative activity and reducing pressure on General Practice.</p>
<p>Improve access to urgent primary care out of hours</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Building on the MDT working model to include mental health, nursing assistants and HCP roles Introducing mental health nursing, nursing assistants and other HCP roles into the service <p>2020-2022:</p> <ul style="list-style-type: none"> Continue roll out of expanded HCP team Further links with social care out of hours services, learning from transformation programme funded pilots <p>Lead Board: PCIC</p>	<p>Cost: Delivered within clinical board budget</p> <p>Increasing skills available out of hours; increasing use of healthcare support staff working to top of competence</p>	<ul style="list-style-type: none"> Increase by 2% in average percentage of urgent patients triaged within 20 minutes Increase in average % of patients seen within one hour for a face-to-face appointment <p>Baseline- 69% Target Improvement- 75%</p>	<p>Emergency Admissions, 65+, per 1000 popn</p>	<p>Increasing the range of skilled professionals available out of hours will mean Cerys is able to access the right person first time, reducing stress and preventing attendance at A&E. It will also allow staff to work at the top of their competence.</p>
<p>Implement Me, My Home, My Community in partnership with local authority and third sector</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Develop Accelerated Cluster Model Seamless social prescribing model developed with local authority partners Single Point of Access for GP triage in the Vale Implementation of Get me home - rapid discharge service Develop place-based, integrated community teams Developing an ACE aware approach to children and young people <p>2020-2022:</p> <ul style="list-style-type: none"> Continued roll out of pilot projects and evaluation programme undertaken <p>Lead Board: PCIC</p>	<p>£7M secured from the Welsh Government Transformation Fund</p> <p>Development of integrated workforce plans across health and social care</p>	<p>Measures are contained within the Me, My Home, My Community proposal. Each of the seven proposals contains a series of outcome measures.</p> <p>For example, Get Me Home is targeting:</p> <ul style="list-style-type: none"> ✓ Reduction in bed days ✓ Improved patient flows ✓ Reduced demand on social care ✓ Reduction in number of assessments undertaken ✓ Reduction in the risk of unintended hospital acquired harm ✓ Reduction in ongoing care needs ✓ Reduction in re-admission rate ✓ Reduction in number referred into residential care 	<p>As in the previous box, measures are contained within the Me, My Home, My Community proposal. Each of the seven proposals contains a series of outcome measures.</p>	<p>Sam is finding it difficult at school as a result of an Adverse Childhood Experience (ACE) but doesn't meet the criteria for CAMH Services. Resilience workers visit the school and talk to Sam's teachers and talk to Sam and observe his behaviour. The resilience workers and psychologists formulate a plan with school and Mum which enables Sam to feel supported and ensures positive interactions with adults and peers.</p>


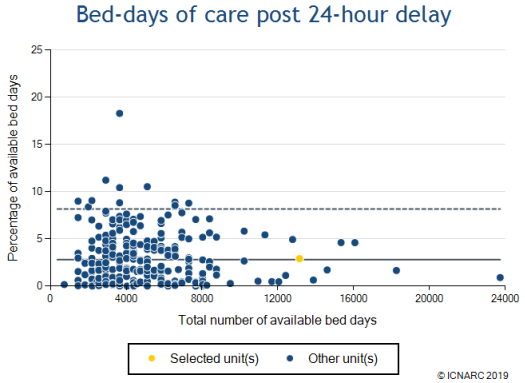
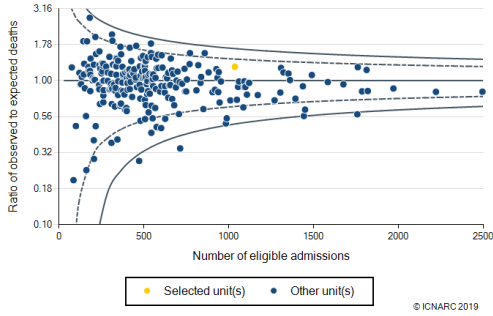




ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
<p>Development of response to population growth and establishment of a Primary Care Estates Strategy</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> • A review of existing primary care estate • The development of a strategy document in line with Shaping Our Future Wellbeing <p>2020-2021:</p> <ul style="list-style-type: none"> • Implementation of actions from estates review • Opening Wellbeing Hubs at Maelfa and Cogan <p>Lead Board: PCIC</p>	<p>Estates rationalisation and cost savings to be identified</p>	<p>Publication of Primary Care Estates Strategy, Q2 2019</p>	<p>100% of GP practices open during core hours <i>Baseline: 88% (2017)</i></p> <p>100% of GP practices appointments at least 2 nights per week <i>Baseline: 95% (2017)</i></p>	<p> Wyn has been feeling isolated since the death of his close friend. Through the wellbeing hub, the community team are able to support Wyn to access some book and gardening groups helping Wyn deal with his grief and keeping him active.</p> 
<p>Repatriation of CAMHS and development of Emotional Wellbeing Service</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> • Development of single point of access • Locality model development including primary mental health workers, reducing referrals to specialist CAMHS • Alignment with adult mental health services, education and social services <p>2020-2022:</p> <ul style="list-style-type: none"> • Transformation of services through further integration with education and social services • Establish single point of access for CAMHS <p>Lead Board: Children and Women</p>	<p>Services costs not to exceed current CAHMS Network LTV costs.</p> <p>Staffing increase of 63.3 FTE transfer (TUPE) of staff from Cwm Taf</p> <p>Redesign of CAMHS workforce support model</p>	<p>Part 1 PMH (CAMHS) assessments within 28/7 <i>Baseline Performance 80%</i></p>	<p>During 2019-20 we will be developing a Results Based Accountability Scorecard for our CAMHS service</p>	<p> Sam requires support after experiencing periods of low mood and considered self-harm. The benefits of the locality based team mean Sam is able to speak to a primary care mental health worker and receive support and help to access emotional wellbeing support services provided by partners in the community. Thus preventing Sam's condition escalating.</p> 
<p>Additional Learning Needs</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> • Adoption of Care Aims Model • Appointment of DECLO <p>2020-2022:</p> <ul style="list-style-type: none"> • Individual development plans in place for all children • Ensuring an appropriate response to population growth with an additional 400 ALN School Places being made available by 2022 <p>Lead Board: Children and Women</p>	<p>Work through the Regional Partnership Board to identify funding requirements for additional staffing required to support the growth of ALN provision</p> <p>Appointment of DECLO</p> <p>Workforce plan to support population growth</p>	<p>ALN Act Compliance - baseline data of current services for Special Educational Needs to be mapped in 2019-20</p>	<p>Proxy measure: number of Individual Development Plans in place <i>Baseline: new requirement, therefore no baseline this year</i></p>	<p>The Cardiff Local Development Plan indicates an additional 400 specialist needs school places will be opened over the next 5 years. Working through the RPB and Cardiff PSB, we will develop rounded service provision for these children and young adults.</p> 
<p>Development of Paediatric Hospital@Home Service</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> • Scope service opportunities • Agree service model • Identify services to deliver in the community <p>2020-2021:</p> <ul style="list-style-type: none"> • Implementation of revised service model <p>Lead Board: Children and Women</p>	<p>Initial funding supported through contribution from charitable funds to support community practitioners</p>	<p>Reduction in number of children admitted purely for nursing care (Baseline to be established)</p>	<p>Reduced length of stay in children's hospital</p>	<p> Sam currently attends hospital multiple times a year for the redressing of his wound. The development of H@H will see this treatment delivered in Sam's home; reducing journeys and making a significant reduction in lost school hours. Ultimately Sam's parents will be trained to deliver the care.</p>



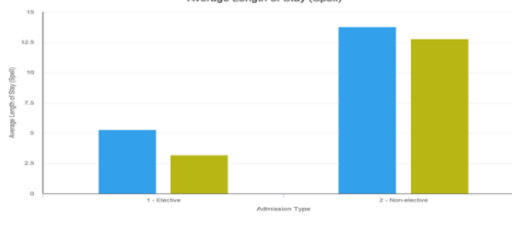

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
				
<p>Improve access to Mental Health services for young people</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Expansion of first episode psychosis services for adolescents and young adults between 4 and 25 year olds Strengthen arrangements for delivering trauma informed services Support CAMHS repatriation services <p>2020-2022:</p> <ul style="list-style-type: none"> lead the development of a NICE concordant clinical pathway for people aged 14-25 who are referred to secondary services with first episode psychosis <p>Lead Board: Mental Health</p>	<p>For First Episode Psychosis Investment from WG 370K to increase the capacity and MDT function of the team</p> <p>Strengthen arrangements for delivering trauma informed services and ACE's training</p>	<p>For 2019-20 more than 60% of patients aged 14-25 with first episode psychosis to commence a NICE recommended package of care within two weeks of referral increasing this to 80% by 2020/22.</p>	<p>First Episode Psychosis per 100,000 pop</p> <p>Baseline Clinical Board Performance: Referrals - 27 , Caseloads – 24 Contacts – 15 Staff – 2.4</p> <p>Target based on peer benchmark Mean – 80 Mean – 66 Mean – 34 Mean - 7.2</p>	 <p>Sam was involved in a car accident at age 17 and has been having hallucinations for a number of months. Improving access to first episode psychosis services mean same will get access to group therapy and CBT as well as supported employment services to help him return to his apprenticeship.</p> 
<p>Development of team around the individual for dementia patients</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Extension of community RAID model Appointment of a band 7 nurse with specialist knowledge of dementia. The post will integrate mental health expertise into existing services, providing advice and support, signposting and rapid assessment and intervention Providing education to carers, directly or through signposting to appropriate services and teams, around behaviour management and positive approaches to care for people with dementia <p>2020-2022:</p> <ul style="list-style-type: none"> The directorate will look to expand this to include a further band 7 post from existing establishments and community reinvestment <p>Lead Board: Mental Health</p>	<p>A band 7 nurse funded from 2018-19 transformational funding will provide specialist knowledge of dementia and functional illness to work with the cluster-based 'team around the individual' to bridge the gap between primary care and secondary mental health services</p>	<p>Reduced number of inpatient admissions by 5 -10%, from current 216 per annum, bringing the directorate closer to the peer benchmarked mean total of 188</p>	<p>Reduced number of re-admissions into MHSOP inpatient beds from an average of 11%, thereby making best use of specialist beds</p>	 <p>Cerys has been struggling to support her father who has dementia, her father has had multiple hospital stays. The Rapid Assessment and interface and discharge service are able to support Cerys to get him home quickly. The team around the family then support Cerys with advice and training in how to identify signs of deterioration and seek early support to prevent admission.</p> 
<p>Community Mental Health Team Review</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Pilot of Clinical Model through co-location of integrated teams and new clinical pathways <p>2020-2021:</p> <ul style="list-style-type: none"> develop a locality based health and well-being service for people with mental health problems in the Vale locality as a pilot <p>Lead Board- Mental Health</p>	<p>Centralisation of team bases and new model of working through co-location at Health and Wellbeing Centres</p>	<p>Conversion rate into specialist services caseloads to be 70:30 acceptance</p> <p>Waiting times to treatments with psychological interventions - < 6 months</p>	<p>Improved measured health and well-being outcomes of statistical significance using 'Core 10'</p>	 <p>The centralisation and co-location of Community Mental Health Teams mean that Wyn can get faster access to support and assessment for his long term mental health condition.</p> 

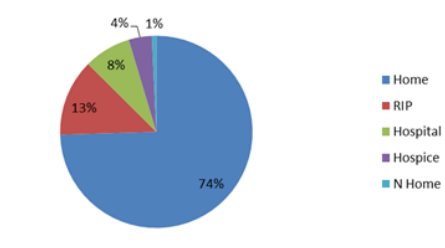

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
<p>Open Young Onset Dementia unit</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Open the Young Onset Dementia Health and Wellbeing Centre in St Barruc Unit, Barry Hospital Community team and inpatient service being co-located in an age-appropriate, safe environment <p>2020-2022:</p> <p>Lead Board- Mental Health</p>	<p>Following a successful ICF bid for £472,704, the current St Barruc ward and Morfa Day Unit are being refurbished to facilitate a move of the Young Onset Dementia (YOD) team from UHL to Barry Hospital</p>	<p>Reduce the number of inpatient admissions into age-inappropriate environments, from the current average of 12 per annum</p>	<p>Reducing the number of urgent inpatient admissions from the current average of 4 per annum</p>	<p> Cerys has early onset dementia, at present has to travel for support on a large hospital site which is not age appropriate. The new unit will deliver age appropriate services collocated with community support allowing smooth transition between, outpatient, day care and respite services.</p> 
<p>Introduce Health Pathways</p> <p>HealthPathways is an online manual used by clinicians to help make assessment, management, and specialist request decisions</p> <p>https://www.healthpathwayscommunity.org/About.aspx</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Continuing the phased roll out of HealthPathways Continuous engagement with GPs to increase effective use of HealthPathways <p>2020-2022:</p> <ul style="list-style-type: none"> Continued roll out of HealthPathways <p>Lead Board- Medicine and Surgery</p>	<p>We have appointed 3 clinical editors to support the development of HealthPathways</p>	<p>Number of HealthPathways available on for GPs to access</p>	<p>Reduced admissions and reduced need for secondary diagnostics (Baseline to be established)</p>	<p>Rather than being traditional guidelines, each pathway is an agreement between primary and specialist services on how patients with particular conditions will be managed in the local context. Patients benefit from general practice and other services being able to do more for them in the community, from the greater clarity clinicians can provide about the appropriateness and likelihood of obtaining further specialist services, and about alternative options.</p>
<p>Increase the number of patients who receive dialysis in the community</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Implementation of Suit 19 following refurbishment Increased home dialysis provision Implement Shared decision making tool <p>2020-2022:</p> <p>Implement Home Therapies programme</p> <p>Lead Board- Specialist</p>	<p>Contractual change allowing a higher level of acuity of patients receiving dialysis in satellite units</p>	<p>Increase in patients opting for Home Therapy</p>	<p>Fewer patients reliant on hospital based dialysis</p>	<p> Cerys requires dialysis for her renal disease. At present Cerys has a 40 miles journey from her home in the Vale to receive her dialysis. The expansion of home dialysis will see this service move from hospital to community delivery to home. Reducing journeys, stress and anxiety created by this.</p> 
UNSCHEDULED CARE				
<p>Redesign Stroke Pathway and development of Hyper Acute Stroke Unit</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Review of clinical pathway Stroke Transformation 90 Day programme Work with regional partners on the establishment of HASU <p>2020-2022:</p>	<p>A project manager is in place supported through the Stroke Implementation Group. Funding for a HASU service will require the development of a regional model and appropriate funding arrangements</p>	<p>Achievement of Quality Improvement Measures:</p> <p>Thrombolysis:</p> <ul style="list-style-type: none"> Access - 100% Time - 90% <p>72 Hour :</p> <ul style="list-style-type: none"> 4 Hour – 95% <p>12 Hours:</p> <ul style="list-style-type: none"> CT Scan – 95% <p>24 Hours:</p>		<p> There is a strong evidence base for improved outcomes after a stroke from rapid intervention by an expert team. Cerys would receive rapid assessment, stabilisation and primary intervention such as Thrombolysis in the stroke unit. Early plans for rehabilitation would also be made with Physiotherapy a core part of the team.</p>

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact																																																																														
<ul style="list-style-type: none"> Implement regional HASU model <p>Lead Board- Medicine Clinical Board</p>		<ul style="list-style-type: none"> 95% <p>72 Hours:</p> <ul style="list-style-type: none"> 95% 																																																																																
<p>Establish Non-Invasive Ventilation Unit at University Hospital Wales</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Provision of a 6 Bed unit Delivering NCEPOD Compliance <p>2020-2022</p> <p>Lead Board- Medicine Clinical Board</p>	<p>Staffing levels will be 1:2 with a band 7 in charge to oversee the service</p>	<p>Occupancy rates in HDU and ITU</p> <p>Discharge rates for patients with respiratory failure</p>	<p>Compliance with NCEPOD NIV Recommendations 2017:</p> <ul style="list-style-type: none"> 1:2 nursing staffing ratios, daily specialist consultant review training competencies and protocols protocols and clear escalation policies point of care blood gas testing equipment 	 <p>Wyn required tracheal intubation following a deterioration in his COPD necessitating a stay in critical care, the development of a dedicated NIV unit means that Wyn is able to be weaned off the intensive support at a faster rate and in a setting where a greater level of rehabilitation is available.</p> 																																																																														
<p>Implementation of general dental referral system</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Implementation of the general dental referral system within the dental hospital - look to offer e-advice rather than accept for treatment where appropriate Implementation of eRMS to include robust acceptance criteria to be drafted in conjunction with PCIC <p>2020-2022</p> <p>Lead Board- PCIC</p>		<p>Turnaround of time of patient referral</p>	<p>Improvement in patient experience</p>	 <p>The eRMS system gives greater control to Cerys over her dental appointments, Cerys is able to track and monitor her referral process through her phone and also seek advice through the system.</p> 																																																																														
PLANNED CARE																																																																																		
<p>Improvement in Endoscopy</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Implementation of revised service model Review Endoscopy nursing roles to include a coordinator role and outreach endoscopy nurse to reduce cancellations Theatre utilisation programme Creation of an Endoscopy Dashboard in conjunction with Four Eyes <p>2020-2021:</p> <ul style="list-style-type: none"> Continued improvement <p>Lead Board- Medicine</p>	<p>Working with the national endoscopy task and finish group and the Regional Diagnostic programme.</p>	<p>Diagnostic Waiting Times 2018/19 - Number of Patients greater than 8 weeks</p>  <table border="1" data-bbox="1305 1444 1825 1528"> <thead> <tr> <th>Month</th> <th>April</th> <th>May</th> <th>June</th> <th>July</th> <th>August</th> <th>September</th> <th>October</th> <th>November</th> <th>December</th> <th>January</th> <th>February</th> <th>March</th> </tr> </thead> <tbody> <tr> <td>Gastroenterology</td> <td>62</td> <td>60</td> <td>77</td> <td>82</td> <td>76</td> <td>79</td> <td>67</td> <td>69</td> <td>52</td> <td>46</td> <td>40</td> <td>34</td> </tr> <tr> <td>Endoscopy</td> <td>526</td> <td>620</td> <td>673</td> <td>771</td> <td>614</td> <td>320</td> <td>125</td> <td>71</td> <td>44</td> <td>35</td> <td>3</td> <td>0</td> </tr> <tr> <td>Radiology</td> <td>433</td> <td>332</td> <td>409</td> <td>290</td> <td>287</td> <td>257</td> <td>117</td> <td>115</td> <td>130</td> <td>81</td> <td>24</td> <td>0</td> </tr> <tr> <td>Cardiology</td> <td>208</td> <td>183</td> <td>137</td> <td>82</td> <td>81</td> <td>98</td> <td>49</td> <td>55</td> <td>55</td> <td>55</td> <td>55</td> <td>55</td> </tr> <tr> <td>Cytology</td> <td>67</td> <td>85</td> <td>118</td> <td>56</td> <td>71</td> <td>64</td> <td>49</td> <td>83</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Month	April	May	June	July	August	September	October	November	December	January	February	March	Gastroenterology	62	60	77	82	76	79	67	69	52	46	40	34	Endoscopy	526	620	673	771	614	320	125	71	44	35	3	0	Radiology	433	332	409	290	287	257	117	115	130	81	24	0	Cardiology	208	183	137	82	81	98	49	55	55	55	55	55	Cytology	67	85	118	56	71	64	49	83	0	0	0	0	<p>Diagnostic wait improvement</p> <p>Single Cancer Pathway (target not yet in place)</p>	 <p>Cerys requires an endoscopy and has had two cancellations, one as a result of a lack of understanding of the necessary preparation. The review of nursing will free capacity to support Cerys to understand the preparation required, reducing anxiety and the risk of cancellations. Improvement in efficiency will speed up Cerys waiting time.</p> 
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<p>Increase in Ultrasound capacity and connectivity to deliver improvements in Gap and Grow, Gestational Diabetes and still Birth Reduction</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Delivery of increase scanning activity to deliver: Compliance with Gap and Grow 	<p>Financial and Workforce Implications:</p> <ul style="list-style-type: none"> Investment in ultrasound capacity Training development Skills gap 	<p>100% of babies who are identified as small for gestational age are managed appropriately.</p>	<p>Reduction in stillbirth rates by 1%</p> <p>MBRRACE 2016 reported that there were 36 stillbirths for Cardiff and Vale with 7 Neonatal Deaths. We have an extended perinatal mortality rate of 43. Access to timely ultrasound scanning will ensure that women receive appropriate and timely care to improve</p>	 <p>Cerys may be at risk of gestational diabetes, currently Cerys would not receive a glucose tolerance test as she has a BMI of 31. However NICE guidelines suggest screening for all women with a BMI of ≥30, Detection of gestational diabetes will mean</p>																																																																														

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<ul style="list-style-type: none"> Completion of actions from national Still Birth Audit Implementation of Gestational Diabetes Guidance <p>2020-2022</p> <ul style="list-style-type: none"> Further improvement in Gap and Grow <p>Lead Board- Children and Women</p>			<p>detection of vulnerable babies. The UHB has also signed up to the 'Safer Pregnancy Campaign' in an effort to reduce stillbirth in Wales</p>	<p>that Cerys will need serial ultrasound scans throughout her pregnancy. Increasing ultrasound capacity will reduce risk of complications and reduce anxiety for Cerys during pregnancy.</p> 																																
<p>Prehabilitation for Cancer Patients requiring surgery</p> <p>The concept of PREHAB is analogous to marathon training: it is based on the principle that structured and sustained exercise alongside good nutrition, psychological preparation over a period of weeks leads to improved cardiovascular, respiratory, and muscular conditioning</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Phased roll out of Prehabilitation model Standardised assessment process, documentation and protocols including alignment with community services- such as smoking cessation Engage patients to achieve healthier lifestyle changes before surgery identify, risk stratify, and optimise the higher risk patients <p>2020-2022</p> <ul style="list-style-type: none"> Continued roll out of Prehabilitation model as part of 'Prehab to Rehab model' <p>Lead Board- Surgery</p>	<p>The prehabilitation service will require integration with existing community based teams and services, such as smoking cessation and exercise referral</p>	<p>Reduced day of surgery cancellations- a 20% reduction in cancellation rates in pilot areas</p> <table border="1" data-bbox="1305 535 1825 1144"> <thead> <tr> <th>Surgical Procedure</th> <th>Cardiff and Vale LOS (No per annum)</th> <th>Best in Class LOS No of patients</th> <th>Potential bed day saving</th> </tr> </thead> <tbody> <tr> <td>Excision of rectum</td> <td>8 (82)</td> <td>6</td> <td>164</td> </tr> <tr> <td>Colectomy</td> <td>6 (112)</td> <td>5</td> <td>112</td> </tr> <tr> <td>Bladder Resection</td> <td>11(27)</td> <td>6</td> <td>135</td> </tr> <tr> <td>Gastrectomy</td> <td>11(22)</td> <td>5.5</td> <td>121</td> </tr> <tr> <td>Hysterectomy</td> <td>3(278)</td> <td>2</td> <td>278</td> </tr> <tr> <td>Lobectomy</td> <td>7 (146)</td> <td>4</td> <td>292-438</td> </tr> <tr> <td>Total</td> <td colspan="3">667 patients delivering potentially 1102- 1248 bed day savings i.e. closing or redesigning the use of 3- 3.4 beds £363,660 – 441,840</td> </tr> </tbody> </table>	Surgical Procedure	Cardiff and Vale LOS (No per annum)	Best in Class LOS No of patients	Potential bed day saving	Excision of rectum	8 (82)	6	164	Colectomy	6 (112)	5	112	Bladder Resection	11(27)	6	135	Gastrectomy	11(22)	5.5	121	Hysterectomy	3(278)	2	278	Lobectomy	7 (146)	4	292-438	Total	667 patients delivering potentially 1102- 1248 bed day savings i.e. closing or redesigning the use of 3- 3.4 beds £363,660 – 441,840			<p>Improved clinical outcomes and PROM measure</p>	<p>Wyn requires lung surgery to deal with his stage 3 tumour. Wyn's lack of physical activity mean he is not in the best level of fitness to fully benefit from the outcomes of surgery. Wyn will be supported by an intensive fitness programmes before surgery, improving his outcome and reducing the time he needs to spend in hospital recovering from the procedure. This will be delivered in the community supporting Wyn to grow in confidence and build links with groups in his area.</p> 
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<p>Pre Assessment</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Expand the pre-operative assessment service for cancer patients Embed shared decision making within the model Expand Cardiopulmonary exercise testing (CPET) and establishment of IV iron service Individual risk assessment and risk scoring in place <p>2020-2022</p> <ul style="list-style-type: none"> Continued roll out across further cancer sites and expansion to all major surgery <p>Lead Board- Surgery</p>	<p>The service will require posts including:</p> <ul style="list-style-type: none"> Band 7 CPET Practitioner Consultant anaesthetist 0.4WTE (IV Iron Service) Nurse 1 x WTE HCSW 1 x WTE Physician (Frailty, Diabetes, Respiratory) x1 WTE Cardiology x0.5 WTE Pharmacy band 7 	<p>50% reduction in cancellations by Q4 2019-20 10% reduction in readmission of surgical patients</p>	<p>Improved clinical outcomes and PROM measure</p>	<p>Ahead of planned breast surgery to remove a tumor, Cerys attends a pre-assessment clinic and is found to be anaemic. Cerys is given IV iron to boost her haemoglobin level. Anaemia is associated with longer length of stay and increased use of blood components. As a result of the proactive intervention Cerys is likely to spend less time in hospital.</p> 																																
<p>ENT Surgery Moved to UHL</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Move 80% of ENT day case lists to UHL from UHW introducing high volume, low complexity surgical 	<p>Realignment of Planned and Emergency surgical staffing to align with programme.</p>	<p>Theatre Utilisation at 85% by Q4 2019-20</p>	<p>Impact of overall Theatre Efficiency</p>	<p>Wyn required surgery to remove a nasal obstruction, previously Wyn would have faced a long wait for surgery and potentially have had his procedure cancelled on the day do to</p> 																																

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<p>lists</p> <ul style="list-style-type: none"> Increase in operations undertaken per list for ENT through scheduling and other efficiencies <p>2020-2021:</p> <ul style="list-style-type: none"> Aligned to estate strategy further development of Llandough site to accommodate additional high volume low complexity surgery <p>Lead Board- Surgery</p>				<p>an emergency taking precedent. The greater efficiency and protected space provided at UHL means Wyn will be able to be seen quicker, in a more relaxed environment and without the risk of cancellation due to an emergency.</p> 
<p>Improve access to Critical Care</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Phased approach to opening of additional Beds at UHW 2 in October 2019 and a further 4 in January 2020 Develop a Treat and transfer model and PACU at UHL to enable LTV expansion Collaborate with Welsh Government Long Term Ventilation strategy group to produce a revenue and capital case to support opening a bespoke 10 bed LTV unit on UHL site <p>2020-2022</p> <ul style="list-style-type: none"> Implement Long Term Ventilation Service Development of major trauma capacity <p>Lead Board- Specialist</p>	<p>Critical Care is a WHSSC commissioned service, funding and recruitment of additional staffing will be in line with commissioner support</p>	<p>ICNARC Data</p> <p>Bed-days of care post 24-hour delay</p>  <p>Eligible: Critical care unit survivors discharged to a ward in the same hospital (or direct to home) Numerator: Bed days of care provided for critical care unit survivors more than 24 hours after the reported time fully ready for discharge Denominator: Total number of available bed days in the critical care unit</p>	<p>Risk-adjusted mortality - predicted risk < 20%</p> 	<p>The advancement in Cellular therapies mean there are new treatment options which offer potentially curative options for Cerys Blood Cancer. The delivery of these advanced cellular therapies require removal of cells and the compromising of an individual's immune system, therefore it is essential critical care capacity is available to enable treatment to go ahead. Without improvement in our critical care capacity we will not be able to offer these new therapies to patients like Cerys.</p>  
<p>Work toward the implementation of a Major Trauma Centre</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Complete recruitment to key posts Develop clinical pathways for major trauma patients Define requirements for key specialties to inform the business case Implementation of the database Collection of Proms data <p>2020-2022</p> <ul style="list-style-type: none"> Opening of Major Trauma centre <p>Lead Board- Specialist</p>	<p>Financial assessment to be undertaken</p> <p>Programme Director and Project Manager appointed through WHSSC funding</p>	<p>Opening of Major Trauma Centre</p>	<ul style="list-style-type: none"> Improved survival rates - evidence shows that if you are severely injured, you are 15% to 20% more likely to survive if you are admitted to a major trauma centre (19% improvement in survival in England over 5yrs (<i>Lancet</i>, 2018)) Reduced risk of long-term disability (Victorian State Trauma Service (<i>Ann Surg</i>, 2012)) Reduced requirements for long-term NHS care (Victorian State Trauma Service (<i>Ann Surg</i>, 2012)) 	<p>At 18 Sam was involved in a hit and run he suffered serious injuries including a punctured lung, a broken pelvis, five broken ribs and a fractured collarbone. The development of a Major Trauma Centre means the specialist skills and equipment needed to treat these multiple injuries are collocated in the Major Trauma Centre at UHW, important the major trauma unit in Hywel Dda means following initial treatment Sam is able to undertake rehabilitation close to his home.</p>  
<p>Quality Led Governance</p>		<p>Maintaining accreditation status: JACIE</p>	<p>Improved quality culture</p>	<p>Developing a strong culture of quality in our diagnostic and laboratory services</p>

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
<p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Development of a single Quality Management System, including implementing enterprise Q-pulse across all clinical board services Introduce quality indicators for diagnostic services Carry out a safety culture assessment Complete and maintain ISO15189 accreditation for medical laboratories Harmonisation of accreditation schemes across diagnostic services in partnership with UKAS <p>Lead Board- CD&T</p>		HTA UKAS ISO15189		<p>underpins good quality patient care. A Quality led governance approach is supporting a shift from compliance with standards to quality and safety driving processes of improvement and therefore enhancing standards</p> 
<p>Expansion of Cardiac Surgery Services</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Expansion of Cardiac Ablation activity in line with WHSSC commissioning Expansion of TAVI in line with WHSSC commissioning Increasing access to Cardiac Imaging Increase rehabilitation service to ensure all offered a structured MDT rehabilitation programme <p>2020-2021</p> <ul style="list-style-type: none"> Development of complex ablation service <p>Lead Board- Specialist</p>	Cardiac Surgery is a WHSSC commissioned service, funding and recruitment of additional staffing will be in line with commissioner support	RTT – improvement against 26 and 36 week wait baselines	Improved clinical outcomes as captured in MINAP Audit data	<p>Following surgery the Cardiac Rehab programme supports Wyn to understand his condition, support his recovery and help him to make choices to avoid further interventions. The process starts before surgery with discussions about diet and exercise and getting Wyn signed up to an appropriate exercise programme for post procedure, improving outcomes from surgery</p> 
<p>Implementation of Neurosciences Strategy</p> <p>This will involve in 2019-20:</p> <ul style="list-style-type: none"> Improve performance in elective neurological surgery for patients waiting over 36 weeks Implementation of headache pathway ALAS Wheelchair replacement programme Transfer of neurology service to Cwm Taf <p>2020-2021</p> <ul style="list-style-type: none"> Open Rookwood neurorehabilitation service at UHL <p>Lead Board- Specialist</p>	Neurosurgery is a WHSSC commissioned service, funding and recruitment of additional staffing will be in line with commissioner support	<ul style="list-style-type: none"> Consistent delivery of 8 week Neurophysiology diagnostic waits Compliance with the Neurosurgery Service Specification published in 2013 26 and 36 week performance Baseline- At 30 June 2018 there were 22 patients waiting over 36 weeks and no patients waiting over 52 weeks 	<p>Average Length of Stay (Spell)</p> 	<p>Cerys partner requires Neurosurgery, at present they will wait too long for the procedure. There is a recognised need to reduce the waits and the associated anxiety and complications caused by long waits. Focussed action in this area will reduce waiting times and overall experience.</p> 
CANCER				
<p>Actions to support Cancer:</p> <ul style="list-style-type: none"> Endoscopy Prehabilitation Preoperative Assessment Development of HealthPathways 				

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory			Core Outcome Measure and trajectory	Patient and System Impact																								
<p>Acute Oncology</p> <p>This will involve in 2019-20</p> <ul style="list-style-type: none"> Developing sustainable financial arrangement across boards following phasing out of funding from Macmillan Cymru Expansion and enhancement of current service Development of appropriate model for 7 day cover across UHW and UHL Continuing to develop arrangement with Velindre Cancer Centre <p>2020-21</p>	<p>The funding for the current service is provided by Macmillan Cymru. This funding is due end, therefore discussion are ongoing regarding a sustainable founding model across Clinical Board and continued discussions with Macmillan.</p>	<table border="1"> <thead> <tr> <th>FY</th> <th>Average LoS of AOS Presentation</th> <th>Average LoS of AOS Inpatients</th> </tr> </thead> <tbody> <tr> <td>2015 /16</td> <td>10.1</td> <td>8.0</td> </tr> <tr> <td>2016 /17</td> <td>11.1</td> <td>8.4</td> </tr> <tr> <td>2017 -18</td> <td>7.8</td> <td>6.1</td> </tr> </tbody> </table>	FY	Average LoS of AOS Presentation	Average LoS of AOS Inpatients	2015 /16	10.1	8.0	2016 /17	11.1	8.4	2017 -18	7.8	6.1			<p>Place of discharge of patients reviewed by AOS from June 2015 to Dec 2017</p>  <table border="1"> <thead> <tr> <th>Place of Discharge</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Home</td> <td>74%</td> </tr> <tr> <td>RIP</td> <td>13%</td> </tr> <tr> <td>Hospital</td> <td>8%</td> </tr> <tr> <td>Hospice</td> <td>4%</td> </tr> <tr> <td>N Home</td> <td>1%</td> </tr> </tbody> </table>	Place of Discharge	Percentage	Home	74%	RIP	13%	Hospital	8%	Hospice	4%	N Home	1%	<p>Cerys is receiving chemotherapy at Velindre Cancer Centre. Cerys is in significant pain and attends A&E at UHW. Cerys is identified by the AOS Team and able to receive the right care for the chemotherapy complications without significant delay. The MDT working across Velindre and Cardiff mean the team are able to review her pathway of care and work with Cerys to improve her experience.</p> 
FY	Average LoS of AOS Presentation	Average LoS of AOS Inpatients																												
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CARING FOR PEOPLE, KEEPING PEOPLE WELL

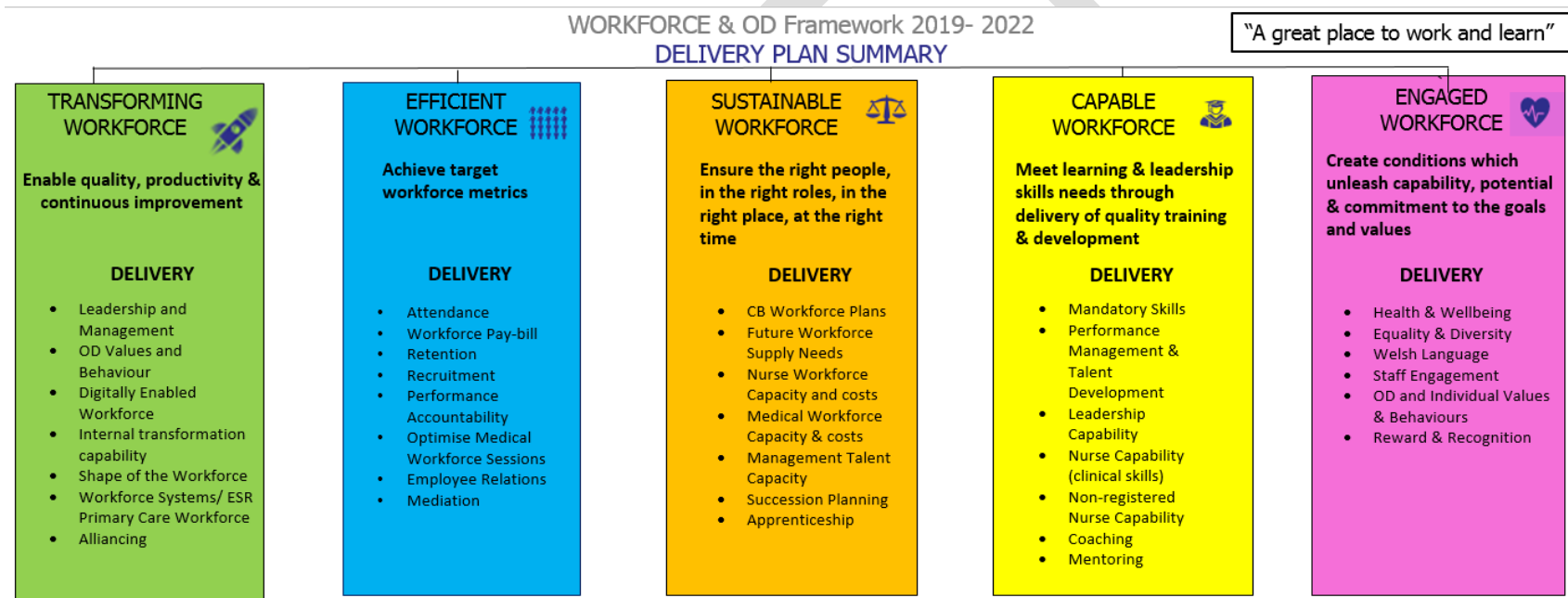
A PERSON'S CHANCE OF LEADING A HEALTHY LIFE IS THE SAME WHEREVER THEY LIVE AND WHOEVER THEY ARE



7.3 Workforce and Organisational Development

7.3.1 Workforce and Organisational Development Framework

The organisation's workforce delivery plan supporting our overall aim of "caring for people, keeping people well" is embedded throughout the IMTP due to the *integrated* nature of the Plan. It is based upon five core objectives demonstrated in the following diagram and aligned to the Prudent Healthcare principles, *A Healthier Wales* and the organisation's ten year strategy, *Shaping Our Future Wellbeing 2015-25*.



The vision is to improve delivery of outcomes year on year moving through levels of achievement

Improving → *Established* → *Advanced* → *Leading Practice*

Opportunities, risks, constraints and benefits have been considered in the development of these outcome deliverables.

7.3.2 Workforce Risk, Planning Assumptions and Priorities

Informing the development of the Workforce and OD Framework and Delivery Plan are risks and assumptions which include the following:

- Increasing need to innovate and develop a future workforce; new ways of working and workforce transformational change
- Increasing need to engage and motivate workforce as demand for service increase
- Increasing need to develop organisational leadership and management skills
- Increasing need to embrace new technology
- Increasing need for accurate workforce information and analysis

- Continuing requirement to reduce workforce cost to underpin financial framework
- Continuing requirement to eliminate and reduce any unnecessary cost e.g., variable pay and agency cost
- Ensure sustainability and recruit to substantive posts to provide continuity and effective clinical care
- Meeting short term capacity requirements, especially in nursing; and need to flex workforce recruitment to support winter pressures and unplanned capacity requirements

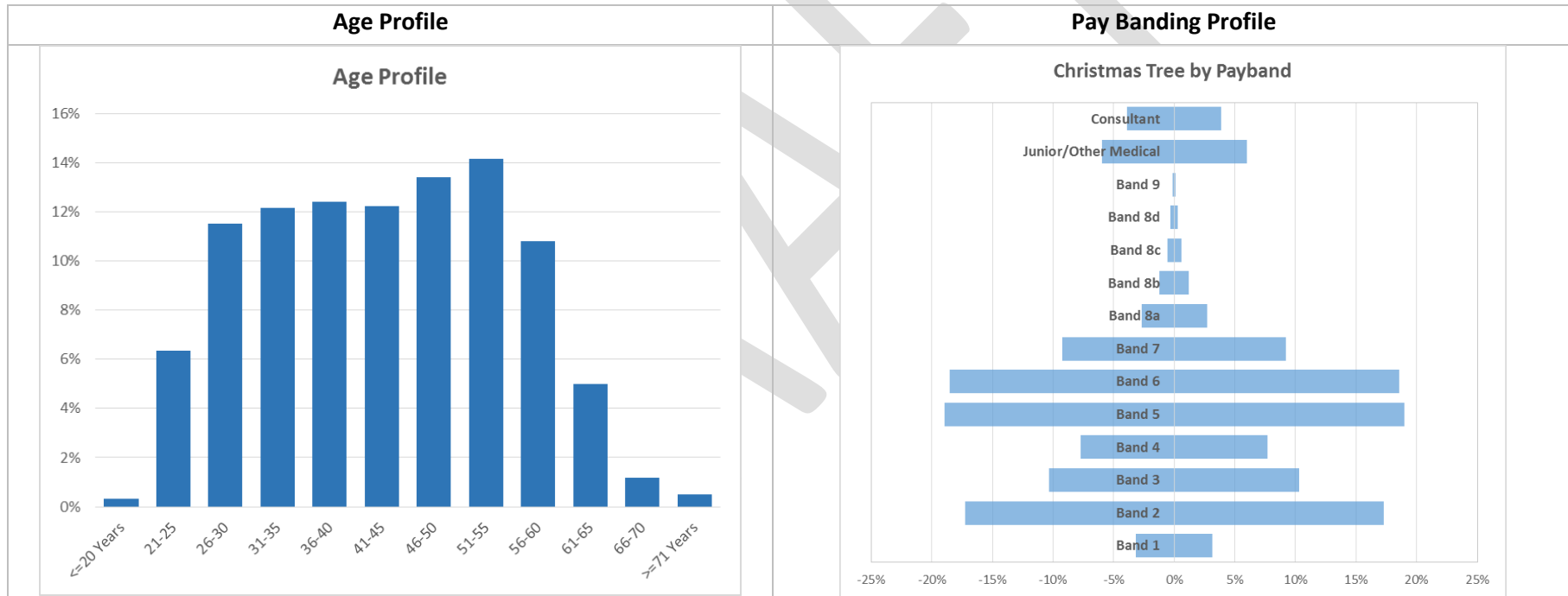
- Workforce impact and drivers associated with reconfiguration of Acute Services identified in the South Wales Programme
- Working more closely and in partnership with primary care, local authority and nursing homes to find creative workforce solutions to ensure patients are cared for out of hospital and closer to home

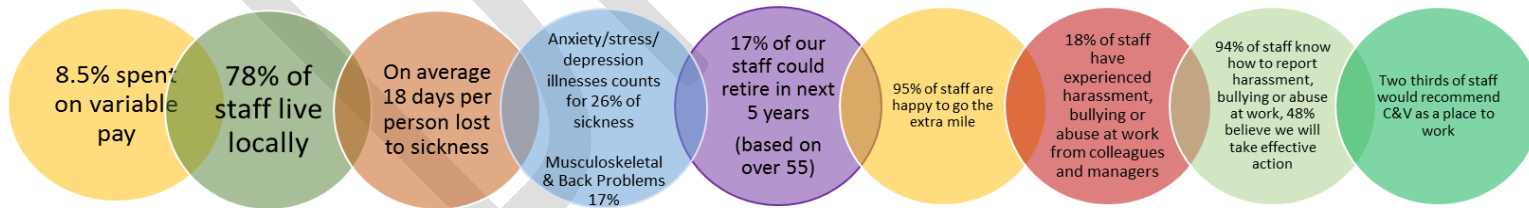
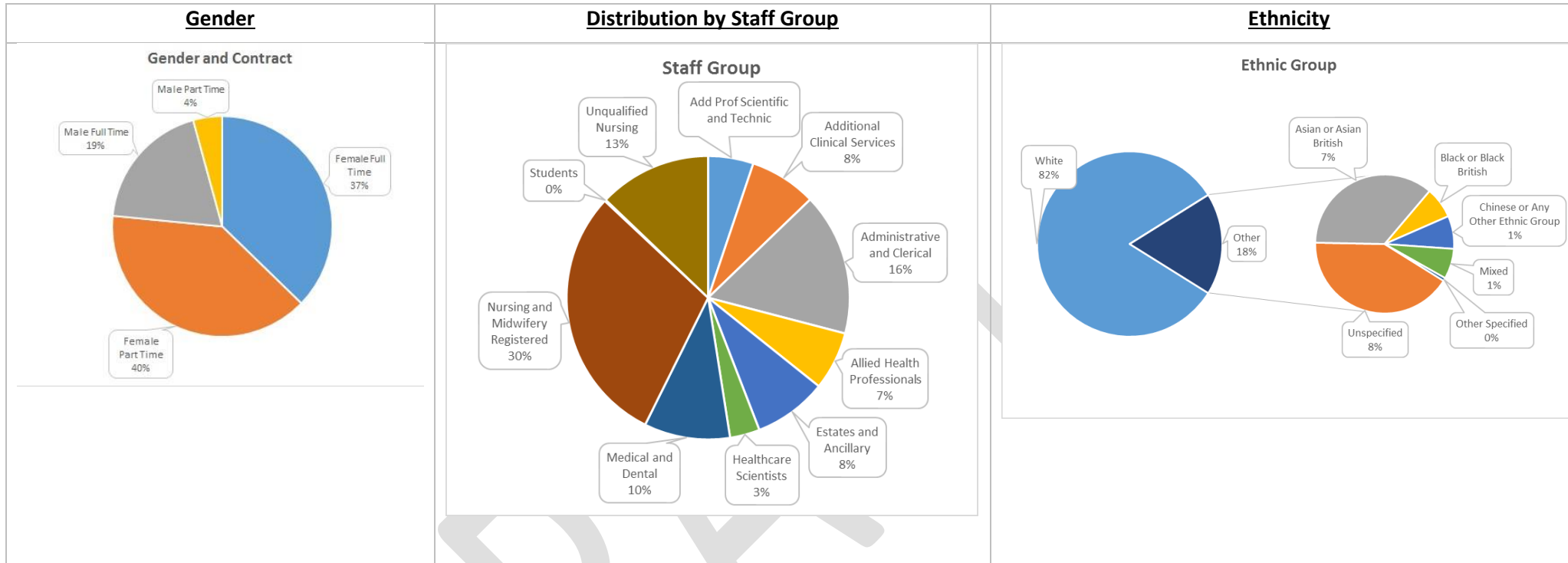
Current Workforce Profile and high level Analysis

As further context, the charts below indicate the following challenges when determining optimal ways to deploy the current and future workforce and how to consider future supply against the service priorities as laid out within this Plan:

- The UHB has an aging workforce similar to the all-Wales position with the largest age categories being aged 46-50 years and 51-55 years (approximately 2000 staff in each of these categories). The impact of employees retiring from service critical areas is key in Clinical Boards undertaking local workforce planning.
- The largest grade categories are staff in Agenda for Change Bands 2, 5 and 6. The UHB has made a shift in the skill mix and overall shape of its “Xmas Tree” over recent years as in 2012 the highest percentage of workforce was in band 6. Continually reviewing skill mix and new ways of working is important in ensuring adequate future supply of skills in the right place and grade.

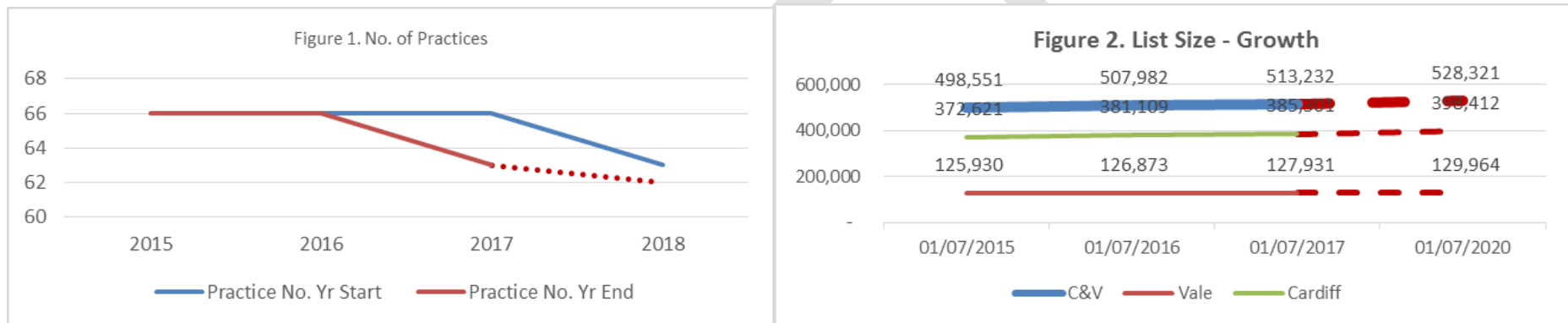
- The majority of the workforce is female (77%) with an almost even split in this group of full-time (37%) and part-time working (39%). Use of our employment policies, such as the Flexible Working policy, is crucial to retaining talent and keeping staff engaged.
- The majority of the workforce is white (82%) with 11% in Black and Minority Ethnic categories and 7% not stated. The Strategic Equality Plan has a number of actions to continue review of our workforce in this regard to ensure it strives to reflect the local population where relevant e.g. in recruiting practices.
- The nursing and midwifery registered staff and unqualified nursing staff make up just over 43% of the total workforce. Given there is a recognised national shortage of registered nurses, the UHB has made nurse sustainability a high priority on its workforce agenda as detailed later in the plan.
- The capture of equality data is reported as 63% in September 2018.





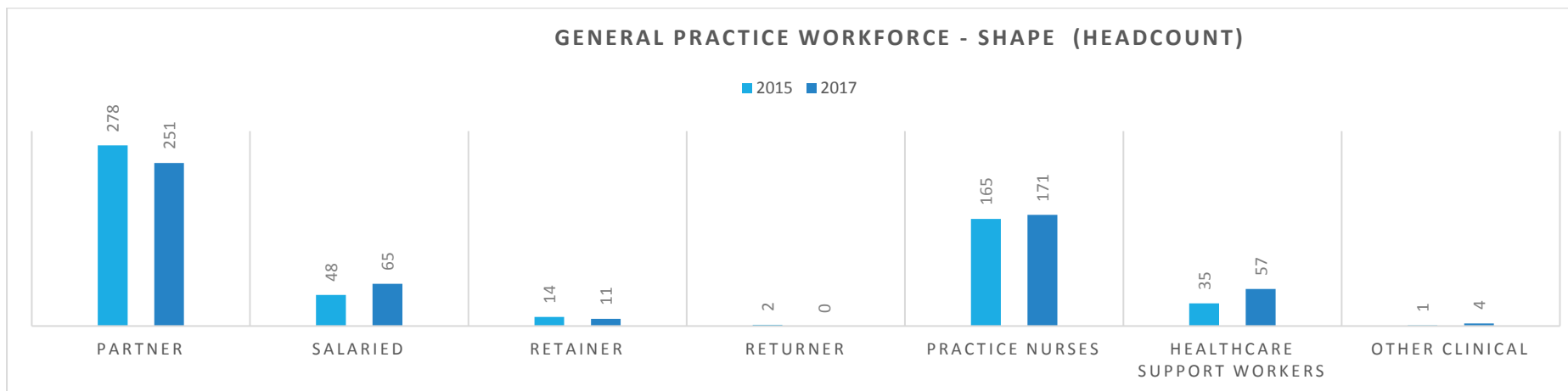
Primary Care Workforce Profile:

Sustainability of Primary Care services remains a key priority for the Health Board. With the knowledge that General Practice is a less attractive career choice due to the increasing workload, increasing demands and the financial challenge and risks associated with the traditional partnership model a 'basket' of support was outlined to identify proactive support/options available to all GP Practices. This includes the Merger Discretionary Payment protocol as a tool to support practices to merge, as an alternative to handing the contract back. 3 Mergers between neighbouring practices/business have taken place to date, with Organisational Development support provided to join up teams and processes both pre and post-merger.



Current profiling confirms that the practice population for Cardiff and Vale will increase in-line with growth expected as part of Local Development Plans and by 2020 the population is likely to increase. The area predicted to be impacted most is within North West Locality, which includes the Cardiff North, Cardiff South West and Cardiff West Cluster areas.

Profiling based on practice development plans, and validated workforce submissions in 2017 provides a baseline to make comparisons on the changing shape of the Medical and Clinical workforce:

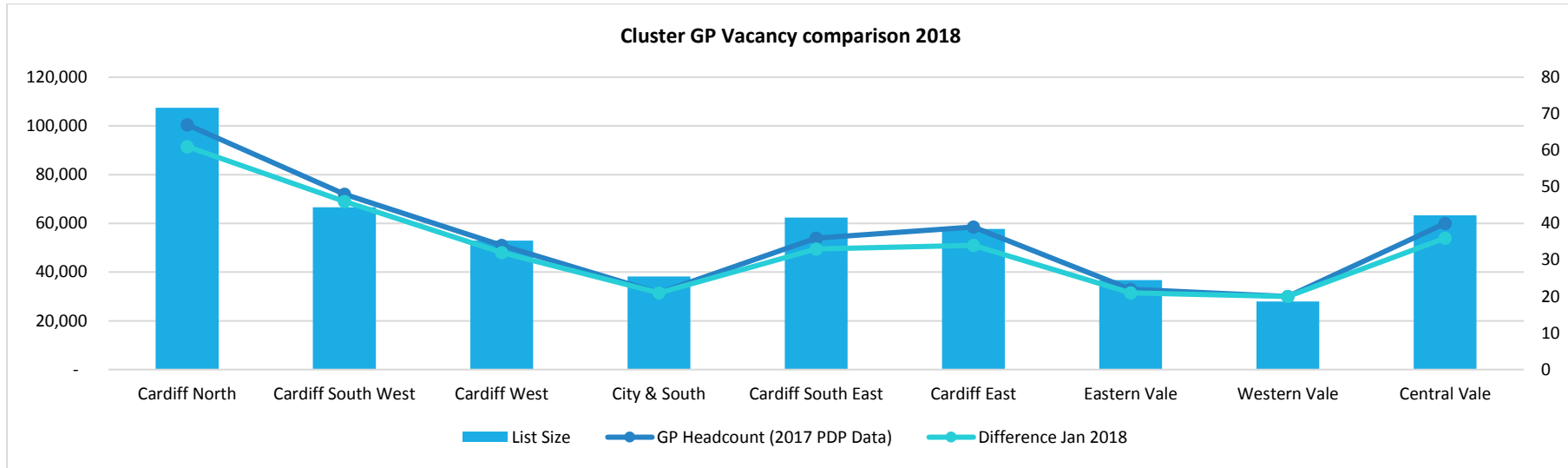


Further analysis demonstrates the change by Locality Area as follows:

Locality Area	Role/ Year	2015				2017			
		2015	2017	Difference	% inc /- dec	2015	2017	Difference	% inc /- dec
Cardiff North West	Partner	124	119	-5	-4.03	78	66	-12	-15.38
	Salaried	20	21	1	5.00	20	26	6	30.00
	Retainer	6	5	-1	-16.67	5	4	-1	-20.00
	Returner	0	0	0		2	0	-2	-100.00
	Practice Nurses	73	70	-3	-4.11	50	50	0	0.00
	Healthcare Support Workers	18	28	10	55.56	10	14	4	40.00
	Other Clinical	1	1	0	0.00	0	0	0	
Cardiff South & East	Partner	76	63	-13	-17.11	76	63	-13	-17.11
	Salaried	8	17	9	112.50	8	17	9	112.50
	Retainer	3	2	-1	-33.33	3	2	-1	-33.33
	Returner	0	0	0		0	0	0	
	Practice Nurses	42	49	7	16.67	42	49	7	16.67
	Healthcare Support Workers	7	10	3	42.86	7	10	3	42.86
	Other Clinical	0	3	3		0	3	3	
Vale	Partner	76	63	-13	-17.11	76	63	-13	-17.11
	Salaried	8	17	9	112.50	8	17	9	112.50
	Retainer	3	2	-1	-33.33	3	2	-1	-33.33
	Returner	0	0	0		0	0	0	
	Practice Nurses	42	49	7	16.67	42	49	7	16.67
	Healthcare Support Workers	7	10	3	42.86	7	10	3	42.86
	Other Clinical	0	3	3		0	3	3	

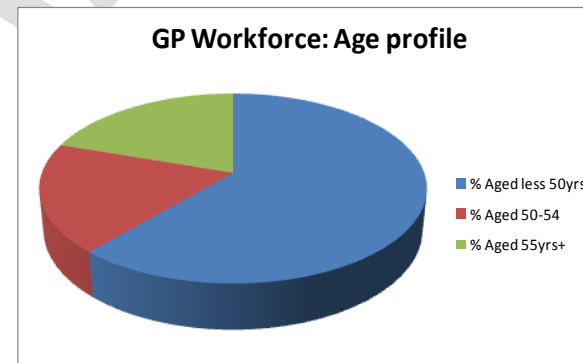
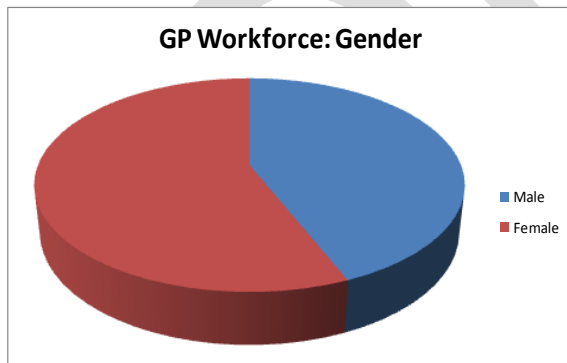
In the absence of a Quality Outcomes Framework for 2018 the annual practice development submission, where workforce data is extracted, is no longer a contractual requirement for practices, therefore we have been unable to extend the analysis beyond 2017 at this time.

In January 2018 the Clinical Board developed a GP recruitment and retention project group, working with members of the LMC, whose primary purpose would be to provide expertise and recommendations to enable and support the flow of GPs into Primary Care practices across Cardiff and Vale. The Project team needed to create a baseline understanding to support evaluation and monitoring of the groups work which included surveying practices and GPs who categorise themselves as Locums to understand the scale of the problem. The vacancy position as at January 2018, compared to 2017 was found to be as follows:



Following a Survey undertaken in June this year, 32% responded. Practices have been consistently reporting the growth in status of the GP Locum role, which appears to be becoming comparatively more attractive than partnership or salaried GPs roles.

Further analysis of the GP workforce identifies that 56% are female and 39% of the total GP workforce is aged 50 years and over (20% aged 55 years+) which is in line with national predictions indicating that the GP workforce is becoming increasingly younger and more female. It's also evident that many GP's are working part time hours.



7.3.3 Key Priorities within the Objectives of the Framework

Below is a summary of the key priorities within the 5 objectives of the Workforce and Organisational Development Framework.

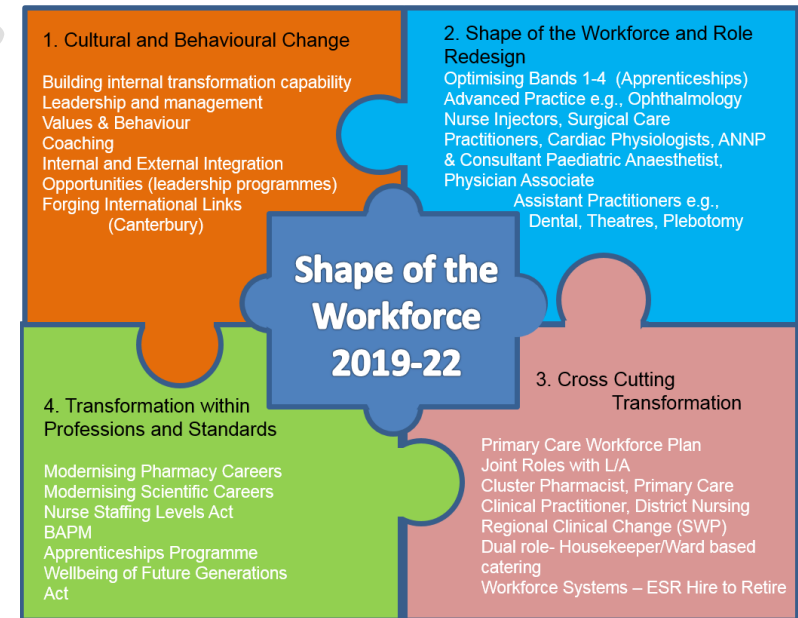
TRANSFORMING WORKFORCE
Enable quality, productivity & continuous improvement through innovation

Workforce Transformation is necessary to underpin the achievement of the ten-year vision for the UHB **Shaping Our Future Wellbeing**. This year, our new Workforce & OD Director has been working closely with the Chief Executive and Executive Team to develop plans which enable the mobilisation and engagement of the organisation to transform. As outlined in Chapter 6.2 above, there are 10 Transformation Projects within the Transformation Programme. The workforce enablers are Leadership and Management, Values and Behaviours and Digitally Enabled Workforce.

There are **4 themes** to the UHB’s longer term Workforce Transformation Plan:

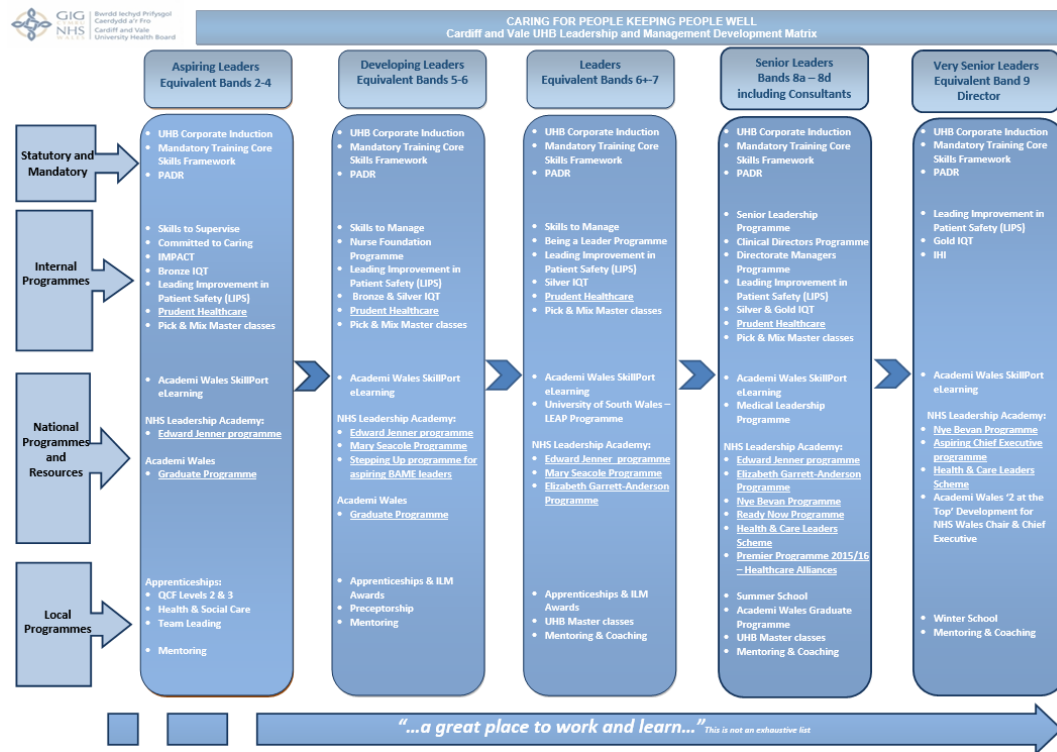
1. Cultural and Behavioural Change - *Build, Buy and Borrow*

We will continue to build **internal transformation capability** in 2019/20 to ensure we can **“do it for ourselves”** and reduce reliance and expenditure on external support; integrate transformation principles into all leadership activity; and leverage internal skill and support. We are drawing upon evidence-based practice from other organisations and our internal expertise to build this capability. The use of OD interventions and principles will be key to successful implementation of change in line with the national and international links with our alliancing partners which include strong relationships with **Canterbury integrated health system, New Zealand**; as we consider the learning they have to offer us from developing their integrated, operating model at both a strategic and operational level. For example, being clear about our change model (how change happens in the UHB), in achieving the new ways of working and cultural alignment within and across organisations. In 2019 we will continue to drive the work through the



transformational enablers of the transformational programme building the development of Lean Champions throughout the UHB which includes developing our leaders to change and transform services.

In 2018 the UHB became a member of the **Quest Group**, which allows collaborative working with 15 other high performing Healthcare Trusts in England. The organisations work together on a triple aim of improving patient safety and quality; to be recognised as the employer of choice; and to improve innovation through greater enabled technology. Whilst the UHB's involvement in Quest is in its very formative stages it is apparent that we can benchmark and learn from others, allowing us to introduce and inherit processes other organisations have already benefitted from.



During 2018 the UHB refreshed and reviewed its **Leadership and Management Education Framework**, as described opposite. This review indicated the framework is doing its job and there are a number of embedded programmes now in play to support leadership development at all levels within the UHB. In 2019/20 we will be introducing a new **Leadership and Development Programme for our Top 70 Leaders** to help them embed the **"Cardiff and Vale way"**, focussing on increasing trust and innovation and being more outward looking and reducing bureaucracy.

2. Shape of the Workforce and Role Redesign

Optimising roles within Bands 1-4

Primary Care have a number of action plans in place during 2019 to continue to maximise the skills of all our workforce. Examples include: continuing to define and train all Health Care Support Workers to embed the HCSW Skills and Career Framework and the development of a Band 4 role to release District Nurse Capacity. Nursing HCSWs now have the opportunity to develop their knowledge and skills to undertake a undergraduate nursing degree whilst employed by the UHB. A flexible earn as you learn approach is now provided by two universities to cater to the adult and mental health branch. CD&T are developing the Health Care Support Worker workforce linked to radiology in order to utilise the skills of this workforce more effectively, centred around the needs of the patient.

Physician Associates

The UHB is proactively developing the introduction of Physician Associate role and engaging with senior clinical leaders to introduce this role. The plan in 2019 is to appoint substantive PA posts in Primary Care and work with WEDS to offer clinical placements.

Advanced Practice

The UHB has a significant number of staff who evidence working at the Advanced Practice (AP) level and Nursing Advanced Practitioner (AP) roles are well established within the majority of clinical boards and new trainee APs are currently being developed in Children and Women, Medicine, PCIC and Specialist Services. Work is being undertaken in Mental Health to support the development of new AP roles, particularly for the community. AP roles are also being developed in Allied Health Professions, for example First Contact Physiotherapists who are being appointed to work in GP practices and provide patient care instead of GPs. An inter-professional Advanced Practice Working Group has been established to provide strategic drive and support for this agenda and to standardise the approach to the development and governance of AP roles across the UHB. It is widely known that the AP workforce: support the provision of expert, holistic patient care; increase capacity, consistency and capability of clinical teams; and transform patient pathways. In meeting all four pillars of the Advanced Practice Framework for Wales APs are also senior clinical leaders making a significant contribution to service improvement, research and the education of the clinical workforce.

3. Cross Cutting Transformation across the UHB

Primary Care Workforce Plan

The UHB has put in place dedicated Primary Care Workforce Planning and OD expertise which provide advice to the 62 GP practices and core Sustainability Team; also working directly with Clusters and practices supporting the delivery of actions aligned to the Primary Care Plan for Wales. The Team have identified a three year Workforce operating model with significant progress having been achieved during 2018 and further detailed action plans in place for 2019:



Cluster Development

All Clusters are encouraged to develop a terms of reference, outlining their vision, purpose, membership and decision making criteria to improve cluster governance. All Clusters who have invested funds in the development of roles/models have been supported to evaluate their investments to date. Using a logic model of evaluation the purpose of the evaluations across Pharmacists and Frailty/Older Peoples nurses has been to establish;

- Scope of role; Lessons learnt; Outcomes and Measures; Engagement and integration; Education and skills; Communication, including feedback, objective/priority settings

In 2019 the evaluation will be used to inform the future development of the roles/services and outcomes in line with a 'Once for Wales' for approach. In addition the lessons learnt from our experiences and investments to date will be used to inform the development of the **Partnership Agreement** between the Health Board and Clusters as part of the MSK/MH roll out. It will also inform our understanding of the **education and training requirements** of the emerging MDT roles working with practices/clusters.

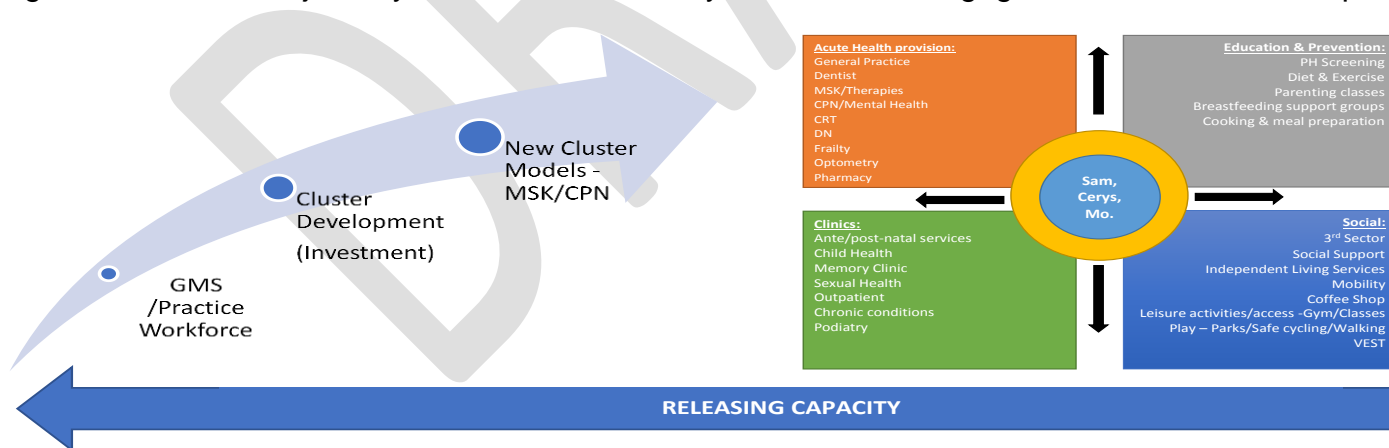
The leadership capacity and capability of Cluster Leads will need to be considered in light of the Cluster Governance ‘ A good practice guide’. A Cluster Leads workshop was held in October 2018 and further work will be undertaken in 2019 to create an organisational development plan to support the continued development and evolution of their cluster in line with the good practice framework.

The Workforce Planning and OD Manager continues to feed into the Public Health Wales Cluster development group. In addition the Workforce Planning and OD Manager has co-facilitated a South Wales Cluster Leadership Programme ‘**Leading with Purpose, Passion and Perseverance**’ with Academi Wales. The programme is designed to support Cluster Leads to strengthen their leadership contribution to improving care delivery for patient and clients. The programme framework also provides a peer support mechanism through Action Learning, enabling personal and service change and promoting quality care in line with Prudent Principles. To date two Cluster Leads in Cardiff and Vale have experienced this programme, with a celebration of learning and success planned for December 2018; as well as gaining the skills to be able to run the programme locally.

Locality/Cluster Wellbeing Hub Development:

North West Locality have actively engaged all partners in a series of workshops to date, with a further workshop planned for November 2018 as part of the Shaping our Future Wellbeing Strategy. The focus and the priority of the work is the development of the wellbeing Hub within the Cardiff West Cluster area. Workshops have been designed collaboratively with stakeholders using the population health needs assessment to ensure services are designed, modelled and delivered around the patient to identify a range of scenarios/options to inform decision making and planning.

The following diagram illustrates the journey towards sustainability based on the engagement and inclusion of partners to date.



OOH:

Significant progress has been made supporting the sustainability of OOH services across Cardiff and Vale. The multi-disciplinary model has been shared as a case study for inclusion in the Primary Care Compendium of roles/models demonstrating the service successes through the introduction of clinical practitioners, with a nurse or Paramedic registration, as an alternative where GP cover has been continually challenging. Recent demand and capacity modelling has supported the creation of a workforce plan and service model of the future which includes the continued development of the multi-disciplinary team focused on skills.

District Nursing:

The creation of a Novice to Expert pathway for District Nurses has been a welcomed tool to support the education and development needs of the workforce in line with the DN principles, the interim guidance on staffing principles, as a result of Nurse Staffing Levels (Wales) Act 2016. An aging nurse workforce continues to be an issue within our District Nursing service however succession planning and talent development is ongoing to ensure the service continues to meet the SPQ requirements through the identification of staff and funding requirements to expedite the number of staff achieving SPQ over the next 2 years.

The nursing role continues to be physically demanding with increasing patient complexity and whilst work continues to articulate and describe levels of patient acuity, the establishment is likely to remain unchanged at this time, however further modelling of the workforce will be needed once this is available. In addition the service will explore the role of a level 4 Healthcare Support Worker whilst also considering the career development pathways from unregistered to registered workforce in line with developments across Wales as part of ongoing succession plans and career aspirations of staff.

Further aspirations include the journey towards a 'Community Nurse' which would incorporate the nursing provision currently situated in separate services (CRT Nurse, Frailty Nurse & DN Nurse) taking account of the learning from Community Nursing Pilots across Wales. Further workforce planning activities are to include specialist areas of work including Acute Response (ART), Continence and Nurse Assessor Teams.

Department of Sexual Health:

The review of sexual health services in Wales (2017) has prompted the development of a workforce plan for the service. Historically recruitment to specialist nursing roles has been challenging, however an education and competence pathway is required to provide assurance that the Health Board is continuing to train and develop staff to meet the needs of the population and increased capacity for more drop in clinics and bespoke services (principle 1).

Prison Services:

Health Boards in Wales are responsible for the funding of Prison Healthcare services. A review of the workforce employed in provision of prison healthcare has not been undertaken since their transfer to the Health Board in 2013 and it is our intention to

undertake a review in 2019. In the absence of a National Strategy for Prison Healthcare recruitment and retention of staff remains a challenge due to the existence of a flat career structure, with limited opportunities for growth and development. A workforce plan for Prison Healthcare will provide recognition of roles; education, training requirements and competencies; a flexible workforce able to meet the population needs.



A Healthier Wales – Regional Partnership Board Proposal

“Me, My Home, My Community” ambition for Cardiff and the Vale of Glamorgan provides for significant opportunity. Engaging staff and partners will be critical to its success, in addition to the development of integrated workforce plans across our health and social care system.

Diabetic Specialist Nursing Development

The UHB continues to progress its strategies to build the capacity and experience of the nursing specialists in order to delivering better access to diabetic services. The proposals supports the cluster plans on a number of levels, including patient access, chronic conditions management and the provision of a service in the local community.

Regional Collaboration/Clinical Change Programme

Formal Joint Regional Planning and Delivery Committees are in place for the South Central and South East Region (Cwm Taf, Cardiff and Vale and Aneurin Bevan, with representation from ABMU for the Bridgend population) and the South West Region (ABMU and Hywel Dda). The workforce transformation required to support these change programmes is embedded within each of the two streams and no longer sits alone. These include Vascular; ENT; Paediatrics, Obstetrics, Neonatal and Gynaecology (PONG); and Regional Priority programmes covering Orthopaedics, Ophthalmology and Diagnostics.

As part of its role in the **Cardiff and Vale Regional Partnership Board**, the UHB participated in a Workforce Planning Development Session. The purpose of this was to review, in partnership, the strategic workforce context across the health and social care region, noting the working already taking place in each of the 3 areas at a local, regional and national level and considering further strategic priorities and action plans. Coming out of this, last year, the senior leadership teams in Workforce & OD in the UHB and Cardiff Council met informally in order to develop working relationships and share practice across sectors. This will continue to grow in 2019.

Workforce systems - enhanced ESR Hire to Retire – the UHB has completed the rollout of ESR Manager Self-Service and has successfully moved all substantive staff to on-line payslips. Paper-payslips are still issued to weekly paid workers however in 2019 this will be addressed. During 2019/20 our priorities for further developments are:

- Auditing self-service usage
- Continuing the implementation of the national Hire to Retire Plan locally
- Migration to the occupational health bi-directional interface of the Cohort and ESR system
- Improving and simplifying further the learning and education self-service functionality for users
- Continuing to raise awareness of the ESR Portal functionality which enables our staff and management to access ESR remotely on PC's, laptops and smart phones.
- Continuing to provide bespoke training and education to maximise usage and efficiency

4. Transformation within Professions and Standards

Apprenticeships



In 2018 the UHB launched a new **Apprenticeship Programme** to underpin our commitment to the *Well-being of Future Generations Act; a prosperous Wales*. The launch included signing the Cardiff Commitment Pledge. This investment in apprenticeships, internships placements and graduate opportunities remains a key development in our workforce plan for 2019/20. Our intention is to develop 100 entry level apprenticeships in 2019/20 and also continue to upskill our current workforce with opportunities to study apprenticeship courses. The pledge aims to ensure that all young people in Cardiff are provided with the support, choices and opportunities to make a successful transition from compulsory schooling to ongoing education, training and the world of work, and are enabled to reach their full potential.

To support this we are continuing to support the widening access agenda by attending Careers Events and visiting schools across Cardiff and Vale to publicise the Academy and the varied roles and opportunities that are available in the Health Board. Promoting the UHB as a 'great place to work and learn' and to #TRAINWORKLIVE in Wales.

Modernising Pharmacy Careers - this work has been transitioned into the Pharmacy Deanery of Health Education and Improvement Wales. The UHB is embracing the pharmacy workforce changes required to support the vision in Healthier Wales, initially by ensuring that all pre-registration training is delivered across primary community and secondary care, from 2019 intake. Further pharmacy workforce development (from early 2020) will include cross sector career pathways for pharmacists, pharmacy technicians and support staff wherever appropriate, including Foundation and Advanced practice and supportive job planning to reflect the needs of patients, the public and healthcare in Wales.

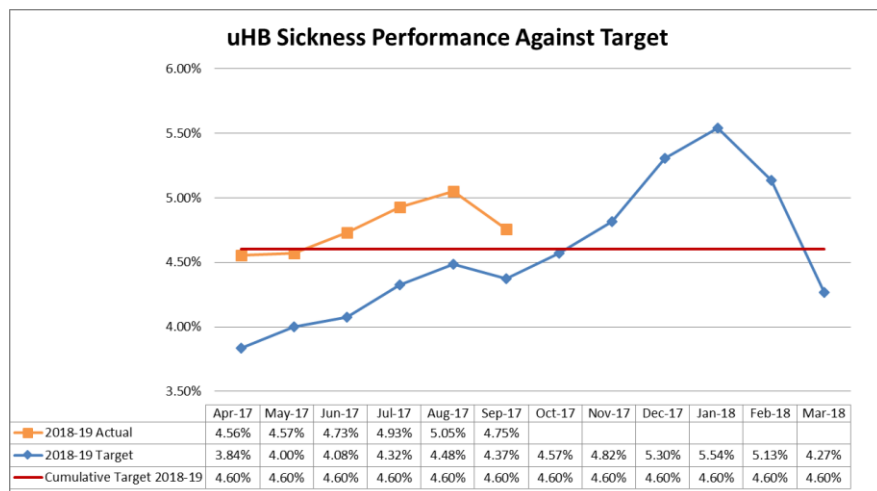
Modernising Scientific Careers (MSC) - the UHB continues to develop and implement service and workforce plans in Cellular Pathology, and Laboratory Genetics. Genetics staff (Clinical Scientists, Bioinformaticians, Technologists) receive further training to meet the increasing demands of the growing Genomic service. It is also progressing analogous integrated workforce planning in Radiology which is outside MSC. This has resulted in new structures and skill mix to support 7 day working and change in service pathways. The UHB will develop plans to respond to the challenges and opportunities for healthcare science and healthcare scientist as described in "Healthcare Science in NHS Wales – Looking Forward". Non-Genetic healthcare professionals (across Wales) to be trained in the delivery of clinical Genomic Medicine services and how they are main streamed into routine clinical practice.

National Standards of Cleanliness, Nutrition and Fluid intake – a structured refresher training and assessment programme is ongoing within Operational Services for staff to undertake NVQ's for cleaning standards and customer skills; IQT, dignity and respect and customer communication.

EFFICIENT WORKFORCE

Achieve target workforce metrics (KPI's)

Delivering against the UHB's **Workforce Metrics**; ensuring the total pay-bill remains within budget; reducing temporary agency and locum expenditure; continued reduction of sickness absence and promotion of staff wellbeing remain key priorities for the UHB in **2019**. The UHB has made significant improvements in many of these areas but our challenge of reducing expensive high premium agency costs remains a focus.



Key Performance Indicator	2017-18 Outturn	YTD	Monthly Actual - Sep-18	2018-19 target	2019-20 target	2020-21 target	2021-22 target
1. Sickness Absence Rate	5.07%	5.13%	4.75%	4.60%	4.60%	4.40%	4.40%
1a. YTD Sickness Absence Rate (Fin year)	5.07%	4.77%	4.75%	4.60%			
2. Job Plan Compliance	50.80%	50.15%	50.15%	85.00%			
3. Voluntary Resignation Turnover Rate (WTE)	6.34%	6.63%	6.63%	6.34%			
4. Pay Bill Over/Underspend	-0.43%	-0.10%	-0.44%	Underspend			
5. Variable Pay Rate	8.06%	8.52%	8.54%	Improve			
6. Actual (Contracted) WTE	12738.43	12718.97	12718.97	12726.00			
7. Fire Safety Mandatory Training Rate	65.32%	66.35%	66.35%	85.00%			
8. PADR Rate	57.19%	57.93%	57.93%	85.00%			

The financial year to date Sickness Absence figure to September 2018 is 4.77%. The cumulative sickness absence rate for the 12-month rolling period to September 2018 is 5.13%. The 12-month cumulative sickness rate for the UHB has been at or around the same rate since April 2018. The strategic action plan for **improving staff health and wellbeing** is described within the Engaged Workforce section.

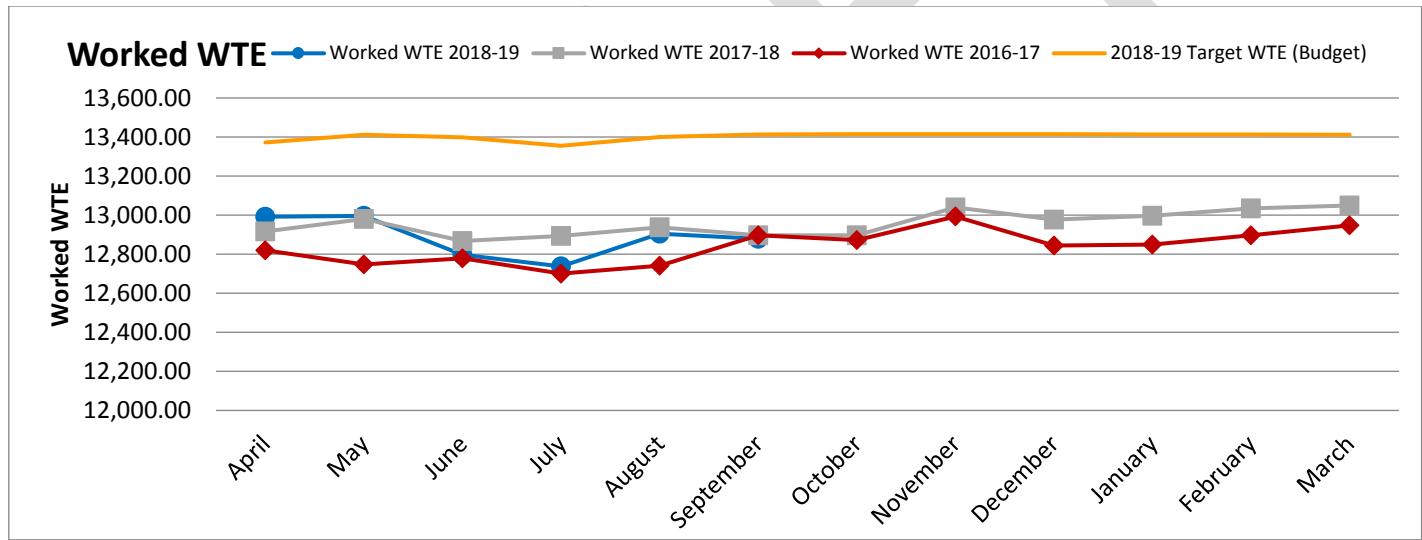
Table: monthly sickness rates 2018/19 compared to 4.60% target

Table: NHS Wales Absence Benchmarking (NHS iView data June 2018)

	Headcount	Contracted FTE	12-Month Cumulative Sickness
ABMU	15,810	13,835	5.90%
Aneurin Bevan			
University LHB	13,095	11,180	5.19%
Betsi Cadwaladr	17,545	15,085	4.86%
Cardiff & Vale	14,465	12,670	5.14%
Cwm Taf	8,175	7,185	5.44%

Hywel Dda	9,510	8,220	5.05%
Powys	2,125	1,725	4.66%
Public Health			
Wales	1,770	1,570	3.92%
Velindre	3,875	3,560	4.00%
Welsh Ambulance Services	3,305	3,085	7.32%
NHS Wales	89,555	78,115	5.24%

Workforce costs have been tightly controlled during 2018/19, seeing a significant reduction in variable pay and expensive agency costs. This is illustrated by a cumulative month 6 budget underspend of £0.289m (0.10%).



The focus in 2019/20 will be to continue to drive these unnecessary costs out to ensure an affordable and sustainable pay-bill. Clinical Boards and corporate functions continue to refine their workforce saving opportunities, controlling vacancies, temporary spend, skill mix, sickness absence costs and alternative ways of working. Reducing UHB wide workforce costs forms part of the UHB's tactical efficiency savings in 2019/20 and is being driven through the Nursing Productivity Group, Medical Productivity Group, Workforce Productivity Group, that feed into the Cross Cutting Steering Board.

Last year Executive Directors undertook a review of corporate administrative and management functions. A 10% cost challenge was achieved. Further reviews are being undertaken in Clinical Boards to consider administration and management structures.

Following the 2018 Pay Deal within NHS Wales, **Band 1** has been closed to new entrants from 1 December 2018. During 2019 work will be undertaken in partnership with our trade unions to review roles and upskill roles from Band 1 to Band 2.

The appraisal process and documentation is being thoroughly reviewed due to **the PADR compliance** remaining static at around 56-60% for many years. The process will be aligned with the talent management process and fundamentally this new approach will enhance the staff experience and improve the career conversation. A task and finish group has been established to develop the material in collaboration with our staff; ready for implementation of the new approach in 2019.

SUSTAINABLE WORKFORCE


Ensure the right people, in the right roles, in the right place, at the right time.

Ensuring **sustainability** of current and future workforce supply, especially in nursing and medical roles, remains a priority for the UHB in 2019 and beyond. Specific actions identified within the plan are: deliver Project 95% and sustain Project Switchover; continue to deliver Medical Training Initiative (MTI) strategy; monitor the implementation of the Welsh Government Agency and Locum Circular, recruit hard to fill vacancies; develop talent management and succession planning for senior management posts.

Project 95% has held a number of very successful recruitment campaigns in 2018 and continues to fill substantive nursing posts. Recent work has been focussed on the development of a **Nurse Retention Plan** to ensure that when we recruit we also retain our nurses. We are also having great success with our nurse adaptation programmes and have a “waiting list” of people who wish to join these. Further cohorts are planned for 2019.

		ACTUAL	FORECAST (month end position)					
	Combined Band 5 and Band 6 including ODP	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
UHB	Establishment	3564.57	3563.53	3546.09	3546.09	3546.09	3546.09	3546.09
UHB	Forecast Actual	3259.07	3285.74	3305.49	3337.47	3337.65	3328.84	3341.02
UHB	Forecast Vacancy	305.50	277.79	240.60	208.62	208.44	217.26	205.07
UHB	%	91%	92%	93%	94%	94%	94%	94%
UHB	Forecast Starters TOTAL	74.89	63.09	46.41	58.64	26.84	17.84	38.84
UHB	Forecast Leavers	35.14	26.66	26.66	26.66	26.66	26.66	26.66

JOB OF THE WEEK



70 Nurses for September

Saturday 22nd September, 10am - 3pm, Sports and Social Club, UHW.

#TrainWorkLive #CAVJobs

Band 5 Nurse - various areas
 £22,129 to £28,747 per annum pro rata
 Job ref: 001_NMR237-0718
 Contact:
 Lisa Evans, lisa.evans10@wales.nhs.uk

We have positions in medicine, surgery, acute nursing, theatres, community nursing, the prison service, children's nursing, mental health and many more, so if your preference is intensive care or community nursing or anything in between we have something to offer you. Many of these departments are tertiary services which provide specialist and highly skilled services for the wider population of Wales.

Project Switchover has continued to sustain its position of eradicating 100% off contract agency usage.

Nurse Staffing Levels (Wales) Act 2016 – 25B, C and E commenced in April 2018. Guidance has been implemented to enable us to comply with the Act. The Executive team and Clinical Boards are working together to ensure reporting requirements are understood and implemented.

Medical Locums remains a priority for the UHB in 2019 and control measures in place and monitored through the established Medical Productivity Project Team, led by the UHB Medical Director are being further enhanced as we implement the Welsh Government Agency and Locum Cap Circular. Each Clinical Board has a detailed action plan and Support Panels are held regularly to review these. Implementing the WG Cap shows that many service areas are holding the rates with the specialty areas of most concern being the Emergency Unit, Paediatric Surgery, Psychiatry and Neuroscience.

MTI – in 2019 the UHB is aiming to continue to hire more MTI doctors through the BAPIO initiative.

Hard to fill vacancies - As at end of December 2018, there were 4 hard to fill consultant vacancies and 25 hard-to-fill trainee and higher grade HB medical vacancies. Whilst the UHB have had a number of successes in 2018 in filling key roles in Emergency Medicine and Paediatrics, our recruitment strategies continue to be reviewed especially in Medicine, Paediatrics and Psychiatry. Our plans to address other professions include: newly qualified nurses, Sonographers, Radiologists, qualified mechanical and electrical trades, Perfusionists, Cardiac scrub nurses and Advanced Nurse Practitioners.

Brexit – during 2019 we will be supporting our staff who require EU settlement by providing them with as much information and guidance as is available. Briefings have been communicated and sent throughout the organisation in readiness for staff to use the pilot scheme during November and December. Further work will be undertaken to support staff and to improve our reporting of EU nationality on ESR.

CAPABLE WORKFORCE

Meet learning & leadership skills needs through delivery of quality training & development.

Investing in our workforce to build capability and capacity is central to the UHB's ambition to be a **Great Place to Work and Learn**. Much of this is coordinated through the Learning, Education and Development Department, working collaboratively with Clinical Boards and Executive Departments.

Mandatory Training compliance is monitored and reported monthly to ensure we are moving towards 85% compliance target. During 2018/19 the ESR system was utilised to develop a training needs analysis for all level 1 awareness raising mandatory

training. This has replaced the previous blanket approach and now provides a system for staff to identify the modules and refresher periods they are required to undertake, deemed essential for their role. In 2019 the same approach is being adopted for level 2 and 3 mandatory training which, again, will identify the roles that require the relevant training, therefore avoiding duplication and unnecessary time undertaking training not relevant to role.

Performance management and talent development are integral to our appraisal, recruitment and retention plans for 2019/20. We are undertaking a Pilot Programme with invited Managers (clinical and non-clinical) to form a Talent Management Community of Practice over 6 months during 2018/19. An action plan based on national work on talent and succession planning will ensure our local plan draws on best practice and an early indication of how the 9 Box Grid is developing is outlined below. The group will tease out this tool to enable the Career Conversation with individual members of staff. Areas of focus are: recruiting talent; identifying and retaining talent; deploying talent; and succession planning. Outcomes will include: a values-based recruitment process; a promotional plan for the UHB; an increase in our graduate-management scheme places; a post-graduate scheme; a talent-management tool for use across all Clinical Boards and Corporate



Department; a bespoke programme of development for those identified through the talent management process; and a career-pathway brochure. Benefits will be identified through a reduction in hard-to-fill posts and reduction in expenditure on interim staffing arrangements.

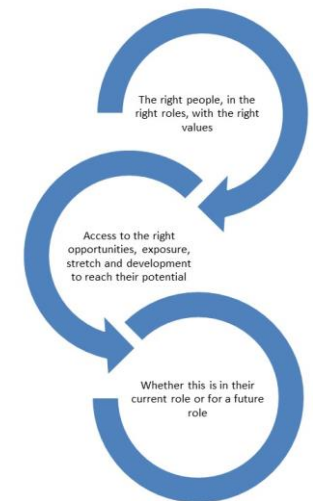
	Partially meets expectations / Needs Development	Meets expectations	Exceeds expectations
Ready Now	TRANSITION EMPLOYEE High potential though underperforming, may be in wrong job / manager or new to role <i>(needs support)</i> DEVELOP	FUTURE POTENTIAL High potential, capacity for key roles, strong, valued contributor <i>(recognise and develop)</i> STRETCH / DEVELOP	ROLE MODEL High potential to go further <i>(reward, recognise and promote)</i> STRETCH
Developing Talent, Ready Soon	DEVELOPING GENERALIST Potential for some growth, Needs stretching, some under performance <i>(provide coaching)</i> OBSERVE	CORE EMPLOYEE Solid and adaptable <i>(motivate, engage and reward)</i> DEVELOP	GROWTH EMPLOYEE Pivotal and flexible, strong contributor <i>(challenge, reward, grow and motivate)</i> STRETCH / DEVELOP
Shows Promise	DEVELOPMENT ROLE Has reached job potential and is not meeting objectives / behaviours <i>(Support, manage)</i> OBSERVE	FUTURE PROFESSIONAL Reliable performer with potential in current role, specialised, expert <i>(engage, focus, motivate)</i> OBSERVE	TRUSTED PROFESSIONAL Specialised, expert, reached career potential <i>(retain, reward, encourage, mentoring others)</i> DEVELOP

Leadership and Management skills development is a key focus in 2019/20 as we continue to invest in development to build **leadership capability**. In 2018, the leadership development offer in the organisation was reviewed in line with the UHB Strategy and renewed transformation programme. The focus has been to define the skills and behaviours that the organisation wants to see in our leaders, against the NHS Leadership Framework, and background from recent leadership theory. The focus of our leadership development at all levels is on networking, supporting each other and stimulating leaders to solicit new ideas and innovative solutions from each other and their teams and encouraging them to present ideas that are different from their own.

A leadership programme for Clinical Directors is now embedded into the suite of leadership programmes offered, designed partially in response to insights from the Medical Engagement Survey. The leadership pathway for all roles will be mapped and accessibility to programmes increased. We will also participate actively in the development of **public sector partnership leadership programmes** through our involvement in the Public Services Board.

Nurse capability: A 'Nursing and Midwifery Education and Development Framework' is under development to support nurse progression through career pathways. Newly registered nurses are supported through an innovative Nurse Preceptorship Programme (NPP) for their first 12 months post registration. This programme is currently under review and a new programme will be tested in 2019/20. Additional induction pathways are being developed to support the acquisition of competence in other roles e.g. Ward Sisters and Charge Nurses. A robust Adaptation programme for Overseas Nurses has been developed in 2018 and will be more widely implemented and evaluated in 2019/20. The new ESR competency module is now being used to document the achievement of competence for nursing clinical skills and this will continue to be implemented for all clinical skills programmes in 2019/20.

Non-registered nurse capability: The NHS Wales Skills and Career Framework for Healthcare Support Workers was mandated by Welsh Government in 2016 for new starters and for substantive staff in 2018. As a result of the work undertaken to implement the framework clear development pathways are now in place for all non-registered nurses working across all settings in the UHB. Development pathways now help HCSW to access undergraduate nurse training through the traditional route or one of the flexible routes that are now open to HCSW (University of South Wales and Open University). Compliance with the framework is measured annually and 49% compliance achieved in January 2018.



ENGAGED WORKFORCE

Create conditions which unleash more capability, potential, and commitment to the goals and values

Improving levels of staff engagement improves performance and outcomes, including: mortality rate; health and wellbeing; absenteeism; patient satisfaction; quality of services; and financial management (NHS Employers, 2013). We have a comprehensive programme of engagement work at both organisational and Clinical Board level.

Our surveys – Medical Engagement, Staff Survey and Values Survey – are one way in which our staff can share their views and they have given us a clear picture of the work we need to do to improve staff engagement. Although our staff are feeling more engaged, improvement is required. The results of the NHS 2018 survey for Cardiff and Vale 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 average which include stress at work and harassment, bullying and abuse. The Executive Director of Workforce and OD is chairing a task and finish group with a range of staff throughout the UHB to develop a response.

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

In 2019/20 we will continue to invest in reward and recognition of staff; improve staff involvement in change activity; improve the quality of our appraisals; improve our response to complaints of bullying; and reduce the number of stress-related absences. In 2019/20 we will enhance our understanding of the drivers of engagement, bringing together the 'key diagnostic indicators' of engagement,

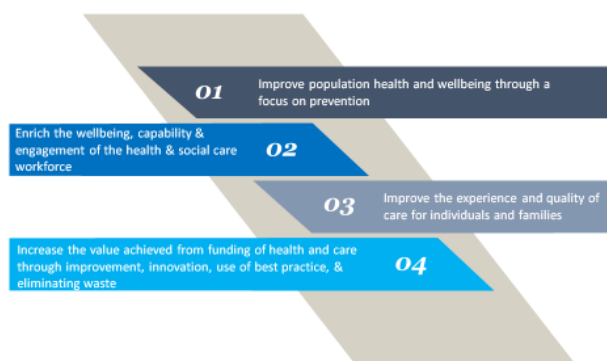
such as selection of workforce measures, medical engagement results, and data from our Values programme. We have recently been working with Professor Michael West in the quest to continue to develop the culture in our Health Board for High Quality Care. We will reflect on this work and build it into our action planning for engagement and well-being.

Medical Engagement has been a particular focus in recent years and in 2019/20 we will continue to evaluate our progress in order to develop further the Engagement Charters at team level.

We recognise that staff wellbeing is key to staff feeling engaged. A multi-disciplinary group leads a strategic action plan for **improving staff health and wellbeing**. Dietetics, physiotherapy, health and safety, transport and travel, occupational health, employee wellbeing and the Public Health team developed a collaborative plan, which realised improvements across a range of areas. 2017/18

was a year of great success with the UHB achieving both the Gold and Platinum Corporate Health Standards and being recognised as an exemplar organisation. In 2019/20 we will continue to use the learning from these standards to stretch our health and wellbeing activity even further, achieving further reductions in sickness absence through whole-system approaches.

The Quadruple Aim for All



An Employee Engagement Framework and Toolkit was launched in 2017 providing the basis for Engagement Plans across the UHB. Key aspects are: having a strong **organisational values**; effective senior **leadership**; excellent line managers; a strong **employee voice**; and good **partnership working**.

We have involved patients and their families and clinical and non-clinical staff in creating a behavioural framework to bring our Values to life. In doing so we have also refined our Values to ensure they are memorable and relevant. As an organisation we strongly believe that it is vital our leaders exhibit the behaviours and values that we expect from all our staff. In 2018/19 these behaviours were integrated in to all workforce processes, including recruitment, promotion, appraisals, induction and performance management. Each of our core value comes with a set of behaviours that are measurable and specific. Incorporating

core values as part of the performance management process will enable employees to be recognised whenever they behave in alignment with core values. Reviewing people based on values is interrelated with rewarding people for demonstrating the values. All leadership and Management training in Cardiff & Vale now incorporates training on a coaching style and managers are encouraged to coach and support employees on how to demonstrate the core values which eventually lead to recognition and rewards.



Year 3 of the Strategic Equality Delivery Plan.

We have again made the **Stonewall Workplace Equality Index Top 100 Employers** list as one of their gay and trans-friendly employers. We are one of two **top Health and Social Care organisations in Wales** and are in the **top 5 Health and Social Care** organisations in the UK as well as being in the **Top 10 Employers in Wales**. In 2018 we had a strong presence at the annual PRIDE Cymru Parade, led by our Chief Executive and we are currently reviewing our supporting transgender staff procedure and Equality Policy. We have achieved **Disability Confident** Employer status and are looking at how we become a more inclusive organisation and achieve Disability Confident Leader status. As part of this piece of work, which is led by the Engage to Change project, funded by Learning Disability Wales and the Big Lottery Fund's Getting Ahead 2 grant, we are working to support the employment of young people with a learning disability and/or autism throughout the organisation. The UHB has also focused attention on **sensory loss** issues for patients, some of whom are staff. We have developed, in partnership with Action on Hearing Loss, training for staff in basic British Sign Language. In the coming months we are looking to extend this work in partnership with the local British Deaf Association. This coming year we will also be looking at developing a gender pay gap review action plan based on the issues raised by the gender pay gap review report published earlier this year. All this work is part of the transformational and cultural change that the UHB is looking to progress with the end goal of removing systematic barriers and leading to the widening of access

Welsh Language

The Welsh Language Standards, after a very comprehensive and systematic consultation process undertaken by staff, was placed with the UHB at the end of November 2018. The implications of their content and implementation means that there are challenges that the UHB must meet if the standards are to be achieved. Issues such as providing training opportunities to staff and working with local dementia networks to develop a reminisce resource for staff to use with Welsh speaking dementia patients are examples of the work that we are and will continue to develop in the coming year. The Standards also provide us with opportunities and not just challenges. Through our work in meeting the Standards, we will be able to identify good practice with the More Than Just Words Awards taking place in 2020. This can be used a measurement tool to see how far we have progressed.

7.3.4 Workforce and Organisational Development Delivery Plan 2019 - 22

Key actions to support delivery of a Transformed Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
TRANSFORMING WORKFORCE				
<p>The transformational programme has brought together the skills and expertise of the following departments: Organisational Development (OD), Continuous service improvement (CSI) and project management (PMO) to:-</p> <ul style="list-style-type: none"> • Identify specific development needs • Develop programmes of work • Identify external contributors where appropriate and schedule dates throughout 2019/20 	Build internal transformation capability	Create programme of development to build skill and capability of transformation team, and ensure effective use of existing internal expertise. Draw upon expertise of partner organisations where appropriate.	Further training needs analysis, development and evaluation of impact and capability	Further training needs analysis, development and evaluation of impact and capability
<ul style="list-style-type: none"> • Implement Actions following Audit of self-service 	Enhance ESR functionality and enable workforce digital solutions	Implement ESR S/S in medical and dental staff group Increase usage of ESR Portal	Review functionality available and C&V usage of this to explore	ESR MSS usage sustained for all functionality in ESR

Key actions to support delivery of a Transformed Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> • Ensure annual leave functionality is being used across the UHB • Implement ESR S/S for medical and dental staff group • Continue implementation of national Hire-to-Retire Plan locally • Automate starter and staff changes forms within ESR MSS • Migrate to Occ Health Bi directional interface • Ensure all rosters up to date against agreed staffing levels • Provide further training to managers on Workforce solutions 			opportunities to maximise benefits of ESR and associated systems	
<ul style="list-style-type: none"> • Deliver required outcomes against the themes in the Plan • Continue to support ongoing cluster development/ maturity of, and succession planning for primary care clusters and the sharing of best practice • Continue to engage and work with Public Health Wales Primary Care cluster development team and pacesetter work 	Deliver 'Planned Primary Care Workforce for Wales'	<p>Development of emerging models of working and evidence of impact.</p> <p>Embedded evaluation exercises and PDSA cycles of all new roles/models of working to inform</p>	<p>Deliver the HB actions against the required outcomes</p> <p>Sustainable multi-disciplinary workforce for GMS</p>	Deliver the HB actions against the required outcomes

Key actions to support delivery of a Transformed Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Support and influence the evaluation of cluster projects, maximise the use of advanced and extended skills for possible roll out of initiatives in other areas e.g. cluster pharmacist and diabetes specialist nurse Continuing to build a more robust approach to workforce planning Continue to invest in the development of the wider primary care workforce 		<p>service improvement.</p> <p>All Clusters working towards maturity level 2.</p> <p>100% of Cluster Leads attended/completed a recognised Leadership programme</p>		
<p>Deliver against milestones for:</p> <ul style="list-style-type: none"> Paediatrics, Obstetrics, Neonates ENT Major Trauma Emergency Medicine Vascular and Surgery (as models emerge) UHW/UHL Medical Model UHB Theatres and Critical Care Collaborative/National models: Pathology, Imaging 	Support South Wales Clinical Change Programme - Reconfiguration	Deliver Workforce actions in SW Programme (see actions)	Deliver Workforce actions in SW Programme (see actions)	Deliver Workforce actions in SW Programme (see actions)

Key actions to support delivery of an Efficient Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
EFFICIENT WORKFORCE				

Key actions to support delivery of an Efficient Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Development & implement a work plan linked to the new Managing Attendance at Work Policy, with monthly meetings to ensure progress is made in a timely manner. Benchmark against other organisations Deliver training in partnership with Trade Union representatives. Continue to build manager capability through effective coaching, holding Attendance Surgeries and developing resources. 60% seasonal Flu vaccination uptake Support managers with LTS cases, involving Occupational Health as appropriate Continue with representation on relevant all Wales groups e.g. Managing Attendance Group Raise awareness of the new All Wales Managing Attendance at Work Policy 	Improve attendance (reduce sickness absence)	95.4% attendance (4.6% UHB sickness absence)	95.6% attendance (4.4% UHB sickness absence)	95.6% attendance (4.4% UHB sickness absence)
<ul style="list-style-type: none"> Implementation of hard-to-fill / service critical post resourcing strategies 	Improve Workforce Capacity	<5% vacancies	<5% vacancies	<5% vacancies
<ul style="list-style-type: none"> Map management vacancies/pending gaps Publish career pathways brochure Cost/benefit analysis for a new post graduate scheme Contribute to all-Wales succession planning and retention groups 	Improve Retention	7-9% turnover	7-9% turnover	7-9% turnover

Key actions to support delivery of an Efficient Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Monitor ESR recording and train managers to input via MSS (at source) Review opportunities for E-Job Planning and review pilot in Specialist Services Publish leading practice on productive and team job planning Deliver further job planning training 	Optimise medical workforce sessions	85% Job Plans 85% job plans reviewed in 12 month period 100% EWTD compliance	85% Job Plans 85% job plans reviewed in 12 month period 100% EWTD compliance	Job Plans systematically linked to Patient Outcomes
<ul style="list-style-type: none"> Embed robust initial assessment/fact finding process to stop cases progressing to formal disciplinary investigation inappropriately. Continue to optimise the fast track disciplinary hearing process for minor misconduct. Implement & embed the new Investigating Officer's information pack, to improve consistency & capability. AHWODs to act as Case Managers to improve the monitoring and timeliness of formal investigations. Pilot using bank Investigating Officers in Clinical Board's with high numbers of formal disciplinary investigations, to reduce duration/create capacity. Appeal hearings to be prioritised and arranged wherever possible within 28 days 	Improve Management of Disciplinary and Grievance cases	Reduction in number of formal investigations from 60 to 50 Fast Track Disciplinary process completed within 21 days (non medical) Complete 50% of investigations in 90 days 70% Appeals heard within 28 days Reduction in ET claims	Reduction in number of formal investigations from 50 to 40 Fast Track Disciplinary process completed within 14 days (non medical) Complete 60% of investigations in 70 days 80% Appeals heard within 28 days Reduction in ET claims	Reduction in number of formal investigations from 40 to 35 Fast Track Disciplinary process completed within 14 days (non medical) Complete 70% investigations in 60 days 85% Appeals heard within 28 days Reduction in ET claims

Key actions to support delivery of an Efficient Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Implement & evaluate the electronic recording of formal hearings, e.g. disciplinary & appeal Implement an electronic file storage system, so that documents can be shared securely. Review Investigating Officers training and deliver in partnership with TU Representatives 		Increase efficiency & reduce cost Increase the capability of Investigating Officers	Increase efficiency & reduce cost Increase the capability of Investigating Officers	Increase efficiency & reduce cost Increase the capability of Investigating Officers

Key actions to support delivery of a Sustainable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
SUSTAINABLE WORKFORCE				
<ul style="list-style-type: none"> Complete a detailed and robust WTE and financial workforce plan, with identified workforce savings against Core, Variable and Agency Workforce Complete WG IMTP workforce templates Define workforce milestones for years 1, 2 and 3 Develop new workforce models and new roles to support plans e.g., Physician Associate, Rehabilitation Assistants 	Meet Future workforce supply needs	Firm Workforce Plans in place for each CB, aligned to commissioning intentions, cross cutting themes and with detailed action & delivery plans	Indicative Workforce Plans in place for each CB, aligned to commissioning intentions, cross cutting themes and indicative priorities, actions and workforce challenges and risk	Outline Workforce Plans in place for each CB, aligned to commissioning intentions, cross cutting themes outlining progress towards strategic objectives
<ul style="list-style-type: none"> Deliver 'Project 95%' with CBs (focus on Medicine and Surgery CB) Support 'Nurse Benefits' project 	Improve Nurse Capacity and reduce costs	95% Band 5/6 establishment	95% Band 5/6 establishment	95% Band 5/6 establishment

Key actions to support delivery of a Sustainable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> • Sustain Project Switchover (with Corporate Nursing) • Review locally Student Nurse Streamlining • Implement Nurse Retention Action Plan • Deliver and evaluate the Adaptation Programme • Support HCSW to undertake flexible undergraduate nursing programmes 		100% on contract agency usage sustained	100% on contract agency usage sustained	100% on contract agency usage sustained
<ul style="list-style-type: none"> • Deliver MTI strategy • Develop International Recruitment strategies aligned to hot spot area • Reduce Junior Doctor recruitment gaps • Monitor WG Cap Agency and Locum • Review Managed Service Staff Bank Proposal • Support All Wales Med Efficiency Group • Review options with BMJ to attract international applicants for specialities 	Improve Medical Workforce Capacity and reduce costs	Continue to implement WG Agency and Locum Cap Circular Reduce long term agency locums (over 1 month) Fill hard to fill vacancies	Monitor usage in areas that don't comply with cap Reduce long term agency locums (over 1 month) Fill hard to fill vacancies	Reduce long term agency locums (over 1 month) Fill hard to fill vacancies
<ul style="list-style-type: none"> • Participate in Public Services Graduate Scheme • Publish clear development pathways for managers in different roles • Development of additional management programmes to meet demand, such as Clinical Directors' programme; Skills to Manage; Skills to Supervise 	Improve Management Capacity	Increased number of graduates in place through NHS Graduate Scheme (Cwm Taf lead) and participate in Public Services Graduate Scheme	Introduce post-graduate scheme. Reduction in leadership & management vacancies Reduction in management agency costs	Increased number of graduates in place through NHS Graduate Scheme (Cwm Taf lead) and participate in Public Services Graduate Scheme

Key actions to support delivery of a Capable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
CAPABLE WORKFORCE				
<ul style="list-style-type: none"> Introduction of new TNA software Continue to train managers in ESR Portal and data access systems to improve reporting Focus on increasing compliance through Mandatory Training Steering Group 	Increase & improve Statutory & Mandatory core skills compliance	85% compliance subjects as determined by the individuals training needs analysis (TNA).	85% sustained compliance in core subjects as TNA determines	85% sustained compliance in core subjects and to note new subject areas if mandatory through WG
<ul style="list-style-type: none"> Develop a new PADR process aligned with the talent management development Maximise PADR functionality within ESR Portal Develop PADR stories to increase awareness, on the benefits of PADR 	Improve individual performance management & development in the form of career conversations.	85% PADR compliance for all staff including the medical workforce	>85% PADR compliance for all staff groups	>85% PADR compliance for all staff groups
<ul style="list-style-type: none"> Implementation of Leadership and Management Framework The development of new programmes as required by the service and aligned to the UHB strategy Introduction of a managers tool kit Develop a talent and succession management pathway for tiers 4 or hard to fill roles within the UHB Produce a TNA of training requirements Increase uptake on apprenticeship courses that are fully funded through HEIs. 	Improve leadership & management capability	To embed a Leadership and management pathway for all staff. For all CBs to produce a leadership and management plan in line with the WOD strategy and work in collaboration with LED	Working with partners (through sub-group of Public Services Board) to identify and develop opportunities for partnership leadership programmes.	To have a robust leadership and management framework

Key actions to support delivery of a Capable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Achievement of all clinical skills competencies will be logged onto ESR using ESR competency module Implementation of escalation process for non-achievement of competence Continue review of all clinical skills programmes 	Improve nurse capability	ESR competency module will be used for 75% of clinical skills training	ESR competency module will be used for 95% of clinical skills training	ESR competency module will be used for 100% of clinical skills training
<ul style="list-style-type: none"> Maintain Agored Cymru Centre Status ESR Coding to be aligned to new Healthcare Assistant Titles Competency module on ESR to be used to log individual compliance with the framework and facilitate a live reporting mechanism. Yearly scoping exercise will be undertaken in December to enable annual reporting to HEIW Use talent management approach to identify HCSW who will progress to undertake undergraduate nursing programmes 	Improve non-registered (HCSW) competence and capability	Increased compliance with L2–L4 education for band 2- 4 clinical HCSW across the UHB in line with the HCSW Career and Development Framework.	100% of HCSW achieving the appropriate academic qualifications in line with of the Skills and Career Framework if continued WEDS funding is provided.	Maintain 100% of Healthcare Support Workers achieving the appropriate academic qualifications in line with of the Skills and Career Framework.
<ul style="list-style-type: none"> Continue to enable leaders to develop a coaching style of leadership through enhanced 	Build coaching capability	UHB coaching framework will have been developed and systems established to monitor coaching	10 additional executive coaches will have been trained	95% of managers across the UHB will have completed the UHB's Coaching

Key actions to support delivery of a Capable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<p>communication and coaching skills workshops</p> <ul style="list-style-type: none"> • Create effective coach allocation process and monitoring database • Continue integration of coaching skills into new leadership and development activity • Identify additional coaches via partners in All Wales network in Public sectors • Launch the coaching framework 		provision across the UHB.		Skills for Managers programmes.
<ul style="list-style-type: none"> • Identify mentors for managers and create a database so the individuals are easily recognised • Develop and design mentorship programme for non-nurses • Create a matching service for mentors for employees to access • Create a document that support mentorship for non-nurses • Developing the leadership expertise of the mentee in a work context, with the process of mentoring encouraging independence, autonomy and self-development. • Regular update of data base of all the qualified mentors in line with the NMC standards 	Build mentoring capability	Build mentoring capability through training 30 senior manager mentors in CBs.	Build mentoring capability through training a further 20 managers	For mentorship matching service to be embedded into the UHB representing all disciplines

Key actions to support delivery of a Capable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
Key actions to support delivery of an Engaged Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
ENGAGED WORKFORCE				
<ul style="list-style-type: none"> • Include individual responsibility re health and well-being within job descriptions • Review progress against MECC route map for 2018/18 and deliver actions • Implementation of phase 2 of route map for sustainable wellbeing • Maintain Corporate Health Standards achievements • Align the Health and wellbeing route map to Healthier Wales Strategic Plan 	Enhance Staff Health & Wellbeing	60% seasonal Flu vaccination uptake of front-line health care workers Further development of and delivery against Health and Wellbeing Action Plan	Achieve seasonal Flu vaccination target for front-line health care workers Implementation of Health and Wellbeing Action Plan	Achieve seasonal Flu vaccination target for front-line health care workers Implementation of Health and Wellbeing Action Plan
<ul style="list-style-type: none"> • Implementation of Year 3 of the Strategic Equality Delivery Plan • Review Progress against Equality Route Map • Sharing good practice & resources on sensory loss and trans issues • Develop specific training and deliver bespoke training materials • Produce Annual Equality Report • Maintain Stonewall No.1 Health and Social Care ranking in Wales • Continue gender pay review work 	Promote Equality & Diversity Increased visibility of the LGBT agenda Widening access	Deliver the HB actions against the Strategic Equality Plan Fair Care 2016/20	Sustain and deliver the HB actions against the Strategic Equality Plan Fair Care 2016/20. Develop a Strategic Equality Plan Fair Care 2020/24.	Deliver the HB actions against the Strategic Equality Plan Fair Care 2020/24.

Key actions to support delivery of a Capable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Continue to develop Project Enable for individuals with learning disability 				
<ul style="list-style-type: none"> Implement the Welsh Language Standards Increase number of staff being trained to improve Welsh language skills Work with local dementia networks to develop a reminisce resource for staff to use with Welsh speaking dementia patients 	Promote Welsh Language	Deliver actions against the single organisational Welsh Language Plan and Welsh Language Standards	Deliver actions against the single organisational Welsh Language Plan and Welsh Language Standards	Deliver actions against the single organisational Welsh Language Plan and Welsh Language Standards
<ul style="list-style-type: none"> Administer 2018 all-Wales staff survey Set up T&F to be chaired by the Exec Director of WOD Continued roll-out and communication of Staff Engagement Framework and Toolkit Continued implementation of corporate and Clinical Board plans responding to values survey, national staff survey & Medical Engagement Scale (MES) Monitoring of performance through Exec Performance Reviews Build further capability in engagement methodologies 	Improve Staff Engagement	Improved engagement score and improvements in priority issues identified through previous MES, values and staff surveys.	Improvements in priority issues, measured through local staff Pulse Survey	Improvements in engagement score and priority issues, measured through national staff survey

Key actions to support delivery of a Capable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Continued delivery of Values project: communications; patient experience; staff engagement; and workforce processes in line with the talent management development 	Embed optimal behaviours against CVUHB values	Introduce values-based recruitment (VBR) for nursing	Introduce VBR across other staff groups. Integrate values measures in to local Pulse Survey	Improvements in integration of values in to all processes, measured through survey results
<ul style="list-style-type: none"> Provide training for staff regarding applications for awards and publications Annual Recognition Awards Encourage clinical boards and corporate departments to align their categories with the UHB awards 	Support staff reward & recognition	Deliver annual recognition awards, including nominations from all clinical boards and corporate departments	Deliver annual recognition awards, including nominations from all clinical boards and corporate departments	Deliver annual recognition awards, including nominations from all clinical boards and corporate departments

Report Title:	DISPOSAL OF COLCOT, LANSDOWNE AND LAND AT THE HAMADRYAD CENTRE PLUS ASSOCIATED PURCHASE OF LAND AT THE HAMADRYAD CENTRE			
Meeting:	Board Meeting		Meeting Date:	31/01/2018
Status:	For Discussion	For Assurance	For Approval	For Information
Lead Executive:	Director of Strategic & Service Planning			
Report Author (Title):	Property, Accommodation & Systems Manager			

SITUATION

This report outlines the rationale for the UHB declaring Colcot Clinic and the former Lansdowne Hospital as being surplus and therefore available for disposal.

This paper also outlines the rationale for 2 transactions at the Hamadryad Centre, a disposal of one piece of land and the acquisition of another.

REPORT

BACKGROUND

Colcot Clinic

Colcot clinic houses health visitors, district nurses and speech therapy staff. The building is similarly in very poor condition and does not offer suitable accommodation for healthcare services. The UHB are currently instigating plans to relocate services away from Colcot Clinic into Barry Hospital. This will free up Colcot clinic for disposal.

Lansdowne Hospital

The buildings forming the remainder of Lansdowne Hospital House Information Technology and the Capital Estates and Facilities SIP Team. Furthermore, there is also the presence of third party organisations in the form of WAST and NWSSP Internal Audit.

The large community building lies vacant and the building known as the Treasurer's annexe lies derelict.

Hamadryad Centre

The construction of a new primary school "Ysgol Hamadryad" is currently underway on a site adjacent and to the rear of the Hamadryad Centre. As part of the proposals, some UHB land (which is currently unutilised), is required for the location of sprinkler tanks and pumps associated with the new school. Similarly, the UHB currently occupies Council owned land to the

side, as car parking spaces associated with the Health Board's current operation at Hamadryad Centre.

As such, the parties have agreed in principle to undertake a mutual transfer of the respective parcels to formalise matters.

ASSESSMENT

Colcot Clinic

The UHB is to transfer services from Colcot into nearby Barry Hospital. A valuation of the site was undertaken in August 2018 at £120k. The UHB is in talks with the Vale of Glamorgan County Council for a disposal under the Wales Land Transfer Protocol.

Lansdowne Hospital

The UHB has recently successfully acquired the former Tesco HQ on Maes-y-Coed Road, known as Woodland House. The overall strategy for this new site is for a central administrative function for non-clinical services.

This strategy is inexorably linked with several UHB properties (Iorweth Jones, Lansdowne Hospital and Global Link); whereby the sale incomes from Iorwerth Jones and Lansdowne will offset the capital expenditure incurred on the acquisition of Woodland House. The end of the Global Link lease will also provide revenue savings from the rental payments.

All UHB and NWSSP services will transfer to this new premises from Lansdowne. Notice had been served on WAST to vacate site by 12th December 2018.

A valuation of the whole site was undertaken in July 2018 at £2.35 million.

Under the original sale of the original land back in 2002, an option agreement was put in place with the neighbouring GP practice (Lansdowne Surgery). This agreement gives the GPs the right of an option to buy part of the Lansdowne Hospital site, once vacated and cleared. This section of the site has been valued at £200,000 and is included within the overall site value. The UHB will enter into a dialogue to take this forward as necessary.

Hamadryad Centre

A valuation of the two parcels of land has been undertaken under the Wales Land Transfer Protocol. This indicates a minimal difference between the two parcels on an OMV basis.

- Transfer 1 - £1,500 – Cardiff Council to Cardiff and Vale UHB – Car Parking Land
- Transfer 2 - £1,000 – Cardiff and Vale UHB to Cardiff Council – Spare UHB Land

The effective net cost to the UHB is therefore £500.

ASSURANCE is provided by:

This overall project will move staff to improved facilities and result in the disposal of poor

accommodation.

RECOMMENDATION

The Board is asked to:

- NOTE the report and its content
- APPROVE to declare Colcot, Lansdowne and Land at the Hamadryad, as surplus and available for disposal and
- APPROVE to acquire land at the Hamadryad for parking.
- Seek WG Consent for disposal.

Benefits and Risks

The **benefits** of this proposal are as follows:

- Potential sale capital receipt in the order of £2.4 million that is key to offsetting the expenditure on Woodland House.
- Disposal of redundant accommodation in a poor condition.
- Quick disposal will minimise liabilities of the empty building.

The **Risks** are as follows:

- Costs associated with site security while selling property.
- Fluctuations in property market may impact final sale price.

Next Steps

Approval is sought for the following:

- **Declare Colcot Clinic and the former Lansdowne Hospital as surplus and available for disposal.**
- **Transfer part of the land at the Hamadryad Centre to Cardiff City**
- **Seek WG Consent for disposal.**
- **Consent to purchase associated land at Hamadryad Centre**
- **Seek WG Consent for Acquisition**

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
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	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	Long term	Integration	Collaboration	Involvement
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>			

Kind and caring  Respectful  Trust and integrity  Personal responsibility
 Caredig a gofalgar  Dangos parch  Ymddiriedaeth ac uniondeb  Cyfrifoldeb personol 

Report Title:	UPDATE ON ADDITIONAL LEARNING NEEDS ACT IMPLEMENTATION PLANS FOR CHILDREN AND YOUNG PEOPLE 0-25							
Meeting:	UHB Board					Meeting Date:	31.01.19	
Status:	For Discussion		For Assurance	x	For Approval	x	For Information	x
Lead Executive:	Executive Director of Therapies and Health Sciences							
Report Author (Title):	Head of Operations and Delivery – Community Child Health							

SITUATION

This report provides an update following on from the Board development session in October 18. The Additional Learning Needs and Education Tribunal (Wales) Act 2018 (The Act) will replace the current statutory framework for supporting children and young people with additional learning needs (ALN). Implementation of the new system will start in September 2020. From this date, learners who are newly identified as having additional learning needs will be supported under the new arrangements, whilst those within the existing system will transition to the new system over a three year period.

Under the new Act, Statements of Special Educational Need, Individual Education Plans and Learning and Skills Plans will cease to exist. Instead, all children and young people with ALN (up to the age of 25 if they continue in education) will have the same statutory plan irrespective of whether they are in school-based education or further education. The new Act will therefore place the systems for supporting young people with ALN in schools and further education on an equal footing, and should improve transition between the two.

The new statutory plan will be called an Individual Development Plan (IDP). It will describe the child/young person's ALN and the Additional Learning Provision (ALP) required to meet their needs. Each Health Board is required to have a Designated Education Clinical Lead Officer (DECLO) who will help strengthen liaison and joint action between Health and the Local Education Authority (LEA) The DECLO must report directly to an Officer member of the Health Board and be at Assistant Director Level. An agreed job description is being developed by Welsh Government and based on the population of Cardiff and Vale this will need to be 0.8 WTE resource.

One of the most important aims of the Act seeks to ensure that local authorities and health bodies work together in the best interests of the learner (Core aim 4: Increased collaboration). Section 20 of the Act places Duty on health bodies to make provision, and the following duties on NHS bodies:

- Where asked to by a local authority, a health body 'must consider whether there is a relevant treatment or service that is likely to be of benefit in addressing the child's or young person's ALN'.
- If the health body identifies such a relevant treatment or service, it 'must secure' it for the child or young person.

This seeks to address one of the perceived weaknesses of the existing system which is that there are insufficient duties on the NHS to secure their involvement in supporting learners with ALN.

There are 14,000 learners with ALN in Cardiff and the Vale of Glamorgan, of these 82% will be supported by their school, they may in addition require advice to the school or direct support from health services. The remainder have existing Statements of Educational Need which will often include school based support from Health services in particular Speech and Language Therapy, Occupational Therapy, Physiotherapy, Dietetics and Nursing

The 2017 population needs assessment for Cardiff and Vale indicates that the number of Children and Young People with ALN is predicted to rise over the next 5 years and confirmed by an additional 25% increase in demand for ALN school placements over this period. Cardiff Local Authority are building a significant number of new schools with an additional 400 ALN placements and the Vale of Glamorgan are looking to increase the size of Ysgol Y Deri by 100 extra places. This increase in demand will have significant impact for the UHB and for the Community Child Health Directorate in particular.

BACKGROUND

The change to arrangements under the Act is significant and clarifies the duties required of health services. The Act will require transformation of services across the 0-25years age range to ensure that a child/young person's individual development plan is agreed, monitored and delivered.

The current process of Special Educational Need has been in place for many years and the links with the UHB are managed through the Community Child Health Directorate and covers the age range from starting school to leaving school. There is a continuum of need from those with a specific learning difficulty, such as speech and language disorder, through to those with profound and multiple complex needs and disabilities. Support is provided through advice and consultation, as well as direct intervention and forms a significant part of the services delivered through the Community Child Health Directorate. There is no existing requirement for adult health services to provide similar support.

There is often tension between health and education with regard to the competing priorities placed on this area of work between waiting list targets, education timescales for assessment, and clinical prioritisation versus requirement to support learning. For children requiring a formal Statement of SEN the Local Education Authority will request the UHB to provide a Statement of Need. This is provided by therapy staff and medical staff and co-ordinated from the Community Child Health Directorate by an identified administrative role. The school nursing team will be aware of some of the children but do not have a role in the current process, unless it is liaison with other members of the health team.

The new Act will be supported by an Additional Learning Needs Code which will set out all the requirements for organisations. This is currently out for consultation but the major issues which need to be addressed include:

- Requirement for the NHS to notify education when a child may require an IDP and an early stage and the process for notification and delivery and co-ordination of IDP's for preschool by health
- Agreed joint working arrangements with both Local Education Authorities and directly with schools including dispute resolution
- The model of support provided by the UHB and development of a health evidence-based specification which sets out what each service will deliver to support ALN

- Clarity about how parents/young people can address concerns regarding the health input identified and a process for dealing with any request for a therapy/input that is new or not normally delivered. The specification development will be key to this pathway
- Identification of demand for healthcare provision for the 18-25 age group with ALN.
- Transition from existing children's services to adult services and how this will be managed in relation to ALN
- Models of care to meet the needs of this group in adult services and the forging of links with further education.

ASSESSMENT

The UHB has identified an interim point of contact for ALN and a project group has been established which includes representatives from across the health board, ABMU Adult Learning Disability Services and education colleagues. Actions to be undertaken by March 2019 have been agreed with the Educational Regional Transformation lead. The aim is to put these in place prior to the appointment of the DECLO. Once delivered they will underpin and inform the future actions required in order to comply with the requirements of the Act

1. Early identification and prevention of need

- Identification of current mechanisms used across services for children 0-5, this work has commenced and a pilot mechanism is being designed in conjunction with Education.
- Describe and pilot an early MDT assessment and planning model. (LIPS project). This will support a reduction in multiple appointments for families and ensure a MDT goal setting approach to ensure involvement of professionals at the appropriate time to meet the child's ongoing developmental needs.
- Delivery of a report on progress/scoping to transformation lead

2. Key working relationships and responsibilities

- Understand the implications for young people aged 18-25, with identification of possible pathways into and within adult areas of the UHB.
- Understand the demand on adult services for services not currently delivered and the links with delivery into further education
- Delivery of a scoping report to include proposed pathways and supporting communication mechanisms for adult areas of the UHB

3. Joint assessment and care planning

- Pilot an IDP health template which can be built onto our existing IT platform which allows the development of a multidisciplinary plan with input from all areas required. The aim of this will be to support an MDT goal setting approach
- Delivery of a draft of any template developed.

4. Provision of treatment, support and equipment

- Identify the evidence-based interventions being used across professions and compile these in a format that can be easily updated.
- Explore the UHB mechanisms which may be required to allow consideration of requests for delivery of an intervention that is not normally recognised or delivered.
- Delivery of a draft Health Board evidence based specification.

5. Support planning and allocation of UHB and other budgets

- Identify numbers of children requiring support. UHB systems do not capture specific information on children supported in Education across individual services, e.g. we know how many children are on the Speech Therapy Caseload but cannot differentiate which children are receiving support that relates to ALN provision. Further work will be required in order to be able to plan for delivery of the Act and in response to the growth of provision in the region.
- Delivery of a brief report based on existing information and identification of data development areas

6. Embedding outcome-focused and person centred training in mainstream health training for all professionals

- Multiagency training on person centred planning has already been delivered, but 2 dedicated blocks of training to key professionals on the Care Aims model across disciplines is being delivered in February/March 2019. This is an individual care planning focus which is used on a multidisciplinary basis to agree a goal based plan and will underpin the development of IDP's.

ASSURANCE is provided by:

- There is an interim health project plan supported by a project structure in place to deliver a number of actions by 31st March 2019 to build a platform for future change.
- There is a multiagency partnership project underway as part of the Disability Futures project to develop a regional integrated approach for children with ALN from birth to 5 years of age.

RECOMMENDATION

The Board is asked to:

- **NOTE** the progress being taken towards implementation of the requirements for Health under the 'Additional Learning Needs and Education (Wales) Act 2018'
- **NOTE** the predicted 25% increase in demand for ALN places over the next 5 years in the UHB area and the planned new Special School developments
- **SUPPORT** the requirement for the UHB to have a formally Designated Education Clinical Lead Officer (DECLO) in post from September 2019

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term	X	Integration	X	Collaboration	X	Involvement	X
Equality and Health Impact Assessment Completed:	Not Applicable								



Report Title:	Laboratory Information Network Cymru (LINC) Programme LINC Outline Business Case (OBC)				
Meeting:	UHB Board			Meeting Date:	31.01.19
Status:	For Discussion	For Assurance	For Approval	x	For Information
Lead Executive:	Executive Director Therapies and Health Science				
Report Author (Title):	Head of Operations and Delivery CD&T Clinical Board				

SITUATION

This OBC seeks approval to invest in an end-to-end technical solution and services for Pathology across Wales at the heart of which is the procurement of a new laboratory information management system (LIMS) service. This paper sets out the OBC background and scope, anticipated benefits, progress to date, strategic risks and issues, any local issues and financial implications. Every Health Board/Trust using laboratory facilities is being asked to support the LINC OBC. Management Executive have considered and supported the OBC but signoff requires Board approval. The Full OBC is available on request from the author.

REPORT

Purpose and Summary of Document:

This OBC makes the case for investment in an electronic solution and services for Pathology across Wales, at the heart of which is the procurement of a new laboratory information management system (LIMS) service. This investment is required as the contract with InterSystems for the current LIMS, TrakCare Lab (TCL), expires in June 2020.

LINC is an enabling programme to support the delivery of a modern, high quality Pathology service as part of a wider transformation set out in the Pathology Statement of Intent. A key driver is the need to standardise as far as possible to deliver a sustainable service. Electronic test requesting (ETR) is critical to deliver key benefits including financial savings.

On a revenue only basis, the overall estimated cost is £42 million and £4.8 million per annum. Alternatively, with a minimum of £8 million capital, the revenue cost is £37 million and £4 million per annum. The combined cost of the three current LIMS (TrakCare Lab (TCL), Telepath and Masterlab) is £4.2 million so, excluding benefits, the new Pathology solution will be £0.6 million per annum more or £0.2 million per annum less depending on the funding model.

It is estimated that a potential £4 million per annum can be realised in benefits that, with capital monies, would cover the cost of the new LIMS.

BACKGROUND

The current TCL system (also known as WLIMS1) was procured in 2010 as a single, national system on a seven year contract, extendable for up to three years until June 2020. There is no available legal basis to further extend this contract. A TCL system licence was procured, with NWIS responsible for the system hardware and hosting arrangements in NHS data centres. A LINC Programme Board has been in place since December 2017, managed on behalf of NHS Wales through the NHS Wales Health Collaborative, with representation from all health boards running Pathology services, Public Health Wales, the Welsh Blood Service, Point of Care Testing, All Wales Medical Genetics Service, Strategic Programmes, NWIS, National Pathology Network, Directors of Therapies and Health Sciences, Laboratory Services Sub-Committee and Associate Directors of Informatics. Adrian Thomas, Executive Director of Therapies and Health

Sciences, Betsi Cadwaladr University Health Board is the Senior Responsible Owner and Judith Bates is the Programme Director.

OBC Scope

The OBC scope is for an end-to-end electronic solution and services that seeks to modernise and transform Pathology as a high quality, sustainable service. Building on the lessons learned from WLIMS1, this scope is broader than the replacement of the current LIMS licence and includes:

- Procurement of a new LIMS service, where the supplier is responsible for the hosting arrangements, potentially using cloud services;
- Standardisation of Pathology services as far as possible;
- Electronic test requesting (ETR) from acute and primary care services;
- A national quality management system and team;
- Improved business intelligence;
- Enhanced NWIS management of the LIMS as a national application.

The OBC considers an extensive longlist and evaluates three shortlisted options: (1) business as usual, (2) implementing the latest InterSystems solution (TCL Enterprise) without a procurement, and (3) procuring a new LIMS service. Option 3, to procure a new LIMS offers the best value for money.

Anticipated Benefits

Workshops have been held to assess the benefits that can be delivered from the proposed investment. These include financial benefits (cash releasing), economic benefits (non-cash releasing) and quantitative benefits.

- *Financial savings* will arise from electronic test requesting (ETR) and the implementation of a simpler, more standardised LIMS that eliminates inefficient workarounds in place with the current LIMS;
- *Economic savings* will be made from improved demand management (e.g. reduced unnecessary repeated requests) and business intelligence, enhanced operational, service and document management, improved cross-site working, minimal system down-time, improved environment and interface management and easier sample tracking;
- *Qualitative benefits* will arise from improved patient care, pathways and outcomes with faster turnaround times, better audit facilities, reduced transcription errors and fewer clinical incidents.

Potential financial benefits are estimated as 3% of the total costs of Pathology Services, which equates to approximately £4 million per annum.

A Benefits Project will be established to put in place robust mechanisms to assess and realise benefits and these will be included in the full business case.

Progress to Date

During 2018, significant supplier and stakeholder engagement has taken place, including:

- Programme Director providing monthly updates to and attendance at the NHS Wales Collaborative Executive Group (CEG);
- Market soundings following a Prior Information Notice and supplier engagement day in February;
- Engagement with the service and NWIS including ~40 workshops
 - To develop the outline business case;
 - To develop the requirements for the new LIMS service;
 - To develop the Pathology requirements for ETR and complete a gap analysis with the Welsh Clinical Portal.
- Presentations to the Welsh Clinical Informatics Council, Associate Directors of

- Informatics, Directors of Planning and Deputy Directors of Finance;
- A monthly newsletter widely circulated to keep the service up-to-date with progress.

ASSESSMENT

Risks and Issues

The key risks and issues faced by the LINC Programme are:

- Requirement to upgrade current LIMS
- Programme timeframe
- The apportionment of costs
- Programme costs
- Treatment of capital
- National Informatics Management Board (NIMB) feedback

Requirement to upgrade current LIMS

There is a requirement to maintain the current LIMS for up to three years after the contract with InterSystems expires and until the new LIMS is fully deployed. The technical platform supporting the current LIMS (Microsoft Windows Server 2008) is end of life in 2020 and requires a system upgrade from TCL 2011 to TCL 2016 at an estimated cost of £2.5 million.

In addition, due to the delay in the implementation of blood transfusion, there may be a requirement for some health boards to upgrade their original Telepath LIMS for this service. This is because, at the end March 2019, Telepath is also end-of-life, with significant risk of failure without investment in hardware. Given the investment being made, health boards that need to make this investment may not wish to migrate to TCL and stay with Telepath until the new LIMS is available. Therefore costs may be incurred to maintain dual running of both LIMS until the new LIMS is fully deployed.

Programme timeframe

The programme timeframe is estimated to be five years from March 2019 to March 2024. Extensive work has been undertaken and scrutinised in the development of the OBC. A delay in the sign off of this OBC will delay the procurement and the programme as a whole and add to the risks. In recognition of the importance of this programme, the NHS Wales Collaborative Leadership Forum has advised that it does not wish the timescale to be delayed and OBC approval is therefore essential to allow the programme to proceed.

The apportionment of costs

The CEG approved, in principle, the costs presented in the OBC and approved the costs of the programme at their meeting on 23 October 2018. They requested that an approach to the apportionment of costs to be agreed with the Directors of Finance (DoFs). An options paper has been submitted to the Deputy DoFs in the first instance. For the purpose of costing in the OBC, a working assumption of organisations' financial allocations has been used for the apportionment of costs. Public Health Wales are not currently included in the apportionment of costs but have indicated they should make a contribution, which will reduce the costs to health boards.

Programme costs

The cost of the programme over the five years is estimated at £6 million. This does not include the cost that will be incurred by the Pathology service to support the programme. The CEG agreed at their meeting on 18 December 2018 that these costs should be estimated and included in the programme costs. This cost is currently being evaluated.

Treatment of capital monies

The OBC does not currently include the treatment of capital monies, which is awaiting specialist financial advice from NWIS finance team. The OBC includes both revenue only and capital / revenue cost options. However, International Financial Reporting Standard (IFRS) 16 regulation in relation to a managed service, would imply that a capital approach will be required. Financial

advice is awaited as to the extent to which the costs can be capitalised and so a minimum of £8 million capital has been included, to be requested from Welsh Government.

National Informatics Management Board feedback

The LINC OBC was considered at the NIMB meeting held on 11 December 2018. NIMB did not approve the OBC but did not wish to delay its progress. It will be taken to the Welsh Government scrutiny panel and to all Health Boards / Trusts for consideration in January 2019.

NIMB requested two main changes to the document:

- (1) to remove the option to deliver electronic test requesting (ETR) either via the Welsh Clinical Portal or by procuring a separate tool and to decide on the way forward in the OBC rather than as proposed, in the full business case (FBC), and
- (2) to provide a more robust benefits analysis despite the difficulty of obtaining accurate baseline information and the delay this could cause.

The CEG, at their meeting on 18 December 2018, disagreed with the recommendation to decide on the option for ETR in the OBC as this would impact the confidence of the Pathology service in the LINC Programme. They preferred to retain both options and for a decision to be made in the FBC. They further accepted that the benefits realisation is work in progress that can also be enhanced in the FBC.

Local Issues

Cardiff and Vale UHB Laboratory Services are supportive of the OBC as there is a core service requirement for an improved laboratory information system and the current system is both in need of improvement and end of life.

Financial Implications

The estimated whole life costs of the preferred option to procure a new LIMS is **£42 million revenue only or £37 million revenue plus £8 million capital** to be requested from the Welsh Government. In addition, the costs of the programme are £6 million.

The annual running costs of the new service is estimated at £4.8 million (revenue only option) or £4 million (revenue/capital option). This compares to the annual running costs of the current LIMS (TCL, Telepath and Masterlab) of £4.2 million. The new LIMS will therefore incur an additional cost per annum of £0.6 million or a saving of £0.2 million across Wales.

If realised, total potential savings of £4 million per annum have been estimated, which would release £3.4 million savings (revenue only model) or £4.2 million (capital and revenue model).

The whole life costs and costs per annum for each health board are summarised in *Table 1*. The per annum costs also show per health board:

- The costs of the current LIMS (TCL, Telepath and Masterlab)
- The potential savings as a consequence of the investment.

Table 1: Whole life and per annum costs of the Pathology solution and LINC Programme

Health Board / Trust	Revenue Only £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution £k			
	Pathology Solution	LINC Programme	Total Cost	New Annual Cost	Costs of Current LIMS'	Potential Savings	Additional Costs / Savings
ABM UHB	7,249	1,037	8,286	830	859	716	-745
Aneurin Bevan UHB	7,916	1,133	9,049	906	688	784	-566
Betsi Cadwaladr UHB	9,374	1,341	10,716	1,073	765	928	-620
Cardiff and Vale UHB	5,833	835	6,667	668	803	579	-714
Cwm Taf UHB	4,333	620	4,953	496	386	429	-319
Hywel Dda UHB	5,125	733	5,858	587	483	506	-402
Velindre NHST	0	0	0	0	220	0	-220
Powys Teaching HB	1,833	262	2,095	210		59	151
Grand Total (Revenue only)	41,663	5,961	47,624	4,768	4,205	4,000	-3,436

Health Board / Trust	Capital and Revenue £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution			
	Pathology Solution	LINC Programme	Total Cost	New Annual Cost	Costs of Current LIMS'	Potential Savings	Additional Costs / Savings
ABM UHB	6,483	1,037	7,521	690	859	716	-884
Aneurin Bevan UHB	7,080	1,133	8,213	754	688	784	-718
Betsi Cadwaladr UHB	8,384	1,341	9,726	893	765	928	-800
Cardiff and Vale UHB	5,217	835	6,051	556	803	579	-826
Cwm Taf UHB	3,875	620	4,495	413	386	429	-403
Hywel Dda UHB	4,583	733	5,317	488	483	506	-501
Velindre NHST	0	0	0	0	220	0	-220
Powys Teaching HB	1,640	262	1,902	175		59	116
Grand Total (Revenue)	37,263	5,961	43,224	3,968	4,205	4,000	-4,236
Welsh Government							
Grand Total (Capital)	8,000		8,000.00				

ASSURANCE is provided by:

UHB involvement in the LINC steering Board which included the Head of Operations from CD&T and the author of the report. In addition the LINC Programme reports to the Pathology Network which is Chaired by the Cardiff and Vale UHB CEO.

RECOMMENDATION

The LINC OBC makes the case for investment in an end-to-end technical solution and service for Pathology across Wales. It will contribute towards the development of a modern, high quality, sustainable Pathology service. At the heart of this, the option to procure a new LIMS service is a legal requirement that has demonstrated the best value for money. There are risks associated with any delay in the programme.

The Board is asked to:

- Note that full approval by the Board will be subject to the OBC going to the business case advisory group in the UHB, to ensure revenue consequences are scrutinised.
- Approve the LINC OBC, (subject to the above provision) which will allow the procurement to proceed;
- Include the estimated costs of the OBC and the LINC Programme in the IMTP plans.

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	

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	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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration	x	Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

Kind and caring  Respectful  Trust and integrity  Personal responsibility
 Caredig a gofalgar  Dangos parch  Ymddiriedaeth ac uniondeb  Cyfrifoldeb personol 

**CONFIRMED MINUTES OF THE ANNUAL SPECIAL MEETING OF THE
QUALITY, SAFETY AND EXPERIENCE COMMITTEE HELD AT
9AM ON 16 OCTOBER 2018
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Susan Elsmore	Independent Member, QSE Chair
Akmal Hanuk	Independent Member – Community
Prof Gary Baxter (part)	Vice Chair/Independent Member – Cardiff University
Dawn Ward	Independent Member – Trade Union
Michael Imperato	Independent Member – Legal

In Attendance:

Angela Hughes	Asst. Director Patient Experience
Carol Evans	Asst. Director Patient Safety and Quality
Chris Lewis	Deputy Director of Finance
Dr Graham Shortland	Medical Director
Maria Roberts	Head of Patient Safety
Nicola Foreman	Director of Corporate Governance
Ruth Walker	Executive Nurse Director
Dr Tom Cromarty (part)	Trainee Doctor (Observer)
Urvisha Perez (observer)	Wales Audit Office

Apologies:

Maria Battle	UHB Chair
Dr Fiona Jenkins	Director of Therapies and Health Sciences
Fiona Kinghorn	Interim Director of Public Health
Robert Chadwick	Director of Finance
Stephen Allen	Chief Officer, Cardiff and Vale of Glam CHC
Steve Curry	Interim Chief Operating Officer

Secretariat: Julia Harper

QSE 18/171 WELCOME AND INTRODUCTIONS

The Chair, Cllr Susan Elsmore welcomed everyone to the annual special meeting. She explained that there would be a presentation later in the meeting and that in the meantime, Members were asked to consider two questions:

- What do human factors mean to you?
- How do you define resilience?

QSE 18/172 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

QSE 18/173 DECLARATIONS OF INTEREST

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

QSE 18/174 MINUTES OF THE COMMITTEE HELD ON 18th SEPTEMBER 2018

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

QSE 18/175 ACTION LOG FOLLOWING THE LAST MEETING

The Committee **RECEIVED** the Action Log and **NOTED** the number of actions that had been completed. Due to the short time frame since the last meeting, and the challenging agenda, it was agreed that the updated action log would be received at the December meeting.

QSE 18/176 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 18/177 HOT TOPICS

The Executive Nurse Director, Mrs. Ruth Walker referred to the recent announcement on Cwm Taf's maternity services. The Committee had received the MBRRACE report on perinatal mortality at the last meeting. In light of recent developments, the UHB had reviewed its own reporting processes and assurance was provided that they were robust and in maternity there was good multi-disciplinary challenge. There were currently no concerns about the UHB's maternity service and this would be reported back to Welsh Government.

In terms of the issues found in Cwm Taf, a culture of not reporting in Royal Glamorgan's maternity services was found. Whilst staff were very busy which may account for non-reporting, it was noted that there was also a lack of challenge when incidents were reported that demonstrated a lack of transparency and openness. Mrs Walker also advised that the UHB was providing advice and support on the completion of root cause analysis and had seconded a number of staff.

The UHB continued to monitor its own service. Information on incidents was prepared for performance reviews that demonstrated a comparison over time. The Patient Safety team also attended Clinical Board QSE Sub Committee meetings and this UHB Committee received the minutes of the Sub Committee meeting. The maternity department held a weekly meeting and

was honing in on triggers for incidents and a Still Birth Forum met regularly. There was a follow up process for dealing with parents who had lost a baby and links with information from neonatology was being developed.

It was noted that Cwm Taf treated around 80 UHB patients per annum. It was important, therefore, to raise issues as a commissioner with Cwm Taf and it was agreed that Mrs Walker would discuss this separately with the UHB's commissioning officer.

Action – Mrs Ruth Walker

Independent Member, Mr Michael Imperato, advised Committee of a recent judgement from the Supreme Court involving Croydon Health Trust and the liability of an A&E receptionist who gave the wrong waiting time to a patient. The Court found that there was no defence despite the receptionist not being a member of clinical staff. Mrs Hughes commented that this had been picked up by legal and risk and a newsletter was being prepared. There would be training implications across the board, including community staff.

QSE 18/178 ANALYSIS OF TRENDS AND THEMES IN SERIOUS INCIDENTS

The Executive Nurse Director, Mrs Ruth Walker presented the comprehensive report to assure Committee on the trends and themes identified from serious incidents (SIs) and what actions had been taken to address the risks and shortfalls.

In terms of process, the Datix reporting system was available 24 hours a day for any staff member to report not only incidents, but also any worries. A buddy system was also in place for staff without access to a computer. The system generated a report to the line manager and Patient Safety team, incidents were categorised in terms of the level of seriousness and were automatically flagged to the appropriate people. The Executive Nurse Director was notified within 24 hours and a weekly meeting reviewed the most serious incidents. In addition, Welsh Government was notified within 24 hours which required response within 60 working days. There were times when this was a real challenge, especially where the Coroner or Prudic processes were involved. Compliance with timescales was 60% in 2017 and 51% in 2018 though this figure was improving. The number of incidents reported to Welsh Government had also risen from 220 to 290. Clinical Boards were held to account through performance reviews and incidents were also reported via the National Reporting and Learning System (NRLS).

Focused attention was required on several areas to address the root causes and ensure shared learning:

- Never events
- Pressure damage
- Falls
- Behaviour/unexpected death in Mental Health
- Diagnostics

- Healthcare acquired infection
- IR(ME)R breaches due to misidentification of patients

Details of the never events since October 2015 were included in the report along with all the actions taken. In addition, a breakdown of the causes of all Wales never events was included. Whilst there had been 15 Welsh never events mainly related to surgery, there had been 4 in the UHB. These patients were well but being managed through the Putting Things Right process. Human factors had played a part in these events. In terms of previous never events in Dental, it was not yet possible to provide assurance that the same thing would not happen again.

Concern was expressed that safety may be affected during a period of change/transition in the Dental Clinical Board. It was noted that no events had been reported. In addition, improvements and clarity around the supervision of students was being worked through. Dental had visited other hospitals and benchmarked their services and NATSIPS was going to be introduced to reduce the risk of recurrence.

In the last year the 5 most reported categories of SIs were:

- Pressure ulcers
- Patient accident / falls
- Behaviour
- Unexpected death / severe harm
- Diagnostic processes / procedures

The number of pressure damage reports had risen considerably. This was because the UHB was complying with the need to report unstageable pressure damage. Mrs Walker anticipated that the figure would continue to climb for a while before a reduction would be seen. In terms of learning, the UHB had refreshed its approach, retrained staff, looked at investigation and reporting arrangements whilst staff continued to be vigilant. In addition, tissue viability nurses were working closely with staff and pressure mattresses and cushions had been changed, particularly in critical care in response to staff concerns. A prevalence audit had been undertaken led by Medstrom which provided assurance that the UHB was improving.

The number of falls was high but the picture was improving with more work to be completed in the hospital setting. The Committee would be receiving a separate report later in the meeting.

51 instances involving behaviour and unexpected death / severe harm had been reported and details were provided within the report. However, Mrs Walker drew attention to an incident where she had provided assurance to Board that 15 minute observations had been carried out on a patient. During the investigation it emerged that one set of observations had been missed when a member of staff left the shift early leaving a staffing gap. Consideration was being given as to whether a POVA referral was required.

Concern was expressed that this year's trend was similar to last year and therefore either lessons were not being learned or more needed to be done.

In terms of suicide, it was noted that the Committee would receive a presentation in December looking at whether the UHB had done everything it could have to prevent suicides. It should be remembered, however, that many of the suicides involved patients with addiction issues. Such patients needed to consent to engagement with addiction services and it was not always known if death by overdose was intentional or accidental.

Details of the 16 incidents involving diagnostic process and procedures were provided. Improvements had been made in waiting times for endoscopy and work was about to start on targeting surveillance patients. In addition, awareness of sepsis was being raised across the UHB.

Mrs Walker then talked about historical infection outbreaks that had led to the closure and refurbishment of the neonatal unit. The UHB was on course to deliver further improvements but more work was required in terms of isolation facilities. The effect of the estate on infection was also discussed and it was noted that the Committee had received reports on cleanliness and unfortunately routine maintenance often slipped due to finance pressures and other priorities. This had caused problems in the past when routine work was left too long before being addressed. Two areas currently of concern were the bone marrow transplant unit and critical care.

It was important not to squeeze patients in via "onboarding" which another health board had tried. This resulted in higher infection levels which reduced again once the practice was stopped. There was an important lesson to learn with regard to winter pressures, though Heulwen ward that would be opened this winter had more single rooms.

Four incidents involving Ionising Radiation Regulation breaches had been reported to Healthcare Inspectorate Wales, a reduction from 8 the previous year. Cases of patient misidentification were human error and were not linked to the safety alert on patient wristbands. However, a new system for wristbands was being rolled out.

The Committee noted that the UHB was in line with its peers in terms of performance but an outlier in the amount of community work being done. A review report from Welsh Government was received twice a year. The feedback was mainly positive, did not demonstrate the UHB was an outlier and focused on the need to close incidents.

Mr Walker thanked Mrs Maria Roberts for all her work on the patient safety agenda.

ASSURANCE was provided by:

- The level of scrutiny applied internally and externally to the Serious Incident reporting process. Serious Incidents were reported and

investigated within the required process. Furthermore, closure of SIs with Welsh Government (WG) was monitored at the Executive and Clinical Board performance reviews and by WG. Periodically, Internal Audit undertook related assurance reviews. The Delivery Unit also applied scrutiny to Never Event processes by exception.

The Quality, Safety and Experience Committee:

- **NOTED** the report and
- **AGREED** that appropriate assurance had been provided in relation to the trends, themes and resulting actions, including the plans to address areas of concern.

QSE 18/179 ANALYSIS OF TRENDS AND THEMES IN CONCERNS AND CLINICAL NEGLIGENCE

The Assistant Director Patient Experience, Mrs Angela Hughes presented the report with figures from 1st April to 30th September 2018, highlighting that most complaints came from surgical services and that the majority of concerns (60%) across the UHB were resolved locally with a target of 65%. The response times to complaints had improved and the trajectory was to reach 80% compliance with the 30 day response time by the end of March.

A big area that needed to be tackled was the number of complaints (27%) about outpatient waiting times and cancellation of outpatient appointments, however, the majority of complaints (53%) were about medical treatment.

The report contained details of “you said we did” as feedback had shown that the public liked this format. Mrs Hughes also drew attention to the sustainability of ophthalmology after years of concern and the work being led by Andy Jones on learning disabilities after two patients had died of sepsis. Feedback had been provided to both families. Mr Jones had been shortlisted for RCN Nurse of the Year award for this. As there were still vacancies in ophthalmology, concern was expressed about the pressure put on existing staff to maintain the service. An insourcing initiative had taken place but following a number of concerns this had been ceased. Further details would be provided in private to the Committee.

Action – Mrs Ruth Walker

It was pleasing to see that the number of concerns about paediatric surgery and waiting times had reduced, but concerns around cover in radiology were starting to emerge.

Mrs Hughes commented on the benefits being realised by providing greater support to the Clinical Boards. Early contact with complainants made it possible to agree the specific areas that required investigation and this enabled a more targeted response that resulted in fewer follow up questions.

The annual letter from the Ombudsman had recently been received which would also be shared with the Board.

In terms of clinical negligence, the UHB had not seen the significant increase in claims experienced in other health boards and it was believed this was due to managing concerns through the Putting Things Right process. Nevertheless, 38 new claims had been opened in the last 6 months. A meeting had been held with Welsh Risk Pool and the Obstetrics department to look at high value claims and feedback was awaited. New reporting arrangements for medical negligence would be introduced next April and greater focus would be put on learning lessons.

ASSURANCE was provided by:

- The current position on all key indicators relating to concerns and to clinical negligence claims.
- Substantial assurance awarded for the most recent internal audit assessment of clinical negligence claims in 2017 and for Management of Ombudsman cases in 2018.
- 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 Quality, Safety and Experience Committee:

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

QSE 18/180 FALLS ASSURANCE REPORT

In the absence of the Director of Therapies and Health Sciences, Mrs Carol Evans, Assistant Director Patient Safety and Quality presented the report based on data from the last 3 years. On average there were 300 falls per month the majority of which did not result in injury and were not witnessed by staff. The number of falls by site correlated with the number of beds.

In 2018 there was a drop in the number of serious falls. The Falls Delivery Group was developing a multi-agency strategy and the Falls Lead was working on community falls prevention schemes to develop an exemplar for falls, the Cardiff and Vale way. In addition, simulation training was being well received by staff and a business case was being prepared by the Community Resource Team to support patients at home.

It was thought that excessive specialising had been taking place to prevent falls. When that additional support was removed, no increase in harm had been noticed, but this was being monitored.

The Chair invited comments:

- Mr Hanuk suggested that contact be made with Torfaen Council who had undertaken good work on falls prevention.
- The national audit on fractured neck of femur was expected shortly which would provide a good marker of how patients were being treated.
- Multi-disciplinary working should include more than physiotherapy.

ASSURANCE was provided by:

- The UHB was currently demonstrating a stable trend in incidents relating to slips trips and falls. Significant work was underway particularly in the community in relation to falls prevention.
- There continued to be limited assurance relating to inpatient falls causing serious injury. The trend however had shown a decrease for the first six months of 2018-2019.

The Committee:

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

**QSE 18/181 UHB HUMAN FACTORS – INITIATIVES TO SUPPORT
STAFF AND IMPROVE SAFETY AND QUALITY
PRESENTATION**

Consultant Anaesthetists, Dr Mark Stacey and Dr Cristina Diaz Navarro attended the meeting and gave presentations.

Dr Stacey focused on how human factors affected the way staff worked and their interaction with technology. In addition, the environment and systems in place also had an impact. A number of tools had been developed to provide staff with the skills to improve the way they functioned and to become more resilient. There remained a challenge with the environment as much of it was not conducive to wellbeing. It would be hard to change culture before the environment was right.

Dr Stacey also commented on the principles of avoiding error in the first place, trapping error and mitigating the consequences of error.

It was agreed that staff needed to look after themselves first and noted the start of conversations on how new environments could be made to feel good.

Dr Navarro talked about the benefits of clinical debriefing – a process of talking about and reflecting on difficult situations. Evidence pointed to the fact that debriefing improved patient safety and outcomes.

The process was summarised as:

T – target

A – analysis

L – learning points

K – key actions

The values were positivity, a focus on finding solutions, professional communication and taking things step by step. A Charity called the Talk Foundation had also been set up.

It was noted that A&E had been using this process for some time and it had gradually evolved. A project was being run in theatres and it was starting to be used in radiology. Statistics demonstrated that within 6 months, the practice of debriefing was starting to change the culture. The process was also being used in areas overseas.

The Chair invited comments:

- The work on human factors had influenced how never events were investigated.
- Trainees and students felt able to speak up during the pilot in EU.
- There had been great improvement in adherence to the WHO surgical checklist.
- Staff found time to use this technique and benefits were also seen the following day.
- The insight of issues allowed staff to make improvements at the earliest opportunity.
- Mr Hanuk, as Chair of the UHB Charitable Funds Committee, suggested a conversation outside.
- Debriefing should be something people wanted to do and were not told they had to do.
- Work on outcomes of the Debrief process would be worked on during the next 2 years.

QSE 18/182 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEE

It was agreed to bring to the attention of the Board:

- The Annual Special Meeting of the QSE Committee was the Committee's way of demonstrating assurance to the Board.

QSE 18/183 REVIEW OF THE MEETING

The Annual Special Meeting looked at the trends and themes arising from serious incidents, complaints and litigation. Improvements achieved and actions to be taken were noted but there was still more to be done.

Consideration was given to refocusing work. The work on falls was continuing. Lessons would be learned and positives would be shared as well as negatives.

QSE 18/184 DATE OF NEXT MEETING

The next meeting would be held at 9am on Tuesday 18th December 2018.

**CONFIRMED MINUTES OF THE AUDIT COMMITTEE
HELD ON 25 SEPTEMBER 2018
IN THE CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

John Antoniazzi	Independent Member and Chair, Audit Committee
Charles Janczewski	UHB Vice Chair
Dawn Ward	Independent Member, Trade Union

In Attendance:

Carol Evans	Assistant Director of Patient Safety & Quality
Craig Greenstock	Counter Fraud Manager
Christopher Lewis	Deputy Director of Finance
Ian Virgil	Deputy Head of Internal Audit
James Johns	Head of Internal Audit
Kimberley Rowe	Internal Audit
Mark Jones	Wales Audit Office
Mike Usher	Wales Audit Office
Nathan Couch	Wales Audit Office
Peter Welsh	Former Director of Corporate Governance
Rachel Burton (part)	Director of Operations, Children and Women
Sara Jeremiah (part)	Post Payment Verification
Simon Cookson	Internal Audit
Tom Haslam	Wales Audit Office
Paula Davies (part)	Lead Nurse in Community Child Health
Cath Heath (part)	Nurse Director, Children and Women Clinical Board

Secretariat

Julia Harper

Apologies:

John Union	Independent Member – Finance (Vice Chair – Audit)
Maria Battle	UHB Chair
Graham Shortland	Medical Director
Martin Driscoll	Executive Director of Workforce and Organisational Development
Nicola Foreman	Director of Corporate Governance
Robert Chadwick	Director of Finance
Steve Curry	Chief Operating Officer

AC: 18/046 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting. He also expressed his disappointment that no Executive Directors were in attendance.

AC: 18/047 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

AC: 18/048 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings. Mr Charles Janczewski declared that he was Chair of the WHSSC Quality and Patient Safety Committee.

AC: 18/049 UNCONFIRMED MINUTES OF THE MEETING HELD ON 31 MAY AND THE SPECIAL AUDIT COMMITTEE ALSO HELD ON 31 MAY 2018

The Committee **RECEIVED** and **APPROVED** the minutes of the meetings held on 31 May 2018 and the Special Meeting held on the same day.

AC: 18/050 ACTION LOG FROM MEETING OF 31 MAY 2018

The Committee **RECEIVED** and **NOTED** the Action Log from the meeting of 31 May 2018.

Business Continuity Plan AC:18/022 – With no timescale identified for completion, it was agreed to ask the Lead Executive, the Director of Planning, for a written update for the December meeting.

Action – Mrs Abigail Harris

It was noted that Internal Audit would be following up this area of work in December.

It was **AGREED** that the Chair would remind Executive Directors that they could be called to the Audit Committee at any time.

Action – Mr John Antoniazzi

AC: 18/051 INTERNAL AUDIT PROGRESS REPORT

Mr James Johns provided the Committee with an update on the delivery of the agreed audit plan. He identified some areas of slippage and these would be brought to the December meeting.

Asked why some work resting with the Chief operating Officer had slipped, Mr Johns was unable to provide the reason, and Committee agreed that the reasons for delays had to be justified. It was agreed to follow this up outside the meeting.

Action – Secretariat

Eight audits had been finalized during the year and this presented a largely positive picture. Mr Johns advised that the result of the Charitable Funds audit had been revised to substantial assurance.

Mr Johns also referred to the delivery of the Audit Plan and the reasons for delays / changes to the Plan. It was noted that Management Executive received Internal Audit Reports but the Committee felt it was not getting the same assurances that action was being taken. Mr Johns advised that following receipt of the reports, the Director of Corporate Governance provided him with an update. Members felt that the Committee needed to receive better tracking and assurance and to be in a better position to chase areas where there was slippage.

Overall Mr Johns reported a positive picture and commented that high priority areas would be the key in follow-up audits. In terms of the status schedule of assignments, again it was felt that UHB tracking was vital in order to deal with issues before they were presented by Internal Audit.

Members highlighted paediatric/adult transition plans and expressed concern at the delays. As this was currently a very sensitive area within the UHB, it was agreed to ask the Chief Operating Officer to attend Committee to explain the findings.

Action – Secretariat

In terms of the completion of follow-up audits, Mr Johns reported that the 8 audits were fairly positive and that an updated timescale had been received for one low priority action to be implemented. A further 5 follow-ups were in progress, but there were some delays in management responses.

Concern was expressed about the limited and no assurance reports that had been discussed at Committee previously. It was hoped that in future, the Head of Internal Audit would discuss the reasonableness of timescales with the Audit Committee Chair.

Action – Mr James Johns

The Committee noted that the Audit Plan was changed in year in response to changing circumstances / priorities and the emergence of new risks. It was suggested that the Director of Corporate Governance could advise on how new risks were included on the risk register. It was reported that Management Executive received a quarterly report that looked back as well as forward at the different areas of work. In addition, the Chief Executive held an allocation of audit days to be used for current concerns not already included in the Plan. Wales Audit Office was mindful that risk registers were not as strong as they could be in Wales and that they needed to be linked to a comprehensive Board Assurance Framework.

Internal Audit reported that one of the follow-ups was overdue and had not yet commenced. It was delayed due to the volume of work of the IT specialist auditor.

Asked about the impact of limited and no assurance reports on the UHB's overall standing, it was noted that 8 domains had been agreed externally and with NHS Wales Board Secretaries, each with their own rules. Roughly, if 3 of the domains were assessed as limited assurance, it was likely that the overall opinion would be limited assurance although professional judgement was also used. In addition, all limited assurance reports were referred to Welsh Government to consider whether

intervention was required. It was therefore important for Members of the Committee to discuss with Internal Audit before the year end submission. It was noted that the biggest challenge would be where follow up audits did not demonstrate improvement.

The Committee **CONSIDERED** and **NOTED** the Progress Report against Plan.

AC: 18/052 CONSULTANT JOB PLANNING – REVIEW OF PROGRESS AGAINST RECOMMENDATIONS AND REVIEW OF ACTION PLAN

In the absence of the Medical Director, Committee considered the update provided and were dissatisfied as there were no milestones or trajectories that were considered fundamental for enabling the measurement of progress. It was vital, therefore, that a reasonable deliverable timescale was developed as a matter of urgency.

Options were discussed and it was agreed that the Medical Director be given the opportunity to deliver a specific plan. In support, it was suggested that the Medical Director may find it helpful to discuss with other health boards how they tackled issues of culture. It was agreed that Mrs Carol Evans would feedback to the Medical Director so that he could prepare a report and provide assurance.

Action – Mrs Carol Evans

In the meantime, a separate meeting with the Medical Director and both Independent Members (Messrs Antoniazzi and Union) and Mrs Nicola Foreman had been arranged for 30th October.

AC: 18/053 CONTINUING HEALTHCARE FOLLOW-UP: REVIEW OF ACTION PLAN AND TIMESCALES

Ms Rachel Burton, Mrs Cath Heath and Ms Paula Davies attended the meeting for this item. Ms Davies advised the Committee that the only outstanding action was the production of an operational policy that was a very large piece of work. An expert had been commissioned to undertake scoping work and found there to be increasing differences of professional opinion from a variety of agencies. However, a draft joint operational policy had been produced in conjunction with the Cardiff and Vale of Glamorgan Local Authorities. A task and finish group had been established and milestones produced. A number of areas had been considered including finance, risk of capacity and gaps in mental health monitoring and assessment. Ms Davies assured the Committee that work was on track and that the joint policy would be agreed by the end of March, with all parties committed to this timescale. This work was complex and new to Wales.

Asked whether aspirations for joint commissioning were realistic, it was noted that funding needed to be explored further and this would form part of the next stage of the work. In the interim, written guidelines were in place.

It was agreed that in this particular instance, the follow-up timescale was unrealistic and therefore the second follow-up would be pushed back.

Action – Mr James Johns

The Committee **NOTED** progress which was inter-agency dependent.

AC: 18/054 WALES AUDIT OFFICE UPDATE REPORT AND MEDICAL EQUIPMENT UPDATE

Mr Mark Jones updated Committee on work in progress and highlighted that the audit of the Charitable Funds Accounts had been brought forward and would be considered at the meeting of the Trustees on 13th December. In addition, work was underway to start planning for the 2018/19 audit.

Mr Jones drew attention to the national and thematic reviews into Welsh Primary Care that were due at Committee in December. In addition, the Structured Assessment was underway covering governance and use of resources. A draft should be expected in November for comment. A review of clinical coding (follow-up from 2015) was also being undertaken.

A report into Welsh Primary Care Out of Hours had been published. This concluded that the UHB performed worst in Wales against the 1 and 6 hour clinical assessment targets. However, the UHB was the cheapest service in Wales. It was hoped that the fact that Cardiff was the fastest growing city could also be reflected in the report.

Mr Haslam advised Committee that a national report was being prepared into language and communication barriers, whilst local work included follow ups in theatres and outstanding IT related recommendations.

In relation to the Primary Care work the Committee was reminded that Healthier Wales Strategy had been launched and the follow up was not auditing against this new standard, rather against recommendations made against a different framework in 2014. The new Strategy changed everything and needed to be reflected and embraced as part of the upcoming review. On balance, it was considered that a good baseline was required before moving forward with the new structure in order to measure the benefits of the new Strategy.

Mr Tom Haslam explained that work undertaken last year on medical equipment was based on the recommendations made originally in 2013. In conclusion there had been some progress but only one recommendation had been implemented with 6 still in progress. A new single group had been established but its effectiveness and engagement was queried and the new role established had not provided the impact expected. Overall there was still a lack of clarity and a lack of Clinical Board engagement. No risks had been identified in the Clinical Board risk registers and there was no single inventory of medical equipment costing less than £5k. In addition, Clinical Boards did not have revenue funding to purchase such items. Questions were asked about whether any serious incidents had been linked to issues of medical equipment as patient safety overrode finance and it was noted that the Quality Safety and Experience Committee received comprehensive information on

serious incidents. However, the impact on staff sickness and morale should not be overlooked. The recent bed replacement programme had not consulted staff and resulted in waste when the equipment purchased was not fit for purpose. Poor equipment affected productivity, efficiency and morale as staff felt undervalued when they could not access relatively cheap new equipment. It was queried whether this issue should be addressed by the Board.

It was agreed to discuss the management response in detail at the next Committee and if Members were not assured, then Executive Leads would be asked to give an account. In the meantime three Independent Members (Messrs Antoniazzi, Union and Ms Ward) would meet the Lead Executive(s) (Chief Operating Officer and Director of Therapies and Health Sciences) together with Mr Nathan Couch of WAO.

Action – Ms Dawn Ward

The Committee **NOTED** the update report.

**AC: 18/055 WALES AUDIT OFFICE: FINANCIAL STATEMENT REPORT –
RECOMMENDATIONS ADDENDUM**

Mr Mark Jones from Wales Audit Office reported that reasonably good progress had been made against the feedback from the annual accounts and follow-up reports. Four had been actioned and 2 remained outstanding – asset management and identification. Finance processes were found to be fit for purpose but were not applied with sufficient consistency. This year's recommendations covered 10 areas and good engagement with officers was reported.

In response it was noted that progress had been made and action against some of the recommendations was not in the UHB's gift as dependent on Shared Services, but a commitment was given to try to resolve.

The Committee **NOTED** the Financial Statement Report.

**AC: 18/056 TRACKING REPORT ON WALES AUDIT OFFICE
RECOMMENDATIONS**

The former Director of Corporate Governance, Mr Peter Welsh referred back to the number of comments already made by the Committee about good tracking. This format was under review and certainly required greater ownership and better quality information.

It was agreed that this should be a standing item at Committee and that an update on progress be provided at the next meeting.

Action – Secretariat and Mrs Nicola Foreman

In terms of feeding information back to Committees it was reported that a Protocol had been agreed at Management Executive. WAO reports would continue to be received

at the Audit Committee and the Chair of the Committee had authority to refer reports to Chairs of Board Committees if further information/assurance was required.

The Committee **NOTED** the Tracking Report.

AC: 18/057 STRUCTURED ASSESSMENT REPORT 2017 – 6 MONTH REVIEW OF PROGRESS AGAINST RECOMMENDATIONS

The former Director of Corporate Governance, Mr Peter Welsh reminded Committee that the Structured Assessment was received in April when a 6 month progress report was requested. Mr Welsh gave assurance that each recommendation had been allocated to a Lead Executive and Committee. Whilst there had been some progress, there was more to be done and a further update would be provided in 6 months – February 2019.

Action Mrs Nicola Foreman

The Committee **NOTED** the Structured Assessment Report 2017.

AC: 18/058 POST PAYMENT VERIFICATION PROGRESS REPORT

Ms Sara Jeremiah attended for this item and reported that a training pilot was being progressed with Aneurin Bevan Health Board with a view to rolling out across Wales. Practices were being reminded of the need for accuracy in their returns, but a problem of using untrained staff in larger practices was identified as an issue and this meant more time to check returns was needed. Staff had been into the larger practices to stress the requirement for training and had provided templates for completion in an attempt to reduce admin costs and ensure clinically safe processes were used.

In terms of the low recovery rate it was explained that this was due to the preventative work undertaken beforehand and claims were no longer paid if they were not completed properly.

Members felt the report lacked comparison, did not sufficiently demonstrate improvement and some graphs did not make sense without explanation. It was hoped that this would be addressed in future reports.

Action – Sara Jeremiah

The Committee **NOTED** the Post Payment Verification Progress Report.

AC: 18/059 REGULATORY AND REVIEW BODIES TRACKING REPORT

The former Director of Corporate Governance, Mr Peter Welsh presented the report that monitored external reviews / inspections and advised that the format required review. In addition, it was noted that not all reports came through HQ and instead went straight to the respective Clinical Board and it was possible that some were not

captured. Therefore, there was more work to be done with the Chief Operating Officer.

The Committee **NOTED** the Regulatory and Review Bodies Tracking Report.

AC: 18/060 ANNUAL REPORT OF THE HOSPITALITY REGISTER AND REGISTER OF DECLARATIONS OF INTEREST

The former Director of Corporate Governance, Mr Peter Welsh advised that this report was brought to Committee twice a year and that Clinical Boards also held their own registers.

The Committee **NOTED** the reports.

AC: 18/061 PATIENT SAFETY

The Assistant Director Patient Safety and Quality gave an oral update on 2 current items:

1. Paediatric Surgery

The Board would receive a report later in the week that would attract media interest. Mrs Evans assured Committee of robust Executive oversight.

2. Blood Inquiry

This was launched recently and the UHB had submitted its evidence and response although there had been difficulty locating records from the 1970s and 80s. The 7 folders of information had also been shared with Haemophilia Wales. This Inquiry was expected to last many years and would be damaging to the UHB's reputation. It was noted that families had to request that records be submitted to the Inquiry.

AC: 18/062 ITEMS FOR INFORMATION

Items for Information were **NOTED**:

- Losses and Special Payments – this related to clinical negligence claims and it was noted that a report was received at the Quality Safety and Experience Committee in September. It was agreed to invite Mrs Angela Hughes to the next meeting to provide detail on the clinical negligence claims.
Action – Secretariat
- WAO Report – Collaborative Arrangements for Managing Local Public Health Resources
- Costing Review (17/18) Internal Audit Report
- RTT Performance Reporting (17/18) Internal Audit Report
- Annual Quality Statement Internal Audit Report

- Ombudsman Reports Internal Audit Report
- Environmental Sustainability Internal Audit Report
- Electronic Staff Record Internal Audit Report
- Management of the Disciplinary Process Internal Audit Report
- Dental Nurse Provision Internal Audit Report
- Dental Theatre Sessions Internal Audit Report
- Charitable Funds Internal Audit Report

AC: 18/063 REVIEW OF MEETING

There were no items to be reviewed. However, comments were made about the display of information on the ibabs system. This was not user-friendly and the formatting suffered in several reports.

AC: 18/064 URGENT BUSINESS

There was no urgent business.

AC: 18/065 DATE OF NEXT MEETING

The next Audit Committee meeting would be held at **9.00am** on **Tuesday, 4 December 2018** in the Corporate Meeting Room, Headquarters, UHW.

CONFIRMED MINUTES OF THE FINANCE COMMITTEE

HELD ON 31st OCTOBER 2018

LARGE MEETING ROOM, HQ, UHW

Present:

John Union	Chair (Finance Committee)
Charles Janczewski	Vice Chair (Board)
Abigail Harris	Executive Director of Planning
Andrew Gough	Assistant Director of Finance
Chris Lewis	Deputy Director of Finance
Len Richards	Chief Executive
Nicola Foreman	Director of Corporate Governance
Robert Chadwick	Executive Director of Finance
Dr Sharon Hopkins	Director of Transformation and Deputy Chief Executive
Steve Curry	Chief Operating Officer

Secretariat:

Paul Emmerson	Finance Manager
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FC – 18/255 WELCOME AND PURPOSE OF THE COMMITTEE

The Chair welcomed everyone to the meeting.

FC – 18/256 APOLOGIES FOR ABSENCE

Apologies were received from John Antoniazzi, Maria Battle, Martin Driscoll and Ruth Walker.

FC – 18/257 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 – 18/258 MINUTES OF THE FINANCE COMMITTEE HELD ON 26th SEPTEMBER 2018

The Committee **RECEIVED** and **APPROVED** minutes of the meeting held on 26th September 2018.

FC - 18/259 ACTION LOG FOLLOWING THE LAST MEETING

The Committee **RECEIVED** the Action Log from the meeting of 26th September 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. **Complete** – Report provided to the October 2018 Finance Committee.

FC - 18/200 REVISED TERMS OF REFERENCE FINANCE COMMITTEE - Revised TOR to be taken to the Board for approval. **Complete** – Revised TOR and a covering paper to request ratification of the revised TOR were on the agenda of the Board meeting scheduled for the 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. **Complete** – Clinical Boards have finalised a detailed forecast position profiled for the remainder of the year based on the month 6 position and this is included in the Finance report to the October Finance Committee.

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. **Partially complete** – The Executive Nurse Director was asked to pick this up in October and has surveyed bank staff who have indicated their support for a move to weekly pay. The purpose is to increase the uptake of UHB staff working bank shifts; especially to cover winter pressures, vacancy/sickness gaps and to reduce expensive agency cost. The UHB wished to provide substantive nurses who work bank shifts a weekly pay option from December. NWSSP are reviewing the wider opportunity for weekly pay on the assumption that this will offer better options to the UHB and has promised to keep the UHB updated on progress. However preferred options are unlikely to be implemented for December in part due to the additional workload in implementing the Medical & Dental pay award.

Subsequent to the assessment of preferred options the Finance Committee requested a speedy implementation.

ACTION

Executive Nurse Director

It was agreed that once implemented the initiative should be reviewed after 6 months and the results reported back to the Finance Committee.

ACTION

Executive Nurse Director

FC - 18/236 REPORT ON THE WIDER ISSUES AND ACTIONS AROUND THE NURSING POSITION TO BE PROVIDED 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. The December meeting is currently scheduled for Thursday January 3rd 2018.

FC - 18/249 REVIEW OF RAG RATING OF RISKS ON THE FINANCE RISK REGISTER Complete – Risks were reviewed and re-categorised for the October 2018 Risk Register.

FC - 18/260 FINANCE REPORT AS AT MONTH 6

The Deputy Director of Finance presented the UHB's financial performance to month 6 and highlighted that the UHB remained on track to deliver the £9.9m planned deficit, that a full savings programme was in place and that the overspend against plan fell by £0.033m in month. The committee was reminded that even though the UHB was on track to deliver the planned £9.9m deficit that it would still fail to meet its statutory break even duty in 2018/19. Given the duty to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years the committee was advised that it was also unlikely that the UHB would meet its statutory break even duty in 2019/20.

Moving onto the Month 6 Finance Dashboard three of the measures remained rated 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 continued at £39.1m at month 6 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.

In response to a query, the Deputy Director of Finance confirmed that the UHB had received a positive response to its request for Capital Working Balance Cash from Welsh Government. It was noted that capital and revenue cash are managed

separately by Welsh Government and that the UHB would submit a separate request to cover revenue cash.

The UHB had reported a deficit of £5.705m for the year to date which was made up of a planning deficit of £4.950m (6/12 of the £9.9m planned deficit) and a £0.755m adverse variance against plan.

The UHB Vice Chair (CJ) asked whether the UHB was confident of recovering the £0.755m overspend against plan in the final 6 months of the year and the Deputy Director of Finance indicated that as long as Clinical Boards delivered their year-end forecasts the UHB could be reasonably confident of delivering on plan due to investment slippage and other non recurrent opportunities.

The cumulative deficit of £1.094m reported against income budgets was noted and the Committee was asked to note the following:

- part of the £0.393m underrecovery in other operating income was due to seasonal fluctuation in critical care activity.
- CRU income recovery where there was a year to date shortfall of £0.159m is largely outside the control of the UHB.
- LTA provider performance was reporting a £0.495m shortfall against income targets primarily due to Aneurin Bevan and Cwm Taf activity where there was an in month deterioration of £0.285m against the cost per case orthopaedic contract and the UHB was working to establish whether the downturn was due to demand or supply issues so that remedial actions to improve the position could be explored.

The Deputy Director of Finance covered the pay pressures that had unfolded in year and advised that a balanced position was reported in month against medical and dental budgets, however nursing budgets reported a £0.193m in month overspend the majority of which was recurrent.

Moving onto non-pay the committee was advised that the key pressure area was in clinical services and supplies with the majority of the cumulative variance due to overspends in theatres and specialist services. A £0.462m cumulative underspend at Month 6 against commissioned services was primarily due to underspends on Long Term Agreements with Cwm Taf HB, Abertawe Bro Morgannwg HB and Velindre Trust. Part of the under-spend was offset by pressures in out of area mental health and continuing healthcare placements.

The Committee was informed that the forecasting exercise undertaken by Clinical Boards suggested that a £4.5m overspend would be reported against delegated budgets at year end. This would be managed through £4.5m of non recurrent corporate opportunities that had emerged in year. Delegated budgets had reported a £2.4m overspend for the year to date. The UHB Vice Chair (CJ) enquired whether the use of non recurrent funding had an impact on the UHB's underlying deficit. In response the Deputy Director of Finance indicated that whilst Clinical Boards had not

yet identified plans to achieve the 2018/19 savings target, the full year effect of the schemes met the recurrent target. It was stressed that further advances in reducing the £39.1m underlying deficit outlined in table 18 of the main report was key to the development of an approvable 2019/20 plan.

The UHB's Vice Chair (CJ) noted the continuing improvement in the UHB's Public Sector Payment Compliance rate.

The management of budget pressures and delivery of identified savings were still the key risks to the achievement of the plan and the committee was advised that these risks are diminishing as time passed and further progress was made on the plan.

In the context of the present year and future plans, the Director of Finance advised the committee that the UHB needed to make headway into the management of nursing risks and pressures before year end and that workforce plans that were consistent with the financial and human resources available to the UHB needed to be established. In respect of savings plans the Director of Finance advised that 2018/19 unachieved CRPs would be carried forward by Clinical Boards to 2019/20. In this context the Director of Transformation indicated that the UHB needed to ensure that the assessment of Clinical Board performance and plans triangulated finance, activity and patient safety measures.

The UHB Vice Chair (CJ) asked what mechanisms were in place to manage Clinical Boards which presented un-approvable IMTPs. The Director of Finance indicated the process was fluid and under review and also that the UHB was developing a framework to identify workforce plans on a timely basis so that they could be delivered at the earliest opportunity in 2019/20. The Chief Executive added that the Executive Director of Workforce was focussing on leadership training through the organising for success development and that this was intended to enable the production of approvable plans within the Health Board.

The Finance Committee Chair (JU) asked whether successful internal and external initiatives were communicated through the organization. The Chief Executive indicated that some of the successful MDT work in PCIC e.g. musculoskeletal was rolling out across clients and added that further work was required to roll out transformative programmes gleaned through other partners e.g. Canterbury Health System and Local Health Boards.

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 6 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 £5.405m deficit at month 6 which includes a planning deficit of £4.950m and an adverse variance against plan of £0.755m;
- **NOTED** the key concerns and actions being taken to manage risks.

FC - 18/261 WELSH GOVERNMENT UPDATE: WG & HSS BUDGET 2019/20; NHS PLANNING FRAMEWORK 2019/22; RESOURCE ALLOCATION REVIEW

The Deputy Director of Finance proceeded to advise the Committee of the key points arising from a planning update provided to All Wales Directors of Finance by Welsh Government as follows:

- Following the 2019-20 UK Government Budget of 29 October 2018, final Welsh Government budgets were expected to be published on December 18 2018.
- More than £500m extra health and social care revenue funding would be available in 2019/20 – This included £220m funding to meet the Nuffield gap and £287m extra as a consequence of the uplift in funding for the NHS in England. This will be used to fund performance, NHS pay and prevention. It was estimated that a significant share of the additional funding would be required to cover the agenda for change & DDRB pay deals.
- An additional £41m capital would be available to the NHS in 2019-20 and additional £20m would be available in 2020-21.
- The NHS Planning Framework 2019/22 required the submission of Final IMTPs by 31st January 2019. Before this date Welsh Government planned a number individual engagement meetings to ensure that the progression IMTPs was consistent with national priorities and objectives.
- There is an expectation that Health Boards will implement opportunities identified through the Efficiency Framework around four key domains of population health, technical efficiency and productivity, whole systems and shared opportunities
- Welsh Government were in the process of reviewing the allocation of funding to Health Boards in Wales and had undertaken a review of existing Resource Allocation Formulas across the world to establish common features.
- Welsh Government had indicated that most health funding formulas were dependent on measures of Population, Demography - Age/Sex and Need (including unmet needs) and could also include adjustments for variation in Rurality / Remoteness, Ethnicity, Market Forces Factor and Overseas Visitors.
- Further testing was required to establish the feasibility of potential formulas for application in Wales. At this stage the financial consequences for Cardiff & Vale UHB of moving towards a formula for resource allocation were uncertain

as the share of resources across Wales would be sensitive to the variables adopted within a formula.

The Finance Committee Chair (JU) asked whether the UHB had finalised a timetable for the production of the IMTP and it was agreed that an update in respect of the 2019/20 Financial Plan would be brought back to the next meeting.

ACTION

Deputy Director of Finance

The Finance Committee:

- NOTED the Welsh Government update on planning parameters and processes.

FC - 18/262 CLINICAL BOARDS IN ESCALATION

The Chief Operating Officer confirmed that an additional Clinical Board had moved into escalation since the last Committee meeting meaning that there were currently 5 Boards in escalation where the required level of assurance was not attained in respect to finance, activity and quality and safety.

Progress had been made in month in reducing the forecast year end deficits for both the Women & Children and CD & T Clinical Boards. The Executive Director of Workforce was providing additional support to the Medicine Clinical Board so that sickness rates and the reliance on agency staff could be improved. Further progress with the Surgery Clinical Board was expected to be made at a forthcoming meeting and the framework for the management and delivery of services provided through the Dental Clinical Board was going through a consultation process.

In response to a query from the UHB Vice Chair (CJ) the Chief Operating Officer indicated that the decision to de-escalate a Clinical Board was taken jointly with the Director of Finance and Nurse Director based on objective measures of finance, performance and safety and the level of assurance offered by Clinical Board plans and remedial actions.

The Finance Committee:

- **NOTED** the Clinical Boards in escalation and actions being taken to manage performance;

FC - 18/263 COST REDUCTION PROGRAMME

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

- At the end of the month, £31.755m of schemes had been identified as Green or Amber against the devolved 4% savings target of £33.780m, leaving a gap of £2.025m
- £21.097m has been identified against the £25.335m recurrent 3% element of the devolved target.
- £10.658m has been identified against the £8.445m non-recurrent 1% element of the devolved target.
- As at month 6 £12.280m 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 that the £2.025m gap against delegated savings targets at the end of September had fallen to £1.369m as at 22nd October, however it was noted that the reduction was due to non recurrent opportunities and therefore there was no reduction in the underlying position.

Work was now being focussed on those Clinical Boards and Directorates who had not met their recurrent CRP target. The Director of Transformation indicated that the UHB focus on workforce re-design was key to unlocking further recurrent savings and highlighted the emergency surgery plan as an example of a re-organized service which has led to better cost effective outcomes.

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 - 18/264 RISK REGISTER

The Assistant Director of Finance presented the 2018/19 Risk Register and informed the Finance Committee that no new risks had been added to the register in month.

The Committee was asked to authorise the removal of 2 risks from the register where optimum controls were in place in respect of the delivery of 1% non recurrent CIP and the delivery of financial opportunities of £9.3m to achieve the £9.9m year-end deficit.

The Finance Committee:

- **NOTED** the risks highlighted within the risk register.
- **APPROVED** the removal of the following 2 risks:

- Deliver 1% non recurrent CIP
- Develop and deliver financial opportunities of £9.3m to achieve the £9.9m year-end deficit

FC - 18/265 NO PURCHASE ORDER NO PAYMENT POLICY – UPDATE REPORT

The Deputy Director of Finance confirmed that the policy had been implemented across Wales in June 2018 and that the key feature of the No PO/No Pay policy is that invoices arriving in the system without an order number are returned to the supplier unpaid until an official purchase order is given.

The committee's attention was drawn to table 1 within the report which showed that 1,325 Cardiff and Vale invoices were on hold without a valid purchase order as at October 2018 which was the highest number in NHS Wales. It was noted that 50% of the current Cardiff & Vale holds were with 2 suppliers relating to the supply of staff and that a solution was in the process of being worked through.

The UHB Vice Chair (CJ) asked for the number of invoices on hold to be reported back to the committee in 3 months time so that the position could be re-assessed.

ACTION

Deputy Director of Finance.

It was confirmed that invoices without a PO order number were excluded from compliance scores.

Table 2 of the report identified the improvement in Cardiff and Vale's PSPP Compliance Rate since the end of 2017/18.

FC - 18/266 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES

No other items to bring to the main Board.

FC - 18/267 DATE AND TIME OF NEXT MEETING

Wednesday 28th November; 2.00pm; Large Meeting Room, HQ, UHW

CONFIRMED MINUTES OF THE FINANCE COMMITTEE

HELD ON 28th NOVEMBER 2018

LARGE MEETING ROOM, HQ, UHW

Present:

John Union	Chair (Finance Committee)
Charles Janczewski	Vice Chair (Board)
John Antoniazzi	Independent Member
Maria Battle	UHB Chair
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
Dr Sharon Hopkins	Director of Transformation and Deputy Chief Executive
Steve Curry	Chief Operating Officer

Secretariat:

Paul Emmerson	Finance Manager
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FC – 18/268 WELCOME AND PURPOSE OF THE COMMITTEE

The Chair welcomed everyone to the meeting.

FC – 18/269 APOLOGIES FOR ABSENCE

Apologies were received from Abigail Harris, Robert Chadwick and Ruth Walker.

FC – 18/270 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 – 18/271 MINUTES OF THE FINANCE COMMITTEE HELD ON 31st OCTOBER 2018

The Committee **RECEIVED** and **APPROVED** minutes of the meeting held on 31st October 2018.

FC - 18/272 ACTION LOG FOLLOWING THE LAST MEETING

The Committee **RECEIVED** the Action Log from the meeting of 31st October 2018 and **NOTED** the following:

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. Partially complete – The Executive Nurse Director was asked to pick this up in October and had surveyed bank staff who indicated their support for a move to weekly pay. The purpose is to increase the uptake of UHB staff working bank shifts; especially to cover winter pressures, vacancy/sickness gaps and to reduce expensive agency cost. The UHB wished to provide substantive nurses who work bank shifts a weekly pay option from December. NWSSP are reviewing the wider opportunity for weekly pay on the assumption that this will offer better options to the UHB. However preferred options are unlikely to be implemented for December in part due to the additional workload in implementing the Medical & Dental pay award. The Executive Director of Workforce and Organisational Development indicated that he would press NWSSP for a timescale for the completion of the review of weekly pay options.

Subsequent to the assessment of preferred options the Finance Committee requested a speedy implementation.

ACTION

Executive Nurse Director

It was agreed that once implemented the initiative should be reviewed after 6 months by the Nurse productivity Group and the results reported back to the Finance Committee.

ACTION

Executive Nurse Director

FC - 18/236 REPORT ON THE WIDER ISSUES AND ACTIONS AROUND THE NURSING POSITION TO BE PROVIDED 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 had offered to arrange a meeting with the Independent Members on the Finance Committee to provide assurance of Corporate Nursing actions if required. The possibility of using the last Thursday in each calendar month where there was not a scheduled Board meeting was not a

viable option due to the schedule for Board Development Days. **Incomplete** – Update to be provided to a future Finance Committee meeting dependent on availability

FC - 18/261 UPDATE ON THE 2019/20 FINANCIAL PLAN TO BE PROVIDED TO THE NOVEMBER 2018 FINANCE COMMITTEE MEETING. Complete – Update on the agenda of the November 2018 Finance Committee meeting.

FC - 18/265 NO PURCHASE ORDER NO PAYMENT POLICY-NUMBER OF INVOICES WITH NO PO NUMBER ON HOLD TO BE REPORTED BACK TO THE COMMITTEE IN 3 MONTHS TIME SO THAT THE POSITION COULD BE RE-ASSESSED. Incomplete – Update scheduled for the January 2019 Finance Committee meeting.

FC - 18/273 2019/20 FINANCIAL PLAN

The committee agreed to re-arrange the order of the agenda and bring forward the consideration of the 2019/20 Financial Plan.

The Deputy Director of Finance presented the 2019/20 – 2021/22 IMTP Draft Financial Framework.

The presentation built upon the update on the Welsh Government Planning Framework and the 2019/20 Health Social Services Budget which was provided to the previous Finance Committee. The Committee was reminded that the UHB's underlying financial deficit of £39.1m was broadly a consequence of the following 4 issues: 2018/19 forecast deficit of £9.9m; non-recurrent CIP target £8.4m; non recurrent income from WG £14m and the non-recurrent financial improvement plan £6.8m. The 2019/20 Draft Financial Framework assumed a reduction in the UHB underlying deficit from £39.1m to £36.6m as a result of a £1m reduction in the cost of adalimumab (a biosimilar drug) and a further £1.5m reduction in the UHBs liabilities for the Wales External Quality Assessment Scheme.

The UHB Vice Chair (JC) enquired whether an over-achievement against the 2018/19 recurrent savings plan would lead to a reduction in the underlying deficit and the Deputy Director of Finance indicated that this would be the case if there was a material over-achievement of recurrent savings.

The Deputy Director of Finance described and summarised the main elements underpinning UHB's Draft 2019/20 Financial Framework as outlined by the table below:

	£m
c/f underlying deficit	-36.6
Additional allocations	38.2
Cost pressures	-38.1
Investments	-4.5
Recurrent delegated 2% CIP	16.4
Corporate Savings (Ophthalmic drugs & Woodland House)	2.9
2018/19 operational plan funding	10
Further savings required	-11.7

The committee was informed that the assumed additional allocation of £38.2m included funding for the expected cost of 2019/20 wage awards but excluded any funding for additional pension costs arising in 2019/20, but these were assumed to be funded albeit the costs were not yet known.

The Deputy Director of Finance moved on to describe £38.1m of cost pressures in further detail under the headings of Cost Growth, Demand / Service Growth and other Cost Pressures. In 2019/20 Cost Growth was estimated at £19.4m and included pay inflation of £15.5m, non pay inflation of £0.9m, GMS/GDS inflation at £1.7m and Continuing Health Care (CHC) & NHS Funded Nursing Care inflation capped at £1.3m. Demand and Service Growth was estimated at 15.2m being the additional cost of NICE and new high cost drugs £3.5m, Velindre Cancer Centre £1.2m, Specialist Services £5m, Ring fenced services £1.2m, EASC, £0.5m and LTA inflation of £3.8m. Other cost pressures were £3.5m and assumed a reduction in income from cross border flows from Aneurin Bevan Health Board of £0.5m and local cost pressures of £3m. The Committee was advised that there was no provision for growth in CHC and prescribing in 2019/20 and that this was a risk that would need to be managed and monitored next year. It was confirmed that the budget for local cost pressures would be held centrally and allocated when costs were confirmed during the course of the year.

The Director of Transformation and Deputy Chief Executive indicated that the management executive would require assurance from both the Mental Health and PCIC Clinical Boards that they had plans to manage both CHC and prescribing within the planning assumptions. In this context the Chief Operating Officer indicated that in respect of continuing healthcare placements there was an expectation that the Mental Health Clinical Board would work with local authority partners to manage growth within agreed resources.

Moving onto investments the Deputy Director of Finance indicated that the majority of UHB investments needed to come from All Wales budgets of circa £140m which had been retained centrally by Welsh Government for transformation, regional partnership boards, digital services, prevention, mental health and learning disabilities and clinical services. The UHB's draft plan set aside £4.5m for UHB

specific investments of which a minimum of £1.4m was already committed to cover the full year effect of 2018/19 plans. The Committee was advised that further investment should not be approved until sufficient assurance around the delivery of the plan had been secured.

The draft financial framework assumed that a 2% recurrent CIP of £16.4m would be delegated to Clinical Boards to achieve. The Committee was notified that there had been limited progress to date on the identification of delegated schemes for 2019/20. £2.9m of corporate schemes had been identified to date, however the UHB would need to identify a further £12m of savings schemes on top of this to achieve a balanced budget in 2019/20. The Committee was advised that the £12m of further schemes would include a number of high value opportunities and corporate themes that should be managed corporately with clear lines of accountability and a common understanding of schemes that should not be included in the delegated 2% CIP.

The Director of Corporate Governance asked if the UHB had discretion over the level of CIP targets and the Chief Executive confirmed that the UHB determined the level of CIP that was delegated to its Clinical Boards. The planned recurrent 2% targets had already been shared with Clinical Boards and there was an acknowledgement that the required level of saving was less than agreed in 2018/19. The Chief Executive added that the planned recurrent target was expected to remain at 2% in 2020/21 and 2021/22 in order to provide some flexibility to support investments.

The UHB Vice Chair (CJ) asked whether the UHB would be able to secure the additional £10m annual operational plan funding on a recurrent basis by identifying the further £12m of corporate savings schemes in 2019/20. The Deputy Director of Finance confirmed that Welsh Government was more likely to re-instate the £10m annual operational plan funding provided in 2018/19 on a recurrent basis if the UHB delivered its 2018/19 plan alongside the submission of a balanced plan for 2019/20 onwards.

The UHB Chair (MB) asked how the draft plan supported the UHBs “Shaping Our Future Wellbeing: In Our Community Programme”. The Chief Executive indicated that the UHB would need to frame its investment programme to maximise its uptake of Welsh Government Funding targeted at transformation and a move towards community based services so that it could fulfil the commitment to “Shaping our Future Wellbeing” programme. The Chief Executive also added that the planned recurrent savings target was expected to remain at 2% in 2020/21 and 2021/22 in order to provide some investment flexibility to support the programme.

The presentation moved on to consider the following information sources which indicated that the UHB had enough scope to identify schemes to move towards balancing the financial position in 2019/20:

- EY Acute Benchmarking & Opportunity Analytics (September 2016)

- Internal Benchmarking Opportunities (LOS, productivity variation, DNA, follow up etc. identified through the CHKS & Albatross benchmarking tools)
- Welsh Government Efficiency Framework (Population Health, Technical efficiency and Productivity, whole System & Shared Opportunities)
- Interventions Not Normally Undertaken
- Lightfoot Summary Findings

The UHB Vice Chair (CJ) noted that some of the benchmarking data had been available to the UHB since 2016 asked whether any progress had already been made in using the data. The Director of Transformation and Deputy Chief Executive confirmed that some of the data had helped to support changes in processes to reduce harm, waste and variation but the UHB had not yet realised the significant financial benefits that would arise from a wider transformation programme. The Chief Operating Officer added that a number of initiatives e.g. re-focussing of mental health services, pre-operative pathways, programmes to reduce DNAs which were already progressing would be considered by the UHB when identifying future corporate savings.

The Committee was advised that significant material financial risks to the plan which would require strong management were:

- c/f Clinical Board underlying deficit (including any unachieved CIP)
- Cost pressure avoidance in CHC / prescribing
- Delivery of 2% delegated CIP target
- Delivery of further savings of £12m
- New year operational pressures
- RTT and Winter Plan

The Deputy Director of Finance then described how the IMTP extended from 2019/20 through 2020/21 and 2021/22. The plan identified how the UHB could move from an underlying deficit of £36.6m b/f in 2019/20 to an underlying surplus of £0.5m in 2021/22. The plan was based on the following assumptions:

- Welsh Government would provide a 3% uplift in 2019/20, 2% in the following 2 years and also cover any additional wage award costs over 1%;
- The additional £10m Annual Operating Framework funding would be re-provided by Welsh Government on a recurrent basis from 2019/20 onwards;
- Investments and cost pressures would be managed within agreed values;
- The UHB would deliver a recurrent 2% CIP in each year;
- Additional high value opportunities would deliver recurrent savings of £12m in 2019/20; £4m in 2020/21 and £2m in 2021/22.

Finally, the Committee was advised of the timetable and process for the submission of the IMTP and it was noted that a Draft Financial Plan would be considered by the Finance Committee on the 3rd January 2019 before an informal submission to Welsh Government. Following feedback from Welsh Government it was expected that the plan would be presented to the Board on the 31st January 2019 before the formal

submission to Welsh Government. Given that this was also the deadline for submission of the final plan this may need to be brought forward.

Action

Deputy Director of Finance.

In response to a query from the UHB Chair (MB) the Chief Executive indicated that the submission of a balanced plan would help the UHB case for moving out of targeted intervention.

The Finance Committee:

- **NOTED** the draft plan and proposed process to enable submission of the IMTP to Welsh Government

FC - 18/274 FINANCE REPORT AS AT MONTH 7

The Deputy Director of Finance presented the UHB's financial performance to month 7 and highlighted that the UHB remained on track to deliver the £9.9m planned deficit, that a full savings programme was in place and that the overspend against the plan had fallen by £0.120m in month.

Moving onto the Month 7 Finance Dashboard three of the measures remained 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 continued at £39.1m at month 7 and this is RAG rated red.
- Following confirmation of an additional allocation from Welsh Government of £13.050m for Capital Working Balance Cash the forecast year end cash deficit was now £11.743m and remained RAG rated red. The UHB expected to formally request Revenue cash assistance from Welsh Government by 12th December 2018.

The UHB had reported a deficit of £6.410m for the year to date which was made up of a planning deficit of £5.775m (7/12 of the £9.9m planned deficit) and a £0.635m adverse variance against plan.

In response to a query from the UHB Vice Chair (CJ) the Deputy Director of Finance indicated that the UHB remained confident of recovering the £0.635m overspend against plan in the final 5 months on the basis that overall delegated budget performance would be managed within agreed forecasts.

The Committee was informed that in month performance had been impacted by a continuation of the income pressures in orthopaedic services, nursing pressures, medical and dental pay overspends and theatre activity linked pressures in clinical services and supplies. The UHB Vice Chair (CJ) asked what level of assurance the UHB had around the control of theatre procurement and stock and the Deputy Director of Finance confirmed that a full stock take was undertaken on an annual basis. The Chief Executive indicated that a change in medical practice could lead to a change in the use of clinical supplies and that the UHB needed to continually improve the controls that were in place to optimize the value gained from advances in medical practice.

The Deputy Director of Finance asked the Committee to note the comparison of Clinical Board Financial performance against Budget Financial Forecasts at Table 16 and confirmed that whilst overall the UHB was within the month 7 forecast the main concern was the overspends against forecast of £0.391m and £0.168m reported by the Medicine and Surgery Clinical Boards respectively. The committee was informed that managing spend within the Forecasts was now key to the UHB achieving its 2018/19 plan. In this context the Finance Committee chair queried whether the forecast meant that the Women and Children's Board now expected to report a year end overspend of c £1.6m. The Deputy Director of Finance confirmed that this was the case when the forecast was completed and the Chief Operating Officer added that the Clinical Board had now provided assurance that the forecast year end overspend had subsequently fallen below £1.4m following the implementation of remedial measures.

The Deputy Director of Finance concluded the report by informing the Finance Committee that the UHB had recently been asked to submit a formal request to the Chief Executive, NHS Wales for cash assistance by 12th December 2018 and in so doing provide assurance that the UHB Board had been briefed on the level of cash assistance requested by the UHB from Welsh Government since the financial year beginning in April 2014. In this context it was agreed that the Deputy Director of Finance would relay a separate paper to Finance Committee members outlining the reasons underpinning UHB request for cash assistance over the period from April 2014 to March 2018 and that the paper would be relayed prior to the formal request to Welsh Government.

Action

Deputy Director of Finance.

The UHB Vice Chair (CJ) raised a query in respect of the £186m of trade and other receivables that the UHB was carrying on its balance sheet at the end of October 2018 under current assets and asked for assurance that the UHB had systems in place to monitor its aged debtors. The Deputy Director of Finance agreed to provide an analysis of the trade and other receivables on the balance sheet as October 31 2018 alongside an outline of the UHBs accounting treatment of aged debts.

Action

Deputy Director of Finance.

LIMITED ASSURANCE was provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 7 position which is broadly on line with the profiled deficit within the 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 £6.410m deficit at month 7 which includes a planning deficit of £5.775m and an adverse variance against plan of £0.635m;
- **NOTED** the key concerns and actions being taken to manage risks.

FC - 18/275 CLINICAL BOARDS IN ESCALATION

The Chief Operating Officer confirmed that 5 Clinical Boards remained in escalation where the required level of assurance was not attained in respect to finance, activity and quality and safety.

Assurance had been provided in month that both the Women & Children and CD & T Clinical Boards would deliver a year end position within their forecast control totals. Further discussions were taking place with both the Medicine and Surgery Clinical Boards to gain further assurance that planned actions would sufficiently improve in year performance. The consultation process in support of the Dental Clinical Board was now closed and feedback was being reviewed.

In response to a query from the Finance Committee Chair (JU) the Chief Executive indicated that the Board were informed of Clinical Boards in escalation through the minutes of the Finance Committee.

The Finance Committee:

- **NOTED** the Clinical Boards in escalation and actions being taken to manage performance;

FC - 18/276 COST REDUCTION PROGRAMME

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

- At the end of the month, £32.461m of schemes had been identified as Green or Amber against the devolved 4% savings target of £33.780m, leaving a gap of £1.319m
- £21.199m has been identified against the £25.335m recurrent 3% element of the devolved target.
- £11.262m has been identified against the £8.445m non-recurrent 1% element of the devolved target.
- As at month 7 £12.280m 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 that the £1.319m gap against delegated savings targets at the end of October had fallen to £0.987m as at 28th November, however it was noted that the reduction was primarily due to non recurrent opportunities and therefore there was no reduction in the underlying position.

The Committee was advised that the Welsh Government Finance Delivery Unit had mandated that future reporting of savings would be risk rated based on the UHBs approach to RAG rating schemes. In response to a query from the Finance Committee Chair it was confirmed that in 2019/20 performance against the 2% delegated savings target and the £12m corporate target would be monitored separately.

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 - 18/277 RISK REGISTER

The Assistant Director of Finance presented the 2018/19 Risk Register and informed the Finance Committee that no new risks had been added to the register in month.

The Committee was asked to authorise the removal of 1 risk from the register where optimum controls were in place in respect of Critical Care Investment in advance of Critical Care Network decision (£1.5m) where funding had now received..

The Finance Committee:

- **NOTED** the risks highlighted within the risk register.
- **APPROVED** the removal of the following risk:
 - Critical Care Investment in advance of Critical Care Network decision (£1.5m)

FC - 18/278 ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES

No other items to bring to the main Board.

FC - 18/279 DATE AND TIME OF NEXT MEETING

The Finance Committee Chair (JU) confirmed that responsibility for chairing the Finance Committee was transferring to the Board's Independent Member – Estates, John Antoniazzi from the next meeting onwards which was scheduled as follows:

Thursday 3rd January; 1.00pm; Large Meeting Room, HQ, UHW



GIG
CYMRU
NHS
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 9 OCTOBER 2018 IN THE CORPORATE MEETING ROOM,
HEADQUARTERS, UNIVERSITY HOSPITAL OF WALES (UHW)**

Present:

Michael Imperato

Independent Member – Legal (Chair)

In attendance:

Charles Dalton
Robert Jenkins

Head of Health and Safety
Solicitor – Shared Services Legal Risk (for agenda
item HSC: 18/174)

Fiona Kinghorn
Peter Welsh
Geoff Walsh

Interim Director of Public Health
Director of Corporate Governance
Director of Capital, Estates and Facilities

Apologies:

Carol Evans
Martin Driscoll
Akmal Hanuk
Abigail Harris
Charles Janczewski
Fiona Jenkins

Assistant Director of Patient Safety and Quality
Director of Workforce and OD
Independent Member - Local Community
Director of Planning
Independent Member (Vice Chair)
Director of Therapies and Health Sciences

Secretariat:

Rachael Daniel

Health and Safety Adviser

PART 1

HSC: 18/170

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting. It was noted the meeting was not quorate and therefore any items requiring decisions would be deferred to the next meeting.

HSC: 18/171

DECLARATIONS OF INTEREST

The Chair invited Committee Members to declare any interest in the proceedings included in the agenda. The Chair informed the Committee he was heavily involved in the infected blood enquiry and would have to excuse himself from discussions relating to medical records which did not have a health and safety relevance.



GIG
CYMRU
NHS
WALES

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Cardiff and Vale
University Health Board

HSC: 18/172 MINUTES OF PREVIOUS MEETING

The minutes of the Health and Safety Committee held on the 10th July 2018 were **APPROVED** and **ACCEPTED** as a true record.

HSC: 18/173 UPDATED ACTION LOG

The Committee **RECEIVED** the Updated Action Log from the previous meeting.

HSC: 18/174 PERSONAL INJURIES CLAIMS PRESENTATION

Mr Imperato welcomed Mr Robert Jenkins – Solicitor for Shared Services Legal and Risk to the meeting.

Mr Jenkins provided the Committee with details of claims trends for the Health Board versus All Wales. He advised the Health Board does have a large violence and aggression portfolio compared to other Health Boards but we also have a large Mental Health Unit.

Mr Imperato queried how any defects/failures were fed back to the Health Board. Mr Jenkins advised they would be fed back to the Claims Team who would then liaise with the Directorate where the claim originated from. The Director of Capital, Estates and Facilities confirmed this was the process as the Directorate would be responsible for signing off the claim. The Senior Manager – UHL also advised lessons learnt were regularly shared with the Operational Health and Safety Group.

Mr Imperato thanked Mr Jenkins for his presentation.

HSC: 18/175 REVIEW OF THE COMMITTEE'S TERMS OF REFERENCE

The Senior Manager – UHL informed the Committee the terms of reference were being considered as part of their annual review and advised there were no significant changes.

In respect of 3.1 it was clarified that patient falls were discussed in relation to the environment and not the clinical aspects which were the responsibility of the Quality, Safety and Experience Committee. The Chair was concerned that potentially patient falls would not be picked up by either Committee, the Director of Therapies and Health Sciences confirmed the QSE Committee does discuss patient falls. Mr Welsh stated he would raise at the Governance Co-ordinating Group as there were number of areas that crossed a number of Committees.

ACTION – Mr P Welsh

The Director of Capital, Estates and Facilities queried what level of Executive representation was required as both he and the Director of Planning were members of the Committee and whether that was necessary. Mr Welsh stated there needed to be Executive representation on the Committee with members regularly attending and if they were unable to do so then ensuring they were appropriately represented. He advised he would discuss this further with the Board Secretary.

ACTION – Mr P Welsh

The Terms of Reference to be **RATIFIED** at the next meeting following clarification on the above points.

**HSC: 18/176 CORPORATE RISK ASSURANCE FRAMEWORK
(CRAF)**

The Health and Safety Adviser informed the Committee she had received an update from the Head of Corporate Governance that the newly appointed Director of Corporate Governance was currently undertaking a piece of work with the Executive Directors to develop the Board Assurance Framework which would be a revision of the CRAF. The development of the e-datix risk module was also part of this work however a member of the datix team had recently left which had resulted in the Patient Safety Team having to reprioritise their work plan.

The Chair acknowledged the update but queried what were the risks the Committee should be focusing on in the interim. The Senior Manager – UHL advised the risk register was still being maintained and the Committee should be receiving assurances that the health and safety risks were being reviewed with appropriate mitigation. Mr Imperato requested a paper for the next meeting of the health and safety risks associated to the Committee and their current status, mitigation and assurance.

ACTION – Mrs N Foreman

HSC: 18/177 PEDESTRAIN ACCESS SAFETY STRATEGY

The Director of Capital, Estates and Facilities firstly apologised to the Committee for the length of time it had taken to complete the survey, it had been anticipated that it would have been completed by May 2018 but unfortunately there had been several disappointing lack of actions. Mr Walsh advised the draft document had now been received and was currently being reviewed which should be completed by the end of October/beginning of November, he also added the survey needed to be considered alongside the Travel Plan.

Mr Walsh advised the proposal, action plans and costs should be finalised by January 2019, the Chair requested these were brought to the next Committee meeting so that the health and safety aspects could be considered and assurances received that the proposals met the concerns raised by the Health

and Safety Executive regarding the requirement for the Health Board to develop a Pedestrian Safety Strategy.

ACTION – Mr G Walsh

The updated position was **NOTED** by the Committee.

HSC: 18/178 FIRE SAFETY ANNUAL REPORT 2017/18

The Director of Capital, Estates and Facilities presented the annual report to the Committee. Mr Walsh informed the Committee the Chief Executive and Director of Planning had recently met with the Chief Fire Officer to discuss the number of unwanted fire signals within the Health Board. Mr Walsh advised UHW has the greatest number of fire detection points of any building in the country and some of these were in excess of 25 years old. Unwanted fire signals were monitored by the Department and mechanisms were in place to try and reduce the number.

Mr Walsh wanted to highlight to the Committee the extremely worrying increased trend of fires in Hafan y Coed, UHL. It is the Fire Advisers belief that the removal of smoking shelters has added to the problem as there is now an increased risk of patients smoking in bedrooms and toilets. He advised South Wales Fire Service were considering prosecuting the Health Board and there would be a meeting with them on Friday 12th October 2018.

The Deputy Director of Public Health stated the Mental Health Clinical Board had been bold to implement no smoking within the building and had been working closely with public health but it had been a real challenge. The Clinical Board were keen to persist and recognise that a long term culture change was required.

Mr Walsh reiterated there was a potential risk of serious injury/death as there had been 2 serious incidents where fires had been started with lighters or other ignition sources which patients should not have had access to.

Mrs Kinghorn suggested an urgent meeting take place with all interested parties from Public Health, Estates/Fire, Health and Safety and the Mental Health Clinical Board.

ACTION – Mrs F Kinghorn

The report was **CONSIDERED** and **NOTED** by the Committee in relation to the on-going work to meet the requirements of the Fire Regulatory Reform (Fire Safety) Order 2005.

ASSURANCE was provided by:

- Identified issues in the fire risk assessments and audits carried out by the Fire Authority and NHS Wales Shared Services Partnership – Specialist Estates Services were being appropriately managed.

**HSC: 18/179 FIRE SAFETY MANAGEMENT AND COMPLIANCE
REPORT**

The Director of Capital, Estates and Facilities advised the issues were discussed in the previous agenda item.

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: 18/180 ENFORCEMENT AGENCIES CORRESPONDENCE
REPORT**

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: 18/181 HEALTH AND SAFETY IMPROVEMENT PLAN

The Head of Health and Safety informed the Committee the Improvement Plan had been revised in line with the Annual Report.

Mr Dalton advised 4 key projects had also been added to the Improvement Plan which were being co-ordinated by the Health and Safety Advisers, these were:

- Health Aspects
- Risk Assessment and Control Improvement
- Health and Safety Competence
- Compliance and Priority Improvements

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: 18/182 HEALTH AND SAFETY RELATED POLICIES
SCHEDULE**

The updated schedule was received by the Committee. It was noted that a number of Policies which were approved by other Committees but had a health and safety inference were out of date. The Committee requested a concern be raised with the Director of Workforce and OD in relation to the out of date policies and request a definitive timescale of when they were to be reviewed.

ACTION – Miss R Daniel

PART 2

HSC: 18/183 COMMITTEE WORK PROGRAMME FOR 2018/19

The Work Programme for 2018/19 was **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 18/184 REGULATORY REVIEW TRACKING REPORT 1ST
APRIL – 30TH SEPTEMBER 2018**

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

HSC: 18/185 LONE WORKER SYSTEM PROGRESS REPORT

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

**HSC: 18/186 ENVIRONMENTAL HEALTH INSPECTION REPORT OF
MAIN WARDS, FOOD PRODUCTION AND
RESTAURANT AREAS, UNIVERSITY HOSPITAL
LLANDOUGH ON 14TH AUGUST 2018**

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 3 had been achieved. The Director of Capital, Estates and Facilities expressed his disappointment with this score, he advised there had been basic operational issues and minor works not reported. The facilities were to be re-inspected today. He added the Health Board was assessed differently to high street amenities as we cater for patients.

**HSC: 18/187 OPERATIONAL HEALTH AND SAFETY GROUP
MEETING OF MAY 2018**

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

HSC: 18/188 FIRE SAFETY GROUP MINUTES OF MAY 2018

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

HSC: 18/189 WATER SAFETY GROUP MINUTES OF MAY 2018

The minutes were **RECEIVED** and **NOTED** for information by the Committee. It was noted there was poor representation by the Clinical Boards at the meeting.

HSC: 18/190 REVIEW OF THE MEETING AND ITEMS TO BRING TO THE ATTENTION OF THE BOARD OR OTHER COMMITTEES

Mr Imperato thanked everyone for their contributions, however he did note that the meeting was poorly attended which he hoped would be rectified by the review of the Terms of Reference.

He noted the Committee's concern in relation to the increased fires in Hafan y Coed, UHL and also the number of out of date policies.

The Fire Safety Annual Report would be presented to the Board for information purposes.

HSC: 18/191 DATE AND TIME OF NEXT MEETING

The next meeting will be held at 9.30am on Tuesday 22nd January 2019 in the Corporate Meeting Room, HQ, University Hospital of Wales.

Signed

Date

**CONFIRMED MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING
HELD AT 09.00AM TUESDAY 11 SEPTEMBER 2018
CORPORATE MEETING ROOM – HQ
9.00AM – 12NOON**

Members:

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

Attendees:

Alun Williams	Head of Financial Services
Peter Welsh	Director of Corporate Governance
Simone Joslyn	Engagement Lead
Angela Hughes	Assistant Director of Patient Experience
Fiona Jenkins	Executive Director of Therapies
Joanne Brandon	Assistant Director of Communications & Engagement
Nicola Foreman	Director of Corporate Governance
Barbara John	Operational Business Manager
John Union	Independent Member
Claire Jenkins	Director of Therapies Health Science
Sue Dickson Davies	Senior Fundraising Officer

Secretariat:

Helen Bricknell

CFC 18/040 WELCOME AND INTRODUCTIONS

The Chair welcomed all present to the meeting

CFC 18/041 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mike Jones

CFC 18/042 DECLARATIONS OF INTEREST

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

CFC 18/043 UNCONFIRMED MINUTES OF THE MEETING HELD 19 JUNE 2018

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 19 June 2018.

CFC 18/044 ACTION LOG - MEETING OF 19 JUNE 2018

The Committee **RECEIVED** the Action Log from the meeting of 19 June 2018

1. Peter Welsh - all delivered and waiting on evaluation from Jo from Head of Dietitian's.
2. Terms of Reference: Peter Welsh signed off last committee meeting for a 12 monthly review (Sep 19)
3. Orchard progress Alun Williams – Complete
4. Park and Ride – use of additional funds for further park and ride services. Geoff Walsh and team, problematic due to land being held by Cardiff council. Minibus service, on lease 3 years for Barry/Cogan, circa of 30k approx. 10-12k per annum. Piloted the Cogan run and take up rather limited. Demand for Barry hospital on the Cogan link. More demand from heath halt train station to UHW site than the other site. Costs of a driver for the shuttle service. The cost of the service and whether to revisit the options in a few months' time, and for the plan to fit into the sustainable travel plan. To use the first sector and voluntary sectors also within the sustainable travel plans. A sustainable travel plan has already been drafted as a baseline with the consultation to moving to Woodland House – plan to be drawn up with Tom Porter / Geoff Walsh

CFC 18/045 BIDS PANEL REPORT

Peter Welsh presented the Bids Panel report, there was a total of 13 applications to the value of £58,350.00 received for consideration. The staff lottery numbers are increasing promoting the charity. It was discussed about how the charity will spend the money wisely and communication will be issued through the latest report in due course. If there are any identifiable areas on the wards that are in need of non-core equipment then bids should be submitted to try and make a difference for the patient experience.

The Committee **APPROVED**:

The bids supported by the August 2018 meeting of the Charitable Funds Bids Panel.

CFC 18/046 CHARITY FUND APPLICATION – INFLAMMATORY BOWEL DISEASE TREATMENT AND EDUCATION CENTRE.

The report was delivered by Sarah Edwards with a brief overview of the paper. The Centre currently has a four chair infusion room at UHL that is cramped, lacks dignity and privacy and does not have the capacity to meet the current demands of the service. Having acquired a site for this development and have gained funding for the clinical equipment needed we need to refurbish the area to make it suitable for clinical use and enhance the patient experience. A more detailed assessment is also underway. We are requesting help in funding from the charitable trust as it would make such a huge difference to our patients and the care they receive, whilst we strive to achieve not only meeting but surpassing the national standards, which have been sadly lacking for some time.

The Committee:

- **APPROVED** the expenditure outlined in the application from the Cardiff and Vale UHB Health Charity Funds.

CFC 18/047

FUNDRAISING POLICY AND EHIA

The Fundraising Policy and EHIA were briefly discussed at the meeting and no further comments were made.

The Committee **NOTED:**

The great work being undertaken to complete the project.

CFC 18/048

BARRY HOSPITAL / ROOKWOOD HOSPITAL

A verbal update was given by Simone Joslyn and Peter Welsh around the Hospital. Both of these hospital sites are very different, looking around Rookwood hospital and maintaining a standard and positive patient experience and staff experience whilst still on site. A few initiatives are being looked at

Sensory garden at Rookwood and the wards are quite isolated currently but a good relationship has been built up with Insole Court and help with small projects. Simone Joslyn is meeting with Men's Shed to see if they are going to look to do a volunteer call out, some current members treat bees and whether Cardiff and Vale could train some staff to participate in this work as part of therapeutic rehabilitation and staff wellbeing project. Staff members from MH Services have already participated in this venture and done so well and we are looking at putting a hive up in Llanfair Unit.

Barry Hospital is around 24 years old and the demographic of people that attend really value the services currently provided but the flooring, seating and the overall design needs updating, currently looking at local arts contemporary businesses. A photo competition is underway and Jane Hutt will be involved judging. There are no general endowment funds for Barry Hospital, it has a few restricted accounts, a walk around with Mike Jones will be taking and a bid will be worked up with suggestions taken to the bids panel for further enhancements of the Community Hospital. Patient experience and hospital reputation could be enhanced with these bids if taken forward.

Feedback from the patient care services have been great, but the environmental impressions from point of entry to discharge have identified that work and enhancements would be beneficial for both the Health Board and the patient experience.

A few points were discussed:

Maria Battle was happy that we are focusing on Barry Hospital and praising that the public meetings are always expecting the hospital to close, but having the hospital being brought up to a proper standard will be positive way forward for the Health Board and the public

Maria Battle personally thanked Simone for all her work. It will be a minimum for 2 years before the patients can move and it is important to embrace the initiatives that are underway. If other Executive Directors can participate in the walk arounds it would be beneficial for the Executives to see the sites.

It was mentioned that there is an opportunity now on a Monday with the management Executive meetings for staff and public voices to be heard.

Discussion around the strategy and fundraising will be discussed at time out in December.

As part of the opportunities in Barry, Simone has been looking at using a company to advertise more around the Health Charity, the issue we still have being a lot of people are not aware of the charity and all of the work we are doing is for people to know more about it and to fundraise their time, energy and this will promote the charity

ACTION: Discussion around resources for Barry/Rookwood arts Programme at a future meeting

CFC 18/049 BREAST CENTRE

The Breast Centre appeal has been stewarded by Lucy Garrett for the last few years, which will now be transported into Sue Dickson Davies' portfolio. The Breast Centre is doing enormously well. Irene Hicks has contributed and raised over £82,000 for the appeal. To date the Breast Centre has raised a £476,000.

A brief overview was presented by Simone Joslyn, the Breast Centre houses out-patient clinics and diagnostic radiology services together. Patients can have a mammogram or ultrasound and get their results on the same day; then if further investigations are needed these can also be carried out at the Centre. Soraya Kelly is championing a campaign she hopes will unite people in the fight to promote early detection of cancer. The campaign is characterized by the use of giant pink boxing gloves. Several key events including;

- The Breast Centre Gala
- Strictly Top Dancer
- Garden Party
- Admiral Insurance does Ministry of Fun
- Matalan Llantrisant
- Concert for Sara
- 54321 Cymru

BETTER LIFE APPEAL

The donations to the Better Life Appeal have refurbished and equipped six new rooms which now house the specialist nurses and research nurse; provide an outpatient treatment room; specialist physiotherapy room; CF patient gym; clinical psychologist room and a necessary storage room. Support from staff and people in the community who have raised money for the Better Life Appeal include;

- Annual Golf Day
- Fancy Dress Walk – Pen Y Fan
- Events in memory of Kim Hodges
- Fundraising Ball
- Ladies Night
- Victoria Lambe
- Inhale the music festival

Since the Better Life Appeal was set up in 2006, staff, fundraisers and supporters have raised the magnificent amount of £547,473.18.

It was asked:

- What is the difference between this appeal and the Breast Centre appeal and why close one and not the other, and secondly what are the views of the team within the cystic fibrosis unit and why close it?

The Breast Centre appeal spend their money on a regular basis and continue to improve the service by opening the gym, part funding a post and how they spend the money on the here and now. Within the better life appeal that does not appear to be happening as the business case has taken a long time to be approved, even though patients have been lobbying and the politicians have been involved at ministerial level. Unsure of how long it will take before the monies can be spent, therefore it will become a fund and when we have a date it will become re-instated, an approach to corporate fundraising has been undertaken by providing fundraising packs. We currently have a paper around setting up an appeal but do not have an exit paper, and the policy therefore this is being reviewed. The work on the UHB website needs to reflect the process.

The Chair mentioned he will be attending a Fundraiser for Ovarian Cancer in London and has mentioned that the speaker would like to come to Cardiff and vale and present. Fiona Jenkins suggested to the Chair around speaking to Meriel Jenny to organize the event.

The Committee:

APPROVED the Better Life Appeal and for it to continue as an endowment fund.

The current balance of the Better Life Appeal Endowment fund is **£350,503.14**.

CFC 18/050 UPDATE ON HORATIO'S GARDEN

Geoff Walsh gave a brief overview of the report, a planning application has been submitted in August for the preparation work and hoping for approval in November with no foreseeable issues. For the submission to go to investment board in Welsh Government on the 26th September and the contractors to be starting on site by November.

The estimated costs remain the same, it has been scrutinized and the Committee will have sight of the costs.

For the staff and patients to be involved in Horatio's garden promoting a positive impact.

The garden and designing will begin around 18 months after the starting phase. The designer has specific qualification around designing experience therapy gardens for people with spinal injuries. A Memorandum of Understanding around this work to be discussed outside the meeting with the Director of Corporate Governance.

The importance of the committee monitoring and demonstrating value of money, given the significant amount of money that the Committee had been allocated for the garden and that the Committee would monitor it on a regular basis.

The Committee:

NOTED the verbal report

CFC 18/051 COMMITTEE "TIME OUT" ON 11TH DECEMBER 2018

Peter Welsh gave a brief update on the Time Out session suggesting that the Committee

Will be focusing on our strategy and training with Geldard's Solicitors. The draft agenda will be tweaked to add any updated items.

It was mentioned whether an item on the financial outlook should be included.

It was commented that not all the diaries have been allocated sufficient time for the meeting on December 11th 2018.

CFC 18/052 CHARITABLE FUNDS BID STAFF RECOGNITION AWARDS 2019

The report was presented by Peter Welsh, nothing further to add to the report. 8th anniversary of the event, it is being requested for £25, 000 over a period of 5 years. It was discussed with Geldard's and it was absolutely appropriate for this use.

It was suggested that the Health Charity are present at it and any funds raised will be for the charity and the connectivity between the Charity and the well-being of the staff along with the support of the organization.

The Committee:

APPROVED the expenditure outlined in the application from the Cardiff and Vale UHB Health Charity funds

CFC 18/053 FUNDING FOR A COUTESY CAR

The hospital also has one of the longest hospital corridors in Europe, which additionally impacts upon patients and visitors, especially those who are older people and/or those with mobility problems whether temporary or enduring. Since the opening of Hafan y Coed (Mental Health Facility) in April 2016, the site has become increasingly busy with an increase in patient and visitor attendances. This is reflected in the increased usage of the shuttle service, the provision of this service has improved the patient/visitor experience by examples outlined in the paper.

The service was provided through the WRVS service for the last five years, now the RVS, they contribute towards the running, maintenance and we are able to maintain core hours in the morning. At the beginning of the year it was mentioned that funds were struggling so the Rookwood outlet has been closed. It is looking at a cost of £11,000 per year.

The Committee **SUPPORTED**:

The Bid of £33k to fund the Courtesy Car Service at UHL for a 3 year period.

CFC 18/054 ARTS AND WELL BEING PROGRAMME / CFC ARTS CO ORDINATOR BID

The report was presented by Peter Welsh, giving a brief overview of the proposal which is to fund a Band 6 (part time) project lead for the UHB from Charitable funds, for a period of 12 months Secondment. During this period, the project lead will explore and produce detailed business cases for alternative funding from the Arts Council of Wales, Welsh Government and other sources to establish permanent posts. The programme the team offers, as well as getting people more physically active, allows us to see the results in breaking through loneliness, isolation and

depression for our patients, helping them to recover quicker within the hospital setting or ideally, supporting them in their care at home or in the community.

The way in which the imaginative and emotionally expressive experiences of the Arts can make a distinctive and versatile contribution to keeping people well is tangible, and as recognised by the Art Council and Welsh Government

The Committee:

- **APPROVED** : The funding of a part time project lead for an Arts, Heritage and Environment post for a period of 12 months from Endowment Funds (UHW)
- **RECEIVE**: To receive progress report in 6 months.

CFC 18/055 CFC ARTS FUND BID, STAFF LOTERY PRIZE, HEALTH CHARITY PROMOTION

CFC Funds: Having the resource of somebody will allow support of the some of the projects already started, work with dementia patients, to maintain the galley and operational aspects. A paper will come to the December meeting around the Funds.

Staff lottery Prize: A mega draw will take place in January 2019, to increase the membership by 192 to recoup the cost of the prize over the year. If this goes forward again some-one should come and present the draw with the Chair.

Health Charity: Looking at opportunities to promote the Health Charity better. Looking at promoting staff well-being i.e. using the stairs not the lifts. The costing currently is £2500 to make these spaces more appealing, design areas.

The Committee:

APPROVED the initial cost of the designs for the Health Charity

CFC 18/056 FINANCE POSITION,

The investment portfolio started the financial year with a market value of £6.532m. The value has increased to £6.937m at the end of July, therefore resulting in a market value gain of £0.405m for the period.

The Portfolio is continually monitored by the Investment Managers in line with our current low to medium risk strategy. The Charitable Funds Committee also meets with the Investment advisors twice a year to review strategy and performance.

In summary the value of the Charitable Funds has increased by £0.568m in the current year to £10.822m. This increase represents net income of £0.163m and market value gains of £0.405m.

The Committee:

NOTED the financial position of the charity

ANNUAL ACCOUNTS AND REPORT

Chris Lewis presented the paper, the financial performance relating to the period 2017/18 was presented to the Committee at the meeting of 19th June 2018. The full draft integrated report has been circulated to all of the members of the committee via separate cover for comment and therefore any further comments would be most welcome with a deadline set for Friday 21st September 2018.

The Committee:

CONSIDERED the Draft Annual Report and Accounts subject to any adjustments required by the Wales Audit Office review.

CFC 18/057 FUNDRAISING REPORT

Between the announcement of the prize in June and the draw planned for August, membership increased from 4598 to 4799 numbers which will be included in the Super Draw. The Health Charity has reached 3,625 likes on Facebook, as of 5th September. The most popular post was about a donation to the Coronary Care Unit from Jim Price in memory of his wife. This story reached over 5,200 people.

We have been focusing on the stories behind the runners for the Cardiff Half Marathon and have issued six stories to the local press which were released on to social media and the website over the period of a week.

There have been some initial design changes to the website following user feedback and we will be continuing to refresh and update the content during the next few months

The Committee:

APPROVED the progress and activities

ANNUAL REPORT HEALTH CHARITY WITH FINANCE

A brief overview of the report was given by Alex Baily around the portfolio of the Health Charity.

Looking ahead to 2019 and the particular issue of Brexit, whilst this is certainly a risk or a “known unknown” it would be improper to skew the portfolio for a particular outcome given it is unclear what the end result will be in March of next year. As such the portfolio remains roughly neutral in equities against the long term strategy as earnings growth is still coming through and we also hold assets classes such as bonds, properties and alternatives for diversification purposes
A draw down of portfolio 10% would be £700.000 to be banked, the Committee needs to go to the Trustees and Endorsed with an attached paper. , followed by a discussion at the December workshop on how the funds will be allocated. The Health Board still have a really good diverse portfolio currently.

The Committee:

NOTED the report

CFC 18/058

DATE AND TIME OF NEXT MEETING

The next meeting will be held at 11 December 2018 9.00am in Cardiff City Stadium.

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

**CONFIRMED MINUTES OF THE
STRATEGY AND DELIVERY COMMITTEE
HELD ON 6 NOVEMBER 2018 AT 9.00AM
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Charles Janczewski	CJ	Vice Chair
Dawn Ward	DW	Independent Member – Trade Union

In Attendance:

Fiona Kinghorn	FK	Interim Executive Director of Public Health
Abigail Harris	AH	Executive Director of Strategic Planning
Martin Driscoll	MD	Executive Director of Workforce and OD
Nicola Foreman	NF	Director of Corporate Governance
Robert Chadwick	RC	Executive Director of Finance
Ruth Walker	RW	Executive Nurse Director
Dr Sharon Hopkins	SH	Deputy Chief Executive/ Director of Transformation
Steve Curry	SC	Chief Operating Officer
Geoff Walsh	GW	Assistant Director of Planning
Keithley Wilkinson	KW	Equality Manager

Secretariat:

GM	Glynis Mulford
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Apologies:

Eileen Brandreth	EB	Independent Member - ICT
Marie Davies	MD	Deputy Director of Planning
Len Richards	LR	Chief Executive

SD: 18/058 WELCOME AND INTRODUCTIONS ACTION

The Chair welcomed everyone to the meeting

SD: 18/059 APOLOGIES FOR ABSENCE

Apologies for absence noted.

SD: 18/060 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings. The Chair stated that he was a Member of the Quality, Patient Safety and Risk Committee at WHSCC.

SD: 18/061 UNCONFIRMED MINUTES OF THE MEETING HELD ON 11 SEPTEMBER 2018

The Committee reviewed the minutes of the meeting held on 11th

September 2018.

It was noted that Eileen Brandreth attended the private meeting of the Committee but not the public meeting.

Resolved – that:

- (a) Subject to the amendments the Committee received and approved the minutes of the Strategy and Delivery Meeting Held on 11th September 2018.**

SD: 18/062

ACTION LOG FOLLOWING MEETING HELD ON 11 SEPTEMBER 2018

The Committee reviewed the action log for the meeting held on 11th September 2018 and the following comments were made:

- (a) SD18/45 – Performance and Delivery Framework. The Executive Director for Strategic Planning confirmed that there was no anticipated completion date. Work planning would be agreed and alongside this a completion date would be agreed.
- (b) SD18/048 – Estates Strategy Plan. This had been received at the Committee in September 2018.
- (c) SD18/049 – Workforce Delivery Plan. It was confirmed that the Workforce Delivery Plan would be presented to the Committee at its March 2019 meeting.
- (d) SD/18/052 – Performance update. On the agenda
- (e) SD18/025 – Study Leave Procedure. No dates had yet been identified for this piece of work. However, it was likely to form part of the Internal Audit Plan for 2019.

AH

MD

MD

Resolved – that:

- (a) The Strategy and Delivery Committee noted the action log from the meeting held on 11th September 2018.**

SD: 18/063

PERFORMANCE MAPPING

The Director of Transformation provided a verbal update stating that she was keen to allocate monitoring responsibilities to each Committee of the Board to ensure that each area of performance was being monitored. 62 delivery indicators had already been mapped to each Committee of the Board this was to ensure that the Committees did not duplicate work. The paper currently being developed would explain how the organisation was proposing to deal with strategic indicators and this piece of work would dovetail the work being done on the IMTP.

The Performance Mapping would be finalised and presented to the January 2019 Strategy and Delivery Committee.

SH

Resolved that:

- (a) The Committee noted the verbal update on Performance Mapping from the Director of Transformation.**

(b) The finalised report on Performance Mapping would be presented to the next Meeting of the Strategy and Delivery Committee in January 2019.

SH

SD: 18/064

OCCUPATIONAL HEALTH SUPPORT FOR STAFF WITH MENTAL HEALTH PROBLEMS

The Director of Workforce and Organisational Development presented the report. The following was noted:

- 25% of sickness absence was due to anxiety, stress and mental health conditions which tied in with the rest of the UK.
- The number of referrals into Occupational Health had increased and this continued to happen. This was viewed positively as staff were accessing the services they needed. However, this resulted in the perception that waiting times were delayed for accessing psychological intervention.
- The service has: 1 band 7 Lead Counsellor, 4 band 6 Counsellors (that's 1.6 full time equivalent) and a Clinic Coordinator to cover the 14,500 staff working at Cardiff and Vale University Health Board. A fast-track service to PTSD was also available. The Government target time was 26 weeks and Cardiff and Vale was operating at 19 weeks.
- The Director also reported that self-help guides were available online for patients.
- There was a need to promote and expand services and survey how they worked. Compared to other employers it was reported that Cardiff and Vale provide an excellent service.
- It was suggested that data on outcomes data would be very useful to see if improvement has actually been delivered.
- A recent initiative had been introduced which was - a 'coffee and chat' approach.
- The organisation needed to be mindful that its staff deal with some difficult situations and challenging and difficult tasks and it was good to see there are good support structures in place

Resolved – that:

- (a) The Committee noted the update and progress being made on the Employees Wellbeing Service.**

SD: 18/065

CLINICAL INNOVATION AND RESEARCH

The Executive Director of Strategic Planning presented the report stating that it had been presented in two parts the Clinical Innovation Work and IMTP Specific Actions this year. In both areas progress had been good.

- £23m had been made available from European funding covering Swansea, St. David's and Cardiff Universities to promote clinical innovation and hosted by the Life Science Hub.
- One of the key pieces of R&D work with Cardiff University was to bring together the two separate R&D Offices involving about

40 staff.

- There was a risk that the future R&D funding from the Welsh Government might not match Cardiff and Vale's expectations as it might be spread over the whole of Wales
- There was a need to secure more commercial funding in the future. Commercial Research was being undertaken and there are commercially-funded trials, but there was the potential to do more.
- Cardiff and Vale needed to encourage its clinicians to be involved in research and needed to be able to recruit people into trials.
- It was reported that the future funding risk was flagged on the Brexit Business Continuity Risk Register as a concern as European funding for research contributes a not-insignificant amount of funding.
- In relation to clinical innovation there was a host of industry Partners and work which Cardiff and Vale was exploring. The organisation was keen to focus on how this would benefit patients in both the short and longer term.
- An example of this was a firm dealing with 3D printing which could be highly personalised. This would transform care where implants are used making operations shorter and outcomes better.
- Some of the other work such as gene therapies, stem therapy treatments would transform outcomes for patients and information on this would be provided to the Board. The work was moving at a very rapid pace

Resolved – that:

(a) The Committee noted the Research and Development Clinical Innovation assurance report.

SD: 18/066

CAPITAL PLAN:

The Executive Director of Strategic Planning presented an update on the Capital Plan. The report provided the headlines of the major capital schemes alongside the timetables and risks. The following was noted:

- The large complex neonatal project was on track
- The safeguarding works at CRI were virtually complete and within budget
- The Interventional radiology scheme was complete
- The Renal dialysis scheme should be completed by March 2019
- The complex program associated with new HQ facility was consuming the Estates Team time.
- Rookwood FPC had now been approved and the Cabinet Secretary was visiting Rookwood Thursday. It had taken 8 years to get to this point and the organisation was trying to stick within the budget allocation that has been made.
- Cardiff and Vale have some big issues to deal with and would be asking Welsh Government for support for £100m in the next two or three years. This would occur in a similar time frame to

the new hospital.

- There was some ISF funding for capital.
- Sporadic things undermine the overall direction of travel such as temporary moves but this was inevitable in some cases. With regard to the CMHTs they would go to CRI for the South East locality but it was not yet built so we would have to find a temporary solution. There would be a £17m cost to do the enabling, refurbishment, clear the land and this will take up some parking space.
- The impact of organisational change on staff wellbeing had already been discussed.
- The IT Strategy was being re visited as people were not being able to work in the most agile way i.e. remote access for remote workers.

Resolved – that:

(a) The Committee noted the content of the report and recognised the difficulty in managing a large complex programme of works with a limited resource.

(b) The Committee supported the approach to manage the competing requirements of the Clinical Boards.

SD: 18/067

HIGH LEVEL PERFORMANCE DASHBOARD

The Chief Operating Officer informed the committee of key performance indicators and the following was noted:

- The RTT position - for the first time in 4 years the quarter-end position at the end of September had not been hit. The organisation was now in a different scenario in terms of delivery and had moved from quarterly cohort delivery approach to monthly delivery. The challenge had also changed from an RTT volume problem to a smaller volume speciality issue. A number of specialties were being tracked in order to move them forward. However, the Health Board was on track to deliver the RTT position overall.
- There were still issues in Ophthalmology and Orthopaedics. The main issue with Orthopaedics was staffing capacity.
- Cancer - September performance against the 62 day target was 53.5%, a 3.7% improvement over August
- Greater than 8 week diagnostics was down at 500 for this month
- The overall volume of longer waiting patients had reduced – at one point the UHB was at thousands of greater than 8 week diagnostic waits, but was now in the hundreds (about 400-500)
- Unscheduled care was still doing relatively well and was very good compared to the rest of Wales. The UHB was still on track to deliver against the IMTP commitments.
- The specialist spinal patients were a key component. The UHB had difficulty in securing that capacity and could not outsource spinal patients because of the complexity.
- On the ophthalmology side it was inability to secure extra

capacity. It was noted that the UHB were using external providers to deal with the backlog not recurrent demand.

- There were some infrastructure failures with Llandough earlier this year where the UHB had to take theatres down.
- The capital plan going into next year would secure additional theatre capacity
- The plan for this year was to clear the UHBs greater than 36 week breaches down to 350 cases.
- The COO also mentioned the mental health element of the performance report and stated that the UHB had experienced some difficulties throughout the summer which had now been resolved and the up-to-date figure for CAHMs was over 90%.
- The early stages of winter pressures were starting to be felt.
- Much of the improvements seen in the last few months had been due to optimising the current system and the teams in Emergency Care, Medicine and in Emergency Surgery.
- The Director of Corporate Governance and one of the Independent members had visited the emergency surgical admissions ward. They stated that the nurses were superb.
- The Director of Corporate Governance and one of the Independent members had also visited the pre-assessment surgical ward at Llandough which was also a really good service.
- The COO re-enforced that the UHB was working hard to get the winter ward up and running.

Resolved – that:

- (a) The Committee noted the year to date performance for 18/19 against key Welsh Government operational targets.

SD: 18/068

REVIEW OF COMMITTEE WORK PLAN AND STANDARD AGENDA ITEMS

The Director of Corporate Governance provided a verbal update on progress with the Committee work plan.

Resolved – that:

- (a) The Committee noted the verbal update.
- (b) The Committee would receive the completed work plan at the January meeting which would include items from Public Health. **NF**

SD: 18/069

MANAGING ATTENDANCE POLICY

The Executive Director of Workforce and Organisational Development presented an update to the Committee on the Managing Attendance Policy and highlighted the following:

- The Managing Attendance Policy had been developed nationally across Wales. This needed to be adopted and the policy publication approved. It would then be fully implemented.
- Communication on the new policy had been developed and was

ready to be launched.

Resolved – that:

- (a) The Committee adopted the NHS Wales Managing attendance at work policy.**
- (b) The Committee approved the full publication of the policy in accordance with the UHBs Publication Scheme.**

SD: 18/070 THE EQUALITY AGENDA

The Chair provided a verbal update on the Equality Agenda and highlighted the following:

- There is no longer a separate Board sub-committee dealing with this issue but this topic now fell under the remit of this Strategy and Delivery Committee.
- Equality needed to remain on the agenda in order to provide assurance to the rest of the organisation that an effective focus was still occurring.
- It was suggested that the Executive Director of Workforce and OD would work with the Independent member, Sara Mosely to provide a way forward for the Equality agenda.

MD

Resolved that:

- (a) The Committee noted the update from the Committee Chair**
- (b) The Committee would receive a report from the Executive Director of Workforce and OD on the way forward with the Equality agenda to ensure that the Committee could provide assurance on this area to the Board.**

MD

SD: 18/072 STAFF SURVEY RESULTS

The Executive Director of Workforce and Organisational Development, presented an update on the Staff Survey Results and highlighted the following:

- The Staff Survey had been undertaken in the autumn and was developed on an all Wales basis. It was noted that benchmarking with previous year might be an issue as some questions were new and so comparisons could not be made to previous years.
- Only 23% of workforce (around 3,000 people) had filled in the survey and when people were asked why they had not filled in the survey the main two answers were 'I'm too busy' or 'I don't think you are going to do anything about it anyway.' Therefore the UHB needed to communicate and collaborate with the organisation more effectively.
- It was suggested that the UHB set up a group of keen volunteers (nominated individuals) to review the 100 questions and choose 3 or 4 key areas to tackle first and report back to the committee.
It was stated that it was important that the UHB produced end products and outcomes.

MD

A suggestion was made that a 'Peoples Dashboard' be produced where various items such as absence, tribunals, appraisals and items raised from the survey could be entered.

Resolved – that:

MD

- (a) The Committee noted the report**
- (b) The Committee supported the creation of an employee stakeholder group to consider an action plan for the UHB**
- (c) The Committee supported the development of a 'people's dashboard'.**

MD

MD

SD: 18/073

TRANSFORMATION BID UPDATE

The Director of Transformation presented an update on the Transformation Bid and stated the following:

- An All Wales Transformation Fund had been made available of £100 million over two years and the UHB had entered a bid for strengthening services in the community.
- Work had to be done on the evaluation and would combine the University and an external University. As the UHB had won the bid it was trying to put in place all of the mechanisms to enable it to get off the ground. Approval of £6.9 million was being sought. Welsh Government had extended the lifetime of funding to a further year acknowledging that to contain it within two years when starting this late in the year would be difficult.
- The UHB was linking a lot of what it was doing to the Intermediate Care Fund work
- The UHB would secure sustainable areas of work. It would be looking at the next tranche of proposals and what the UHB was going to do with digital and informatics. The enabler around digitally enabled workforce and organization would require a coherent bid with Welsh Government.
- The UHB would collaborate with the local authorities but it was not yet clear how the UHB would work with the third sector.
- The Cardiff Vale third sector council AGM would be held on 27th November and this would be a good opportunity to talk about their input.
- It was stated that the Committee would like regular sight of the dashboard to note progress and the measures of activity.

SH

Resolved – that:

- (a) The Committee noted the progress which had been made on the Transformation Bid.**
- (b) The Committee would receive regular updates on the dashboard to note progress being made.**

SH

SD: 18/074

STAFF NURSING ACT – MENTAL HEALTH SERVICES

The Executive Nurse Director introduced the report and made the following points the Committee:

- The March 2016 Act required Health Bodies to ensure safe staffing in all areas where nurses were deployed. In order to sign off compliance with the Act it needed to be professionally acceptable and 'safe' was based on a triangulated approach. Mental Health, for the last number of years had not managed to achieve the triangulated approach so the Executive Nurse as Designated Professional had not been able to sign off the establishments.
- It was important for the Committee to understand why the Executive Nurse Director was not signing the establishments off but was taking action to ensure the UHB kept patients safe.
- Page 3 of the paper laid out work that had been undertaken on a National basis. These were the principles the UHB was working to although the Act stated the UHB had to provide safe care and take reasonable action across the Health Board there was not a system and process in mental health currently for measurey acuity and setting establishments in the same way as we have for medical and surgical wards.
- Within Mental Health Clinical Board work had been undertaken to move from a hospital care model to a community care model. This approach was better for patients and was cost-effective and tended not to overspend. In previous years this had allowed the underspent budget in Community Mental Health to be used to support the overspend in the mental health hospital settings. This had been a deliberate intention both from a sustainability point of view and to provide a quality of care for patients, avoiding hospital admissions.
- Executive Nurse Director was confident the clinical board were trying to work through these issues in a stable and long term way without compromising quality of care and the financial position of the Health Board.
- The Executive Nurse Director was satisfied that the work around trying to keep things safe on a day-to-day basis was good but the Committee needed to understand that it was impacting on the financial position.
- The Clinical Board now needed time to take it forward to find a solution and then share the progress with the Committee.
- There was concerned discussion about the non-compliance with the Working Time Directive and this needed a resolution.
- Staff found it challenging to be pulled from their wards and sent to work in different areas.
- The benchmark undertaken across Wales demonstrated that the performance, vacancies, recruitment, clinical incidents, sickness etc. was in a positive position so was a testament to the work that is being undertaken.
- Options had been put forward and the preferred option was a combination of options 2 and 3. This would sit with the Clinical Board and would be taken forward as part of the IMTP process.

IW & JR

Resolved – that:

- (a) The Committee supported the preferred option put forward by the Mental Health Clinical Board as a combination of options 2 and 3.
- (b) The Committee would receive a progress report from the Clinical Board.

IW & JT

SD: 18/077 REVIEW OF THE MEETING

The Committee Chair asked for feedback on the meeting and the following comments were made:

- Staff were grateful that the Chair had moved the agenda around to accommodate their availability.
- The introduction of coffee break was welcomed

SD: 18/078 ANY OTHER URGENT BUSINESS

There was no other business.

SD: 18/079 DATE OF THE NEXT MEETING

The next meeting would be held at 9.00am on Tuesday 8th January 2019 in the Corporate Meeting Room, HQ, UHW



GIG
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Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

Minutes of Meeting held on 14 June 2018

Author: Mark Dickinson

Version: 1 (Approved)

Members present	<p>Ann Lloyd (Chair), Aneurin Bevan UHB (AL) Maria Battle, Chair, Cardiff & Vale UHB (MB) Andrew Davies, Chair, Abertawe Bro Morgannwg UHB (AD) Huw George, Deputy Chief Executive, Public Health Wales (for Tracey Cooper) (HG) Steve Ham, Chief Executive, Velindre NHS Trust (SH) Judith Hardisty, Vice Chair, Hywel Dda UHB (for Bernadine Rees) (JH) Chris Jones, Chair Designate, HEIW (CJ) Marcus Longley, Chair, Cwm Taf UHB (ML) Donna Mead, Chair, Velindre NHS Trust (DM) Evan Moore, Medical Director, Betsi Cadwaladr UHB (via V/C for Gary Doherty) (EM) Ian Morris, Deputy Director of Planning, Aneurin Bevan UHB (for Judith Paget) (IM) Len Richards, Chief Executive, Cardiff & Vale UHB (LR) Patsy Roseblade, Interim Chief Executive, WAST (PR) Allison Williams, Chief Executive, Cwm Taf UHB (AW) Eifion Williams, Director of Finance, Powys tHB (for Carol Shillabeer) (EW) Martin Woodford, Interim Chair, WAST (MW)</p>
In attendance	<p>Mark Dickinson, NHS Wales Health Collaborative (MD) Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)</p>
Apologies	<p>Tracey Cooper, Chief Executive, Public Health Wales Gary Doherty, Chief Executive, Betsi Cadwaladr UHB</p>

	<p>Vivienne Harpwood, Chair, Powys tHB Peter Higson, Chair, Betsi Cadwaladr UHB Alex Howells, Chief Executive Designate, HEIW Steve Moore, Chief Executive, Hywel Dda UHB Tracy Myhill, Chief Executive, Abertawe Bro Morgannwg UHB Judith Paget, Chief Executive, Aneurin Bevan UHB Bernadine Rees, Chair, Hywel Dda UHB Carol Shillabeer, Chief Executive, Powys tHB Jan Williams, Chair, Public Health Wales</p>
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Welcome and introduction		Action
AL welcomed colleagues to the meeting.		

Minutes of previous meeting		Action
ML noted that he had been present at the last meeting, but was not listed as having been present. Subject to adding ML to the list of attendees, the minutes of the previous meeting (LF-1806-01) were approved as a correct record and will be circulated to members and board secretaries.		MD

Action log		Action
<p>Outstanding issues on the provided action log (LF-1806-02) were considered.</p> <ul style="list-style-type: none"> • LF/A/020: It was noted that the proposed Mental Health Network was considered in the Collaborative Update Report later on the agenda. • LF/A/023: It was noted that the peer review programme will be considered by the Collaborative Executive Group in July. • LF/A/024: It was noted that, whilst there is a reporting line from the new LIMS2 programme (LINC) to the Collaborative Executive Group and Collaborative Leadership Forum, neither group has, or should have, responsibility for the implementation of LIMS1. LIMS1 remains the responsibility of the existing national board. HG requested that the LIMS1 gateway review report be circulated to members of the group. • LF/A/054: AL undertook to follow up with Andrew Goodall on the escalation process. • LF/A/058: It was noted that responsibility for sexual assault referral services had now passed to C&V UHB. CJ queried whether appropriate links were being maintained with relevant partners. MB responded that she is chairing the group overseeing implementation and confirmed that appropriate links were being maintained with all partners, including New Pathways. 		MD AL

<ul style="list-style-type: none"> • LF/A/060: It was noted that a lessons learned exercise for Major Trauma is planned for September. Closed actions on the action log were noted and will be removed from the version of the log reported to future meetings. 	MD
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Collaborative Update Report	Action
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<p><i>Major Trauma</i></p> <p>It was noted that the majority of the previous meeting had been devoted to consideration of major trauma. Since then, each of the six health boards within the scope of the proposed South and West Wales and South Powys Major Trauma Network had met and approved the recommendations of the Collaborative Leadership Forum. Specific concerns raised in the various board meetings will be addressed through the implementation process.</p> <p>It was also noted that a Network Board had been established through the Wales Critical Care and Trauma Network. The Network Board will be chaired by a representative from ABM UHB and will report through WHSSC, as commissioner. Interviews for the role of clinical lead are being held on 26 June.</p> <p>A work plan has been prepared and a self-assessment process by health boards and WAST has commenced. A key step will be the designation of trauma units. It was agreed that it is important that the designation process and the development, consideration and approval of associated business cases can be sufficiently flexible to allow for the fact that designation will be delayed in Hywel Dda by consultation on wider service changes. There may also be matters to consider arising from the boundary changes between ABM and Cwm Taf. It was agreed that this issue should be considered further by the Collaborative Executive Group on 26 June.</p> <p>CJ noted that HEIW is keen to support the implementation of the new Major Trauma Network and needs to be involved in the process.</p> <p>AD stressed that ABM is fully committed to supporting implementation, noting the context of the move of services in Bridgend from ABM to Cwm Taf. AD noted that there is a need for absolute clarity over the governance arrangements and the role of WHSSC and requested that RF should write formally to health boards and relevant WG colleagues to</p>	AW/RF
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<p>provide an explanation. This was agreed.</p> <p>EW requested that, in considering the designation of trauma units, all health boards should liaise appropriately with Powys to ensure that the needs of the Powys population are appropriately addressed.</p> <p>AL thanked chairs and chief executives for all of their work in getting the recommendations approved by their boards.</p> <p><i>LINC</i></p> <p>It was noted that LINC (Laboratory Information Network Cymru) is the new name for the WLIMS2 programme. It was also noted that the programme is making good progress against a hugely challenging timescale. The full programme resource is not yet available and is subject to a business case. The development of the Outline Business Case (OBC) is a key priority. AW pointed out that there will be a need for the OBC to be taken through individual boards, because of the cost implications. It was agreed that board secretaries should be notified that this will be the case so that it can be built into timetables of board business.</p> <p>PR queried why it was proposed that the contractual mechanism to be used should be a master services agreement and whether the pros and cons had been adequately considered. It was noted that this approach had been supported by the Collaborative Executive Group but agreed that this should be considered further by the Collaborative Executive Group.</p> <p><i>SARC</i></p> <p>It was noted that responsibility for implementation now rests with C&V UHB and that the Collaborative Leadership Forum no longer has a formal oversight role for this work.</p> <p><i>Mental Health Network</i></p> <p>The proposed establishment of a new NHS Wales Mental Health Network was noted. Concerns were expressed about the appropriateness of establishing a new network, in advance of greater clarity over the implications for networks of the Long Term Plan. It was agreed that the Collaborative Executive Group should reconsider next steps and ensure that mapping of existing arrangements is prioritised and reported back to the Collaborative Leadership Forum.</p>	<p>RF</p> <p>RF</p> <p>AW/RF</p> <p>AW/RF</p>
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<p><i>Strategic Programmes Unit</i></p> <p>Correspondence from WG and subsequent conversations over the future of the Collaborative Strategic Programmes Unit (SPU) and the proposed establishment of a Ministerial Advisory Unit (MAU) were noted. AW and AL had significant concerns about the governance and accountability arrangements that had been proposed or implied. HG noted that, as the host of the Collaborative Team, Public Health Wales shared these concerns. It was agreed that anything delivered through the Collaborative Team needs to have an accountability through the Director to the Collaborative Executive Group and Collaborative Leadership Forum.</p> <p>It was noted that the Chief Scientific Officer has been asked to clearly define the functions required to be delivered over the next 12 months and a response is awaited, which will be reported back to the Leadership Forum. It is known that implementation plans are required for the pathology and imaging statements of intent as well as a health sciences strategy. These would need to be considered through the Collaborative governance structure.</p> <p>It was agreed that, in advance of any changes arising from the long term plan, it is appropriate for WG to commission work through the Collaborative governance structure.</p>	
Year End Report 2017/18	Action
<p>The Year End Report 2017/18 (LF-1806-04) was formally received.</p> <p>It was noted that the reporting format to be used in future will allow the trajectory of risk to be monitored for each item.</p> <p>Further information was requested in relation to the nature of the risk relating to lymphoedema waiting lists and capacity and it was agreed that this would be provided.</p>	RF
Collaborative Work Plan 2018/19	Action
<p>RF introduced the Collaborative Work Plan 2018/19 and explained its format and how it will be used to track progress over the year.</p> <p>It was noted that, whilst actions were specified clearly, it was not always clear what we are trying to achieve and why. MD noted that, in the case of clinical networks, the work plan was shaped by priorities arising from delivery plans and</p>	

<p>identified by network boards.</p> <p>Following discussion, the content of the plan was approved and the Collaborative Executive Group was assigned the task of detailed oversight of progress on a quarter by quarter basis, on behalf of the Collaborative Leadership Forum.</p>	AW
Resource Mapping and Priorities	Action
<p>AL advised that it could be assumed that all members of the group had read the presentation that had been provided in advance as paper LF-1806-06.</p> <p>MD, therefore, delivered parts of the presentation, focusing on the key questions and issues to be considered.</p> <p>It was noted that there is a very significant resource and that the task is to better align this with agreed priorities within a clear governance structure.</p> <p>Following a significant amount of discussion, it was agreed that the Collaborative Executive Group should be tasked with taking forward discussions with Welsh Government, informed by the mapping exercise, and developing specific proposals for aligning resources with priorities. It was noted that the Collaborative Leadership Forum may need to reconvene before its next scheduled meeting on 6 September to consider any specific actions recommended by Collaborative Executive Group.</p>	AW
Governance Assurance Statement	Action
<p>The Annual Governance Assurance Statement for 2017/18, (LF-1806-07) as provided by the Collaborative Team to the Public Health Wales Board was received and noted.</p>	
Date of next meetings	
<p>It was noted that the next meeting is scheduled for 10am on Thursday 6 September 2018.</p> <p>It was agreed that arrangements would be explored for the December meeting to go ahead on the original date, 6th December, but at the earlier start time of 8.30am.</p> <p>For subsequent meetings, it was agreed that dates would be aligned with other meetings involving chairs and chief executives.</p>	

**MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP
MEETING HELD ON TUESDAY 27 NOVEMBER 2018, PRIMARY SEMINAR ROOM,
HAFAN Y COED, UNIVERSITY HOSPITAL LLANDOUGH**

Present:

Paula Martyn	Care Forum Wales (Chair SRG)
Posy Akande	Carer
Garry Davies	South Wales Fire and Rescue
Liz Fussell	UHB Volunteer
Geoffrey Simpson	One Voice Wales
Richard Thomas	Care and Repair Cardiff and the Vale

In Attendance:

Abigail Harris	Director of Planning, UHB
Jon Campbell	GP and GP Advisor for GP Support Team (item 18/27 only)
Chris Darling	Assistant Director of Operations, Primary, Community & Intermediate Care Clinical Board, UHB (item 18/27 only)
Lee Virgo	Senior Primary Care Development Manager, UHB (item 18/27 only)
Ceri Walby	GP and GP Advisor for GP Support Team (item 18/27 only)
Anne Wei	Strategic Partnership and Planning Manager, UHB
Keithley Wilkinson	Equality Manager, UHB

Apologies:

Sarah Capstick	Cardiff Third Sector Council
Suzanne Duval	Diverse Cymru
Ben Gray	Vale of Glamorgan Council
Stuart Parfitt	South Wales Police
Linda Pritchard	Glamorgan Voluntary Services

Secretariat:

Gareth Lloyd

SRG 18/22 WELCOME AND INTRODUCTIONS

The Chair introduced and welcomed Garry Davies to the SRG.

SRG 18/23 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from Marie Davies, Nikki Foreman and Angela Hughes.

SRG 18/24 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 18/25 MINUTES OF STAKEHOLDER REFERENCE GROUP MEETING HELD ON 24 MAY 2018 AND MINUTES OF JOINT HEALTHCARE PROFESSIONALS' FORUM AND STAKEHOLDER REFERENCE GROUP MEETING HELD ON 25 JULY 2018

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 24 May 2018.

NHS at 70

The Chair confirmed that she had provided the independent care home sector with the calendar of events. Some organisations had marked the occasion.

Car Parking

Abigail Harris explained that the new car parking management arrangements at UHW had initially been a great success, however, since September there had been increasing problems with individuals being unable to find parking spaces which had led to congestion on site. It was thought that these problems were due in part to staff and students using the parking spaces designated for visitors. The situation was being reviewed and consideration being given to tightening the eligibility criteria for staff parking permits although it was acknowledged that this could lead to more staff using the visitor spaces. The UHB was also looking into increasing the frequency of the Park and Ride bus service to every ten minutes. Potential park and ride locations in west Cardiff were also being considered although the existing facilities in the area were not owned by the local authority.

The UHB was exploring the option of adding an additional tier to the multi-deck car park at UHL although funding had not yet been identified. The UHB had also secured planning permission to make the temporary UHL car park at the bottom of the hill a permanent facility.

Abigail Harris informed the SRG that the UHB had purchased a large property, Woodland House, on Maes Y Coed Road. Approximately 700 non-front line staff would relocate there from UHW and other sites including the Primary and Intermediate Care Clinical Board that would relocate from CRI and Public Health who would relocate from Global Link. This should relieve some of the pressure on car parking on the UHW site.

The SRG **RECEIVED** and **APPROVED** the minutes of the joint SRG/HPF meeting held on 26 July 2018 subject to replacing the word 'patent' with 'patient' in item HPF/SRG 18/15.

Consultation on Adult Thoracic Surgery

Abigail Harris informed the SRG that the UHB Board would consider the Welsh Health Specialised Services Committee's (WHSSC) recommendations on the future provision of Thoracic Surgery at its meeting on 29 November. The Board would be asked to approve the recommendation that Thoracic Surgery Services for the people of south east Wales, west Wales and south Powys are delivered from a single site and that this be Morriston Hospital. This was conditional upon the detailed workforce model and medical rotas to provide 24/7 Thoracic Surgery cover to the Major Trauma Centre at UHW being signed off by WHSSC. The Cardiff and Vale Community Health Council (CHC) had not supported the WHSSC recommendations as the prevailing view amongst its local population is that the recommendations should be opposed.

Winter Planning

The Chair informed the SRG that there were several care homes willing to work with the UHB on its winter planning.

Abigail Harris stated that the independent care home sector was very fragile in Cardiff. The Regional Partnership Board had acknowledged that there was a need to review the way that services were commissioned.

SRG 18/26 FEEDBACK FROM BOARD

The SRG **RECEIVED** and **NOTED** the agendas of the Board meetings held on 26 July 2018 and 27 September 2018.

Abigail Harris drew the SRG's attention to two specific items.

- Child and Adolescent Mental Health Services would be repatriated back to the UHB from Cwm Taf UHB.
- The Board had received the report of the Royal College of Surgeons' review of Paediatric Surgery in the UHB. The report had concluded that although children had not been put at risk, ways of working could be improved. An improvement plan was now in place.

SRG 18/27 GP SUSTAINABILITY

The SRG **RECEIVED** a presentation from the Primary, Community and Intermediate Care Clinical Board on the sustainability issues facing General Practitioner (GP) practices and how it engages with the public about their relationship with primary care.

The SRG was informed that General Medical Services (GMS) was the term used to describe the range of health care provided by GPs. The Cardiff and Vale of Glamorgan Local Development Plans (LDPs) represent two of the biggest risks to the GMS in Cardiff and the Vale. The LDPs set out where new houses can be built based on forecasted significant population growth. The impact of this population growth can be summarized as follows

General Practice

- Insufficient physical capacity
- Not able to recruit new GPs in advance of growth due to current funding model

Community Care

- Community clinics are not necessarily in the correct locations to provide services to the new communities

Wider Primary Care Contractors

- Pharmacy, Dental and Optometric capacity

Hospital base Secondary and Tertiary Care

- The age profile of the predicted new residents suggests that their health needs will be largely the same as the current population, therefore demand will increase in line with current needs.

The SRG was informed that the GMS was becoming increasingly fragile and recruitment of GPs was becoming more difficult. The accepted planning ratio is one GP for every 1,800 residents whereas the current Cardiff ratio is 1:2,300. New ways of working are, therefore, required in order to maintain GMS.

The SRG then discussed these challenges and the opportunities for new ways of working. Some of the issues raised were as follows;

- It might be necessary to revise the GP: patient ratio to reflect the multi-disciplinary GMS model.
- The multi-disciplinary GMS model is not necessarily the most appropriate model for all.
- The student population in Cardiff can have a significant impact on GP sustainability. Abigail Harris explained that an examination of Emergency Unit attendance data had found it peaked in September. This was attributed to students who had not registered with local GPs. The UHB was working with local universities to encourage students to register with GPs.
- GP recruitment is a problem across Wales.
- The total number of GPs in Wales has remained fairly constant since 1999, however many of them now work less than five days per week.
- It is considerably more profitable to be a Locum GP. Abigail Harris informed the SRG that the UHB was working with neighbouring Health Boards on a standard fee for GP Out Of Hours (OOH) locum costs.

Jon Campbell informed the SRG that there was also a move towards a multi-disciplinary model for OOH services.

- The 'Ask My GP' pilot had been less successful than anticipated. Its success had been constrained by the UHB's IT systems.
- There were good examples of multi-disciplinary team GMS models in both Alaska and Prestatyn but this model alone would not address all the sustainability issues.

The SRG then considered four specific questions:

- How do we influence social behaviours to change how people access services?
- How do we ensure people are mindful of personal responsibility e.g. self-care, use of resources?
- How do we ensure we communicate effectively with the public?
- What is already happening around positive public communications that we can maybe tap into in order to convey messages?

The SRG made several observations:

- Proper change management processes must be adopted and changes should be subject to robust evaluation.
- Positive stories that describe how people have benefitted from accessing different forms of support should be publicised.
- Volunteers can help individuals engage and use other resources such as IT.
- The message that there is a range of alternative forms of primary care help and support is beginning to get through to the population. The challenge is to educate those who insist on a GP consultation.

It was agreed that the presentation would be emailed to SRG members.

Action: Gareth Lloyd

SRG members should submit any further comments to Gareth Lloyd/Anne Wei.

Action: All

SRG 18/28 UHB CLINICAL SERVICES PLAN

The SRG **RECEIVED** a presentation from Abigail Harris on the development of a Clinical Services Plan.

The core planning assumptions are:

- Shaping our Future Wellbeing in the Community will provide the overarching capital programme for the community infrastructure development to support the shift of care from secondary to community.
- UHW will be replaced with a new fit-for-purpose facility developed collaboratively with Cardiff University to support their medical and life sciences hub.
- Demand for tertiary and specialist, complex care will continue to increase for the South Central region and South Wales which will be delivered from the 'new UHW'.
- UHL and St David's Hospital will form key components of the hospital services infrastructure to support the clinical services plan.

The SRG then considered three specific questions:

- Does this make sense as a model?
- What are the potential impacts for your own sectors?
- Are there any opportunities for greater partnership working?

The SRG made a number of observations:

- The emerging Plan makes perfect sense.
- The capital cost of replacing UHW is likely to be a significant issue. Abigail Harris informed the SRG that the UHB was looking into the possibility of funding the redevelopment through the Mutual Investment Model (MIM). Under MIM, private partners build and maintain public assets and in return Welsh Government pay them a fee to cover the cost of construction, maintenance and financing the project.
- A radical strategy is required given the increased pressure that the increase in population and age profile will place on health and social care. The current funding formula will not help the UHB to meet the increased demand on services resulting from the increase in population
- The increasing age profile of staff should be considered.
- A positive trend is that people are beginning to take more responsibility for their own wellbeing and older people are remaining fitter for longer.
- Local authorities could invest in recreation spaces for older people as well as children.
- If Cardiff and Vale UHB is approximately seven years behind Canterbury District Health Board is it be possible to catch it up? Abigail Harris explained that it would be possible to implement many aspects of the Canterbury model but this would require cultural change and would have to be clinically led.

It was agreed that the presentation would be emailed to SRG members.

Action: Gareth Lloyd

SRG members should submit any further comments to Gareth Lloyd/Anne Wei.

Action: All

SRG 18/29 REVIEW OF THE SRG

The SRG **RECEIVED** a paper on the future of the SRG together with comments received from some members in advance of the meeting. These papers were then discussed.

Anne Wei explained that the existing Terms of Reference had not been reviewed for several years. The paper that had been circulated had been produced following a meeting with Abigail Harris and Nikki Foreman, the new Director of Corporate Governance, who is starting a review of a number of UHB standing groups. The SRG is working as a mature and effective group that is valued and respected by the UHB Board. The proposals are designed to ensure appropriate accountability and governance whilst minimising disruption to the successful functioning of the SRG.

In response to an enquiry, Anne Wei explained that consideration had been given when the SRG was first established as to whether the local authority members should be officers or elected local authority members. The decision to have elected members had been on the basis that they were arguably better placed to provide a 'lay' perspective and that officers were already heavily involved in a range of partnership working arenas.

The SRG **AGREED** that

- The Terms of Office be revised to align them with those of the UHB Board i.e. members shall be appointed for no longer than four years in any one term but that members may be re-appointed but must not serve a period of more than eight years.
- The role of the Health and Social Care Facilitators should be made permanent as they play a unique role. They will be full and equal members of the SRG and would count towards its quoracy.
- Correspondence be sent to current members who are not regular attendees to explore their ongoing interest and any constraints on their attendance or consideration of more appropriate nominees from their organisations.
- The quoracy be reduced to four or one third of the membership whichever is greater.

The SRG was then asked to consider some specific questions:

- From your experience, what is the most important contribution that the SRG makes to the work of the UHB?
- In the context of other partnership working, what is unique about the conversations that happen at SRG?

- What could be improved about the way the SRG currently works?
- To be most effective, who do we need to have around the table at SRG – from stakeholders and communities, and from within the UHB?

The SRG made a number of observations

- Members each bring their own experiences and perspectives which are likely to be closer to those of the patient and lay person than those of staff
- Members feel their views are respected and that engagement is genuine
- The UHB is able to act as a sounding board to test ideas in a trusting environment and to engage in an open and frank debate.
- Public meetings could stifle open and frank discussion.
- It is helpful to have specific questions to consider in advance of meetings
- It would be helpful to receive updates on actions taken following meetings.
- Papers should include page numbers and footers.
- There is an excellent Secretariat supporting SRG
- There should be short comfort breaks during meetings and it would be good if the UHB could provide water/tea/coffee
- To enable the SRG to reflect the diversity of the communities we serve, consideration should be given to the membership being extended to include nominees from: third sector mental health and children and young person organisations; the housing sector; the UHB Youth Board; and front line nursing and social work staff.

Keithley Wilkinson informed the SRG that he had considered whether each of the nine protected characteristics should have its own member on the SRG. He had concluded that this would be too many members and that he and Suzanne Duval could provide the necessary equalities perspective. Furthermore, all SRG members had a responsibility for raising equalities issues.

It was agreed that discussions be held with the Health and Social Care Facilitators regarding mental health, children and young people and housing sector nominations.

Action: Anne Wei

Anne Wei reported that Paula Martyn had reached the end of her extended term of office as a nomination from Care Forum Wales. SRG supported a proposal from the UHB that Paula be invited to continue as a member of SRG not as a nominee from Care Forum Wales but to provide an invaluable independent care sector perspective.

Action: Anne Wei

Anne Wei reported that the current SRG Vice Chair, Richard Thomas, had been approached informally with regard to assuming the SRG Chair. He explained that whilst he would be happy to fulfil this role, the Chair was expected to attend UHB Board meetings and he would find it difficult to fulfil this obligation. The SRG endorsed Richard Thomas' nomination and agreed that the Vice Chair could attend UHB Board meetings in his absence. Anne Wei explained that the Chair was expected to provide the UHB Board with a written report of every meeting. Gareth Lloyd would draft these reports on their behalf.

It was agreed that correspondence be sent to SRG members seeking nominations for the role of Vice Chair.

Action: Anne Wei

SRG 18/30 PROPOSED SERVICE CHANGE: WARD C7 NORTH, UHW

Anne Wei reminded colleagues that they had been sent a link to the Engagement Document on the proposed transfer of 19 beds from ward C7 North at UHW to Lansdowne ward at St David's Hospital. The deadline for comments was 30 November and SRG members were encouraged to respond.

Action: All

Discussions about transferring Rookwood Day Hospital were currently on hold.

SRG 18/31 ANY OTHER BUSINESS

SRG Chair

It was noted that it would be Paula Martyn's final meeting as Chair of the SRG. Anne Wei thanked her on behalf of the SRG. The Group had matured into a valued and effective advisory committee to the UHB Board and this was due in no small part to the way that she had chaired meetings.

SRG 18/32 NEXT MEETING OF SRG

The next meeting of the SRG will take place 1.30pm-4pm, Thursday 24 January 2019, Care & Repair Cardiff and the Vale, Tolven Court, Dowlais Road, Cardiff, CF24 5LQ.

**Confirmed Minutes from the Local Partnership Forum Meeting held on
Wednesday 31 October 2018 at 10am in the Seminar Room 5, 2nd Floor,
Cochrane Building, University Hospital of Wales**

PRESENT:

Martin Driscoll	Executive Director of Workforce and OD (Co-Chair)
Mike Jones	UNISON/Chair of Staff Representatives (Co-Chair)
Ceri Dolan	RCN
Pauline Williams	RCN
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Sharon Hopkins	Executive Director of Public Health/Deputy Chief Executive
Joe Monks	UNISON
Mat Thomas	UNISON
Dawn Ward	Independent Member – Trade Union
Ffion Mathews	SOCF
Dorothy Debrah	BDA
Stuart Egan	UNISON/Lead Health and Safety Representative
Rhian Wright	RCN
Peter Welsh	Senior Manager, UHL and Barry
Julie Cassley	Deputy Director of Workforce and OD
Rachel Gidman	Assistant Director of OD
Fiona Kinghorn	Interim Director of Public Health
Len Richards	Chief Executive
Robert Chadwick	Executive Director of Finance
Nicola Foreman	Director of Corporate Governance
Abigail Harris	Executive Director of Strategy and Planning

IN ATTENDANCE:

Lizzie Lewis	Undergraduate Intern (observing)
Suzanne Wood	Consultant in Public Health
Rhiannon Urquart	Principal HP Specialist
Jane Carrol	RCN Officer

APOLOGIES:

Andrew Crook	Head of Workforce Governance
Fiona Salter	RCN
Ruth Walker	Executive Director of Nursing
Peter Hewin	BAOT/UNISON
Julia Davies	UNISON
Jo Brandon	Director of Communication and Engagement
Graham Shortland	Medical Director
Janice Aspinall	RCN

Secretariat:

Rachel Pressley	Workforce Governance Manager
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LPF18/069 WELCOME AND INTRODUCTIONS

Mr Jones welcomed everyone to the meeting and introductions were made. In particular Mr Jones welcomed Jane Carroll from the RCN and Mr Welsh in his new capacity as Senior Manager for UHL and Barry Hospital.

LPF18/070 APOLOGIES FOR ABSENCE

Apologies for absence were **NOTED**.

LPF18/071 DECLARATIONS OF INTEREST

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

LPF18/072 MINUTES OF PREVIOUS MEETING

The Local Partnership Forum approved the minutes from 22 August 2018 as an accurate record of the meeting subject to the following amendment:

LPF18/059 – Ms Brandon and Mr Jones would meet to discuss communicating the UHB Values, not Mrs Gidman

LPF18/073 ACTION LOG REVIEW

The Local Partnership Forum noted the Action Log.

LPF 18/074 HEALTH AND ACTIVE: HEALTHY WEIGHT FRAMEWORK

Representatives of the Public Health Team attended the meeting to discuss the Healthy Weight Framework 'Moving More, Eating Well' with the Forum. This Framework is being pulled together in response to the Public Health Act and National Obesity Strategy and is about working together with partners to get people moving and eating well.

Four key areas were explored, with the Forum sharing ideas about how to make a difference in terms of a healthy environment, healthy setting, healthy people and healthy weight. Popular ideas included:

1. Healthy affordable meal deals
2. 'Maps and apps' with points for achieving challenges
3. A Board challenge

The final Framework will be published in 2019 but a draft version will be implemented before then and progress will be shared with LPF as it develops.

LPF 18/075 CLINICAL STRATEGY UHW/UHL

Mrs Harris provided the Forum with an update on the Clinical Strategy. This describes how the ambitions set out in Shaping Our Future Wellbeing are to be delivered with defined roles for UHW, UHL, the Wellbeing Hubs and other community services. The core planning assumptions, infrastructure, and role of

technology were considered in the context of the emerging model. A paper is due to go to Board in November, and regular updates will be shared with LPF.

Ms Ward raised concerns about the lack of consultation around the Healthier Wales response document and asked if we could learn from this and ensure that staff and trade unions are involved.

Mr Jones asked about a specific rumour relating to staff at Rookwood who had been told they would be moving before Christmas. Mrs Harris advised that this related to a proposal to move the day hospital and elderly care unit to UHL. She provided assurances that the proposal would be tested and proper engagement would take place but it was hoped that the move could take place before winter because of the poor environment the current service was being delivered in. Mr Jones reiterated that if the Trade Unions are properly informed and involved they can support the UHB with changes of this nature by spreading the key messages and responding to questions from members.

LPF 18/076 COMMUNICATING THE CHANGES TO PAY AND TERMS OF CONDITIONS

Mr Driscoll reminded the Forum that a complex pay deal had been agreed and had been implemented that month, with arrears due to be paid in November 2018. A tool had been developed to help individuals understand their individual pay journey.

Mr Driscoll said that he was interested in hearing any feedback from the Forum, which he would then pass on to NHS Wales as appropriate. The following comments were noted:

- Some members of staff had been affected negatively and actually see this as a pay cut because the increase pushed them into the next bracket for pension contributions. This did not seem to have been anticipated or communicated beforehand
- There did not seem to be an opportunity to engage with staff at an organisational level which meant that when the changes were introduced there was a lack of understanding about what they meant and managers did not feel confident dealing with questions from their staff
- There was a lot of confusion about the Band 1 issue and mixed messages about whether or not individuals can choose to remain in Band 1 posts.

LPF 18/077 UPDATE FROM THE CHIEF EXECUTIVE

The Chief Executive reflected on a recent visit from Canterbury and Lightfoot (an informatics company). He advised that we have now signed a Memorandum of Understanding with Canterbury to work together and learn from each other. A number of workshops had been held with front line staff, using data to understand blockages to the system and how to address them.

Mr Richards also advised that an announcement had been made that a transformation bid of £7.3m over two years had been approved. This would be used

to support 'Me, My home and My Community' which aims to avoid admission or help patients get back home as quickly as possible by ensuring the right care and support is in place.

LPF18/078 FINANCE REPORT

The Local Partnership Forum noted a report detailing the financial position of the UHB for the period ended 31 August 2018.

Mr Chadwick reported that at month 6 it looked likely that we would achieve £9.9m forecasted deficit. We have gone from a £50m deficit to £10m so great progress has been made but it is still a challenge and will remain so, especially as additional funding has been received for specific targeted interventions and it is seen as essential that we deliver a balanced budget next year.

Mr Chadwick advised that next year we would be looking at a 7% uplift in the health budget, which would be the biggest increase for many years. However, it would still be difficult to achieve our target due to the savings required.

(Mr Richards and Mr Chadwick left the meeting)

LPF 18/079 TRANSFORMATION UPDATE

Dr Hopkins provided the LPF with an overview of work taking place as part of the Transformation Programme. She advised that 28 of the healthcare pathways had now been completed and that the site would go live in January. She reminded the Forum that this would help reduce variation to deliver the best care, as agreed with clinicians.

The way we work digitally was also being looked at. A model department would trial the work initially, but it was hoped that large numbers of people would see and feel the improvements brought about by being more digitally enabled as this would impact on how they felt about the changes being introduced.

LPF 18/080 FREEDOM TO SPEAK UP / RAISING CONCERNS

Ms Foreman advised that the 'Freedom to Speak Up' helpline had been relaunched the previous week, with a video to promote the importance of raising concerns. A new Standing Operating Procedure had also been launched which brought together all avenues for raising concerns into one system for logging, monitoring and reporting.

The intention was to continue to promote Freedom to Speak Up, with another Communications exercise early in the New Year. Ms Ward requested that staff representatives were fully engaged in this process.

LPF18/081 WORKFORCE AND OD KEY PERFORMANCE INDICATORS

Mr Driscoll reminded the Forum that the staff survey results were now available. He intended to chair a group to take forward the responses and asked for interested volunteers from across the organisation to get involved. Mr Jones agreed that this would be discussed at the staff side meeting and the names would be shared via Dr Pressley.

ACTION: Mr Jones

Forum members suggested that there was rich data available from leavers (especially long serving leavers) which should also be captured and considered.

Dr Kinghorn suggested that while 'you said, we did' responses to surveys could be useful, it was important to take personal and individual responsibility into consideration as well as organisational responsibility.

With regards to the Workforce and OD Key Performance Indicators Report, Ms Ward asked if there was any way that progress against the 1% reduction in sickness agreed in the pay deal could be reported.

Action: Mr Driscoll

LPF18/082 PART 2 – ITEMS FOR NOTING

The Local Partnership Forum received and noted the following reports:

- Patient Safety, Quality and Experience Report.
- Performance Report.
- Strategic Planning Flash Report
- Staff Benefits Group Update

LPF 18/083 REVIEW OF THE MEETING

It was agreed that the discussion around the Health Weight Framework should be brought to the attention of the Board

LPF 18/084 ANY OTHER BUSINESS

Mr Monks advised that agency staff were currently used to fill gaps within Operational Services, and suggested that a local Bank would be better. He believed that Bank staff would be more reliable, cheaper and could be trained by us. He advised that this had been discussed at the Service Board Partnership Forum and with the Senior Management Team but he had been told that Executive support was needed before it could be implemented. Dr Hopkins stated that this warranted further discussion and asked Mr Driscoll to take it forward. Mrs Gidman suggested that there were also links with the apprenticeship agenda which could be explored.

Action: Mr Driscoll

LPF18/085 DATE OF NEXT MEETING

The next meeting will take place on Monday 10 December 2018 at 10.30am (venue to be confirmed).



Report Title:	Trauma Network Progress Report					
Meeting:	UHB Board			Meeting Date:	31.01.19	
Status:	For Discussion		For Assurance		For Approval	For Information ✓
Lead Executive:	Executive Medical Director					
Report Author (Title):	Rosemary Fletcher, Director of NHS Wales Health Collaborative / Dr Dinendra Gill, Clinical Lead of Major Trauma Network					

SITUATION

In March 2018, each of the six Health Boards in the region formally considered and agreed to recommendations for the development of a Major Trauma Network for South and West Wales and South Powys.

The attached NHS Wales Health Collaborative paper provides an update on progress since that time and is intended to be received by Health Boards, the Welsh Ambulance Service NHS Trust and Community Health Councils.

REPORT

BACKGROUND

In March 2018, each of the six Health Boards in the region formally considered the report *A Major Trauma Network for South and West Wales and South Powys – Report on Consultation* and approved the establishment of a major trauma network for South and West Wales and South Powys, in line with the recommendations of an Independent Panel.

In taking their decisions, Health Boards took account of the views of their respective Community Health Councils who, in general, were unable to agree or disagree with the recommendation to boards contained in the Report.

It was agreed by Health Boards that areas of concern raised through the consultation process, and any caveats within their individual responses to CHCs, would be addressed through and informed by planning for implementation.

ASSESSMENT

Since the decisions taken by Health Boards in March 2018, a number of key actions have been undertaken or are underway to progress implementation of the Trauma Network. These are described in the attached paper provided by the NHS Wales Health Collaborative.

ASSURANCE is provided by:

The Wales Trauma Network Board was established in May 2018 and will oversee the establishment of the trauma network to serve South and West Wales and South Powys, ensuring the provision of a high quality, safe and effective services for the population. The

Network Board is chaired jointly by the Chief Executive of Abertawe Bro Morgannwg University Health Board and the Unit Medical Director, Morrison Service Delivery Unit. Its membership is drawn from senior clinical and managerial representatives from all participating organisations. During the implementation phase, the network is being managed by the NHS Wales Health Collaborative, through the Wales Critical Care and Trauma Network, and this will transfer to a Health Board once the network becomes operational.

RECOMMENDATION

The Board is asked to:

- Note progress and that further reports will be provided as the work progresses.

Shaping our Future Wellbeing Strategic Objectives

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	✓

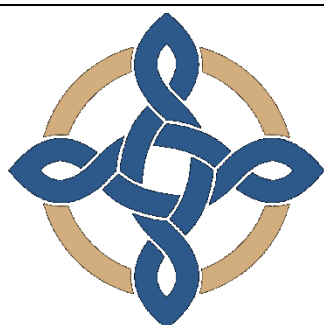
Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term	✓	Integration		Collaboration	✓	Involvement	
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Equality and Health Impact Assessment Completed:

Yes. The Assessment was an integral component of the documentation considered by the Health Boards in making their decision in March 2018 and will continue to be updated during implementation.





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NHS Wales Health
Collaborative

Trauma Network Progress Report

Author: Rosemary Fletcher, Director / Dr Dinendra Gill, Clinical Lead

Date: 21 December 2018

Version: 3

Purpose and Summary of Document:

In March 2018, each of the six health boards in the region formally considered and agreed to recommendations for the development of a Major Trauma Network for South and West Wales and South Powys.

This paper provides an update on progress since that time and is intended to be received by health boards, the Welsh Ambulance Service NHS Trust and Community Health Councils.

NOTE – THIS REPORT HAS BEEN PREPARED FOR REPORTING TO HEALTH BOARDS/WAST IN JANUARY 2019, IN ACCORDANCE WITH THE TRAUMA NETWORK PROGRAMME TIMELINE.

IT WILL ALSO BE REPORTED TO CHCs

1 Introduction

In March 2018, each of the six health boards in the region formally considered and agreed to recommendations for the development of a Major Trauma Network for South and West Wales and South Powys.

This paper provides an update on progress since that time and is intended to be received by health boards, the Welsh Ambulance Service NHS Trust and Community Health Councils. It will also be sent to members of the Trauma Network Board.

2 Background

In March 2018, each of the following six health boards formally considered the report *A Major Trauma Network for South and West Wales and South Powys – Report on Consultation ('the Report')*:

- Abertawe Bro Morgannwg University Health Board
- Aneurin Bevan University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board

Each of the six boards approved the establishment of a major trauma network for South and West Wales and South Powys, in line with the recommendations of the Independent Panel:

1. A major trauma network for South and West Wales and South Powys with a clinical governance infrastructure should be quickly developed.
2. The adults' and children's major trauma centres should be on the same site.
3. The major trauma centre should be at University Hospital of Wales, Cardiff.
4. Morriston Hospital should become a large trauma unit and should have a lead role for the major trauma network.
5. A clear and realistic timetable for putting the trauma network in place should be set.

In taking their decisions, health boards took account of the views of their respective Community Health Councils who, in general, were unable to agree or disagree with the recommendation to boards contained in the Report. Issues and questions identified by CHCs as raised by their populations were:

- Concerns that proposals lacked detail in relation to the different elements of the network which they felt would be necessary to ensure improvements in outcome were equitable across the region and throughout the patient pathway. Specific concerns were about the location of the trauma units, improvements in rehabilitation pathways, IT infrastructure and the adequacy of transfer service including ambulance and the Emergency Retrieval and Transfer Service (EMRTS Cymru)
- People raised concerns or questions about the cost and affordability of the network and the impact of the cost on wider health board budgets and their ability to delivery other vital services
- Concerns about space and capacity within the University Hospital of Wales to accommodate the major trauma centre

It was agreed by health boards that areas of concern raised through the consultation process, and any caveats within their individual responses to CHCs, would be addressed through and informed by planning for implementation.

3 Key actions and progress

Since the decisions taken by health boards in March 2018, a number of key actions have been undertaken or are underway to progress implementation of the Trauma Network:

Trauma Network Board

The Wales Trauma Network Board was established in May 2018 and will oversee the establishment of the trauma network to serve South and West Wales and South Powys, ensuring the provision of a high quality, safe and effective services for the population. The Network Board is chaired jointly by Tracy Myhill (CEO, ABMU) and Dr Mark Ramsey (Unit Medical Director, Morriston Service Delivery Unit) and its membership is drawn from senior clinical and managerial representative from all participating organisations. During the implementation phase, the network is being managed by the NHS Wales Health Collaborative, through the Wales Critical Care and Trauma Network, and this will transfer to a health board once the network becomes operational.

Commissioning and Performance Management

WHSSC has the responsibility for commissioning and performance management of the trauma network and major trauma centre, and any specialised services pertaining to major trauma. WHSSC will work closely with the Emergency Ambulance Service Committee (EASC), who commission WAST and the EMRTS. Health boards are responsible for any non-specialised commissioning. A governance structure has been agreed between all organisations.

Clinical Leadership

Dr Dindi Gill has been appointed as Clinical Lead for the Wales Trauma Network. Dr Gill is a Consultant in Emergency Medicine and Pre-hospital Emergency Medicine. Dr Gill has significant experience of national service developments, was the co-founder of EMRTS Cymru and its National Director from 2015-2017. Dr Gill commenced his post in early August 2018.

Dr Gill will be supported by the appointment of clinical leads for a number of specialised working groups looking at governance, paediatrics, education and training, rehabilitation, quality improvement and research and patient experience/flow.

Network Structure

Pre-hospital care

The Trauma Network Board and WHSSC will work closely with EASC, which commissions WAST and EMRTS Cymru, in order to develop proposals for extending the operational hours of the EMRTS and the air ambulance service.

Trauma units

With clarity on the location of the major trauma centre (MTC) at University Hospital of Wales, Cardiff, a decision was made by the Network Board to commence the process for trauma unit designation, in order to inform overall programme-planning, preparation for delivery and timely implementation.

A trauma unit is a hospital within a trauma network that provides care for both moderate and major trauma patients. Its roles include: reception and resuscitation; imaging and acute surgery; definitive care; rapid transfer of the severely injured to a hospital that can manage their injuries (e.g. to the MTC); act as a 'landing pad' for patients returning from specialised care to manage the transition to ongoing rehabilitation and the community.

Each health board completed self-assessments against the agreed trauma standards, in order for 'candidate' trauma units to be identified. An appraisal of these self-assessments has led to recommendations for the overall initial structure of the network. These recommendations have been endorsed via the WHSSC Joint Committee and, following local discussion by health boards with respective CHCs, will be reported to health boards by the end of January 2019. The proposed trauma unit locations are consistent with the outcome of the South Wales Programme in 2014, and decisions taken at that time for the location of consultant-led emergency departments, and the outcome of the clinical services strategy for Hywel Dda UHB.

Within this process, consideration has been given to the role of Morriston Hospital, which will be described as a trauma unit with specialised services, consistent with the terminology adopted in NHS England.

The 'candidate' trauma units are:

- University Hospital of Wales - Adult and Paediatric
- Morriston Hospital – Adult and Paediatric
- Princess of Wales Hospital – Adult and Paediatric
- Royal Gwent Hospital – Adult and Paediatric (only until the Grange University Hospital is fully operational)
- Nevill Hall Hospital – Adult and Paediatric (only until the Grange University Hospital is fully operational)
- Grange University Hospital – Adult and Paediatric
- Prince Charles Hospital – Adult and Paediatric
- Glangwilli General Hospital – Adult and Paediatric

Major Trauma Centre and Patient Repatriation

The Trauma Network Board and WHSSC will work closely with University Hospital of Wales (UHW) in order to ensure that there is an appropriate level of capacity within the hospital to accommodate major trauma patients. This could be achieved in a variety of ways. It is also important that in order to maintain capacity at UHW, timely repatriation of trauma patients for 'care closer to home' will be important, once specialist care is completed. There will be a similar requirement for repatriation of patients requiring specialist care at Morriston Hospital.

The current provision of the EMRTS and Wales Air Ambulance is from 8am to 8pm, 7 days a week. The Trauma Network Board and commissioning bodies are working closely with colleagues from the EMRTS, given the material link between these developments, and to consider arrangements for patient transfer outside the operational hours of EMRTS and the air ambulance.

Rehabilitation

The need for a specific focus on improving access to specialist, level 2 and level 3 rehabilitation is one of the key lessons learned from the introduction of trauma networks in England. It is essential that the rehabilitation service model and framework are developed and the resource and service reconfiguration required to support both the trauma unit and the major trauma centre is identified. In order to progress this, a workshop was held in December to review:

- Trauma unit rehabilitation requirements and flow of patients
- MTC rehabilitation requirements and flow of patients
- Network agreement of the rehabilitation prescription
- Access to specialist rehabilitation

Significant work has already been undertaken in terms of an overarching model focused on the whole rehabilitation pathway. This is being led by Dr Jenny Thomas, interim network rehabilitation lead, and will be further informed by the work in progress.

Programme Business Case

A programme business case will be developed incorporating key components of the trauma pathway. Financial implications will be addressed through this process including an assessment of value for money and affordability. It is acknowledged that an impact assessment will be required, although it is likely that investment in the network will have a largely positive impact on other services within unscheduled care.

This will include the consideration of workforce requirements through assessing any 'gaps' against agreed standards and how these 'gaps' could be closed. This presents an opportunity for enhanced recruitment and retention, by making posts across the network more attractive.

Programme Timeline

An indicative timeline has been developed for the implementation and operational delivery of the network. This timeline is ambitious but would see the trauma network 'going live' by April 2020.

The development of the programme business case and adherence to the timeline is dependent upon the availability of sufficient resources to support programme development, commissioning and service, workforce and financial planning. In December, Welsh Government confirmed approval for programme costs to March 2020 and arrangements are in hand to recruit.

It is also anticipated that additional resource will be required for the network to run effectively, and this will be included in the programme business case.

Patient Experience

Throughout the work to implement the trauma network, a focus will be maintained on the experience of patients and family members. The Trauma Network Board welcomes the engagement of the Community Health Councils in this regard and will extend this to patient, family and carer representatives, and relevant third sector organisations. Work is underway to complete a communication and engagement plan, in order to facilitate more regular communication and dialogue in the coming months.

Lessons Learned

A lessons learned exercise took place on 18th September to provide the opportunity to reflect on the work leading up to and through consultation, and the decision making that followed. Community Health Council Chief Officers participated in this exercise. The lessons learned report was

received by Collaborative Leadership Forum in December and next steps are for actions to be added in response to the report's recommendations.

4 Recommendations

This is a complex national transformational programme, with multiple dependencies and lesson to be learned from both national and international experiences. It also opens up the opportunity to develop an innovative, 'whole' system approach, leading to world-class care of critically injured trauma patients across Wales. It is recommended that progress is noted and further reports will be provided as the work progresses.

Report Title:	Quality, Safety and Experience Committee Report					
Meeting:	UHB Board			Meeting Date:	31.01.19	
Status:	For Discussion		For Assurance		For Approval	For Information x
Lead Executive:	Executive Nurse Director					
Report Author (Title):	Susan Elsmore, Chair Quality, Safety and Experience Committee					

SITUATION

The Quality, Safety and Experience Committee held its last meeting on 18.12.18 and the following note provides Board with a summary of the key issues discussed at that meeting. Full minutes will be provided to Board in due course.

REPORT

BACKGROUND

This is the first written report provided to Board by the Chair of the Quality, Safety and Experience. Reports from the Chair will highlight to Board the key issues discussed pending the Board being provided with the full confirmed minutes of the meeting held by the Quality, Safety and Experience Committee.

RECOMMENDATION

The Board is asked to:

NOTE the following update covering the key issues discussed on 18.12.18 pending receipt of the confirmed minutes of the meeting.



- Patient Story – This was a letter from a patient’s daughter who had Alzheimer’s disease. It was agreed that the Mental Health Clinical Board provided good assurance and were learning from patient stories.
- Mental Health Clinical Board Quality, Safety and Experience Assurance Report - The Committee received assurance from the actions been taken by the Clinical Board and asked for a project plan to be presented to the April Committee of the QSE.
- Presentation on patient suicide (tolerance) – The Committee received a presentation to understand the deaths which were reported as SI’s and assurance was received.
- Tawel Fan Report – The biggest issue in relation to this report was that patients relatives voices were not been heard. The Mental Health Clinical Board shared the practice which they were undertaking at Cardiff and Vale UHB to provide assurance that poor practice of this nature would not happen at Cardiff and Vale.
- Policies for approval – The being open policy and procedure was approved and the confirmation of expected death policy and procedure was approved.
- Health Care Standards Self-Assessment – This was received setting out the timeline for the assessment.

- Emerging Theme from UK Maternity Services Review – Due to the issues with some other Health Board and Health Trust in England the Womens and Childrens department had undertaken a review. The Committee felt that the actions been taken at Cardiff and Vale were robust.
- Annual Quality Statement – A timetable for the development of the AQS was presented to the Committee.
- Infection Prevention and Control Report – It was reported that Welsh Government are happy with progress being made and the Committee accepted the report.
- Medication – A six monthly update on medicines management was provided to the Committee and the Committee noted the progress and actions been taken.
- Point of Care Testing – This was reviewed periodically. Further work is required on the weaknesses which were identified and this will be reviewed in six months.
- Cancer Peer Review, Breast – There had been improvement since the peer review. The concerns were being dealt with through an action plan.
- Cancer Peer Review, Oncology – A business case had been developed by Medicine to ensure the service was sustained.
- Clinical Audit Plan Progress – Progress was been made and the Committee noted the report.

Shaping our Future Wellbeing Strategic Objectives

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		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	

Five Ways of Working (Sustainable Development Principles) considered

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
Equality and Health Impact Assessment Completed:	Not Applicable								
									

Report Title:	Audit Committee Report					
Meeting:	UHB Board			Meeting Date:	31.01.19	
Status:	For Discussion		For Assurance		For Approval	For Information x
Lead Executive:	N/A					
Report Author (Title):	John Union, Chair Audit Committee					

SITUATION

The Audit Committee held its last meeting on 04.12.18 and the following note provides Board with a summary of the key issues discussed at that meeting. Full minutes will be provided to Board in due course.

REPORT

BACKGROUND

This is the first written report provided to Board by the Chair of the Audit Committee. Reports from the Chair will highlight to Board the key issues discussed pending the Board being provided with the full confirmed minutes of the meeting held by the Audit Committee.

RECOMMENDATION

The Board is asked to:

NOTE the following update covering the key issues discussed on 04.12.18 pending receipt of the confirmed minutes of the meeting.

- Board Assurance Framework - The Director of Corporate Governance provided Audit Committee with an update for discussion and assurance.
- Terms of Reference (TOR) Audit Committee - Draft update provided to Committee members to review and make recommendations to the Director of Corporate Governance with final TOR to be agreed and then recommended to Board for approval.
- Audit Committee Work Plan 2019/2020 - Provided to Committee by Director of Corporate Governance for noting.
- Internal Audit Progress Report - Update provided by Internal Audit as at December 2018. There are 8 audits planned for audit but not finalised, 3 of these expected to be rated as Limited. There were 9 Finalised reports of these 2 are rated as Substantial, 5 are rated as Reasonable and 2 are rated as Limited. The 2 rated as Limited are in respect of Mental Health Sickness Management and Standards of Behaviour. There are therefore currently 6 reports that are currently expected to be rated as Limited at UHB year end. Action plans for all these are or will be agreed to deal with any shortcomings where possible before the UHB year end. The number of audits rated as Limited is currently not expected to have an adverse impact on the UHB's annual Audit Opinion.
- Wales Audit Office (WAO) Report on Medical Equipment - Full update provided to Audit

Committee. Further WAO audit carried out in 2018. Out of 8 actions suggested, 3 are fully completed and 5 are in progress. Committee was provided with assurance by WAO and UHB Director of Therapies and Health Sciences.

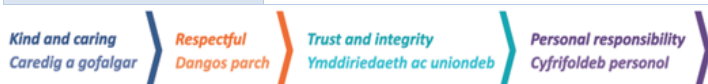
- Wales Audit Office Tracking Reports - Oral update provided by Director of Corporate Governance and Audit Committee noted the report and agreed the approach proposed.
- Business Continuity Progress Report - Update provided following previous Limited rated Internal Audit report. Following actions taken Audit Committee was pleased to note that a follow up report in May 2018 has now provided a Reasonable Assurance rating regarding Business Continuity.
- Losses and Special Payments Panel - The Audit Committee approved the payments recommended for 6-month period to September 2018.
- Internal Audit Reports - Full reports provided to Audit Committee relating to all 7 reports rated as either Substantial or Reasonable. As mentioned above, action plans in progress for any report areas rated as Limited (including those finalised and those not yet finalised).
- Clinical Negligence Claims - An oral update by Executive Nurse Director was postponed until the next Audit Committee meeting.

Shaping our Future Wellbeing Strategic Objectives

1. Reduce health inequalities		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		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	
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	

Five Ways of Working (Sustainable Development Principles) considered

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
Equality and Health Impact Assessment Completed:	Not Applicable								



Report Title:	Charitable Funds Committee Report					
Meeting:	UHB Board			Meeting Date:	31.01.19	
Status:	For Discussion		For Assurance		For Approval	For Information x
Lead Executive:	N/A					
Report Author (Title):	Akmal Hanuk, Chair Charitable Funds Committee					

SITUATION

The Charitable Funds Committee held its last meeting on the 11th December 2018 and the following report provides Board with a summary of the key issues discussed at that meeting.

REPORT

BACKGROUND

This report is provided to the Board by the Chair of the Charitable Funds Committee.

A report 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 Charitable Funds Committee considered the following:

- **ANNUAL REPORT AND ACCOUNTS**

Overview of report presented.

The Welsh Audit Office has completed its audit and it will be signed off by the Trustees on 31/01/2019.

The Committee **RECOMMENDED** the Annual Report and Accounts for the approval of the Trustee's at their meeting on the 13th December 2018.

- **BIDS PANEL REPORT**

Discussed the report and the Wellbeing Agenda.

- **FINANCIAL POSITION REPORT**

End of October 2018 shows a net income gain on investment assets and on net incoming Resources.

Period 2 shows a healthy cash balance which offers a cushion with the possibilities of challenges that we may be facing with Brexit.

Highlighted the strategy of cash in the bank if the investments suffer losses.

The Committee **NOTED** the financial position of the charity.

- **FUNDRAISING REPORT**

The Committee **APPROVED** the progress and activities.

- **INTERNAL AUDIT REPORT ON CHARITABLE FUNDS**

The report was presented which had received a substantial assurance audit rating.

The Committee **NOTED** the contents of the report and the management actions assigned to the Recommendations.

- **WIFI 2018/2019**

WAO auditing the accounts and noted a commitment on WIFI but nothing noted in the CFC minutes.

Formerly committed – a pot of £46k provisional services for WIFI
Discussed at Trustees meeting 2018/19 and formally endorsed.

- **CHARITABLE FUNDS BIDS**

- **FIRST IMPRESSIONS – BARRY HOSPITAL**

The Committee **APPROVED** a maximum budget of £99,500.00

- **IBD SERVICE AT UHL – ENHANCING PATIENT EXPERIENCE**

The Committee **APPROVED** the maximum expenditure of £20k

- **ARTS FUND PROPOSAL**

Match Funding Arts Council Wales

£59,494 match funding agreed, to support funding proposal from Arts Council in Wales.

Arts Fund Ring Fenced Monies £70k per annum

£70k agreed for one year. CFC to reconsider further funding for year's 2 and 3 at a later date, depending on availability of funds.

- **BSL TRAINING AND AWARENESS**

Difficulties with services with a recurrent funding of £29k

The Committee **SUPPORTED** the proposed actions requesting a report in six months.

- **PROMOTING HEALTH AND HEALTH CHARITY MESSAGING/ VISIBILITY**

The Committee **APPROVED** and **AGREED** in principle the initial design and concept.

The Committee **APPROVED** a maximum budget of £60,000.

- **ITEMS TO BRING TO THE ATTENTION OF THE BOARD / OTHER COMMITTEES**

Committee Governance, Terms of Reference to be brought to Committee/Bids

RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

Shaping our Future Wellbeing Strategic Objectives

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	×

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term	×	Integration	×	Collaboration	×	Involvement	×
Equality and Health Impact Assessment Completed:	Not Applicable								

Kind and caring  *Respectful*  *Trust and integrity*  *Personal responsibility* 
Caredig a gofalgar  *Dangos parch*  *Ymddiriedaeth ac uniondeb*  *Cyfrifoldeb personol* 

Report Title:	Stakeholder Reference Group Report					
Meeting:	UHB Board			Meeting Date:	31.01.19	
Status:	For Discussion		For Assurance		For Approval	For Information X
Lead Executive:	Executive Director of Strategic Planning					
Report Author	Paula Martyn, Chair of Stakeholder Reference Group					

SITUATION

The following report provides Board with a summary of the key issues discussed at the Stakeholder Reference Group meeting held on 27 November 2018.

REPORT

BACKGROUND

This is the first written report provided to the Board by the Chair of the UHB Stakeholder Reference Group.

ASSESSMENT

The Stakeholder Reference Group (SRG) considered the following:

Car Parking

An update on the new car parking management arrangements at UHW following a presentation and discussion at the SRG meeting in May 2018.

Consultation on Adult Thoracic Surgery

Further to discussion at the joint SRG/Healthcare Professionals Forum meeting in July 2018 as part of the public consultation, the SRG was informed that the Welsh Health Specialised Services Committee's recommendations on the future provision of Thoracic Surgery would be considered by the Board at its meeting on 29 November.

GP Sustainability

The SRG received a presentation on GP sustainability issues and made several comments:

- Change management processes must be adopted and changes subject to robust evaluation.
- Positive stories that describe how people have benefitted from accessing different forms of support should be publicised.
- Volunteers can help individuals engage and use other resources such as IT.
- There is a range of alternative forms of primary care help and support: the challenge is to educate those who still insist on a GP consultation.

UHB Clinical Services Plan

The SRG received a presentation on the development of the UHB's Clinical Services Plan. The SRG supported the emerging Plan. A radical strategy was required given the added pressure that the increase in population and age profile will place on health and social care. It was noted that the current funding formula will not help the UHB meet the increased demand on services. Many aspects of the Canterbury model could be implemented but this would require cultural change and would have to be clinically led.

Review of the SRG

It was agreed that:

- The Terms of Reference be revised to align them with those of the UHB Board
- The role of the Health and Social Care Facilitators (HSCFs) should be made permanent and they will be full and equal members of the SRG and count towards its quoracy.
- Current members who are not regular attendees would be asked to confirm their ongoing interest or consider more appropriate nominees from their organisations.
- The quoracy be reduced to four or one third of the membership whichever is greater.
- Discussions be held with the HSCFs regarding mental health, children and young people and housing sector nominations.
- Paula Martyn would continue as a member of SRG not as a nominee from Care Forum Wales but to provide an invaluable independent care sector perspective.
- Richard Thomas' nomination as Chair endorsed. Vice Chair nominations to be sought.

Proposed Service Change: Ward C7 North, UHW

The SRG were reminded that the deadline for comments was 30 November.

RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

Shaping our Future Wellbeing Strategic Objectives

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	

Five Ways of Working (Sustainable Development Principles) considered

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
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Equality and Health Impact Assessment Completed:

Not Applicable

Report Title:	Local Partnership Forum Report					
Meeting:	UHB Board			Meeting Date:	31.01.19	
Status:	For Discussion		For Assurance		For Approval	For Information x
Lead Executive:	Executive Director of Workforce and OD					
Report Author (Title):	Workforce Governance Manager					

SITUATION

The Local Partnership Forum of the UHB held its last meeting on 10 December 2018. This report provides Board with a summary of the key issues discussed at that meeting.

REPORT

BACKGROUND

The UHB has statutory duty to “take account of representations made by persons who represent the interests of the community it serves”. This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these.

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of Workforce and OD. Members include Staff Representatives (including the Independent Member for Trade Unions) and the Executive Team and Chief Executive. The Forum meets 6 times a year.

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

This is the first written report provided to Board by the Co-Chairs of the LPF. It highlights for the Board the key issues discussed at the last meeting, and provide assurance regarding the business assigned to the Forum by the Board.

ASSESSMENT

For Consideration:

- Representatives of the Public Health Team attended to discuss the DPH report on physical activity ‘Moving Forward: Moving More & More Often’. The cost of inactivity to the NHS was considered and plans to increase physical activity through active environments, healthy settings (early years, education, workplaces and primary care) and through campaigns and messages were discussed. It was recognised that there is a lot of good work already taking place but that this needs to be brought together under one framework so people can find out more easily about what support and help is available.
- The results of the staff survey have been released and a group from across the UHB has

been set up to consider them and decide how to respond. A disappointing number of staff reported that they have been bullied or are suffering with stress and this will be a key focus for the group. However, there was also lots of good news which needs to be communicated widely. It was noted that stress has overtaken musculoskeletal issues as the main cause of sickness absence and that while the Employee Wellbeing Service provides a great service it is overstretched. It was agreed that the causes of stress needed to be looked at and tackled, not just the symptoms.

For Communication:

- The Chief Executive briefed the Forum, talking about the recent Joint Executive Team with Welsh Government (WG). He described it as a positive meeting and stated that WG had recognised that a lot of good work is taking place within the organisation, especially around Public Health, population health and quality.
- The Forum received a presentation from the Executive Director of Strategy and Planning, on the UHB Estates Strategy. Mrs Harris shared the risks associated with our current infrastructure and the need to improve it if we are to deliver the ambitions described in Shaping Our Future Wellbeing and the Clinical Strategy.
- An animation is being developed with external partners as a communications tool for the transformation work. A story board with high level narrative had been produced and was shared with the Forum. The animation will also be used as part of the Leadership Programme to support staff in understanding where their leadership role fits with transformation.
- The Forum also received an update on the development of the Integrated Medium Term Plan (IMTP) and were asked for their comments.

For Appraisal

- LPF received a copy of the Finance Report for the period ended 31 October 2018.
- Workforce KPIs for September 2018 were shared with the Forum. Key highlights included the huge efforts being made in nurse recruitment to reduce our reliance on agency workers, and the completion of a Training Needs Analysis (TNA) for Mandatory Training. As a result of this TNA some of the level 1 requirements have been reduced which make it easier for staff to complete their training.

ASSURANCE is provided by:

- Ensuring alignment of LPF agendas with the purpose of the Forum as set out in the Terms of Reference.

RECOMMENDATION

The Board is asked to:

- NOTE the contents of this report.

Shaping our Future Wellbeing Strategic Objectives

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
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Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration	x	Involvement	x
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